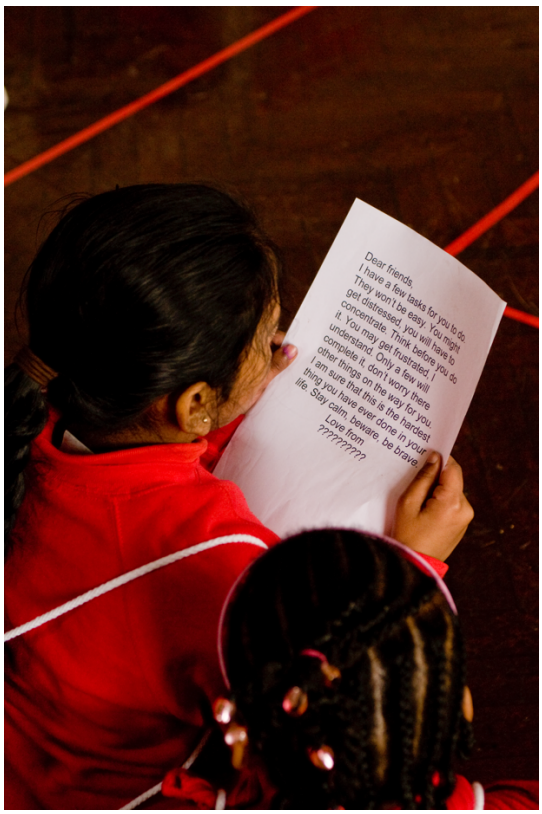
Anna Ledgard: Creative Producer

It is my role to weave the web of collaborative relationships with individuals and organisations, to gather the resources and build the dialogue and organisational structures which are essential to the success of this work.

Anna Ledgard[1] is an award-winning producer, researcher and educationalist who works across the arts and bio-medical sciences to facilitate long-term partnerships between professional artists, healthcare professionals and patients. She works with artist collaborators and a team of sound, digital media and performance artists; past projects with artist Mark Storor, include *The Barometer of My Heart*[2] and *For the Best*[3] Winner of the TMA Theatre Award for Best Show for Children and Young People of 2009. Recent arts and science public engagement projects within the NHS have been with artist Sofie Layton and bioengineer Giovanni Biglino: *The Heart of the Matter* (2018)[4] and *Milk* (2017/8)[5]. Her work is grounded in a belief in the capacity of the arts to tell powerful stories which can build resilience and connect and engage communities and individuals. Collaborating partners include Guy's and St Thomas' NHS Trust; Evelina London Children's Hospital; Great Ormond Street Hospital; Bristol Cardiac Institute and the Freeman Hospital, Newcastle. Anna was Chair of the Wellcome Trust Large Arts Awards panel 2010 – 2014. Her work has been produced in collaboration with Artsadmin where she is an Associate Producer[6].

The Heart of the Matter (2018); artist Sofie Layton: photographer Stephen King

There are many factors that shape this approach not least of which is having a research ethos founded in self-evaluation coupled with teaching skills honed over many years. This combination of reflection and learning are key principles in Anna's collaborative practice that are brought to bear throughout her long-standing relationships with artists in a series of successful creative projects. The creativity and the reflection are intertwined and inter-dependent throughout the kinds of conversations that are necessary for seeding and bringing to fruition.



For the Best (2009): artist Mark Storor; photographer Andrew Whittuck

In her interview, Anna describes some of her creative projects that facilitate innovative artistic experiences in highly critical and demanding environments, a learning process that involves sharing knowledge.

Q: Which word best sums up what you do?

A: Facilitation is very close. I would say now that I facilitate collaborations very often in settings where the presence of an artist is not the norm. It's a big issue, the nomenclature, for me, because actually the producer role, which is what the outside world now calls me (and I used to say Oh I don't like that descriptor, it doesn't encapsulate the complexity of the role) but I now understand that the outside world needs a name and producer kind of fits. But they know that with *me* I have this research process interest so that very often the role of self-evaluation comes with producing in our projects. I am just a complete anomaly but I would say (and this is important to your research) that my background skills learnt as a teacher in the classroom in my 20s and early 30s, fuelled what I do every single day and are the backbone of my practice now. And those principles of inclusive learning, principles of reflection- Schon, Stenhouse, it was drummed into us in the 80s as trainee teachers. I think those principles and values are absolutely central to the way I work with the artists - and I only work with a very small group of very particular artists and we return to each other constantly.

Q: Is there a core part of your work that is the creative part for you as an individual?

