FOR THE BEST

Report by Ally Walsh

This report was written by Ally Walsh, artistic director of the Ministry of Untold Stories for funders and supporters of For the Best Liverpool. The views expressed in this report are attributed to individuals and do not necessarily reflect the views of funders or the production team.

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Photography by Stephen King.

March 2011

MINISTRY OF UNTOLD STORIES

For the Best is dedicated to the memories of Oliver Faulkner, Marieka Carling, James Cross and their families

FOR THE BEST

Mark Storor and Anna Ledgard in collaboration with Artsadmin and Unity Theatre.

For the Best was commissioned by Culture Liverpool on behalf of Liverpool City Council for Liverpool's Year of Health and Wellbeing. Created in partnership with Liverpool City Council through Culture Liverpool, The Royal Liverpool and Broadgreen University Hospitals NHS Trust, Unity theatre, Matthew Arnold Primary School and Liverpool Primary Care Trust. Funded by a Wellcome Trust Arts Award, Liverpool City Council through Culture Liverpool, Arts Council England and Liverpool Primary Care Trust. First created in collaboration with the Unicorn Theatre, London.

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SECTION 1: EXECUTIVE SUMMARY

1. CONTEXT AND PROJECT MISSION

Background

For the Best was first performed at the Unicorn Theatre, London in June 2009. It was an imaginative and creative exploration of a family's experience of living with renal disease inspired by and created over nine months with children in the Dialysis Unit at Evelina Hospital, London and teachers, parents, primary school children, artists and performers. For The Best explored how individual testimony could be the starting point for making theatre which articulated and captured the essence of children's experiences.

Originally funded by a Wellcome Trust Arts Award, For the Best was both a highly regarded performance and a powerful vehicle to raise public awareness of the experience of living with chronic illness (winner of TMA Award 2009). For the Best evolved from a complex web of creative partnerships across health, arts, cultural and education agencies. In London it was successfully performed to over 2000 people and was accompanied by talks, a master class and a symposium and involved 60 primary school children as performers alongside a professional cast.

For the Best in Liverpool

2010 was Liverpool Year of Innovation, Health and Wellbeing. Culture Liverpool invited For the Best to the city to work with Liverpool residents and organisations to explore the relationship between health and well-being through a dynamic creative project which had been tried and tested elsewhere and had the capacity to be adapted to

another setting. The performance and an accompanying participatory process was adapted to engage an extended community of adults attending hospital, families, school children and other audiences in collaboration with local partners in Liverpool.

It was acknowledged that the arts process has many benefits for families and children experiencing chronic illnesses as well as for the education and health professionals who work with them. Extended collaboration could build positive creative experiences as well as building a sense of social belonging and community participation, all factors which are critically important to mental health and wellbeing of hospital attenders and their families and carers.

Hospital Engagement

The Royal Liverpool University Hospital Renal Unit hosted a residency with artist Mark Storor from July – October 2010 working with adults receiving haemo dialysis to explore their experiences and those of their families through a responsive creative process. These stories informed the creation of For the Best for Liverpool which took place in November 2010 at the Gostin's Building, L1, in partnership with the Unity Theatre. For the Best for Liverpool was a unique theatrical experience which included core elements of the London performance with additional performance content and installations informed by the work produced in the hospital residency and the site. The over-arching question behind the work was: What is it to live with chronic illness and what does it mean for the well-being of the family and those who care and support them?

Primary School Engagement

For the Best included primary school children taking part in each performance. Mark Storor was artist in residence for 2 days a week at Matthew Arnold Primary School, Dingle, for the 6 weeks prior to the performance developing this integral part of the work. The stimulus for these workshops originally came from a 9 year old child from the Dialysis Unit of the Evelina Children's Hospital. Using writing, drama, visual arts work and discussion the workshops take the form of a metaphorical journey which enables participating primary school children to empathise with and gain some understanding of what it might be like to live with chronic illness.

Devising with Artistic and Performance Team

The promenade performance was devised by a team of 8 performers and 5 artists led by Mark Storor and incorporating art work, performance installation, film and sound and performed by professional actors and participants involved in the residency process.

For the Best: The Performance

For the Best was an 80 minute promenade performance which took place on the 4th floor of the Gostin Building in central Liverpool. Performance capacity was 35 people and there were 22 performances 16 – 28 November 2010.

Discussion and Debate Forum

A framework of discussion events was built around the For the Best performances together with Culture Liverpool - the Primary Care Trust' and the Arts for Health Lead at the hospital including a post show talk and Symposium. This enabled health professionals, hospital attenders, carers, school children, arts and cultural professionals to explore issues raised by the performance. For the Best also provided the focus for debate about what makes successful interdisciplinary partnerships which promote innovation and understanding across communities of patients, families, carers and heath care professionals.

2. FINANCE: INCOME, EXPENDITURE

EXPENDITURE

FEES	78820
PRODUCTION	22345
PUBLICITY & MARKETING	6200
SYMPOSIUM	2200
ACCOMMODATION/SUBSISTENCE	11000
TRANSPORT	4500
ADMINISTRATION	6500
VOLUNTEERS	700
DONATION	750
TOTAL	133015

INCOME

ACE	30000
WELLCOME TRUST	45000
CULTURE LIVERPOOL	55000
BOX OFFICE	3015
TOTAL	133015
UNITY THEATRE IN KIND	6312

3. OVERVIEW

Writing a concise description of a wide ranging project that includes participation and performance, ranges from school classroom to hospital bedside to a transformed office building via theatre and installation, is a daunting task. I offer this overview as a glimpse into the world of the project, as it would be impossible to analyse the complex and multifarious levels at operation; almost as impossible as completing a one-thousand piece jigsaw. Blindfolded.

As a means of painting a brief landscape of the previous incarnation of For the Best, I provide a critical perspective on the 2009 production. (This draws on a journal article under review).

Critic Lyn Gardner positioned For the Best as opposed to 'worthy and unappealing' (2009), issue-based theatre, while Coveney stated 'it's a rare theatre event that enforces a sense of social empathy to the extent that For the Best does' (2009). What unites the critical responses to For the Best is the surprise and delight in the high performance standard and the penumbral beauty of the settings; particularly when audiences begin to engage with the notion that the story about death and illness was originally devised in collaboration with young people on dialysis in Evelina Children's Hospital, and 60 primary school children in year four. Death and what lies beyond may be controversial themes for children's theatre, and are certainly more demanding of both participants and audiences than much theatre presented to children. In Liverpool, Mark and Anna were invited to develop the performance to work with adult patients undergoing dialysis and to make links with a primary school and local audiences as part of the PCT health and wellbeing strategy.

Partners

Created by Mark Storor and producer Anna Ledgard in collaboration with Culture Liverpool, The Royal Liverpool and Broadgreen University Hospitals NHS Trust, Matthew Arnold Primary School, Liverpool Primary Care Trust and Artsadmin,

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DATA: Direct Involvement in For the Best in Liverpool

MATTHEW ARNOLD PRIMARY SCHOOL, DINGLE, LIVERPOOL

STUDENTS (AGES 8-9)	25
TEACHERS	4
TEACHING ASSISTANTS	2
PARENTS	10

EDGE HILL & LIVERPOOL UNIVERSITIES

TUTORS	2
STUDENT PLACEMENTS	4

VOLUNTEERS

STUDENTS/PRODUCTION VOLUNTEERS	8

ARTIST/PERFORMERS

LIVERPOOL BASED	17
OTHER REGIONS/ LONDON	10
INTERNATIONAL	2

PRODUCTION TEAM

LIVERPOOL/NORTH-WEST	8

ROYAL LIVERPOOL HOSPITAL

PATIENTS	8
NURSING/CARE STAFF	8
ARTS IN HEALTH LEAD	1
PCT STAFF	4
CULTURE LIVERPOOL STAFF	3
SYMPOSIUM ATTENDANCE	90
SHOW TOTAL ATTENDANCE	700

TOTAL DIRECTLY PARTICIPATING	**894**
WEB/DISSEMINATION CONFERENCE EVENTS/PEER IMPACT IN SCHOOLS/HOSPITAL	c. 3000

Objectives

The challenge for this evaluation follows Jan Cohen-Cruz' provocation that *'artists who aspire to make a difference in a social situation must assess the relationship between their goals and the scale on which they are able to work…' (2010: 196)*. In the following section, I outline the proposed objectives of the project, giving an overview of the results, both small and significant; and offer key issues for consideration.

For All

- *Enhanced understanding of the social, cultural and ethical issues surrounding renal diseases and organ donation and 'health literacy' in general*
- *Engagement in a high quality arts collaboration which is evolving a unique and robust language for presentation of 'sensitive' issues to public audiences*
- *Research evidence of the 'transferability without reinvention' of a participatory science/arts performance methodology*

For participants

- *enhanced practical creative and expressive skills and science learning*
- *a space to 'voice' experience through the anonymity of shared performance*
- *improved mental health and sense of wellbeing through increased awareness and understanding of self – through engagement in a creative and expressive process*
- *enjoyment of engagement with experienced artists in a creative process with a high quality outcome to be shared with others*
- *new insights into own and others' experiences and enhanced self-esteem and confidence*

For Hospital Community

- *Participation in a deep arts process with partnerships across arts, bio-medical science and education sectors*
- *Learning about the process and challengesof arts education collaborations*
- *Learning from patient experiences for hospital staff*
- *To build a culture of arts development within a hospital with no history in this area of work*

For Artists

- *collaboration in an innovatory participatory theatre process led by a visionary artist and with high profile, high quality public outcomes*
- *practice development through evolving a new theatrical language from collaboration with non-professional participants*

For Theatre Venue

- *building the capacity of a 'receiving house' to be involved in a participatory process involving targeted schools and audiences*
- *education team to work in multi-layered partnerships building and supporting wider education process involving children and families in workshops and activities*
- *co-presenting an innovative and original piece of theatre which will experiment with the ways in which audiences interact with performance and investigate the potential of non-theatre spaces as sites for performance*
- *developing strategic partnerships to ensure wider promotion, presentation and dissemination of the work and its associated programmes to multiple audiences in Liverpool and beyond*

For Culture Liverpool and the Primary Care Trust and Liverpool NHS Trust

- *raising public awareness and understanding about the relationship between bio-medical procedures and patient mental health and well being*
- *enhancing 'family health literacy' and to provide professional development for nursing staff and carers*
- *providing a high profile platform for debate and dialogue about participatory arts and applied theatre processes in relation to arts and science learning.*
- *providing a vehicle for the new Arts in Health lead to build the profile of the arts within the hospital through involvement in a high profile project with deep participatory processes delivered by an experienced team*

For Public

- *To engage with a unique, original and innovative theatrical experience*
- *To raise public understanding of issues relating to renal disease and organ donation*

Project Activity : Timeline

NOVEMBER 2009	JANUARY 2010	FEB-MARCH	APRIL	MAY
Ideas development/ liaison Culture Liverpool/theatre	Theatre/participation/ hospital/partners confirmed	Planning and liaison to identify shared objectives with hospital/theatre/ culture Liverpool/PCT fund-raising	PCT/Wellcome/ Culture Liverpool funding confirmed	Performance site agreed, contracting and partnership agreements drafted

JUNE/JULY	JULY	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Partnership agreements exchanged ACE funding confirmed Artist liaison with hospital, identification of participating adults on dialysis and families Research schools participation/identify schools Communications plan drawn up 30 June 10.30 Planning Meeting at Unity Theatre - ALL	Participation/talks and discussions planning 20/21 Auditions in Liverpool artist & production team performers recruitment and contracting artist in residence in hospital support materials for schools drafted marketing plan in action	8 September 2.00pm – Planning Meeting – ALL Artist residency in hospital continues schools residency begins schools liaison Production Manager starts work	6 October 2.00pm – Planning Meeting – ALL INSET Day 18 October – deadline for Programme copy 18 October – rehearsals begin with performers site preparation/ design and installation, volunteer programme commences schools residency continues	Rehearsals continue 13th & 14th – Dress and Tech rehearsals Tuesday 16th – show opens Friday 19th – Symposium event at Unity Theatre 29/30th Strike siT	Evaluation

4. SUMMARY OF FINDINGS

In addition to presenting the findings of the evaluation in sections detailing process, production and the symposium, there is also summary of the main features of For the Best Liverpool in terms of indicators reflecting the ethos and aims of the project. I draw out the main features of using the arts by reflecting the iterative processes of a long term project.

Indicators of Participants' Experience

One of the notable features emerging from the project is participants' surprise and delight at the level of quality of the work. The care and dedication their stories and creations receive in the hands of the artistic team becomes paramount. This is the defining element of Mark and Anna's ethos. Patient participants speak anecdotally about a renewed sense of vigour and motivation to express themselves. They mention their satisfaction with the level of public awareness about renal conditions, and hope that such awareness can translate to considering organ donation.

The quality of the project is not, however, only evident in the final production, which received excellent press coverage. The more intimate process-based workshops in the Royal Liverpool Hospital and at Matthew Arnold Primary School have demonstrated commitment, attention to detail and a solid frame of ethical practice developed by Mark and Anna over their years of collaboration.

Measuring Impacts

Measuring impact in the arts is a complex business, mostly since theatres do not have the benefit of a longitudinal study to assess how a particular production may have changed attitudes. In For the Best, there is ample anecdotal evidence provided in the full report detailing how patients' attitudes to the arts have changed and how childrens' attitudes to long term and chronic illness has changed. In addition, and most compellingly, the report details the shift in attitude to the arts and health link by medical professionals attending the symposium. Ideally, further research would be commissioned to dovetail with project planning and delivery in order to work alongside the clinicians in order to generate results that can be accessible to both medical professionals and relevant for arts and education audiences.

Partners on the project have indicated resoundingly that For the Best espouses good principles of collaboration and partnership, with some of the challenges identified as a result of time constraints and budgetry changes. The positive indication that partners were more willing to engage in future collaborations is indeed a promising outcome.

Some of the key critical questions arising from participants, audiences, partners and professionals were the stimulus for discussion at the symposium, but which demand further events, longer discussions, and even future projects in order to be dealt with sufficiently. At the heart of the project, from inception to final wrap is the question of how to reflect and represent the stories of people with chronic long term conditions and their families. Alongside this is the desire to widen the potential for art to be a medium to engage, share ideas and change perceptions within institutions and for the wider public.

