

**READING AND HEALTH MAPPING  
RESEARCH PROJECT**

**PREPARED FOR THE ARTS COUNCIL ENGLAND  
BY THE READING AGENCY**

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## **Introduction and Purpose**

This piece of work is a first stage mapping exercise that begins the process of defining what we mean by the term 'reading and health', shows the range of activity and the partnership structures involved and begins to identify the key issues for practitioners and funders. It does not intend to provide a definitive study of the field of reading and health, nor does it prescribe its relationship to the principles and practice of the broader arts in health movement.

'Reading and health' is used as a convenient label for a broad range of activity designed to promote well being and to alleviate some of the symptoms of physical and mental illness. The breadth of work is potentially huge, encompassing bibliotherapy, early years development including Bookstart, work with specific groups such as the housebound, the elderly and the terminally ill, and work in specific locations such as the doctor's surgery, the hospital, the health centre and the community venue. Reading and health activity also sits within the broader field of arts in health, a complex and constantly evolving environment supported by a developing evidence base and a range of established models of good practice.

The project has used the public library network as its principle frame of reference. This is not to say that other key agencies have been ignored, but rather that public libraries have provided the starting point for an exploration of the broader partnership base supporting work in this field.

The Reading and Health Mapping Project has been commissioned by the Literature Department of Arts Council England and delivered by The Reading Agency.

## **Key Aims**

The key aims of the research were to:

- Begin the process of shaping a definition of reading and health activity, particularly for the public library context.
- Provide an indicative map of the range, extent and diversity of project work, the perceived value of work in this area, the partnership structures in place and the evaluation strategies used to assess impact.
- Scope existing policy and funding parameters and the potential for greater support in this area.
- Map relevant research and impact studies.
- Identify existing and potential partners/stakeholders.

It was further hoped that, in relation to these aims, the research would explore the following issues:

- The effect of health delivery mechanisms on partnership and project structures.
- The relationship of reading and health to challenging and hard-to-reach communities.
- The crossover between reading health information and reading fiction.
- The training implications for practitioners.
- The extent to which reading is seen to have a place in the arts in health field.
- The need for advocacy materials promoting the value of this work for different audiences.

## Methodology

The research was conducted through a mixture of quantitative and qualitative methodologies. These included:

**Questionnaires** A survey of a range of relevant funding/policy bodies and strategic arts, health and other relevant stakeholder organisations to identify attitudes towards reading and health, relevant funding and policy frameworks, relevant research and levels of involvement in project activity.

This questionnaire is hereafter referred to as the ‘stakeholder questionnaire’.

A survey of reader development activists, particularly those operating in public libraries. The purpose of the project questionnaire was to gauge the level and range of reading and health work under way, particularly but not exclusively in a public library context.

The results of this questionnaire are hereafter referred to as the ‘project audit’.

**Interviews** Interviews with a sample of existing and potential stakeholders.

**Desk Research** Research into relevant policy frameworks, funding policies and organisational roles and structures not covered by the questionnaire.

**Literature Search** A review of national and international literature/web-based information relating to reading, public libraries and health.

**Case Study Work** Detailed analysis of three strategic projects identified through the project audit and exemplifying different approaches to reading and health work.

The following time scale applied to each of these research phases.

**Stage One** Questionnaire Survey

This took place between January and April 2003 and involved a questionnaire survey of the key groups mentioned above. As Table 1 shows, the response rate to this survey was relatively low.

Table 1 Questionnaire Response Rate

Type of Organisation	No. Sent	No. Returned	No. Completed
Funder/Policy	62	6 (10%)	5 (8%)
Arts/Health	174	23 (13%)	23 (13%)
Project	544	128 (24%)	28 (5%)
Total	780	157 (20%)	56 (7%)

The difference between the total number of questionnaires returned and the number completed can be accounted for by the fact that some respondents only completed the first question and commented on the definition of reading and health. This means that of the 157 questionnaires returned, 101 respondents commented on the definition alone and a further 56 respondents completed the questionnaire.

The relatively small number of stakeholder respondents was compensated for in Stage Two of the research, resulting in a greater number of interviews and more in-depth desk research being undertaken than originally planned.

The literature search was also undertaken in Stage One of the research process.

#### Stage Two Stakeholder Interviews/Desk Research

The majority of the stakeholder interviews and main part of the desk research took place during June 2003. The aim of this part of the research was to elicit the views of organisations not represented in the results of the questionnaire survey and to further explore some of the issues raised through the questionnaires.

#### Stage Three Case Studies

The case studies were undertaken during the summer of 2003.

A steering group was established to support and advise on the research process.

## The Broader Context

Whilst it is impossible within the parameters of this study to present a detailed overview of changing NHS structures and emerging policy and practice in the broader arts and health field, there is a need to establish an outline context within which the therapeutic role of reading can be considered.<sup>1</sup> Strategic changes in health policy alongside key developments in arts in health practice have created exactly the right environment in which to make the case for the value of reading in supporting and promoting healthy individuals and communities.

To begin with, the definition of health is broadening. The World Health Organisation defines health as ‘a state of complete physical, mental and social well being and not merely the absence of disease and infirmity.’<sup>2</sup> There is an increasing health sector interest in the concept of well being as a determinant factor in good health and in the preventative role of non-medical forms of intervention. This interest presents an important opportunity for the positioning of reading as an arts in health practice. Reader development draws heavily upon the role of reading as a special activity that is enjoyable, relaxing and offers opportunities for social interaction – all important ingredients in developing individual balance and well being.<sup>3</sup>

The arts in health research and evidence base is also becoming more sophisticated and scientifically rigorous in order to satisfy the evidence requirements of the medical profession. Research at Chelsea Hospital, managed by Chelsea and Westminster Hospital Arts, into the effects of the visual and performing arts in health care, is leading the way in providing a quantitative evaluation and critical analysis of the effects of the arts on patients, staff and visitors at the hospital. Using a rigorous scientific methodology, the research is pioneering, and is expected to pave the way for new approaches towards the integration of arts and health care. Similarly, the Centre for Arts and Humanities in Health and Medicine recently established, with the support of The Nuffield Trust, as a research and medical humanities centre, is playing a key role in mapping the field. Research taking place in the Faculty of Health at the University of Hull is also playing a key part in developing a new scientific approach to measuring the impact of reading on individuals.<sup>4</sup> These developments suggest an emerging framework of key partners for developing the evidence base for the health benefits of reading.

Structures and priorities are also changing in the NHS through a modernisation agenda that emphasises a broader, more collaborative and people-centred approach. *Shifting the Balance of Power* is a programme of change brought about as part of the NHS Plan to empower staff and patients through the creation of new delivery structures and ways of working.<sup>5</sup> The NHSU, a new kind of corporate university providing learning opportunities

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<sup>1</sup> The National Network for the Arts in Health website is an excellent source of information about the arts in health field. See [www.nnah.org.uk](http://www.nnah.org.uk).

<sup>2</sup> WHO is a specialist agency of the United Nations aiming to control, prevent and if possible eradicate disease. This definition can be found at [www.who.int/aboutwho/en/](http://www.who.int/aboutwho/en/).

<sup>3</sup> See The Value of Reading section.

<sup>4</sup> See Research for further details of the work at Hull University.

<sup>5</sup> *Shifting the Balance of Power* at [www.doh.gov.uk](http://www.doh.gov.uk).

in the NHS, is a good example of the innovation and collaboration that this approach is bringing.

The scene is clearly set for a new era in arts and health care activity and it is important that reading seizes the opportunity to make the case for its role in the field. Reading is not currently seen as a key player, overshadowed in the arts and health movement, as it is in the arts funding system, by the performing and visual arts. Where literature as an art form does feature it is usually in the context of creative writing rather than reading. This is not surprising considering that the emphasis on reading as a creative activity has been relatively recent, as has the corresponding shift in literature funding to include readers, reading and public libraries as the delivery agents for the reading experience.<sup>6</sup> The fact that partnership working has only relatively recently emerged as a priority for public libraries, a key delivery agent for reader development, has probably also played a part in keeping reading and health activity outside of the main arts in health arena.

The project audit proves that there is no lack of exciting and challenging reading and health work under way in the field. The audit presents an interesting range of models of good practice particularly in the public library sector. Sadly, though, this work has a relatively low profile in relation to the broader arts and health agenda and is not effectively connected up to the work of key stakeholders.

Part of the reason for the relatively separate nature of reading activity may well also be historical, and linked specifically to the profile of literature as a subsidised art form in a funding system biased towards the performing and visual arts. Policy directives in the mid 1980s resulted in The Arts Council of Great Britain halving the literature budget, on the basis that the art form was sustained by the publishing industry and accessed via schools and libraries. During the 1990s the Literature Department recovered its position, but its funding share still represents only a slim slice of public subsidy.<sup>7</sup> This funding scenario probably played its part in determining the role and profile of the art form in an emerging arts and health movement.

There can be no doubt that the better resourced performing and visual arts have a much higher profile in the arts and health world. The recent appointment of an Arts Manager for the Cancer Centre at University Hospital Birmingham, for example, is a strategic arts in health development. The project is funded by a RALP grant of £118,000 over three years, to deliver a programme of arts activity to boost patient well being, staff morale and widen access to the arts across the departments within the Cancer Centre. The programme includes a capital commission programme, a performance programme featuring music and dance and a residency programme featuring crafts, new media, visual arts and writing. Reading does not feature as an element of the programme. Similarly, of the 71 projects listed on the NNAH arts and health database, only two relate specifically to reading.<sup>8</sup>

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<sup>6</sup> Reader development began to emerge as a significant strand of literature funding during the early 1990s. See the chapter on Literature Policy by Debbie Hicks in *The UK Cultural Sector, Profile and Policy Issues*, PSI, 2001.

<sup>7</sup> See the chapter on Literature Policy by Debbie Hicks in *The UK Cultural Sector, Profile and Policy Issues*, PSI, 2001.

<sup>8</sup> <http://www.nnah.org.uk/projects/list>.

There are exceptions. Bookstart is probably the best known and longest established reading and health partnership. Established in 1992 by BookTrust, Bookstart is funded primarily by DCMS, with support from The Basic Skills Agency, Macmillan/Campbell Books Direct, Unwin Foundation and a range of local funding partners, including early years development partnerships, library authorities, Sure Start and Single Regeneration Budgets. It is an inter-agency project involving close collaboration between library services and health authorities. The scheme involves the offer of free books to every child and encourages parents to share books with children from an early age. Interestingly, the key policy drivers have been learning and child development rather than health, and it would be interesting to evaluate its impact in this context. It is, however, a good example of the sort of added value that reading can bring to the health sector and of the diverse range of partnerships that it is possible to build around a reading and health collaboration.

The value of reading as a creative activity that can be both individual and shared, a tool for learning and a contributory factor to the development of individual and community well being, means that it has an important role to play in the arts in health movement. The first step to repositioning reading as a core arts in health care activity is to try to define that value for potential partners.

## Key Findings

The following is a summary of the key findings presented by this report.

### Reading and Health

- Reading and health is a convenient label for a broad range of activity designed to promote well being and alleviate some of the symptoms of physical and mental illness.
- The breadth of the work is huge, encompassing bibliotherapy, early years development, work with specific groups, such as the housebound, the elderly and the terminally ill, and in specific locations, such as the doctor's surgery, the hospital, the health centre and the community venue.
- Reading and health activity sits within the broader field of arts in health, a complex and constantly evolving environment.

### Context

- There is a growing interest in the health sector in the concept of well being as a determinant factor in good health.
- Delivery structures and policy priorities are also changing in the NHS through the implementation of a modernisation agenda that is *Shifting the Balance of Power* and creating a broader, more collaborative, people-centred public service.
- Whilst the conditions within the NHS are receptive to reading and health activity, reading has a relatively low profile, both with health sector partners and within the arts and health movement.
- Research developments in the area of arts and health create a platform on which to build the case for reading in health and define its value for potential partners.

### The Value of Reading

- There is a powerful set of arguments to underpin the important contribution that reading can make to the support of health and well being. These arguments are based on reading trends survey work rather than scientific/medical research. They suggest the importance of reading as a creative act that relieves stress, provides an opportunity for enjoyment and relaxation, supports learning and self-development and provides an opportunity for social interaction for those who like to talk about what they read.
- As the most popular delivery agents for reading, public libraries are key partners in the delivery of reading activity as part of the broader arts and health agenda.

## **Reading and Health: A Definition**

- In this mapping project we used arguments for the value of reading to inform the development of a first stage definition of the role of reading in supporting health and well being. We used stakeholder and project audit questionnaires to consult stakeholders and project managers on the appropriateness of this definition.
- The following definition emerged from this process as a useful starting point for further consultation.

Recreational reading exercises the imagination, gives access to information and provides opportunities for relaxation, enjoyment and social interaction.

Reading empowers the individual. It promotes personal development, supports self-expression and personal choice and results in creative independent learners who have an understanding of self, of others and of wider social issues.

These benefits mean that reading has a significant role to play in combating some of the causes of illness, improving health and keeping people well by contributing to a general sense of well being.

For the purposes of this research project, we are referring primarily to reading and health work including public library partners.

## **A Map of Key Stakeholders**

- The research process produced an indicative map of key stakeholders with an existing or potential interest in using reading in a health context. This map includes health sector partners, partners from local and national government, arts and arts and health partners, educational and voluntary sector organisations, academic institutions and library sector partners, as well as a range of charities and trusts.
- Each of these stakeholder organisations and bodies shared common ground with the aims and objectives of reading and health work, although the degree to which they were aware of this common ground varied. In each case, this common ground was related to sector-specific priorities and areas of interest.

## **Policy Frameworks**

- The stakeholder questionnaire and desk research process shows that reading and health work has a relatively low profile in policy terms. But there is scope for work in this area, to be accommodated within broader policy frameworks.
- The research identified a range of policy signposts or gateways. In the health sector these related to partnership development, the patient-centred approach, health literacy, the importance of prevention as well as cure, empowerment and evidence-based practice.

- Education and voluntary sector policy priorities were about partnership delivery and evidence-based practice. Arts funding interests were similar but also included the following priorities; arts and mental health, arts in humanities, arts in primary care and the role of public art in improving NHS estates.
- Library sector bodies were interested in the role of reading in reaching new audiences, in supporting good practice, in developing the evidence base, and in supporting partnership building and lifelong learning.
- Each of the surveyed trusts and charities had its own specific criteria for the support of project work, but in many cases reading and health activity could be accommodated under a number of policy directives.
- The regeneration and social capital/social cohesion agenda was also identified as a significant policy signpost, particularly in the local government context.

### **Stakeholder Funding Patterns**

- Some of the stakeholder organisations surveyed had been involved in funding reading and health activity, although their involvement tended, not surprisingly, to be strategic rather than hands on.
- Over a quarter of the respondents who answered the question relating to funding had not directly funded reading and health activity, although this did not mean that they would not do so in the future.

### **Partnership Structures**

- The stakeholder questionnaire revealed a broad range of partnership structures in place, although direct partnership with the library sector was relatively rare. Partnership with libraries was more frequent where libraries were part of a broader partnership base.

### **Building the Evidence Base**

- The stakeholder questionnaire also identified some useful starting points for evidence collection. These included particular examples of project evaluation, learning and health research and Sure Start/early years evaluation/case studies.

### **The Project Audit**

- The purpose of the project audit was to identify the range of reading and health activity under way on the ground, particularly but not exclusively in public libraries.
- The audit revealed an interesting and varied range of activity, although the connections to the health care environment were more direct in some projects than others.

- The audit revealed a strong public library presence in the models identified. This is not surprising as the public library network was an important target for the questionnaire. Nevertheless, it does also show that libraries are playing a significant development role in this area.
- The audit shows a significant intervention in the arts in health agenda. It includes models of good practice relating to reading group activity, health literacy and health promotion, reminiscence work, reader development/reader in residence activity, bibliotherapy, children/early years initiatives, literacy/writing-based projects and initiatives focusing on the housebound and elderly.

### **Project Partnerships and Funding**

- The project audit revealed a range of partnership structures supporting project work. These tended to be more locally based than the stakeholder partnerships and public libraries featured prominently.
- The majority of the partnerships analysed had been created to deliver the project in question, and over half said that they were likely to be sustained.
- Funding levels tended to be at the lower level of the funding scale, with most projects receiving under £6,000. The local authority was the most common source of support.

### **Evaluation**

- A small number of projects collected volumetric data only, whilst most combined the collection of volumetric data with qualitative data. The difficulty of collecting qualitative evidence effectively was identified as a key issue.
- Respondents clearly articulated the need for a standardised and scientifically rigorous evaluation methodology to apply to reading and health work. This must be able to effectively measure the impact of reading, whilst at the same time taking into account the private and personal nature of the art form, the vulnerability of the client group and the evidence needs of partners.

### **Research**

- Interesting developments in research are pioneering new approaches to measuring the impact of reading on health and well being. For example, at Hull University saliva testing techniques are being used to measure the effect of reading on mood and the immune system, and at Bristol University a cost benefit analysis model is being developed to measure the impact of poetry on healing.

### **Key Issues**

- Both stakeholder organisations and project co-ordinators were asked to rank a list of key issues relating to reading and health work. Different priorities emerged relating to the nature of the engagement of these two groups with the work.

- Effective evaluation of impact emerged as the top priority for both sets of respondents.
- For stakeholders, the rank listing then included, in order of importance: the identification of key factors contributing to the long-term impact and sustainability of reading and health work; the development of training provision for workers; the identification of a range of models to support partnership development; the development of guidelines to support client confidentiality; and finally counselling support for workers.
- The project audit ranked client confidentiality second, followed by training, project sustainability, counselling and finally the identification of relevant partnership models.
- A number of other concerns were raised. These related to the difficulty of proving the value of reading in supporting health and well being, the need for long-term funding to support this work, the need for advocacy to key partners and a need to get reading on the arts in health agenda.

## Conclusions

- Reading has an important role to play in supporting health and well being. It exercises the imagination, provides access to information and opportunities for relaxation, enjoyment and social interaction. It empowers the individual, promotes personal development, supports self-expression and personal choice and results in creative and independent learning.
- Public libraries are key delivery agents for reading and are potentially important partners in brokering reading and health partnerships and delivering project activity.
- Reading is not core to the arts and health agenda nor does it have a particularly high profile with key stakeholders in other sectors. This is despite the fact that structural and policy changes in the NHS provide a climate receptive to the aims and objectives of reading and health practice.
- There is an important job to be done in raising awareness of the value of reading in supporting health and healing and of the common ground that reading and health offers in relation to the priorities of a range of stakeholders.
- Reading and health advocacy needs to be based on a firmer, more rigorous and scientifically valid evidence base. This evidence needs to be acceptable to potential partners.
- Research and systematic evidence collection is one means of building the case for reading. Another is the development of more effective strategies to evaluate impact.
- Stakeholder organisations support a range of reading and health related activity of a strategic nature. Direct partnership with libraries in this context is relatively rare, which is surprising considering the range of library-led activity under way in libraries. This suggests the need for library work to be better connected with that of stakeholders, who are inevitably potential sources of funding.
- The project audit reveals a diverse and challenging portfolio of project work and a range of models of good practice. These models embrace a range of reader development techniques used in a number of different contexts. They also deliver key components of established arts in health practice, including the use of reading to improve the health care environment, to deliver the health literacy message, to support work force development and as a form of therapy. Health literacy and health promotion activity emerged as a particularly rich vein of project development. It also emerged as a key health sector priority in stakeholder interviews.
- The project audit also reveals that reading has an important role to play in relation to challenging and hard to reach communities. These communities are often socially excluded, a fact which can in turn be linked to low levels of physical health and mental well being. The project audit reveals a range of work under way with the elderly and

housebound, with socially excluded young people, in locations of specific need and with priority target groups.

