CULTURE HEALTH & WELLBEING ALLIANCE

From surviving to thriving

Building a model for sustainable practice in creativity and mental health

BY VICTORIA HUME
AND MINOTI PARIKH

From surviving to thriving:
Building a model for sustainable practice in creativity and mental health

About this report

This report is the result of a six-month project funded by the Baring Foundation, to understand how we might help more people and organisations using creativity to support mental health to survive and thrive.

This research project was led by the Culture, Health & Wellbeing Alliance (CHWA), a free-to-join national membership organisation for everyone invested in the relationship between culture, creativity, health and wellbeing. Our vision is a healthy world powered by our creativity and imagination, and our mission is to build a common understanding that creativity and culture are integral to health and wellbeing. This is an approach that engages with prevention and health-creation not just treatment and disease; is asset-based and holistic; and is communal, collective and co-produced.

This report has been compiled by Victoria Hume, Executive Director of CHWA, and Minoti Parikh, an independent facilitator and researcher.

Acknowledgements

CHWA would like to thank our Advisory Group (see page 15) for frank and detailed conversations about what is and isn't working; everyone who took the time to complete our survey; the people who spent even longer discussing these issues further with us; and lastly everyone who gave us invaluable feedback on a draft report. We hope this document does some justice to your commitment to this work and can support positive change.

About the Baring Foundation

The Baring Foundation is an independent foundation which protects and advances human rights and promotes inclusion. You can find out more about us in *A History of the Baring Foundation in Fifty Grants*. Since 2020, the Foundation has focused its arts programme on creative opportunities for people with mental health problems.

Cover image by Dapinder Kchahal. Dapinder, who goes by the artist name BrIndi, reignited her passion for the arts in late 2017 through the arts and wellbeing charity Art & Soul. With a background in art and design, BrIndi works in various mediums from watercolour and paint to pen and ink and digital art. She is inspired by the world in which we all reside and must protect. This piece came from the theme of 'bravery', and is a reminder that though we have been through a lot of emotions, challenges and changes, each and every one of us are brave. This is a representation of #artandsoul and to remember we all are a soul with a body not a body with a soul. (Instagram: @ddbrindi, Facebook: facebook.com/ddbrindi)

Design by Alex Valy (alexvalydesign.co.uk)

Contents

04 **Executive summary**

05 **Creativity, culture and mental health: a *Model for Thriving Practice***

Overarching principles

Recommendations for stakeholders

15 **Methodology: how the model was developed**

16 **Research findings**

Developing a framework: culture change

Survey: context, barriers and enablers

Discussion groups: flipping the challenges

Additional observations: context

22 **Discussion: boundaries, barriers and equity**

26 **Next steps**

Executive summary

At the heart of this report is a Model for Thriving Practice. The model describes what needs to happen for creative practice and practitioners to be able to support mental health around the country. We believe the model will allow practitioners to thrive, and practice to grow and spread in a way that is sustainable, open, and inclusive.

The model contains recommendations for five groups working in relation to creativity and mental health: practitioners delivering creative and cultural work; commissioners in the public, community and cultural sectors; funders; researchers; and infrastructure organisations. The model suggests a number of actions for each of these five groups.

The actions and groups are interdependent. Both funders and commissioners have a responsibility to ensure practitioners are adequately remunerated, for example, and to work with practitioners to establish norms for better support when working with mental health. Researchers, commissioners, infrastructure organisations and funders all have an opportunity to celebrate the lived experience that leads this sector and ensure the skills and perspectives this implies lead our institutional development. All five groups have a responsibility to help build a more equitable and representative sector. All five should in different ways develop a level playing field for partnership or coproduction to make the work realistic, effective and embedded.

To build the model we consulted around 150 people working with creative practice to support mental health – many of whom drew on experiences with their own mental health or as carers. We worked with an advisory group, conducted a survey, held focus groups, and shared a draft of this report for discussion and comment. This is not of course intended to be the final word on any of these topics, but we hope it will contribute to and catalyse ongoing conversation.

Concerns shared consistently across these groups included funding – particularly the lack of long-term investment, the credibility and reputation of the work, and the resilience of the workforce. Threaded through all these were questions about accessibility, inclusivity, diversity and lived experience. What kept people going was a passionate commitment to the work, supported by witnessing often life-changing impacts on others.

The workforce driving creativity for mental health is an unusual one. Our survey suggests it is dominated by freelancers and to a lesser extent by part-time employees. Just under 40% of respondents came to this work by using creativity to support their own mental health, and wanting to share this with others. This significant influence of 'lived experience' represents a huge opportunity to improve the way we understand and support both mental health, creativity and culture by investing in this work. But progress made so far in this sector has depended largely on the energies of individuals, often working against the grain of funding and political priorities at some personal or financial cost. Building a thriving sector now is about collaboration and mutual respect across these five groups, sharing both the benefits and the responsibility. This needs an investment of time, energy and financial resources that will lead us toward a more open, confident, and healthy place.

Victoria Hume, Executive Director
Culture, Health & Wellbeing Alliance
January 2022

Creativity, culture and mental health: a *Model for Thriving Practice*

This model describes the actions that would make creative practice for mental health sustainable, and makes recommendations to five groups: **funders**, **practitioners**, **commissioners**, **researchers**, and **infrastructure organisations**. This model was developed through consultation with creatives working with mental health across the UK; see page 15 for the research methodology.

Creativity and culture can support mental health if...

Funders	Practitioners	Commissioners	Researchers	Infrastructure organisations
Coproduce	Coproduce	Coproduce	Coproduce	Coproduce
Target investment	Understand your agenda	Match intervention to need	Support practice	Support practitioners
Invest long-term	Don't go it alone	Support practitioners	Prioritise	Encourage safe practice
Invest beyond project delivery	Be realistic	Encourage safe practice		Support research
Demonstrate realistic expectations	Ask for what you need	Help build a representative sector		Build local ecologies
Encourage safe practice	Nurture your resilience	Support the development of local ecologies		Communicate
Adapt funding processes		Model good practice		Model good practice
Model good practice				

Terminology

We use "practitioners" to refer to the people who are directly delivering creative and cultural work to support mental health, whether freelance or employed. We use "commissioners" to refer to everyone who commissions and manages this kind of work, whether they are in the public or community sector (including arts organisations, large and small). Some people may be both practitioners and commissioners. Sector "funders" are predominantly trusts and foundations; a smaller percentage of funding comes from local authorities and a very small amount from the NHS.[1] Some organisations may be both funders and commissioners. By "infrastructure organisations" we mean national bodies like the Culture, Health & Wellbeing Alliance, regional support networks, or any organisation providing support to the culture, health and wellbeing sector.

