Arts participation, mental well-being and social inclusion: Mixed methods evaluation of an Open Arts studio for people with mental health needs

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Abstract

Participatory arts projects are thought to increase mental well-being and social inclusion for people with mental health difficulties. This article presents a one-year evaluation of the Open Arts studio at Hadleigh Old Fire Station (HOFS) in Essex, England, established to provide opportunities for mental health service users to carry out art-making independently with professional support. The evaluation was a mixed-methods design, with qualitative and quantitative strands. A total of 23 studio members completed measures of mental well-being and social inclusion at baseline and follow-up, and scores increased significantly over time. Members’ comments indicated increased social support, confidence, motivation and mental well-being, in addition to decreased social isolation. Despite small sample sizes, this evaluation provides promising evidence of gains in mental well-being and social inclusion. The question of longer-term benefits beyond the studio placement remains to be addressed, but results add further support to the use of participatory arts in promoting mental health and well-being.
Keywords

social inclusion
social exclusion
mental well-being
mental health
arts participation
participatory arts

Introduction

People with mental health problems are amongst the most socially excluded groups in the United Kingdom (e.g. Boardman and Killaspy 2010; Office for National Statistics 2002; Social Exclusion Unit 2004). Social exclusion is extremely costly to the health and well-being of individuals and their families and to society as a whole (Boardman 2010), as it can reduce the likelihood of recovery from mental health problems (e.g. Singleton and Lewis 2003) and is associated with higher levels of symptoms (De Silva et al. 2005; Wilkinson 2006). Conversely, increased social inclusion can enhance mental health and reduce the impact of mental illness (e.g. Whiteford et al. 2005), help to promote recovery (e.g. Boardman 2010), and provide direct mental and physical health gains (e.g. Boardman 2003; Waddell and Burton 2006).
Research carried out as one action stemming from the Social Exclusion Unit’s 2004 report on mental illness and social exclusion found improvements in empowerment, mental health and social inclusion amongst 62 arts and mental health project participants (Hacking et al. 2008). In response to those results, senior managers at the South Essex Partnership Trust (SEPT), a National Health Service (NHS) Foundation Trust providing mental health services, sought funding to develop arts opportunities for people experiencing mental health problems in South Essex. Following the appointment of a project manager in January 2008, Open Arts became operational in March that year. The project’s core activity is the provision of introductory twelve-week art courses in community venues for people experiencing or at risk of mental health problems, including mental health service users, carers and individuals who self-refer. The courses draw on concepts derived from art therapy regarding the therapeutic experience of art-making with a group (Wood 2000), and Rogerian principles of facilitated learning (Rogers and Freiberg 1993).

Initial evaluations of the introductory courses demonstrated significant improvements in mental well-being and social inclusion (e.g. Margrove et al. 2013; Secker et al. 2011). However, these evaluations also showed a need for a longer-term option for participants to continue with and further develop their art practice in a more informal setting, with the support of professional artists. In 2012 a partnership was formed between SEPT, Essex County Council and the Association for Cultural Advancement through Visual Art (ACAVA) to establish an Open Arts studio at Hadleigh Old Fire Station (HOFS), an arts
facility in the county of Essex, England. The aims were to offer independent art-making opportunities and provide longer-term benefits for people who had completed an Open Arts introductory course. It was agreed that evaluation of the studio would be carried out by the South Essex Service User Research Group (SE-SURG), a group of current and former mental health service users hosted at a local university who undertake research for commissioners and providers of mental health services. This article presents an evaluation of the first year of the studio’s operation from January to December 2013, during which two cohorts of introductory course graduates completed a six-month studio placement. The aim of the evaluation was to assess whether the HOFS studio is achieving its aims of providing opportunities for independent art-making, and increasing mental well-being and social inclusion. As a service evaluation the study did not require NHS ethics approval.

Method

The evaluation design was a mixed methods design comprising quantitative and qualitative strands, as described below.

*Quantitative strand*

All those who had attended an Open Arts introductory course and then commenced a studio placement during its first year of operation were invited to participate in the quantitative evaluation. Open Arts staff provided questionnaires to studio members at the
beginning and end of their placement, and anonymized questionnaires were forwarded onto the researchers (including a participant code in order to match up baseline and follow-up questionnaires).

