Art Practitioners Consultancy

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ARTS PRACTITIONERS CONSULTANCY

REPORT



CATRIN JEANS AND FRASER MACDONALD ARTISTS FOR INSCH AND SURROUNDING AREA

http://art-practitioners-consultancy.tumblr.com

INTRODUCTION

We were commissioned by the Friends of Insch Hospital and Community to engage the community in an open debate about health and wellbeing and how it can be improved within a locality in relation to cultural activity. We are socially engaged artists who 'provide a service' within a social situation, including a Twenty-Four Hour game of football in an art gallery as a participatory endurance performance, creating a 'Live Stage' in the town of Banchory and 'hosting' a UK/ US Iron Pour Conference at the Scottish Sculpture Workshop.

The brief asked us to discover the aspirations of the community for health and well-being, create a debate around the concept of a Health Hub and produce a temporary public artwork. We approached this commission by creating the Art Practitioners Consultancy, and connected with target groups in the community (schoolchildren and families, OAPs and carers, commuters and the Bennachie Leisure Centre and other sports facility users) through a serious of events and interactions. As artists we are interested in how creatively engaging people can be of genuine interest and benefit to them, and can in some cases improve their quality of living. Our activities ranged from a 90th birthday party to a pop up HQ with activities, which we will go into in further detail.

The project culminated in a one-day event Care Fair, which was a celebration of the people and places we had worked with throughout the project, and consisted of various activities relevant to the project, and a panel discussion.

ARTISTS

We take on roles as organisers, motivators and as participants to deliver collaborative art projects. Our shared intention as artists is to facilitate an understanding of art by stimulating a varied audience in enjoyable participatory artwork. We are interested how 'providing a service' can function in a literal sense, by exploring our purpose as art workers and engaging the community with events of benefit to all participants.

We believe when undertaking a community project, especially in an unfamiliar location, it is imperative to build a relationship of trust with the community, and make it clear to people we are interested in their opinions on our work as artists, what they do for work and for leisure, and how they perceive the community on the whole, and their place within it.

PROJECT

As artists we are responsible for the communication of ideas with a diverse public. In this project we aimed to develop a series of events that would appeal to specific groups, from schoolchildren to OAP groups and commuters travelling to work.

The concept of the project was that we took on roles that mimicked those of health practitioners, through the name of the project and how we presented visual material. As a 'consultancy' we could drop into organisations, speak with individuals, and consult the community in creative methods devised by us.

We were based at the Scottish Sculpture Workshop in Lumsden for the first two weeks of the project. During this time we developed our branding, blog and spent time exploring the local area and meeting locals by bike.



EVENTS AND METHODS

Listed below are specific events and methods of interaction that were most successful and provided the most relevant information.

Mapping

We laid out a map of the area that encompassed all stipulated places we were to work with, and invited each visitor to place a pin in the map of where they had travelled from to attend the Strawberry Fair.

We found out that the majority came from Insch, Premnay and Rayne North. There were four individuals from Orkney who had lived in Insch for decade, yet who referred to themselves as 'incomers'. This surprised us, and was a recurring conversation with people across the area throughout the project. Throughout the project the fast expanding population of Insch and area was often raised and whether it was easy for the new incomers to integrate within the community and feel part of it. Responses were often from two viewpoints – those who wanted to integrate and become part of the existing community (usually with young families), and those who settled there because of convenience for work and for contact with family.

Lourin Fair

At the Lourin Fair we set up our HQ Premises (a manhole cover tent) as a place to host and interact with families attending the fair. We created a drawn template of an anatomical human figure, and invited children and their parents to draw body parts and place them where they thought they were located on the human figure.

A sense of pride for the landscape and open skies was apparent and people recognised how this countryside around them contributed to their overall wellbeing, and the day's discussion centred on feeling healthy within this environment.

"I'm a runner, because of the obvious physical health benefits, but in a rural area I think there's benefits like taking in the scenery, and just being outside in a nice place with other people."

Flu Clinic & Lunch Club Consultancy

We designed a survey that Flu Clinic patients and attendees of the Lunch Club could contribute to. The survey featured terms we had discussed with hospital patients, and as we had a limited time with each patient, we asked them to select a word or phrase from a list of terms relevant to care, that they deemed most important when considering Insch Hospital & Medical Practice. We tallied the numbers by asking each person to put a colour-coded sticker on the survey. The intention of this exercise was to determine what people regarded as the most important aspects of Insch Hospital – the locality, beds, the garden, range of services on offer, the quality of care, etc.

