

Pancham

Arts and Health Project delivered by

Chaturangan

In October and November 2011

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Evaluation Report

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Introduction and Welcome

Bisakha Sarker

Director of Chaturangan

Project Lead and Lead Artist for Pancham

Having delivered Health and wellbeing related arts projects for decades, it seemed like the right time for Chaturangan to embark on a dance and wellbeing project that could be strategically significant in more than one way.

In the autumn of 2011 with funding from Liverpool city council and PCT we set out to deliver Pancham: a project modest in its scale but ambitious in its vision.

Through this project firstly we wanted to make high quality culturally diverse dance, music and art accessible to those with different healthcare needs and secondly, to produce a professional evaluation of the work, using the model of *five ways to wellbeing* (nef 2008). Pancham is the Indian word for fifth.

The place of culturally diverse dance, music and visual arts is established within the entertainment and education sector but its potential for promoting health and wellbeing have, as yet, to get full recognition. For that to happen we need greater opportunity for the culturally diverse artists to gain hands on experience and at the same time academic research to highlight the rigour of these practices.

Only by understanding the issues concerned can the artists develop appropriate culturally diverse artistic content and methods of delivery.

At the same time we need well-produced evidence based evaluations that can address common misconceptions and give the stakeholders the confidence to develop more inclusive programs. There is very little published work in this field.

Pancham combined the artistic exploration with analytical observation.

The project

Delivered a programme of diverse cultural dance, music and activities to people in hospice, nursing home and day centre settings to contribute to the wellbeing of the participants and their carers

and

Produced a professional evaluation to capture how the work impacted on people's health and wellbeing, using the framework of the *five ways to wellbeing*.

Pancham Evaluation report is prepared by the independent consultant Julie Hanna (changeintheweather) supported by Margaret Peat (Retired social worker) for data collection.

This evaluation gave us the opportunity to reflect, learn and to understand more about the experience of the participants as well as the role of the artist in helping to facilitate a creative health space. We have already been invited by different Universities, Conferences and Arts Organisations to give presentations on our findings. We hope that by sharing this evaluation with others within and beyond the region we will be able to contribute to the ongoing dialogue about dance, the arts and wellbeing.

This will remain a valuable legacy of this project.

We are grateful to all our host organisations for their financial and in kind contributions.

Without their generosity it would not have been possible to take dance, music and stories from Indian, Chinese, African culture as well as Somatic (black dance focused) practice to Hospices, Residential Care settings, Community and Day Care Centres.

Our thanks to Karen Wynne, for her support with the fundraising and administrative support. We have worked within the budget to keep our capital expenditure low and to spend the majority of our income on artistic practice.

We are indebted to Julie Hanna for guiding us on this journey.

Summary of Pancham Evaluation

Pancham was a 10 session programme of diverse cultural dance, music and activities delivered by Chaturangan with a small group of artists to people in hospice, nursing home and day centre settings. An evaluation was carried out to capture how the programme impacted on people's health and wellbeing.

"I can't dance like you but I can dance with you!"



The participant and artist feedback and the evaluators' observations of the sessions were analysed and interpreted using the *five ways to wellbeing*. The findings showed that the sessions provided opportunities to give, connect, be active, learn and take notice. In addition sub themes of connect with the inner self, connect with the imagination and actively relax were identified. Taking risks, or behaving differently, was also explored as a further theme enabling engagement in sessions.

“I closed my eyes and the story took me elsewhere.”



The influence of Indian, African and Chinese cultures on this creative arts and health programme were found to help facilitate the five ways to wellbeing. Music, story telling, costumes and diverse approaches awakened people’s curiosity and encouraged them to take notice and participate.

“I saw a lady start to move her hands, she began to engage.”



The role of the artists as facilitators was also explored. The artists’ performance and skill in sharing their art in the different settings contributed to the success and wellbeing benefits of this programme.

Key Learning Points:

- The role of the artist is key for enabling others to connect with dance and enhance wellbeing.
- Culturally diverse dance, music and activities can enable groups of people who don't usually exercise to engage indirectly in physical activity.
- Culturally diverse dance, music and activities have characteristics that help to facilitate the *five ways to wellbeing*
- The *five ways to wellbeing* is a flexible and useful framework for evaluating Arts and Health.
- Innovation is essential in this field supporting artists and participants to take risks and do things differently.

Voices from Pancham:

Julie (evaluator): “What was your magical moment of the session this morning Chris?”

Chris (musician): “I saw a lady start to move her hands, she began to engage.”

A woman (participant) in a session at the hospice winds a scarf around her head.

Bisakha (dancer): “What is that?”

She replies: “I am making a snake on my head”.

A woman (participant) turned to me and said:

“I can’t do anything.” Shortly after her feet began to move.

(participant) “I got a real sense of achievement. I don’t know what it is, but I have done something”.

Introduction

This is an evaluation report of a grassroots funded Arts and Health project¹ delivered during October/November 2011. Pancham brought together artists (Appendix 1), led by Bisakha Sarker to deliver sessions in health and community environments. The artists were from different diverse cultural backgrounds and engaged participants in music, dance, storytelling and imaginative activities drawing on arts traditions from Africa, South Asia and China. The evaluation captures and presents how Pancham impacted on people's wellbeing by using the *five ways to wellbeing* as a way of understanding and interpreting people's experiences and in addition by exploring the benefits of culturally diverse arts activities.

The evaluation recognises the physical and emotional health benefits of dance and how dance can reflect and engage people in exploring cultural identities as well as bring people together in enjoying movement as a universal language.

“Every culture has used dance to promote the health and healing of its people. The human body, the primary medium for dance, can communicate the ideas, beliefs and practices of a culture through the expressive language of movement and can increase the level of physical fitness through physical activity. Understanding the power of dance for health and healing has become important for the prevention, management, and treatment of many health conditions. . . .” (Ward, 2008)

¹ Liverpool City Council/Liverpool Primary Care Trust funded Arts and Health Programme.