- Many of the partnerships that were created to deliver the project models included in the audit were put together specifically to deliver the work in question. The fact that a relatively high number were likely to be sustained into the future suggests that once partners become involved, they are quickly convinced of the value of the work. There is a need, however, for longer-term and sustained funding strategies to enable activity to embed itself in mainstream structures and for its full impact to be felt by both users and delivery staff. Longer-term funding would also allow for longitudinal evaluation and research to be undertaken. This would make an important contribution to the evidence base for the work.
- Effective evaluation is a priority. There is an urgent need to both consolidate existing evaluation strategies and develop a new approach to measuring the value and impact of the work. This approach would need to take into account the importance of collecting qualitative evidence in a rigorous and systematic way and developing scientific methodologies for assessing impact. It would also need to respect the privacy and vulnerability of the client group, the emotional and sensitive nature of the work, the particular characteristics of reading as an art form and the needs of different health care environments. Effective evaluation would be an important step forward in building the case for reading in health, especially if supported by a coherent programme of research.
- Alongside research there are other key areas of concern. For stakeholders, these include the need to identify the factors that contribute to project sustainability and the need for effective training to support workers in the field. Training also emerged as a key issue at the project delivery end of the spectrum, as did the need for guidelines to safeguard client confidentiality.
- The results of this mapping project show an overriding need to consolidate existing reading and health activity, and use this as the foundation on which to build a higher profile and longer-term vision for the use of reading as an art form that can support health and well being. The research also suggests that the public library sector and the agencies supporting it are ideally placed to lead the development of this vision into an exciting next stage.

## **Recommendations**

The research findings show the need for a second stage phase of development work to build the evidence base, raise the profile, develop the partnerships and enhance the practice of reading and health activity. The Reading Agency, as a public sector body promoting public libraries and their work with readers, is ideally placed to take this work forward with the support of Arts Council England and other key stakeholders. It is anticipated that this second stage would be delivered through a three-year programme involving the following components:

### **A Reading and Health Post**

The successful implementation of these recommendations will depend largely on the resourcing of a dedicated reading and health co-ordinator to take the work forward. This post would be responsible for delivering the development plan arising from this research.

### **A Stakeholder Group**

A successful reading and health programme cannot be delivered in isolation. It is necessary to harvest the expertise and knowledge of a range of partner sectors and to actively engage them in the development and delivery process. The first step to realising a coherent approach to reading and health development would therefore have to be the implementation of a stakeholder steering group.

This would involve representation from strategic agencies across all the partner sectors. It would be responsible for shaping the second phase of the work.

### **Research/Evidence Collection**

The development of a coherent research and evidence collection programme is absolutely core to building the case for reading. This would involve the identification of research priorities, funding sources and a framework of research partners. It would also require the delivery of a coherent research programme in partnership with other agencies, supported by evidence collection from a range of sources including case study work. The research findings would then have to be interpreted for stakeholders and presented through high quality advocacy materials.

### **Evaluation**

Effective evaluation is also important to successful evidence collection. The first step in achieving this goal is the development of a comprehensive reading and health tool kit. This would encompass qualitative and quantitative evaluation methodologies, acknowledge the specific issues relating to the evaluation of reading in a health environment and the particular evidence needs of key stakeholder, particularly in the health sector.

## **Advocacy**

Strategies for building the case for reading would feed into a systematic reading and health advocacy programme aimed at brokering new partnerships, engaging key stakeholders and raising the profile of reading in the arts and health agenda.

Reading and health advocacy would be supported by the development of high quality, sector-specific advocacy materials combined with presentations at key conferences, events and networking meetings, and a consolidated press and PR campaign targeting sector-specific publications, journals and magazines.

## **Support Resources**

There is also a need to develop a range of resources to support reading and health practice. These would include the development of guidelines supporting project sustainability and client confidentiality.

## **Training**

Training for artists and project workers is at present ad hoc and sporadic. A skills audit would be an important first stage to the development of an effective training programme for reading and health workers. The findings of this audit could then be used to inform the development of a training module for reading and health work. This module would draw on existing models of good practice, such as the artists' training offered by Partnerships in Health Care based at Southampton General Hospital and the work undertaken by The Poetry Society as a result of their Poetry in Health scheme.

NALD would be a strategic partner for the development of such a module as it already offers a respected training programme to its membership of reader development activists, many of whom are based in libraries.<sup>9</sup> Accreditation within CILIP's revised qualifications framework should also be explored.<sup>10</sup>

## **Flagship Project Development**

There are a range of interesting models, presented by the project audit and the detailed case studies, that would benefit from further development as models of good practice with national application. This would mean that they assume the status of flagship development projects, with the potential to be rolled out nationally, regionally or across a number of authorities.

It is recommended that funding be sought to invest in at least two projects in this context.

## **Funding**

If the above programme is to be successful it is absolutely necessary to broker longer-term funding for reading and health activity. This would support the appointment of a

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<sup>9</sup> National Association for Literature Development.

<sup>10</sup> Chartered Institute of Library and Information Professionals.

co-ordinator to implement the second phase of the work, provide leverage in relation to other funding and allow flagship project development to take place. It is beyond the scope of this report to identify where this funding might come from, but it would be a mix of arts, government and health sector support.

## **MAIN REPORT**

## The Value of Reading

One of the key aims of this study was to begin shaping a definition of reading and health activity. To build this definition it was necessary to draw together the evidence and the arguments for the value of reading. This evidence was drawn from reading trends survey work, as this is the only relevant source of reading data available.

*Reading the Situation: Book Reading, Buying and Borrowing in Britain*, a qualitative and quantitative study carried out with a nationally representative sample of the population by Book Marketing Ltd and The Reading Agency, provides a good source of data in this respect.<sup>11</sup>

*Reading the Situation* established that pleasure and entertainment were the most commonly articulated benefits of reading. A quarter of adults and a fifth of children surveyed said that reading books was a special activity that provided them with something that other leisure activities could not. The social aspect of reading was also found to be important to those who discuss what they read, providing a connection with others and a chance for social interaction.<sup>12</sup> The research findings also indicated that reading books was a way of relieving stress, a form of escapism, a means of finding things out and acquiring information, and of improving knowledge/self-development.<sup>13</sup>

## The Arguments

These findings, alongside other evidence drawn from a range of impact studies and action research, reinforce and underpin a powerful set of arguments developed by The Reading Agency to express the value, power and versatility of reading.<sup>14</sup>

- Reading is a creative act that uses the imagination to bring the text alive. It makes readers feel good and can be relaxing and relieve stress.
- Readers are independent learners. Reading enables readers to find things out and to develop literacy and interpretative and expressive skills.
- Reading can help develop a greater understanding of self and others by providing access to different perspectives and situations. It can therefore be therapeutic, providing the opportunity for readers to explore personal issues and experiences in their own time, at their own pace and through the experiences of others.
- Reading is empowering. It supports mental balance, self-esteem and informed decision-making.

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<sup>11</sup> *Reading the Situation: Book Reading, Buying and Borrowing Habits in Britain*, BML and The Reading Partnership, 2000.

<sup>12</sup> This finding is reinforced in *Reading Groups and Public Library Research*, BML and The Reading Partnership, 2002.

<sup>13</sup> *Reading the Situation and Reading Groups*.

<sup>14</sup> See the Advocacy Section, [www.readingagency.org.uk](http://www.readingagency.org.uk).

- Reading often brings people together to talk about what they are reading and to explore related issues and viewpoints.

Potentially, reading has much to contribute to the support of individual and community, well being, development and learning, and therefore, by logical extension, to the multi-faceted arts and health agenda. This complex agenda is in a state of continual evolution, but broadly embraces the use of the arts to improve health care environments, to deliver health promotion messages and support health literacy, to support workforce development and as a form of therapy.

As the most popular delivery agents for reading, public libraries are therefore key partners in the delivery of an arts and health agenda. Over the last few years, libraries have been leading the way in reader development, a field that has become a significant area for innovation, investment and partnership building. They are also developing a range of new approaches to the use of reading in a health care setting. The arguments for libraries are as powerful as they are for reading.

- Libraries provide an unrivalled national and local network of community sites and outreach facilities.

There are 4,169 library sites in the UK, supported by 653 mobile libraries and 16,700 other service points in prisons, hospitals, old people's homes and other non-library settings.

- Public libraries are the most popular, accessible and well-used cultural institution in this country. They have a vast audience, with visits far exceeding those to football matches, tourist attractions, museums and theatres.

Fifty eight per cent of the population has a library card.  
There are 324 million visits to libraries each year.  
Libraries have a uniquely democratic appeal attracting a broad range of users.

- Libraries are significant providers of the reading experience.

There are 119 million books in the public library service.  
Public libraries lend 406 million books a year.  
Libraries spend £99 million a year on books.<sup>15</sup>

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<sup>15</sup> See *Public Libraries and Readers, the Evidence and the Arguments* at [www.readingagency.org.uk](http://www.readingagency.org.uk).

## A Reading and Health Definition

The evidence and the arguments for reading were used as starting points for creating a first stage definition of its value in supporting health and well being. This definition was circulated for comment via the stakeholder and audit questionnaire.

### Reading and Health Definition

Recreational reading exercises the muscles of the imagination, gives access to information and provides opportunities for relaxation, enjoyment and social interaction.

Reading empowers the individual. It promotes personal development, supports self-expression and personal choice and results in creative independent learners who have an understanding of self, of others and of wider social issues.

These benefits mean that reading has a significant role to play in combating some of the causes of illness, improving health and keeping people well by contributing to a general sense of well being.

For the purposes of this research project, we are referring primarily to reading and health work including public library partners.

As Table 2 shows, comments on the definition fell into three broad categories: respondents who totally agreed with the definition, those who broadly agreed and those who broadly disagreed. Twenty-three, or 15 per cent, of questionnaires returned made no comment on the definition.

Table 2 Comments on the Definition

	Questionnaires Commenting on Definition Only	Total Number of Questionnaires Commenting on the Definition
No Response	10 (10%)	23 (15%)
Totally Agreed	26 (26%)	51 (32%)
Broadly Agreed	56 (55%)	73 (46%)
Broadly Disagreed	9 (9%)	10 (6%)
Totally Disagreed	0	0

Just under a third of respondents were in total agreement with the definition. Not surprisingly, respondents in this category did not make many suggestions for alterations, although 11 respondents did want to add into the definition the benefits to health derived from being able to access basic health information and a reference to the value of reading in 'encouraging lifelong learning.'

In addition, two respondents said that they felt the benefits of reading were especially pertinent to elderly and housebound people. Eleven others commented that it was ‘not only reading per se, but telling others about what you’ve been reading (discussion, review etc)’ which is important for health and well being.

Six of the respondents who were fully supportive of the concept of reading being beneficial to health were not directly involved in reading and health work.

The highest proportion of respondents, 73, or 46 per cent, broadly agreed with the definition. Some concern was expressed at the nature of the language used: 16 respondents said that they were uncertain about the sectoral reference points for the definition as the language seemed to straddle that of the academic, the arts professional and the health layman. Interestingly though, some of those who totally agreed with the definition endorsed the advocacy potential of the language and its lack of committee speak. The main phrase that people commented on was the reference to reading ‘exercising the muscles of the imagination.’ The general view was that this phrase should be replaced with ‘exercises the imagination’.

The social interaction and companionship that often arises from the discussion of reading was cited by 13 respondents as needing greater emphasis; seven respondents also pointed out that reading promotes a more tolerant and inclusive society.

Health literacy again emerged as an important theme. Nine respondents in this category asked that reference be made to the health benefits of ‘informational reading’ and to the role of reading in supporting health literacy. One respondent quoted the World Health Organisation’s definition of health literacy as being particularly relevant:

‘Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

Health literacy means more than being able to read pamphlets and successfully make appointments. By improving access to health information and their capacity to use it effectively, health literacy is critical to empowerment.’

Significantly, six respondents called for a firmer evidence base to underpin the value of reading in a health context. As these respondents were primarily from the health and funding sector and as the need for a firmer evidence base was a reoccurring theme in the interviews, this is a key action point coming out of this research. One respondent quoted several references as starting points for evidence collection.<sup>16</sup>

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<sup>16</sup> World Bank (1994) *World Development Report: Investing in Health*. This report reviews the relationship between health sector expenditure and health status outcomes. It concludes, ‘At any level of income and education, higher health spending should yield better health...but there is no evidence of such a relation.’ World Health Organisation (1999) *The Solid Facts*. This is a detailed review of the evidence on the determinants of health from a European perspective. World Health Organisation (1999) *Health 21: Health for all Europeans in the 21st Century*. World Health Organisation (www.who.dk). Department of Health (1998) *An Independent Inquiry into Inequalities in Health in England*, TSO, London.

Many of the comments made by respondents who broadly agreed with the definition were reinforced in the comments made by the 10, or six per cent, who broadly disagreed (the smallest group of respondents).

In addition, a relatively high number of respondents in this category cited the need for a stronger evidence base for the value of reading in a health context. A total of seven respondents were wary of the claims made for reading and health because of the lack of hard evidence to substantiate them. The following comments are typical:

‘I believe in the power of reading and know it changes lives, but I worry about us going over the top about the benefits of reading.’

‘I think that reading about illness can help some people cope with their problems, both by fact-finding and inspirational stories, but I think that it is unrealistic to think that reading alone can help with depression.’

A number of respondents also called for a more focussed and specific reference to the ways that reading can support health and well being.

No respondents completely disagreed with the definition.

It is also important to note that one or two comments reoccurred across all the categories. In particular, five respondents disliked the term ‘recreational reading’, preferring the term ‘reading for pleasure’.

The definition has generated a degree of debate about the value of reading in a health context. As the majority of the respondents either totally or broadly agreed with the definition, it is also sensible to assume that the references made to the benefits and value of reading in a health context are intuitively accepted.

However, there is also the need for a much stronger evidence base to support these claims, particularly for health sector partners. It is also necessary to take into account the different language registers and points of reference used by different sectors when articulating the value of reading in a health context. In addition, there is a significant level of interest in the relevance of both creative and informational reading to health literacy, a fact that needs to be both recognised and delivered as part of the reading and health agenda.

This is the beginning rather than the end of the process of creating an agreed definition of reading and health acceptable to all partners. This process needs to involve further consultation alongside the process of evidence collection and case building. As an interim statement, the above definition appears to be broadly acceptable with the amendment of the phrase ‘muscles of the imagination.’

## A Map of Key Stakeholders

The research findings show that a diverse range of stakeholders have an existing or potential interest in the use of reading in health care.

A total of 28 organisations responded to the stakeholder questionnaire; five of these were funding and policy bodies and a further 23 were arts/health networking organisations. Within these categories, 11 organisations defined themselves as health organisations, seven as regional agencies, three as trusts and two as arts and health organisations. Individual responses were also received from a regional arts council, a charitable body, an academic institution and an education body. This breakdown is shown in Table 3.

Table 3 Type of Organisation

Type of Organisation	Arts/Health Networking Organisation	Funding/Policy Organisation
Health Organisation	11 (39%)	
Regional Agency	7 (25%)	
Trust		3 (11%)
Arts/Health Organisation	2 (7%)	
Regional Arts Council		1 (4%)
Charitable Body		1 (4%)
Academic Institution	1 (4%)	
Education Body	1 (4%)	
Other	1 (4%)	
Total	23 (82%)	5 (18%)

If we combine the breakdown of the questionnaire sample with the findings of the desk research and interview process, it is possible to build a useful cross-sector map of reading and health stakeholder organisations.

## The Health Sector

The health sector is a key area of the stakeholder map. The NHS is a complex organisation undergoing an important process of change and transformation with the aim of becoming a more responsive, patient-centred service that empowers both staff and patients. This programme of *Shifting the Balance of Power* is part of the implementation of the NHS Plan and has resulted in new structures for the delivery of health care in this country. It is important to be aware of these structures in order to understand where the advocacy of reading and health work should be focused.

### Primary Care Trusts

A key feature of the NHS restructuring has been the investment in Primary Care Trusts as a way to improve health locally. The 303 PCTs in England receive 75 per cent of the NHS

budget and are charged with overseeing the organisations and bodies providing health and social care services in the community.

PCTs plan and secure the health services needed for the local population, providing some services themselves and others in partnership. They have a responsibility to improve the health of the community, not just through investment in the traditional health services but also by attacking the root determinants of health. They work with public and other partners on public health and community-based health and care initiatives, and developing programmes to improve health locally.

Ensuring that local NHS organisations work together with local authorities, particularly in the area of social care, is central to the new NHS vision. PCTs are seen as having an important bridging role.

### **Care Trusts**

Care Trusts are NHS bodies working both in health and social care. They can be established where NHS organisations and local authorities work together and represent a close level of integration between health and social care at a local level.

### **NHS Trusts**

NHS Trusts are the organisations responsible for running most hospitals, and although this function remains largely unchanged; they will now be required to develop a working relationship with the new PCTs. They will also be expected to embrace the patient-centred vision of the *Shifting the Balance of Power* programme.

### **Strategic Health Authorities**

There are 28 of these ‘new’ health authorities. They performance-manage the NHS locally and are the key structural link between the DOH and the NHS.

### **The Department of Health**

*Shifting the Balance of Power* has resulted in the DOH handing some of its operational responsibilities to strategic health authorities. Its main responsibilities now lie with policy development, arms length regulation, and inspection and intervention should problems occur.<sup>17</sup>

### **New Relationships and New Ways of Working**

New structures mean new ways of working and new partnerships between NHS organisations and other stakeholders. All local NHS organisations are now part of a single structure and are accountable to strategic health authorities. Relationships with other partners such as local authorities and voluntary organisations are vital, particularly for PCTs who are working towards improving health and social care.<sup>18</sup>

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<sup>17</sup> [www.doh.gov.uk](http://www.doh.gov.uk).

<sup>18</sup> [www.doh.gov.uk](http://www.doh.gov.uk).

A significant manifestation of this new way of working is the development of NHSU, a new kind of corporate university, focusing solely on training and education for the NHS. Due to be launched in autumn 2003, it is being set up to support the modernisation programme by providing practical learning for everyone working with or through the health service from staff to patients, carers and volunteers.

It is possible to interface with the health sector at a number of levels in relation to reading and health activity, but the PCTs are particularly important potential partners. They play a strategic role in health care delivery, have a clear partnership remit, a strong community perspective and an interest in attacking the root determinants of health using traditional and non-traditional means. There are also less obvious partners ripe for development including the NHSU, who may have an interest in the role of reading in health care staff development.

## **Other Health Structures**

### **Health Action Zones**

HAZs represent multi-agency partnerships between the NHS, local authorities including social services, the voluntary and business sectors and local communities. Their aim is to tackle inequalities in health in the most deprived areas of the country through health and social care modernisation programmes. As well as tackling key priorities such as smoking cessation and drug misuse, they are also addressing other wider determinants of health, such as housing, employment and education, and are acting as trailblazers for new ways of working.

Key principles include the development of person-centred services, a policy of community engagement, an evidence-based approach, the reduction of inequality, partnership development and multi-agency working.

There are 26 HAZs located in areas of deprivation and high health need and covering over 13 million people.<sup>19</sup>

### **The Health Development Agency**

The Health Development Agency is a special health authority funded directly by The Department of Health to identify evidence of what works to improve health and reduce health inequalities. It works alongside professionals to get evidence into practice, advising and supporting policy makers and practitioners.

It is a national body that operates to a federal structure through nine Regional Associate Directors based in government offices and attached to public health teams.

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<sup>19</sup> Health Action Zones at [www.ohn.gov.uk](http://www.ohn.gov.uk).

In principle, the Health Development Agency is interested in the role of reading in health and would be particularly interested in examining the evidence base, including case studies for this type of work.

### **National Government Departments**

The Department of Culture Media and Sport, both through Libraries and The Education and Social Policy Unit, have a potential interest in reading and health as a way of delivering core strategic priorities. These relate in particular to enhancing access to a fuller cultural life for children and young people and opening up institutions to the wider community to promote lifelong learning and community cohesion. DCMS recognises that cultural, artistic and sporting activities can contribute to neighbourhood renewal and make a real difference to health and education, and are particularly interested in increasing access to these activities for marginalised groups.<sup>20</sup>

The Libraries Division of DCMS is particularly interested in the role of the public library network in reading and health work, in its role as a key community route to less accessible social groups and in providing access to IT resources through The People's Network. DCMS are specifically interested in the evidence and outcomes of health and reading work involving public libraries and in the development and dissemination of models of good practice. They may be prepared to invest in this area and wish to be kept informed of any action plan developed as a result of this research.