The results demonstrated that each person's response to the activity related to their individual experience and demographic. For example mums with young children tended to value the 'range of services on offer at the hospital and medical practice', having previously used the facilities such as the Health Visitors clinic, minor injuries clinic, where they could take their family in the event of an emergency. In contrast to this were the OAPs who were more inclined to choose 'beds' and 'personal care', which related directly to their time spent in the hospital and experiencing the importance of talking to a familiar face. The most consistent response from all participants was the worth of 'locality'. Though the reasons for this varied there was an overall appreciation



and a need for the hospital to exist within the community.

"Wouldn't have thought of beds as being important to the hospital but then again I haven't had the need for it. Its important because of convenience and the expertise of the staff"

"I'm not from here but two of my relatives passed away here, and I know they felt welcome, and the staff and local patients helped put them at ease. It was easier for them to continue speaking to people, and they said it made them feel better, getting close to everyone"

"My granny was here but got moved to Woodend Hospital in Aberdeen, where she broke her arm shortly before dying. The experiences couldn't have been more different between the two hospitals"

"Don't have much interaction with the men so it's good to have two folk along doing the same thing with the men and the ladies"

"Important for older generation, as it feels more like visiting them at home than in a hospital, because I'm familiar with staff mainly"

"Even though I'm not feeling well today I know people are going to be here, so I come along anyway, and leave feeling better usually. And its nice to know that there are folk about"

90th Birthday Party for Insch Hospital

We hosted a party to celebrate the 90th year since the opening of Insch Community Hospital. We invited current and former patients and staff, members of the FOI&CH. The guests coloured in pre-prepared birthday cards and cut out and decorated templates of old-fashioned nurses hats to wear as a party costume. We commissioned the Bennachie Leisure Centre to bake a cake with a '90th Birthday Party' message on it, which was cut by Marjorie Mitchell, whose father was the first doctor at Insch Hospital. We sang happy birthday as a group once all guests had arrived. Guests were invited to contribute to the FOIH&C book that lists births at the hospital, and the Insch Connection Museum provided relevant archival material to look at.

Early Morning Train Commuters

We prepared 'continental breakfasts' consisting of fruit, croissants, pastries, tea & coffee and juice to set up a point at Insch Station where we could provide a service for those commuting early to work by train. By offering free breakfast, we were able to approach commuters who otherwise may have not been willing to discuss our project at such an early time (1st train left at 6:25am).

The recurring response we received was the importance of hospitality within a community and how a simple gesture like giving someone a coffee, or having a chat could brighten up their morning. We identified that a service like a coffee booth or a café could exist at this station and this could change the dynamic of the morning experience for the commuters, possibly enhancing this community.

"Feel really uplifted this morning seeing people here, providing teas and coffees to all of us".

"Local companies should be helping out to do this kind of thing. A nice surprise as nobody usually talks to each other at this time in the morning or acknowledges each other."



What Do You Care About?

We worked with pupils to create the backdrop mural to the final event Care Fair held at Insch Primary School, and created a film in which each pupil took the role of both reporter and interviewee. We began by sitting together and discussing 'what do you care about?' then gathered round rolls of blank wallpaper laid on the floor, and together we designed a collaborative mural with drawings and phrases relating to what each pupil had said in response to the question.

At all schools the children participated in the mural making, talking about the range of things they cared about – from their pets and families, to toys and the countryside. In Rayne North in particular the children were very engaged with the notion of care and this came down to the range of education in which they were involved, including growing their own vegetables in the school garden to then cooking it to make healthy meals. These activities were often down to the school identifying skills and talents of parents and community members and then utilising them to benefit the children's education. This model proved successful and could be used to on a bigger scale by the Community Link Worker to connect organisations and individuals within the wider community.

"Like the local service but my worry is the influx of new families and whether there was an infrastructure within similar public services that could cope with this?"

"It's fun to do things in school that we don't normally get to, and do filming and interviewing as a whole school. I wish we could do art every day because its different and its everyone in a room"

"See it as worthwhile when young folk can go round groups and be interested in what everyone has to say"

Blood Donation Consultancy

We attended the clinic at Insch Primary School, where we set up a temporary stall at the doorway to the hall for donations. We invited visitors over to the stall to ask them about their opinions about the community, and many thought that because of our uniforms, we were working as the Blood Clinic.

