

An evaluation of Unfold the Untold

Health and Society Knowledge Exchange (HASKE)



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Executive summary

Context:

Health and Society Knowledge Exchange (HASKE), at the University of Cumbria, was commissioned by Healing Arts Cumbria to conduct a service evaluation of the *Unfold the Untold* project.

Unfold the Untold is the Healing Arts project that ran from September 2023 to October 2024, engaging with patients on two wards at Cumberland Infirmary, Beech C and Elm C, and children at a local primary school. The project aimed to enhance wellbeing by bringing together patients, staff and children through shared creativity. Weekly creative sessions on the wards included activities such as puppetry, craft, storytelling and poetry.

The evaluation aimed to explore the impact of Unfold the Untold from the perspective of the creative arts practitioners and healthcare providers; and understand and articulate the process of delivering and embedding this type of collaborative practice into ward settings at Cumberland Infirmary.

Methodology:

This evaluation explored the process of delivering Unfold the Untold on hospital wards from the perspective of both creative practitioners and staff working on the wards, through three stages of data collection:

- 1) semi-structured interviews with creative practitioners
- 2) semi-structured interviews of ward managers and ward staff working on Beech C and Elm C
- 3) secondary data analysis of notes and reflections made by the creative practitioners.

Conclusions and recommendations:

- The findings show that the ‘creative conversations’ facilitated by the creative practitioners are key to the success of the Unfold the Untold project. Any participation in creative activities or production of creative outputs were perceived to be a means by which the interaction between the creative practitioner and patient could be established, enhanced, or continued.

- It was evident that the creative practitioners apply their skills seamlessly and simultaneously throughout their interactions with patients. The findings from the creative practitioner interviews were mapped onto the World Health Organization's guide to evaluation (2022) with a focus on how the three key elements of *wellbeing*, *trust* and *social cohesion* were incorporated in practice:
 - Wellbeing – the findings demonstrate that the creative practitioners honour the patient through focusing on their life experiences; giving them any artwork created during the project; viewing the interaction as the outcome rather than the art; and sensing to what extent the person might want to engage with the creative conversations.
 - Trust – there was evidence that the creative practitioners work to build and maintain trust with the patients by being aware of the space and the person's emotional state, establishing autonomy, and being respectful.
 - Social cohesion – although the interactions and creative conversations were brief in nature, the findings show that the creative practitioners were able to create a meaningful connection with each patient, which inspired participation in the creative conversation. This meaningful connection was established through listening, finding common ground, and building a social relationship with the patient.
- The main challenges reported by the ward staff were their initial reservations about creative activities and a lack of understanding about the potential benefits of the project. However, these challenges were addressed through the delivery of workshops for ward staff to raise awareness and understanding of the Unfold the Untold project and its benefits for wellbeing.
- From the perspective of the ward staff, the most valuable aspect of the Unfold the Untold project was that the creative conversations provided an opportunity for patients to talk about their lives, which enabled the ward staff to better understand and connect with the patients.
- Based on the evidence presented in this report, it is recommended that the Healing Arts team could explore opportunities for delivering Unfold the Untold on other wards at Cumberland Infirmary:

- To prepare the staff for the project and to mitigate any potential challenges, it is recommended that the dedicated workshops for ward staff are delivered *prior* to the start of the project. This could increase the initial buy-in from staff as they will have more understanding about the potential benefits of the Unfold the Untold project for the patients on their ward.
 - One-off taster sessions could also be offered on the wards to support engagement and understanding of the project.
- It is recommended that Unfold the Untold is promoted throughout the North Cumbria Integrated Care NHS Foundation Trust hospital sites to raise awareness of the project and the benefits for patients and staff. The promotional activities could include opportunities for staff to feedback with comments and suggestions for future creative activities.

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1. Introduction

1.1 Aim of the evaluation

Health and Society Knowledge Exchange (HASKE), at the University of Cumbria, was commissioned by Healing Arts Cumbria to conduct a service evaluation of the *Unfold the Untold* project. This service evaluation was funded by Arts Council England.

This evaluation aimed to:

- Explore the impact of Unfold the Untold from the perspective of the creative arts practitioners and healthcare providers.
- Understand and articulate the process of delivering and embedding this type of collaborative practice into ward settings at Cumberland Infirmary.