Aim and Objectives

Aim:

To demonstrate that culturally diverse dance and other diverse arts activities have benefits for wellbeing for those being cared for within different health care settings.

Objectives:

- To deliver culturally diverse dance and other activities in four different health care settings over 8 half-day sessions.
- To learn from the subjective experience of artists, participants and health providers about what “works” in these sessions and how to do more of this.
- To increase awareness and provoke conversation of the benefits of these sessions with cultural and health partners
- To build on previous work such as the Waiting programme²
- To disseminate the findings to cultural and health partners.

Participants:

- Hospice day patients living with a life threatening illnesses
- Older people in nursing homes and day care living with dementia and physical illness and disability
- Individuals with a learning disability.

² Liverpool European Capital of Culture Creative Health programme with artists from Chaturangan, FACT (Foundation for Art and Creative Technology and The Comedy Trust)

Methodology:

This is an evaluation focusing on the effectiveness of Pancham to meet its aims and objectives and its effectiveness to enhance the wellbeing of the participants. The evaluation was primarily qualitative gathering information about people's subjective experience of the workshops. Quantitative data was also collected for monitoring process (Appendix 4).

Appreciative Inquiry (AI) and Participative Action Research approaches (Reed, 2007) informed the evaluation. AI focuses on strengths but doesn't ignore difficulty. It emphasizes developing and asking questions that will facilitate and encourage life-enhancing change. Everyone involved in Pancham were regarded as "researchers or evaluators". In this approach evaluation and practice are understood as interrelated and feedback was offered as the programme progressed.

A. Data Collection:

Data was gathered by –

- Two participant observers. Observer 1 (Julie/evaluator) also maintained a diary of her reflections. Observer 1 attended 4 sessions and observer 2 (Margaret) attended 7 sessions.
- Artists, participants of the workshops and health providers were invited to share their experiences and to offer feedback.
- Quantitative information was collected including the numbers attending the workshops and some basic demographic information.

The evaluators asked two questions as initial prompts for data collection:

1. Describe your magical moment in the session? What was happening? What were you doing?

Please tell us about it?

2. What would you have liked to have more of in the session?

These questions were addressed to participants, artists and health workers in order to stimulate engagement and facilitate dialogue.

NB: Questions are based on Discovery and Dream phases of the Appreciative Inquiry process (Watkins & Mohr, 2001).

Discovery – Helps to generate stories and ideas to help further understanding of what is being studied

Dream – Helps to create an image of how things could be if . . .

The evaluators were keen to collect as much information as possible while balancing the needs of the individuals taking part in the creative sessions in the different settings.

The role of participant and observer was managed more comfortably in some sessions than in others. Rapport building within the care and community settings was vital. Sometimes four or five people attended to deliver and evaluate a session, which seemed at times intrusive. At times the role was a combination of participation, observation and some facilitation/practical support. It was a hybrid role that had to be managed sensitively and respectfully reflecting the integration of evaluation into the project delivery.

The role of observer and participant had to be managed and balanced (Johnson, Avenarius & Weatherford, 2006). Both observers had health/social care backgrounds and felt like “insiders” within many of the care settings. This influenced their behaviour and comfort in participating and at times supporting participants. However distance was needed to observe others behaviours, relationships and connections happening in the sessions.

All participants were considered to be vulnerable. In the Hospice environment individuals shared freely their diagnoses and many talked about coming to the end of their lives. In the nursing home environments many were living with severe physical impairments and dementia. In a day centre others had learning disabilities.

Some considerations underpinning evaluation -

The evaluation should:

- Not distract from the creative activities
- As far as possible add to the experience of those participating rather than be burdensome
- Respect the routine and demands of care staff in the settings

Only a small number of written responses (5) were collected to the two questions asked. All the other comments were gathered as the result of conversations between evaluators and participants/artists/health workers. Feedback was also collected during a number of small informal conversations with artists before and after sessions.

Hospice Venue (Evaluator Description)

Imagine a large, airy room. About half of the room is furnished with round tables that will later be set with napkins, wine glasses and matching crockery. In the other half of the room are comfortable chairs arranged in a large horseshoe shape looking at a big fireplace and out through floor to ceiling windows to patio and gardens. Gradually the sitting area fills with people; men sitting on one side and women on the other. Some are helped to their seats, others walk with a stick, have walkers or arrive in wheelchairs. One man has an oxygen cylinder by his side and he breathes through small plastic pipes. Many put their swollen feet on small footstools. Some gently nod. Bisakha and Chris slowly get ready to start. Chris sits cross-legged on the floor with drums and instruments arranged around him. He starts to play a flute. Bisakha stands to his side and she closes her eyes, puts her hands together in front of her and begins to move. There is quiet.

“It was a wonderful session – they didn’t need me. They were all doing it. And this boy stayed engaged all the time” Artist.

B. Data Analysis:

Data was analysed and thematically organised (Glaser & Strauss 1966). The data, which included observed non-verbal and verbal behaviour in the sessions and comments gathered from written and verbal feedback, was described and interpreted using the *five ways to wellbeing*.

The new economics foundation definitions of the *five ways to wellbeing* were used (Appendix 3). Analysis is a subjective process based on the evaluator's understanding of the *five ways to wellbeing* and the data. However trustworthiness and credibility of the evaluation methodology were enhanced by:

- Two participant observers able to check data collection and interpretation
- Findings were shared with lead artist throughout the evaluation
- The small conversation event provided an opportunity to explore meaning and experience of dance and wellbeing with reference to the five ways to wellbeing.

Findings:

There was evidence that the sessions provided opportunity for participants to connect, give, learn, be active and take notice. Additional “sub themes” were identified under connect and be active. Some of the data seemed to fit better under these additional sub themes. This project was small and findings are tentative. It is hoped that these additional themes can be explored further in the future as part of other evaluations/research.