Noticeably Insch hospital and medical practise is seen as a 'hub' within the community of Insch and its surrounding area. It is a service that is or has been used by everyone we chatted to, who belonged to the vicinity. The word 'hub' was also frequently used in relation to the Bennachie Leisure Centre. The BLC is a social meeting space that is used by a large proportion of the community. The BLC was used as a hub for 'mother and toddlers' group to schoolchildren, from OAPs visiting the charity shop to the local community policeman holding meetings.

"It is important to celebrate the hospital and its past, and also its current staff. It doesn't happen enough and it's such a great thing to have. I like the fact the FOIH&C are getting people to make note of the births in the hospital as everyone sorely misses the maternity unit".

"BLC is a place to meet for us young mums, and to sometimes do sport! Its good being able to go on organised walks, and chat."

Through the activities and interactions we had with the community we noticed 'care' was a prime concern for individuals within the theme of health + wellbeing, so we decided to use this to inform our final event.



FINAL EVENT

The Care Fair functioned as a stimulus for discussion in the community concerning future art projects and what the community wanted in terms of a hospital and their future health service. The Care Fair highlighted areas of care and of health and wellbeing we feel are most evident through the aspirations of those we worked with.

The Care Fair comprised of various stalls and activities relevant to and encompassing all project work undertaken, was designed to look like a clinic or medical practice, with signage and medical screens, and all the volunteers were dressed in white lab coats.

Info Point

An archive of the project thus far, where people could pick up a free Art Practitioners Consultancy canvas bag.

Waiting Room

We wanted to highlight 'hospitality' as a element of care that had continually appeared in the project, so we invited two boys from the Scouts to 'wait' on members of the audience – offering them tea, coffee and cakes in the waiting room setting.

Creative Reflexes

As an activity for children we provided crafts, so that children could make and customise their own bandage headdresses, badges and bangles.

Care Tombola

This tongue n' cheek activity looked at different forms of care through a participatory tombola. Prizes ranged from a gym membership to hankies, from a book on first aid to a cat toy!

Local Archive

Residing as the carers of the history and artefacts of this area, we felt it was only appropriate to invite the Insch Connection Museum to set up a stall.

Diagnostics

We set up the mapping exercise we had originally used at the Strawberry Fair to see if the range of participants varied from the original day.

Physical

Using the spinning class footage, we set up a bike and a projection so that the audience could participate in cycling a route by themselves.

Personal Care

We screened the videos made with the school children, which explored the question 'what do you care about?'

Environmental

The hospital garden volunteers used their stall to show the perks from growing herbs in gardens – from the wonderful smells to the uses within the kitchen.

Public Discussion

We invited representatives from the BLC, the Medical Centre, the council, the NHS and the local police force (could not attend due to illness) to form our panel as they work in aspects of care and health and wellbeing to contribute to a discussion. The discussion topic centred on 'care' and the complexities concerning what people want and what they need. We intended the discussion to allow the audience to be involved in a conversation and invited Robert Barnham, who has experience of community projects, to be our chair.



Responses from the panel and audience to the question:

"If you had a wish list and you could just choose one thing what would it be to improve health and well being to the area, what would it be?"

Kirsten Cassidy:

"We can look after our own patients in the community hospital here. And we have a huge advantage compared to some other practices, in that we're in the same building as the hospital. I became a GP because when I worked in hospital I always wondered what happened to patients when they went home. Here you get to know patients and then you can look after them in the hospital, and um, I mean I think that's what I would really like, is just to being able to carry on doing that in a community hospital."

"One of the things that we've been workingat, health and social work have been working together looking at care of older people's health. Lots of issues, and one of the things that came out of that is that the Friends of Insch Hospital and Community are currently, have recently rather, advertised for a Community Link Worker. One of the roles for this person is to try and encourage volunteering and look at ways to support older people to stay active and stay in their homes as long as possible. And it is certainly something that as a GP we're aware that there are a lot of older people who maybe move to the community when they retire, and they're very fit and active and we thought that they would be a good group to try and get involved in volunteering. And I think that's one way that we could maybe try and, make the links between new comers and people, existing members of the community."