5. EVALUATION AIMS, METHODOLOGY AND DATA COLLECTION

4 main aims were distilled from the overall aims of the original partnership agreements for the purposes of evaluation. Documentation was gathered on the following indicators, focusing on these specific subjects:

A. PARTICIPANT EXPERIENCE

- The residency participants
- The performers and artists and production team and volunteers children and teachers involved in education support material (CPD/preparatory work in school)
- the audience experience

B. PARTNERSHIP BUILDING:

- Unity Theatre/ Royal Liverpool University Hospital/ Liverpool City Council/ Culture Liverpool/ Liverpool Primary Care Trust

C. ETHICS:

- Wider considerations of stories and translation into art for an audience

D. LEARNING:

- Narratives of learning, change, new perspectives
  public and professional (clinicians and commissioners)
  understanding of the health and wellbeing issues raised in the work opportunities for self-expression and self-empowerment for individuals living with chronic illness

E. ARTS/ SCIENCE DEBATE:

- Questions of how arts and health can be in conversation as disciplines

Tools and Methods of Evaluation

PHASE 1 CREATION PHASE: SEPTEMBER 2010

- Documentation of the process with hospital staff (staff feedback questionnaires, postcard tasks)
- Monitoring information (participant numbers, attendance, meeting notes, planning)
- Minutes of planning meetings

PHASE 2 DEVISING PHASE: OCTOBER – NOVEMBER 2010

- Collection of documentation and material from CPD sessions
- Planning meetings
- Semi-structured interviews of key stakeholders (recorded)

PHASE 3 PERFORMANCE: NOVEMBER 2010

- Artistic product itself: reviews, post show discussions, critical feedback books
- Participant response through detailed semi structured interviews
- audience response through questionnaires, semi structured interviews and feedback books.
- Follow-up focus group discussions

PHASE 4 SYMPOSIUM: 19 NOVEMBER

- Recording of the discussions
- Evaluator reflection of presentations
- Audience/ participant feedback on postcards
- All monitoring information

PHASE 5: WRITING UP AND ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA

- Evaluation meeting with all stakeholders, Dec.
- Reflexive analysis by external evaluator
- Interviews with key stakeholders and partners
- Monitoring information consolidated

Hospital/PCT Involvement:

- Resources should be allocated to research that specifically seeks to measure health and wellbeing benefits, family engagement, and public understanding of a specific health issue.

- Recommendation: to develop base-line surveys on wellbeing alongside training with staff as to how to engage with research processes.

- Arts & Science interventions are not a new phenomenon, and yet clinicians are not exposed to the reports and advances in the field, so that every intervention seems to require the same struggle to be accepted.

- Clinicians could be involved in documenting the successes of interventions. For example, measuring increased time spent on machines, a willingness to complete a dialyzing shift, increased sense of wellbeing, etc.

- For hospital staff and within project design and resourcing, there needs to be attention paid to how the project winds down, and what potential pathways exist for participants. It is not realistic (or necessarily desirable) to suggest that an artist continues indefinitely, but care and consideration need to be paid to the impact of the project, and how existing staff can continue to be supported, and engage with arts in appropriate ways.

- There remains the need to determine an evaluation method which can be taken seriously by clinicians; the challenge is to find a common language between artist and clinician.

Schools Involvement:

- One critique that emerged was that the children found it difficult to leave the performance and land on the street – literally out in the cold with an ambulance passing by, sirens blaring. They felt as though they needed an 'easier' passage out of the story and back to 'reality'. Many adult members found this 'traumatic', and for children, this could have been more intense.

- Although this sensation had been raised as contentious for some at the Unicorn theatre, in that space, audiences were encouraged to come back into the foyer and write in a comment book. In Liverpool, in the middle of winter, the audience experienced the expulsion out onto the street as a far more negative ending; particularly as there was no obvious collection point for people to spend a few moments gathering themselves. The team's solution to this issue was to secure a tea and scone deal at the nearby Novotel Hotel, which gave certain audience members the opportunity to gather.

- Another point of critique was that the learning materials had been too focused on kidney disease, and less preparatory for the classes in terms of the kind of experience they were going to have with regards to promenade, site specific work. This meant that teachers felt unable to integrate much of the teaching resources into their work before bringing the classes to the performance, but some had thought it might be useful to go back to after dealing with symbols and metaphors in a more arts based method. Perhaps links could be made to storytelling and citizenship in the curriculum. Further, it was felt that there could have been a more specific focus on Liverpool in the materials.

- The class teacher of year 6 at Matthew Arnold School, Mr McNamara, felt the 'focus group' session was useful, and indeed necessary for his class to be able to express some of their complex reaction to the work. He suggested this could have been offered to all classes attending as part of their school curriculum.

- Parents had made a commitment to allowing their children to be involved in the performances. Many had not anticipated the demands of time and energy for themselves and their children, but there was a great deal of support from families wishing to attend, and many volunteers who stayed on long 'shifts' between shows. All parents were offered complimentary tickets. One important consideration is to ensure that there are enough tickets for family who wish to support their children. This particular point highlights the need for all staff (box office and casual theatre ushers included) to have a sense of the ethos of the project, and to have clear communication between all departments.

- There was some disappointment about numbers of primary schools attending both CPD and performance. Although efforts had been made in July by Culture Liverpool Education and the Unity Theatre Education staff to inform schools via Local Authority and PCT mailing channels, the take-up was poor. The PCT commented that schools were asking them to reduce contact and that government changes in policy directing schools to concentrate on teaching and learning, not health & wellbeing, had made liaison with schools harder for the PCT itself. This highlights the importance of demonstrating clearly in materials sent to schools how such performances can meet teaching and learning objectives. The Education Coordinator had greater success in her liaison with secondary and FE colleges and so the majority of the schools attendances were from this sector.

- Creating sustainable relationships with schools through a time-limited project is difficult. Some of the schools which attended already had a relationship with the Unity Theatre, indeed the main participating school, Matthew Arnold Primary was well known to the Unity Theatre. New schools need time to establish trust and confidence in the offer of organisations and Unity Theatre will no doubt now build on the relationships begun through For the Best.

Production

- A constrained timeframe for production design and build alongside rehearsals meant additional pressure on the production team. Cathy Wren has suggested it would be beneficial to everyone if there could be a different production timetable that allowed a development and build time separated out from rehearsals, with more time scheduled for creative collaboration with Mark and the actors.

Site Specific Performance

Most of the issues raised in this section are details related to the complexities of staging work outside traditional theatre spaces, and would be resolved with longer lead times and more time allocated for production teams.

- Access: There was some query about accessibility after a group from a local university asked for hearing loop. This was addressed to an extent by using signers. Other questions arose about promenade style for older people or those who may need to sit at various points. Several comments were recorded from general public about not being informed beforehand about the nature of the performance.

- Promenade theatre is still an experimental form of theatre, and some sectors of the audience were concerned about what to expect. There could be some discussion about this whilst people wait in the foyer, or incorporated into the learning materials for school groups, as a means of preparing people; this would need to be about preparing them for a generic experience of theatre outside mainstream theatre spaces, without being specific about the particular form and content of this production.

- Many audience members would have engaged in more reflexive feedback if there was a clear place for them to gather after the performance. Their experience could have been improved if there was clear signposting about the opportunity to gather at the nearby hotel for reflection.

- There was no comment book, which resulted in fewer responses captured, since people were far less likely to want to comment immediately afterwards and in the cold on the street.

- There is limited audience demographic data for analysis: A lesson for future projects is the potential to use demographic data to explore audience in future to ensure accessibility to performance to all who want it.

Symposium

- Although recommendations were made (in the previous evaluation of For the Best) to have an additional team member take responsibility for the Symposium, budget changes meant that producer Anna Ledgard was the primary instigator, with much support from Artsadmin. There would ideally be more resources for a less pressurized lead in to the Symposium.

- It was felt that there was a greater representation from the medical world and policy makers, enabling further dialogue with artists to take place. This meant that conversation was able to consider the replicability of the model in health settings and the challenges and needs for arts as threads of humanity in the medical frame.

Graeme Phillips, Sue Williams, Louise Flooks, Sam Freeman, Julie Filain, Chris Hennessey, Rachael Treacher, Alicia Smith, Mark Storor, Anna Ledgard, Gill Lloyd, Charan Vyrdee, Liz Holmes, Ged Hawksworth, Nicky Duirs, Marcella Sherry, Moiya Heaton, Sarah Dewar, Polly Moseley, Ruth Hunter, Babis Alexiadis, Jules Maxwell, Sofie Layton, Cathy Wren, Stephen King, Aylwyn Walsh, Kate Hart, Michael Lyle, Mike Levanzin, Mike Neary, Keli Brown, James Devlin, Jane Hogarth, Venizelos, Alexandros Michail, Fiona Hilton, Jo Heffernan, Jenny Kane, Mike Dunn, Brian Spencer, Jeanette Sinnott, Sandy Gregson, Rachel Watson, John Kenny, Billy, Ted Spencer, John Spencer, Joe Rivers, Louise Muddle, Tony Robert, Yau Joe Spencer, Dave Lapham, Ali Harwood, Gary Mason, Karyn Carter, Jean Doran, Cath Millington, Victoria, Vernon, Katrina Shock, Ian Jones, Josefine Larsen, Sidsel, Bech, Callum, D Adam, B Jessica, B Codi, O Demi, B James, S Chris, B Melina, B Andrew, B Harry, C Demilea, C Adrian, C Daniel, C Libby, E Emily, G George, J Harry, K Courtney, L Daniel, L Lewis, L Daniel, M Molly, O Wayne, P Reece, S Ben, W Gordon, Bell, Alma, Nash, Gideon, Ben-Tovim, Meroe, Candy, Judith Knight, Sam, Scott Wood, Fran Talbot, Ann Nolan, Charles Lawson, Kayleigh Blamire, Stephen Bell, Carole O'Flaherty, Alice Conroy, Gina Heakin Scott Greenwell, Cathy Pitcher

Production Team

Fiona Hilton	Production Manager
Jo Heffernan	Stage Manager
Jenny Kane	Stage Manager
Joe Rivers	Production Assistant
Ian Jones	Design Assistant
Josefine Larsen	Design Assistant
Victoria Vernon	Design Assistant

SECTION 2: DESCRIPTION & ANALYSIS

A. LANDSCAPES FOR THE IMAGINATION
Mark's Process

Mark Storor's work, if viewed as a whole, despite being diverse and surprising in breadth, could be said to have one main trajectory: to create quality performative engagement through a unique, personal encounter with another human being. The 'engagement' could be Mark as performer asking other people to make a bed for an installation in Birmingham (*Test Bed*, 2008); Mark as artist developing installations for animated film with young people at risk in Liverpool; and long term with a group of young people working with the Roundhouse towards a performance (*Fat Girl Gets a Haircut*, April - May 2011).

In *For the Best Liverpool*, Mark engaged with adults and staff at Royal Liverpool Hospital on the Renal Unit for 5 months.

The team has been explicit about the level of support they have received from Hospital staff, insisting that it would be impossible to attain the level of engagement Mark has had without a strong and supportive hospital team who had faith in his approach. Anna has said that *we cannot work with vulnerable people unless we are welcomed by staff...building relationships and trust with staff first before artistic process begins.*

Indeed, Anna described the initial meeting with hospital staff:
We showed the postcards, selected images, the DVD, engaged them with the work, invited them to ask questions, a planned15 minute meeting finished 50 minutes later… and the project was in... but the meeting revealed the artistic process by having artifacts traces of art made earlier with others.

Following a successful production in London the previous year, Mark was aware of the expectations, but fuelled with courage and the conviction that the process he had devised in the hospital school could be developed with adults, and he hoped, with their families.

What soon became clear, however, is that fully functioning renal wards are far busier places than a children's hospital with structured learning time in the day. The head of the unit mentioned that there are 90 sessions each day, with patients undertaking dialysis regularly, and staff juggling multiple responsibilities. Mark's process engages the whole staff.

I attended one session, at which Mark rose early in search of an image of a potato. One of the young women on the renal unit, Kayleigh, had developed a stirring metaphor in her writing, and Mark wanted to respond by making the metaphor visible. After visiting several grocers and 3 second-hand stores, walking away with 5 pictures, and a couple of tins of peeled potatoes, Mark headed to the renal unit, where he knew Kayleigh would be on the machines already. By luck, Mark noticed there was the perfect image of potatoes in the free press on the bus, stopped traffic to retrieve one, and proceeded up to the ward.

This tiny example of the detail of developing this multi-layered work is the dedication to rendering the idea of the original work into an authentic, beautiful image. One might imagine that the contrast between the detailed and intricate (sometimes febrile) imagery and the hospital environment could have been difficult to manage. For many artists, it would be a daunting challenge; particularly when art and hospital meet complications, and everything goes wrong.

Mark reflects on the role of the artist in a working hospital:
…every day they would have to encounter uncertainty, whole routines could … completely crumble because of the medical imperative, something to do with the environment, or the loss of another child, so therefore the work had to have a sense of unpredictability, it had to be made in a way where people were prepared to say 'OK let's see what happens.' It became then a metaphor not just for [their] experience but for the greater scientific or medical experience in the sense that nothing can be predicted. (interview, Feb 2010)

On the same day as the potato hunt, Kayleigh told me of a few weeks earlier, when she had been working on a self-portrait with Mark, and was feeling poorly. Without warning, and in the midst of the glue, glitter, sequins and colours, Kayleigh went into shock. Mark withdrew, carefully trying to remove all the artsy materials, and remove frivolity from the now serious occasion. His flexibility, quick responses and willingness to work with the clinical staff were extremely valuable on that occasion.

Moiya Heaton has said that the project was successful because Mark 'has perception', and that his interventions had helped staff see that *'there's a lot going on that we don't see… if we get a better understanding of what patients are going through then that's got to be a good thing'*. She also added that this project was 'as good as having a counselor', but that it's not like that with all artists.
(interview October 2010)

It's about connectivity, I think maybe there's only one thing I'm interested in during the process, which is that we're all connected to one another, and that every aspect of our life impacts on us and makes us who we are, and what I'm deeply interested in is the question 'what kind of world do I want to live in? How do I want to interact with people? How do I want my relationships to be?'
I want to live an enriched life and I don't want to be disconnected from people, and I think part of one of the major thrusts of the work is that people who are involved in it feel connected to it, and I think people who witness it, the audience, however you want to describe them, bring themselves to it, and by doing that, because there's space to do that, they become connected to it, and they embody something too. (Mark, interview Feb 2010).

I have offered a brief glimpse into the processes and methods that Mark employs consistently whether working with the patients, in the school, and in rehearsals with actors. For Mark, everyone involved needs to trust, let go of preconceptions and work '*with principles and good heart… we are all on a journey together and we'll see how far we get*'. It is clear that at the core of his approach is value and respect for human dialogue, and a desire to explore the limits of the imagination to grapple with very important matters of life and death.