Overarching principles

Diversity, inclusion and representation

This will not be a sustainable sector if it is not inclusive and representative. Creativity and cultural work has huge potential to change the public and personal stories by which we live, challenging prejudice and stigma, and offering entirely new possibilities. But given the histories of intersectional inequity and in particular structural racism and ableism in both our mental health[2] and cultural sectors,[3] creative approaches will fail to support our broader health and wellbeing unless they are owned and led by the people most likely to benefit from a systemic change.

Although we have made some suggestions below, others have done far more detailed work in this area and we refer you to this wherever you sit in our model. Contributors to the Baring Foundation's *Creatively Minded and Ethnically Diverse*[4] report make important suggestions in relation to (amongst other things) creating safe spaces, shared resources and leadership. IncArts' *Anti-racism toolkit*[5] is a vital resource. UKArtists4BLM have proposed ways to move on from traditional organisational models and towards civic cooperation to tackle structural racism in the cultural sector.[6] #WeShallNotBeRemoved have developed *7 Principles to Ensure an Inclusive Recovery* – a guide for the arts and entertainment sectors to support disability inclusion.. The Social Mobility Commission's *Socio-Economic Diversity and Inclusion Toolkit for the creative industries* also offers useful suggestions in relation to socioeconomic inclusion.[7] (This is by no means an exhaustive list.[8])

Coproduction

We have suggested that each of the groups included in this model must coproduce. We know this is a term now widely used but not often unpacked. We have attempted to give more specific definitions below but in general what we mean by coproduction is a coming together of people with diverse lived and professional experience to participate equally in a process, whereby the collective knowledge of the group produces something together.

1. See Ponsillo, N., & Boot, J. (2021). www.culturehealthandwellbeing.org.uk/sites/default/files/2021-08/CHW International Conference 2021 3C2 - J Boot_N Ponsillo.pdf [conference presentation].
2. See e.g. *Detentions under the Mental Health Act*, UK Government, 2021 www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest.
3. See e.g. This Work isn't for Us by Jemma Desai (2020), available at: docs.google.com/document/d/1HGBSsBsERxSaD1t0Oq_9acqAqiAPPLekBxaJ8tk-Njw/edit and the UK Disability Arts Alliance 2021 Survey Report, available at: www.weshallnotberemoved.com/2021survey.
4. *Creatively Minded and Ethnically Diverse*, The Baring Foundation, 2021. cdn.baringfoundation.org.uk/wp-content/uploads/BF_Creatively-minded-ethnically-diverse_WEB_LR.pdf.
5. See: www.incartsunlock.co.uk.
6. www.artsprofessional.co.uk/magazine/article/we-need-collectivity-against-structural-and-institutional-racism-cultural-sector.
7. *Socio-Economic Diversity and Inclusion Toolkit for the creative industries*, Social Mobility Commission, 2021: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021624/SMC-Creative_Industries-Toolkit_Sept2021__1_.pdf.
8. Further work is available via the Flourishing Lives/Race Equality Foundation project *Strengthening BAME Inclusion for the arts for health and wellbeing* (raceequalityfoundation.org.uk/project/strengthening-bame-inclusion-in-health-and-wellbeing-services/), in two webinars run by Arts & Health South West / CHWA: Pathways into Arts, Health & Wellbeing: Making the sector more inclusive and diverse (July 2020) (www.youtube.com/watch?v=uqGAkxBbS0I) and Equality, Diversity, Inclusion & Representation (December 2020) (www.youtube.com/watch?v=Svb8dRBrRT4).

Recommendations for stakeholders

Funders

If you are a funder, or otherwise investing in creativity and mental health, we recommend the following:

Coproduce

➜ Consider the implications of the power dynamics between funders, freelance practitioners, people with lived experience and small organisations – and work towards creating an open and equal space for collaboration.

➜ Foster a culture of greater trust around shared goals, learning from positive experiences early in the pandemic.

➜ A substantial proportion of creative and cultural work for mental health is led by people with their own experience of mental health challenges or the mental health system. This leadership by lived experience is hugely beneficial and should be supported at every level of funding, governance, strategy, design and delivery by providing additional support where it is needed, and ensuring institutional practice is founded on this knowledge.

➜ Conduct meaningful consultation with the people delivering and benefitting from the work to codesign funds that meet need, and are manageable and appropriate.

➜ Codesign language and terminology in your application processes that are meaningful and relevant to people who have been less likely to receive funding in the past, especially people of diverse ethnicities and identifying as Disabled, and/or people with their own experience of mental health challenges.

➜ Ensure you can learn from your grantees' projects and work and acknowledge how this learning is happening.

➜ Build partnership between funders to develop joined-up approaches to (for example):

- sector infrastructure, including local cross-disciplinary ecologies
- accessibility: communicating and distributing funding[9]
- shared funding portals to minimize time spent on different applications[10]
- project evaluation – in particular considering how the pressure can be taken off individual projects to 'prove' their efficacy by better utilising existing research
- practitioner support
- rates of pay[11]
- honoraria and financial support in relation to lived experience.

Target investment

For example:

➜ funds *specifically* for the arts and (mental) health, as opposed to within broader health, arts, or social change funds

➜ funds for balanced, cross-sector partnership[12]

➜ funds for practitioners and beneficiaries identifying with the protected characteristics as defined in the 2010 Equality Act – particularly people of diverse ethnicities, and people identifying as Disabled[13]

➜ For public sector funders: what funding can be made available to creative practitioners, and how does this match their capacity? Formal tender processes may not be accessible to small local organisations or freelancers, for example. Are there other ways to approach this?