A: I think I see the first meeting when the artists and I and the clinicians sit in a hospital meeting room with a whole load of people whom we do not know and we begin a conversation about what we bring and then we ask them what they need, what are their current priorities. It starts always in this way if possible - and we might be being a bit manipulative in that situation- I'm not being disingenuous - and that for me is a hugely creative moment. So my definition of the creativity is far broader than the making of the work of art. It's about the facilitation of the conversation in a way that brings in everybody's voice. I think some of those meetings or encounters have been some of the most creative moments. So that is one aspect of it. Another moment I would say, I call them the 'at the bedside moments', the moments which very often are not about what happens at the end when there's a big public outcome, but they emerge from the process where we are working, artist, myself, the patients, the nurses in a hospital context and people are beginning to tell their stories. Those for me are the most powerful moments of creativity. And that's when I think absolutely this stuff is unparalleled in its power in a sense because it has the capacity for people to share their experiences meaningfully.

Q: What do you think are the critical issues for making successful partnerships?

A: Listening…this is the thing I am constantly asked to talk about. I think those principles from my early work as a teacher are really important here. What makes the partnership work is the sense that everyone feels they are as important as everyone else. Now it isn't like this at the beginning, so our job, because we sometimes have to do a lot of convincing initially, because your busy clinician doesn't see why an artist should be where they should be. However, by the end, or by the middle actually, they do, if we've worked our magic well.

Q: Is that part of your job to enable the other participants to understand the role of the artist?

A: Yes. It's all of our role but I suppose my role particularly is to make sure we facilitate the situation in which they can observe an artist at work and be convinced. In a sense I don't think it's important to ask the artist to do anything other than what they would do. So what I am doing very often is providing the frame for that to happen and making sure that the people who need to see it in action can be convinced themselves of it in action.

I think there's a 'call and response', responsive conversation going on and that is obvious to everybody. It involves responsiveness and empathy, a sensitivity to the setting. They understand very quickly, when they watch the way that we work, that we are really careful about how we are in a space. Of course, you have to be when you are in an intensive care unit. So yes- the listening, the responsiveness…Things like having external funding…we are considered legitimate and we behave like legitimate people in that setting. Often, we are counteracting a lot of understandable prejudice about what the artist does. There has been some bad practice.

In each project it's different, so for example…- the practice has slightly changed. Initially when we were working with hospitals- the very first projects, I went to the hospital school because I knew I could talk the language of teaching with the school. The approach is always that we bring a pretty open artistic process, what are your priorities? How can we together create a piece of work? For the Renal project, the school had a number of priorities which was that their children were not perceived as 'ill child', absent from school, but that they had a meaningful connection with their home school, and could be both ill and physically in the hospital, but also

functioning members of the classroom in their home school. The ward wanted them to have a collective activity so that they could feel connection with their peers on the ward, plus they wanted them to stay on the dialysis machine for five hours without being bored. There were lots of very functional aims but for M and I that's not a problem for us. We know that if you work in this way individually with eight children (which you have to when each is attached to a separate machine) the work that they all produce will create a sense of community, a sense that they have all had the same opportunity to tell their story. Whilst produced individually the results can form a collective narrative. Initially, possibly this was a mistake (working through the schools), but it got us into hospitals through the schools, but actually after the first project I realised, well it was fantastic but we didn't really make much inroad into the clinicians' world. We now have shifted over the last five years and we are now working at the invitation of clinicians who saw the last project. We have established an approach which is different and much deeper - the experience of the patient is much the same, but deeper in terms of our recognition within the system of the hospital.

Q: Are the artworks that come out of these partnerships, performative art or are there many different forms?

A: There are different manifestations. There's a little exhibition at Great Ormond Street around the corner of S's work. The work is inter-disciplinary: it always starts with a patient narrative- very much autobiographically and then the art process responds to that. The projects use sound a lot; there may be a performative element, and animation, design. S's piece here is textile, bronze and sculptural because they have been working with 3D heart printing. She's created poetic hearts alongside them. So very inter-disciplinary but always with a public outcome. I think that is important but the process of making the work takes much longer than the time for the project.

Q: I can imagine that some partnerships go better than others. Have you got a feel for what makes the most successful kind of partnership?

A: I think they do go better than others at times. The beginnings of projects can be very challenging because the artist has to find a place in a new …for example we have been invited into the intensive care unit at Guy's and St Thomas' hospital where we are working at the moment. S. and myself are working with mothers of very tiny very ill babies. We are with them; she is doing little footprints of their children's feet and she is beginning to work with them about singing lullabies and putting sound into the incubators. But it has been hard for the artist: it's a difficult situation …to find a place physically and emotionally for herself in a very busy intensive care baby unit.

All of our environments are challenging. All medical. Some of the most difficult medical situations- the last one with M on erectile dysfunction, a really complicated subject. The issues around the end of life and dying, that's another aspect of my life which is quite separate to this but I am an end of life carer and have had training. That is quite important to understand the situations that people may or may not find themselves in. The difficulties, the challenges are often at the beginning and the setup.