### **Arts Funding System**

The newly restructured arts funding system in England is in the process of developing a national arts and health policy through the Social Inclusion Officer at Arts Council England. This policy will build on and consolidate the good practice that has been developed to date through the Regional Arts Boards, for example The Art of Well Being Partnership Strategy for the Arts and Health Sectors produced by London Arts, and Southern Arts' Arts and Health Strategy.<sup>21</sup>

Some of the regional arts councils, such as Arts Council England, West Midlands and Arts Council England, North West, have dedicated arts in health posts within their staffing structures, although this is not consistent across the country. There is potential for reading and health work to fit within the literature and social inclusion/access remit of the arts funding system.

### **Local Government**

Local authorities have an important role to play in arts in health work. Through arts departments and public library services they have funded a variety of projects in the field.

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<sup>20</sup> Executive Summary, DCMS Strategic Plan 2003-2006 at [www.culture.gov.uk](http://www.culture.gov.uk).

<sup>21</sup> *The Art of Well Being Partnership Strategy for the Arts and Health Sectors* can be found at [www.artscouncil.org.uk](http://www.artscouncil.org.uk).

Some local authorities are beginning to develop Arts and Health Development Strategies to embed the work at a policy level.<sup>22</sup>

## **Educational/Voluntary Organisations**

### **Basic Skills Agency**

The Basic Skills Agency works to improve literacy from the cradle to the grave. As part of this brief they fund and support specific reading and health projects through the Adult and Community Learning Fund, which supports innovation and development work through voluntary and community organisations. The Basic Skills Agency funded the project out of which The Community Education Development Centre's Literacy Links to Health project emerged. They have also funded and are funding other projects relating literacy to health, including publications for teaching and learning.

### **National Institute of Adult Continuing Education**

NIACE promotes the interest of adult learners, particularly those who are not represented in adult education. The organisation has a Development Officer for Learning and Health, whose role is to focus on access to learning opportunities for people with poor health, and on the impact of learning on health. NIACE facilitates a consortium of 'Prescriptions for Learning' Projects, whereby learning advisers based in GP surgeries support individuals into learning opportunities.

NIACE is also involved in the development of the NHSU's Skills for Life programme.

### **The National Literacy Trust**

The National Literacy Trust aims to build a literate nation in which everyone enjoys the skills, self esteem and pleasures that literacy can bring. They support literacy work in the health sector in a number of ways, and produce Swap a Book Hospital Resource Sheets as part of the work of The National Reading Campaign.

## **Arts and Health Organisations**

There are several arts and health organisations operating in the field. Examples include:

### **The National Network for the Arts and Health**

The NNAH is an important arts and health networking and membership organisation, working to promote and advocate the value of the arts in health care. The NNAH maintains an extensive arts and health project information database on its web site.<sup>23</sup>

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<sup>22</sup> Hastings Borough Council has produced an Arts and Health Development Strategy, which makes reference to reading in a case study and incorporates reading activity within the policy priorities laid down for the next three years.

## **Chelsea and Westminster Hospital Arts**

Chelsea and Westminster Hospital research project is leading the way in finding a quantitative analysis and critical evaluation of the effects of the visual and performing arts on patients, staff and visitors to the hospital. Chelsea and Westminster Hospital Arts manages a significant arts programme in the hospital. This includes the Interact Reading Service for stroke patients. It was also involved in Imagination Time, a major children's reading and health project supported by Launchpad.<sup>24</sup>

## **Arts for Health Cornwall and the Isles of Scilly**

Arts for Health aims to relieve sickness and preserve physical, mental and emotional health by the use of the arts, including literature, and to advance awareness of the role of the arts in health care for the benefit of the public.

## **Healing Arts: Isle of Wight**

Healing Arts delivers a programme of writing and reading to people receiving health care in hospitals and in the community. The programme is delivered by writers and is viewed as arts activity, not therapy.

## **Lapidus**

Lapidus is a membership organisation established to promote the use of the literary arts: reading; writing and performing of poetry, prose, fiction or drama; storytelling; and journal writing for health, well being and personal development. Its members include writers and poets, librarians, medical and health care professionals, therapists and service users, academics and teachers. It aims to establish links for the exchange of information and the promotion of training and research in the field. It also holds an annual conference to disseminate current practice and the latest research. Regional groups have been formed throughout the UK and local meetings and events are held in Scotland, Sheffield, Birmingham, London, Brighton, Bristol and Bath, and Cornwall.

Lapidus is a founder member of **literature training**, an initiative by seven leading literature organisations to support the professional development of writers and others within literature.<sup>25</sup>

## **Survivors' Poetry**

Survivors' Poetry is a networking organisation that aims to bring out the poet in people who have survived the psychiatric system. It organises events and workshops through regional groups, as well as publishing anthologies of survivor's work.

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<sup>23</sup> [www.nnah.org.uk](http://www.nnah.org.uk).

<sup>24</sup> Imagination Time is included as a project case study. Launchpad has now merged with The Reading Agency.

<sup>25</sup> Other members include NAWA, NALD, Writernet, Survivors' Poetry, FWWCP, Apples & Snakes. Literature training is funded as part of Arts Council England's Creative People programme.

## **Arts Organisations**

### **The Poetry Society**

The Poetry Society's Poetry Places Scheme has facilitated some innovative poetry-in-health projects, including poets in residence schemes and Poems for the Waiting Room.<sup>26</sup> The evaluation of these projects has raised some key issues about the role of poetry in a health care context. In particular it identified the friction between the use of poetry as therapy and as arts practice. The evaluation has also covered the training needs of writers working in a health care environment.<sup>27</sup>

## **Academic Institutions**

### **Canterbury Christ Church University College, Centre for Health Education and Research**

The Centre for Health Education and Research delivered a series of seminars on the theme of arts and health, including two sessions on literature and health. The role of reading in health is included as part of a course on mental health promotion taught to undergraduate adult nursing students. Some child student nurses are being asked to observe and report on the way reading is used on children's wards as part of their course work.

### **Centre for Arts and Humanities in Health and Medicine**

The University of Durham has established the Centre for Arts and Humanities in Health and Medicine with backing from The Nuffield Trust. CAHHM aims to explore the value of introducing more elements of literature, philosophy, history and arts alongside the science and technology elements of traditional health care.

### **University of Hull**

Dr Geoff Lowe in Clinical Psychology, Faculty of Health at The University of Hull, is involved in ground-breaking research work into measuring the health related benefits of poetry. This work is outlined in more detail in the Research Section.

Dr. Lowe has also been involved in developing reading activity in residential homes.<sup>28</sup>

### **Centre for Health in Employment and the Environment**

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<sup>26</sup> Poems for the Waiting Room is detailed in the project audit.

<sup>27</sup> The Evaluation Report of the Poetry Places Health Care Projects can be found at [www.poetrysociety.org.uk](http://www.poetrysociety.org.uk).

<sup>28</sup> See the project audit.

CHEE is based within the Department of Occupational Medicine, Bristol Royal Infirmary. The Centre is involved in developing a range of different research paradigms to evaluate the use of the arts in health.

## **The Library Sector**

As well as individual library authorities, there are other key library sector stakeholders involved or interested in reading and health activity. These include:

### **Libraries, Museums and Archives Councils**

Newly formed regional bodies brokering partnerships and providing advice, support, training and funding to organisations and individuals working in the libraries, museums and archives sectors. There is potential for grant aid programmes to be used for reading and health work involving libraries and other partners.

### **Regional Library Structures**

Regional library bodies such as The London Library Development Agency and The Libraries Partnership West Midlands have a strong reader development brief that would include reading and health work.

## **Charities and Trusts**

There are a number of charitable organisations whose funding policies encompass arts and health activity including reading. The following list is indicative rather than exhaustive.

### **The Baring Foundation**

This foundation supports a grants programme concerned with voluntary sector development and the arts.

### **Esmee Fairbairn Charitable Trust**

A trust that funds education work and the arts, social welfare activity and economic and social research.

### **The Kings Fund**

The Kings fund gives a substantial amount of grant funding to a wide range of organisations in the health sector that affect either the commissioning or provision of health services in London.

### **The Carnegie United Kingdom Trust**

This trust seeks to support village and community development and new trends in creativity, and improve the prospects of young people.

### **The Chase Charity**

This charity funds registered charities for work in every aspect of the arts. It is particularly interested in supporting work with community groups who would not normally have access to the arts. Priorities for the next three years include the support of the frail in mind and body, the broadening of horizons and the promotion of new ways of working. These aims apply to the following categories: the elderly, families and children, the homeless, mental health, community work, physical and learning disabilities and young people.

### **The Paul Hamlyn Foundation**

The Paul Hamlyn Foundation prioritises work in the arts, learning and education that addresses issues of equality and disadvantage, particularly in relation to young people. For the period 2003–6, The Foundation will also be offering funding through a Reading and Libraries Challenge Fund.

### **The Sensory Trust**

The Sensory Trust is a national charity working in the field of social inclusion and access through a particular focus on inclusive environmental design. It promotes opportunities for people with disabilities and older people to enjoy, learn from and participate in the natural world.

### **The Garfield Weston Foundation**

This foundation funds charities working in its priority areas which include the arts, community projects, education, health, mental health and handicap, welfare and youth. Grants can be from £2,000 to over £500,000.

### **The Foyle Foundation**

The Foyle Foundation's primary aim is to support charities whose core remit covers learning, the arts and health. The average grant awarded is between £5,000 and £20,000.

The reading and health stakeholder map is made up of a broad range of potential partners actively supporting or with a potential interest in the field. It has to be said, however, that not all of the stakeholders listed here are aware of the common ground they share with the aims and objectives of reading activity in a health care context. There is an important job to be done in raising this awareness and developing partnerships. This is only an indicative map of the reading and health landscape and further in-depth research may well identify new partnership opportunities.



## Policy Frameworks

The findings of the research show that reading and health has a relatively low profile in a policy context. This is not surprising, given the relatively recent nature of reader development policy development and the dominance of the visual and performing arts in the broader arts and health movement. Only two of the 28 stakeholder organisations that responded to the questionnaire claimed to operate a policy that directly covered the funding of reading and health. In both cases, this was implied as part of a broader policy framework, rather than existing as a dedicated reading and health policy. Interestingly, both respondents were health organisations, one being an arts and health organisation and the other a regional office of The Health Development Agency.

In the first example, the arts and health organisation indicated that the funding/support of reading and health work was incorporated in broader policy criteria. These criteria emphasised the value of engagement in the arts through health care as significantly contributing to the health of individuals and the maintenance of a healthy life style. The value of arts and health activity is twofold: ‘for health professionals it enables them to communicate more coherently and cogently with patients/clients and creates a context and environment for the delivery of quality health care services and enhanced health outcomes.’<sup>29</sup>

The Regional Health Development Agency Director specified that reading and health activity was covered by policy priorities, emphasising the importance of working with regional partners on policy and practice development relating to issues affecting health improvement and health inequalities.

Whilst examples of established reading and health policy were limited in the questionnaire sample, analysis showed that there was scope for the support of this work within the parameters of a range of policy criteria. Significantly, 23 of the 25 organisations without an expressed arts and health policy indicated that they would support work in this area. The guiding policy indicators they identified for this support can be grouped by sector.

### Health Policy Reference Points

Health organisations sampled through the questionnaire indicated the following criteria as being relevant to the support of reading and health activity.

- The work addressed inequalities in health.
- It involved regional partners in mainstreaming activities.
- It was supported by evidence that literacy was a determinant of health.
- The activity offered clear benefit to patients/individuals.
- Additional resources were available to support project work.
- Activity was offered as a pilot or subject to an existing evidence base that showed that reading was a pre-requisite of health.
- The project fitted within broad strategies for health improvement and targeted areas of greatest need.

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<sup>29</sup> Healing Arts: Isle of Wight.

- The work helped modernise services and develop innovation.

Further research was undertaken to substantiate these emerging policy themes. The findings both reinforced these themes and identified further health policy directives as important signposts supporting the development of health partnerships for reading. Many of these priorities derive from the NHS modernisation agenda and the *Shifting the Balance of Power* programme. They include:

### **Partnership**

Partnership delivery, including partnership with local authorities around the social care agenda.

### **Putting the Patient First**

The patient/people-centred approach is core to the NHS modernisation agenda.

### **The Expert Patient**

The concept of the ‘Expert Patient’ who both understands and is able to manage his or her condition has emerged out of the new patient-centred focus of NHS delivery mechanisms.

### **Health Literacy**

Health literacy is a core public health goal. The focus is upon improving people’s access to health information and their capacity to use it effectively, particularly through more personal forms of communication and community-based education outreach.<sup>30</sup>

### **Prevention as Well as Cure**

The new NHS is placing more emphasis on attacking not just the symptoms but also the ‘upstream’ determinants of health and well being, which include social and community influences, and living, working, cultural and environmental conditions. In particular, this relates to the role of reading in developing social capital and individual and community well being.<sup>31</sup>

### **Empowerment**

Empowering NHS staff, capacity building and work force development in relation to both the NHSU and the Leadership Centre are all core priorities for The Modernisation Agency.

### **Evidence**

The NHS is driven by an evidence-based culture.

The NHS is a target driven organisation. These policy priorities therefore provide an important base upon which to build the case for reading and health for health sector partners.

## **Education and Voluntary Sector Priorities**

Education and voluntary sector priorities appear to emphasise partnership delivery, innovation and development. The need for effective evaluation, combined with qualitative and quantitative research into learning and its links to health, was also reinforced.

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<sup>30</sup> *Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century*, Don Nutbeam, Health Promotion International, Vol.15. No.3, 259–267, September 2000.

<sup>31</sup> See the Dahlgren and Whitehead Model of the ‘upstream determinants’ of health in The Acheson Report, *An Independent Inquiry into Inequalities in Health in England*, TSO, London 1998.

## **Arts Funding Priorities**

The arts funding system indicated the need for partnership delivery, alongside evidence of good planning and sound evaluation, the need for evidence-based practice and for work to be in line with developing national priorities in arts and health work.

The Social Inclusion Officer at Arts Council England will be focusing on arts and health policy development later this year. Key areas of interest for research and development include the use of the arts in a mental health context, arts in humanities work, the use of the arts in primary care and the role of arts in improving NHS estates.

## **Library Sector Priorities**

The regional library agencies and the libraries, museums and archives councils surveyed indicated an interest in the role of reading in relation to reaching new audiences, developing local models and support structures, partnership building, lifelong learning and education, and evidence building.

## **Charities and Trusts**

Every trust and charitable organisation has its own specific funding criteria for project work but, as the stakeholder map shows, many of these are relevant to reading and health activity but from a specific policy angle. The Sensory Trust, for example, is interested in reading that overcomes the boundaries of disability. Obvious funding pathways for reading and health work include the arts, health, social welfare, voluntary sector development, education, social inclusion and work targeting specific social groups.

## **General Policy Priorities**

Other general policy areas that emerged as having a significant relationship to reading and health include the regeneration and social cohesion/social capital agenda, particularly in relation to local authority policy.

The sampling approach adopted means that the policy areas identified should be treated as indicative. Nevertheless, it is clear that each sector has priorities that signpost support for and interest in reading and health activity. There appears, however, to be common consensus on the importance of evidence-based practice and the centrality of partnership working. This initial mapping of the common ground in a policy context now needs to be built upon through the development of sector-specific advocacy materials.

## Stakeholder Funding Patterns

The progression from policy priority to funding practice is a logical one, as is shown by the indicative stakeholder funding patterns identified by this mapping exercise. These trends should be considered alongside the findings of the project audit.

Of the 28 stakeholder organisations in the sample, 12 or 43 per cent had funded/ supported reading and health activity of some kind. Of these, seven were health sector organisations, two were voluntary/education bodies and the remainder included an arts and health organisation, a regional arts council and a regional library, museums and archives council. In a small sample, this is a relatively broad mix.

The range of work and the diversity of delivery models were also surprising, as Table 4 shows. Interestingly, the new regional libraries, museums and archives councils appear to have been involved in the broadest range of activity. In fact, one regional agency had been involved in four out of the five types of activity specified in the questionnaire.

Table 4 Range of Activity

Activity	Total No. of Organisations	Funding Organisations	Arts/Health Organisations	Health Organisations Only*
Fund own projects	2		2	1
Fund research	1		1	
Fund others to undertake projects	5	2	3	1
Fund own networking events/confs/ advocacy	4		4	2
Fund networking events/confs/ advocacy initiatives organised by others	2		2	1
Totals	14	2	12	5

\*Health Organisations column is a division of the Arts/Health Organisations column.

The general trend was for the stakeholder organisations covered in the questionnaire to be less involved in direct fieldwork activity and more involved in a strategic funding and development context facilitating others to undertake activity. Research emerged as a relatively low priority in this survey, although this may be the result of a low level of demand rather than a lack of interest in the area by stakeholder organisations.

## Funding Levels

The levels of funding allocated to reading activity are shown in the following table. The type of activity is described in full below as these projects are not covered by the project audit.

Table 5 Funding Levels

	Total Organisations	Funder	Arts/Health/Other Organisations	Health Organisations*
Over £50,000	1 (6%)		1 (7%)	
£20,000-£49,000	2 (12%)		2 (14%)	1 (11%)
£10,000-£19,000	2 (13%)	1 (50%)	1 (7%)	1 (11%)
£6,000-£9,999	2 (13%)	1 (50%)	1 (7%)	1 (11%)
Under £6,000	3 (19%)		3 (21%)	2 (22%)
Nil	6 (37%)		6 (43%)	4 (44%)
Response Rate	16 (100%)	2 (100%)	14 (100%)	9 (100%)

\* Health Organisation column is a division of the Arts / Health/Other Organisations column.

Interestingly, only one organisation, The Basic Skills Agency, had spent over £50,000 on reading and health activity over the last year. This was a result of the fact that basic skills and health was a priority of the last round of The Adult and Community Learning Fund. The maximum amount available to each project in this round of the fund was £30,000, with current projects having started in April 03. The Basic Skills Agency also funded a number of projects in the area of basic skills and disability/learning difficulties during the same period.

Both Leeds Health Action Zone and Healing Arts: Isle of Wight indicated that they had spent between £20,000-£49,000, the former on reading activity related to Sure Start and The Millennium Awards, and the latter on reading activity included in their regional arts and health programme. In the case of Healing Arts, the funding came from a specified reading and health budget.

Two organisations allocated funding in the region of £10,000-£19,000: Bolton, Salford and Trafford Mental Health Partnership supported a patient library from general funding and The Foyle Foundation allocated general funding to project work related to the development of a reading service as one of the therapies for stroke patients.

Arts Council England, North East allocated funding of between £6,000-£9,999 for project work and Leeds Health Action Zone received the same level of support from a specified funding budget for a health and well being programme provided by Leeds Hospital Trust. This scheme runs accredited courses in deprived schools in Leeds and has begun to branch out into more specialised provision, including a 'Right to Read' programme whereby staff

members are released from their day duties to support reading schemes in local primary schools.

A further three organisations supported reading and health activity with funding below £6,000. These included the East of England and The North East Office of The Health Development Agency, who provided general funding for networking/conference/advocacy events, including a Building Skills for Health Conference in the East of England. Canterbury Christ Church University College also supported a series of events on arts and health. This programme included a reading element, resulted in a publication and was funded by Southern and South East Arts, the Regional Health Development Agency and Pfizer. The College also allocated funding, from an internal research budget, to work that led to the publication of a paper about the use of children's books in hospital.

Six organisations had not allocated any specific funding to reading and health work in the last year, although the Primary Care Trusts of Rowley Regis and Tipton, Wednesbury and West Bromwich, and Oldbury and Smethwick had offered in-kind support for a range of work. This included library-based promotion services, including Book Start, Sure Start early years partnerships, the commissioning of communication aids services and disability-related reading aids, and a local study of the readability of health materials.