1.2 Context

Unfold the Untold is the Healing Arts project that ran from September 2023 to October 2024, engaging with patients on two wards at Cumberland Infirmary, Beech C and Elm C, and children at a local primary school. The project aimed to enhance wellbeing by bringing together patients, staff and children through shared creativity. Weekly creative sessions on the wards included activities such as puppetry, craft, storytelling and poetry.

In line with the World Health Organization's (2022) *Guide to evaluating behaviourally and culturally informed health interventions in complex settings*, this evaluation of Unfold the Untold used theory-based approaches to retrospectively explore how elements of the project interact and contribute to the observed outcomes. For complex interventions and settings (such as arts in health within healthcare), elements of the intervention dynamically interact with elements of the specific setting, and consequently their interaction will make a substantial contribution to whether the expected benefits can be realised (Craig et al., 2008). Here is where the focus of this evaluation lies. There is a growing body of evidence that already supports the participation in cultural and creative activities for improved health and wellbeing outcomes (Boyce et al., 2018), which drives the development and implementation of all Healing Arts project activities; however, each setting, each ward even, has its own set of unique contextual elements that cannot be known prior to project implementation. The evaluation therefore set out to better understand

where and how the interactions between Unfold the Untold creative practitioners and people on the wards (including staff and patients) worked well and potentially contributed to observable benefits. The evaluation also explored any challenges that arose and how they were navigated, either by the creative practitioners alone or in collaboration with ward staff.

The Healing Arts team also seeks to have a better understanding of working within ward settings to be able to deliver similar arts in health projects on further wards in Cumberland Infirmary and at the Trust's other site, West Cumberland Hospital. Being able to clearly articulate how the projects delivered by Healing Arts can simultaneously benefit patients and work to support, rather than obstruct, the running of the ward is therefore of vital importance. This service evaluation has set about this goal by broadly following a theory-informed contribution analysis approach (Mayne, 2011).

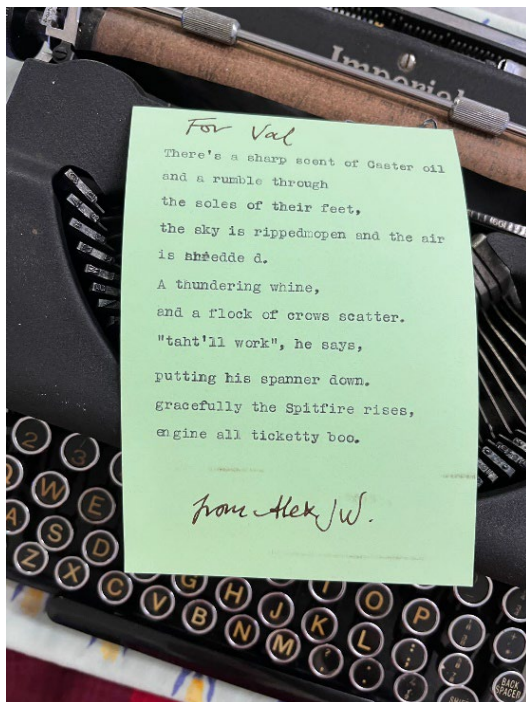
1.3 The Unfold the Untold Project

Designed and led by the Healing Arts' artists, the Unfold the Untold project aimed to enhance wellbeing by bringing together patients and staff at Cumberland Infirmary, as well as children from a local primary school, through shared storytelling and creativity. The project delivered weekly sessions of 'creative conversations' woven in with puppetry, poetry and crafts, and culminated with tea parties, handmade board games, a book that captured participants' stories called *The Major and the Puzzle of the Broken Universe*, and shadow puppetry performances of the book.

Project activities were facilitated by creative practitioners who are experienced in working within healthcare and educational settings. Two creative practitioners would attend each session on the wards and work together to offer an interaction to individual patients and then establish a creative conversation. One practitioner would then continue to be present throughout that conversation while the other would be mindful of other patients and of the changing dynamic of the ward environment. While this is a typical outline, each conversation was allowed to evolve as the patient wished.