Alison Grant:

"The social prescribing idea of using that and other sorts of creative solutions to kind of bolster and support people in the community to have a good social and infrastructure and you know, physical fitness and all that playing into it because we know that as time goes on and we know with the kind of demographics of communities across Aberdeenshire that we will have a fairly expanding number of people of older age. One of the things that I really have thought that we need to develop, and I'm sure a lot of community hospitals feel exactly the same way is developing clinics locally. I really think that if we can bring more and more meaningful clinics out to our local communities we are going to have, we are going to prevent people having to trail all the way into Aberdeen you know, and have to see the consultants there and I really think, I mean there is a will within health service"

(Relating to Pam Gowans suggestion of regular community meetings) "I was just going say, I just wonder if you and I can make a commitment to try to arrange a year from now, it's December, maybe a bit earlier than December, because of the weather, but just make a commitment that we would do our best to try to arrange some sort of public meeting this time next year so that's 2013. And we would just say that this is what we would do, coming from this meeting that we would work together to make sure that that happened."

Bill Conn:

"As BLC we're independent, we get some grants from the council but it's very small in relation to the running cost for example, and eh, if we don't get some local support then obviously it just goes backwards, and that's the last thing we need as its already taken us two to three years to build it up to this level and yes there are people who don't know what we are trying to do. Financial support, it doesn't need a lot, that could also be a big boost to us, and working with NHS in a smaller sort of way but I've nothing good to say about it at the moment because they've knocked us back in one



or two things already but we're certainly beginning to work with them, so hopefully with this new person coming on board, not at BLC but from Aberdeenshire council and some of the work that going on in the community what you've heard about today, I think we have better future there then we've had I would say 6 months ago."

Pam Gowan:

(An audience member had explained that they were not allowed to assist with decorating the hospital due to bureaucratic restrictions)

"It's exactly the same in our schools. You know, you have parent groups, PTAs who are willing and happy to come and do things, but because of bureaucracy, because of health and safety, because of all of these things, you can't be having parents coming in, you know, changing light bulbs, or painting, or doing whatever, because they're just not allowed to do that. And I watched some program in, it was about Australian schools and they don't have that problem at all. Parents and the PTA come in and they're an active part of the maintenance and well being of the school and there's no problem about it. So it happens in some countries but it just, you know, here we have the council; they have their contract with a particular contractor. The head teacher has to phone and then there has to be so many of these light bulbs needing changed before they'll come out. It must be the same in the health service, you know where you're not allowed to have volunteers."

"I think there should be regular meetings with the community, whoever the community is, and whoever feels they've got a stake in it. Some of the best health care services that are held up nationally - health and social care - work in that way, they don't work the way that we kind of work within the bureaucratic kind of boxes, so I think (public meeting including NHS, council and local groups) the once a year thing is a great thing, as a 'let's have an overview' and see if we're getting somewhere, but I think even more regular than that would be good to have forums that we can either dip into, that exist already, or to set up something that gives that easy flow of discussion."

Audience:

(View of one audience member, living in Insch)

"I think that I'm right in saying that the FOIH&C are the only group that have ever had public meetings. And there have been two that I know of in to discuss health care and the promotion and development of hospital. And for the benefit of those who don't know, we also did put a lot of work into a health needs assessment several years ago and we involved every household in the practice area. Now my personal opinion, and my wish list would be a meeting held every year to discuss health and social needs of the community. And from that there could be representatives from every club and association in the area and surely we could, as a united group, maybe overcome some of these obstacles that they've discussed."

Analysis:

The majority of the audience desired there to be regular meetings with NHS, FOIH&C, local council, schools, and local businesses to discuss the aspirations of the community, and how to gradually improve aspects of local life. The overwhelming response from the audience was that they wanted to be kept in the loop regarding NHS and council decisions on the operations of local services, and often they felt isolated, especially in more rural locations. This is where we see the work of the Community Link Worker as being important, in being able to feed back the feelings of locals in need of care to the hospital and medical practice. These aspirations can then be discussed with a wider group (NHS, council, community groups) at regular meetings, not merely debated by the service they most relate to.



ASPIRATIONS OF THE COMMUNITY

Even though this was a six-month project we feel we just grazed the surface of the aspirations of the community regarding health and wellbeing. It is clear that continuity is important to people regarding care. This continuity manifests as places being open, family and friends able to visit/be visited, upkeep of environment, to name a few. Discussions about continuity led to the desire for re-invigoration of defunct services, such as the maternity ward in the hospital, the Carriageways pub re-opened, and the development of sites such as the derelict former depot. It is clear that the health and wellbeing of an area of this size thrives on the sense of ownership a community feels towards it.