Nearly all of these organisations anticipated allocating similar levels of support in the next financial year. Only the East of England Health Development Agency and Canterbury Christ Church University College indicated that there would be no funding for reading activity in the next year, presumably because specific projects had been completed.

## Partnership Structures

The partnership structures underpinning this range of activity provide a useful indication of the complex nature of the joint working involved, and the range of potential partners that reading and health work can pull in.

Direct partnership with public library partners was relatively rare in the stakeholder sample and when it did occur it related specifically to Bookstart. Partnership with the public library service was slightly more frequent as part of a broader partnership base where libraries were one of a number of partners. Considered in the context of the range and diversity of activity discovered by the project audit, there appears to be a gulf between the stakeholder organisations and the field work being undertaken by libraries. There is clearly potential for a much greater role for libraries in brokering and supporting stakeholder reading and health partnerships.

Partnership structures vary from initiative to initiative, but the questionnaire findings show that stakeholder partnerships can involve:

Department of Health

The Health Development Agency, particularly at regional level

Primary Care Trusts

NHS trusts, including teaching hospital trusts

Health Action Zones

Government Office Public Health Teams

New Opportunities Fund Healthy Living Centre Program

Colleges, schools and other education providers including local education authorities

The Community Education Development Centre

Basic Skills Units

NIACE

Local Skills Councils

Sure Start

The Millennium Awards Programme

Work Force Councils

Regional Government Officer

Local Government Association

Development Trusts/SRB6 Funding Programme

Regional Arts Boards

Public Libraries

Museums

Specialist organisations, for example LaunchPad, now The Reading Agency and Survivors'

Poetry

Bookstart Steering Group

## **Building the Evidence Base**

The stakeholder questionnaire identified some useful starting points for developing the case for reading and health. These reference points could be used as the building blocks for the construction of a stronger evidence base for reading, especially when combined with the case studies provided by the project audit and supported by a structured process of evidence collection.

All Adult Community Learning Fund projects funded by The Basic Skills Agency, for instance, provide regular progress reports, with some providing more detailed case studies. It is also likely that The Basic Skills Agency will be commissioning a number of health project case studies in the year ahead.

NIACE have also recently undertaken evaluation into the impact of learning on health. The Development Officer for Learning and Health indicated that there may be many shared issues pertaining to reading and health, and learning and health, relating to ways of working, funding and sustainability, and also similarities in the ways that project workers engage with health practitioners and the public. She expressed an interest in exploring this common ground further.

Canterbury Christ Church University College requires student nurses to complete questionnaires whilst on placement in children's wards. These provide information on how books are used in the ward setting and how children react to them.

Healing Arts: Isle of Wight researches and assesses the impact of its Healthy Living Programme, which has a reading and writing strand. It also continually monitors the performance of the reading and writing programme in all the areas/departments where it is delivered.

The Poetry Society has undertaken independent evaluation of its Poetry in Health Care scheme, with a particular focus on the training needs of artists.

Sure Start/early years evaluation reports were also cited by one questionnaire respondent as a useful source of reading and health evidence.

## Project Audit

The purpose of the project audit was to identify the range of reading and health activity under way, particularly but not exclusively in the public library sector. Of the 25 projects detailed below, 20, or 80 per cent, involved libraries being a main partner or playing a key role in the partnership base. Far fewer projects were led by other agencies, such as arts centres, literature development organisations, academic bodies or social services.<sup>32</sup> Whilst this finding has clearly been influenced by the fact that public library reader development activists were a significant target group for the questionnaire, it does also show the level of activity under way involving public libraries and the important role they are playing in leading and developing this work. Considered alongside the relatively low profile of libraries in the stakeholder survey, this suggests that whilst library activity is well developed, it may not be effectively connected up with the work of key stakeholders operating in the field.

The project audit revealed an interesting and varied range of reading activity with a health and well being dimension, although the connections to a health care environment were more direct in some projects than others. All respondents felt that their project did fit within the framework provided by the reading and health definition. The fact that reader development work was seen, by some respondents, as a general determinant of good health, supports the arguments for the value of reading in promoting well being as well as its specific value in a health context.

It is important to note that not all projects detailed below are represented in the subsequent statistical analysis, either because their project was identified via desk research or because they did not complete the questionnaire.

The audit represents a significant intervention into the arts and health agenda and presents a range of models of good practice that could be built on and adapted in a number of different environments. The project models identified have been grouped under broad reader development and target group headings, although it has to be said that some could be entered under a number of different headings due to the breadth of the work being undertaken. For the purpose of this exercise, they have been grouped under what appears to be the main theme or focus of the activity described.

## Reading Groups

Reading groups are recognised as a strategic reader development tool. They encourage people to read more, read more widely and gain more from their reading experience. They also promote a sense of well being by offering a social experience that is both relaxing, stimulating and enjoyable.<sup>33</sup>

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<sup>32</sup> Of those that responded to this question, three projects were led by literature development organisations and two by arts centres, with single examples of projects led by social services and other agencies.

<sup>33</sup> *Reading Groups and Public Libraries Research*, BML and The Reading Agency, 2002.

### **Bangor Street Health Centre Reading Group**

A library-run reading group for Asian mums based in a health centre in the heart of Blackburn's Asian community. The group is the result of a partnership between the health visitor team, the library service and the lifelong learning service. The women who attend would not normally attend sessions outside of their community. The health visitor team recognises the problems of low self-esteem and isolation amongst the women it visits and is keen to promote the group to these clients.

The group targets Asian women with young children, particularly those who are unable to attend the library. It started in June 2001 and meets weekly. It is likely that the project will be sustained as it is funded within existing resources.

### **Essex Staff Reading Groups**

A library-run workplace project involving the establishment of reading groups for council staff to promote well being, develop confidence and enhance communication skills. The project is run in conjunction with Essex County Council's Organisation Development Section and is aimed at middle and senior management. It ran as a pilot from May 2003 for six months, but it is likely to be renewed under current funding agreements with existing partners.

### **Lifelong Learning /Library Partnership Reading Groups, Blackburn with Darwen**

A network of adult reading groups within the community, set up by Blackburn with Darwen Borough Council Lifelong Learning Team in partnership with the library service, and with one-off support from Blackburn and Darwen Primary Care Trust. The project uses the reading group structure to widen participation in learning and make it more inclusive, and also builds on the value of reading as a means of working through trauma, providing space for reflection and building self-esteem. The first group was established in 2000/01 and continues to meet, along with other groups set up since. It is hoped that provision for this project will continue.

## **Health Literacy/Healthy Living Promotions**

The use of reading materials to improve access to health information and develop the capacity to use this information effectively.

### **Community Health Information Development Officer**

This is a new post, jointly funded by Cambridgeshire Libraries and Monkfield Medical Practice, to model a new partnership approach to the delivery of community health information in a new greenfield township. South Cambridgeshire Primary Care Trust is also involved in the partnership and has a particular interest in developing models of good practice for wider application. The post will ultimately be housed in an innovative joint-use

building, housing the library, GP practice, community health facilities and Trading Standards.

Until the new building is ready, there is no library provision in the community other than a two-weekly mobile library visit. The shared post, based in the medical practice, therefore offers the potential to support library users in the interim. There is an established health information point that includes books, videos, leaflets and internet access for all age groups. An information prescription service has also been established. Prescriptions can be written by any of the practice clinical team. Half hour appointments are available with the information officer to obtain information on any condition or concern.

Other strategies include a kinderbox in the waiting area. This holds a wide selection of general and health-related stories and books (for example visiting the doctor/hospital; healthy eating) available for loan. A regularly attended reading group has been established, and liaison takes place with the local primary school over summer reading activities and a family reading group. Bibliotherapy is also being considered in conjunction with the WellFamily Services Co-ordinator at the GP practice.

The project is targeting a range of groups, including clients at the medical practice, the local community, the wider community through the Primary Care Trust, and health service colleagues.

The project commenced in October 2001 with a fixed-term two-year contract, although the library service is committed to maintaining the post until 2004 when it is likely to be renewed under agreement with existing partners.

### **Knowsley Health Events**

In order to raise its profile in relation to healthy living, Knowsley Library Service has delivered two health activity programmes within the service, bringing together a range of health organisations and Leisure Services. It is anticipated that this activity will be ongoing, funded within existing resources.

### **Wokingham Health Awareness Promotion**

One of the monthly library promotions for 2003 is health awareness. Libraries and the lifelong learning team will be working with members of the Wokingham Learning Partnership to stage a variety of events and displays, including stress management and a reader development session.

The promotion will take place in June 2003 and the partnerships established are likely to lead to similar events in the future.

## **Reminiscence/Oral History**

Reading activity is an important strand of reminiscence work, a process involving the retelling of personal experiences and local stories.

### **Memory Sticks**

A project run by Apples and Snakes, a London-based literature development agency in which a poet worked with staff and patients at Queen Mary's Hospital, Roehampton on feelings about the NHS, memories about the hospital and feelings and relationships in general.

The project targeted staff, ex-staff, adults with learning disabilities and patients of the rehabilitation unit. The project took place in 2002 and was project funded, so has not been sustained.

### **Metal Box Project**

An oral history project managed by the South East Libraries Board, Armagh with the local health and social services trust. The project worked with retired members of The Cans Metal Box Factory, which closed in the 1980s, to tell the story of the factory and its workforce.

The project has now terminated.

## **Reader Development/Reader in Residence**

Reader development is active intervention, often but not exclusively by public libraries, to open up and support reader choice. The reader in residence is a specific reader development tool to support the reading experience.

### **Dorchester Arts and Health**

A reader in residence project, running for the first six months of 2003, managed by the Disability Arts Co-ordinator based at Library Headquarters, Dorchester. The residency can involve any process or way of working, but must work with the library service to deliver reader development activities that will enhance the experience of reading for pleasure, increase confidence, widen reading and provide opportunities for discussion of books read. The reader in residence will work with eight target groups, encompassing people with dementia and mental illness, and young people with addictions.

The project is supported by a partnership led by the local authority Arts Team and including Libraries, Social Services and East Dorset Primary Care Trust. The partnership was created specifically for this initiative, although it is likely to be continued into the future through three further projects.

## **South Ayrshire Libraries Reader Development**

A two-year reader development project from 2002 to 2003, co-ordinated by The Scottish Library and Information Council and covering the whole of Scotland. The project encourages existing readers to try new types of reading and encourages non-users to join the library service.

## **Bibliotherapy**

The use of books to heal.

### **Read and Record**

A mac (Midland Arts Centre, Birmingham) -led project that uses reading to promote communication between members of families no longer living together. Read and Record worked with staff, non-resident parents and children at a contact centre in Wolverhampton for the first six months of 2003. The project was made possible by The Reading Families Millenium Award Scheme and is likely to continue either with new funding or with the support of existing partners.

### **Poems in the Waiting Room**

Provides small pamphlets of poetry for reading by patients waiting to see their doctors. The pamphlets are free and readers are invited to keep them. The project covers 330 health service waiting areas and distributes 10,000 poetry pamphlets quarterly. The service started in 1996 on a trial basis, and has been operating quarterly from autumn 1998. The project was piloted with the support of The Poetry Society and has recently received Arts Council project funding.

The service is run by Michael Lee without any formal partnership of any kind. It works in conjunction with the Poetry Society, which provides the vehicle for gift aid tax relief.

### **Poems for the Waiting Room**

Provides poetry posters for waiting rooms/areas across the health system. The project was piloted with the support of The Poetry Society's Poetry Places Scheme and has since been funded by The New Audiences Programme at Arts Council England, with partnership funding from NHS Estates, The Kings Fund and The Baring Foundation.

### **Reading for Wellbeing, Leeds**

Led by South Leeds Primary Care Trust, Reading for Wellbeing is a partnership project with Leeds Library and Information Service. Primary care mental health workers spend part of an afternoon a week in a recently opened library in a new health centre in South Leeds.

Workers give reading advice and are supported by special collections of self-help books, fiction titles and other resources. A reading group that also meets in the library is aimed at people feeling depressed, stressed or anxious. The group is led by a mental health worker supported by a librarian.

The primary care mental health workers promote the scheme to their patients and through health centres, surgeries and libraries.

The project started at the end of January 2003, with the first reading group meeting in February. Funding has been provided through the Primary Care Trust for 2002/3 and it is likely that further funding will be allocated to continue the scheme into 2003/4. The primary care mental health workers have allocated time to the project as part of the weekly timetable. Leeds Library and Information Service provides staff time for promotion and involvement in the reading group, and advice on resources. It also manages the purchasing and processing of material.

### **Reading and You Scheme, Kirklees/Calderdale**

The RAYS project is a library-led initiative supported by a partnership with local Primary Care Trusts. It uses books, the social interaction of reading groups and one-to-one dialogue, to encourage those suffering mild to moderate stress, depression, anxiety and social isolation to discover alternative coping mechanisms.

The RAYS project was set up in July 2000 by Kirklees Libraries, in partnership with the local Primary Care Trusts and with support from DCMS/Wolfson Public Libraries Challenge Fund. In 2001, Kirklees Libraries went into partnership with Calderdale Libraries to secure further DCMS/Wolfson funding. The two schemes are now funded separately.

### **Cornwall Libraries**

Planning is under way for a project focusing on reading, writing and poetry groups, targeting those at risk of social exclusion because of age, health and urban/rural isolation. The project is planned for the autumn of 2003 and the potential partnership base includes the local Healthy Living Initiative, Lapidus Cornwall, Mind and a local community centre.

### **Kingfisher Project, Salisbury Arts Centre**

The Kingfisher Project, 'providing and celebrating literature in health and social settings', is a collaborative project managed by Salisbury Arts Council with ArtCare, Salisbury District Hospital's arts service. It involves creative writing workshops and related activities on hospital wards and with community groups such as users of day centres and surgeries. Blocks of weekly sessions are run for a variety of health care users: spinal unit patients, stroke patients, day centre patients for sufferers of Alzheimer's, mental health patients including severe sufferers and more general community groups including a women's group.

The project has been running for three years. It was initiated by Southern Arts alongside a Poetry Society Commission for writer Fiona Sampson to produce a publication on writing

in health care: *The Healing Word: A Practical Guide to Poetry and Personal Development Activities*. Although the project receives annual funding, the intention is to sustain it in the long term. It has been seen as a beacon project in the field of literature and health and was the focus of a national conference in 2002.

### **Cardiff Book Prescription Scheme**

This scheme is managed by Cardiff and Vale NHS Trust and supported by Cardiff County Council Library Service, and involves GPs providing patients suffering from mild health problems with 'prescriptions' for relevant self-help titles available at local libraries. The project was launched in March 2003 and it is hoped that it will be a permanent element in local health care provision.

### **Bromley Library Service**

This service is interested in developing a link already made by the Sports Development Unit with local GPs, who refer patients they think will benefit from a tailor-made programme of activity. The Library Development Manager is interested in developing the concept to include patients that have depression or mental illness and would benefit from guidance in choosing appropriate reading material.

### **Children/Early Years Reading Initiatives**

Reading activity focusing on work with children and early years target groups.

#### **Imagination Time**

Imagination Time is an innovative children's reader development project happening in London hospitals. Originally organised by the library development agency LaunchPad, in partnership and with funding from Walker Books and The Arts Council, it provides access to books and related arts for children in hospital who are missing out on this provision because they are not attending school and do not have access to their local public library.

#### **Story Sacks, Gwynedd**

The Story Sacks Project is supported by a partnership between Gwynedd Library Service, Sure Start and the local early years community development partnership. It involves the library service working closely with health visitors, and other partners in the Sure Start areas in Gwynedd, to promote the sharing and enjoyment of books between the child and its parent/carer. It aims to instill a sense of self confidence in the parent/carer, reinforce parenting and literacy skills and enable people to seek further help and assistance that might possibly lead to self improvement. Annual funding is allocated to the project until 2004, when it will terminate unless further funding is secured.

### **Teenage Reading Initiatives**

Reading activity targeting the teenage/young adult user group.

## **YouthBoox, Sheffield**

YouthBoox is a national Reading Agency programme that has changed the way that libraries work with young people by building partnerships with the youth service. It aims to create new approaches to reading for socially excluded teenagers whose homes are book-free zones and who associate reading with formal education and failure. Local projects work predominately with marginalised groups, delivering reading outside of institutional settings such as the library and the school.

The Sheffield project is supported and led by a dedicated post in Sheffield Libraries in partnership with Sheffield Futures/Connexions, other voluntary youth groups and The Reading Agency – a partnership that is hoped will sustain the YouthBoox initiative into the future.

## **Literacy/Writing-Based Projects**

Reader development work with a writing/literacy/basic skills focus.

### **Propeller, Brighton**

The literature development agency, The South, is hoping to develop a project that uses the reading and writing of poetry, combined with other art forms, in support of 16+ and adult literacy. The funding and partnership base for this project is not yet secured.

## **Housebound/Elderly Initiatives**

Reading-focused activity with the housebound, elderly and those in long stay health institutions.

### **Home Library Service, Hartlepool**

This project provides a good example of a housebound readers' service, a model much used by public libraries. The Hartlepool Home Library targets those confined to their homes through age, incapacity or illness, as well as their carers. The client group is largely elderly but also includes those released from hospital still requiring care services. Home Library customers are identified through a partnership with social services, voluntary health organisations and health professionals.

The project provides books, talking books and information to users in their own homes, and uses laptops to provide access to the library catalogue to allow self-selection. The project aims to extend its user group from 190 per annum to 420 by March 2005 and provides an important service that contributes to mental health by counteracting isolation, particularly in the elderly.

The Home Library Service is funded up until March 2005 and it is hoped that the project will be sustained through the mainstreaming of additional costs.

### **Homelink Service, Hanley**

Stoke Libraries also provide a dedicated van and assistant/driver to visit the elderly and housebound with books as an ongoing service.

### **WordQuake**

A reader development project based at East Riding Council Offices, promoting creative writing and reading throughout East Yorkshire, supported by East Riding Library Service and East Riding Writer's Consortium.

The project has worked with people with learning disabilities and in elderly care homes, collaborating with a project led by Hull and East Riding Health Care Trust. This was a pilot project developed by Dr Geoff Lowe, based in The Faculty of Health, University of Hull, to test the potential for encouraging reading and writing activity in residential homes. The project involved activities organised by WordQuake combined with mobile library visits to selected homes.

This particular partnership and strand of activity terminated with the completion of the project in June 2002, pending renewed funding.

### **Poetry Express**

Northamptonshire Library and Information Service is the lead partner for Poetry Express, a project that brings the poetry of local poets to audiences who do not normally encounter live poetry, including elderly people and people who visit hospitals or who have to remain in hospital for some time. The project has been running since 2001 and has been a basic building block of the work of the Literature Development Officer. It will continue for as long as funding remains in place for literature in the county.

## **Project Case Studies**

The three following case studies have been selected from the project audit to provide a more detailed picture of the type of work being undertaken, the partnership and funding structures supporting it and the long-term development issues the work raises.

### **CASE STUDY NO.1: POEMS IN THE WAITING ROOM**

#### **1. Project Description**

Poems in the Waiting Room produces short collections of poetry for patients to read while waiting to see the doctor.

#### **2. Background**

Poems in the Waiting Room was launched in 1998 by Michael Lee, the Founding Editor in conjunction with The Poetry Society and The City Literary Institute of London. The idea came to Mr. Lee whilst in conversation with a fellow member of The Poetry Society about how much time was wasted hanging around in hospital and health centre waiting rooms.

The short collections of poems are presented in folded A4 pamphlets and published quarterly. The format was developed after a trial publication in 1996 and a survey of responses. Fifty percent of those surgeries canvassed responded enthusiastically. There is no charge for the pamphlets and patients are actually encouraged to take them away to keep, thus giving them an enduring rather than ephemeral contact with the poetry. Distribution originally covered only South West London, but since 2000 the scheme has gone national with a total of 320 health centres in receipt of the pamphlets as far apart as Penzance and Skye. The quarterly print now runs to 10,500.