During conversations, practitioners would creatively respond to topics that interested the patients through a range of media such as poetry, drawing and craft. For example, a poem or a

drawing would be created in response to a patient's story about a loved one or a pet, which would then be given to the patient as a keepsake:



Conversations did not lead to any creative output when the practitioners sensed it was not appropriate. Conversations were also initiated by a project that involved sending messages between patients and school children on a piece of heart-shaped card that was wound with wool. Other conversations naturally progressed by the presence of a puppet called “The Major”:



1.4 Methodology

Evaluations of complex interventions and settings often employ theory-based methods such as theory of change and realist approaches, to develop a logic model that outlines what changes may occur and why (Warran et al., 2023). Many of the reasons *why* are not observable and so the first step is to investigate the circumstances of the intervention's activities and context. At this point a contribution analysis is often used to “reduce uncertainty about the contribution an intervention is making to observed results through an increased understanding of why results did or did not occur and the roles played by the intervention and other influencing factors. This can also be part of an iterative approach to building the logic and evidence for claiming that the intervention made a contribution” (Mayne, 2012).

The aim of this evaluation was not to evidence that the Unfold the Untold project activities contributed to improved patient outcomes, but to better understand *why* they would so that the current logic model for the Healing Arts' interventions can be developed and replicated in further settings (i.e. other wards within the Trust's two hospitals).

This evaluation therefore focused primarily on a) how the elements of this complex intervention are practised and b) how they interact and work with the practices of the two different hospital wards. A contribution analysis approach was conducted through the lens of the World Health Organization's guide to evaluation (WHO, 2022), with a focus on how the three key elements of wellbeing, trust and social cohesion may be incorporated in practice (see Figure 1 below). The data were then reviewed for insight into how the project activities engaged with the ward staff and their practices.

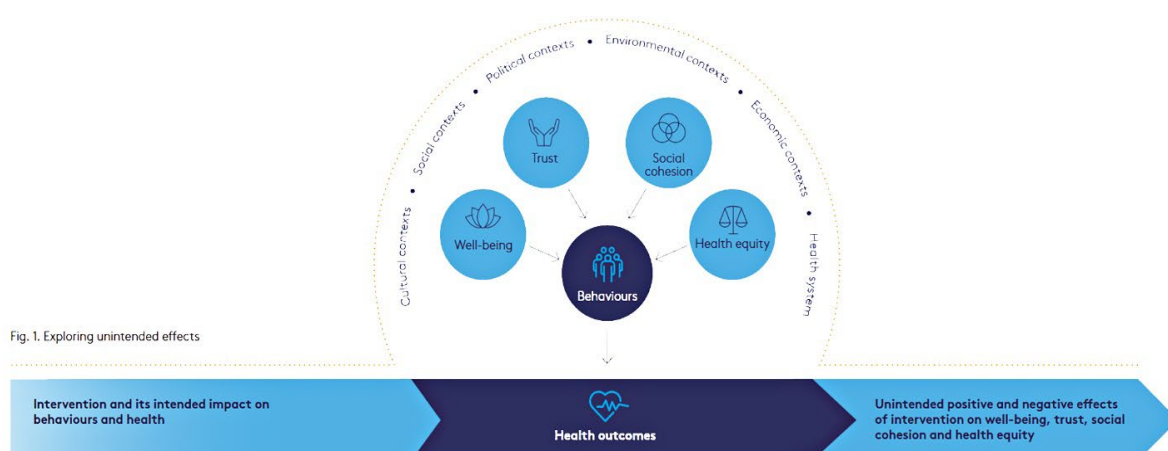


Figure 1: World Health Organization's model for evaluation (2022, p. 3)

The WHO's (2022, p.3) descriptions of wellbeing, trust and social cohesion are included here to establish how these concepts were framed and explored during the Unfold the Untold service evaluation:



Wellbeing exists in two dimensions: subjective and objective. It comprises an individual's experience of their life and a comparison of their life circumstances with social norms and values. Although people have an intuitive understanding of what it means to be well, what exactly creates wellbeing can be very different from person to person.



Trust is key to understanding the drivers of social outcomes. Factors that affect trust in authorities include perceptions of their competence, objectivity, fairness, consistency, sincerity and faith. Psychological research shows that the human mind is more trusting, positive and receptive when messages are clear and simple.



Social cohesion covers multiple dimensions (including a sense of belonging and active participation) and is interrelated with the concepts of social capital. It is also one of the five pillars of the United Nations socioeconomic response to the COVID-19 pandemic.