Themes:

- *Connect* – with others

And in addition

- **Connect - with inner self/personal meaning**
- **Connect - with art and creative process/with imagination**

- *Give*
- *Learn*
- *Be active*

And in addition

- **Be active - relaxation**
- *Take notice*

Connections were then made between the above themes and cultural diversity. The main characteristics of cultural diversity identified were:

- Dress
- Story
- Facts/language about and from other cultures
- Music
- Difference

These cultural elements contributed to the participants' ability to engage in the sessions and enhance their wellbeing in terms of the *five ways to wellbeing*.

And finally there was a further theme generated within the data –

- taking risks/behaving differently.

Both the artists and participants took risks. Artists often speak about the benefits of risk taking in order to bring about change as in the quote below from the Capital of Culture Creative Health report:

“Risk taking was brought up several times by those interviewed and always cited as a positive: an ingredient for change. The first time we held workshops in Alder Hey, we were working on new ground. It was trial and error the first time we delivered a workshop with the play specialists but the energy and positive attitude at Alder Hey made our job a lot easier. At the cutting edge innovative work has acted as a catalyst for everything else we have done. It has been the most enjoyable and the work I am most proud of”

Jenny Liddy, The Comedy Trust. (Hanna & Sephton, 2009)

The artists were comfortable enough to try different ways to engage with participants who in turn responded in unexpected ways. Artists are perhaps more comfortable talking about taking risks than health/care staff who work in a more risk adverse culture (The NHS Confederation, 2009). Perhaps another way of understanding this behavior is that both artists and participants were comfortable enough to behave in different and unexpected ways, which was essential to the success and impact of the project.

“Watching the patients – really motivated. Some stayed and participated who you wouldn't expect. This really reaches into them” (Hospice staff).

A. Themes identified in the data: with evidence from verbal responses and and/or observations. (Appendix 5 – complete list of participant responses)

Themes	Examples
<p>To connect - With others</p> <p>Sub theme Connect with inner self</p> <p>Sub theme Connect with art and creative process/with imagination</p>	<p>With other participants – holding hands, smiling, calling each other by their names</p> <p>With the artists – smiling, laughing, making eye contact, making jokes and funny remarks</p> <p>-----</p> <p>A man who hadn't seemed engaged, a little restless. 'I didn't feel well. I couldn't hear. But I was a dancer you know! I used to dance with my wife'</p> <p>-----</p> <p>"She had taken me with her." "I was on a journey."</p> <p>"I closed my eyes and the story took me elsewhere."</p>
<p>To give</p>	<p>Participants clapping</p> <p>"I have some silk scarves at home if you would like them?"</p> <p>Passing to each other "props"</p>
<p>To learn</p>	<p>Exercises, different ways of relaxing, new words and stories from different cultures.</p> <p>"I would have like more about India."</p>

care. These simple objects took on a “meaning” – part of an imaginative journey and were accepted by the participants

Participants take risks

Observed - Transition from non/passive engagement to actively engaging – perhaps this can be understood as taking a risk, an act of courage, entering the unknown/a different state of being.

A Hospice session (Evaluator Description)

A woman arrived late and seemed for a while very bothered. She turned to me and asked for a glass of water. After a while she was given a small model tree to hold; after a few minutes she gave it to the person sitting next to her. Then she watched very carefully as Bisakha lay scarves, model trees and birds on the floor to make a collage picture illustrating the story she had just been telling. She begins to point and speak and wants to stand – she is helped to her feet. She wants to add to the picture and suggests that the trees should have fruit and flowers. Her pain stops her bending, she directs someone else to add other things to the picture. It is difficult to end the session as she has more and more ideas to share.

B. Diverse Cultural Arts Activities and wellbeing

Fenfen changed into a long, white outfit that had been specially made for her by someone in China. As she moved the material swirled around and floated out. Sewn onto the material were images like peacock feathers.

Nursing staff came and spoke to her as she adjusted her costume and warmed up for the dancing.

“She looks nice.” (Nursing Home participant).

“Very graceful and relaxing” (Nursing Home participant).

Cultural dance is a non-traditional type of exercise that may better meet the activity needs of some groups who do not respond to other more usual or traditional forms of exercise (Olvera, 2008).

“This was like prayer, it was for the soul – better than physio” (Hospice participant).

Olvera (2008) found that sessions that incorporated dance and other arts such as music and storytelling also provide opportunities to express emotions, reduce stress and be creative and therefore have an impact on physical and emotional health.

There are advantages as a form of exercise with some groups including:

- Little equipment is needed
- Practice space can vary
- Non competitive

Pancham reflects the findings from this literature review. The sessions took place in a variety of settings and the artists were able to adapt to the physical space offered and fit in and around the routines and activities taking place in the health or community venue. Pancham offered significant participation based on improvisation. Therefore there is no best or worst as in competitive activities and participants were encouraged to engage in ways that suited their abilities.

“The discovery of happiness, like the discovery of new territory, is usually oblique” (Kay, 2011 p.18).

Pancham provided an indirect way of participants engaging in exercise. As the dancers, supported by the musician, moved and performed they encouraged individuals to move. By taking notice and connecting with the artists, the dance, the music, and story participants engaged both physically and emotionally.

Culturally diverse characteristics that increased opportunity for engagement and enhanced wellbeing in Pancham -

There were elements of the sessions that reflected the cultural origins and background of the artists – China, India, Africa and the UK.

“I rely on the exotic thing”(Artist).

There was “novelty” about the sessions. The participants were 99% white, older people and therefore there were marked cultural differences between the artists and participants. (The one exception was the session in the Hindu temple described below.)

The cultural differences stimulated curiosity.

“It’s nice having something different” (Nursing Home participant).

The cultural elements of the sessions helped participants take notice. And in all the sessions this gradually developed into more active participation amongst many in the groups.

“. . .some stayed and participated who you wouldn’t expect. This really reaches into them” (Hospice Staff).