Invest long-term

➜ Invest in networks and infrastructure.

➜ Support organisations and freelancers' running costs, governance and organisational development so that they can develop expertise and relationships and practise safely.

9. Examples of good practice here include a single online platform that diverts applications to multiple funders.
10. See for example the London Community Response Portal at: blog.londoncommunityresponsefund.org.uk/news/apply-funding-london-community-response-portal.
11. Recommended rates of pay: Artists Union England: www.artistsunionengland.org.uk/rates-of-pay.
12. A forthcoming evaluation of the National Academy for Social Prescribing Thriving Communities funding stream may be helpful.
13. These characteristics are identified in response to structural racism consistently identified in both the cultural sector and mental health sector in the UK, and to the particular risk of exclusion faced by Disabled people in the cultural sector (see #WeShallNotBeRemoved at: www.weshallnotberemoved.com).

➜ Support organisations to develop paid internships, traineeships and mentorship; as well as recruitment drives with specialist organisations to build a more representative workforce.

➜ Additional long-term support will decrease pressure on practitioners, support trust between funders and practitioners, and allow the sector to learn and develop.

Fund beyond project delivery

The following elements of work are rarely accounted for. We recommend funders offer or provide support for these areas of work, and *actively support*[14] applicants to include these elements in their planning:

➜ research and planning

➜ relationship-building (bear in mind that working in a co-productive, person-centred way takes considerable time, especially when people may distrust services, or have low confidence and self-esteem)

➜ partnership-building across different sectors / professions

➜ marketing (including marketing training).

➜ support for practitioners' wellbeing[15]

➜ staff training, including safeguarding, mental health first aid, equality & diversity training, and DBS checks

➜ reflection and evaluation.

Demonstrate realistic expectations

➜ Discourage over-promising in applications or tenders.

➜ Consider what outcomes are realistic in relation to the length and breadth of investment.

➜ Encourage appropriate remuneration, providing guidance where possible.

Encourage safe practice

➜ Support practice that considers the wellbeing and safety of practitioners, partners and beneficiaries in its frameworks; this may require investment in support workers, training,[16] additional facilitators and supervision, for example.

Adapt funding processes[17]

➜ Offer multiple means of submission, including video and audio.

➜ Carefully consider your timelines – ensure practitioners have enough time to design work in response, and initiate any necessary partnerships.

➜ Provide financial support to applicants for more in-depth applications.

➜ Provide training and support for bid-writing and the language of funding.

➜ Co-assess applications with people whose lived experience gives them relevant insight into the potential benefits of the work.

➜ Ensure you have the resources in place to adequately assess applications.

➜ Offer bespoke guidance for applicants before submission, and feedback for unsuccessful applicants.

➜ Ensure caring responsibilities are included in Equal Opportunities forms.

Model good practice

➜ Support a caring working culture in your own organisations, adhering to the principles of practitioner support outlined above, built on good communication, reasonable and flexible working hours and expectations, appropriate pay, and opportunities for skills development and peer support.

---

14. Active encouragement will be needed to change people's low expectations of this kind of support from funders, and a historic culture of overpromising and pressure to prove value with each individual project.

15. See examples of good practice in Culture, Health & Wellbeing Alliance (2021). *What can we learn from the Practising Well Awards?* Available at: www.culturehealthandwellbeing.org.uk/sites/default/files/2021-08/What can we learn from the Practising Well Awards%3F.docx.

16. At a minimum we suggest practitioners should receive training in safeguarding, equality & diversity, and mental health first aid.

17. For more in-depth work on accessibility, see for example the "Pillars of Stronger Foundation Practice", Association of Charitable Foundations' Stronger Foundations Initiative, p.8. Available at: www.acf.org.uk/common/Uploaded%20files/Research%20and%20resources/Stronger%20foundations/ACF_DEI_Thepillarsofstrongerfoundationpractice_final.pdf.

Practitioners

If you are a practitioner working in creativity and mental health, we recommend the following:

Coproduce

➜ Co-create your work with the people who will benefit from it; offer opportunities to engage at different levels, including programme design and development.

Understand your agenda

➜ Spend time considering the change you want to see, and how this project might contribute to that longer process. Make sure you have built in ways to reflect on this throughout your work.[18]

➜ Consider basic training you may need to practise safely and well. At a minimum we suggest training in safeguarding, equality & diversity, and mental health first aid.[19]

➜ Consider existing research and whether this can provide you with any support.[20]

➜ Consider who your work is including and excluding, and to whom it is relevant.[21]

➜ Consider how you will set boundaries for yourself and what support and supervision you might need to maintain them.[22]

Don't go it alone

➜ Working to support mental health is both rewarding and demanding. Can you find partnerships or support that might ease the pressure? Are there other people or organisations in your local area who might be interested in achieving similar things? How can you be part of a larger movement for change? Partners might include other community organisations, other creatives or arts organisations, or local university departments interested in this work.[23] Support might include informal peer-to-peer groups or more established networks.[24]

➜ Commit to meeting partners halfway by being open to different languages and priorities, and to researching the role creative practice has to play in a holistic model of health.

➜ If you're working with people with complex mental health issues or working in challenging settings, make sure you are paired with a support worker or health partner to deliver work.

➜ Work with your partners or commissioners to ensure you have clear procedures, capacity and support to escalate and manage concerns or incidents when necessary.

Be realistic

➜ Don't try to achieve everything in one project.

➜ Consider what funding you need to do this work, including preparation, administration, professional and personal support, relationship development with the people you are working with, partnership development, and space for the unexpected. If you're being commissioned, consider what you can do within the timeframe and budget to avoid being overwhelmed and working more than you are paid for. We know that this is easier said than done; if you're self-employed or working freelance you may feel particularly pressured to commit to more work than you are paid for, but starting from a clear and realistic position may ultimately build a stronger relationship with funders and commissioners.

➜ Investigate free project management tools that might support your work.[25]

Ask for what you need

➜ Consider the financial, personal and professional support you need for each project (this applies to staff members at all levels, as well as contractors).