Participants
Across both cohorts, a total of 23 studio members completed questionnaires at baseline and follow-up. These members comprised eight males (34.8%) and fifteen females (65.2%), aged from 30 to 65+. Nineteen members were white British (82.6%), and four were from black or white minority ethnic groups (17.4%).

Measures
The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al. 2007)
The WEMWBS was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh. Permission to use the scale for this evaluation has been granted by the owners. The WEMWBS measures positive affect, psychological functioning and interpersonal relationships. A measure of mental well-being was chosen in order to correspond with the ethos of participatory arts and health projects (White 2009) and the increasing emphasis in health policy on promoting positive mental health (Her Majesty’s Government 2011). The WEMWBS consists of fourteen positively phrased statements
(e.g. ‘I’ve been feeling optimistic about the future’, ‘I’ve been feeling useful’, ‘I’ve been feeling confident’) rated on Likert scales: ‘None of the time’, ‘Rarely’, ‘Some of the time’, ‘Often’ and ‘All of the time’. The overall score is the sum of each item with a higher score reflecting higher mental well-being. This scale has demonstrated high internal consistency, construct validity, discriminant validity and test–retest reliability (e.g. Bartram et al. 2011; Clarke et al. 2011; Tennant et al. 2007). Cronbach’s $\alpha$ was 0.94 for the present sample (at baseline and follow-up), demonstrating high internal consistency.

*The Social Inclusion Scale (SIS; Secker et al. 2009)*

The original SIS consisted of 22 items and three subscales: social isolation, social relations and social acceptance. This measure has demonstrated good internal consistency and concurrent validity (Secker et al. 2009). The shortened version (twelve items) used in the present evaluation has also demonstrated good internal consistency (Margrove et al. 2013). The scale consists of statements (e.g. ‘I have friends I see or talk to every week’, ‘I have felt accepted by my family’, ‘I have felt that I am playing a useful part in society’) in which participants choose the option on a Likert scale (‘Not at all’, ‘Not particularly’, ‘Yes a bit’ and ‘Yes definitely’) that best describes their relationships with other people over the last month. The overall score is the sum of each item; the score of each subscale is the sum of items in that subscale. In the present sample, the SIS demonstrated high internal consistency at baseline (Cronbach’s $\alpha=0.90$) and follow-up
All individual subscales demonstrated high internal consistency at baseline and follow-up (all >0.70).

**Additional follow-up questions**

At the end of the follow-up survey, participants were asked to choose a response (from the following options: ‘Yes a lot’, ‘Yes a little’, ‘No not much’, ‘Not at all’) to indicate whether they had enjoyed their studio placement and whether they had improved in specific areas (art skills, confidence, motivation, feeling positive and relationships with others) as a result of their placement. Following these questions, participants could then provide any additional written comments.

**Data analysis**

Statistical Package for the Social Sciences (SPSS) version 20 (IBM Corp) was used to carry out the analysis. Paired *t*-tests were used to assess if there were significant differences between baseline and follow-up scores on the WEMWBS and the SIS. In order to check whether gender influenced the results, one-way ANOVA were carried out with gender as the independent variable, and change in score as the dependent variable (this analysis was not possible with age group or ethnicity due to small numbers in each category). For all analyses, the significance level was 0.05. Responses to the additional follow-up questions were analysed descriptively, and themes were identified from the free comments using qualitative analysis techniques.
**Qualitative strand**

All studio members from the first cohort (the first six months of the studio’s operation) were invited to take part in a focus group in order to explore their experience in more detail. Fourteen studio members from the first cohort expressed an interest in participating in the focus group when invited by the Open Arts manager, and names were randomly selected to fill the ten available places. Those who attended were offered a thank you gift of £15 in High Street vouchers. Prior to the focus group, a training session was held for SE-SURG members, where the discussion was role-played and the topic guide amended in line with members’ suggestions. The focus group was held in April 2013 at HOFS and was facilitated by a SE-SURG member, with a second member taking notes. The discussion was also audio-recorded, with participants’ permission.

**Participants**

Ten studio members (five male, five female) took part in the focus group at the end of their placement. Eight participants were white British with one male and one female from a Black and minority ethnic background.