Data collection

This service evaluation was designed by the Healing Arts team and the HASKE research team, and it was registered with the North Cumbria Integrated Care NHS Foundation Trust. Ethical approval was granted by the University of Cumbria Ethics Panel.

The evaluation explored the process of delivering project activities on hospital wards from the perspective of both creative practitioners and staff working on the wards, through three stages of data collection:

- 1) semi-structured interviews with creative practitioners
- 2) semi-structured interviews of ward managers and ward staff working on Beech C and Elm C
- 3) secondary data analysis of notes and reflections made by the creative practitioners.

A participant information sheet was shared with the interviewees, and they signed a consent form prior to the in-person interviews. The interviews were audio recorded and then transcribed by the principal investigator, Narelle Freeman. All data were reviewed by Narelle Freeman as well as the Healing Arts' Programme Manager, Susie Tate, and Dr Laura Snell, and then analysed thematically.

Quotations included in this evaluation have been used to describe the interviewees' experiences and views of the Unfold the Untold project. In line with the evaluation aim to seek a better understanding of why interventions were successful, the analysis utilised full quotations which allow participants to tell the story of their experience in their own words. As such, while the data is organised according to schematic themes, the richness of the participant voices is here used to demonstrate the complexity of the experiences, and to avoid the risk of over-summarising.

2. Findings

The evaluation findings are grouped into two sections to respond to the aims of the Unfold the Untold service evaluation by clearly articulating: a) how activities may work to contribute to improved wellbeing, and b) the ways in which activities may constructively interact and work with day-to-day practices on different wards in order to support rather than obstruct ward staff.

2.1 Section one: contribution analysis of activities

An overarching perception that all the creative practitioners had about their work with the patients was that they were facilitating “creative conversations”. Any participation in creative activities or production of creative outputs were perceived to be a means by which the interaction itself could be established, enhanced, or continued. To better understand how the creative practitioners’ approaches to these creative conversations may contribute to improved outcomes for patients, the interview data have been explored and summarised through the three key elements of the *WHO Guide to evaluating behaviourally and culturally informed health interventions in complex settings* (2022, p.3), which are wellbeing, trust and social cohesion. Below is a summary and a diagram of how the contributing elements of the creative conversations have been mapped onto the three key elements of the WHO model:

- Wellbeing was discussed by the creative practitioners in terms of a particular focus on subjective wellbeing. Each patient’s own perceptions of their life experiences were explored and honoured throughout the creative conversations.
- Trust was not explicitly addressed during the patient interactions, however the creative practitioners described aspects of their processes that may be interpreted as working to build and maintain trust with each patient.
- In this context interactions are very brief, therefore building social cohesion was described by the creative practitioners in terms of working to develop a short-term, yet meaningful connection between themselves and each individual patient, which then inspired active participation in the creative conversation process.