---

18. You may want to consider a Theory of Change or Logic Model for your work to support this process – see NCVO resources here: knowhow.ncvo.org.uk/how-to/how-to-build-a-theory-of-change.
19. A number of local community sector hubs and national charities provide low-cost training in these areas.
20. For a starting point, see CHWA's research resource at www.culturehealthandwellbeing.org.uk/resources/research-and-evaluation.
21. There are numerous resources available to support this process, including Arts Council England's Creative Case for Diversity. See also Diversity, Inclusion and Representation, on page 6.
22. See CHWA's Practitioner Support resource for examples of support and supervision: www.culturehealthandwellbeing.org.uk/practitioner-support.
23. Some advice on working in partnership with community organisations can be found here: knowhow.ncvo.org.uk/organisation/collaboration/working-collaboratively/forms-of-collaborative-working/working-together-to-achieve-your-mission-ncvo.
24. See CHWA's Practitioner Support resource for examples of support and supervision: www.culturehealthandwellbeing.org.uk/practitioner-support.
25. The NCVO offers numerous free organisational resources: knowhow.ncvo.org.uk/; the AMA's CultureHive offers free resources, including information on business planning for organisations and freelancers: www.culturehive.co.uk/learning-pillars/business-planning/?owner=.

This might include research and planning, training (see above), reflective practice, debriefing sessions, counselling, or supervision.[26] Funders and commissioners may be more open to discussions in this area than you expect. If they aren't, however, you may want to consider whether you can work with different organisations.

➜ Ask for reasonable pay, using recommendations from Artists Union England or equivalent as a minimum.[27]

Nurture your resilience

➜ We know this work can be draining. Consider what self-care measures you can put in place, whether this is informal networks, your own creative practice, or more formal training and support for your wellbeing when you can afford this or when you can build it into projects. We acknowledge that without adequate measures being taken by the other groups in this model, this will remain a huge practical challenge for practitioners; the responsibility for ensuring wellbeing is shared across the sector.

We know that the power dynamics of funding and commissioning can make it difficult or seemingly impractical to ask for the support you need. We encourage you to use this document and other practice frameworks you may be aware of to support your case.

Commissioners

If you are commissioning work involving creativity to support mental health, we recommend the following:

Coproduce

➜ Work in partnership with the people delivering the work and the people who will benefit from it.

➜ Commit to meeting creative practitioners halfway by being open to different languages, skillsets and priorities, and to researching the role creative practice has to play in a holistic model of health.

Match intervention to need

➜ Creative work can support prevention and early-intervention or management and recovery;[28] it can also catalyse organisational and systems change.

➜ Consider the ways in which commissions can respond to both local need and structural inequities.

➜ Creative interventions may look different and may require different skills, commitment of resource, and levels of support at different stages.

Support practitioners

➜ Make sure you understand and communicate the support needs of your beneficiaries with creative practitioners you are commissioning.

➜ Don't commission creative practitioners to work alone if they are dealing with complex mental health issues or working in challenging settings; ensure any creative practitioner is paired with a support worker or health partner when delivering work.

➜ Commit to reasonable pay, using recommendations made by Artists Union England or equivalent unions as a minimum.[29]

➜ Project work may take more resources than you realise. Ensure support is built into your commissioning models to cover freelancers' preparation including research and planning, relationship building, project management, evaluation and emotional resilience.[30]

---

26. You can find suggestions and ideas here: www.culturehealthandwellbeing.org.uk/practitioner-support.

27. Recommended rates of pay from Artists Union England: www.artistsunionengland.org.uk/rates-of-pay.

28. See for example *Evidence summary for policy: The role of arts in improving health and wellbeing*, DCMS (2020), available at: www.gov.uk/government/publications/evidence-summary-for-policy-the-role-of-arts-in-improving-health-and-wellbeing.

29. Recommended rates of pay: Artists Union England: www.artistsunionengland.org.uk/rates-of-pay.

30. You can find suggestions and ideas here: www.culturehealthandwellbeing.org.uk/practitioner-support.

➜ A substantial proportion of creative and cultural work for mental health is led by people with their own experience of mental health challenges or the mental health system. This leadership by lived experience is hugely beneficial and should be supported at every level of commissioners' governance, strategy, design and delivery by providing additional support where it is needed, and ensuring institutional practice is founded on this knowledge.

Encourage safe practice

➜ Support practice that considers the wellbeing and safety of practitioners, partners and beneficiaries in its frameworks; this may require investment in support workers, training,[31] additional facilitators and supervision, for example.

Help build a representative sector

➜ Role models are vital.

➜ Provide targeted, fully paid arts and mental health apprenticeships and mentoring for ethnically diverse practitioners and practitioners identifying as Disabled.

➜ Match this with a commitment to improving recruitment practices across the board[32] – in part to ensure apprentices are not isolated in their working environment.

➜ Ensure your marketing highlights role models from diverse backgrounds and identifying as Disabled.

Support local ecologies

➜ Recognise that impact is determined by partnership across lived experience, creative practice, health/social care structures and a wider community sector.

➜ How can you support freelancers' professional development? Can you provide spaces that support freelancers with their own mental health? Can you cultivate cross-disciplinary networks in your area?

Model good practice

➜ Support a caring working culture in your own organisations, adhering to the principles of practitioner support outlined above, built on good communication, reasonable and flexible working hours and expectations, appropriate pay, and opportunities for skills development and peer support.

More work is needed to unpack referral pathways and tender processes (including social prescribing) to tailor recommendations better to commissioners from the health, care, and wider community sectors; we suggest this should be a next step for this research. See Next Steps on page 26 for more on this.

31. At a minimum, we suggest practitioners should receive training in safeguarding, equality & diversity, and mental health first aid.
32. See, for example, IncArts' Anti-racism toolkit (www.incartsunlock.co.uk), Creative Access (creativeaccess.org.uk) or WeAreUnlimited's top tips for accessible recruitment: weareunlimited.org.uk/ten-top-tips-for-accessible-recruitment.