**Results**

**Quantitative strand**

*Mental well-being*
WEMWBS scores at baseline and follow-up were normally distributed, and a paired \( t \)-test revealed that participants had significantly higher well-being scores at follow-up than at baseline: \( t=3.334, \text{df}=22, p=0.003 \) (see Table 1).

A one-way ANOVA with gender as the independent variable and change in well-being (score at time 2 minus score at time 1) as the dependent variable, revealed that there were no significant differences between males (mean=+5.38, SD=6.28) and females (mean=+6.53, SD=10.10) in well-being change: \( F(1,21)=0.086, p=0.772, \eta^2=0.004 \).

Social inclusion
Mean SIS scores at baseline and follow-up were normally distributed, and a paired \( t \)-test revealed that participants’ scores were significantly higher at follow-up than at baseline: \( t=2.667, \text{df}=22, p=0.014 \). Scores on the social isolation subscale were non-normally distributed, and a Wilcoxon test revealed a non-significant increase in scores from baseline to follow-up: \( z=1.823, p=0.068 \) (see Table 2). Scores on both the social acceptance and social relations subscales were normally distributed, and paired \( t \)-tests showed that participants’ scores significantly increased from baseline to follow-up on both subscales (see Table 2). There was no significant difference in social inclusion
change between males (mean=+4.13, SD=6.10) and females (mean=+3.53, SD=7.23):

\[ F(1,21)=0.039, p=0.846, \eta^2=0.002. \]

<INSERT TABLE 2 ABOUT HERE>

*Follow-up Open Arts evaluation questions*

Table 3 shows responses to the questions included in the follow-up survey asking participants to rate their enjoyment of their studio placement, and whether they had gained from participation.

[Insert Table 3 here]

*Participants' additional comments*

At the end of the follow-up survey the majority of participants provided additional comments on their studio placement. None of the comments were negative, and the most common theme revolved around increased social support and decreased social isolation as a result of the placement, for example:

It has enabled me to work within a group… speak openly about feelings within group. (Cohort 1)
I am no longer lonely. (Cohort 2)

A second common theme concerned increasing confidence in relation to artwork and to other aspects of life:

I have built up the confidence to continue my BA (Hons) Fine Art degree. (Cohort 2)

It’s improved my confidence to drive to and from the studio and driving outside. (Cohort 2)

Increased motivation in relation to activities at and outside the studio was also highlighted:

Being part of the studio has helped me restart artwork and has led to having my artwork displayed in my GP surgery. My personal artwork production rate has increased 200% since starting. (Cohort 1)

Me and some other members have opened our own studio to continue with our art studies. (Cohort 2)
The development of a more positive outlook was a further way in which participants thought their placement had improved their mental well-being:

It has given me something positive to focus on and has given me a sense of purpose in life. (Cohort 1)

Finally, three Cohort 1 participants added comments to explain less positive responses to the measure of well-being used in the evaluation, emphasizing that this was due to external factors not related to their studio placement. For example:

Some of my answers may appear rather negative. There are other things going on which are not good for me, but without the Open Studio to counteract these I am sure I would be worse than I am. It is a positive influence on my well-being.

(Cohort 1)

**Qualitative strand**

All focus group participants clearly valued the Open Arts studio and the views expressed were very positive. All ten described ways in which they had gained from attending the studio. No specific criticisms of the venue, staff, opportunities and organization were made although there was a general concern about future provision. There was no apparent difference in responses in relation to gender, age or ethnicity.
Participants’ views are presented below in relation to themes reflecting independent art-making, mutual support, studio management, individual gains, future plans and concerns for the future. Where extracts from the notes are used to illustrate themes three dots (…) indicate that material less relevant to the theme has been omitted. A forward slash (/) indicates a change of speaker.

Independent art-making

The difference between attending an initial Open Arts course and being a studio member was explained by a number of participants, highlighting the fact that they were now making choices and working independently:

The first course was a taster. This lets you find out what you really want to do…/

It’s basically a stepping stone. The course introduces and builds you. You’re not left alone, but it’s up to you now. It’s like they’ve started you off, now it’s what do you want to do?

While working independently was important, doing so alongside others with support available was a valued aspect of the studio context:

You do your own thing. The studio manager gives you ideas… / When I am here I have a goal. I have opportunity to work alongside others, and progress my art
work, I have stimulus…/ I was concerned about being left alone… but its fine. You are not being directed but you’re getting stimulation…/ Working alongside other artists gave me encouragement and inspiration.