The main distinctive elements were dress, story telling, sharing/expressing ideas and language from different countries, and the music.

Dress:

A comment made about the Chines dancer’s dress -

“You don’t often get something that is that nice these days” (Nursing Home participant).

Stories:

“I think the session is well balanced as it is, but would have liked to see more of the interpretation of the story telling to dance – as the guests were enthralled” (Hospice Staff).

“More stories to stimulate the imagination and involvement” (Nursing Home Staff).

“I was so enthralled by the stories that it was as though I have been taken to another place, and for those moments I forgot my worries and concerns.” (Hospice participant)

“*My magic moment* was imagining – took me elsewhere – I just closed my eyes.” (Hospice participant)

Facts/language:

“I would have liked to hear more about India.” (Hospice participant)

Music:

“The subtle way the music was used. It was always there in the background.” (Hospice participant)

“I found the music very relaxing and in that moment the pain had gone. I enjoyed the experience very much.” (Hospice participant)

Cultural arts activities helps people to learn and promote understanding and appreciation of differences between cultures while participating in activities that bring people together (Olvera 2008).

Pancham in a Hindu Temple (Evaluator Description)

A group of older women attend a Day Centre weekly in the Temple.

The temple room -

The temple room was very large. When we entered the chairs were all round the edge of the room. We had taken off our shoes. We walked across a red carpet. At one end of the room was a

raised platform with many statues of Hindu Gods and Goddesses. Bisakha (dancer) knelt here for a few moments. There were colour and flowers and light. On the walls around the room were paintings of Hindu Gods. Slowly the women began to enter the room through a small side door. Chris (musician) sat on the floor in a corner and we gathered a circle of chairs around him. The women sat most in traditional dress in the circle. Some of them talked and others sat quietly.

Bisakha, lead artist, shared some similarities of culture with these women as an Indian woman and a Hindu. Significantly however her first language is Bengali while these women spoke Hindi. Three

languages were spoken Bengali, Hindi and English during the session. Not all the women were at ease with English.

“I feel like a visitor here”(Artist).

The Pancham session brought familiar sounds, music, dress, customs and story to these women. The session began with chair-based exercises. Although there was story telling and improvisation in the session it took a while to develop.

Reflections –

Bisakha shared with us that in India dance is something professionals do; it is for others.

Therefore she was more cautious of sharing her art. She felt less like an artist than elsewhere.

Language was a barrier. There was a mix of the similar and the different in the session and more observation would be needed to understand the experience for these women. However women expressed benefits of the session –

“Are you coming again next Wednesday?” (Hindu Temple Day Centre participant).

“{can we have} more sessions to help us to be more independent?” (Hindu Temple Day Centre Participant).

A Pancham Session (Evaluator Description and story as told by Bisakha)

Warm Up

“I would like to tell you my name – it is an unusual name.’

Artist/Bisakha makes a shape with one hand – ‘this is a flower’. And makes a shape with her other hand – moves hand up and down, around and around. ‘What is this? A Bee! My name begins with B.’

‘now you need to clap – three times, there are three parts to my name – Bee / Shar / Ka’

During this Musician/Chris drums gently and rhythmically to what Bisakha is saying.

The drumming continues for a little while and Bisakha moves around the room. She also introduces Chris ‘His name is much shorter, Chris.’ She claps. “One clap this time . . .”

. . .

Main Activity

Krishna fights the serpent (full story Appendix 6)

Once there was a fresh water river that flowed by a peaceful village. The banks of the river were lined with big trees. The birds with brightly coloured feathers gathered to eat the juicy fruits that grew in those trees.

Krishna spent many carefree hours playing his flute by the river . . .

.....

.....

Krishna held him thus and reminded him of all the pain and suffering that he had caused the villagers. ‘You have taken away the river from the people. They rely on its water for their everyday needs’.

Kaliya was overcome with remorse and promised to change his ways. He bent his head low and allowed Krishna to step on his hood to dance.

As they rose from the riverbed to the surface of the water, the amazing sight of Krishna dancing on Kaliya’s hood drew the villagers to the banks of the Yamuna.

They rejoiced that Kaliya had been conquered and that they could once again return to their peaceful lives.

C. Role of the Artist – comfort and wholeness

The creative process can be understood as having three strands comprising of the person/artist, the art and the setting or domain in which creativity happens (Csikszentmihalyi, 1998). In Pancham these three essential elements can be described in the following way –

The person	The artists (dancers and musician)
The art	Dance, music, story telling
The setting or domain	the health care or community setting as a physical place and as a creative health space

All three elements contribute to a participatory creative experience that benefits health and wellbeing of the participants.

So far we have discussed the role and impact of the art and below we explore the role of the artist and the impact they have on the setting or space in which the dance and arts activities take place.

A. The setting

The two evaluation reports below explore the importance of the setting.

A. Invest to save: Arts in health evaluation

This evaluation took place during 2007/8 gathering data from six Arts and Health projects in the North West. Invest to save was an alliance between Manchester Metropolitan University, Arts Council England and the Department of Health, North West Public Health group.

The report states that:

“Creating a space for change therefore was something that included a number of factors; it is suggested that it is about giving attention to the purpose and needs of the physical space, and also to the culture, or experience of being in that space.” (Kilroy et al., 2008)

B. The Waiting Programme Evaluation

Chaturangan In 2007/8 in partnership with FACT (Foundation for Art and Creative Technology) and the Comedy Trust were commissioned to deliver the creative health Waiting programme for Liverpool’s Capital of Culture celebrations.

Led by Bisakha Sarker a team of collaborating artists performed and engaged with people in participatory workshops within GP and Hospital waiting rooms across Liverpool. “When time does not fly” included dance, music, story telling and poetry and the creative use of paper craft and ribbons.