Q: Where does the idea for something originate, what gives rise to a new project?

A: It's a really good question because what I am very passionate about is not so much the content (*muses- is this right, maybe not right?)* but the nature of, or the place that creativity can have in enabling somebody to express something that maybe very difficult to express. That's from my roots as a drama teacher - all of that understanding. Whilst we set a broad context, for example, with *For the Best* our context was what's best for children in a hospital context, that was as broad as it was but very quickly as the work and the conversations started to emerge, we realized part of it was about children's thinking about death, because they were not allowed to express it anywhere else. In an intensive care ward, you certainly can't say it to your parents of course. They are all really grateful for the medical care but nobody talks about the thing that's most in the room. We realized very quickly that the elephant in the room was going to be the subject of the theatre piece. Mark and I realized that but we were not going to publicly announce it at that point.

Q: Presumably at some point you decide you are going to write a project proposal. How does that start?

A: Yes. The creative idea starts from the artist, and M's work is about looking at how we experience and respond to some of the most challenging situations in life – for example children in hospital. But with M we have developed a body of work over the years. But when we start, and this is a big issue for me, and him obviously, we then work without any funding to create the relationships with the hospital, to devise the proposal, to get it to Wellcome and Arts Council. And we only start to be paid when we get the money. This development

phase can be a year or more sometimes. There is an enormous amount of thinking has gone in because you can't just dream up a project to pop in a hospital or a hospital school and send it off to a funder.

Q: Is this an informal kind of knowledge, the personal knowledge of the people, their context and what problems they are struggling with?

A: Yes, absolutely but sometimes, I mean Wellcome has been fantastic for me and for M and others. This will be the seventh quite large award. They have enabled us to properly develop our Barometer project, the first time we went we were not ready, so we were not successful, and they were right. But they responded them by offering us a smaller research grant which enabled us to pull the relationships of the project together. That's a privilege we don't usually have. People are recognizing that this deep work requires that.

Q: How many years have you been involved in this particular work.

A: The first hospital-based project we did was in 2004 and from then on, every two years we've done a fairly large (in terms of time) project…prior to that a lot of my work was in education. M and I first worked together with teachers when I was a young education officer, having just left teaching, at the London International Festival of Theatre. It was this amazing festival which was a dream for us because I was a young teacher, and there was another, Tony Fegan who was the director of learning; he'd just come from Holland Park School and I had just come from Stantonbury Campus in Milton Keynes. We were very fired up and creative. This festival I remember the first conversation with the festival directors: 'Oh we've got these South Africans, Market Theatre Company from Johannesburg, coming in to Kilburn Tricycle Theatre, do you think young people might in any way be interested?'

Tony and I had just come out of teaching in big urban comprehensives so for God's sakes of course we're interested! But at that stage the festival hadn't thought of community engagement…But then there followed a really tricky project because we brought everybody over from Jo'burg to Kilburn and then …Basically the South African performers initially thought these kids were ungrateful, badly behaved. But then over time they realized that if you are living with very little money in Brent, there are more similarities to living in a township in South Africa than they had expected. They realized OMG you have real social problems here. Then they took them to their homes and they witnessed their reality. And that's what I love. That's what got me going. In terms of the artist, it is really important that I am not the artist although I play an important role. I am really careful not to express my view on the artistic process too much - I have views of course – but that's part of the trust between me and the artist.

Q: Is there a boundary between your role and the artists?

A: A clear boundary. I think that M and S would trust me if I was to say "I don't think we can ask that." But I think we know each other very well now and it wouldn't happen…

Q: As a drama teacher you understand about performance. In performative works it must be quite hard to withdraw completely your understanding of that?

A: Yes, and there have been moments when I have thought - Is it alright? But M's judgment is very good. It would be absolutely wrong for me to say "You can't ask that man, he's too distressed." I couldn't possibly do that and actually the experience has shown that M's instinct is right. And actually, those moments have been moments of extraordinary breakthrough for people. But he has to make that decision because ultimately, he is in the interaction at that point, that moment when you know it is actually real for a person. We are not actually in a mine in Durham - but you know it's real and you ask do I keep this role play going?'

Q: It's interesting you quote that as an example because it seems to me that some artists are very good at taking risks and that is a risk. Asking a risky question, it's a risky situation and sometimes those risks can go wrong but sometimes they can be what you need. Artists seem to know how to do it and they do it at all different levels not just the personal interchange with their audiences but also with their works.

A: The questions around our work arise- well that's fine for your process but what about this audience who have come to this play about the death of a child? How do you manage that? We have to manage that very carefully. We have to signpost exactly what this thing is about and M doesn't like to do that because he would say the piece of work must explain itself.