B. PRODUCER'S ROLE AS COMPASS TO NAVIGATE

Anna: email correspondence, Jan 2011

If Mark is to work with the access he needs, and in a truly 'engaged' way he needs the space to be held in a way where all the gate-keepers for patients/children etc. are confident that there is a safe frame for him to do what he does. In the outcome driven worlds of schools and hospitals there has to be a language to mediate for the artist. This means an understanding of the protocols and 'languages' of engagement of medical professional or teacher and an ability to articulate why the presence of an artist can provide another dimension in this environment. I would argue that it is our joint negotiation of these relationships at the outset of the collaboration, before, during and after that enables the artist to truly 'engage'.

As Jan Cohen-Cruz has said 'to that end, I resuscitate the term "engaged" with its historic connotation of commitment. Philosopher and writer Jean Paul Sartre advocated for all art to be "engagé," translated as committed. The term "engaged" foregrounds the relationships at the heart of making theatre that happen before, during, and after the production itself ' Cohen-Cruz Theatre Applications Conference, Central School of Speech and Drama, 2010.

There are two connotations to the notion of 'engaged practice' explored here. That of the engagement of participant before, during and after, but also that term needs to be applied to the institutions and individuals who are the gate-keepers for the relationships. Mark is interested in individuals. Yet Mark and Anna would not be commissioned by Culture Liverpool et al if they just worked with individuals, so they must find ways to infiltrate institutions. This is Anna's role. This important structural aspect of artist engagement is often overlooked.

Mark and Anna have been creating work together in different settings for the last 11 years; and have developed a partnership that is founded on the trust and mutual respect they are asking of other partners that join them in creating risky, boundary-challenging work.

Mark: interview, Feb 2010

Obviously in terms collaborating with Anna for For the Best, Visiting Time, Boychild, this relationship is really important one, because in order to take risks, in order to push the boundaries of the practice in the art, it's very important that you have very firm foundation, and very good relationships with people. At the beginning of the process Anna and I work very closely, and that we meet people equally, they meet both of us, we have our own roles we talk about different things, but actually I think we've a code of practice which is about being professional, and saying we are driving this together, and then there comes a point where, once we've met people, the art, the subject matter, the material becomes uppermost in my mind. And then I can do that because Anna's holding the fort, or holding those relationships, but I think they get established together really, and I think that's really important.

C. PARTICIPATION
Mathew Arnold School

Schools workshops: Out of Bounds

In a concentrated time period (September - October 2010), Mark delivered a series of workshops called Out of Bounds with the year 5 (and some year 6 students) class at Matthew Arnold School, strongly supported by their teacher, Mr Ali Harwood, and Head Teacher Gary Mason. The workshops had been delivered as part of the initial For the Best residency in 2 London Primary Schools in 2008 – 2009.

In deciding to engage with young people in Liverpool as a major participatory initiative, Mark chose to reflect the original series of challenges developed by one of the children at Evelina Hospital School. A detailed account of the generation of the challenges can be seen in Steele's evaluation of For the Best (2010).

Anna's role as educationalist ensures certain principles of engagement with a school: collaborative planning with teachers, head teacher on board from outset, integration into mainstream curriculum, developing an inclusive approach. Together, they have developed a participatory approach when working in schools. As with the London project workshops were built into the curriculum with specific curriculum aims identified in collaboration with the school at the outset.

- to build student self-esteem and creative skills through creative problem solving, imaginative collaboration and social communication
- to provide an activity that meets widely differentiated learning needs and includes the Yr 6 group with identified special needs
- to develop emotional literacy and well-being
- to develop literacy and speaking and listening skills
- to develop reflective skills and to integrate reflective tools, such as use of Flip camera, into the process
- to provide professional development for teacher and teaching assistants

In summary, Out of Bounds is a translation of some of the images, sensations and challenges faced by a young person with severe renal disease who faces issues of life and death daily. These challenges attempt to engage with the emotional aspects of facing fear, impossibly difficult tasks; rather as a young person might experience chronic disease and hospitalization as fearful and impossibly difficult. Together, Mark and Ollie developed tasks for children that required them to collaborate, problem-solve, and find creative solutions individually and together. The workshops used simple metaphors in order to provide 'clues' for the children to piece together, and the visual images used were seen in new translations in the final work:

- Draw a self portrait, including symbols and metaphors;
- Complete a maze tied to another child, one of whom is blindfolded
- Complete a puzzle Blindfolded
- Find a solution to getting past a hungry tiger

The teaching assistant responded that she had been surprised by how engaged she became in the task, and the relief of 'being helped through by little hands'. Some of the children's reflections showed that they were glad they were able to carry on with help, and prevail in the face of fear.

A: 'I was all made up when I got through, then I weren't made up when the next team didn't make it'. One child used his string to tie himself to another, so she wouldn't fall out of the line. This image tied in to the child's self-portrait as a snake, in which he had spoken of looking after the new family dog. Mr Harwood felt that this was a strong indicator of how involved the children had been in a task to take care of not just themselves, but to use empathy, focus and problem solving to 'stay alive'.

As observer to the second workshop I was impressed with how tasks were adapted to engage several of the children with specific needs. For example, Mr Harwood and Mark devised clear structures for one boy who prefers clear boundaries and specific achievable tasks. One room in the final performance was designed for him to complete a 'thousand piece jigsaw'; an example that reflects Mark's desire to interpret the initial stimuli but also enable further creativity with all participants, with each one bringing a new element to the final outcome.
Anna: I think his understanding of how things work in an education setting is important. But also… the way in which Mark communicates with anybody, and it could be a 6 year old child, it could be a head teacher, there is an absolute consistency in his approach to any individual, which has nothing to with their status, their hierarchy, or the institution. It has to do with a very direct communication from one human being to another human being. (interview, Feb 2010)

Active Learning

Details of workshops: 6 x 3 hour workshops and 21 performances with 3 – 4 children performing in each. Core group of 35 yr 5 & yr 6 children – The 5 yr 6 children were in a transitionary year between Special School and mainstream Secondary School and the project was used as an opportunity to build relationships through positive engagement in an arts process

SCHEDULE	ACTIVITY
5 October 2010 pm	2 hr workshop in school
8 October 2010 pm	2 hr workshop in school
12 October 2010 pm	2 hr workshop in school
15 October 2010 pm	2 hr workshop in school
19 October 2010 pm	2 hr workshop in school
22 October 2010 pm	2 hr workshop in school
25 October 2010	HALF TERM
2 November 2010 pm	2 hr workshop + For the Best Company
5 November 2010 am	2 hr workshop + For the Best Company
9 November pm	Visit to Gostin Building, L1
14 November pm	Attendance at Dress Rehearsal
Week of 15 November	Performances
Week of 22 November	10.30 & 1.30 Tuesday & Wednesday 1.30 & 7.00 Thursdays and Saturdays 10.30 & 7.00 Friday 2.00 & 5.00 Sunday
December	Evaluation

Teacher reflecting at the Symposium

We've been very lucky to work with Mark and the whole For the Best team, and all the actors, it's been an amazingly scary but scarily amazing process. And at times I feel 'Oh what's going on here', but though it's been full on I wouldn't change it for the world
Mr Harwood, 19 November

In contrast to the previous production, For the Best in Liverpool organized participation with one class in one school, with an enthusiastic and responsive teacher, who brought his own interest in art to the process. Mr Alistair Harwood engaged in several additional activities during the residential workshops, including creating a DVD of the process, with his class members documenting the workshops, rehearsals and the journey of participating in For the Best.

Mr Harwood also documented the workshops with drawings of his class: capturing specific moments, commenting on each of the challenges and how individual children were responding to the work. The residency and the intensity of the production time were an opportunity for him to reflect on the learning of his class, giving insight into the features of participation, inclusiveness and more specifically, the level and quality of the experience for his class.

Two of the children gave these comments about the performance:

- *I did the show because it made me realize it is important to fight for other people.*
- *For the Best is very emotional it's like a cross between a dream and a nightbear.*

I include two extracts from poems the children wrote about the Out of Bounds workshops.

Taming the Tiger, by L

The tiger was dancing happily
As many children had a go at taming him.
He pounced fiercely and quickly at the brave children
Who had the gut to go face to face with the beast.
Roaring scarily at the confident children
Who were up for a challenge.

I felt powerless,
Because I thought the tiger had all the control
But deep down I had the power to defeat the beastly creature.

The Maze of Trust, by E

In the middle of the hall
In school there it was
Nervous because I did not
Want to touch the lines
And go out.
Relieved when I was first to
Get through and sit down in
Safety.

Head Teacher Gary Mason Matthew Arnold Primary School at Symposium:

'It's helped us realize that drama can be a vehicle for dealing with difficult issues that you may not otherwise deal with… Each child brought their own issues to their understanding of the work, but the emotional engagement was the same'

Mathew Arnold Y6 critical responses to attending the show

An important element in developing audiences as critical respondents is the opportunity for them to ask questions, develop debates and open up the experience of the performance to some threads of enquiry. As part of both an evaluation process, and as an opportunity to add

support to the curriculum and the teacher's resources, I ran a focus group with the year 6 class several days after they had attended a performance at the Gostin Building. Their teacher, Mr McNamara, had already explored children's initial feelings and responses to the play through painting and using feelings words.

In discussion before class, he said it was remarkable how different children were focusing their own personal experiences through specific images. For example, children who had experienced loss were able to articulate profoundly their empathy to the son, or to the Haemo family. This opportunity to respond to a painful or traumatic event was reiterated by Gary Mason at the symposium, who highlighted drama as a unique means of personal engagement. Betty Jane Wagner, writing about Heathcote mentions brotherhoods: *no matter what you're doing, you can say to yourself, 'at this moment, I am in the brotherhood of all those who…' and find yourself leaping to events that might look radically different on the outside, but on the inside, feel the same… the external events may differ, but the underlying significance for people is similar (1979: 49).*

Children were able to make connections to the various 'brotherhoods' that may be read in the play, and through the detailed discussion, we begin to prepare them to understand what dialysis, or being the sibling of a chronically ill person feels like, which may have seemed a remote issue before watching the play.

This feedback focus session concentrated on the use of symbols, and I asked the year 6 class to unpack what symbols had resonated with them in the play, and what questions they still had regarding these symbols. Mr McNamara and the Teaching Assistant engaged in the discussion too. What was remarkable in the discussion was the level of detail the children had remembered. It seemed as if between them, there was a multi-layered and multi-sensory memory of the different rooms. Some children remembered the sensation of cold, others wondered about the taste of the cakes, some were remembering the feeling of the floor when they sat down in the princess room, and one was concerned about the smell of bones. It was a reminder about multiple intelligences – and an opportunity for children to engage with other's memories of the same experience.

Certain children were quick to use the metaphors of the play to talk about feelings:

Q: You mentioned the teddy bear room: What did you notice in the room, anything extra?
Child 3: The washing machines were all round the room,
Child 6: We're trying to wash away the bad feelings, the family trying to wash out the bad feelings.
Child 7: Maybe the driers are trying to get the good feeling back inside.
Mr McNamara: I thought it was like a kidney dialysis machine… And that the teddy bears were… maybe not kidneys as such but, it's the whole process because I think someone described dialysis as being washed clean.

Thematic learning

Although respondents had said that the tone of For the Best in Liverpool was more assertively about death and dying, this particular class had found a symbolic language to deal with such a difficult subject. Perhaps this was because they had been speaking to their schoolmates who had been involved in the Out of Bounds workshops, or that their teacher had prepared them for engaging with emotions. The work does not try and define a specific moral stance (such as death is bad, or make claims for paradise); which can make it challenging for a schools audience. However, it is not just the work itself, but the quality of the teacher's preparation, and his willingness to explore difficult terms and ideas with the children, which results in their candid views on one of the final scenes:

Child 12: I think he was shaving his dad for his own funeral.
Child 9: I was a bit scared in that room.
Child 8: The bit where they walked into the light was sad, because the father was dying, and the son was just letting him go.

Child 7: It's like nothing can stop him and he's just walking away.
Child 5: Was it like the light was heaven because what you see on the telly it's like people go towards the light?
Child 4: I felt sad
Child 6: They just closed the curtains
Q: And then?
Child 10: Out on the street.
Mr McNamara: So there's all this tension and then you're out on the street and an ambulance drives past.
Teaching assistant: Does that happen all the time, I mean out on the street?
Child 3: It was scary.

The children are grasping at the words available to them to describe their intuitive responses to the final scenes. Although several children felt scared, none was terrified; rather, I would argue, 'scary' could translate to anxious and tense; worthwhile responses at the emotional climax of the performance. These are also worthwhile emotions to explore in terms of resilience, support and comfort.

The comment about leaving onto the street had been raised by several audience members, and indeed, had been reflected as critical component of the work. However, for the school children, this was an emotionally raw moment, and could have been more supported by the rituals and processes that accompany leaving a theatre. At the Gostin building, as it was not a theatre, there were none of these ritualised spaces, which remained a challenge throughout the performance run.

Reflecting on the ability of the children to intuit the deeper levels of the performance, one of the children who participated in the performance had the following to say about the dialysis room:

E: The reason I don't like the dialysis room is because there's a big fight with big loud noises and I think it's really a bit scary.
A: Do you know why they're having a fight?
E: Because the dad wants to go with the nightbear and his son is telling him no and dragging him out.
A: And the nightbear? What does he want?
E: He wants to take everybody to go up with him. Up… in heaven or something like that.

Parents' responses

Art allows us to examine and explore something about who we are, the human condition, and the framing of something is extremely important because we have to be allowed to look.
Mark interview, Feb 2010

In the previous production at the Unicorn Theatre, there was a wide range of responses to children's participation. While most parents reacted positively to the opportunity for their children to be involved in a professional performance in an established theatre venue, there were some parents who expressed doubts about the appropriateness of the content as child-friendly (see Steele, 2010: 57). However, through careful and consistent communication with parents, there was regular discussion around theme and content. This meant that a potential conflict became an opportunity for the team to engage with the school and parents to ask questions about the expectations and limits we have of children and their imaginative reactions to the world. Anna Ledgard reflects on parents' reactions to *For the Best* in London:

And then in the symposium, the parents were constantly humbling to me. They hugely enjoyed the fact that their children were enjoying so much what they were doing, and I think that's what they thought primarily: they were given a place to express things they don't normally, and they as parents understood that very quickly, what was happening between him and their children. Manuela (head teacher) said something which is about the illness is invisible and the art gave it a place to be visible, but not too visible, because they could express and construct meaning out of their situations, through the abstraction of the metaphor and images.
Anna interview, Feb 2010

By contrast, the parents in Liverpool were engaged by the class teacher as volunteers when children were spending several hours in the Gostin Building. This level of parental attendance, according to Mr Harwood, was highly unusual for school activities. These parents showed enormous support and dedication, and made a difference to the over-stretched team. In addition, the way the project was built into the school curriculum, and the communication between school and parents helped significantly. Parents have communicated their responses to their children's participation:

I've got an urgent need to respond to what I saw the other day. It's sent me upside down… Don't worry about the limits – the kids have their own vision. I know it's risky, but you are taking responsibility for them. This is a true experience, and I'm proud they have been involved
Saturday 20 November

For the Best was incredible insight to renal dialysis. It was inspiring to adults and children alike. I feel it was a massive opportunity for our children to have had part in the production.
E's mum to Mr Harwood

Some parents gave verbal feedback that the play was 'too full of something; that they were taken by surprise'. However, they were quick to add that although the tension was relentless, that the children seemed to be 'living it'.