This reflects mostly on the people who have settled in Insch with their families, whether 'incomers' of 30 years or more. More so than those who are born and bred in the area, we discovered the prerogative of this group was to improve the locality, both for their families and the community as a whole. The overwhelming response from this group is that positive community development comes from working together, which in turn comes from groups working together, which in turn comes from places, 'hubs', in which these groups regularly cross over, either planned or co-incidentally. Hubs encourage the continuity of conversations, and in turn keep ideas in people's heads. As artists we can identify which ideas we deem important, as discussed throughout this report, and our aspirations run parallel to those of the community. It would be a worthwhile legacy for this project to develop regular interaction between locals and organisations (NHS, schools, councils etc), yet it is not imperative for our development as artists. The community we worked with identify the establishment and identification of hubs, and their role as imperative in providing communal places. We feel the work of local groups should be to come together, identify these 'hubs', identify areas for improvement, make governing bodies aware of this, and begin to improve them by working together.

REFLECTIONS ON THE PROJECT

We believe the work of socially engaged artists is centred on conversation with as diverse a range of individuals and groups as possible. Our initial work involved a great deal of time meeting with people who were either involved in the aforementioned groups, or had aspirations for Insch and surrounding areas to improve cultural, physical, and medical facilities as well as supporting local business, and to strive to ensure places stay open and accessible to locals and visitors.

Upon first visiting Insch, and coming off the train, the Carriageways pub (currently not in operation) is the first building you encounter. Its potential as a meeting place for locals and visitors to the area is obvious, yet its closure, and the derelict former council depot further down the main street, give a sense of abandonment in an otherwise interesting and vibrant area. There are aspects of the hospital that are in need of renovation, and although locals have offered their voluntary service, due to decisions by governing bodies based out-with the area, this is not allowed to happen. This desire to provide services within the community manifests in local adults running Beavers and Scouts groups, volunteers taking on roles within the Insch Connection Museum; the local policeman becoming familiar to and approachable by locals because he travels mainly by bike; those who run annual events such as the Strawberry Fair, the FOIH&C and their work to re-develop the hospital; all those involved on a voluntary basis on the boards of community groups, to note merely a few.



Our work is to identify what the groups stipulated in our brief would benefit from, with regard to 'creatively engaging' them in a discussion centred on a specific topic. 'Health & Wellbeing' and 'Care' are broad terms to encompass all aspects of a positive approach to ones own life and the lives of those around them. The obvious focus of these terms is Insch War Memorial Hospital, yet it extends into almost every aspect of local life in countless ways, from someone getting the papers for an elderly friend to a group of young mothers meeting to walk a mile once a week with their prams. As artists we have a limited timescale to engage with groups stipulated in a brief. Although this timescale was over 6 months, it quickly became apparent that the most effective method of working was to integrate within already existing groups. Time is then taken with these groups to introduce ourselves, to build relationships, to explain our work and our intention with the project, and to develop methods of engaging them creatively in relevant methods, that will hopefully provide a legacy for continuation of similar creative development.

It is through conversations with individuals that we receive our most interesting responses. At times these conversations occur in the development stage of a creative activity or workshop, and at times they occur when an activity or workshop has been arranged, providing a platform for group conversation as much as undertaking the creative task itself. In some cases these conversations of course occur across both. The work of a community policeman was mimicked by our work as community artists. We both met and spoke with as a wide a spread of people as possible, and talked about their role in the community, what they like and what they don't, and how we could work with them with a similar goal of exploring their ideas towards local concerns. Our work differs greatly to that of a community policeman beyond the point of initial contact with people, yet our intentions are similar. These are to be seen and trusted within the locality, to be approachable and open to the ideas and suggestions of people, to provide a service for individuals and groups, and to attend and support local events.

Through speaking with patients of the hospital and those that attend the day care centre, the main response from the older generation is that though they were there because of health reasons, they liked being in a place where people listened to them.

We were kindly given a place to stay by friends who live in Auchleven, just outside the village of Premnay. This was of great importance in providing us a place to stay that was part of the community, and indeed members of the family were involved in various local groups such as Scouts and the BLC.