#### **3. Purpose**

The aim is simply to promote an interest in poetry and to make the waiting more pleasant for the patient. The scheme is very careful not to make any public claims for the therapeutic value of poetry as it is felt that it would be inappropriate to interpose any such claim on someone else's patients. To quote a recent report by Mr Lee ('Poems in the Waiting Room 1998–2002'):

“Poetry is not of itself therapeutic; it could indeed be dangerous. Poetry as therapy relies heavily upon the actions of an individual therapist, with poetry simply a tool to engage the patient.”

Strict guidelines for the choosing of poems have been devised with the advice of a consultant psychiatrist and experienced family doctors. Bearing in mind that the readers, due to illness, are likely to be in a heightened state, anxious and concerned and possibly even emotionally disturbed, poems need to be sensitive to these issues and should avoid new emotional challenges.

As well as making the patient's wait more enjoyable, it is also hoped that "...the pamphlet taken by a patient will invigorate or stimulate an enduring engagement in poetry."

#### **4. Funding**

Until very recently, Poems in the Waiting Room was funded entirely by the founder Mr. Lee under the auspices of his company Lee Donaldson Associates in collaboration with The Poetry Society. In 1996, having sought external funding from many sources and been rejected, Mr. Lee finally decided to pay for the production of the first pamphlet himself and this has been the case ever since.

However, earlier this year (2003), The Arts Council gave the project a grant of £12,500 per year for a three-year programme. Lee Donaldson Associates is providing match funding of £12,500 per year. Further funding is also being sought. The Beatrice Trust has been set up to administer the funds and the project aims to increase its list of recipients from 320 nationwide to 2,000.

#### **5. Sustainability**

The three-year ACE grant is guaranteed for one year at a time. Without ACE funding, the project would be scaled down to reach around 20 health centres in and around London.

#### **6. Partnerships**

There are no partners in this scheme in the conventional sense, though the 320 practice managers who advocate the scheme in their surgeries are considered the partners. The only thing that is asked of these partners is their continued enthusiasm.

#### **7. Evaluation**

In 1995, in order to gauge response to the scheme, a questionnaire was sent out to health centres and surgeries. The scheme was then structured using those responses. Since then, evaluation has been informal, relying on comments sent in by practitioners and patients. A short research report was produced in spring 2003 that described the scheme and analysed the postcodes of the distribution centres (i.e. health centres) according to ACORN data (A Classification of Residential Neighbourhoods) provided by CACI Ltd, which defines neighbourhoods according to 54 detailed types. This showed that *Poems in the Waiting Room* has established strong appeal across a wide spectrum of social and economic diversity and has extended interest beyond the population that has a pre-existing interest in theatre and arts.

However, this is just the prelude and it is now accepted that, having obtained external funding from The Arts Council, a more systematic evaluation strategy will need to be put in place.

#### **8. Client Confidentiality**

This is not an issue for this project.

## **9. Training**

This is not an issue for this project.

## **10. Other Issues**

### **Suitability of Material**

Detailed guidelines have been drawn up for this project concerning the nature of the poetry to be used. It is felt that certain poems may be unsuitable to place in front of patients, who, due to illness, may be in an already heightened state of emotion, perhaps anxious and concerned, and possibly even emotionally disturbed.

The guidelines were originally devised with the advice of a consultant psychiatrist and experienced family doctors. For this particular project this is a critical issue – if the guidelines were transgressed then the project would be in breach of contract, the effect on the individual could be dangerous and all trust between doctors and the project would have been destroyed.

## **CASE STUDY NO. 2: IMAGINATION TIME**

### **1. Project Description**

Imagination Time provides access to books and related activities to children in hospital who are missing out on this provision because they are not attending school and do not have access to their local public library.

### **2. Background**

Imagination Time was set up in April 2001 as a pilot to run until November 2001. The venues were London hospitals and hospices and it was organised originally by LaunchPad, the library development agency (now part of The Reading Agency) in partnership with Walker Books and The Arts Council of England.

Public Library Services used to have a presence in hospitals but cutbacks meant that many of these services had to be curtailed. When LaunchPad investigated why the provision for children's books and reading materials was so poor in hospitals, it became apparent that one reason is that these services fall outside statutory responsibilities. LaunchPad's subsequent proposal delighted library professionals in the Greater London area.

LaunchPad provided a co-ordinating role and was able to negotiate a commercial partner (Walker Books) and to secure the commitment of library and hospital staff to manage the project locally. Walker Books had been doing their own research into book provision in hospitals so it made sense to bring the two projects together.

The project involved 15 London library authorities and 21 London hospitals.

### **3. Purpose**

Imagination Time was not just about putting book collections on wards. It also included:

- storytelling/booktalk sessions by library staff
- training for hospital staff in using books with children
- other resources, for example reading wheel and activity sheets
- author and illustrator sessions on wards
- training for library staff
- skill sharing.

### **4. Funding**

In 2001 The Arts Council of England funded the project with a £20,000 education literature grant. Walker Books provided match-funding in kind and cash of approximately £10,000 for discounted books, author activity, training days etc.

This funding carried the project through the six months from April to October 2001. Although Walker Books is keen to continue, the project would still need additional funding if it were to continue in its current format with a paid project worker.

Around one-fifth of the 15 library authorities are still running their bits of the project as best they can by giving storytelling sessions and book-related activities, though no money is being spent on authors or new books.

## **5. Sustainability**

This has been identified as a key issue for Imagination Time, as without further funding the project cannot be rolled out nationally in the way that The Reading Agency had hoped. Contacts have been maintained between some of the libraries and hospitals, but without fresh input of money for books and authors these remnants of the project may also cease eventually.

In order for the project to be extended nationally, not only would further short-term funding be required to develop a template for good practice, but then library authorities would need to buy into it. They would need to make a case for doing work like this following the guidelines in *Framework for the Future*.<sup>34</sup> Their willingness to do this is difficult to gauge.

## **6. Partnerships**

The partnership with Walker Books has been described as “very harmonious”. It appears to have been a very fortuitous ‘coming together’, as Walker Books had been looking to work with libraries but didn’t know where to start.

Walker Books was very keen to put even more into the project and even offered staff as volunteer readers. However, practical and administrative problems around police checking of individuals working with children proved impossible to overcome in the timeframe.

## **7. Evaluation**

An evaluation strategy was put in place for this project and involved several elements, namely:

### **Qualitative:**

- recorded observations from nursing staff
- case studies
- feedback response sheets (for parents/carers and children)
- reports from library partners
- interviews with involved staff – both hospital and libraries
- letters from parents

### **Quantitative**

- numbers of hospitals involved
- estimated numbers of child patients involved in the project
- estimated numbers of parents attending events and workshops in hospital.

Achieving effective evaluation was quite a big issue for this project. Hospitals are busy places and the main priority was the welfare of the children, not more paperwork. The

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<sup>34</sup> *Framework for the Future Libraries: learning and information in the Next Decade*, DCMS, 2003.

project was in danger of not being taken up by staff if they felt they would be subjected to more form filling after each use of resources.

Equally, it is obviously very difficult to ask the parents of sick children too many questions about the enjoyment of a project when bigger things are at stake.

Constantly changing staff rotas and shifts and the large turnover of staff in the hospitals made conducting follow-up interviews with staff difficult to arrange.

In addition, all the children in the hospitals/hospices had different ailments – anything from a broken leg to terminal cancer – and the impact of the project on them therefore differed.

As a consequence of all these factors, most of the evidence is anecdotal or based on observation.

## **8. Client Confidentiality**

Obviously, in a project of this nature, names and patient details cannot be revealed and any evaluation or reportage must be sensitive to the often distressing circumstances that surround the children and their families.

## **9. Training**

The training that took place as part of this project was largely around skill sharing between the various groups of hospital school staff, playworkers and children's librarians. A day was organised to bring everyone together to hear a briefing on the project, meet authors and discuss issues around working in hospitals and using books with very sick children. Library staff also gave hints and tips on storytelling. Hospital and area library staff then grouped together with staff to explore how best they could work together.

## **10. Other Issues**

### **Project Staff**

A key issue for the success of this project was the funding of a dedicated project worker. Without such a person to make the initial links between libraries and hospitals, putting people in contact with each other and constantly 'badgering' people to do things, the project would never have got off the ground.

### **Communication**

The project had to contend with huge logistical problems in the way of communication. Each hospital involved in the project operated in a different way. Staff rotas, shifts and high turnover meant that getting people to meet was extremely difficult. Even communication by telephone or email proved problematic due to NHS regulations and security measures.

### **Nurse Training**

Hindsight has shown the importance, for a project of this nature, of working more closely with nurse trainers on how to train the nurses in the skill of using books with children. In

the end the sustainability of such a project is more likely to be achieved by empowering the nursing staff to use books.

## **CASE STUDY NO. 3: RAYS (Reading and You Scheme)**

### **1. Project Description**

RAYS is a project that promotes the benefits of reading and the use of libraries for people experiencing mild to moderate depression, stress, anxiety or social isolation.

### **2. Background**

RAYS was set up in September 2000 by Kirklees Libraries, in partnership with the local Primary Care Trusts of the NHS, and with funding from the DCMS/Wolfson Public Libraries Challenge Fund. In early 2001, Kirklees Library Service were approached by neighbouring authority Calderdale Libraries, who were impressed by the scheme and saw the potential for a wider partnership as both authorities shared the same Health Authority. It was agreed that Calderdale apply for DCMS/Wolfson funding on behalf of the partnership. The bid was successful and operated from September 2001.

In Kirklees, three part-time posts of Bibliotherapist were created to deliver the project from bases in libraries and to work with clients, either on a one-to-one basis or in groups. In addition, they started reading groups and 'bookchat' sessions and organised book-related outings and events.

RAYS operates in three distinct areas of Kirklees – all identified as areas of high social exclusion and agreed in discussion with PCT staff. In the first year it was established that approximately 86% of the clients were not currently in touch with the library service.

The scheme in Calderdale adopted the successful template established by Kirklees Libraries, which meant that from September 2001 a further three bibliotherapists were working in different areas of the authority.

Clients can either self-refer to the scheme or be referred by a doctor, health visitor, community psychiatric nurse, social worker or occupational therapist.

In June 2002 RAYS was shortlisted for the 'Libraries Change Lives' award.

### **3. Purpose**

The project had eight main aims when it was first set up. These were:

- To promote the idea of reading (particularly fiction) as an alternative to drugs in the achievement of mental and physical well being.
- To encourage greater use and awareness of the library service by all, but especially by those suffering from social isolation.
- To facilitate a programme of readers advice 'surgeries' and conversations about books with members of the public using local health centres.
- To give people a positive and non-threatening experience of reading and the library service.

- To support and empower the individual to improve confidence, self-esteem and inter-personal skills by reading, discussing and debating in small informal groups.
- To raise awareness amongst library staff and health professionals of the benefits of reading by a series of training events.
- To collect hard evidence and examples of the benefits of reading for general mental and physical well being.

#### **4. Funding**

RAYS was originally funded by an award from the DCMS/Wolfson Public Libraries Challenge Fund of £45,000, together with £7,500 match-funding from the three NHS PCTs in Kirklees, and match-funding in kind from Kirklees Cultural Services.

The partnership with Calderdale Libraries secured a second award of £82,000 for RAYS from the DCMS/Wolfson Fund. The PCTs in Calderdale and Kirklees as well as Sure Start (Elland) contributed almost £2,000 each.

From late 2002 funding became a more difficult issue. Calderdale achieved separate funding from Yorkshire Forward until March 2005 through playing its part in wider learning and strategic partnerships.

Kirklees received further short-term funding from The Neighbourhood Renewal Fund and The Healthy Living Initiative. In July 2003 Arts Council England, Yorkshire granted Kirklees £58,000. Having received this, the project is now financially secure for the next two years. It is hoped that thereafter Kirklees Metropolitan Council will fund the bibliotherapist posts substantively.

Due to these different funding arrangements, the scheme in both Calderdale and Kirklees is now managed locally, although links are maintained.

#### **5. Sustainability**

Sustainability has been a big issue for RAYS. It became clear very early on in the project that one year of funding was nowhere near enough for a project of this nature to establish itself and achieve significant results. The timing of the grant was also such that, in Year two, halfway through a financial year, it was impossible for Kirklees Metropolitan Council to commit to funding RAYS.

Unfortunately PCT funding has not proved to be similarly sustainable. After two years the PCT match funding ceased.

#### **6. Partnerships**

The partnership of the library service with the health sector was hailed as innovative and groundbreaking. Senior managers within the PCTs were very supportive and enthusiastic. This response was less common 'on the ground', where doctors and practice managers were particularly resistant to friendly overtures by the bibliotherapists. Other health

professionals, for example health visitors and occupational therapists, proved more supportive and keen to work in partnership.

As well as the match funding given for the first two years of the project, the PCTs also allowed use of their premises. Since 2002, when the PCGs (as they were) achieved Trust status, there has been very little contact from senior managers, and match funding ceased. Since that time it has not felt like a partnership, though in theory it still is. This is seen as a great shame by all concerned, as much potential development is being missed.

However, RAYS is now seeking alternative partnerships. Overtures have been made to the Department of Clinical Psychology at Hull University, who are engaged in measuring the effect that reading poetry has on the immune system. It is hoped that RAYS will be working with them in the future.

## **7. Evaluation**

As with Case Study No.2 (Imagination Time), due to the nature of the clients, evaluation has to be sensitively handled and cannot be too intrusive. A conscious decision was made early on that any client accessing RAYS should not be made to feel that they were going through yet another medical-style assessment. So form filling and questionnaires were discounted.

From the beginning in 2000, RAYS has worked with Open Art, an Arts in Health consultancy based locally. Open Art has assisted the project in drawing up an evaluative framework whereby bibliotherapists supply monthly reports detailing:

- number of clients seen
- number of new clients
- number of groups visited
- number of book group sessions held
- number of people joining the library
- number of books issued via the project
- brief case studies

Quotations are also noted and it is these, both from clients and health professionals, that form the cornerstone of much of the evidence base for the project. However, as mentioned in the previous section, RAYS is hoping to work with Hull University to formulate a more quantitative evidence base.

## **8. Client Confidentiality**

Client confidentiality is of supreme importance in this project and is an issue that, due to the enormous amount of publicity the project received, had to be faced and dealt with at an early stage. Reports only ever mention clients' first names and no other personal details of them are kept on file. Quotations remain anonymous and permission is always sought if researchers or journalists wish to come and interview clients or observe group sessions.

## 9. Training

Training for this project fell into three categories:

**i) Training for the bibliotherapists** – as there is no formal bibliotherapy qualification, the training was a mixture of library advocacy, appropriate NHS courses, and attendance at Arts in Health, Literacy and other relevant conferences and seminars.

**ii) Training for library staff** – this was usually informal sessions run by the bibliotherapists at staff meetings, designed to appraise staff of the purpose of the scheme and how it would operate.

**iii) Training for health centre staff** – this tended to be as in ii), but with the addition of information on the library service and what it could offer. With this latter group, there was sometimes a certain reluctance to participate (see Section 6). Lack of health centre staff time and poor communication didn't help.

## 10. Other Issues

### Flexibility

The RAYS project workers quickly learnt that flexibility was the key to making a success of things in terms of where, when and how often you met with clients; which organisations you approached; how you structure the sessions etc. No two days in the life of a bibliotherapist are ever the same!

### Outreach

Due to a growing realisation that the involvement of doctors was going to be a lot less than had been anticipated, a great deal more outreach work proved to be necessary at the start of the project in order to make the necessary contacts in the community.

## Partnerships and Funding

### Partnership Structures

The project audit shows a range of partnership structures in place that support reading and health activity. These partnerships tend to be more locally based than those identified through the stakeholder questionnaire, but they, too, placed public libraries in a much stronger position in the partnership equation.

As indicated in the project snapshots included in the audit, the majority of reading and health partnerships were created to deliver the project in question, but 15 projects (a surprisingly high number) also said that these partnerships were likely to continue into the future. A further five projects indicated that whilst the work had not been sustained due to a lack of funding, they would have liked it to continue. This suggests that partners are convinced of the value of reading in a health context, both for the end user and in relation to achieving their own objectives.

### Funding

The project audit questionnaire asked respondents to indicate the level of funding that they had received for their project. The results are shown in the following table.

Table 6 Project Audit Funding Levels

Over 50,000	3 (14%)
£20,000-£49,999	4 (18%)
£10,000-£19,999	3 (14%)
£6,000-£9,999	1 (5%)
Under £6,000	9 (40%)
Nil	2 (9%)
Response Rate	22 (100%)

This pattern matches the trend towards lower levels of funding indicated by the stakeholder questionnaire. The majority of projects were delivered on under £6,000 of funding. Of the three projects that received over £50,000, one had included revenue costs as well as project costs, which obviously distorted the project budget, the second involved the funding of a full time post and the third involved the provision and development of a library reading service.

The funding sources identified by the project audit are shown in Table 7.

Table 7 Funding Sources

National Arts Council	2
Regional Arts Council	6
Arts Organisation	1
Health Organisation	6
Local Authority	15
Government Department	2
Arts Health Organisation	2
Education Body	-
Trust	1
Charitable Body	3
Academic Institution	1
Regional Agency	1
Other	1
Total Answered	22*

\*Multiple funding sources account for the fact that the total number of sources shown is greater than the number of respondents.

As the majority of the projects are public library led, it is not surprising that local authorities represent the prime source of project funding. Local authority resources were allocated to 15 of the 22 projects in the sample that answered this question. The second most popular funding source was represented by the local regional arts council and by health organisations of a local nature. There was a relatively even spread over the other sources specified, with slightly more funding deriving from trusts than from the other specified sources.

As the project audit describes project activity rather than mainstream provision, it is not surprising to find that funding time-frames were either short term (less than 1 year) or medium term (1 year to 18 months). A total of 14 projects (74 per cent of the total number answering this question) fell into either one or other of these categories. A far smaller number of projects, five (26 per cent of responding projects), were funded for a longer period (over 18 months). This pattern is shown in Table 8.

Table 8: Funding Time Frames

Short Term	7
Medium Term	7
Longer Term	5
Response Rate	19

This pattern of funding suggests the need for investment in longer-term funding strategies for reading and health activity. This would allow for the benefits of long-term development work, including skills development in the workforce, mainstreaming of project work, the building of sustainable partnerships and greater user benefit and satisfaction. It would also support the development of a firmer reading and health evidence base, built around longer-term evaluation strategies, including the use of longitudinal studies. These are all important building blocks for a long-term reading and health vision.

## Evaluation

A more effective and coherent approach to the evaluation of impact is emerging as a key issue in relation to reading and health work. Whilst existing methodologies for quantitative evaluation are adequate, there is a need for a stronger, more scientific evidence base to underpin the arguments for the health benefits of reading. This is a key issue for health sector partners and a firm requirement if they are to take the health benefits of reading seriously. It is also necessary to develop a range of evaluation strategies that measure the qualitative impact of reading on the individual in a consistent and uniform way. The development of effective evaluation that takes into account the qualitative impact of reading has been clearly expressed as a central concern to those working in the field.

In relation to the findings of the project audit, 15 projects indicated that they had an agreed evaluation strategy in place. This compares to the nine projects that indicated that they had no clear evaluation strategy.

A small number of projects reported that their main focus was to collect volumetric data relating to numbers of users, demographic profiles and other quantitative outcomes, such as numbers of events, visits, repeat visits and levels of attendance. One library project indicated that established performance indicators relating to the library action plan and Charter Mark provided the framework for evaluation. The tools being used to collect this data included registers, records, attendance lists, book issues, new library members, activity forms and questionnaires. Research has also recently been conducted to examine the socio-economic classification of neighbourhoods served by Poems in the Waiting Rooms. This analysis was undertaken using the postcodes of member practices using the scheme.

Most projects combined the collection of quantitative evidence with an attempt to collect qualitative feedback primarily in the form of user feedback. This was collected using a range of strategies, such as interviews and group discussions with both staff and users, and the collection of anecdotal comments via registers, questionnaires and customer evaluation forms. One project also used the co-ordinator's journal as an evaluation tool. Another project with a primary care partnership was investigating the use of the 'Well Being Scale,' a NHS tool used to track health improvements. One project indicated that it was particularly interested in collecting evidence on perceived benefits to health, self-confidence and skills development from both clients/users and health care staff.