Issues arising

One critique that emerged was that the children found it difficult to leave the performance and land on the street – literally out in the cold with an ambulance passing by, sirens blaring. They felt as though they needed an 'easier' passage out of the story and back to 'reality'. Many adult members found this 'traumatic', and for children, this could have been more intense.

- Although this sensation had been raised as contentious for some at the Unicorn theatre, in that space, audiences were encouraged to come back into the foyer and write in a comment book. In Liverpool, in the middle of Winter, the audience experienced the expulsion out onto the street as a far more negative ending; particularly as there was no obvious collection point for people to spend a few moments gathering themselves. The team's solution to this issue was to secure a tea and scone deal at the nearby Novotel Hotel, which gave certain audience members the opportunity to gather.

- Another point of critique was that the learning materials had been too focused on kidney disease, and less preparatory for the classes in terms of the kind of experience they were going to have with regards to promenade, site specific work. This meant that teachers felt unable to integrate much of the teaching resources into their work before bringing the classes to the performance, but some had thought it might be useful to go back to after dealing with symbols and metaphors in a more arts based method. Perhaps links could be made to storytelling and citizenship in the curriculum. Further, it was felt that there could have been a more specific focus on Liverpool in the materials.

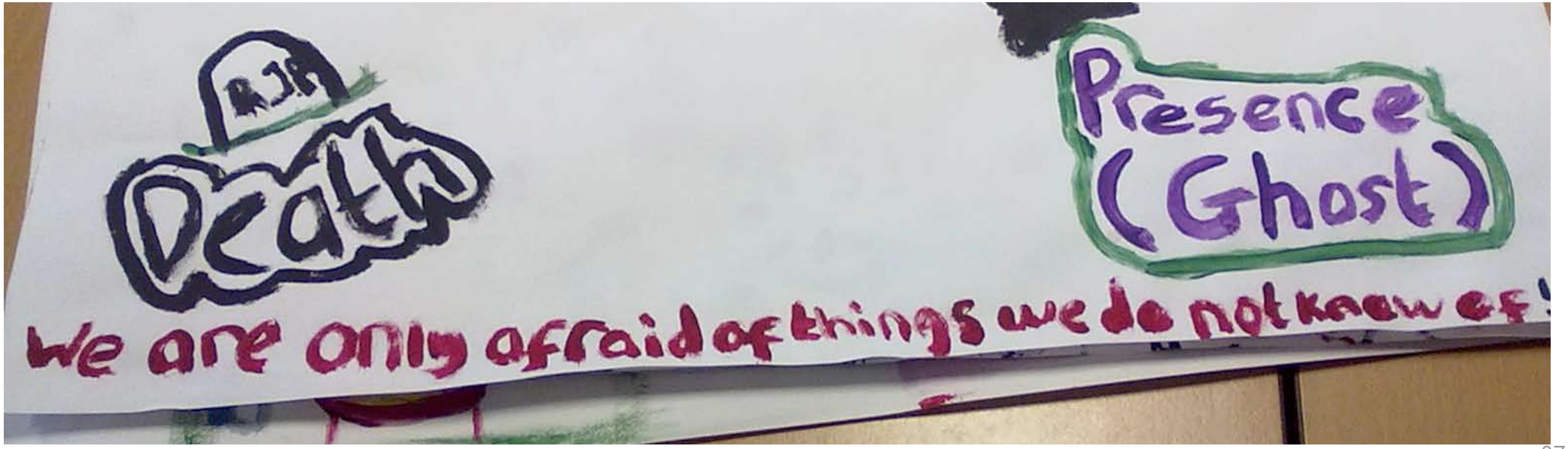
- The class teacher of year 6 at Matthew Arnold School, Mr McNamara, felt the 'focus group' session was useful, and indeed necessary for his class to be able to express some of their complex reaction to the work. He suggested this could have been offered to all classes attending as part of their school curriculum.

- Parents had made a commitment to allowing their children to be involved in the performances. Many had not anticipated the demands of time and energy for themselves and their children, but there was a great deal of support from families wishing to attend, and many volunteers who stayed on long 'shifts' between shows. All parents were offered complimentary tickets. One important consideration is to ensure that there are enough tickets for family who wish to support their children. This particular point highlights the need for all staff (box office and casual theatre ushers included) to have a sense of the ethos of the project, and to have clear communication between all departments.

- There was some disappointment about numbers of primary schools attending both CPD and performance. Although efforts had been made in July by Culture Liverpool Education and the Unity Theatre Education staff to inform schools via Local Authority and PCT mailing channels, the take-up was poor. The PCT commented that schools were asking them to reduce contact and that government changes in policy directing schools to concentrate of teaching and learning, not health & wellbeing, had made liaison with schools harder for the PCT itself. This highlights the importance of demonstrating clearly in materials sent to schools how such performances can meet teaching and learning objectives. The Education Coordinator had greater success in her liaison with secondary and FE colleges and so the majority of the schools attendances were from this sector.

- Creating sustainable relationships with schools through a time-limited project is difficult. Some of the schools which attended already had a relationship with the Unity Theatre, indeed the main participating school, Matthew Arnold Primary was well known to the Unity Theatre. New schools need time to establish trust and confidence in the offer of organisations and Unity Theatre will no doubt now build on the relationships begun through For the Best.

Nervous
I was narous to see what the play was about.
tense
I was tense of the music.
anxious
I was anxiou
of the pla
scared
was scared f the the hopital
cryin
feel
crying


Death
Presence
(Ghost)
We are only afraid of things we do not know of!

D. REHEARSALS & ACTORS' REFLECTIONS

Mark interview, Feb 2010

I have organized a task, which offers us the possibility or the potential. Quite often the task isn't what the work's about at all, but it seems to me quite important that we have a task that we can complete, because… we've done something together. And even if we don't complete it because we've gone off, that's great, but if the very least we'll have done is complete a task, that they feel we've achieved something, even if what we've achieved turns out not to be what the work is in the end, because something much more interesting has happened that I couldn't have predicted.

… I'm not interested in any way whatsoever, in having planned a project, and knowing what the outcome is, and working towards that outcome because at that point there isn't a dialogue with your collaborators, with other artists. Because actually we're just then using people as pawns, or little models to fulfill our desire.

Mark chose to include 3 actors from the initial company in his re-imagining of For the Best in Liverpool. However, he was always adamant that the production should reflect the community and spirit of Liverpool, and this company was therefore joined by 4 established actors from Liverpool and 1 from London. The artistic decision to increase the cast size was made in order to do justice to the impressive site.

As a dynamic, it was both interesting and difficult: negotiating the shadows of the production that had come before, as well as trying to grasp the chimera of what is to come is tricky in a devised rehearsal process. This was reflected by Keli (one of the original cast): '*I was stuck in some middle place because I was playing the same character as before*'. For Keli, the turning point in rehearsals came when she realized Gracie was now a few years older, that the story marked a progression in time.

Keli B: Gracie Interview, Nov 2010

It was wonderful to do it again, to see the progression. I enjoyed the clearer role of the nurse, where there is more aggression because the role is so physical. I like the part with dad walking into the distance – he dies. It's obvious that it happens and despite that it's still a joyful moment, it's still hopeful: he embraces death! It's because death has touched the process too, it needs to be reflected. Sometimes we don't win. In this story, the adult chooses that option, so it's a loss. For me, the whole thing feels of Liverpool.

Mark interview, Feb 2010

It's the liminal space that's very important, that once we're entering into it, but you can only create it, I don't think you can militate what happens in it exactly. Because if you do that it's something else, and I'm not interested in that… I'm really interested in the dialogue between the audience and the work… It's a very pressurized way of working on another level because there's nothing you're in control of… it's about keeping its fragility, and its authenticity in that moment, and to keep that authenticity everybody has to be a little uncertain, including the performers, which is why you need extraordinary performers.

Jane H: Mum, Interview Nov 2010

I think the audience reaction that has stayed with me is the fact that children have said that there's a nightbear within all of us… so I think they're all coming from their own experience. For me the nightbear represents the child that I haven't gone on and had. That the family would have had a third child, but they didn't want to risk having a child that would inherit the same kidney problem. So I can smile at him. Because he's beautiful, and there's loss at not having him in our lives. And sometimes when we're in the family room and he's playing, and he looks at me when I've got soup, or a cup of tea, imploringly, and how can I refuse him? How can I refuse to let him into our lives? Because he's part of our life. So he works on two different levels for me. As a disease. As death, but also as new life that we never had. He's the naughty child that was not wanted.

The actors reflected that there was enormous credence on the value of trust and ensemble. Their comments show that Mark's process builds up their abilities to take creative risks and face greater vulnerabilities as performers in order to tell the story at the level Mark feels is required.

Jane H: Mum, Interview Nov 2010

And in some ways Mark is very careful about the people he chooses to work with. I mean, he makes sure they are people who will run with him, and then fly. He's a very good enabler. And sets amazing tasks for us, and then you get inside them, and came become a new person – like when I stepped into the net curtain to cover up the shame of it all.

Michael L: Milo, Interview Nov 2010

It's intense, different to the way any other director works. And that's the only way this piece could have been made. Mark talks about how everything in life is beautiful… And he's very particular about the right people, and it's about knowing we can trust… because in the devising process there's times when you go 'I don't get this', but… if he had to say from the beginning, 'there's going to be a scene with a small room, and you're going to eat cakes off of someone's flesh', then I would go, no thanks, but working through it, it makes sense. But it has to be said, he's never removed. He wants to be involved. He's keen to try things too.

Alexandros V: Nightbear, Interview Nov 2010

I don't think this process would be the same without Mark. Because he sets it, and he finds it along the way... you have to trust the director, and Mark is someone that you trust, because he trusts you first. So you come the first day, and it's all there already, and because he trusts all of us, we trust each other. The process is that he sets challenges and he sees how we cope with all these challenges, and so if we trust, we can make it, but if we didn't we would have a very big problem.

Kate H: Nurse, email correspondence Jan 2011

I have learned a great deal from working with Mark's process… It was a joy and a pleasure to work in the same way again, with new people… Interestingly, on this occasion for me, I had a pretty good idea of what I would be doing as it was dictated to a certain extent, by my skillbase. Incidentally, it was more enjoyable for me this time around as I had another physically excellent performer to work opposite. This gave a different and, perhaps, more dynamic quality to the struggle for life/death. Casting remains, I believe, one of the main challenges to working in this way. One hopes that the company will hold a wide variety of skills and be able to adapt to any circumstance but one can never be sure what will be needed until the piece begins to reveal itself.

Mike L: email correspondence Jan 2011

With regard to Mark's process, (working between the space of live art and theatre) was different from any other rehearsal process I've been involved in. For example one morning in our rehearsal room Mark had set out a row of chairs with bowls of water and flowers neatly placed by each chair… This didn't directly appear in the show but had a major influence on the content and style of the piece. Exercises like this also give the company the freedom to play and explore, resulting with an uninhibited and very creative process. Consequently, I believe exercises like the one above (there were many) would be transferable to any rehearsal, whether it be text or devised, and especially a company with a commitment to experimental work.

E. ARTISTIC TEAM

Mark has developed a network of collaborators, with whom he entrusts the stories of significance from patient/participants. For Mark and Anna, the level of trust and dedication of the artistic team means that the ethos of the project is manifest at all stages, despite obvious pressures of production and the concentrated timeframe of this project.

Mark, interview, Feb 2010

In general: in terms of collaborating with other artists, there are artists who I've collaborated with on a long term basis, and the reason is because they are quite extraordinary artists who bring their whole, their art, their own artistic sensibility but at the same time can lay that aside in order to work with people in all kinds of different environments. So they meet people on an equal basis, in the sense that they bring themselves to the dialogue, to the conversation. And then when they need to, they utilize their artistry, rather than have a preconceived idea of what they would like something to be, and then push for that to happen.

Cathy Wren, Production Designer

I can't speak for everyone but I think although we knew that inevitably it would be a whole new show there was a sense that a lot of the work had been done - however once entered into I found it in some ways a bigger challenge than if we had been starting from scratch… With its history I think we all felt it our duty to honour the creativity gifted to us fully and to the best of our ability – there were no short cuts… Installations rightly can't be set as the piece is still evolving, actors' roles and journeys are not certain, but the work therefore bunches up at the end. Reflection email Feb 2011

Artist Biographies

Cathy Wren Production Designer
I am an artist working in installation and theatre design for settings both traditional and site-specific. My work is often developed in collaboration alongside a devising process. Over the years I have greatly enjoyed this interaction with a rich community of people. In For the Best I hope we can reflect the life experiences of all the participants who have so openly contributed.

Sofie Layton Artist Designer
Sofie has worked as an artist, designer and artistic director on a wide range of projects that explore the interface between art and the wider community. She has created site-specific installations, performances and sculptural animated figures in palaces, theatres and disused airfields. In For the Best she has helped give form and life to the children's extraordinary visions and stories.

Babis Alexiadis Animator
Babis is an animation and media artist born in Northern Greece and currently living and working in the UK. Babis' involvement in the project was to translate the collected stories (that are the source material for the project) from sketches, photographs and text into animations. The aim of the moving image is to exist as an active element of the narrative and the scenography.

Jules Maxwell Composer/ Artist
My work involves creating drama through sound and music. For me For the Best has been about taking ideas, stories, lyrics and recordings from the children and adults in the hospital and transforming them into songs and textures for the theatre. Their contribution has been priceless. Their ideas are rich and provocative, bright and beautiful. I hope I have done them justice.

Stephen King Photographer
Award-winning Liverpool-based photographer Stephen King has commissions ranging from commercial advertising to community events . As co-founder, Senior Photographer and Photo Editor of Document Skateboard Magazine and +1 Magazine, Stephen has travelled extensively, undertaking a wide range of documentary, lifestyle and travel assignments. His work is published worldwide.