Researchers

If you are a researcher interested in creativity and mental health, we recommend the following:

Coproduce

➜ Work with practitioners and people with lived experience *from the beginning right through to the conclusion of your research*, ensuring that this partnership begins at the design stage, before bids are drawn up and doesn't dissipate when it comes to publication and dissemination.

➜ Ensure you pay the people you are working with: if you are consulting with practitioners and/or people with lived experience, make sure you compensate for their time *from the first meeting onwards* – especially those who are self-employed or not in employment. Remember that people you approach may not feel able to ask for this; support your partners by offering compensation from the beginning.

➜ A substantial proportion of creative and cultural work for mental health is led by people with their own experience of mental health challenges or the mental health system. This leadership by lived experience is hugely beneficial and should be supported at every level of research governance, strategy, design and delivery by providing additional support where it is needed, and ensuring institutional practice is founded on this knowledge.

➜ Consider the implications of the power dynamics between research institutions, freelance practitioners, people with lived experience and small organisations – and work towards creating an open and equal space for collaboration.

➜ Commit to meeting partners halfway by being open to different languages and priorities.

Support practice

➜ The sector has very limited capacity. Practitioners' workloads often leave little space to engage with research outputs and structures, which can seem impenetrable to people already working across multiple languages: arts, health, local government, funding etc.

- Consider how your institution might be able to support local arts and mental health networks.
- Use language that ensures the people you are describing can relate to the research and can support its design.
- Publish with open access where possible.
- Work with practice and lived experience networks to develop calls for participation.
- Work with infrastructure organisations to provide concise information to practitioners about relevant research, translating key elements into accessible forms that can support funding bids and the development of practice.
- Help local practitioners find you and understand how they might be able to work with you.

Prioritise

➜ Prioritise long-term research that is based on building long-term partnerships with practice and people with lived experience.

➜ Help us understand the ways in which culture and creativity act on the social determinants of health and health equity.

➜ Research into impact has historically been dominated by white Western methodologies and art forms; ensure that research tackles this cultural bias and is representative of the people receiving the least benefit from current health and cultural systems (see Diversity, inclusion and representation, page 6).

➜ Ensure that the detail of practice, not just outcomes, is represented in research.[33]

➜ Support the sector's work to evaluate its own practice.[34]

See also a cross-disciplinary, co-produced research agenda set out by Fancourt et al. (2020).[35]

33. See *Missing voices in culture, health and wellbeing research* (2021), Centre for Cultural Value, available at: www.culturalvalue.org.uk/missing-voices-in-culture-health-and-wellbeing-research.
34. A number of participants have spoken about the need for a standard evaluation framework. Thus far attempts to produce a catchall framework have proved unsatisfactory. We suggest that the fluid working practices that define the arts and mental health will always require multiple means of evaluation. Ongoing conversations with practitioners and research teams suggest a more sustainable approach might be to strengthen a theory of change approach. Once a theory of change is clear, any number of frameworks are available (for example those included in our Evaluation resource: www.culturehealthandwellbeing.org.uk/i-want-evaluate-my-work).
35. Fancourt, D., Bhui, K., Chatterjee, H., Crawford, P., Crossick, G., DeNora, T. & South, J. (2020). Social, cultural and community engagement and mental health: cross-disciplinary, co-produced research agenda (2020). *BJPsych Open 7(1)*. doi.org/10.1192/bjo.2020.133.

Additional thoughts for higher education

Only 3% of our respondents came to the arts and mental health through higher education or postgraduate studies. We know that a significant proportion of arts graduates will move into socially engaged practice, especially as funders invest more in these areas. There is an opportunity here to set arts undergraduates and postgraduates up for this work with better tools for their own professional and personal resilience, including project management, reflective practice, and supervision. There is huge potential too for undergrad/postgrad paid internships. More undergrad/postgrad work in this area will also support a more productive relationship between practice and research.

Infrastructure organisations

If you are an infrastructure organisation, we recommend the following:

Coproduce

➜ Coproduce a shared, open language and identity for 'culture, health and wellbeing' that can support a representative workforce and tackle questions of value and recognition.

➜ Learn from and build on existing practice frameworks to help people work confidently and safely.

Support practitioners

➜ Set out recommended frameworks for practitioner support to change the status quo.

➜ Lobby for appropriate compensation for practitioners and people with lived experience.

➜ Support and develop practitioners' professional confidence and self-esteem.

Encourage safe practice

➜ Support practice that considers the wellbeing and safety of practitioners, partners and beneficiaries in its frameworks; this may require investment in support workers, training,[36] additional facilitators and supervision, for example.

Support research

➜ Work with the research community to:

- provide concise information to practitioners about relevant research, translating key elements into accessible forms where necessary
- build the relationship between research and practice
- consider the ways in which culture and creativity can respond to both local need and structural inequities.

Support the development of local ecologies

➜ Support local clusters for small organisations and freelancers to share resources, tackle personal and professional development, and provide peer support and reflective spaces.

➜ Support more joined-up relationships between the arts and the broader community and health and social care sectors.

➜ Work with local voluntary and community sector hubs to develop opportunities for arts organisations and freelancers to understand different elements of the health and care system and how they can approach it.

Help build a representative sector

➜ Develop and support targeted efforts to support ethnically diverse practitioners and practitioners identifying as Disabled.

➜ Ensure your marketing highlights role models from diverse backgrounds and identifying as Disabled.

36. At a minimum we suggest practitioners should receive training in safeguarding, equality & diversity, and mental health first aid.

Communicate

➜ Help practitioners get the message out about their work.

➜ Amplify work led by people of diverse ethnicities, people identifying as Disabled, and people identifying with any and all of the protected characteristics, as well as people from diverse socioeconomic backgrounds.

Model good practice

➜ Support a caring working culture in your own organisations, adhering to the principles of practitioner support outlined above, built on good communication, reasonable and flexible working hours and expectations, appropriate pay, and opportunities for skills development and peer support.

➜ A substantial proportion of creative and cultural work for mental health is led by people with their own experience of mental health challenges or the mental health system. This leadership by lived experience is hugely beneficial and should be integrated at every level of infrastructure governance, strategy, design and delivery by providing additional support where it is needed, and ensuring institutional practice is founded on this knowledge.