There is a significant level of support towards the hospital and clinic, the notion of a 'health-hub', and the plans to re-develop it. We were taken aback at the amount of organisations working for the benefit of local endeavours, and in some cases how little they collaborated towards shared intentions. For example the work of IREC, ICAN, BLC and FOIH&C have shared interests in the continuity of Insch as a vibrant and active community, and they strive to provide sustainable modes of wellbeing through means that are not necessarily the same, yet come together to enhance the lives of residents. Through our work it is clear that the community aspire to provide a legacy for future generations that ensures the development of local services. This could come through one singular organisation, who could be a voice for local information, and a group that encompasses the aspirations of the entire community. In the final event Care Fair, it became clear how many local residents are not interested in being directly engaged in the affairs of the community; yet happily reap the benefits the aforementioned organisations work towards.



Opportunity for further development

Further development for the FOIH&C and its approach to creative residencies could be approached by developing a similar line of enquiry into health and wellbeing, but with a more specific target groups/groups. There is potential to introduce a project manager if possible, enabling commissioned artists to focus on the development of work rather than committing significant time on organisational aspects of an artist residency. This would be especially relevant if commissioning a singular artist, as would be the opportunity to stay locally, preferably with a local family/resident. We feel there is potential for artists to work with specific groups, undertaking community consultancy projects that inform a pre-determined area of enquiry and brief by FOIH&C.

The main proportion of the participants that were involved in the project were based in Insch. We tried to connect with the outlying community through setting up meetings with school head-teachers with the intention of running workshops. Unfortunately we didn't receive any replies from certain schools, including Rothienorman, and this created a barrier for us getting into the community. Also the area is guite vast and we would recommend in future projects the area is more condensed. The legacy we hope to provide from the Art Practitioners Consultancy is that it will hopefully enable the opportunity for future commissions. We think it is imperative to continue to discuss ways of creatively engaging local residents and maintain the idea of an artist residency in the area within the consciousness of target groups. The understanding of socially engaged work could extend into the possible collaboration with organisations with shared interests, such as Deveron Arts, Scottish Sculpture Workshop, and perhaps Grays School of Art, It may be worthwhile approaching Grays School of Art to discuss the possibility of a placement scheme for a student in the role of community artist/ researcher. This could possibly manifest as a shadow position working for a short period alongside the Community Link Worker due to be appointed by Insch Medical Practice in early 2013.

The Care Fair functioned as a public platform where individuals expressed their concerns and aspirations for health and wellbeing in the community. The suggestions echoed that of individual's concerns that we had gathered through our consultancy. A range of suggestions were given including the strenghtening of existing health services such as the hospital and clinic, the wish for doctors to prescribe exercise and culture at local services and the need for the community to be consulted and listened to by the NHS and the local council. Overall the findings of this project highlight that the hospital is very important to all of the community and it should be recognised as a vital 'hub' within Insch and the surrounding area.





SUMMARY - KEY OUTCOMES AND ACTIONS THAT CAN BE TAKEN

For commuters, a service as simple as providing a coffee and hospitality at the station allowed for more interaction with their fellow train-goers, enhancing their morning experience and level of engagement with the community. There is scope for further activity like this, especially as we had such a warm response from 'Scotrail/First Group'. We feel there is a real opportunity to continue working in this location, particularly through the relationships we have developed with the train operating companies and the station controllers. The station offers the chance to realistically enhance communication between those that commute, and we feel that either local business, such as the BLC, or a social enterprise, could undertake this.

Through our work with the Lunch Club, Foundland Court and the hospital we discovered that many OAPs highly valued company and people around them. Again this comes down to offering services that will enable and enhance sociability - some of which are already in place however should be happening more often. One-off events like the 90th party can change the dynamic or banality for patients staying in a hospital or a care environment.

A holistic approach to health emerged as a realistic way of keeping people independent. An example of this is that many of the community found 'prescription exercise' could really benefit their personal fitness and overall wellbeing. There is an opportunity to develop schemes like this by working with local services (Bennachie Leisure Centre, the Golf Club, the Bowling Club, etc), to foster links and allow this to happen. Support has to be given to these existing resources so that they can be sustainable and offer the community good facilities to use.

Our consultancy highlighted that a sense of ownership within the community could be reinvigorated if certain bureaucracy is challenged within public services, allowing for volunteers to feel empowered again. Questions should be raised, like 'why can't vegetables that are grown in the hospital garden be used to provide local and fresh f ood for the patients? As these ultimately benefit them more than the microwavable, driven-in meals that are on offer now?