Babis Alexiadis Animator
A challenge was to use features of the structure of the building as projection areas. Our focus was to make the projection part of the fabric of the building. It was the first time I was working in Liverpool! It has definitely being very inspiring to work there, especially when the room I was working in - just by the big windows- on the Gostin building. The view was magnificent, and made Liverpool very much present in whole process. But the inspiration for the new animation/ video was definitely related to the actual building/venue.
Reflection email, Jan 2011

Some feedback from former collaborators demonstrates the extent to which the artistic team delivers meaningful sites and layers of meaning for the stories to be staged within.

Susanna Steele, former collaborator
The Night Bear - if that is what he is still called – was so different to the first interpretation but equally entrancing. From dark to light - from a mournful wraith to a Blakeian angel. There was more a sense of him walking unseen amongst the day to day lives of the participants in this version and I thought a more subtle and nuanced portrayal. I couldn't take my eyes off him. The scene where he is transformed from an earth bound creature to an ethereal presence was one of the most astonishing moments of theatre I have ever seen. This too benefitted from the context - that room within a room - the glass walls containing a scene that would have been made almost comic, I think, had it taken place within the room where we were. But inside that contained space we watched a transformation that had all the mysterious and metaphorical eloquence of a Bill Viola installation. email reflection, Jan 2011

Cath Greenwood: Head of Education Unicorn Theatre
The decision to dress the family in naturalistic, contemporary clothing, the kitchen having convenience foods rather than the muffins all seemed to bring the piece much closer to reality and then gave greater contrast and poignancy to the poetic and symbolic moments -the families were in much less of a fictional/fairytale world, they were here and now. This for me gave the piece huge impact and I felt was a result of responding to the different more 'everyday' space and of not being part of a children's theatre. It felt that Mark went back to the family and with the new actors, new space wanted to get closer to something very recognisable and everyday - families experiencing dialysis are just like any family - the upside sitting room underlined that beautifully, a mundane Sunday afternoon with bored teenagers. The room with the shed and the musical instruments added to this, an evocation of a life lived in everyday pleasures. email reflection, Jan 2011

Issues Arising
A constrained timeframe for production design and build alongside rehearsals meant additional pressure on the production team. Cathy Wren has suggested it would be beneficial to everyone if there could be a different production timetable that allowed a development and build time separated out from rehearsals, with more time scheduled for creative collaboration with Mark and the actors.

F. AUDIENCE & CRITICAL RESPONSE

Paul Heritage suggests that

In the liveness of the theatrical event we are not looking merely for the spectators of the mediatized world, we are trying to create witnesses. A witness is an active participant, as Brecht discovered, and has responsibilities that go beyond the moment at which that event takes place (2002: 167).

Tim Etchells has said:

'To witness an event is to be present at it in some fundamentally ethical way, to feel the weight of things, and one's place in them, even if that place is simply, for the moment, as an onlooker' (cited in Read, 2008: 184). In For the Best, Mark had created installation areas for performances reflecting the real stories of patients on dialysis, with the audience positioned within the scenes, in some cases interacting with objects, always immediately affected by the physical presence of the actors, and literally moved and touched by the stories being presented.

This means that the audience experience is intensified by the approach to theatre making, and, since the subject of the performance is often emotionally difficult, that people have responded to the intensity of their responses, as well as to their understanding of quality.

In examining the audience responses, it becomes clear that many people experienced the work on different levels, and ideally, evaluation would allow for more reflection time for audience members in order to work through some of the layers of meaning. This section represents immediate reactions as well as more considered detailed responses from specific audience members.

Graeme Phillips (Artistic Director of Unity Theatre)

I found the piece stayed for a while, and I enjoyed it more on reflection. There were images and motifs that I acknowledged when I saw it but then I thought a lot about them afterwards. I felt it was family friendly: the children enjoyed being part of it – they were unselfconscious and engaged. I would be interested to know whether the symbolic in representation resonated with the children. They are freer than with adults who put blocks in the way… I felt there were symbols and rooms that were not connected with, some could be frustrating, in that we're aware that we should interpret but struggle. It was a cross between installation, live art, theatre and musical and was a heady mix, which is not seen regularly in Liverpool. The last work was 'Dreamspeak' in 2008.

Audience comments:

- *'It was good, but I wouldn't call it a children's show'*
- *'It works as a children's show because there are children breaking stereotypes'*
- *'Personally touched. Wonderfully crafted, lots of tears'*
- *'Thought the very intimate connection performed by actors was the strength in this about 'care' in the non- medical sense'.*
- *'I think the play is sad because you get to see what some family have to go through, but I also like the fact there are some funny bits in for example in the party'.*
- *'Brilliant acting and sets, great deal of tension'.*
- *The play brings order to perception/experience when it's chaotic/unpredictable*
- *Only one weakness ...An opportunity to applaud the players... Excellent performance...Brilliant use of the space...*

Responses from West Kirby Residential School Year 9 students

- *'It was emotional – touching and very well planned out'*
- *'It was about a family suffering against death'*
- *'Loved the images, kidney baths, veins'*
- *"I liked the way he met death in the end'*
- *'It was confusing'*

Reflections from partners as audience

- *I learnt, appreciated and believed that theatre could be used in this way.*
- *I was surprised by the transformation of the Gostin space*

Alicia Smith: a commissioner's perspective

I think it's a unique experience for this kind of work. I find it fascinating. As an audience if you're part of an auditorium, you're part of the whole experience, but once you're in the intimate space, we're looking into people's life and I think that's a unique experience, and we're privileged. Because these are real stories, made abstract. It's how observant you are as well, you get little clues, and what you want to take from it as you're going around.

Audience responses from the symposium:

- *A highly ambitious and complex emotional production.*
- *Thought the setting of the piece was evocative of the hospital environment. Great space for the piece, though I walked past the entrance without spotting it first time round.*
- *Patient: God gives those things to people that can handle it, I thought before I had my illness. I thought – we try to hide illness away – we don't want to look at it. It lost me in a few parts and then I got into what it was about.*
- *I found the piece very real and it makes life seem very fragile.*
- *Extraordinary: very high production values and very emotionally challenging. Outstanding performance by the actors and children. Perfect venue for this type of show.*
- *There could have been more support for some audience members who seemed genuinely traumatized.*
- *I am unsure of the suitability for children who were not involved in the production.*

Audience interview

Children have different ways of reacting and seeing things. Grown ups put markers into their heads. They were craving the next room, wanted the rest of the story. The difficult part is how to trust – even though they are little they know what's 'wrong' in their own way. What makes it on the edge is the children showing the audience out into a cold world without any reassurance that the world is okay.

Audience member interview

I'm interested in the fact that the nightbear is not only death, but he's the dark side. But in a beautiful way. An acceptance that it exists. It allowed me to relate to it, but it's what we usually don't want to see, but we can now acknowledge it. Because it's beautiful.

Email from R & H (having seen the previous show)

On the journey home we kept coming back to it and building up our layers of what it means and what it feels like... Having a second chance added to our understanding and empathy for all sides and will play in the background from now on in the way we perceive illness, care and life in its totality… I found the shaving scene so poignant, the icing sugar corpse so mystifyingly beautiful and the birthday so repugnant - this time those things spoke to what I think of the dying process. The men seemed more sympathetically treated and in a way that made it less tragic for me as a daughter and woman, but I think that was good. It felt more complete, less distorted, more about more. The journey took me further.

Cast member's response

Other audience responses I was party to include: a renewed admiration for the work that nurses do/ an idea that the nurse wasn't very caring/ total shock at having to witness the physical fight for life/death/ the feeling of entering a strange new world (like Narnia). 1 person said they felt more like an observer on this occasion and therefore were not as emotionally connected - as in 2nd time around more prepared for emotion and therefore more ready to control it/ physically and mentally exhausted by it all!

Detailed interview with audience Lucy Neal and Julia Rowntree: reflecting on the difference between For the Best Unicorn and For the Best Liverpool

Of course one never knows whether it's where ones' self is at, but there was a much more general presence of death…. It's difficult not to make a direct comparison. But in the previous one the drama of the death and the fact that the family were more directly the focus of our attention, whereas in this show I felt that mortality was the general feeling. About how close it all is really. And I suppose what I take from it is that you just have to accept it. I felt that level of a response in me was much greater this time. Julia Rowntree

The question that's reverberating which is a line of the song 'nothing really matters much to me…' that's the question that I'm left holding. Is that really true? That at some point of threshold about whether there's a veil or a line or some border between life and death, which is obviously a fine line, but actually somewhere on that line where the darkness is happening between life and death, is that so, that at a point 'nothing really matters much to me?'… because actually that's a very loose liberation of all kinds of things that we as the living carry around with us. That death is something absolute, that you must pull the living back into the land of the living, that you mustn't cross this veil. But actually at the moment of, if you like, the room before you pass through that veil, for those that are going to cross it, does there come a moment when we actually should simply be left with dignity… that they face forward to death rather than that they are looking back at the living. That actually the living can do the best to help them across that which is quite a huge surrender. Because it's very moving… it asks you to unfold something inside yourself to even contemplate that. Lucy Neal

Interview with Audience member email correspondence, Dec 2010

I don't feel I learned something new about dialysis. What I understood is the patients' personal experience and the suffering involved in the process. More correctly, I gained a feeling of empathy. Not that I wouldn't empathise before, but it's always different when something is projected like that in front of your eyes. I believe that knowing the background reinforces feelings of empathy. It offers a different, more sensitive perspective. For example, knowing that the song in the beginning was from a young patient who has died, made me sensitive and vulnerable from moment one. Knowing this background story totally changed my experience: it was not an interesting 'Queen' parody anymore, it was a song from someone who had suffered a lot and died.

Susanna Steele email responses, former partner, Jan 2011

It was so vital and not 'replayed' – that takes enormous integrity. It felt like something new. What happens if it is not in a theatre space? It makes it more subtle, positions the viewer differently, encourages different expectations and different willingnesses… Going from room to room I felt we were visitors with permission to stare at the most intimate experiences – allowing us to be present in what was happening in the here and now of the events.

Catherine Greenwood reflection: former partner, head of Education at the Unicorn Theatre, Jan 2011

The Liverpool piece seemed more intimate and personal, the space lent itself to a less theatrical presentation of the participant's experience, the daylight, the smaller more domestic spaces, closer proximity to the actors… The new characters and their stories added to the journey of the original family. It was deeply satisfying to see some of the original piece re-worked in a completely new way, for example the struggle that took place between the nurse, the night-bear, the man and his son brought back the heartbreaking, desperate struggle of the original (with the family and the night bear) with new layers of meaning - the man older and closer to death appeared to acquiesce at times and the real fight came from the son and the nurse.

A shift from responses to the previous production

There were fewer anxieties raised about the suitability of the work for children, presumably since the audiences were mixed, rather than large school groups. This meant that children attending in general had a connection to the work, and therefore had a more supported way in to understanding their experience. In conclusion, I quote Susanna Steele, who reflects on this issue of age appropriateness:

Susanna Steele, Jan 2011

Well, I would say that the content of the work is open to 8+ but its really about and the willingness to tolerate the uncertainty that the performance poses; knowing that our experience can be expressed in ways other than the literal and that theatre isn't always social realism. The form is an open one that invites the viewer to inhabit the work imaginatively and that is the challenge for young audiences - or any audience really - whose previous experience within the arts might be limited to illustrative or replicatory material.

Critical responses

Lyn Gardner featured For the Best in the Guardian, following up her 2009 5 star review:

For the audience, For the Best is something as much sensed as seen, an experience that crystallises something we already knew but couldn't express. The making of the show involves a similar process of trust and discovery on the part of the performers. "The actors never have to learn how to perform it, because they live it," says Storor. Watching the show in London, there was an uncanny sense that you weren't just watching a performance but almost seeing something channeled.

www.guardian.co.uk/stage/2010/nov/15/for-the-best-mark-storor-interview

Dominic Cavendish, in his 5 star review of For the Best Liverpool, writes:

What the piece does, mainly, is capture what it's like to be under extreme emotional stress - when almost nothing needs to be said because everything is only a heartbeat away from being too much. Through cryptic installations and encounters in numerous rooms and corridors, Storor shows us a world turned upside down: household furniture floats away; throbbing washing-machines embody gruelling treatment cycles; a female nurse swings over the head of her young patient - her work, checking yards of suspended red tubing, as demanding as circus acrobatics. Little details and distractions - telling fairy-tales or making puzzles and papier mache castles - matter hugely, breaking tedium and tension. In one unforgettable scene, a family simply huddle together on a bed in the dark.

www.telegraph.co.uk/culture/theatre/theatre-reviews/8143675/For-the-Best-Gostin-Building-Liverpool-review.html

Issues raised

Most of the issues raised in this section are details related to the complexities of staging work outside traditional theatre spaces, and would be resolved with longer lead times and more time allocated for production teams.

- Access: There was some query about accessibility after a group from a local university asked for hearing loop. This was addressed to an extent by using signers. Other questions arose about promenade style for older people or those who may need to sit at various points. There was not always the time or space for that to happen, and several comments were recorded about not being informed beforehand about the nature of the performance.

- Promenade theatre is still an experimental form of theatre, and some sectors of the audience were concerned about what to expect. There could be some discussion about this whilst people wait in the foyer, or incorporated into the learning materials for school groups, as a means of preparing people; this would need to be about preparing them for a generic experience of theatre outside mainstream theatre spaces, without being about the specific form and content of this production.

- Many audience members would have engaged in more reflexive feedback if there was a clear place for them to gather after the performance. Their experience could have been improved if there was clear signposting about the opportunity to gather at the nearby hotel for reflection.

- There was no comment book, which resulted in fewer responses captured, since people were far less likely to want to comment immediately afterwards and in the cold on the street.

- There is a lack of audience demographic data for analysis: A lesson for future projects is the potential to use demographic data to explore audience in future to ensure accessibility to performance to all who want it.

G. ARTS AND HEALTH

'I would like to see the benefits of participation in the arts recognised more widely by health and social care professionals… Access and participation in the arts are an essential part of our everyday well-being and quality of life.'

Alan Johnson, Former Secretary of State for Health, (in Joss, 2008)

Introduction to Arts and Health

Dr Rosaria Staricoff writes: (2004: 5)

Within the arts and health movement, there have been a number of evaluation studies of community-based participation projects. A review of these by the Health Development Agency (2000) concluded that it was 'impossible to give precise details of improved health, particularly in the light of the fact that so few projects directly provide information on health, or social matters related to health, which are based on formal instruments of measurement'. The review suggested there was more evidence (albeit anecdotal) of increased patient wellbeing and self-esteem.