➜ Ensure you pay the people you are working with: from internships to consultation, make sure you compensate people for their time *from the first meeting onwards* – especially those who are self-employed or not in employment. Remember that people you approach may not feel able to ask for this; support your partners by offering compensation from the beginning.

Methodology: how the model was developed

The model is based on information from people already delivering work with the arts to support mental health (henceforth "practitioners"), a significant proportion of whom have their own experiences of mental ill-health or as (unpaid) carers for those living with mental health needs. The project was guided by our advisory group (see below) within which there is additional experience of research, commissioning and clinical practice. It's important to state that more work is needed to understand funders', researchers' and health partners' perspectives in particular; we intend to use the model to begin this conversation.

Our Advisory Group:

Angela Awuah
Mental Health the Arts and Paul Hamlyn Foundation | London and South East

Kiz Bangerh
Hip Hop Heals, Lapidus and The LENs | West Midlands

Helen Boutle
Creative Recovery | Yorkshire & Humber

Sue Flowers
Green Close and The LENs | North West

Sandra Griffiths
Red Earth Collective | West Midlands

Terry Hayden
The LENs | London

Daniel Regan
Arts & Health Hub | London

Tim Sayers / Sallie Varnam
Brightsparks | East Midlands

Mark Smith
Green Ribbon Arts Festival, Mental Health Foundation | Wales

Katey Warran
MARCH Network, and Arts Culture Health & Wellbeing Scotland Board member | Scotland

1. Developing a framework

The Advisory Group developed an initial framework (see page 16) through a number of discussions between February and April 2021.

2. National survey

119 people responded to a survey distributed between July and September 2021 through CHWA's networks, targeting practitioners in the arts and mental health. The survey was designed to assess barriers and enablers for the work.

3. Facilitated discussion groups

A proportion of survey respondents volunteered to join discussion groups. Consultant Minoti Parikh designed and ran these groups, and has collaborated on this report. Minoti invited 67 volunteers to join a series of six small online discussion groups, based on ensuring diversity of experience and geography. Of these 29 attended discussion groups, and one person had a separate phone call – all received a small honorarium towards their time. Minoti used 'reframing' as a methodology to encourage discussion about positive changes that could be made across the framework initially identified by the Advisory Group.

Research findings

Developing a framework: culture change

Our advisory group initially established a need for culture change in seven areas – some of which are unpacked further in the discussion below.

1	**Policy**	➜ Broader drivers: • Prioritising wellbeing over economic growth • Shift in research priorities in health • Additional social support / improved welfare state • Funding for higher education and apprenticeships • Social support for creative practitioners ➜ Immediate policy environment: • Recognition that if creative practice is to support mental health it will need stable and significant long-term investment
2	**Funding**	➜ Longer term investment ➜ Multiple funding sources (including statutory) ➜ More realistic expectations ➜ Reconsidering what constitutes 'value for money' ➜ Greater trust between funders and practitioners
3	**Reputation & credibility**	➜ A shift in general understanding of 'impact', towards a more holistic model
4	**Equity**	➜ Shifting the identity of the work so that it can support a representative workforce ➜ Funders & commissioners: commitment to consultation and accessible processes ➜ Policy level: more support for arts education; free higher education; targeted apprenticeships
5	**Research & evaluation**	➜ Shift towards equitable partnership with practice and lived experience ➜ Coproduction / informed by lived experience and practitioners' knowledge and needs from the start
6	**Cross-disciplinary partnerships**	➜ Recognition that impact is determined by partnership across lived experience, creative practice, health/social care structures and wider community sector ➜ Shift from 'precarious allyship' to sustainable partnership
7	**Training & practitioner support**	➜ Recognition of risk, and of the need properly to support people working in this area ➜ More support for leadership by lived experience

Survey: context, barriers and enablers

Context

77% of 119 respondents had been working with arts and mental health for five years or more; 44% for over 15 years. 65% were freelancers, 20% were employed at least part-time by an arts organisation. Only 9% were employed by health organisations, and 4% by local authorities.

We asked how respondents had come to working with the arts and mental health. Almost 40% had been inspired to work in this area by their own experiences; 32% had come to it through other arts work (including teaching or other community work); only 3% came to the arts and mental health through higher education or postgraduate studies. 96% of respondents used creative practice to support their own mental health.

Cumulatively this suggests a close relationship between practitioners' own mental health and their professional practice. The field is dominated by freelancers, and has generally developed through experience rather than training or educational contexts. It's clear that very few practitioners are embedded in health structures or local authorities, but are instead gravitating towards these structures from the outside. Despite the challenges we outline below, a large proportion of respondents had sustained work in this area for many years.

Barriers and enablers

We asked people three questions to get to grips with barriers and enablers:

Q1: *What challenges do you face working with creativity and mental health?*

Q2: *What helps you to carry on?*

Q3: *What needs to change to make your work easier?*

These were open questions, which have been analysed to determine key themes, summarised in the graphs below.

Broadly, barriers and enablers clustered around the following themes:

Funding

47% of respondents identified funding as a challenge, and 50% of respondents felt funding needed to change. Respondents identified insufficient funding, short-term funding, poor practice around levels of pay and paying on time, and difficulty accessing funding. Only 4% of respondents identified funding as something that kept them going.

> *[It's] stressful to find funds that will enable me to scale up programmes.*

> *People experiencing poor mental health are also often financially challenged and cannot self-fund to any realistic degree.*

Interestingly, this diverges from the case studies we collected earlier this year of work undertaken during the Covid pandemic. Here, out of 47 case studies, 15% said funders' flexibility had supported their ability to reach people during the pandemic, and 30% said that dedicated funding streams had helped them. This suggests a difference between funders' emergency responses and the more general funding landscape.

> *Funders who fund creativity often don't get 'mental health' and the impact of creativity.*

Recognition and credibility

18% of respondents saw the credibility of the work as a challenge, and 20% felt this needed to change. Two thirds of the people identifying credibility as a challenge were freelancers.

