Summary of
State of the Sector Survey 2025

UK and Ireland Creative Health Sector

We're sharing here a summary of results from a State of the Sector survey completed in autumn 2025 by 180 people working in the creative health sector across the UK and Ireland, conducted as a partnership between the Culture, Health & Wellbeing Alliance, the Wales Arts, Health & Wellbeing Network, Arts, Culture, & Wellbeing Scotland, Arts Care (Northern Ireland), the Northern Ireland Creative Health Network, Réalta, and London Arts and Health. Please note this is an AI summary – results may not be completely accurate and should be treated with caution.

A total of 180 responses in 2025 break down across the nations as follows:

- Online or across Ireland and the UK: 21
- Wales: 14
- Northern Ireland: 25
- Scotland: 28
- Ireland: 29
- England: 90; within that, Greater London: 24

Creative Health: State of the Sector Survey 2025

AI Summary of workbook findings (using MS Co-pilot)

1. Overall picture

The survey captures a **large, diverse, but fragile creative health sector** across the UK and Ireland. There is **strong belief in the value and impact of creative health**, growing recognition from policymakers and funders, and expanding demand from communities—but this is **not matched by sustainable funding, secure work, or systemic support**.

The dominant story is one of **passion, impact, and resilience operating under extreme financial and structural pressure**.

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2. Funding landscape (major finding)

Funding challenges are the **single most consistent theme** across the dataset.

What respondents report

- Funding is:
  - **Short-term, project-based, and competitive**
  - **Rarely covers core costs**, salaries, or infrastructure
  - Increasingly **bureaucratic and reporting-heavy**
- **Rejection rates are higher than ever**, with many funds closing early or disappearing entirely
- NHS commissioning for creative health is **minimal or inconsistent**
- Arts Council and local authority funding is unstable and vulnerable to political change
- **Small and grassroots organisations are hardest hit**, while larger institutions absorb most long-term funding

Consequences

- Practitioners:
  - Work unpaid hours or for reduced rates
  - Juggle multiple jobs or leave the sector entirely
  - Experience stress, burnout, and declining mental health
- Organisations:
  - Operate “on a cliff edge”
  - Close despite long track records and strong evidence
  - Are forced into short-term delivery rather than long-term impact

Key tension:
Creative health is increasingly talked about as “essential” or “preventative” — but is still funded as an “extra”.

3. Political and systems context

Respondents describe **structural uncertainty** rather than a single policy barrier:

- NHS reform, ICB instability, and devolution create:
  - Loss of relationships
  - Paused or cancelled commissions
  - Inconsistent regional provision
- Local authorities face:
  - Budget cuts
  - Reduced cultural power
  - Increased intervention or censorship in some areas (notably around LGBTQ+ work)
- Many practitioners feel:
  - Creative health is welcomed rhetorically
  - But **not embedded in health, care, or social policy**

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4. Who is working in creative health

The data shows a **highly skilled, multi-role workforce**:

Roles & sectors

- Freelance practitioners, managers, researchers, therapists, educators, volunteers
- Work across:
  - Arts & culture
  - NHS and health settings
  - Voluntary, community, and social enterprise (VCFSE)
  - Local government and higher education

Employment patterns

- Heavy reliance on:
  - Freelancing
  - Short-term contracts
  - Self-employment
- Many combine:
  - PAYE + freelance
  - Practice + fundraising + evaluation + admin
- Pay is inconsistent:
  - Typical rates cluster around £50–80/hour or £200–300/day
  - Many work below their standard rates due to funding constraints

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5. Training and skills needs

Respondents report **high demand for training**, especially when it is:

- Affordable
- Relevant to real-world practice
- Recognised by health and funding systems

Most requested areas

- Funding and fundraising
- Evaluation and impact measurement
- Leadership and career progression
- Partnerships with health and care systems
- Understanding health inequalities
- Creative facilitation in clinical or care settings
- Safeguarding, boundaries, and risk
- EDI, anti-racist, and inclusive methodologies
- Business skills (budgeting, tax, rates)
- Practitioner wellbeing and burnout prevention

Important insight:
Many people already have extensive training—but lack **time, money, or paid capacity** to maintain and update it.

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6. Health inequalities

A **majority of respondents** say their work directly addresses health inequalities.

Common contexts

- Deprived or rural areas
- People excluded from NHS thresholds
- Communities facing:
    - Poverty
    - Discrimination
    - Isolation
    - Long waiting lists
- Early intervention where statutory services cannot respond

Creative health is repeatedly described as:

- A **bridge** for people who fall through gaps
- A **preventative and relational approach** rather than crisis response

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7. Protected characteristics & inclusion

Work across the sector is **strongly inclusive by practice**, even where data collection is inconsistent.

Frequently supported groups include:

- Older adults
- Disabled and neurodivergent people
- LGBTQIA+ communities
- People from global majority and migrant backgrounds
- Women (including pregnancy, maternity, menopause)
- Children, young people, and carers

Many organisations explicitly work with:

- Anti-racist
- Neuro-affirming
- LGBTQ+-affirming frameworks

However, respondents also note:

- Rising hostility in the political climate
- Increased risk for marginalised communities
- Funders' limited understanding of inclusive practice

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8. Evaluation and evidence

Evaluation is **widely practiced**, but unevenly supported.

Common approaches

- Mixed methods (qualitative + quantitative)
- Participant feedback and case studies
- Artist reflection logs
- Wellbeing scales (e.g. WEMWBS)
- Academic partnerships (where possible)

Challenges

- Evaluation often:
    - Is unpaid
    - Competes with delivery time
    - Is required by funders but under-resourced
- Smaller organisations lack accessible tools
- Research funding often evaluates *outcomes* without funding *delivery*

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9. Motivation: why people do this work

Despite challenges, motivation is **remarkably consistent**:

- Belief that creativity is fundamental to human health
- Lived experience of arts improving wellbeing
- Commitment to social justice and equity
- Desire to reduce loneliness and isolation
- Seeing direct impact on participants' lives
- Belief that creative health can transform health systems

This sense of purpose is strong—but many say it is being **tested by financial insecurity**.

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10. Optimism about the future

Outlook is **mixed**:

- Some are:
    - Optimistic about visibility and evidence
    - Encouraged by policy language and pilots
- Many are:
    - Anxious about sustainability
    - Concerned about burnout and sector collapse
    - Seeing peers and organisations shut down

Overall sentiment:
Hopeful about the *idea* of creative health; uncertain about the *conditions* needed for it to survive.

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11. Key messages emerging from the workbook

Across all sheets, respondents are effectively saying:

1. **Creative health works** – for individuals, communities, and prevention
2. **The workforce is skilled, committed, and overstretched**
3. **Funding models are actively undermining impact**
4. **Core costs, long-term investment, and fair pay are essential**
5. **Creative health must move from pilot to system**