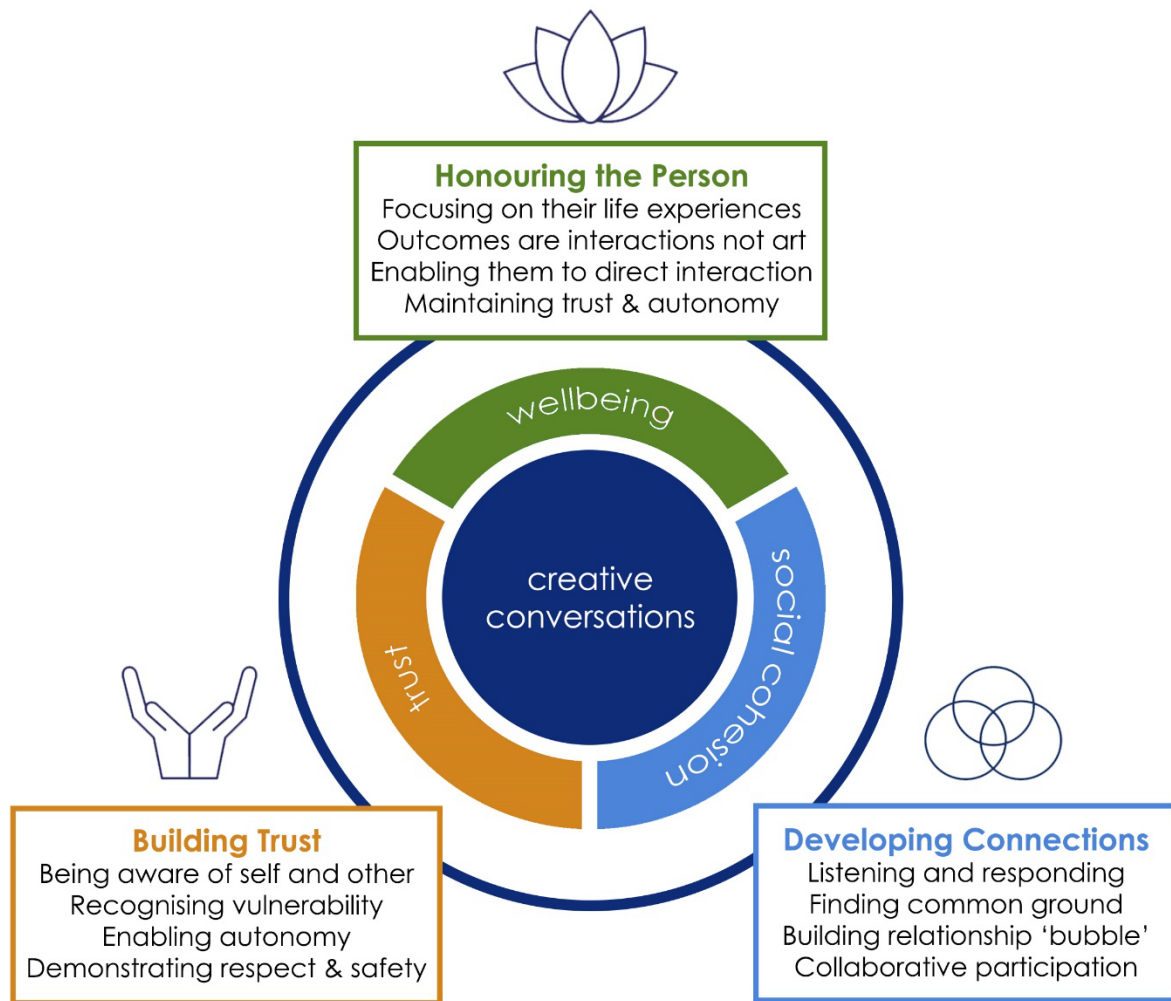


Figure 2: Key Elements of Creative Conversations mapped onto the WHO model.

Each of the three combined themes are explored in greater depth, with specific references to the interview data, in the following sections. They are outlined separately here for the purposes of being able to clarify and articulate what is at work in line with the WHO model, however in practice the creative practitioners apply these skills seamlessly and simultaneously throughout their interactions with patients.

Wellbeing – Honouring the Person

The theme of wellbeing was evident in the creative practitioners' comments about honouring the person through:

- Focusing on the patient and their life prior to hospital and demonstrating it is valued

- Giving them any artwork for them to keep as it was produced to honour their life story, not to demonstrate the artist's ability or to achieve project outputs
- Outcomes were often not the art
- Sensing when the person would be interested in taking part, or not, as well as sensing how much is enough.

For example:

"We're social engagement artists. We're not sitting in our little studio. I think we have an innate curiosity about people. Certainly, I think you may be in your eighties or whatever, but that means you've had eighty plus years of living, of experience, and that's really interesting." (Ali)

"In answer to the question of what is different that we bring to what a volunteer would bring in having those conversations is it sparks our imaginations. The difference is what we do with the information. They've shared information with us and it's how we treat that and what we do with it." (Vicky)

"There wasn't much coming from her, but she was fully engaged. Her eyes were completely on mine. And that's what I mean about the body language thing. It wasn't polite eyes. It was a... *no – please speak to me...* eyes. This was when I was doing my poems, I want to find out a bit about the person so I can write a poem. So, I think I might have said to her, *how long did you nurse for*, and there was this silence and just the eyes. So, I rephrase the question... *Have you been a nurse all your life?* Nods. I realise I need to ask questions where she can nod as she's struggling with the words. Then I thought what else can I ask about as she's not able to talk. So, I thought I would drop a few obviouses and see if I get any nods or shakes. Like... *oh that must have been very rewarding*. Head nods. Then I was dropping in... *did you like the so and so about it? Is this the difficult part? I've heard it's really tiring...* The only answers I was getting was the nodding. And then I said... what did I say... because it's even how you say it... it's really how you phrase it... I have to phrase it really carefully... so I'm not imposing. I'm not also ego-ing. Do you want something special of mine?... I'm not doing that. You've just got to phrase it really carefully. I'm just trying to... I think I said... I would like to write a poem, and I would like to write a poem about you. Is that OK? And then I tapped her out a tiny little poem on the

typewriter. I gave this to her, and she looks at it closely. And then we went to a couple of other people on the ward... and as we were leaving, she just came out of the bed and came over to me and grabbed my arm and just said... (whispers) *thank you.*" (Alex)