> *I [have] found it hard for anyone to take me seriously as a sole artist in the community.*

> *I hate the constant justifying … Dealing with those who think art is fluffy.*

Resilience

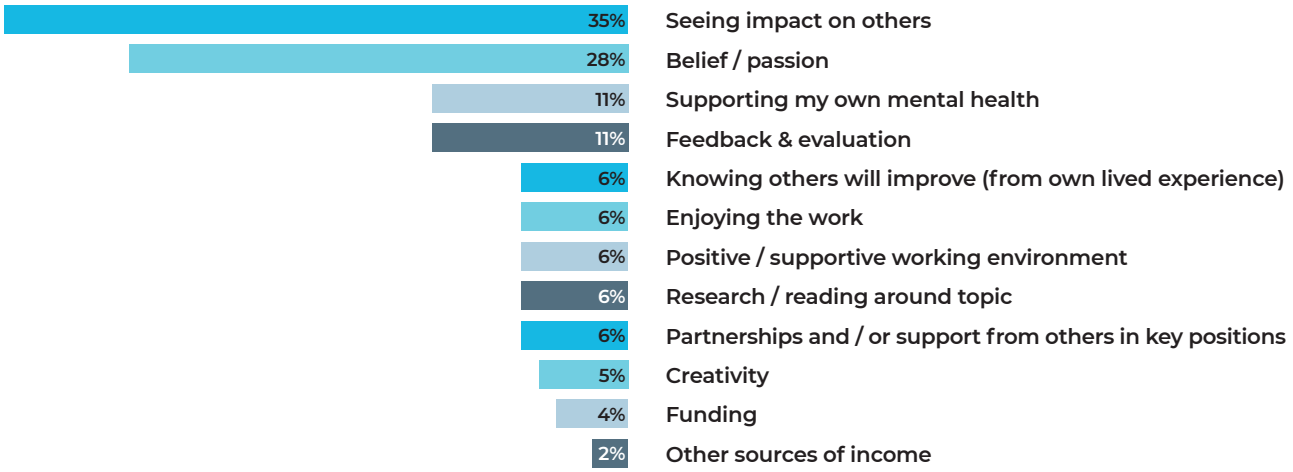
Challenges in this area pertained to professional resilience, personal resilience, and coping with pre-existing mental health issues. We are using "professional resilience" here to refer to issues like capacity and time; and "personal resilience" to point to issues like affective (emotional) support and developing 'healthy' boundaries when undertaking this work.

> *…as much as art and creativity can improve your mental health, it could also [… cause] your mental health to deteriorate. I am a perfectionist and I struggle a lot with being OK and accepting of my work when it is not up to the level I expect it to be.*

Another challenge is in trying to make work that helps others when you yourself are not doing too well. Oftentimes, practitioners doing work with mental health have faced personal struggles with their own mental health […] this is essentially what enables them to understand it and speak about it at such a level, but it's inevitable that those individuals will have their ups and downs too.

WHAT CHALLENGES DO YOU FACE AND WHAT NEEDS TO CHANGE TO MAKE YOUR WORK EASIER?

WHAT HELPS YOU TO CARRY ON?



Partnership

The most overt challenge in relationship to partnership was that of building strong relationships with health partners. Many respondents expressed difficulty with understanding health structures and even knowing who to approach; others were further down this road but needed support from partners to embed partnerships beyond relationships with supportive individuals.

There was also some evidence of a disconnect between the arts and the wider community sector, however. This manifested, for example, in misunderstandings about terminology and structures: "I am unable to compete with the voluntary sector, and often can't access funding from them, as I don't work voluntarily."

We know that during the pandemic many cultural and arts organisations who might previously have been working alone have forged new relationships with local mutual aid groups, food banks etc. But for others an ongoing disconnect may be leading to mis-targeted frustration with those perceived to be more plugged in to the system, like linkworkers for example, who one person saw as gatekeepers to funding. It is worth noting that social prescribing itself has generated considerable concern across the sector, and that thus far there is neither the investment nor the infrastructure to support healthy partnership.

"When I check about social prescribing, I am told 'Go to your GP' – Why will they listen to me?"

Q: What needs to change?

A: *Proper funding and good partnerships. Effective brokerage. Better local networks. A shared community of practice. Training for support staff/support networks. Better pay.*

There are clear overlaps above with five of the seven themes identified by our Advisory Group (funding, recognition & credibility, training and support, research, and cross-disciplinary partnership). The remaining two themes from the original framework were equity and policy, which we explore briefly below in relation to the survey.

Equity

"Discrimination" was mentioned by three participants in the survey. For one respondent, discrimination related to being a single parent and carer; for the other two it related to Disability. A fourth person spoke of their "determination to address the inequalities and lack of representation I see in the sector". We discuss equity in more detail below.

Q: *What challenges do you face?*

A: *My lack of formal qualifications. My own processing disabilities in organising funding and promoting my work. Discrimination.*

Policy

Topics that could be said to relate to policy included the absence of the arts in education; a lack of clarity in relation to social prescribing; sidelining lived experience; profit imperatives in health procurement; and hierarchies of evidence. Much of the thinking here was implicit rather than explicit and rested in a general call for a holistic approach to mental health, for the value of creative practice to be recognised, and for partnership between creativity and health to be more embedded.

In relation to the broader drivers of policy, however, it is worth acknowledging the response below, which speaks to a total alienation from the policy environment and also a clear need for an alternative sense of community and solidarity to support both one's own and others' wellbeing.

Q: *What needs to change?*

A: *A government who embodies the values and principles of care. We are operating in a heartless environment which speaks a damaging language of exclusion, punishment and fear. I need my hope renewed. Ultimately I know that comes from me, my presence, my connections and relationships to those who share my values and enable positivity.*

I need my efforts, and the efforts of my people, my community, my sector to be heard, seen, felt and enabled. I do not feel valued. My efforts are so often invisible and unrecognised outside of my immediate environment and contexts. I do not need a parade, just some security, some compassion, some recognition of the deep and heartfelt effort that artists are making up and down this country, to keep the whole system healing. I need rest. I need a nap. I need to know when I will feel safe from the marauding racists, homophobes and misogynists who display their power without shame. Our culture feels corrupted by this aggression. It is endangering us all. I need to feel a sense of solidarity and collective power, that together we can create a safer environment for all.