The studio itself also seemed to contribute to participants’ sense of themselves as fledgling independent art-makers:

… we made it (the studio) our own.

We all have our own space… / I work big, there’s room here…/ It’s a very comfortable environment… / It was a blank canvas made into a colourful canvas as you can see (points around room).

Mutual support

Throughout the discussion it was apparent that mutual support was significant, with all participants acknowledging this:

We kick off of each other… / We share ideas… / The people here have been a fantastic support. Not just art a support group too…/ Here we can be ourselves…/ We chat and socialise as well…/ We talk to each other… / It helps that we’re all as mad as each other! (general laughter)
Although valuing the opportunity to socialize, participants were also keen to emphasize that the art was important to them and that they did not just attend the studio for ‘a day out’:

It may be art but it’s therapy. Intermixed, it works…/ I have been to drop ins but this provides the opportunity for me to be creative. It’s very important to me…/
We get on fantastically and produce really good art work!

**Studio management**

It was apparent throughout the discussion that the studio managers and tutors played a very important role, providing support to enable the members to utilize the studio effectively, gain skills and work independently:

The studio manager gives you ideas…/ He’s on hand so if I have any problem, he comes into help me, brings materials, will demonstrate how I can do things. Very encouraging… / …you get inspired…

**Individual gains**

All those participating in the discussion described gains from attending the studio. Reported benefits included improved mood, increased motivation, self-esteem, purpose and confidence, as well as enjoyment and something to look forward to:
My spirits have been lifted…/ For the last two years I’d not touched any art work. I’d not had any motivation or encouragement. Since doing Open Arts and then being here I have got myself a portfolio. It’s something to keep you going, it gives purpose…/ It’s given me my self-esteem back, confidence…/ I’ve made friends. It’s given me my identity back.

I didn’t enjoy hospital or day care. I ENJOY THIS… / If I feel bad I think I’ve got art tomorrow. I look forward to it…/ It’s changed my life completely, I was sat indoors on the settee just vegetating…/ I am not able to work but I feel maybe I am not bad at this. It gives me something inside which means it is worth being me… I run myself down, now I can say ‘I can do this’…/ It’s given me independence, encouragement. The courage that I can now try my hand at something which is difficult for me.

One member explained that she was isolated and feeling very low with little confidence. Creativity was important to her and she wanted to do something that was a challenge. The Open Arts course followed by the studio placement had provided her with this and she explained how she had now not only gained self-respect but also respect for others:

I wanted to get up and do something which was a challenge. I learned respect for myself and for others as well. It’s not just the art work now it is about, about quality of life, about how I should be looking after myself as well. No one
criticised me. I started at a very low level with my art work. Now I am able to move on.

Two other female members explained how their studio membership had enabled them to make significant progress in recovering aspects of life lost through illness or caring for someone experiencing mental health problems:

It’s given me my confidence back so much my family have noticed it. I’ve got my three grandchildren back, who I lost through my illness, I see them at the minute. It’s back to normal.

I can switch off when I am doing my art work. I am also a carer for my mum. I’ve made friends. It’s given me my identity back. That’s my art and that’s who I am.

**Future plans and concerns**

One member explained that he had signed up for an art course elsewhere and another had applied to be an Open Arts volunteer. Some members were also hoping to become studio key holders and thus open the studio for additional hours:

That’s why I’ve put myself forward to be a key holder so we can have sessions after 4 o’clock, we’re all going to be at a loss.
Others seemed unsure about their future plans with some expressing real concerns relating to the end of their studio placement:

When this ceases I will be left on my own and I don’t have the stimulus to do something. When I am here I have a goal. I have opportunity to work alongside others, and progress my art work I have stimulus…/ If this finishes…that’s what I am scared of…/ I just hope something will come up before it comes to an end.

Discussion

Open Arts was established as a way of enabling people with mental health difficulties to participate in art courses in community settings. The Open Arts HOFS studio placement is a recent addition to the introductory courses which have previously been evaluated (see Margrove et al. 2013; Secker et al. 2011). The aim of establishing the HOFS studio was to increase mental well-being and social inclusion and provide opportunities for independent art-making. The results reported here represent an evaluation of the success of the studio in achieving its aims, based on the reports of the first two cohorts of studio members.