Trust – Building and Maintaining

During the interactions and creative conversations, the creative practitioners were able to build and maintain trust with the patients by:

- Sensing the space, themselves and the other person
- Recognising vulnerability and the other person's emotional state
- Offering the opportunity and establishing personal autonomy
- Demonstrating respect and safety (not forcing art on them, while also recognising and appreciating the fear of participating in art).

Examples from the interviews with the creative practitioners:

"Being adaptable and flexible I think is so important, because I think if you in with the mindset that you need to get this done, you're going to fail. I had one lady who I was talking to, and we were having this great conversation going and she just went... "I don't like any of that arty farty stuff". I just went... *Right, OK... We're not going to do... We're just going to have a conversation... That's fine...* And I think they get out as much out of having the conversation as they might do in an activity." (Vicki)

"Yeah, and it's not about you. So, you leave your ego at the door. And it's as much about listening as talking and just picking up on the cues on what... both physically what people are doing, and it can be very, very subtle. But it's still respecting that person's world, that they are in. So, I don't want them to think that they are being patronised in any way. And being talked down to. So, it's just really honing, and tapping into where they are sitting in their little bubble on a ward. And just seeing how the Major can open a few doors. But I don't go in sort of thinking... *right, it's performance time...* Initially, for me it's very much what the body language is. And the most obvious one will be if somebody is... and sitting in bed usually... and if they sort of like start pushing themselves

back... *Right, you're a bit wary... that's OK...* So, the Major will keep his distance. He will still say hello. You know... *Lovely to see you, darling...* and everything like that. And gradually as that body becomes a bit more forward and then reading what their eyes are doing as well. And it's quite often just that little inclination of the head to one side, kind of like... *this is really weird... but I'm kind of drawn to him...*" (Ali)

"Yeah so, it's much easier for us to enter into a person's world with dementia than it is for them to enter into our world. But then it's not just being able to enter it but to be able to join them and to be with them on that little creative journey of their own. And to go with them whatever way that might be. And that's what I think the creative brain can do quite quickly. For me a lot of the stuff is around noticing. It's noticing what's above the bed, what they are allowed to eat, not eat or what they like to be called... It's the noticing of details. Looking at what makes that person. Particularly with long stay patients where they have lost everything and they're in a bed, in a bay, with bland colours and home is that little bed, chair, bedside table. The bed is their world and then we knock on that door... to make those connections." (Susie)

Social Cohesion – Developing Connections

The theme of social cohesion was evident through the creative practitioners' comments about developing connections with the patients, which involved:

- Listening and responding creatively
- Finding common ground
- Building the "relationship bubble" and demonstrating the importance of this social relationship
- Collaborative participation
- Reducing loneliness.

Here is an example from one of the creative practitioners:

"You have to be particularly sensitive to an environment and sensitive to people's needs. And being able to read... either read the room, whether that's the ward, or read that particular individual at a time. And don't get me wrong,

we don't always get it right. But, just finding that initial way in. There's that sense of anticipation, but then trusting yourself, as an artist, as a person, as a sensitive person who loves working with people and wants to get the best out of an individual. It's kind of trusting yourself to then go into that environment and explore... experiment... play... create... all those different things. And I realised week by week it was the simple things that we did that actually made the biggest difference. So, it wasn't necessarily coming armed with all sorts of activities... *right, do you want to do this, do you want to do that...* it was just something as small as putting a leaf on a tree. I remember there was one lady, and she had quite bad dementia... so, how you say a way in... well... I was pregnant at the time, and my way in, actually, to her was that I think she had four children. So, all of a sudden, she saw my bump, and that was kind of like... then it sparked off a little conversation and interaction. In terms of the art activity, I think we only went as far as... I had this colourful box, and I think she opened it, and it had some yarn hearts in it, but she didn't want to touch them or take them out of the box. But she looked at this box and her eyes lit up. And to her, that was the engagement. That was enough. And then she told me all about the children that she'd had and how the girls were the worst... But it was such a small engagement on the face of it, but actually, a lot happened in those small moments. And maybe we only spent ten minutes together and didn't exchange that many words... but it's like the feeling... I often talk about the work that I do and it's the feeling that you leave behind. So, whether that's a feeling of contentment or... just making somebody smile. So simple, small little pieces of... fleeting moments... that's what I keep coming back to. These fleeting moments. And those were the ones that made such a difference really." (Jenn)