However, Staricoff's overview goes on to present increased staff confidence, retention and job satisfaction; consider the effectiveness of participation on clinical outcomes as well as engaging with how medical practitioners engage with the arts. While it is beyond the scope of this study to consider the clinical outcomes in scientific terms, a proportion of the evaluation will engage with medical practitioners on their perceptions of benefits.

Stephen Webster suggests:

For those interested in public engagement with science, questions about the way science works are important. For if science is as rigidly prescribed as is sometimes suggested, following strict methodological rules that, properly adhered to, inevitably bring scientific truth into view, then surely 'dialogue' with non-scientists can only be of limited value. Like a patient but unyielding parent, science might listen to the noisy protests, but carries on regardless. The scientists involved in such projects invariably express their satisfaction at the manner in which collaboration with an artist has given them an audience that differs vastly from the normal specialist arena of laboratory and scientific conference. (2006: 77)

Webster, Stephen. (2006) 'Art, Science and the Public' pp74 – 79 in Engaging Science: Thoughts, deeds, analysis and action, edited by John Turney.

Arts and health learning

Anne Scott says

'arts may stimulate: (a) insight into common patterns of response (shared human experiences); (b) insight into individual difference or uniqueness, and (c) enrichment of the language and thought of the practitioner'.

In 'The relationship between the arts and medicine' in Med Humanities 2000; 26:3-8

One area that has remained under-explored has been the impact of the process and performance of For the Best Liverpool on patient/participants from the renal unit at the Royal Liverpool Hospital. This can be explained by the fact that there has been a marked difference in the process of sustainable contact with the adult patients, as they do not have the structures of the hospital school (as at Evelina 2008/2009). In other words, the challenges presented by the change in beneficiary group means that alternative strategies for retaining contact with patient/participants were needed.

Further, it became clear, as Moiya Heaton (sister in charge of medical unit) mentions, that for adult patients, there is often not a great deal of family presence on the wards. In fact she says *'for a lot of patients we [the medical team] are their family'*. This means that it becomes more difficult to assess the impact of a short term creative project on family life, except from the patient's perspective.

It becomes clear that future initiatives with adult patients ought to have a budgetry/ resource consideration for the sustainability and legacy, as mentioned by health professionals and patient/ participants at the symposium.

The nature of researching a long term impact on health and wellbeing has elsewhere been shown to demand resourced research time with specific indicators for assessing impact. Qualitative reflections and personal conversations indicate that participants enjoyed the experience of For the Best, but for a replicable model, there would need to be some measurement of impact undertaken by Hospital staff. This needs dedicated time built in during planning stages, as well as an understanding of the benefits of evaluating impacts on wellbeing and attitudes, as raised by clinicians in the symposium.

There is also the need to reflect on the time burden on staff (who may be otherwise over-stretched in terms of admin and daily medical tasks, finding it difficult to prioritise such assessments). Arts processes can also be used with staff themselves, to engage in boosting morale, improving resiliency and expanding notions of 'care' at the heart of caring professions. Anna cited an example she calls The Bag Story:

The consultant began to notice that as staff entered the ward they would look to see if Mark's Bag was beside Moiya's door. If it was, there was a heightened sense of well-being amongst the staff. When I talked to him about why this was, he said it was because the bag indicated that something unexpected might take place. At the Symposium he called this another 'dimension' provided by the presence of artist, or the reconfiguring of familiar spaces by the unfamiliar of the artist.

In addition to the innovative small scale projects being run across the UK, the Department of Health examined the role the arts can play in health, in a report by the Arts and Health Working Group in 2007. Their four main points were:

- Arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments, including support staff
- Arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and can enable the Department and NHS to contribute to key wider Government initiatives
- There is a wealth of good practice and a substantial evidence base
- The Department of Health has an important leadership role to play in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health

For more information see: http://www.cultureandwellbeing.org.uk/what-is-arts-in-health

As sister in charge of the renal unit, Moiya Heaton echoes Stilgoe & Farook (2008), who ascertain that the medical profession could benefit from engaging with softer skills alongside clinical expertise, such as conversation, and arts processes, in order to develop a more immediate and effective communication with their patients, with integrity. As Jan Cohen-Cruz reflects, *'For public, inclusive art to benefit our shared civic life, we need opportunities that create intersections between engaged artists and people from other disciplines and communities working towards the same goals' (2010: 196 – 197).*

Patient experience

Ngugi wa'Thiongo writes: *'Theatre is not a building. People make theatre. Their life is the very stuff of drama' (cited in Jan Cohen-Cruz (ed) (1998) Radical Street Performance. London: Routledge).* Recognising the value of expressing the untold stories of people coping with long term chronic illness, Mark reflected that the weight of the stories felt like a responsibility, and there was a period of revisiting the families of the original storymakers to check whether they supported the further development of their children's stories. This was seen as particularly important, since two of the original participants have sadly passed away since For the Best 2009.

In contrast with the initial process, Mark and Anna discovered that the hospital reality is different for adults: it's not necessarily easy to engage with families. The renal unit is not contained like the hospital school was. He reflected that he felt the need for a full year residency. Mark indicated he felt the source material needed to be given to generous performers, and that his devising process must honour the original stories. Below, you can find some of the writing that emerged with the adult patients, which was used as text, translated as imagery, and recorded as soundscapes by the patient/participants themselves.

Anne N: (Royal Liverpool Hospital)

I think of net curtains, pearly white, bleached to within an inch of their delicate lace life. They dazzle in a certain light as they catch the breeze through the open window; flutter, the sound of small birds wings. Joy Tossed on taut wind tightened washing lines, the sound of the nets is amplified a thousand times: a sudden rushing, Birdlike, no, not bird, bigger; Much bigger. Not of this earth, yet here. The beating wing of an angel. Not yet, not yet. The wind blows the filigree into my face and I am enveloped in billowing freshness. Waves wash over me. A storm tossed sea. I am the surf that rides the crest of a wave.
I am historical fiction based on fact, a novel that interprets and reinterprets the personal journeys made in history. Migration, across the North sea, from Ireland to Liverpool, from Liverpool to the world, a complex story by Ann Bennet, Joan Jonier. I see myself in their stories. And read avidly.
I am wardrobe. I can hide within myself: presents, pain, secrets, can be found. My whole character can be found inside lying amongst layers, silk, wool, cotton, I am burnished to a smooth reflective surface, etched with marquetry, a rose pattern carved into my rosewood exterior.

A reflection from Susanna teases out the interplay between meanings from the original narratives of the children and the stories and images presented by the adults from Liverpool:

The Liverpool production was a next episode of an ongoing story as the story of people's ongoing experience of renal failure also is. It included the stories of the children at Evelina in the way that they had become told, yet found in them connections to the stories of others. It changed the emphasis of their narratives but not the heart of their experience – in that way I thought it was an inclusive performance. The experiences of the Evelina children and their families were not reinvented or revived but recommitted to in some way.
Susanna Steele (Unicorn Theatre), email, Jan 2011.

Kayleigh B (Royal Liverpool Hospital)

I hope I can stay involved. I hope Mark rings me up and says he has another project. I think when we first started, I felt this was a good way to raise awareness. I've been on dialysis four years now, and I've had no transplants, so hopefully people see the show, and think more about going to be a donor… you know some people who know me don't even know that I'm sick. Looking at me, you wouldn't say I was, but I try and keep it to myself, because I'm not proud of it. So people have been talking more. I've learnt more about myself since doing this.
Interview, Radio Merseyside, transcript in section M.

Charlie L (Royal Liverpool Hospital)

For people not involved it might be above the head but as it goes along you may get more and more out of it. When we recorded the song it was the first time we'd done it for about 18 months. You never think of coming down with an illness like this. I'm lucky because I've had a decent life. And being in show business makes you want to go on. We have a wonderful staff. Dialysis becomes part of your life – you just get on with it, because your family suffers terrible.

Charlie's reflection on Dialysis:

… If half a million people said take everything [kidneys/eyes/whatever] you want, take all my organs, that's a wonderful start that is, not only for kidneys but for all other organs as well. We know more these days. But people don't know so much until they go into hospital. Even fit people should keep to the code on healthy eating of dialysis to keep away from high potassium and other foods and drinks and look after our health. I think if people did more healthy eating, specially the menu we have, then we'd all be more healthy. That's what they need to know. Hospital menu gives you meals my wife could cook – lovely menu. Keep away from salt, for example.

Symposium discussion relating to the use of arts in health contexts

In presenting responses to For the Best as stakeholders, partners, and participants, several of the delegates expressed a desire to see arts more fully embedded into health services. There was support for all kinds of arts activity, and yet a cautionary reminder that quality interventions need adequate time and resourcing. The Royal Liverpool partners were impressed with the response of NHS staff at the Symposium, particularly hoping that the issues raised would be shared and integrated into further practice.

Andy Hull, Director of Stakeholder engagement at the PCT

Andy Hull discussed the need for effectiveness and impact of all interventions. Having witnessed Mark's work on the renal unity at the Royal Liverpool Hospital, he claimed that 'the experience stands up alongside clinical interventions, and could strengthen things'. In his view, excellence in quality arts experiences engages people inside and outside of the system (for example patient, family and clinician), and he mentioned the need for future integration of this kind of work, not in silos, but bolting into services. Finally, he argued for evidence-based effectiveness.

Gordon Bell (Mersey Region Nephrologist)

Saw the production as beneficial to the way medical staff may be perceived. In his view, it was notable that a group of artists had the insight into the complexity of patient engagement. He was impressed by the potential for an artist to have become part of a multi-disciplinary team and felt that high quality work has a therapeutic role. In particular, he mentioned specific images of the show that resonated: the nurse's acrobatics and her enthusiasm, the patient's rebellion coming off the dialysis machine. For Gordon, the production reflected the Liverpool experience through its depiction of family support. There is a need for families to keep positive and give support and yet they also experience the impact of illness daily. '*As management we would want to do more – we will be applying for funds. This was a profound interaction*.'

Moiya Heaton (Manager of Dialysis Unit, RLH)

For Moiya, the image of the nurse climbing the ladders showed how *'it's a balancing act really… how many things keep trying to pull all the time, and appearing uncaring'*.

She reflected that it was a positive experience for all on the unit, although it was initially scary. Moiya painted a picture of the demands of the busy renal ward where up to 90 patients are on machines daily, and how adding an external element to the ordered ward could have been disruptive. In reflection, Moiya told stories about how that was not the case; indeed, she now faces more patients asking whether they will have an opportunity to get involved in projects with Mark in future.

Polly Moseley (arts and health consultant, dialysing patient)
Reflected the need for a 'human dimension' to help patients cope with long term chronic conditions. She asked the symposium delegates a direct question about how more people could experience such work, and whether services had considered how to reflect this gap in provision. In response Gordon Bell of the PCT reiterated the positive experience, adding that all interventions need to work within certain constraints (of infection risks, and health as a priority), but asserted the need for adaptability of interventions.

Judith (from Mersey Care Mental Health)
This consultant psychiatrist joked that she would be devising a linguaphone translation course that would enable artists and health professionals to speak each others' languages. Her main point, however, was that children in hospital are automatically assumed to become engaged in purposeful activities, and that this is not assumed as part of the care of adult patients with chronic health issues. She raised a caution too about the 'bereavement' faced by staff and patients when a project ends, or 'when the circus moves out of town'.

Manuela Beste (Head Teacher, Evelina Children's Hospital School)
Spoke of how to take a participatory process forward with adults: that they too need 'education' provision, as they must be entitled to have stimulated and activated minds, or close support that does not necessarily come from their families.

Sue Reuben (Consultant Psychiatrist), mentioned that despite huge amounts of evidence, there needs to be attention paid to how 'therapeutic interventions' are not just technologically imposed on patients. The NHS has lost sight of the art of medicine… physicians are also artists – it's not just about the evidence base. A large part of recovery also needs to be patients' recovery from the 'system'.

Challenges

Several people spoke of the need to bridge different languages of arts and health. Partners expressed the need to have the right introduction, and the faith to make small steps. The role of intermediaries such as Nicky Duirs or Anna Ledgard is critical in bridging languages and understanding structural possibilities for arts interventions.

Nicky Duirs, (Arts in Health Lead, Royal Liverpool Hospital)
spoke of how arts can be integrated within the complex machinery of the hospital; that fragmentary ways of working become very important as an artist should never get in the way of the primary focus of the staff. She reiterated the need for a skilled and sensitive artist to be able to create a powerful fragmentary moment, which in itself can be an effective or impactful development. '*Even within 5 minutes their life is humanized; they are being acknowledged – not just a sick person, not just a member of staff*'.

Andy Hull of the PCT ultimately raised the commitment of a decade of health and wellbeing in Liverpool based on the evidence of the value of such work, and the evidence he had witnessed of the commitment of partners and collaborators.

Alicia Smith, Liverpool City Council said '…. *a lot of the time you just need to speak to the right person, who can open the door, so it was stop and start, and very frustrating, but then it turned a corner, when people heard the stories, saw the images, got it. And then recently Gideon and Andy went to see Mark and the work in the hospital, and they couldn't stop talking about it, because they understand where the clinical and the art meets the patient. The connection between the art and the gap the patient experiences, it's a bit of counseling isn't it, because they get to express this and that, they're facing death nearly every day, and they're allowed to be able to talk about it in an amazing way*'.

Sustainability

As sustainability tends to be an issue that causes planning and budgetry tensions in many one-off arts projects, it is heartening to see that For the Best can claim a valuable and potentially wide-ranging impact on inter-departmental communications, attitudes to further arts practices and pedagogies of the Evelina Hospital School. In a document considering the next steps for further arts based work, Manuela Beste, Head Teacher, commented on how For the Best has contributed to shaping the pedagogy. In particular, two of these further developments highlight the impact of both quality and sound methodology of this project:

- *Identifying a discrete curriculum related to developing personal, social and emotional characteristics which support psychological well-being and aid recovery and/or living & coping with illness: e.g. resilience; naming emotions; sharing problems; recognising and channelling anger; learning from unexpected (and unwanted) challenges; learning from 'failure' / accepting 'failure'.*

- *Extending our services to support adults elsewhere in the hospital who would welcome access to education through the internet.*

For the Best has left an indelible imprint on our school, our professional life and the learning experiences of those children who participated in it. (Beste, shared via email, Jan 2011)
Although it inevitably takes time to measure impacts of legacy of projects, Mark and Anna are in dialogue with Culture Liverpool about future collaboration during the decade of Health and Wellbeing. As one partner reflected:

- *Major NHS & public sector reform means people withdraw instead of being outward facing and maintaining momentum. Ownership in Liverpool needs to live through partners rather than being dependent on sole artist & producer.*

This point suggests that institutions could engage in a more sustainable way by implementing the learning from such projects over a range of projects.