Studio members’ mental well-being improved significantly from baseline to follow-up. This was further complemented by participants’ additional comments on the follow-up questionnaire reporting increased confidence and motivation (both in and out of the
studio) and mental well-being as a result of the placement. A total of 21 out of 22 participants reported that they felt more positive about things as a result of attending the studio, and that their well-being had been maintained. Furthermore, all responding participants reported that they had enjoyed their placement and that their confidence and motivation had increased. In the focus group, the gains described by participants included several aspects associated with well-being, such as increased confidence, self-esteem and motivation, a sense of a positive identity, and pride in achievements, complementing the findings of previous arts and mental health research (e.g. Caddy et al. 2012; Secker et al. 2011; Stickley 2010).

Studio members’ overall social inclusion, social acceptance and social relations improved significantly from baseline to follow-up. Although the increase in scores on the social isolation subscale did not reach significance, the majority of questionnaire respondents who provided additional comments referred to decreased social isolation as a result of their studio placement. Comments at the focus group relating to the sense of camaraderie and the importance of peer support at the studio were also indicative of decreased isolation. Furthermore, nineteen out of 22 respondents reported that their relationships with other people had improved as a result of studio attendance. These results correspond with previous findings that participatory arts increase social inclusion (e.g. Secker et al. 2011; Spandler et al. 2007; Stickley 2010).
The evaluation also demonstrates that the studio achieved its aim of providing an opportunity for independent art-making. All participants who answered the follow-up question about whether their art skills had improved responded positively. The focus group data make it clear that the studio space itself, which participants had been able to ‘make their own’, together with the encouragement of the studio managers, and the culture of peer support, all contributed to a sense of themselves as fledgling independent art-makers. The importance of the studio space has been acknowledged by Wood (2000) who argues that studios: provide familiarity that results in a form of containment for the artist; enable artists to become absorbed by creating a space where thinking is possible; and add to the capacity of those with mental health problems to face what they feel (providing a ‘haven’).

A few limitations of the present evaluation are acknowledged. As this was a relatively small-scale evaluation based on the reports of the first two cohorts of studio members it was inevitable that only small samples could be included. One implication is that it was not possible to include age or ethnicity in the statistical analyses. However, the sample comprised balanced numbers of men and women and was broadly representative of the studio membership. Given the nature of the small-scale evaluation it was not feasible to include a control group in order to assess the extent to which improvements on the well-being and social inclusion measures could be attributed to participation. Although it is not possible to be certain that the findings were not influenced by other factors, follow-up questions asking if participants’ perceived their gains to be attributable to the studio
placement were included and the majority indicated they did attribute gains to the placement. The inclusion of a control group is an avenue for future research, resources permitting. Longer-term evaluation of the impact of the Open Arts studio on members’ well-being and social inclusion would enable data from future cohorts to be combined with the data presented here, thus addressing the issue of the small sample size. Ideally, further evaluation would also address the question of longer-term benefits beyond the studio placement, although controlling for confounding factors would be important over a longer period of time, requiring a controlled evaluation design that would be challenging and resource intensive. Within the field of arts and mental health the question of the extent to which it is creative activity or the social setting in which it takes place that benefits participants is an important one. Although it was not possible to explore this in any depth, the distinction drawn by focus group participants between socializing and art-making in a supportive social context indicates that creative activity played a significant part in the gains reported. Unpacking the unique contribution of creative activity would be a useful focus in future research with studio members.

In conclusion, the results provide an indication that the studio is achieving its aims of providing opportunities for members to pursue their art-making independently and offering longer-term benefits (in well-being and social inclusion) for graduates of Open Arts introductory courses. Looking further ahead, a strong message to emerge from the evaluation concerned the issue of ‘what next’ when participants’ six-month placement at the studio came to an end. Notably, members of both cohorts have acted on the
suggestion of making full use of the available studio by establishing their own art groups, representing a further move to greater independence. For the future, a model established in Canada by ArtBeat, a mental health and arts organization similar to Open Arts, may repay investigation. Studio Central in Winnipeg (http://artbeatstudio.ca/programming/444-kennedy) is run from the second floor of a housing complex and was established to address the same concerns amongst members of the ArtBeat programmes as those expressed by Open Arts studio members. The project runs arts programmes for the community, including daily creative technique sessions, daily performances in the studio cafe, and opportunities for open studio time and involvement in community projects. The activities are carried out with assistance from ArtBeat alumni, for whom Studio Central provides a next step, as well as external volunteers. Although the project now has both provincial and regional funding, it began in a small way in premises charging a peppercorn rent, staffed purely by volunteers. This may be a dream worth pursuing; as one Open Arts focus group participant put it:

This should be permanent. It should be across the board, countrywide, a permanent fixture. It should grow.