The report states that:

“ . . . the group developed the idea of comfort, which was the notion of creating inner and outer personal comfort zones. People wanted those needs to be acknowledged. The idea was that the creation of comfort zones would be useful in providing ‘non-voyeuristic’, de-medicalised environments; these were described as comfortable and considered spaces that had a variety of characteristics that enabled small shifts in state and awareness to be made. The aim was to tap into the potential within the here and now instead of waiting for the future or being lost in the past. This was viewed as being an important condition for health and well-being to arise.” (Peerbhoy & Kilroy, 2008)

B. The artist:

Bisakha contributed to the evaluator's Masters study about the relationship between dance and wellbeing. During her interview she said:

“I can perform and stay comfortable with that and people can actually get the benefit of seeing somebody in comfort and that does help people . . . that is what I have been told.” (Hanna, 2010)

Therefore we can understand that the artists are offering comfort to others through their own sense of wellbeing: and that this dynamic relationship between artists and participants is one of the influences on creating a creative health space. The artists offer comfort to others through their own sense of wellbeing and wholeness.

In the Masters research a male artist interviewed described it in this way -

“So it's like a mirror image of what I have received . . . the work I do . . . what I'm offering them . . . I'm also offering myself . . . it's a two way thing . . . I'm supporting them, they are supporting me and the work is supporting both of us” (Hanna, 2010)

This artist therefore takes the concept of comfort another stage on and that he is offering comfort to the participants who in turn are also offering this back to the artist. And their relationship and its benefits are supported by the dance.

This interdependence seems confirmed by the artist's feedback from Pancham. The artists' magical moments were always about connection. They use themselves as a tool to do this work as well as their art. And in these interrelationships a creative health space can be created in a variety of places.

C. Relationship between artist and the setting

During Pancham the artists went into a variety of physical spaces that had multiple uses such as dining, worshipping, health care assessment and treatment, watching television, engaging in different leisure activities. The spaces were often not prepared or ready when the artists arrived.

Description of a Day Centre sessions (Description by Evaluator)

The venue was far from ideal. The room was large with lots of tables and furniture. It was “open day” which means that other groups can come in and use the facilities within the centre – As the artists prepared for the session another group was at the back of the room and were very noisy. There was a lot of shouting and banging of doors. The people present were mostly adults up to about 50 years old, but some were older. Some walked slowly and with walking aids. Others had difficulty communicating verbally.

One young woman was constantly going in and out of the room. Many people were standing. Staff were trying to clear a space for the artists and to enable a group to form. Tables were noisily dragged around. Staff were working hard to create a physical space, more than a physical space to allow something to happen.

One of the evaluators made this observation in a new setting -

“Initially anxious . . . not the ideal setting, large room, lots of tables, another group at the back of the room, talking . . . quite a challenging start to the session . . . “ (Evaluator 2)

Shapiro and Keyes (2008) explore social wellbeing and how our wellbeing is affected by our interconnectedness and relationships with others.

“She has charisma, different, relaxing” (Hospice participant)

The artists in their engagement with participants constructed creative health spaces. They helped to create environments that were enabling and were both spaces for change and for comfort. Different factors account for the emergence of a space that enables engagement and benefits wellbeing. The comfort and wholeness of the artists seems to play a significant role.

Day centre (Description by Evaluator)

Bisakha went up to many of the people in the room. She explained what was going to happen and provided an opportunity for them to give their permission to carry out the session. *'I didn't want to intrude. All are welcome.'* She and Chris started – the drumming began and Bisakha began to introduce herself, to move, and to tell stories. She moved towards the individuals around her. She got physically close. *"They began to know me."* A group started to form around Bisakha and Chris. An amazing connection developed. Beyond this group there continued to be some noise but it lessened.

It was a magical moment. The young woman who had been restless, coming and going, screaming - started to dance. And then sat on the floor with Chris, watching his drumming. She had a go too. She was calm. She carefully returned instruments that she had been given to her play.

A young man who loved dancing, danced with his carer.

A magical moment – “Dancing with all of them. Togetherness. All with me. They got the idea of the story. There was a very shy girl – I reached out my hand and she came and joined me. There was a young woman with a zimmer frame and she wanted to get up – we danced together. Some older men, very serious looking – it was unexpected, they joined in too.”

“ I thought, will this work? I was scarred. Then – we are in with a chance here! The best yet!”

Small Conversation:

The afternoon combined dance, one to one and group conversation, presentations and sharing bringing together 17 delegates (Appendix 7). The aim was to bring together a group of people with a background and interest in dance, arts, health and wellbeing, older people and dementia together in order to:

- Contribute to the Pancham evaluation
- Learn/share with each other.
- Disseminate Pancham initial findings to arts, health and funding partners.

Participants were initially invited by Bisakha Sarker to join in a short improvised dance/movement to music session. The session was introduced with the following words from Tagore ³–

“One realises that peace is an inner harmony and not an outer adjustment”

Afterwards they shared in pairs:

1. What was your magical moment?
2. What would you have liked to have more of?

These were the two questions used to gain feedback from participants of Pancham.

Once they had spoken in pairs they joined up to make three larger groups and were asked to explore how their answers linked with or corresponded to the *five ways to wellbeing*. In a handout they were given the *five ways*, including the additional meanings of *connect (with inner self, with the imagination)* and *be active (actively relax)* explored in the evaluation.

³ Rabindrath Tagore 1861 – 1941. Bengali writer, poet and philosopher. India’s first Nobel Laureate.

Bringing the threads together –

- Delegates were able to categorize theirs and others experiences using the *Five ways to wellbeing*
- **Connect** was the category with the most comments.
- Comments were categorized under **connect with others** and with **inner self** but not with **connect with the imagination**.
- Delegates were able to categorize comments under **Be active** and **actively relaxed**
- Delegates described positive experiences of **taking risks/doing things differently** in the dance and engaging in something that was unexpected.
- The dance session was described as: non-hierarchical, non-judgmental, improvised, a sense that group knew what to do although the rules were different from many spaces.
- Discussion about the evaluation questions asked – the word special was preferred by some to magical.