Q: Do you have a kind of moderating role?

A: I am resistant to moderating. I think it is about how we have to communicate very clearly to people- not the content but if we feel… *For the Best* is a good example because when you say 'problems' we had a problem with a school which had booked it through the Unicorn theatre. They brought their Year 5s and 6s and the head teacher said it was absolutely fantastic but we have booked Years 2, 3 and 4 and it's not appropriate for them so we are going to withdraw their visit. There was a big debate about the age appropriateness of the piece.

Q: Can we now move on to what reflective practice means to you?

A: I don't think you can have a creative practice without reflection.

Q: When you are being creative and reflective, how do you know the difference?

A: Mmm.. a really good question- how *do* you know the difference? I don't know if I am going to answer it. If I'm creating a conversation with a group of people that would lead to a project, the reflective bit is that everyone has to be listening and responding and then thinking about what it means together. That is both reflective and creative.

I think I am probably quite a reflective person but so are the others. And that has to happen because what we are dealing with essentially is bringing people with different contexts into our conversation. In our situation, the world that somebody is bringing, the world of the nurse specialist, for example, is very different to my world or the world of the patient. I think through the reflection back to the context is an exchange of knowledge which is why I talk about it as learning. Those encounters are all about us learning about each other. Once we've understood something that can be shared in the middle- and that's what art does- then we can move on to the next step. So, the way our encounters happen- and I think this is important to this.

Q: Do you reflect on your own?

A: I do on my own but also very much with them (the team) probably first and then I'll do it on my own. That's a conversation always noted by me. I have copious journals. In an ideal world I take notes which are quite comprehensive. I type them up after and do some organization or add comments. I am very much part of the evaluation. It's a huge part of my role to collect and gather and then to analyse usually with somebody else. All our projects have evaluation- sometimes external, sometimes internal sometimes a combination of both. It has to be organised into something which is a reflection on how far we have met our original objectives. Often the reports are very visual because we have a lot of imagery and the imagery tells an important story.

Q: Do they contain suggestions that have been made or agreed- like minutes?

A: The evaluation reports have to be a digest so they are not very long but they obviously can include reflections on our own learning and things that shifted in the project.

Q: Do the reflections feed into the evaluation?

A: They feed in but all the time we are trying to make that an iterative process. I will be logging shifts in our plans, for example, we say we are going to work with 8 children or whatever and it becomes clear that that is not a context we can work in and we are going to have to approach this differently for this reason – those are really important shifts to log. So, when our intention has had to change because we are being responsive to our situation.…I am interested in why. These materials… an interesting one where we have had to think differently about what we bring into an intensive care setting. The simple fact that the child wants only to use tissue to work with, which at the time might seem insignificant, can inform an entire piece of the work. That has happened - a little boy who tore paper and tissue constantly and made a mess around his bed (which frustrated the nursing and teaching team). But what he revealed through the work was that, as many renal patients do, his eyes were failing and the tearing tissue was a tactile act which he loved. He then created a whole piece about this….he told the story to M. And actually, it was about him having some control of his situation.

Q: Could you say something about your notes and reports in relation to your strategic thinking about the direction of the work?

A: I suppose the analysis may lead to a strategic change but strategic is not quite the word - a natural change that makes it responsive. I know that if we are not really responsive in a situation then we have to try and find a creative solution to the thing that might not be working. These notes are really important because if I am not clocking carefully what is happening then I might not recognise these moments, then M would be more on his own. So, what we, M, the clinician and myself agreed was that we would meet the next morning every week for

an hour because the consultant recognized that I had an equal responsibility to Mark but I could not be in the consulting room but we needed to find a way for me to be in the reflective conversation. I have notebooks of nine months of our anonymised reflections which was a very important part of my reflective process…Nobody sees those transcripts - just the three of us.

In writing about the work, I think this is a useful example of the three of us (artist, clinician, producer) bringing different perspectives to a discussion about public engagement from right inside our process. This can add to the other ways of gathering patient and audience responses: audience discussion/symposium; audience feedback events/etc.

The Barometer of My Heart (2015): artist Mark Storor; photographer Stephen King

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1 http://annaledgard.com

2 https://www.artsadmin.co.uk/projects/mark-storor-the-barometer-of-my-heart

3 For the Best: http://annaledgard.com/participatory/for-the-best/

4 The Heart of the Matter: https://www.artsadmin.co.uk/projects/the-heart-of-the-matter
http://www.insidetheheart.org

5 Milk 2015-2018 Sofie Layton: http://annaledgard.com/participatory/milk-2015-2017/

6 Artsadmin: https://www.artsadmin.co.uk