Issues arising

- Resources should be allocated to research that specifically seeks to measure health and wellbeing benefits, family engagement, and public understanding of a specific health issue. Nicky Duirs *'there should be a wellbeing survey taken at the beginning of the project and at the end of the project to record impact'*.

- Since the arts process is embedded within a wider programme of health and wellbeing services, Anna felt it was important for such surveys to be undertaken by partner organizations. She felt that evidence gathering could be conducted across the entire group, not just with selected patients.

- Recommendation: to develop base-line surveys on wellbeing (at the beginning of the Decade of Health & Wellbeing), alongside training with staff as to how to engage with research processes.

- Following a question posed by the Head of the Renal Unit at RLH, how can clinicians assist with documenting the successes of particular interventions? For example, measuring increased time spent on machines, a willingness to complete a dialyzing shift, increased sense of wellbeing, etc. Arts & Health is not a new phenomenon, and yet clinicians are not exposed to the reports and advances in the field, so that every intervention seems to require the same struggle to be accepted.

- How does For the Best become a model that can be replicated with the same care, attention to detail, quality and ethos so that it can become integrated into more units in more hospitals?

- What are the possibilities and limitations of attempting to engage staff in projects? How could arts be used as a support for their emotional and wellbeing needs in addition to the patients?

- For hospital staff and within project design and resourcing, there needs to be attention paid to how the project winds down, and what potential pathways exist for participants. It is not realistic (or necessarily desirable) to suggest that an artist continues indefinitely, but care and consideration need to be paid to the impact of the project, and how existing staff can continue to be supported, and engage with arts in appropriate ways.

- There remains the need to determine an evaluation method which can be taken seriously by clinicians; the challenge is to find a common language between artist and clinician.

H. SYMPOSIUM

The Symposium, on 19 November, was instigated to generate discussions between artists, health professionals, education partners and academics regarding the underlying issues in the work. In particular, the symposium targeted health professionals, as it was felt that this strand of the work was less well explored at the 2009 symposium. The recommendation meant that there was a majority of health professionals, resulting in a stimulating, wide ranging discussion about the potentials and possibilities of this kind of work, though several comments reflected that the specificities of the actual process and production were therefore left under-explored.

It is clear that a symposium of a few hours cannot bridge the various discourses of arts, health, participation and partnership satisfactorily. However, as an initial impetus, the symposium gave platform to several of the voices that lay behind the work, even though it did not necessarily offer specific insight into the production itself.

I have chosen to include all comments, and not only reflect the positive angles of the discussion, as it becomes necessary to engage with the critical factors in order for meaningful future interventions.

Questions gathered from the symposium

- *Could this work in another setting so a broader range of public can experience this?*
- *Why was the play re-done in a different way for Oliver?*
- *Is the work a response to loss?*
- *How much input do the young people have in the process?*
- *What does it feel like being on dyalisis? (sic) What is it like talking to somebody after the show?*
- *How to reach more people?*
- *Was the nurse too distant in the dialysis room + gave impression of uncaring? How do staff protect themselves?*
- *How do the patients at the Royal feel about the performance?*
- *How did the material make the actors feel?*
- *How do you get the audience to get the most relaxed experience of the performance without any prior knowledge of what the play is about? (and without 'pre-organising' expectations?)*
- *To a medical professional: What's the use of something like this?*
- *Very fine art, but is it functional? Is it valuable?*
- *What did the children think about being in the show? And what did they think the show was about?*
- *Decisions decisions decisions. Who makes them?*
- *How might an audience member translate the symbolism if they have no connection to dialysis? Is it important to the director?*
- *How might this change the way medical professionals deal with patients?*
- *I would like to know some context about the involvement of the school children and what work they are doing around the play in school. PS We loved them!*

- *What was your memorable moment as a partner in the FOR THE BEST journey?*
- *Will funding be available for such projects in the future?*
- *How do you evaluate the success of this project?*
- *Did the children understand the themes?*
- *Are high budgets necessary for high quality work?*
- *How much more convincing do artists and arts organizations need to make in order to aid to NHS/ DH HOSP to take a leap of faith?*
- *How to sustain this work?*
- *What are the issues of touring a participatory process?*

Challenges and recommendations by the symposium attendees

- *To create a model of work on a smaller scale that replicates some of the achievable objectives of the FOR THE BEST environment.*
- *How to engage artists who are interested and willing to work within the medical setting. And how/ where they go to start those collaborations?*
- *Mixed media events supported by Trusts (Art for Health head)*
- *Encourage any new ideas/ thoughts by patients and action.*
- *As was said by some of the delegates: could art become integral to the provision of health and education for its own sake, rather than as a 'bolt-on' to other projects/ agendas?*
- *Shared philosophies of collaboration as a starting point for unification of otherwise discreet disciplines of arts, health and education?*
- *Living, thinking and doing = always present in all activity; art is a prism for reflection on these processes in other disciplines and daily life.*
- *Funding opportunities that are open to this level of risk taking and collaboration without prescribing what that is.*
- *Longer term commitment to process*
- *A broader articulation of this sort of practice in the art world (mainstream)*
- *Learn more from the evaluation*
- *Champion benefits of the project as an awareness raising and therapeutic mechanism.*
- *Magic and Strong medicine: Validate the art in all we do regardless of the environment we find ourselves in.*
- *How can we stop relying on arts projects and begin to integrate arts or humanities into medicine?*

Health Professionals: (Reflecting on what could be done to strengthen arts & health interventions)

- *Give the artists and staff information about what projects are about so that it's easier to understand.*
- *What about medical education? Does the emphasis on discipline train the humanity + creativity out of medical staff?*
- *Foster an environment in which people feel it's standard practice to have meaningful activities on the wards.*
- *A shift of understanding is required from institutions about the role of the artist and embedding that role into internal protocols is necessary for the engagement of staff.*
- *Enabling art for its own sake but appreciate the change it can make in and for and with others.*
- *Longer term engagement – creation which is final is great but more emphasis on regular intervention – more routine.*
- *Don't forget the premise touch time and talk – reflect it and integrate in practice.*
- *More opportunities for exchange – training and staff preparation.*
- *I'd like to see this way of working embedded within chronic illness and mental health services, and seen as part of creative counseling/ therapeutic recovery. Charitable trust funding or external funding applications. (Arts and Service provision meet magic in a ven diagram)*
- *Commissioners to change their ways when consider providing care. Include artistic endeavours. This should include intensive care where most patients receive care.*
- *Bring flowers onto wards.*
- *Staff training to include to the role of artistic endeavours and the effective interventions they can bring.*
- *All patients to have the opportunity to engage with artistic endeavours.*

Issues arising

- Although recommendations were made (in the previous evaluation of For the Best) to have an additional team member take responsibility for the symposium, budget changes meant that producer Anna Ledgard was the primary instigator, with much support from Artsadmin. There would ideally be more resources for a less pressurized lead in to the symposium.

- It was felt that there was a greater representation from the medical world and policy makers, enabling further dialogue with artists to take place. This meant that conversation was able to consider the replicability of the model in health settings and the challenges and needs for arts as threads of humanity in the medical frame.

I. PARTNERSHIP: Finding the person with the glint in their eye

Increasing public engagement is a high priority for lots of arts organisations. For many this means reaching out to new audiences, particularly those who have little or no engagement with the arts. Organisations such as local authorities often work to widen participation and make the arts more accessible to specific audiences. Many believe that the arts are at their most powerful when they engage the most disenfranchised people. By giving voice to those in the most difficult circumstances or on the margins of society, the arts are seen to help strengthen and regenerate local communities. (2008: 10)

'What People Want' Arts Council England, March 2008

Key principles of participatory arts programming around the country are built through solid multi-agency partnerships, where creative arts work is supported and supplemented by a complement of other systems and services. This means that a web of significance is built up between the original project, direct beneficiaries and other elements of the local community and civil society.

Such webs of significance need frequent interventions to become coherent behaviours (for example, more people accessing services because they encountered information, or met a key contact in a project). In For the Best in Liverpool there was a complex weaving of agencies and partners working together to deliver the project across the many facets of the residencies, rehearsals, symposium and the staging of the performances.

If you're going to engage with work which involves people in some kind of thing which matters deeply to them, that may mean that they're invited to take certain risks in an education setting, and in order for us to do that and really push the boundaries of the work to be I think what it is, which is to offer some sort of authenticity… If you're going to do that, you have to work incredibly closely with the people who are responsible for those people; and that's quite difficult, because you can't initially explain to them what is going to happen because if you did literally, they'd probably run a mile. Anna interview, Feb 2010

As in every participatory project that is not fully defined from the outset, we can see both tensions and surprise in the partnerships. Negotiating lines of communication, limited budgets, delivering projects off site with ever-mobile production teams, and managing staff changes are routine in the daily delivery of For the Best. This inevitable renegotiation of roles and relationships, however, maintains the dialogic involvement of all concerned, which in turn, ensures that all partners' agendas are being re-examined in an ongoing process.

Many of the partners' expressions of satisfaction and learning can be seen in the section on the symposium (see section H). In this section, however, I highlight some of the key concepts that will remain with all of the partners, mostly positive, with specific critical cornerstones that will pave the way for future ways of working, and provoke further actions. Anna reflected on the nature of partnership building in an interview during the formative stages of setting up For the Best in Liverpool:

Institutions can be suspicious of anything that might create more work for everybody, so you have to go through institution to individual. And the challenge is to find very quickly who's got a glint in their eyes, and we always know when we've found them! But not necessarily at the first meeting. But then everybody will come on board, it's not… and most people have the capacity to come on board, but at the beginning, you need somebody who's going to speak with you, so that you are not the outsider, and we have to become the insiders, holding hands with the institution, not the outsider coming in with an offer… And when they find you and you find them is they're delighted, it's rejuvenating, it has a galvanising impact: it's this thing about guests in public spaces –

you become a welcome guest, but initially you're a bit of a pain really! And then you have to shift it to become a welcome guest.
Anna Interview, Feb 2010

Evaluation Day

At the end of the project, the partners evaluated the challenges they faced during the project, and celebrated the learning. All partners and production staff were asked for their views and the results corresponded to the intricacies of working with multiple partners; most prevalent was the pressure of time, and the complexity of practical delivery, with regards to cash flow, communication between partners, and clear achievable expectations.

There was a monthly regular project meeting from July – December, as well as weekly production meetings. However, not all partners were able to attend all meetings, which may have resulted in them feeling disengaged. The structures were in place, but perhaps need to be considered against the pressures staff face in their own places of work.

The partners together engaged in defining what makes good partnerships:

- Communication/ Transparency/ Knowledge sharing
- Willingness to say yes/no
- Common goals
- Willingness to experience new things and find a common ground beyond the life of the project
- Links with different partners
- Making no assumptions/ Valuing each person's contribution
- Trusting each partner with their roles to keep everything running smoothly i.e. box office
- Recognising this type of work requires spontaneity and responsiveness and may include extra hours/commitment
- Accessibility of partners/artists
- Prioritising the necessary people i.e. patients, family

Feedback from the partners

Liverpool City Council/ Alicia Smith: Participation

Alicia Smith raised several points about the need for flexibility when defining roles and throughout the project, which demands consistent communication and the ability to work with the skills and strengths of various partners. In developing the participatory element of For the Best, which was the primary concern of Liverpool City Council, Alicia had asked whether there was the potential to extend the consideration of participation, which allowed for a wider team ultimately.

Community, colleges, universities, it's all participation, we can be flexible about it. And I think what happened was, because Mark had worked with a school initially it was like a formula, and I think it worked well. And we got the teacher on board, he's an artist, and as a teacher he's very clear about the lines that can be crossed too. There was also the relationship with the colleges and volunteers so participation is very wide…

Because we're in a recession, and a tricky time for arts and culture, and mainline services are on the line as well. And there's an opportunity here to understand each others' ways of working. And more and more, for cultural organisations they will need to think more about how they produce work, how they see work, and how they deliver it, and maybe that is to some other people's services and issues. But you don't jeopardize the art and the artist. It balances, it's sympathetic and understanding to the needs of the commissioners, the people they need to be able to speak to, to be able to create the work, but also as an artist, it's got a balance. And that's VALUING everybody – that's how you take it forward. If you value the partnerships, then everyone gets a piece of the cake really.

As a commissioner, we add value, we take risks, but it's also about raising the bar. People are intelligent, and allowing the audience to take what they want from it. (interview, November 2010)

Unity Theatre Graeme Phillips (Artistic Director), Ged Hawskworth and Sam Freeman

The artistic director reflected that the Unity theatre had never had such a complex off-site production; which meant that staff were not necessarily equipped for the requirements of their departments and with the resources to hand. In retrospect, Graeme would have involved all staff earlier in the process, particularly as it became important for staff not directly involved to understand the project in order to commit to it. The marketing department felt that this project demanded different expertise, particularly as it sought different audiences, and felt that technology could have helped as a central source for information. The box office team was stretched and reflected on the need for adaptability and more communication between departments.

Primary Care Trust: Polly Moseley and Ruth Hunter

The PCT had been an early partner, with potential networks for advice, marketing, service signposting. Ultimately the significance of this partnership was evident at the Symposium, where Andy Hull and Gideon Ben Tovim reflected their commitment to using the arts as integral delivery strategies in the future.

- *The Primary Care Trust would like to build up a network of partners/artists for future, and want to continue with similar work.*
- *As a consideration about reach, more thought should go into box office and making piece accessible to vulnerable adults and policy on accessibility.*
  Strategic capital from PCT – seeing how evaluation can do this with staff in an ongoing way.

Royal Liverpool Hospital

In reflection, partners would recommend the involvement of NHS staff/ students as training in such a project. The Royal Liverpool Hospital is undergoing major development and has committed to a possible link to further artist's residencies. With regards to longer term planning, they intend to build on the partnerships.