Quotes from delegates relating to *five ways* –

“Reaching out to hold hands with Margaret.” Connect with others

“A quiet connection with myself, an inner journey, intimate” Connect with inner self

‘ {I learnt} not to take myself too seriously.” Learn

“Music beautifully encouraging and allowed much freedom, move to explore possibilities.” Be active

“Group interaction made me feel relaxed and less inhibited” Actively be relaxed.

“The importance of resonance: good vibrations!” Take notice

‘When I gave myself up to the music . . . giving of self’ Give

and other quotes from the session –

“Realising that I was out of my comfort zone and enjoying it!” Taking Risks

“Music touches you inside and you explain it with the body” Miso’shi (Pancham artist)

“This was movement with out rules, we were allowed to move in our own way, in our own time, in our own capabilities.” (Role of Improvisation)

The small conversation supported using *five ways to wellbeing* as way of understanding participants’ experiences. The *five ways* ensure that wider benefits to well being, through participation in dance, than physical exercise are identified and explored.

Not everyone at the event were familiar with the *five ways to wellbeing* and therefore this was also an opportunity to share this evidenced framework for both promoting and evaluating health and wellbeing benefits and impacts for people.

Conclusion:

Integral to the delivery of Pancham has been an evaluation and reflective process grounded in a qualitative, participative approach. We have explored the impact on health and wellbeing using the *five ways to wellbeing* as a framework. We have also considered the role and contribution of culturally diverse activities in enhancing people's wellbeing.

We have gathered verbal comments and feedback as well as observations from the evaluators recorded during the sessions and soon after. The evaluating team facilitated many conversations between artists, care providers/workers and workshop participants.

This was a small yet ambitious project delivering creative cultural dance and other activities in several health care and community settings. We have found that the evaluation process has added another dimension to the project by facilitating conversation, reflection and learning. There is not always an opportunity to do this in small Arts and Health projects.

Gathering data for the evaluation has been challenging because of the vulnerability of the participants and the breadth of settings that the project has been delivered to. Therefore although written feedback sheets were developed with a few structured questions the overwhelming majority of data has been collected by individual and group conversation and observation. The evaluators participated in the workshop sessions that they attended balancing the roles of observer and participant.

The findings are inevitably tentative and capture a "moment in time" of people's subjective experience and an impression of the wellbeing benefits for those participating in the Pancham workshops. However although it is impossible to claim that saturation of data was achieved there was certainly a repetition of certain themes arising in the recorded observations, conversations and feedback.

Our main findings have been:

1. The role of the artist is key for enabling others to connect with dance and enhance wellbeing.
2. Culturally diverse dance, music and activities can enable groups of people who don't usually exercise to engage "indirectly" in physical activity.
3. Culturally diverse dance, music and activities have characteristics that help to facilitate the *five ways to wellbeing*
4. The *five ways to wellbeing* is a flexible and useful framework for evaluating Arts and Health.
5. Freedom for Innovation is essential in this field to support artists and participants to take risks and do things differently.

This evaluation has focused and explored the role of the artist in Arts and Health. Much evaluation focuses naturally on the linkages between art and health and wellbeing in this area of practice. However as has been discussed earlier in this report Arts and Health, as a creative process, can be understood as having three essential domains: the art, the setting and the artist. We have been particularly interested to further understand the role of the artist in facilitating creative engagement that benefits peoples' wellbeing.

"Further research is needed to explore the relevance in Arts and Health practice of characteristics such as social well being and reciprocal relationships based on shared experiences {between artist and participant}. The phenomenon of "offering comfort" and how this relates to the work of . . . {artists} and their relationships with those they work with is worthy of more investigation." (Hanna, 2010)

The artists brought their creative skills to the sessions and their own sense of wellbeing and wholeness grounded in their experience of art. Their sense of comfort enabled others to be comfortable enough to connect in ways that were beyond their usual experience and grasp. Individuals were able to safely take risks and discover a feeling of mastery and active engagement that helped them to have a greater sense of wellbeing.

“ . . .I was surprised and pleased to find how much at ease I felt. . . ” (Hospice Participant).

“I got a sense of achievement. I don’t know what it is, but I feel I have done something” (Hospice Participant).

This last quote perhaps sums up what Pancham has been about. It created opportunities for vulnerable individuals with many different needs to increase their awareness in the present moment and to actively connect in a process that enhanced their feeling of ease, comfort and wellbeing.



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APPENDIX 1

Artists

Dancers

Bisakha Sarker
Fenfen Huang
Maxine Brown
Miso'shi

Musician

Chris Davies

Visual Artist

Noelle Williamson

Appendix 2

Biographies

Julie Hanna

(MRes, PG Dip, BA (Hons) Dip COT, Dip Couns.)
changeintheweather

Julie works in Higher Education, in partnership with Arts Organisations, with health professionals and others. The work is varied and draws on Julie's training, background and experience as a health professional, facilitator, project manager and researcher. She established changeintheweather after working within the NHS for more than 25 years.

From 2004-2009 Julie worked as Creative Health and Wellbeing Manager with the Liverpool Culture Company, the lead body for the Liverpool's 2008 European Capital of Culture Celebrations. She developed innovative creative health programmes bringing together in partnership the arts and health sectors. The success of this ground-breaking work helped to pave the way for the city's 2010 Year of Health and Wellbeing and the Decade of Health and Wellbeing supported by Liverpool Primary Care Trust and City Council.