2.2 Section two: interactions within the ward settings

While there is a growing body of evidence demonstrating that arts in health activities can make a valuable contribution towards improved outcomes for patients, the interview data suggests that they can only be realised through good working relationships with ward staff. This includes:

- Developing trust
- Demonstrating respect for the day-to-day ward environment
- Working collaboratively to understand the needs of individual patients
- Maintaining continuous dialogue as to how activities are provided on the wards
- Responding to staff wellbeing needs.

Buy-in from ward staff was reported to take a few months at least, and this is to be acknowledged and respected. Offering one-off sessions on the ward and inviting ward staff to join dedicated staff wellbeing sessions were successful in supporting engagement and understanding of the Healing Arts activities.

Working within the wards

Ward staff reported the most valuable aspect of the project was that the creative conversations provided an “access point” where the patients were more likely to talk about their lives and experiences. Staff reported that they were able to better understand and connect with their patients following the sessions, whether they were present or not.

For example:

“Initially, staff were terrified of The Major because they didn’t understand what he was. But over time The Major came in and started discussions with our patients that they wouldn’t have had with us. The Major was a very relatable character, and I think they could recognise parts of themselves within it.”
(Holly)

“They do a lot of reminiscence work, and it gives our patients a space to express their emotions. It helps them to develop a sense of identity as well. Within hospital what commonly happens is you become a patient and nothing else. The Healing Arts programme really helps us to delve into who these people are; better understand them, better prescribe care. It can make a

massive difference to how they feel on a day-to-day basis without us having to go down the route of looking into medication for treatment of things like depression.” (Holly)

“There was one particular gentleman who we thought was confused, turns out to be a mental health issue. He was quite challenging one-to-one, but I spent a really happy time drawing... So, it's the little things like that and I like to think it kept him settled for the rest of quite a busy weekend. But it was a very good reminder for everyone that actually he's just struggling. And if we find a way to connect, it's all going to be a lot more peaceful.” (Freya)

Addressing Challenges

The two greatest challenges reported by ward staff were: a) reservations about anything creative and b) understanding the benefits. As part of the project, ward staff were offered dedicated workshops so that they could experience working with creative practitioners for themselves, as well as focusing on their own wellbeing and connecting as a team.

The ward staff commented:

“The ward manager gave us that time as staff wellbeing. It's getting the cover. But the session we went to was really good and there were another three Healthcare Assistants. They were really positive about it.” (Moiria)

“It was really good fun actually. And it was nice working with the people from the other wards, like Elm C and seeing what they are doing. I was the only one who could make it from here. So, it was nice to have that sort of little community.” (Freya)

“It helps with better patient management, especially when a patient is in distress. You know, like it is really hard to manage someone with distress in that acute setting, especially with dementia. We've seen that it really benefits them.” (Meena)

“The Healing Arts team started to work with a number of our healthcare assistants and our nurses on how to deliver this programme to better integrate that project within our ward. It’s been very beneficial, not just to give our patients better experiences, it’s also empowered our staff. And through that training we have actually accessed creative reflection and wellbeing support for all of our staff. We had away days and everyone had really low morale before that, and then we did some really good creative impact stuff and afterwards everyone’s morale has improved.” (Holly)

3. Conclusions and Recommendations

Drawing on the perspectives of the creative practitioners and ward staff, this evaluation explored the delivery and impact of the Unfold the Untold project and the interactions between the creative practitioners and people on the wards (both patients and staff). This evaluation set out to understand why the Unfold the Untold project might be successful and with this in mind, the following conclusions and recommendations can be made:

- The findings show that the ‘creative conversations’ facilitated by the creative practitioners are key to the success of the Unfold the Untold project. Any participation in creative activities or production of creative outputs were perceived to be a means by which the interaction between the creative practitioner and patient could be established, enhanced, or continued.
- It was evident that the creative practitioners apply their skills seamlessly and simultaneously throughout their interactions with patients. The findings from the creative practitioner interviews were mapped onto the World Health Organization’s guide to evaluation (2022) with a focus on how the three key elements of *wellbeing*, *trust* and *social cohesion* were incorporated in practice:
 - Wellbeing – the findings demonstrate that the creative practitioners honour the patient through focusing on their life experiences; giving them any artwork created during the project; viewing the interaction as the outcome rather than the art; and sensing to what extent the person might want to engage with the creative conversations.
 - Trust – there was evidence that the creative practitioners work to build and maintain trust with the patients by being aware of the space and the person’s emotional state, establishing autonomy, and being respectful.
 - Social cohesion – although the interactions and creative conversations were brief in nature, the findings show that the creative practitioners were able to create a meaningful connection with each patient, which inspired participation in the creative conversation. This meaningful connection was established through

listening, finding common ground, and building a social relationship with the patient.

- The main challenges reported by the ward staff were their initial reservations about creative activities and a lack of understanding about the potential benefits of the project. However, these challenges were addressed through the delivery of workshops for ward staff to raise awareness and understanding of the Unfold the Untold project and its benefits for wellbeing.
- From the perspective of the ward staff, the most valuable aspect of the Unfold the Untold project was that the creative conversations provided an opportunity for patients to talk about their lives, which enabled the ward staff to better understand and connect with the patients.
- Based on the evidence presented in this report, it is recommended that the Healing Arts team could explore opportunities for delivering Unfold the Untold on other wards at Cumberland Infirmary:
 - To prepare the staff for the project and to mitigate any potential challenges, it is recommended that the dedicated workshops for ward staff are delivered *prior* to the start of the project. This could increase the initial buy-in from staff as they will have more understanding about the potential benefits of the Unfold the Untold project for the patients on their ward.
 - One-off taster sessions could also be offered on the wards to support engagement and understanding of the project.
- It is recommended that Unfold the Untold is promoted throughout the North Cumbria Integrated Care NHS Foundation Trust hospital sites to raise awareness of the project and the benefits for patients and staff. The promotional activities could include opportunities for staff to feedback with comments and suggestions for future creative activities.

References

- Boyce, M., Bungay, H., Munn-Giddings, C., & Wilson, C. (2018). The impact of the arts in healthcare on patients and service users: A critical review. *Health & Social Care in the Community*, 26(4), 458–473. <https://doi.org/10.1111/hsc.12502>
- Craig, P., Dieppe, P., Macintyre, S., Mitchie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: The new Medical Research Council guidance. In *BMJ* (Vol. 337, Issue 7676, pp. 979–983). British Medical Journal Publishing Group. <https://doi.org/10.1136/bmj.a1655>
- Mayne, J. (2011). Contribution analysis: Addressing cause and effect. In K. Forss, M. Marra, & R. Schwartz (Eds.), *Evaluating the complex: Attribution, contribution, and beyond* (Vol. 1, pp. 53–96). Transaction Publishers.
- Mayne, J. (2012). Contribution analysis: Coming of age? *Evaluation*, 18(3), 270–280. <https://doi.org/10.1177/1356389012451663>
- Warran, K., Daykin, N., Pilecka, A., & Fancourt, D. (2023). *Arts and health evaluation: Navigating the landscape*. World Health Organisation Collaborating Centre for Arts and Health & The Social Biobehavioural Research Group, University College London. <https://sbbresearch.org/wp-content/uploads/2023/06/Arts-and-Health-Evaluation-report-UCLSBB-3.pdf>
- World Health Organization. (2022). *Guide to evaluating behaviourally and culturally informed health interventions in complex settings* (No. WHO/EURO: 2022-6045-45810-65956). World Health Organization. Regional Office for Europe.

Appendix 1

Interviewees:

Alex – Creative Practitioner

Ali – Creative Practitioner

Freya – Healthcare Assistant

Holly – Ward Manager

Jenn – Creative Practitioner

Meena – Admiral Nurse

Moirá – Admiral Nurse

Susie – Healing Arts Project Manager

Vicki – Creative Practitioner