Acknowledgements

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Contributor details

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Jenny Secker is Emeritus Professor of Mental Health at Anglia Ruskin University and the South Essex Partnership University NHS Foundation Trust (SEPT). Her research interests centre on service developments aimed at supporting recovery and social inclusion, in particular through arts participation. From 2005 to 2007 Jenny led the study ‘Mental Health, Social Inclusion and Arts: Developing the Evidence Base’, funded by the Department of Health and Department for Culture, Media and Sport. The results of that study led to the establishment of Open Arts at SEPT in 2008, since when Jenny has supported several evaluations of the project.
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Table 1: Baseline and follow-up total well-being scores.

<table>
<thead>
<tr>
<th>Well-being baseline</th>
<th>Well-being follow-up</th>
<th>$T$</th>
<th>$p$</th>
<th>Well-being change (Time 2– Time 1)</th>
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<tbody>
<tr>
<td>$M$ (SD)</td>
<td>$M$ (SD)</td>
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<tr>
<td>25.65 (10.35)</td>
<td>31.78 (10.09)</td>
<td>3.334</td>
<td>0.003*</td>
<td>+6.13 (8.82)</td>
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</table>

*p<0.05

Table 2: Baseline and follow-up scores on each subscale of the SIS.

<table>
<thead>
<tr>
<th>SIS Subscale</th>
<th>Mean baseline score (SD)</th>
<th>Mean follow-up score (SD)</th>
<th>t/z</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social isolation</td>
<td>6.61 (3.27)</td>
<td>7.83 (3.30)</td>
<td>$z=1.823$</td>
<td>0.068</td>
</tr>
<tr>
<td>Social acceptance</td>
<td>9.43 (3.23)</td>
<td>10.91 (3.12)</td>
<td>$t=2.631$</td>
<td>0.015*</td>
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<tr>
<td>Social relations</td>
<td>7.61 (3.53)</td>
<td>9.65 (3.88)</td>
<td>$t=2.890$</td>
<td>0.008*</td>
</tr>
<tr>
<td>SIS total</td>
<td>20.48 (7.69)</td>
<td>24.22 (8.24)</td>
<td>$t=2.667$</td>
<td>0.014*</td>
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*p<0.05
Table 3: Responses to questions about the HOFS studio placement ($n=22$).

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all (0)</th>
<th>No not much (1)</th>
<th>Yes a little (2)</th>
<th>Yes a lot (3)</th>
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<tbody>
<tr>
<td>Have you enjoyed your studio placement?</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22 (100%)</td>
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<tr>
<td>Have your art skills developed?</td>
<td>-</td>
<td>-</td>
<td>3 (13.6%)</td>
<td>19 (86.4%)</td>
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<tr>
<td>Has your confidence increased?</td>
<td>-</td>
<td>-</td>
<td>7 (31.8%)</td>
<td>15 (68.2%)</td>
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<tr>
<td>Has your motivation increased?</td>
<td>-</td>
<td>-</td>
<td>7 (30.4%)</td>
<td>15 (68.2%)</td>
</tr>
<tr>
<td>Do you feel more positive about things?</td>
<td>-</td>
<td>1 (4.5%)</td>
<td>10 (45.5%)</td>
<td>11 (50.0%)</td>
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<td></td>
<td></td>
<td>3 (13.6%)</td>
<td>7 (31.8%)</td>
<td>12 (54.5%)</td>
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<td>Have your relationships</td>
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<td>with other people</td>
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<td>improved?</td>
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<tr>
<td>Has your well-being</td>
<td></td>
<td>1 (4.5%)</td>
<td>6 (27.3%)</td>
<td>15 (68.2%)</td>
</tr>
</tbody>
</table>