Julie has recently further developed her research skills by completing a Master of Research Degree in 2010 in Health Sciences at the University of Liverpool, funded by the National Institute of Health Research. Her research included a mapping of arts and health in Liverpool leading up to and during 2008 and a qualitative study exploring the relationship between dance and wellbeing. She has recently co-authored "Interview as Generative Practice in Arts and Wellbeing Partnership Work" which appears as a chapter in *Qualitative Research in Arts and Mental Health* (2012) edited by Theo Stickley

Bisakha Sarker

Director of Chaturangan

Bisakha is a leading practitioner of Indian creative dance. She has worked as a performer, choreographer, researcher, educationalist, critic, writer and video maker. Bisakha was born in India. She received her Masters degree in Statistics from the University of Calcutta.

She works through out the UK in a wide range of situations. Her innovative work, much of it with disabled people and people with long-term health conditions, has challenged traditional cultural boundaries. Her rich spiritual creativity inspires others to translate their experiences and emotions into the shapes and rhythms of dance. Bisakha hands over the ownership of dance to all those with whom she works, empowering them in a unique way. Both her performance and participatory work is informed by eastern spirituality.

Bisakha is the Director of Chaturangan, an agency based in Liverpool working to raise the profile of South Asian dance, culture and spirituality both locally and nationally.

Chaturangan in partnership with Merseyside Dance Initiative hosted, Memory, the first national dance and dementia conference in Liverpool. In 2006 Chaturangan hosted the Marks of Time conference, which looked at dance and age. This was part of the city's programme of events for its Year of Performance leading up to the 2008 European Year of Capital of Culture. In 2007/8 Chaturangan was one of the arts organisations delivering arts experiences in primary and secondary health care as part of Waiting, a Capital of Culture creative health and wellbeing programme.

APPENDIX 3

five Ways to wellbeing

Connect....

with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active....

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice....

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters.

Keep learning....

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give....

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Follow the link below to learn more

<http://neweconomics.org/publications/five-ways-well-being-evidence>

Retrieved April 12th 2012

APPENDIX 4: Quantitative Data

Programme Outputs	Pancham numbers
Number of paid people	9
Number of volunteers	1
Number of workshops	9
Number of participants	125 (Women- 42 Men – 34 not known – 49) plus 17 (including small conversation)
Number of health/care workers participants	30
Other events	1 - Small Conversation
Number of delegates at Small Conversation event	17
Disseminate Final report on Web	Chaturangan website
Disseminate Final report and findings	Merseyside Dance Initiative, University of Warwick, Arts4Dementia and Akademi, Funders Liverpool City Council and Liverpool PCT
Total in kind match funding	£1800
Budget Spend	£5090

APPENDIX 5

Participants' Responses to appreciative questions –

1. Describe your magical moment in the session? What was happening? What were you doing? Please tell us about it?

Hospice

- Dancing and music combination – created a relaxing and calming atmosphere (Hospice staff - 13/10)
- Seeing the guests participating in the movement and music exercise. Also their overall appreciation of the whole group session (Hospice staff – 13/10)
- I was so enthralled by the stories that it was as though I have been taken to another place; and for those few moments I forgot my worries and concerns (Hospice guest – 13/10)
- Very relaxing (Hospice guest – 13/10)
- She had taken me with her (Hospice guest – 13/10)
- I was on a journey (Hospice guest – 13/10)
- The exercise – I am going to tell the staff that we need more of this exercise (Hospice guest – 13/10)
- Imagining – took me elsewhere – I just closed my eyes (Hospice guest - 13/10)

- During the dance – peace and tranquility (Hospice guest – 14/10)
- The subtle way the music was used – it was always there in the background (Hospice guest - 14/10)
- It was all very pleasant, very helpful, gentle movements and exercising the body so easily with lovely, quiet music. I was surprised and pleased to find how much at ease I felt, doing the graceful movements while sitting down and also when standing up and moving around with the little sticks and scarves (Hospice guest – 14/10)

- Observing people enjoying the music, the stories, the exercise and willingness to participate. The feedback was that they had enjoyed the session and the stories had resurrected many childhood memories (Observer 2 – 17/10)
- She has charisma, different, relaxing (Hospice guest – 17/10)
- Moving (Hospice guest – 17/10)
- Hand movements – very interesting, joining in (Hospice guest – 17/10)
- I didn't feel very well and couldn't hear. But I was a dancer you know. I used to dance with my wife . . . (Hospice guest – 17/10)
- Very relaxing, I didn't feel the pain in my legs (Hospice guest – 17/10)
- Mediation/relaxation (Hospice guest – 17/10)

- Watching the patients – really motivated. Some stayed and participated who you wouldn't expect. This really reaches into them (Hospice staff – 17/10)
- I get a sense of achievement. I don't know what it is, but I feel I have done something (Hospice guest – 17/10)
- I found the music very relaxing and in that moment the pain had gone. I enjoyed the experience very much (Hospice guest – 18/10)
- The best relaxation – be open to it, quality time (Hospice guest – 18/10)
- Very relaxing, even with pain (Hospice Guest – 18/10)
- Very relaxing – still feel pain, relaxation covered it over (Hospice guest – 18/10)
- This was like prayer, it was for the soul – better than physio (Hospice guest 18/10)
- I haven't relaxed like this in such a long time (Hospice guest – 18/10)
- Creativity (Hospice guest – 18/10)
- Lovely that (Hospice guest – 18/10)

Nursing Home

- Observing individuals of differing levels of disability engaging and enjoying the performance. Guests loved the stories and they were captivated by the music and the dancing. An excellent performance (Nursing Home staff – 13/10)
- Marvelous isn't it! (Nursing home guest – 13/10)
- She looks nice (Nursing Home guest – 13/10)
- Your dancing is wonderful (Nursing Home guest – 13/10)
- How does she do that with her hands! (Nursing Home guest – 13/10)
- You don't often get something that is that nice these days (Nursing Home guest – 13/10)
- Yes – I like it. It's nice having something different (Nursing Home guest – 13/10)
- Very graceful and relaxing (Nursing Home visitors - 13/10)