Nicky Duirs Arts Consultant

Underlying good collaboration, ideally, should be an understanding that each partner is trying to achieve something from the collaboration for their own organisation and that there are both constraints and great opportunities in this. For the Best provided an excellent opportunity to forge new partnerships and to develop this under the Year of Health and Wellbeing and demonstrate high quality artistic practice and the power of the arts to express very profound issues. I think For the Best has been a catalyst for new dialogue between organisations, and a willingness to continue this kind of collaboration. It has engaged Clinicians in a way that will help continue developing the arts within the Royal Liverpool Hospital and I think in future there should be a wellbeing survey taken at the beginning of the project and at the end of the project to record impact. There should also be some kind of legacy left with the host organisation and people who have contributed their creativity to making For the Best, which could have wider benefit and not lose the work once the artist has moved on. (email correspondence, December 2010)

For the Best Production Team

In the For the Best team, every member is approached as a unique and valuable contributor to the project. The ethos is that people in the team commit wholeheartedly to representing the participants' stories to the highest possible level of quality. Performers, design and production team worked in the venue for 4 weeks to create 27 'installations' in the Gostin building which grew alongside the devising process. This requires adequate resourcing, responsiveness and flexibility when working to tight deadlines. Staff on the team managed to deliver the production quality, though they have acknowledged the difficulties of time and budget constraints. Often the unsung heroes in theatre production, this team deserves huge recognition for their commitment and consistency throughout. The Production Manager acknowledged her learning: *I've learnt a huge amount, although difficult, overall it was a brilliant experience, it's the first I've done in that short a timescale and on that scale, I've learnt a lot to take to other projects.*

Production issues

- Budget was set before site was found, so resources and time were stretched on such a large-scale production
- Cash transfer systems need to operate with greater speed in the 2 week pre-production period
- Rate of pay versus hours worked in off-site productions need to be reviewed. Roles and duties/expectations of production team in devised site specific productions are different to those in mainstream theatre.
- Not enough time set aside for the get out of the Gostin Building.

Strengths identified by partners at the evaluation day:

- Willingness of everyone to take a leap of faith. People who are very good at what they do collaborating. Key people's confidence and vision. All agencies and individuals who said yes.
- New audiences – people who wouldn't normally be an arts attendee visiting because of personal connection.
- Model that is transferable. Good partnerships.
- Profile building – for Liverpool, PCT, Unity.
- A production at the end of it which was very well received, and raised awareness of chronic kidney disease. The production brought many agencies together and this needs to be built on. A strength was giving patients a voice.
- For the Best has involved everyone on a deeper level than anticipated.

Issues arising

- Partnership: the multiple partnerships offer illuminating examples of good practice and values that are a far cry from distant bureaucrats signing off budgets. However, it is crucial that partners reflect their agendas from the beginning stages, and offer support and resources to implement them. (This is particularly important when resourcing of partners' staff time, as planning meetings and strategic networking can be time consuming).
- Challenges arose when production needs mounted alongside the Unity Theatre's concurrent programme and stretched resources.
- Recognising this type of work can be unpredictable and may include extra hours/ commitment: This issue points to the need for clear communication of roles, and the need for defining achievable timeframes for objectives. It also reflects budgetry constraints in terms of flexibility to pay for extra hours for freelancers, for example.
- Could only play to a limited audience.
- Make sure the evaluations are accessible. Training should be included to appraise it.

SECTION 3: REFLECTING ANALYSIS

J. DISSEMINATION

Exhibition:

LEARNING IS THE BEST MEDICINE
Evelina Children's Hospital, London December 2009
Mark Storor with Anna Ledgard curated exhibition for the Evelina Children's Hospital school 60th Anniversary

Conferences/ Talks:

THE CENTRAL SCHOOL OF SPEECH AND DRAMA, UNIVERSITY OF LONDON
in association with RiDE: Research in Drama Education
THEATRE APPLICATIONS Performance with a purpose -An international conference Wednesday 21 - Friday 23 April 2010
Mark Storor and Anna Ledgard - Round Table discussion chaired by Helen Nicholson.

7th EUROPEAN H.O.P.E. CONFERENCE
November 3 - 7 2010, Munich, Germany
The Sick Child supported by a network of medicine and education
Manuela Beste: head teacher ¬ Evelina Hospital School
Anna Ledgard (in absentia)
PRESENTATION TITLE: FOR THE BEST Multi-disciplinary approaches to education during (and after) illness

CLORE LEADERSHIP PROGRAMME
27 November 2010
Presentation by Anna Ledgard to South East Outdoor Arts Leadership Programme.

WELLCOME TRUST
3 December 2010
New Grantholder's Day Anna Ledgard: Presentation on Mark Storor and Anna Ledgard Practice.

HELIUM SEMINAR
Wednesday, 8th December 2010, Science Gallery, Dublin, Ireland For the Best - Collaborative Arts and Health in practice with Mark Storor and Anna Ledgard (in absentium) chaired by Tony Fegan, Tallaght Community Arts and Dr. Emma Curtis, Medical Director of National Paediatric Hospital Development Board.

HEALTH ACTS: APPLIED THEATRE, HEALTH, AND WELL-BEING (forthcoming)
Thursday 28th - Saturday 30th April, 2011 - Department of Drama, University of Exeter. Paper and presentation by Anna Ledgard on collaborations with Mark Storor in the health service.

Journal article:
Ally Walsh and Anna Ledgard 'Tiger Bites and Bruises: Learning to Waltz with the Uncanny' submitted to RiDE, accepted for peer review.

K. UNEXPECTED OUTCOMES & ACHIEVEMENTS

Participation: Edge Hill University

Students from the BA in design for Performance and Visual Theatre at Edge Hill University were on work placements with the design and production team. The students were able to experience the pressures and commitment to detail necessary for preparing a space and maintaining its level over a production. As one of the students reflects, this opportunity was a key motivation for him to connect to his studies and engage vigorously with his coursework as a result of the experience.

Feedback from Ian Jones, a student at Edge Hill University

Being able to experience exactly what my role as a designer shall entail when I have completed my degree was simply invaluable. By opening my eyes to what I can achieve later in life has cemented my dedication to this profession. Now, back in the classroom, I know exactly why I'm here. 'For the Best' has given me the ability to focus my attention and experiment with the direction in which I want my studies to develop. Since returning to the classroom both my peers and my tutors have seen massive improvements, my grades have improved due to the commitment and dedication that I have acquired during my work experience. Furthermore they have seen evident improvements not only to my skills as a maker/designer, but to my overall understanding to the process of 'creating'. It has taught me how vital the importance is of each and every relationship, that bind numerous disciplines together to communicate as one, each as important as the next.

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M. ADDENDA: Transcripts

Interview, Radio Merseyside, Charlie L
I've been on dialysis for about 18 months now, I came to the Royal with a couple of hours to live, and luckily they brought me through. In about September, the staff nurse came and said we've got an artist here to chat with you. So we started chatting about life, what you've done and various things and I mentioned the fact that I'd been a singer, started back in the Skiffle days… and I've got the same guitar. 50 years is a long time, isn't it? It's like a marriage isn't it?… So he ended up coming to my house, with Jules, one day, my mate Ronnie on the guitar and myself, and we did the recording in my house itself you see, which is being used as you go around the show… and I was quite impressed with how they did it because to me, 18 months ago you think, oh dear, and you come through it and you start to make the most of your life and basically, I'm like it was in the 70s, I'm on a 4 day week. You know because 3 days I'm in the hospital, going through it, waiting for ambulances and so forth.
… what's great is that I had to get my lungs working, the breathing apparatus going again, get fit to do it and I'm really enjoying it. When Mark and Jules came to the house to record, we had to change the key, because I couldn't get up there. I didn't have the energy to get up there. Two weeks ago me and the guitarist went to a club, and went to the backroom and started to do it in the original key again, so that's how I know I'm improving. And this is what I want to express to people: you must not give up. It's your duty for yourself, the system and the family to fight this, to hang on as long as you can.

Interview, Radio Merseyside, Kaleigh B
Mark came to me when I was on dialysis, and just explained himself. And said would you do a piece of work with me. And it came out of nowhere really. And we ended up doing a self-portrait of me. Me lying on a bed sheet. And he drew round me. And he asked me questions about myself, things like, what's your favourite colour, and if you were a piece of furniture, what would you be, and it just manifested into this self portrait, all things to do with me, stuck on this outline.
He'd come in every week, and I was just talking to him, because he's so easy to talk to.

Interviewer: So was this something you wanted to go into, were you into it before?

Kayleigh: I've always been artistic, I love painting, but the performance part of it, I couldn't do it I was a bit shy, Mark wanted me to be more a part of it, but I couldn't sit while people were looking at me. So I said I will do the piece of artwork.
… I hope I can stay involved. I hope Mark rings me up and says he has another project. I think when we first started, I felt this was a good way to raise awareness. I've been on dialysis four years now, and I've had no transplants, so hopefully people see the3 show, and think more about going to be a donor… you know some people who know me don't even know that I'm sick. Looking at me, you wouldn't say I was, but I try and keep it to myself, because I'm not proud of it. So people… have been talking more. I've learnt more about myself since doing this.

WRITING from For the Best, Kayleigh B.
I am thriller, taut, tense, compelling, thriller, because I don't think there has been a moment in my life that hasn't had some kind of drama. I've always been trouble, from the moment I was born, breach, clicking hips, dodgy toes. If I had been first my mum wouldn't have had any more and my elder brother knows it:

"John Swallowed hard and thanked his lucky stars. He knew that by the grace of god, fate had dealt him a lucky break, when he was conceived first. If his sister had been first born he would still be a twinkle in father's eye. But deep down in his heart of hearts he knew that he was the blue eyed boy. The eldest son. More importantly there wasn't anything he wouldn't do for his sister. He smiled at the thought of her. Even one of his kidneys was hers for the taking, whenever she needed it".

Anne N.
I am white, white bright, bright white.
The whites that I think about are the dresses of little girls making communion, altogether, a flock of miniature brides.
…
Look, look, no one's noticed the pigeon in the corner, tapping on the window pane, on the outside looking in. She balances precariously at the edge of the sill.

Pigeons are often overlooked.
I am rose,
A whiter shade of pale.
Keep smiling. Velvet fragrance,
Dancing Queen: Watch that girl see that scene she is a dancing queen, a smiling queen, Beautiful extravagant, perfumed and lush, rich with vibrant colour so deep that you might never come to the end of its richness.

I am historical fiction based on fact, a novel that interprets and reinterprets the personal journeys made in history. Migration, across the North sea, from Ireland to Liverpool, from Liverpool to the world, a complex story by Ann Bennet, Joan Jonier. I see myself in their stories. And read avidly.

I am wardrobe. I can hide within myself: presents, pain, secrets, can be found. My whole character can be found inside lying amongst layers, silk, wool, cotton, I am burnished to a smooth reflective surface, etched with marquetry, a rose pattern carved into my rosewood exterior.

Charlie L interview January 2011:
The Hopsital staff… they just go about their daily business the way they do. Lovely people doing a worthwhile job. Even though some didn't manage to get to see the performance. They were very happy about it, because everything you see on TV these days, its cancer …so renal illness is ignored…its nice to know that people have other problems as well…. we can all get it….you never know what's going to happen. Good to help people understand sadness of living with renal illness. Said to me do I want a transplant, but I said no, I don't need it…give it to the young ones….. It was for me the most upsetting thing when I got my illness was that it affected my lungs and breathing which I've loved since being 12 and in a church choir and in the business lot of things. And I thought I can't do that any more because of my breathing, that's what forced me to get back to health. But I'm fighting hard and still doing it today and doing For the Best go me back to my singing, and I miss being able to sing on a regular basis. To be able to do something for the show I was made up all the way Jules did it back in his studio and it came out as it did. It was funny to hear yourself singing. Is that me I thought? I was absolutely made up with it, I really was. For that weekend I had a kick in my life, it was lovely going down to the theatre, and having the chat – the symposium. And meeting the audience. I enjoyed it all. My wife says to me don't waffle on too much. I can just carry on I don't need no script…If I had to talk I don't need to make a script….if you feel very highly about something you join the brain with the heart and you get the truth out of it….I liked doing that to other people (at the symposium).

What I noticed when we first started off on the show was watching peoples' expressions for each room we went in, one minute home, next minute hospital. It was nice to watch people's faces to see what their reaction was. Women with us all had tears in their eyes…and I thought they must be involved in renal or kidney illness …it made me realise that these kinds of people are involved in dialysis ..It would have been nice if I could have spoken to them afterwards. The end was very abrupt….whereas people in a show could clap and cheer…would have like to talk to them….. would have been interesting to find out how they felt. When we got back to the hospital staff talked to me and said they believed show was good, they came to me, and said how impressed we were with my singing….they were made up…

Manuela Beste, of Evelina Children's Hospital School shared this feedback:
Following the end of the project, we were determined to build on the work Mark had done with children in the Dialysis Unit and bring this into the work of the rest of the school. I felt that the wealth of poetry and visual arts which Mark had created with the children, plus the wonderful photographs made of the For the Best play would make an excellent foundation for a wider exhibition about the power of learning in a hospital setting, and governors were persuaded to commission Anna and Mark to do a second, shorter project with our 'day school'.

For the Best 1 had given us a wealth of art work which could be used as the foundation for a bigger exhibition to celebrate the importance of 'school in hospital'. There was a seamless progression from For the Best to our Learning is the Best Medicine project. This project encouraged school staff, parents, and children attending the school to explore the value of hospital education and express through a range of art mediums what it meant to them. The term's project resulted in a marvellous exhibition which was so well received, we were able to extend its run by several weeks. In addition, this project left behind an altered physical space, redesigning the atrium so that it has a much better use for children attending the school.

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Artsadmin
Artsadmin is a unique producing and presenting organisation for contemporary artists working in theatre, dance, live art, visual arts and mixed media. At its Toynbee Studios home, Artsadmin has established a centre for the creation, development and presentation of new work, and also offers a range of artist development services, including a free advisory service and mentoring and bursary schemes.

Gostin Building
Over its history the Gostin building has been home to a furniture store, French polishers, a factory, and pharmaceuticals company. Owned by ETS properties for the past 20 years it houses offices and small businesses and, now, a theatre performance. It has been very exciting for us to do something so different.

The Wellcome Trust
The Wellcome Trust is a major UK medical foundation whose leading research into biomedical science has impact worldwide. As well as producing resources that promote contemporary science in the curriculum, The Wellcome Trust aims, through the projects it funds, to enable young people to engage with biomedical science and the issues it raises.

Culture Liverpool
'Culture Liverpool' is Liverpool City Council's Business Unit which funds and delivers culture and events in the city and manages international relations. Our aim is to help Liverpool build on the success of '08 by creating a dynamic programme that reflects the character and creativity of the city, placing citizens at its heart and inspiring all who participate and spectate.

We thank the nurses and staff from Evelina Children's Hospital, the hospital school, and the Royal Liverpool University Hospital who with consummate professionalism welcomed Mark as artist to the multi-disciplinary care team of nurses, doctors, dieticians, social workers, cleaners, porters, physiotherapists and renal technicians.