Review meetings with partners, regular reporting of structures and the production of evaluation reports were also frequently mentioned as important elements of the evaluation strategies in place.

Respondents were asked to identify any difficulties/issues they might have encountered in evaluating work in the field. The following points were raised:

- The difficulty of acquiring data without being too intrusive to the client.
- The difficulty of acquiring quantitative data on the health impact of the scheme on clients.

- The fact that customers are hardly ever critical of the service offered, possibly because they think of it as a criticism of the staff or they fear that it may lead to the service being cut.
- The problem of knowing how to navigate new territory in terms of evaluation.
- Shortage of staff time and the availability of participants.
- The difficulty of evaluating effectively when the client group includes people with learning difficulties. It is particularly difficult not to ask this client group leading questions, as they tend to either be very positive about things or need a lot of encouragement to bring forth opinions.
- The difficulties encountered when the client group is excluded young people, who resist being pigeon-holed and are unused to reflecting on their own development.
- The difficulty in monitoring change when reading is essentially a private and personal activity.
- Funding is a major constraint on undertaking proper research into the effectiveness of the work.
- People's reluctance to fill in any kind of form.
- The difficulty of engaging academic institutions in the evaluation process.
- How to measure the impact on health in any way other than subjectively.
- The range and diversity of activities under the reading and health banner.
- The sensitivity of the issues that reading can raise and the personal and private discussions that result. It is very difficult to transfer these into publishable data.
- The group is small but the impact is huge in terms of mental well being and self esteem. The reading that the women have been undertaking has given them new skills in self-expression but these are very difficult to pin down and quantify.

These comments present an interesting list of issues informing the development of an outline evaluation methodology for measuring the impact of reading and health. They encompass issues raised by the nature of activity – an essential personal and creative process – and the need to measure this activity in a scientifically rigorous manner. Then there is the vulnerability of the client group to be taken into account, the shortage of resources for project work in general and evaluation in particular, and the need to engage the right partners to develop the right sort of evaluation for a range of different contexts.

The need for an effective evaluation tool kit for reading and health activity is urgent. This tool kit would have to explore new ways to measure the value of this work and to collect evidence that would be acceptable to a range of partners. It would also have to respect the privacy of the client group, the emotional and sensitive quality of the work, the particular characteristics of reading as an art form and the particular needs of different health care environments. This is a tall order but one that requires immediate attention. Evaluation is the cornerstone of a successful reading and health strategy for both the library and the arts sector, and investment in this area is a priority if we are to successfully make the case for the importance of reading in the arts and health agenda.

## Research

Effective project evaluation provides a rich source of evidence to support the case for reading and facilitate partnership building with health sector agencies. There is, however, also the need for a coherent programme of academic and medical investigation that both reinforces and develops the outcomes of action research. There are important developments under way in this context.

Research is being developed in The Faculty of Health at the University of Hull, for example, that explores the health-related effects of reading and writing poetry by examining physiological change. This work is looking in particular at the effects of reading activity on mood and the immune system using secretory immunoglobulin (sIgA) as a measure.

In one study, 16 healthy adults attended a series of poetry writing sessions plus a control session where they read magazines. The sessions covered writing about happy memories, sad memories and the room they were in. Saliva samples were taken before and after each session and the results showed a significant increase in sIgA levels during the poetry writing sessions as compared to the control session, and in particular in the sessions relating to happy and sad memories.

In a second study, a sample group read a collection of poems including a neutral poem, a positive poem and a negative poem. Saliva samples showed that there was an increase in sIgA with the readings of positive and negative poems and a decrease with the reading of the neutral poem. A questionnaire also revealed that the neutral poem caused a decrease in positive feeling and an increase in negative feeling. The positive poem caused an increase in positive feeling and a decrease in negative feeling and the negative poem resulted in a decrease in positive feeling and an increase in negative feeling. A correlation therefore exists between the subject's own feelings and the results of the saliva tests. Interestingly, similar results were achieved when subjects were asked to undertake relaxation sessions. This work is ongoing.

Both of these studies provide useful evidence of the physiological change brought about by writing and reading activity.

Research is also under way at The Centre for Health in Employment and the Environment, in The Department of Occupational Medicine, Bristol University into new approaches to measuring the impact of the arts on health. Findings of a pilot cost benefit study for the role of poetry in health and healing suggest that it costs £350 a year to prescribe a patient anti-depressants. In the UK, it is estimated that empowering people through poetry could generate direct care cost savings of as much as £1.24 million a year.<sup>35</sup>

Arts and health conferences are a good platform for the dissemination of reading and health evidence and for the discussion of key issues. There are also a number of annual events, such as the Lapidus Conference, focusing specifically on literature and health. The

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<sup>35</sup> Paper presented by Robin Phillips at Lapidus Conference, Words and Beyond, Warwick University, 28-30 March, 2003.

proceedings of *Strange Baggage*, the 2003 Kingfisher Project Conference, will be published next year by Jessica Kingsley Publishers.<sup>36</sup>

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<sup>36</sup> *Strange Baggage*, edited by Dr Fiona Sampson, Jessica Kingsley Publishers, 2004.

## Key Issues

Respondents to both the stakeholder questionnaire and the project audit were asked for their views on the relative importance of a range of identified issues relating to reading and health work. These were:

- **Client Confidentiality**

The development of guidelines/models to safeguard client confidentiality.

- **Effective Evaluation of Impact**

The development of evaluation strategies that take into account the qualitative impact of the work and can measure impact effectively.

- **Training Provision**

Implementation of a skills audit relevant to reading and health work and the development of appropriate training programmes to support workers.

- **Counselling/Support for Workers**

Increased awareness of the emotional demands of reading and health work and the identification of appropriate support structures.

- **Partnership Models**

The identification of a range of models to support partnership development, that take into account the impact of different health delivery structures.

- **Project Sustainability**

The identification of key factors contributing to the long-term impact and sustainability of reading and health work.

A consideration of the relative importance of these issues to the two groups of respondents provides a relevant conclusion to this report.

Both groups of respondents ranked the development of effective evaluation as the most important issue for consideration. The centrality of this issue has been an important theme throughout the research. For stakeholders, project sustainability came next on the list, followed by training, the identification of relevant partnership models, client confidentiality and finally counselling/support for workers. The project audit on the other hand ranked client confidentiality second, followed by training, project sustainability, counselling/support for workers and finally the identification of relevant partnership models.

These two lists show that stakeholder organisations and project workers have different priorities and issues related to the nature of their engagement with the work. Funding organisations and policy bodies are more concerned with ensuring project sustainability, and creating an appropriate skills base through training that impacts on long-term sustainability, than they are with field work issues of client confidentiality. This issue, however, ranked second on the project audit list, which is not surprising considering the more immediate contact that the project worker has with the experiences of the end user.

Training emerged as a significant issue for both groups, ranking third in importance in the results of both the project audit and the stakeholder questionnaire. The identification of relevant project models appears not to be a burning issue for either group, ranking as fourth for stakeholders and last for project co-ordinators. This may be because the specific

requirements of particular projects may pre-determine the partnership base. Interestingly, counselling for workers comes low on both lists, suggesting either that this is not a concern for effecting project delivery, or that there are more practical and structural issues that need tackling first.

There can be no doubt that effective evaluation of impact is the first practical issue that requires attention, especially in the context of the need for evidence to convince potential stakeholders of the value of this work.

Finally, both groups of respondents were given the opportunity to raise any other issues that they considered relevant. Respondents in the stakeholder group noted the following points:

- The need for disability-related reading needs assessment structures.
- The importance of funded pilots to develop the profile and application of reading in a health context.
- The role of other cultural organisations in supporting reading activity, particularly museums and archives.
- The need to link reading and health work more closely with the arts and health agenda.

Respondents to the project audit raised:

- The urgent need for research evidence to support the impact of reading on health, especially in relation to arts and health projects.
- The need to source long-term funding to support and mainstream project activity.
- The need to develop a body of practical field work/a portfolio of case studies to underpin the value of reading in boosting health.
- The linkages between reading and health and other library/health initiatives such as health information and practice nurse collections in libraries.
- The links with libraries' work with New Deal for Community Living Task Groups.
- The importance of day-to-day reader development work and community librarianship in promoting health and well being.

These themes have occurred time and time again in this piece of research and provide a useful summary of its key findings. Reading has an important role to play in supporting health and well being, but this role needs underpinning by evidence, and advocating in a sustained and concerted way, in order to boost the profile of the art form in relation to the arts and health agenda and relevant stakeholders. There is a growing body of development work under way, much of it occurring in public libraries, but this work needs the support of a longer-term vision if it is to achieve its true potential. Libraries supported by partners in the arts and health sectors and by development agencies working in the field are ideally positioned to support the development of this vision and to lead reading and health activity into its next phase of development.

## Literature Review

### Articles/Papers

- ❖ Adams, S. J. (2000), 'Who Uses Bibliotherapy and Why? A survey from an under-serviced area'. *Canadian Journal of Psychiatry* (September) pp645–9.  
Abstract: Assessed which mental health therapists use bibliotherapy, their reasons for doing so, and rationale for recommending specific titles. To review the book selected most often in several categories, the authors used pre-published criteria for reviewers of self-help books. The authors sent a survey to all therapists in a Northern Ontario community, requesting information on therapist demographics, the respondents' practice, the use of bibliotherapy, and details of the book most often prescribed in various categories. Of 112 surveys, 62 were returned, for a response rate of 55%; 68% of respondents indicated that they used bibliotherapy. The results indicate that the most common reason for recommending books was to encourage self-help. The authors conclude that there was a significant relation between greater counselling experience and increased use of bibliotherapy. Findings indicate that most therapists recommend books to their clients, but there is little empirical evidence of efficacy.
- ❖ Arts Council of England (2001), 'Arts in England: Attendance, participation and attitudes in 2001'.  
Abstract: Details the findings of a survey commissioned by The Arts Council with support of Resource, and carried out by the Social Survey Division of the Office for National Statistics. This research provides important information on how people are engaging with arts and culture in the 21st century.
- ❖ Ball, Susan and Keating, Clare (2002), 'Researching Arts for Health's Sake'. *Second International Conference on Cultural Policy Research 2002*, Wellington, New Zealand.
- ❖ Bamforth, Iain (2001), 'Literature, Medicine, and the Culture Wars'. *The Lancet*, Oct 20, v358 i9290 p1361. Elec. Coll.: A79379365.  
Abstract: The author discusses the contrast between medicine and the arts. He points out that medicine is about problem solving, while literature, for example, is about mysteries and doubts. He discusses modern changes in the way language itself is used and interpreted, the function or non-function of art as therapy, and other matters of post-modernist thinking.
- ❖ Berger, Joanne M. (2000), 'Novel Prescriptions'. *Family Practice News*, Sept 15, v30 i18 p47. Elec. Coll.: A66168936.
- ❖ 'Bibliotherapy – Willow Weep For Me: A black woman's journey through depression, a memoir'. (2002) *Psychiatric Times*, Aug, p51. Elec. Coll.: A89964384.
- ❖ Bonnycastle, Stephen (2001), 'Bibliotherapy in Action: A reader's developing responses to two stories about obsessional love'. *Textual Studies in Canada*, Summer p1(14). Elec. Coll.: A90306731.

- ❖ 'Books for Kids in Troubled Times', (2001). *School Library Journal*, Dec v47 i12 p23(1). Mag. Coll.: 109L1482. Elec. Coll.: A81162398.
- ❖ Bower, P. (et al) (2001), 'The Clinical and Cost -Effectiveness of Self-Help Treatments for Anxiety and Depressive Disorders in Primary Care: A systematic review'. *British Journal of General Practice* 51 pp838–45.
- ❖ Bowman, Ted (1999), 'Literary Resources for Bereavement'. *Hospice Journal*. Vol 14(1), pp39–54.  
Abstract: Provides examples of poetry and other literature that address death and dying, offered as an idiosyncratic collection of perspectives and words that can augment personal words or actions, thereby enriching bereavement care. Examples focus on the bereavement process, social support and resiliency, pauses and laments, and healing hope and acceptance. If healing includes the storying and restorying of lives, then literature can enrich and facilitate the mourning process. Suggestions of resources and some of their connections to hospice care are included.
- ❖ Bullock, Chris (2001), 'Theme, Story, Image: Learning about life issues reading from the mythopoetic men's movement'. *Textual Studies in Canada*, summer p25(13). Elec. Coll.: A90306733.
- ❖ Cohen, Laura J. (1994), 'Phenomenology of Therapeutic Reading with Implications for Research and Practice of Bibliotherapy'. *Arts in Psychotherapy* Vol 21 No1.
- ❖ Cuijpers P. (1997), 'Bibliotherapy in Unipolar Depression: A meta-analysis'. *Journal of Behaviour Therapy and Experimental Psychiatry* 28(2) pp139–47.
- ❖ Ford, D.Y. et al (2000), 'Multicultural Literature and Gifted Black Students: Promoting self-understanding, awareness, and pride'. *Roeper Review*, June v22 i4 p235. Elec. Coll.: A63789855.
- ❖ Forgan, James W. (2002), 'Using Bibliotherapy to Teach Problem Solving'. *Intervention in School and Clinic*, Nov v38 i2 p75(8). Elec. Coll.: A94123381.  
Abstract: Bibliotherapy is defined as the use of books to help people solve problems, and can be valuable in helping learning-disabled children become proactive problem solvers. Among its benefits is the ability to show an individual that he or she is not the first person to face a problem, and that there may be a variety of solutions. Describes a teaching framework for bibliotherapy that covers a pre-reading stage (including selection of titles), reading the story aloud to students, post-reading discussion, and a problem solving activity. The last involves the use of the I SOLVE interpersonal problem solving strategy to develop alternative solutions to the problems faced by the characters in the story. Appendices include a sample lesson and details of publications and websites of value to teachers of children with high incidence disabilities.
- ❖ Forrest, M.E.S. (1998), 'Recent Developments in Reading Therapy: A review of the literature'. *Health Libraries Review*; 15(3) Sep, p157–64.  
Abstract: Defines the term 'reading therapy' and discusses its early development in the UK and the USA. Presents a review of the recent literature in the field and offers

recommendations on the implementation of reading therapy in health and community care libraries.

- ❖ Gardiner, J.C. et al (2000), 'Music Therapy and Reading as Intervention Strategies for Disruptive Behavior in Dementia'. *Clinical Gerontologist*; 22 (1), p31–46.  
Abstract: The disruptive behaviour of two agitated nursing-home residents, one who suffered a cerebrovascular accident (CVA) and one with Alzheimer's Disease (AD), was observed for two weeks. Personalised interventions, consisting of reading/book exploration or music therapy, were presented during the following two weeks. Changes were measured during and immediately after intervention and during the following week, and the interventions were then switched, so that each participant received both. Both music and reading interventions were effective for the AD participant, while the CVA participant improved after reading but became worse during and after the music intervention. Findings stress the need for individualised planning and allowance for daily participant changes when using behavioural interventions.
- ❖ 'Girl's Best Friend: Books?' (book: 'Bibliotherapy: The Girl's Guide to Books for Every Phase of Our Lives') (2001). Publishers Weekly, Jan 22, v248 i4 p244. Mag. Coll.: 106J4867. Bus. Coll.: 131P2658. Elec. Coll.: A71202079.
- ❖ Hartman-Stein, Paula E. (ed) (1998), 'Innovative Behavioral Healthcare for Older Adults: A guidebook for changing times' (pp129–144). San Francisco, CA, US: Jossey-Bass/Pfeiffer. Scogin, F. (1998) *Bibliotherapy: A nontraditional intervention for depression*.  
Abstract: (From the preface) This chapter reviews the efficacy of a form of adjunctive, minimal-contact therapy known as bibliotherapy for depressed older adults. The author gives case examples showing how bibliotherapy can be used in treatment settings, and he speculates on when its use may be appropriate in a variety of managed-care systems, including capitation models of healthcare delivery. From an ethical perspective, he also cautions against its widespread use in the treatment of specific clinical problems. (From the chapter) Topics addressed include: practice applications, problems in implementation, client characteristics, negative outcomes, bibliotherapy in primary care, bibliotherapy's role in prevention, and alternative media for self-administered treatments.
- ❖ Hartman-Stein, P. (1999), 'Adapting to Managed Behavioral Health Care for Older Adults: A practitioner's perspective'. *Journal of Geriatric Psychiatry*; 32(1) 1999, p43–61.  
Abstract: Addresses changes due to managed care influences in traditional Medicare regulations for mental health services, which became evident in the mid-1990s. Considers access to patients, limits of psychotherapy visits, use of supervisees, and fees. Notes the impact of a controversial research finding that about one-third of mental health services provided to nursing home residents were medically unnecessary. Makes recommendations for practice regarding documentation and treatment plans, focused therapy, homework and the use of group therapy and bibliotherapy, research and integration with primary care.

- ❖ Hebert, Thomas P. (1999), 'Bibliotherapy with Young People: Librarians and mental health professionals working together'. *Roeper Review*, Sept v22 i1 p66. Elec. Coll.: A57516670.
  
- ❖ Jackson, S.A. (2001), 'Using Bibliotherapy with Clients'. *Journal of Individual Psychology*. Special Issue: Individual psychology: A practical application approach. Vol 57(3), fall, pp289–97.  
 Abstract: Notes that since 1916, therapists have integrated literature into the counselling process in a variety of ways. Adlerian therapists may use bibliotherapy to help establish relationships with clients, to explore clients' lifestyles, to promote client insight, and to help reorient and re-educate a client. In this article, the author discusses how psychologists use bibliotherapy with children and adults. Criteria for book selection as well as implementation strategies are presented and discussed. Specific examples of books and activities to use at each phase of therapy are suggested.
  
- ❖ Johnson, Celia E. et al, 'Booking it to Peace: Bibliotherapy guidelines for teachers'. (2001) *On-going Topics Academic Exchange Quarterly*, fall v5 i3 p172(5). Elec. Coll.: A80679276.
  
- ❖ Johnson, Roberta S. (1998), 'Bibliotherapy: Battling Depression', *Library Journal* 123/10 (1 June) pp73–7.  
 Abstract: Article concerns bibliotherapy resources for dealing with depression in terms of collection development for both public and medical health libraries. Current books, videos and online resources are reviewed.
  
- ❖ Kristl, Carol (2000), 'Librarian and Bibliotherapist: Reading as treatment for mental depression'. *American Libraries*, Oct v31 i9 p21. Mag. Coll.: 104D4174. Elec.Coll.: A66218438.
  
- ❖ Kubiisz, C. (1999), 'Reading to Heal: How to use bibliotherapy to improve your life' (review). *Booklist*, March 15, v95 i14 p1269(1). Elec. Coll.: A54321742.
  
- ❖ Lanza, Marilyn L. (1996), 'Bibliotherapy and Beyond'. *Perspectives in Psychiatric Care*, Jan–March v32 n1 p12(3). Elec. Coll.: A19042289.  
 Abstract: The medium of television may be used as a means to promote reading literature to improve mental health. A psychiatric nurse with an interest in literature co-hosted a local television program that reviewed several books on each show. Her purpose in participating was to promote mental health within her community through discussing literature. Bibliotherapy, a known psychotherapeutic technique of reading literature, may promote mental health through catharsis, problem solving, and increasing understanding.
  
- ❖ McArdle, S. and Byrt, R. (2001), 'Fiction, Poetry and Mental Health: Expressive and therapeutic uses of literature'. *Journal of Psychiatric and Mental Health Nursing*. Vol 8(6), Dec, pp517–24.  
 Abstract: People with experience as mental health clients, mental health nurses, writers and other professionals have used literature to benefit mental health service users in various ways. These include expressive writing, as well as applications in

psychotherapy and counselling and to deal with specific problems and symptoms. In addition, therapeutic storytelling, bibliotherapy and poetry therapy have been used. Various benefits have been described, but some accounts do not include evidence of clinical effectiveness. However, positive treatment outcomes have been reported in research papers and other literature, with particular evidence of clinical effectiveness in some studies of bibliotherapy, therapeutic writing and poetry therapy. Further work is needed to clarify and measure the effectiveness of various expressive and therapeutic uses of literature. The authors also recommend collaboration among practitioners and the need for supporting evidence for proposals for increased resources in this field.