Nursing Home

- I like the music, it's very relaxing and soothing especially for elderly people. I like the dance moves which again are good for elderly people (Nursing home staff – 14/10)
- The magical moment was during the chair-based exercises and a guest said – “I cannot walk but I can do these exercises”. She felt that she had really achieved something and the evidence was in her smile (Observer 2 – 14/10)

Nursing Home

- Seeing residents and care staff getting up and dancing together. Seeing the smiles and hearing the hands clapping (Observer 2 – 27/10)

Hindu temple

- Watching the group relaxing, engaging and participating (observer 2 – 9/11)

Heatherlow Day Centre (brothers' of Charity Day Centre)

- This group never joins in anything – we are quite surprised with the response! (staff – 9/11)
- Thought it would be a flop and it was wonderful. Best one yet! (observer 2 – 9/11)
- They danced their hearts out (observer 2 – 9/11)

2. What would you have liked to have more of in the session?

Hospice

- Could have gone on longer – not so rushed (Hospice staff – 13/10).
- I think the session is well balanced as it is, but would like to see more of the interpretation of the story telling to dance – as the guests were enthralled. (Hospice staff – 13/10)
- I think the session needs to be longer than the hour and the care staff are in agreement with this suggestion (Hospice guest – 13/10)
- I would have liked to have heard more about India (Hospice guest – 13/10)
- I hope they come back (Hospice guest – 13/10)
- More dance and music – rather than joining in (Hospice guest – 14/10)
- Extend the session (observer 2 – 17/10)
- More of the same (Hospice guest, 18/10)

Nursing Home

- More stories to stimulate the imagination and involvement (Nursing Home staff – 13/10)

Nursing Home

- I think more interaction group wise. For example there was too much time spent on one to one round the room – and the others looked bored. I think a one-hour session is long enough. Two hours would have been too long with residents attention lacking. I also think this is a now and again entertainment session – not a block booking (Nursing Home staff – 14/10)
- More time than one hour – it is too short (Nursing Home guest – 14/10)

Hindu Temple

- More sessions to help us to be more independent (Participant 9/11)
- See you again next Wednesday? (Participant 9/11)

Heatherlow Day Centre

Ongoing sessions with this group to increase confidence, self esteem (staff 9/11)

APPENDIX 6

Krishna fights the serpent Kaliya

Intro:

Many stories are told of the divine child Krishna that recount his pranks, fights and miraculous feats. At one moment he is playing a trick on his friends and the next he is protecting humans from disaster. He is both a lovable rogue and a saviour of those in distress.

The Story

Once there was a fresh water river that flowed by a peaceful village. The banks of the river were lined with big trees. The birds with brightly coloured feathers gathered to eat the juicy fruits that grew in those trees.

Krishna spent many carefree hours playing his flute by the river, while the cows grazed peacefully. The village women, who came to fetch water from the river, stopped to listen and soon forgot their worries.

Krishna and his friends loved to play with his special magic golden ball.

They would bounce it up and down humming; throw and catch it from one hand to the other, or they would take turns to see if they could throw it the furthest, across the river to the other side of the bank.

Krishna and his friends spent many happy hours playing with the ball. The life of the village flowed peacefully.

All that changed when a vicious and poisonous snake Kaliya decided to settle in the river. He was mean and selfish and carelessly spewed poison from his many hoods into the water.

Soon the water turned murky with a nasty smell. The fish that lived and played in the water were choked and had to flee. The villagers could no longer drink or water their fields.

Kaliya and his gang of snakes terrified the villagers, spitting poison and causing huge waves by thrashing the water that threatened to drown anyone walking along the riverbank. Soon no one dared to go near the river.

One day when Krishna's friends called him to come and play, Krishna could not find his ball anywhere. He asked his mother if she had seen his golden ball. Krishna's mother replied that she had put it away on a high shelf out of reach. She did not want the boys to play with the ball near the water. She was afraid of the evil Kaliya.

Krishna and his friends begged her and promised not to play too close to the water. Krishna's mother reluctantly handed them the ball.

Excited the friends started to play with the ball. Before they knew it the ball had rolled down the bank and was disappearing into the depths of the river.

All froze in fear except Krishna. He called upon his divine magical power and jumped into the water. He held his breath and dived into its depths until he was at the riverbed. There Krishna saw the snake with all its hundred heads asleep, the golden ball tucked under his tail. As he went nearer to pick up the ball, Kaliya's hundred snake wives came rushing to protect Krishna. They whispered in low tones to keep away 'he can get very angry' they warned.

Krishna reassured them and went closer and reached out for the ball under Kaliya's tail. Kaliya awoke with a start. As his two hundred eyes fixed on the child Krishna, he roared ' How dare you disturb me, have you no fear?' In no time Krishna and Kaliya were locked in a fierce fight.

As Kaliya was about to seize Krishna, he jumped and grabbed Kaliya's neck with one hand. With the other he took Kaliya's tail and coiled it tightly round and round Kaliya's neck. The snake gasped for air and begged to be set free.

Krishna held him thus and reminded him of all the pain and suffering that he had caused the villagers. 'You have taken away the river from the people. They rely on its water for their everyday needs'.

Kaliya was overcome with remorse and promised to change his ways. He bent his head low and allowed Krishna to step on his hood to dance.

As they rose from the riverbed to the surface of the water, the amazing sight of Krishna dancing on Kaliya's hood drew the villagers to the banks of the Yamuna.

They rejoiced that Kaliya had been conquered and that they could once again return to their peaceful lives.

APPENDIX 7

Small conversation 11th January 2012 (12.30pm – 4.00pm)

Liverpool Improvisation Collective – Studio, The Bluecoat

Present -

Bisakha Sarker

Julie Hanna,

Margaret Peat,

Noelle Williamson

Diane Amans,

John Killick

Richard Coaten

Karan Jutla

Cathy Bentley

Rachel Rogers

Chris Davies,

Maxine Brown

Miso'shi,

Ishtar Stauntan

Catherine Reynolds

Tina Read

Mary Prestidge