Within the community there was an overwhelming support for the future of the hospital and the strengthening of 'community hubs', though we found the majority of people we had interacted with had not had the opportunity to express their feelings concerning these matters. By using qualitative methodologies we were able to put ourselves in various local environments and reach a different group of people. This process highlighted that public consultation with the community is a must and conversations that were started through this project should be continued with the support of the Friends.

We feel that to continue to invigorate places and groups with regard to health and social benefits will require local groups extending more actively into the community by being visible in places that have been unused recently, and places where providing catalysts for interaction can be beneficial to people. Conversations we have had with locals have centered on quality of life in a rural community. The main attraction of the work we undertook as artists in public places was the aspect of surprise at simply seeing people working as artists in locations such as blood donation clinics and train stations. These such surprises provide a starting point for conversation, which in turn allows us as artists to take that conversation into the conceptual area we intend to explore/discuss, while building the trust of people. We feel the most important part of being an artist in a public location is to be 'willing and visible', which is what we feel local groups must do in order to communicate with as broad a range of people as possible, not through flyering or through newsletters, but by speaking to people.

APPENDICES

Marketing

We developed notice boards to be placed on the fences of places we were going to be working with. These places included local schools, community centres, and the Bennachie Leisure Centre. We displayed an image of ourselves, and information about the project and how to contact us. This proved successful as over the next few weeks we received phone calls from individuals across the community, who wanted to discuss the reasoning behind being supported by the FOI&CH and the work we were undertaking. In this time 4 different posters featured on each notice board.

- We featured in 2 x Church community newsletters and 2 x ICAN newsletter that are distributed to (number) people.
- \bullet For the Care Fair we printed 20 x A3 posters, 30 x A4 posters and 350 flyers. These we distributed throughout the community and to every child that attended the schools we worked with.
- We created a blog in which to document ongoing events in the project, and to initially provide information about ourselves. Aside from having a temporary residence in the Insch Institute, a blog would serve as a readily accessible ongoing archive of all our relevant
- We advertised the project through online media project website, project Facebook, Jeans+MacDonald Facebook, website and Twitter.
- We gave a public introduction at the Strawberry Fair and the FOIH&C AGM
- Huntly Express, Inverurie Herald, Inverurie Advertiser and Press & Journal were supportive in photographing, promoting and reporting on the project throughout.
- North East Community Radio broadcast an invitation to the final event that we prepared.

Education/ outreach

- We delivered an introductory presentation in Insch about our artistic practice, our interest in the commission and an explanation of how we are interested in 'cultural health' as a concept for community engagement.
- As part of our SSW residency we gave a presentation to participants in the US/UK Iron Pour symposium, which gave us a chance to discuss the role of FOIH&C as a commissioning organisation, and how we approached our work.
- We contacted all school within Insch and the area however had mixed replies and in the end we provided workshops for Old Rayne, Insch, Kennethmont, Rhynie and Oyne.
- We gave a lecture on the project at Gray's School of Art in Aberdeen.

Thanks

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http://www.inschartsproject.co.uk http://www.inschmedicalpractice.co.uk http://art-practitioners-consultancy.tumblr.com

Audience Numbers

Event/ Location	Participants	Onlookers
Strawberry Fair/ Insch	30	400
Initial Hospital Visit/ Insch	14	
Insch Connection Museum	12	
Insch Post Office	6	
Insch Golf Club	8	
Lunch Club/Insch	24	
Local Businesses	45	90
ICAN Editor Meeting	1	
IREC Meeting	3	
Local Councillors	4	
Police (John Fairclough)	1	
Bennachie Leisure Centre	65	100
Lourin Fair, Old Rayne	35	260
Rhynie Gala, Rhynie	20	
FOIH&C AGM 90th Birthday Party Insch Hospital	30	
Blood Donation	25	50
Crash Live' , BLC	25	400
Inschy Winchy Spiders	2	
Foundland Court Sheltered Housing, Insch	22	
Flu Clinic, Insch	40	
Train Commuters	30	90
Beavers & Scouts, Insch	60	
Primary Schools: Oyne, Rayne North, Rhynie, Kennethmont, Insch	207 Pupils + 19 Teachers = 226	60
Care Fair, Insch	60	
TOTAL	788	1450