- ❖ Manley, W. (1996), 'Bibliotherapy (doctor prescribes reading Henry James to treat high blood pressure)'. Booklist, Jan 1, v92 n9–10 p751(1). Elec. Coll.: A17864763.  
Abstract: A librarian suffering from high blood pressure and a sprained ankle got an unusual prescription for recovery. His doctor requested that he read 'Washington Square' by Henry James, in the belief that it would help slow the librarian's pace of life.
- ❖ Marrs, R.W. (1995), 'A Meta-Analysis of Bibliotherapy Studies'. American Journal of Community Psychology, 23(6) pp843–70.
- ❖ Mimeault, Veronique and Morin, Charles M. (1999), 'Self-Help Treatment for Insomnia: Bibliotherapy with and without professional guidance'. Journal of Consulting and Clinical Psychology. Vol 67(4), Aug, pp511–19.  
Abstract: Fifty-four adults with primary insomnia were randomly assigned to a self-help treatment (cognitive-behavioural bibliotherapy [BT]), BT with weekly phone consultations, or a waiting-list control (WL) group. Treated participants were mailed six treatment booklets at the rate of one booklet per week; half of them also received minimal professional guidance through a 15-minute weekly phone consultation. The WL group members continued to monitor their sleep during this period. Participants in both treatment conditions improved significantly on the main outcome variables (total wake time and sleep efficiency) at post-treatment, whereas WL participants remained unchanged. The addition of weekly phone calls slightly enhanced improvements at post-treatment. However, both treatment conditions were comparable at follow-up. These results suggest that BT, with or without minimal professional guidance, is an effective approach for treating primary insomnia.
- ❖ Monsho, K.A. (2000), 'Reading for Recovery'. Essence, August v31 i4 p88. Elec. Coll.: A63986686.
- ❖ Morawski, C.M. and Gilbert J.N. (2000), 'Developmental Interactive Bibliotherapy'. College Teaching, summer v48 i3 p108. Elec. Coll.: A65131663.
- ❖ Nutbeam, D., 'Health Literacy as a Public Health Goal: A challenge for contemporary health education and communication strategies into the 21st century'. Health Promotion International, Vol.15, No.3, pp259–67, Sept 2000.
- ❖ 'Positive Potential of a Sad Experience' (1999) (letter to the Editor). The Lancet, July 24, v354 i9175 p344. Mag. Coll.: 99H4914. Elec. Coll.: A55404163.

- ❖ Robinson, Mark (2000), 'Writing Well: Health and the power to make images'. *Journal of Medical Ethics*, Dec v26 i6 p79. Elec. Coll.: A68866627.  
Abstract: There is increasing interest in connections between writing and well being, but a perceived tension between writing well and writing to improve health. This paper gives a brief outline of some dominant literary thinking in this area, explores views of this orthodoxy among two groups of writers, examines the writing process and evidence of how it affects well being, and goes on to relate how such evidence relates to recent psychological/clinical findings. Eighty-four per cent of those interviewed testified to therapeutic effects, but tensions existed around quality and catharsis. Bucci's multiple code account of the referential cycle is related to the creative writing process, and the paper concludes there are indications that the process of writing well is linked to the benefits for well being. It therefore suggests that the importance of literary quality, and the re-writing process involved, as well as the value of disclosure, needs to be examined further as writing is increasingly used therapeutically.
  
- ❖ Robinson, Sally (2002), 'Children's Books: A resource for children's nursing care'. *Paediatric Nursing*, Vol 14, No 5 pp26–31.
  
- ❖ Rojcewicz, Stephen (1999), 'Medicine and Poetry: The state of the art of poetry therapy'. *International Journal of Arts Medicine*. Vol 6(2), pp4–9.  
Abstract: This article summarises the role of poetry in medicine, especially in psychiatry, and presents a state-of-the-art appraisal of the field of poetry therapy. Poetry therapy (or bibliotherapy) is the intentional use of poetry and other forms of literature for healing and for personal growth. The author discusses physician poets; the history, goals, and basic principles of poetry therapy; and the work of the National Association for Poetry Therapy, founded in 1981.
  
- ❖ Rubisch, John C. et al (2000), 'Not the Same Old Story – Long distance collaboration to increase interpersonal understanding'. *T.H.E. Journal (Technological Horizons In Education)*, Oct v28 i3 p60. Elec. Coll.: A66678936.  
Abstract: Studies in bibliotherapy and social sciences have found that story-telling plays a very important role in child development. The social interaction allows for a better understanding of one another. Technology provides new ways in which stories are relayed. A study was conducted with 24 students between the ages of 12 and 15. A collection of stories was first given up for discussion in a classroom setting. Then it was moved to the web. Students used e-mail to collaborate. The results found that students could effectively learn although communication was not as good. The use of stories was deemed favourable. There was also optimism toward the future use of internet in education.
  
- ❖ Smith, Nancy M. et al (1997), 'Three-Year Follow-Up of Bibliotherapy for Depression'. *Journal of Consulting and Clinical Psychology* 65/2 (April): pp324–7.  
This is a scientific research paper addressing the issue of long-term maintenance of bibliotherapy effects for depressed adults.

- ❖ Wolpov, Ray and Askov Eunice N. (2001), 'Widened Frameworks and Practice: From bibliotherapy to the literacy of testimony and witness'. *Journal of Adolescent and Adult Literacy*, April v44 i7 p606. Elec. Coll.: A73233790.
- ❖ Zvirin, S. (1997), 'Bibliotherapy with Young People: Librarians and mental health professionals working together'(review). *Booklist*, August v93 n22 p1912(1). Elec. Coll.: A19689703.

## **Books**

- ❖ Allen, Janet (ed) (2002), 'Using Literature to Help Troubled Teenagers Cope with End-of-Life Issues'. Westport, Connecticut. Greenwood Press.
- ❖ Almond, Barbara and Almond, Richard (2002), 'Therapeutic Narrative: Fictional relationships and the process of psychological change'. Westport, Connecticut. Greenwood Press.
- ❖ Dawber, Diane (1999), 'Reading to Heal: A reading group strategy for better health'. Quarry Press.
- ❖ Doll, Beth (1997), 'Bibliotherapy with Young People: Librarians and mental health professionals working together'. Englewood, CO: Libraries Unlimited.  
Abstract: Begins with a current definition of bibliotherapy and explains the distinction between developmental and clinical bibliotherapy. Addresses who is qualified to conduct bibliotherapy, the mental health needs of children and adolescents, skills necessary for the successful bibliotherapist and mental health professional and discusses the cautions that should be used with bibliotherapy. An entire chapter is devoted to building a collaborative bibliotherapy program. Although this book is geared towards working with children, much of its information can be applied to other age groups as well.
- ❖ Gold, J. (2002), 'Read for your Life: Literature as a life support system'. Markham, Ontario. Fitzhenry & Whiteside.
- ❖ Jones, E. H. (2001), 'Bibliotherapy for Bereaved Children: Healing reading'. London, Kingsley.
- ❖ Kaplan J.S. (ed) (1999), 'Using Literature to Help Troubled Teenagers Cope with Identity Issues'. Westport, Connecticut. Greenwood Press.
- ❖ Maidman Janice and Dimenna, Donna (eds) (2000), 'Read Two Books and Let's Talk Next Week'. New York, Wiley.
- ❖ 'Making it Happen: A guide to delivering mental health promotion'. Department of Health, 2002.

- ❖ Mazza N. (1999), 'Poetry Therapy: Interface of the arts and psychology'. CRC Press, ISBN: 1574441833.  
Abstract: Building on the American Psychological Association tradition of the arts and psychology, this book addresses the therapeutic aspects and clinical use of metaphor, narrative, journal writing, storytelling, bibliotherapy, poetry and the related arts. Based on clinical theory and romantic philosophy, a unified poetry therapy practice model is presented that combines the use of literature in therapy, creative expression, and symbols/rituals. Poetry therapy has been formally recognised for 30 years and practised worldwide with a wide range of clients and in numerous settings including hospitals, hospices, mental health centres, family service agencies, addiction centres, schools, nursing homes, and correctional settings. The book is organised along three dimensions: 1) theory and practice of poetry therapy covering individual, family and group modalities; 2) use of poetry therapy along developmental markers with specific attention to abused children, battered women, suicidal adolescents, and the elderly; and 3) research and professional development including credentialing, building resources, and education/training.
  
- ❖ Pardeck, John T. (1998), 'Using Books in Clinical Social Work Practice: A guide to bibliotherapy'. New York: Haworth Press.  
Abstract: Provides clinical social workers with books to be used in treating various clinical problems such as divorce and remarriage, dysfunctional families, parenting, serious illness and substance related disorders. Offers an introduction to the bibliotherapy approach and clinical applications. Also reviews the benefits and shortcomings of bibliotherapy in the social work field. Pages 2–5 provide an overview of research findings conducted in the 80s and 90s on the efficacy of bibliotherapy.
  
- ❖ 'Reading Groups and Public Library Research'. Book Marketing Ltd and The Reading Agency, 2002.
  
- ❖ 'Reading the Situation: Book reading, buying and borrowing habits in Britain'. Book Marketing Ltd and The Reading Partnership 2000.
  
- ❖ Sampson, Dr. F. (ed), 'Strange Baggage'. Jessica Kinglsey Publishers, 2004  
Proceedings of the Kingfisher Project Conference to be published next year.
  
- ❖ Stanley, Jacqueline (1999), 'Reading to Heal: How to use bibliotherapy to improve your life'.
  
- ❖ Sutherland, Margot (2001), 'Using Storytelling as a Therapeutic Tool with Children'. Speechmark Publishing, ISBN 0863882749.

## **Reports**

- ❖ Angus, J. 'A Review of Evaluation in Community-Based Art for Health Activity in the UK'. Health Development Agency (2002) ISBN 1842791184.

- ❖ ‘Art for Health: A review of good practice in community-based arts projects and interventions which impact in health and well-being’. Health Development Agency 2000.
- ❖ ‘Arts in England: Attendance, participation and attitudes in 2001’. The Arts Council of England.
- ❖ ‘The Acheson Report: An independent inquiry into inequalities in health in England’. TSO, London, 1998.
- ❖ Gowman, N and Coote, A. ‘Evidence and Public Health: Towards a common framework’. King’s Fund Publishing, London 2000.
- ❖ Philipp, Dr R., ‘Arts, Health and Well-Being: From the Windsor 1 conference to a Nuffield Forum for the medical humanities’. Nuffield Trust, 2002.
- ❖ Robinson, S and Clift, S (eds) (2002), ‘Arts, Well-being and Health: A programme of discussions, workshops and events exploring the contribution of the arts in healthcare and health promotion’. Centre for Health Education and Research and the Department of Music, Canterbury Christ Church, University College. ISBN 189925336X.
- ❖ White, M, ‘Determined to Dialogue: A survey of arts in health in the Northern and Yorkshire region 2001–2’. Centre for Arts and Humanities in Health and Medicine, University of Durham, 2002.
- ❖ World Bank (1994), ‘World Development Report: Investing in health’.
- ❖ World Health Organisation (1999), ‘The Solid Facts’ – a detailed review of the evidence on the determinants of health from a European perspective.
- ❖ World Health Organisation (1999), ‘Health 21: Health for all Europeans in the 21st century’.
- ❖ World Health Organisation (1998), ‘An Independent Enquiry into Inequalities in Health in England’. TSO, England.

## **Websites**

Arts Council England: [www.artscouncil.org.uk](http://www.artscouncil.org.uk) (see ‘The Art of Well Being Partnership Strategy for the Arts and Health Sectors’)

Department of Health website: [www.doh.gov.uk](http://www.doh.gov.uk) (see ‘Shifting the Balance of Power’)

Health Action Zones: [www.ohn.gov.uk](http://www.ohn.gov.uk)

The Literacy Trust: [www.literacytrust.org.uk](http://www.literacytrust.org.uk)

National Network for the Arts in Health: [www.nnah.org.uk](http://www.nnah.org.uk)

National Association for Literature Development: [www.nald.org](http://www.nald.org)

The Poetry Society: [www.poetrysociety.org.uk](http://www.poetrysociety.org.uk) (see 'The Evaluation of the Poetry Places Health Care Projects')

The Reading Agency: [www.readingagency.co.uk](http://www.readingagency.co.uk) (Advocacy section)

World Health Organisation website: [www.who.int](http://www.who.int) (The Value of Reading section)

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## **Appendix 1: Responding Organisations**

### **Funding/Policy Bodies**

Arts Council England, North East  
Mark Robinson, Director Arts Development  
Central Square  
Forth Street  
Newcastle upon Tyne  
NE1 3PJ  
0191 255 8540  
mark.robinson@artscouncil.org.uk

The Chase Charity  
Ailsa Hollond, Assistant Director  
2 The Court  
High Street  
Harwell  
Oxon  
OX11 OEY  
01235 820044

Foyle Foundation  
David Hall, Chief Executive Officer  
Rugby Chambers  
2 Rugby Street  
London  
WC1N 3QU  
0207 430 9119

Garfield Weston Foundation  
F.M. Hare  
Weston Centre  
Bowater House  
68 Knightsbridge  
London  
SW1X 7LQ  
0207 761 1230  
fhare@wittington.investments.co.uk

The Sensory Trust  
Programme Manager  
Watering Lane Nurseries  
Pentewan  
St Austell  
Cornwall  
PL2 6BE  
01726 222900

## **Arts/Health Organisations**

Arts for Health Cornwall and Isles of Scilly  
Clive Parkinson, Development Director  
16 St Mary's Street  
Truro  
Cornwall  
TR1 2AD  
01872 274592  
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Basic Skills Agency  
Miriam Sampson, Head of Adult and Community Learning Fund  
Floor 7  
1-19 New Oxford Street  
London  
WC1A 1NU  
0207 440 6518  
miriams@basic-skills.co.uk

Bolton, Salford and Trafford Mental Health Partnership  
Kathryn Harney  
Bury New Road  
Manchester  
M25 3BL  
0161 772 3591  
kharney@trusthq.bsmhp.nhs.uk

Canterbury Christ Church University College  
Dr Sally Robinson  
Centre for Health Education and Research  
Department of Health and Social Welfare Studies  
Canterbury Christ Church University College  
Canterbury  
Kent  
CT1 1QU  
01227 782309  
ser1@cant.ac.uk

Chelsea and Westminster Hospital Arts  
Dr Rosalia Lelchuk Staricoff, Research Project Director  
Chelsea and Westminster Hospital  
369 Fulham Road  
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0208 846 6864  
research.project@chelwest.nhs.uk

East Leeds PCT/Leeds Health Action Zone  
Stephen Turnbull  
HAZ Project Manager/Public Health Manager  
Oaktree House  
408 Oakwood Lane  
Leeds  
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0113 305 9558  
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Healing Arts: Isle of Wight  
Guy Eades, Arts Director  
St Mary's  
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Health Development Agency  
Nick Doyle, Special Adviser – Policy and Projects  
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Health Development Agency North East Region  
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Wolfson Research Institute  
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Health Development Agency West Midlands Region  
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Princess House  
The Square  
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Hull and East Riding Community Health NHS Trust  
Specialist Health Promotion Service  
Jo Stott, Public Health Development Manager  
Victoria House  
Park Street  
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London Libraries Development Agency  
Fiona O'Brien  
35 St Martin's Street  
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WC2H 7HP  
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fiona.obrien@llda.org.uk

Manchester, Salford and Trafford Health Action Zone  
Jonathan Swift, Director  
Ground Floor  
Oakland House  
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Rowley Regis and Tipton  
Wednesbury and West Bromwich  
Oldbury and Smethwick Primary Care Trusts  
John Middleton, Director Public Health  
Kingston House  
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South East Museums Libraries and Archives Council  
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South West Museums Libraries and Archives Council  
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The Libraries Partnership West Midlands  
Linda Saunders  
3rd Floor Central Library  
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Birmingham B3 3HQ  
0121 303 2673  
lindasaunders@dial.pipex.com

Yorkshire Museums Libraries and Archives Council  
Jane Walton, Learning Access and Skills Director  
Farnley Hall  
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Yorkshire Museums Libraries and Archives Council  
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## **Appendix 2: Responding Projects**

Arts and Health Project  
Louise Turner, Disability Arts Coordinator  
Library HQ  
Colliton Park  
Dorchester  
DT1 1XJ  
01305 224234  
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Asian Women's Reading Group  
Geraldine Wilson, Literacy and Development Officer  
Blackburn Central Library  
Town Hall Street  
Blackburn  
BB2 1AG  
01254 587236  
geraldine.wilson@blackburn.gov.uk

Bangor Street Reading Group  
Geraldine Wilson, Reader Development Officer  
Blackburn Central Library  
Town Hall Street  
Blackburn  
BB2 1AG  
01254 661221  
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David Brockhurst, Library Development Manager  
London Borough of Bromley, Central Library  
High Street  
Bromley  
BR1 1EX  
02084 609955  
david.brockhurst@bromley.gov.uk

Cardiff Book Prescription Scheme  
Sian Best, Stock Manager  
Central Library  
St David's Link  
Frederick Street  
Cardiff  
CF10 2DU  
02420 871590  
sbest@cardiff.gov.uk

Community Health Information  
Diane Wilson, Community Health Information Development Officer  
Cambridgeshire Libraries/Monkfield Medical Practice  
Monkfield Lane  
Cambourne  
CB3 6AJ  
01954 282164  
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Health Awareness Promotion  
Lisa Westmorland, Reader Development Coordinator  
Wokingham Library  
Denmark Street  
Wokingham  
RG40 2BB  
01189 793474  
lisa.westmorland@wokingham.gov.uk

Health Events  
Jan Moore, Business Development Manager  
Page Moss Library  
Stockbridge Lane  
Huyton  
Knowsley  
L36 3SA  
0151 449 2880  
jan.moore@knowsley.gov.uk

Home Library Service  
Susan Atkinson, Borough Librarian  
Central Library  
124 York Road  
Hartlepool  
TS24 0P3  
01429 523612  
susan.atkinson@hartlepool.gov.uk

Homelink Service  
Mrs. A.J. Prince, Senior Librarian  
Hanley Library  
Bethesda Street  
Hanley  
Stoke-on-Trent  
ST1 3RS  
01782 238435  
angela.prince@civic2.stoke.gov.uk

The Kingfisher Project  
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Metal Box Project  
Gerry Burns, Promotion & Marketing Coordinator  
SELB Library Service  
Library HQ  
1 Markethill Road  
Armagh  
BT60 1NR  
02837 520754  
gerry.burns@selb.org

Poems in the Waiting Room  
Michael Lee, Founding Editor  
34 Beechwood Avenue  
Kew Gardens  
Richmond  
TW9 4 DE  
leelda@globalnet.co.uk

Poetry Express  
Evelyn Jarvis, Principal Libraries and Information Officer  
Northamptonshire Libraries and Information service  
John Dryden House  
P.O. Box 216  
8-10 The Lakes  
Northampton  
Northamptonshire  
NN4 7 DD  
01604 237953  
ejarvis@northamptonshire.gov.uk

Propeller  
John Davies, Coordinator  
THE SOUTH  
P.O. Box 145  
Brighton  
BN1 6YU  
01273 242850  
coordinator@thesouth.org.uk

Reader Development  
Jeanette Castle, Senior Librarian  
Ayr Carnegie Library  
12 Main Street  
Ayr KA8 8EB  
01292 286385  
jeanette.castle@south-ayrshire.gov.uk

Reading for Wellbeing  
Britta Heyworth  
Arts & Reader Development Manager  
Leeds Library & Information Service  
32 York Road  
Leeds  
LS9 8TD  
0113 2143340  
britta.heyworth@leeds.gov.uk

Reading and Writing in Residential Houses/Poetry Reading and Writing: Effects on  
Mood and Immune Function  
Dr Geoff Lowe, Clinical Psychology  
Faculty of Health  
University of Hull  
HU6 7RX  
01482 465581  
g.lowe@hull.ac.uk

Staff Reading Groups  
Carol Clarke, Development Officer  
Central Library  
Clements Road  
Ilford  
Essex IGI 1EA  
0208 708 2425  
carol.clarke@redbridge.gov.uk

Story Sacks Project  
Esylit Roberts, Story Sacks and Bookstart Coordinator  
Gwynedd Library Service  
c/o Caernarfon Library Centre  
Pavillion Hill  
Caernarfon  
Gwynedd  
LL551AS  
01286 679465  
niagruffydd@gwynedd.gov.uk

Nigel Thomas  
Leicestershire  
nthomas@leics.gov.uk

Maureen Twose, Library Outreach Officer  
Cornwall Library (incl. mental health promotion)  
Redruth Library  
Clinton Road  
Redruth  
Cornwall  
TR15 2QE  
01209 215625  
mtwose@cornwall.gov.uk

Beverley Ward, YouthBOOX Project Officer  
Learning and Young People's Team  
c/o Schools Library Service  
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125 Carter Knowle Road  
Sheffield  
S7 2EW

Ian Wilson, Lending Services Officer  
Neighbourhood Services Department  
Redcar & Cleveland House  
Kirkleatham Street  
Redcar  
TS10 1XX  
01642 444263  
ian-wilson@redcar-cleveland.gov.uk

WordQuake  
John Clarke, Project Manager  
Council Offices  
Skirlaugh  
East Riding of Yorkshire  
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01482 392745  
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### **Appendix 3: Other Consultation**

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London  
SW1P 3NQ  
0207 333 0100

DCMS  
Mark Ferrero, Senior Civil Servant  
Libraries: Local Regional and International Unit  
2-4 Cockspur Street  
London  
SW1 5DH  
0207 211 6000

DOH Information Policy Unit  
Veronica Fraser, NHS Adviser  
07867 537890  
veronica.fraser@doh.gov.uk

Hastings Borough Council  
Penny Precious, Arts Development Officer  
5 Robertson Terrace  
East Sussex  
TN34 1JE  
01424 781066

NIACE  
Peter Lavender, Director for Research, Development and Information  
21 De Montfort Street  
Leicester  
LE1 7GE  
01162 044228

**APPENDIX 4.1**

**READING IN HEALTH – MAPPING PROJECT  
QUESTIONNAIRE FOR ORGANISATIONS**

Please answer by placing crosses in the relevant boxes or by writing in the spaces provided. Leave blank the questions that do not apply to you. Estimated completion time 15 mins.

**1. READING AND HEALTH DEFINITION**

**1.1 We are interested in your views on the value of reading on health and would like you to comment on the following definition of this area of work. Please comment in particular on ACCURACY, TERMINOLOGY, CONCEPT and BOUNDARIES.**

Recreational reading exercises the muscles of the imagination, gives access to information and provides opportunities for relaxation, enjoyment and social interaction. Reading empowers the individual. It promotes personal development, supports self-expression and personal choice and results in creative independent learners who have an understanding of self, of others and of wider social issues. These benefits mean reading has a significant role to play in combating some of the causes of illness, improving health and keeping people well by contributing to a sense of general well-being. For the purposes of this research project, we are referring primarily to reading and health work including public library partners.

Comments

**2. INFORMATION ABOUT YOUR ORGANISATION**

**2.1 organisation name**

**2.2 type of organisation**

Arts organisation	<input type="checkbox"/>	Arts/Health organisation	<input type="checkbox"/>	Academic institution	<input type="checkbox"/>
Health organisation	<input type="checkbox"/>	Education body	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>				

**2.3 please describe briefly the role and function of your organisation in relation to reading and health**

**2.4 how would you best describe the work of your organisation?**

National  Regional  Local

**2.5 contact details**

Name/ Job Title

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel \_\_\_\_\_ e-mail \_\_\_\_\_

### 3. POLICY FRAMEWORKS

Please attach any relevant policy documents to this questionnaire

**3.1 do you have a policy that covers the funding/support of reading in health?**

Yes – go to question 3.2  No – go to question 3.4

**3.2 is this a separate policy specifically relating to reading and health?**

Yes – go to question 4.1  No – go to question 3.3

**3.3 is this part of a broader policy framework?**

Yes  No

**3.4 if yes, what are the main principles/funding criteria of this policy?**

(only answer if you have said NO to question 3.1) **if you do not have a formal/implied reading and health policy, have you/would you still support work in this area?**

Yes – go to question 3.5  No - go to question 4.1

**3.5 if yes, what would be your main criteria for support?**

## 4. FUNDING

### 4.1 do you directly fund/support reading and health work?

Yes

No

### 4.2 if yes, do you (please tick all that apply)

Fund your own reading and health projects

Fund networking events/conferences/advocacy initiatives

Fund research in this area

Fund networking events/conferences/advocacy initiatives organised by others

Fund others to undertake reading and health projects

### 4.3 how much have you spent on reading and health work over the last year?

Over £50,000

£10,000-£19,999

Under £6,000

£20,000 -£49,999

£6,000-£9,999

Nil

### 4.4 is this funding part of:

A dedicated reading and health budget

A specific funding scheme

General funding

### 4.5 if it is part of a specific funding scheme, please give further details

### 4.6 has any of this work involved:

Public library partners

Public libraries and other partners

Partners other than public libraries

### 4.7 please provide further details of partners and partnership structures indicated above

### 4.8 how much do you anticipate spending on reading and health work in the next financial year?

Over £50,000

£10,000-£19,999

Under £6,000

£20,000 -£49,999

£6,000-£9,999

Nil

## 5. RESEARCH

### 5.1 are you funding/undertaking research/impact studies into the use of reading in health?

Yes

No

**5.2 if the answer to question 5.1 is yes, please provide details of the nature of the research, current stage of research, publication dates and contact details.**

Please attach any relevant research documents to this questionnaire

## 6. PROJECT AUDIT

Please give details of any reading and health projects that you are aware of / have funded. For the purposes of this piece of research, reading and health projects are as defined by the definition in section one.

### 6.1 name of project

### 6.4 name of project

### 6.2 brief description of project

### 6.5 brief description of project

### 6.3 contact details (including email if possible)

Name

Job Title

Organisation

Address

Postcode

Tel

e-mail

### 6.6 contact details (including email if possible)

Name

Job Title

Organisation

Address

Postcode

Tel

e-mail

### 6.7 other key contacts

Please give details of any other key contacts/organisations that you feel it would be relevant for us to contact in relation to mapping work relating to reading and health.

Name

Contact  
Details

Relevance to  
Research

Name

Contact  
Details

Relevance to  
Research

## 7. KEY ISSUES

We would like your views on the importance of the following issues as areas requiring attention in relation to reading and health work.

Please mark from 1-6 where 1 is MOST RELEVANT and 6 is LEAST RELEVANT.

To indicate areas of equal value, use the same rating.

### 7.1 client confidentiality

Development of guidelines/models to safeguard client confidentiality

1  2  3  4  5  6

### 7.2 effective evaluation of impact

Development of evaluation strategies that take into account the qualitative impact of the work and can measure impact effectively in this context

1  2  3  4  5  6

### 7.3 training provision

Implementation of a skills audit relevant to reading and health work and the development of appropriate training programmes to support workers

1  2  3  4  5  6

### 7.4 counselling/support for workers

Increased awareness of the emotional demands of reading and health work and the identification of appropriate worker support structures

1  2  3  4  5  6

### 7.5 partnership models

The identification of a range of models to support partnership development that take into account the impact of different health delivery structures

1  2  3  4  5  6

### 7.6 project sustainability

The identification of key factors contributing to the long-term impact and sustainability of reading and health work

1  2  3  4  5  6

### 7.7 please identify any other issues that you consider relevant

### THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

The findings of this research project will be disseminated in the autumn of 2003. You will receive a copy of the report when it is completed.

Please return this questionnaire to: catherine.morris@kirklees.gov.uk

Or by post to: Catherine Morris, The Reading Agency, Huddersfield Library, Princess Alexandra Walk, Huddersfield HD1 2SU by no later than 17 March 2003.

## APPENDIX 4.2

### READING IN HEALTH – MAPPING PROJECT QUESTIONNAIRE FOR FUNDING/POLICY BODIES

Please answer by placing ticks in the relevant boxes or by writing in the spaces provided. Leave blank the questions that do not apply to you. Estimated completion time 15 mins.

## 1. READING AND HEALTH DEFINITION

**1.1 We are interested in your views on the value of reading on health and would like you to comment on the following definition of this area of work. Please comment in particular on ACCURACY, TERMINOLOGY, CONCEPT and BOUNDARIES.**

Recreational reading exercises the muscles of the imagination, gives access to information and provides opportunities for relaxation, enjoyment and social interaction.

Reading empowers the individual. It promotes personal development, supports self-expression and personal choice and results in creative independent learners who have an understanding of self, of others and of wider social issues.

These benefits mean reading has a significant role to play in combating some of the causes of illness, improving health and keeping people well by contributing to a sense of general well-being.

For the purposes of this research project, we are referring primarily to reading and health work including public library partners.

Comments

## 2. INFORMATION ABOUT YOUR ORGANISATION

### 2.1 organisation

name \_\_\_\_\_

### 2.2 type of organisation

National arts council

Regional arts council

Other (please specify)

Local authority

Government dept./body

Trust

Charitable body

### 2.3 funding/policy remit

National

Regional

Local

## 2.4 contact details

Name/Job Title

---

Address

---

Postcode

---

Tel

e-mail

---

## 3. POLICY FRAMEWORKS

Please attach any relevant policy documents to this questionnaire

### 3.1 do you have a policy that covers the funding of reading in health?

Yes – go to question 3.2

No – go to question 3.4

### 3.2 is this a separate policy specifically relating to reading and health?

Yes – go to question 4.1

No – go to question 3.3

### 3.3 is this part of a broader policy framework?

Yes

No

### 3.4 If yes, what are the main principles/funding criteria of this policy?

(only answer if you have said NO to question 3.1) **if you do not have a formal/implied reading and health policy, have you/would you still support work in this area?**

Yes – go to question 3.5

No - go to question 4.1

### 3.5 if yes, what would be your main criteria for support?

## 4. FUNDING

### 4.1 do you directly fund/support reading and health work?

Yes

No

### 4.2 if yes, do you (please tick all that apply)

Fund your own reading and health projects

Fund networking events/conferences/advocacy initiatives

Fund research in this area

Fund others to undertake reading and health projects

### 4.3 how much have you spent on reading and health work over the last year?

Over £50,000

£10,000-£19,999

Under £6,000

£20,000 -£49,999

£6,000-£9,999

Nil

### 4.4 is this funding part of:

A dedicated reading and health budget

A specific funding scheme

General funding

### 4.5 if it is part of a specific funding scheme, please give further details

### 4.6 has any of this work involved:

Public library partners

Public libraries and other partners

Partners other than public libraries

### 4.7 please provide further details of partners and partnership structures indicated above

### 4.8 how much do you anticipate spending on reading and health work in the next financial year?

Over £50,000

£10,000-£19,999

Under £6,000

£20,000 -£49,999

£6,000-£9,999

Nil

## 5. RESEARCH

### 5.1 are you funding/undertaking research/impact studies into the use of reading in health?

Yes

No

**5.2 if the answer to question 5.1 is yes please provide details of the nature of the research, current stage of research, publication dates and contact details.**

Please attach any relevant research documents to this questionnaire

## **6. PROJECT AUDIT**

Please give details of any reading and health projects that you are aware of / have funded. For the purposes of this piece of research reading and health projects are as defined by the definition in section one.

### **6.1 name of project**

---

### **6.2 brief description of project**

---

### **6.3 contact details (including email if possible)**

Name

---

Job Title

---

Organisation

---

Address

---

---

Postcode

---

Tel

---

e-mail

---

### **6.4 name of project**

---

### **6.5 brief description of project**

---

### **6.6 contact details (including email if possible)**

Name

---

Job Title

---

Organisation

---

Address

---

---

	_____
Postcode	_____
	_____
Tel	_____
	_____
e-mail	_____
	_____

### 6.7 other key contacts

Please give details of any other key contacts/organisations that you feel it would be relevant for us to contact in relation to mapping work relating to reading and health.

Name	Name
Contact Details	Contact Details
Relevance to Research	Relevance to Research

## 7. KEY ISSUES

We would like your views on the importance of the following issues as areas requiring attention in relation to reading and health work.

Please mark from 1-6 where 1 is MOST RELEVANT and 6 is LEAST RELEVANT.

To indicate areas of equal value, use the same rating.

### 7.1 client confidentiality

Development of guidelines/models to safeguard client confidentiality

1  2  3  4  5  6

### 7.2 effective evaluation of impact

Development of evaluation strategies that take into account the qualitative impact of the work and can measure impact effectively in this context

1  2  3  4  5  6

### 7.3 training provision

Implementation of a skills audit relevant to reading and health work and the development of appropriate training programmes to support workers

1  2  3  4  5  6

### 7.4 counselling/support for workers

Increased awareness of the emotional demands of reading and health work and the identification of appropriate worker support structures

1  2  3  4  5  6

### 7.5 partnership models

The identification of a range of models to support partnership development that take into account the impact of different health delivery structures

1  2  3  4  5  6

### 7.6 project sustainability

The identification of key factors contributing to the long term impact and sustainability of reading and health work

1  2  3  4  5  6

**7.7 please identify any other issues that you consider relevant**

**THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE**

The findings of this research project will be disseminated in the autumn of 2003. You will receive a copy of the report when it is completed.

Please return this questionnaire to: [catherine.morris@kirklees.gov.uk](mailto:catherine.morris@kirklees.gov.uk)

Or by post to: Catherine Morris, The Reading Agency, Huddersfield Library, Princess Alexandra Walk, Huddersfield HD1 2SU **by no later than 17 March 2003.**

## APPENDIX 4.3

### READING IN HEALTH – MAPPING PROJECT QUESTIONNAIRE FOR PROJECT AUDIT

Please answer by placing crosses in the relevant boxes or by writing in the spaces provided. Leave blank the questions that do not apply to you. Estimated completion time 15 mins.

## 1. READING AND HEALTH DEFINITION

**1.1 We are interested in your views on the value of reading on health and would like you to comment on the following definition of this area of work. Please comment in particular on ACCURACY, TERMINOLOGY, CONCEPT and BOUNDARIES.**

Recreational reading exercises the muscles of the imagination, gives access to information and provides opportunities for relaxation, enjoyment and social interaction. Reading empowers the individual. It promotes personal development, supports self-expression and personal choice and results in creative independent learners who have an understanding of self, of others and of wider social issues. These benefits mean reading has a significant role to play in combating some of the causes of illness, improving health and keeping people well by contributing to a sense of general well-being. For the purposes of this research project, we are referring primarily to reading and health work including public library partners.

Comments

If you are not directly involved in reading and health project management please return your comments on the definition to Catherine Morris, Huddersfield Library, Princess Alexandra Walk, Huddersfield HD1 2SU. Or email to [catherine.morris@kirklees.gov.uk](mailto:catherine.morris@kirklees.gov.uk) by **no later than 17 March 2003**.

If you are involved/leading a project please complete the rest of this questionnaire.

## 2. INFORMATION ABOUT YOUR PROJECT

### 2.1 main contact details

Name/ Job Title

---

Address

---

Postcode

---

\_\_\_\_\_  
Tel \_\_\_\_\_ e-mail \_\_\_\_\_  
\_\_\_\_\_

**2.2 project name**

**2.3 brief description of project**

**2.4 brief description of target groups/audiences**

**2.5 please indicate start and completion dates for this project**

**2.6 is it likely that this project will:**

Terminate at the end of the current programme	<input type="checkbox"/>	Be renewed under current funding agreements with existing partners	<input type="checkbox"/>
Seek new funding	<input type="checkbox"/>	Be renewed under current funding agreements with new partners	<input type="checkbox"/>
Be sustained in other ways – please give details	<input type="checkbox"/>		

**3. PARTNERSHIPS**

**3.1 please give a brief description of the partnerships supporting this project**

**3.2 are you the lead partner for this project?**

Yes

No

If NO, please identify the lead partner

**3.3 is this partnership:**

An ongoing relationship

A partnership created for this project

**3.4 is this partnership:**

Likely to cease at the end of this project

Likely to continue into the future

**4. FUNDING**

**4.1 in which funding bracket does your project fall?**

Over £50,000   
£20,000 -£49,999

£10,000-£19,999   
£6,000-£9,999

Under £6,000   
Nil

**4.2 please identify your main funding sources. tick all that apply**

National arts council   
Regional arts council   
Arts organisation   
Health organisation   
Other – please specify

Local authority   
Government dept./body   
Arts/Health organisation   
Education body

Trust   
Charitable body   
Academic institution   
Museums/Libraries/Archives   
Regional Agency

**4.3 is this funding part of:**

Short term project funding  
(under 1 year in length)

Medium term project funding  
(1 year to 18 months in length)

Longer term programme funding  
(over 18 months in length)

**5. EVALUATION**

**5.1 do you have an agreed evaluation strategy in place?**

Yes

No

**5.2 if yes, please outline the key elements of the evaluation strategy in use:**

**5.3 please outline quantitative evidence being collected (volumetric, number related data)**

**5.4 please give a brief description of the evaluation tools being used to collect this data:**

**5.5 please outline any qualitative evidence being collected (soft, personal impact related data)**

**5.6 please give a brief outline of evaluation tools being used to collect this data:**

**5.7 can you identify any difficulties/issues you have come across in the evaluation of work of this kind?**

## 6. RESEARCH

**6.1 are you aware of any ongoing research/impact studies into the use of reading in health?**

Yes

No

**6.2 if the answer to question 6.1 is yes please provide details of the nature of the research, current stage of research, publication dates and contact details.**

Please attach any relevant research documents to this questionnaire

## 7. OTHER CONTACTS

Please give details of any other key contacts/organisations that you feel it would be relevant for us to contact in relation to mapping work relating to reading and health.

1. Name	2. Name
Contact Details	Contact Details
Relevance to Research	Relevance to Research

## 8. KEY ISSUES

We would like your views on the importance of the following issues as areas requiring attention in relation to reading and health work.

Please mark from 1-6 where 1 is MOST RELEVANT and 6 is LEAST RELEVANT.

To indicate areas of equal value, use the same rating.

**8.1 client confidentiality**

Development of guidelines/models to safeguard client confidentiality

1  2  3  4  5  6

**8.2 effective evaluation of impact**

Development of evaluation strategies that take into account the qualitative impact of the work and can measure impact effectively in this context

1  2  3  4  5  6

**8.3 training provision**

Implementation of a skills audit relevant to reading and health work and the development of appropriate training programmes to support workers

1  2  3  4  5  6

**8.4 counselling/support for workers**

Increased awareness of the emotional demands of reading and health work and the identification of appropriate worker support structures

1  2  3  4  5  6

**8.5 partnership models**

The identification of a range of models to support partnership development that take into account the impact of different health delivery structures

1  2  3  4  5  6

**8.6 project sustainability**

The identification of key factors contributing to the long term impact and sustainability of reading and health work

1  2  3  4  5  6

**8.7 please identify any other issues that you consider relevant**

**THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE**

The findings of this research project will be disseminated in the autumn of 2003. You will receive a copy of the report when it is completed.

Please return this questionnaire to: catherine.morris@kirklees.gov.uk

Or by post to: Catherine Morris, The Reading Agency, Huddersfield Library, Princess Alexandra Walk, Huddersfield HD1 2SU by no later than 17 March 2003.

## **Appendix 5: Reading And Health Steering Group Contact List**

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Catherine Morris  
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Calderdale Libraries  
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Sue Wilkinson  
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sue.wilkinson@resource.gov.uk