A note on evidence

The survey suggested a tension between the evidence of our own experience and senses and more 'objective' measures. The thing that helped most people carry on (35% of respondents) was seeing the impacts on others, and belief and passion (28%). Only 11% referred to evaluation or feedback, and only 6% referred to research. Only 4% of respondents felt more research was needed. Others identified the challenges of gathering evidence and pointed to confusion between research and evaluation.

"Time constraints to evaluate the impact of arts and creativity on the mental health of participants."

Q: *What needs to change...?*

A: *Acceptance that not all worthy and effective work can fall neatly into the restrictions demanded to produce empirical evidence.*

Discussion groups: flipping the challenges

Using 'reframing' as a methodology, Minoti encouraged participants to make concrete suggestions for how to address the challenges identified in the survey.

People were asked to complete the sentence *"Would it not be great if...?"*

Select responses are included below.

Policy

Would it not be great if...

➜ there was more recognition that people with lived experiences are an asset and not a hindrance and that our experiences are tapped into to create structural changes.

➜ the language used around 'prescribing' was clearer and areas where the social prescribing model can be used were more defined.

➜ there was greater exposure to artists and the arts and culture sector in secondary and higher education.

➜ arts in mental health research reports were as talked about as research reports on mental health sponsored by pharma companies.

It's worth noting that our participants all had fairly different ideas of what 'policy' constituted.

Funding

Would it not be great if...

➜ as a self-employed person I had access to more funding pots.

➜ CSR [corporate social responsibility] becomes more accessible and definitely much more than 'we'll help paint your office'!

➜ we are more realistic about what we can achieve through a project. I feel sometimes we overpromise in our applications and then feel stretched to deliver.

➜ there was a 'something's gone wrong fund' so that we can fix a problem without going through a long process of application for £100.

➜ there was a legacy fund where we are able to get in touch with our participants to see the impact of arts on their mental health over 5 years.

➜ people changed their mindset about 'arts being free' because it is not!

Equity

Would it not be great if...

➜ I had more role models and success stories of people who look and talk like me; are we celebrated enough?

➜ there was a change in culture around artists/ freelancers taking sick leave without judgement.

➜ there was better support for people like me for whom English is not their first language. I don't feel spoken to by many in this sector and I don't feel that my application is appealing enough.

➜ funders committed to genuinely thinking through the application process.

Research & evaluation

Would it not be great if...

➜ I could be in touch with my group and participants over 4-5 years to see the impact arts has had on their lives.

➜ if we could have concise evidence of how many times a participant has been to the GP since starting an arts programme.

➜ there was a way to get bite-size information to back our applications without spending hours reading 100s of pages of outdated information.

➜ I could partner with a researcher from my local university who could support me with the final reporting of my project ... it would save me a great deal of time.

Cross-disciplinary partnerships

Would it not be great if...

➜ people with the decision-making powers fully understood the impact of arts on mental health.

➜ arts were prescribed as an early-intervention tool rather than in crisis mode.

➜ there was consistent implementation of arts programmes across all healthcare settings in the country.

Training and practitioner support

Would it not be great if...

➜ clinical supervision was more widely used and recognised.

➜ there was a 'safe trade' version for training.

➜ there was a way to create a bridge between research and real world so that there is space to tap into my transferable skills.

➜ there was better support to help nurture our emotional journey...I think it can add value to our facilitation.

➜ my peer support group was more than just a space to vent.

➜ there were opportunities for early career artists to access business skills-based training to help build their career in the arts.

Reputation and credibility

Would it not be great if...

➜ there was a report somewhere that can prove the huge amount of government money saved because of arts-based initiatives.

➜ I can just stop feeling like an imposter and not wait for the right moment but just get on with speaking up!

➜ I develop a confidence that allows me to charge the rate set out by organisations like Equity. I fear I will lose out on the job if I quote what I think I should be paid.

➜ there were online networks that I could tap into that help facilitate introductions to the right people

Much of the discussion was ultimately less about the reputation of the work, and more about practitioners' confidence, networks, and access to suitable information and language to describe their work.

Additional observations: context

➜ Women-dominated: 96% of our discussion group participants identified as women.[37]

➜ Wearing multiple hats: more than 80% of participants had multiple part-time jobs.

➜ Caring responsibilities: about 30% of participants had full-time caring responsibilities along with managing their arts practice.

➜ Regional disparities: fewer opportunities were available to the majority of participants in rural areas.

➜ Ethnicity: the group was not diverse or representative in relation to ethnicity.

37. This reflects the broader makeup of CHWA membership: 80% female (at August 2020).

Discussion

Boundaries, barriers and equity

Equitable cross-sector partnership

There has been talk for some years now of being at a tipping point, whereby many of the institutional norms that the arts and mental health challenge are moving towards a different position. Health has been widely recognised as socially determined since the 1980s – coinciding with the emergence of the community arts movement.[38] The arts 'establishment' continues to move albeit awkwardly towards a more community-oriented model.[39] The research agenda, too, is shifting.[40] But the grassroots practitioners who have brought this work into being are still finding it almost impossible to get a foothold in the systems. Institutional *thinking* may be moving on, but its structures and organisational cultures have yet to follow suit.

Individual champions within health, care and research are welcome, but one Advisory Group member described this as a "precarious allyship" which collapses as soon as the person moves to a different role. There is real urgency here: in the throes of the pandemic, these roles are constantly changing; many allyships are collapsing, emergency funding is drying up, practitioners are exhausted, and some organisations who have been leading practice for many years will not survive. The onus now is on *leadership* in the statutory sectors to foster coproduction with the people who have been driving this work from the outside.

The first Covid crisis opened up a space of trust – funders were more flexible and open, and in the health and care sectors the door was open to new partnerships.[41] There is a huge opportunity to build on this and to move from single champions to cross-departmental organisational strategies that will embed this work long-term. There are examples around the country of a more embedded approach to culture, health and wellbeing: in Gloucestershire, long-term investment by the Clinical Commissioning Group has led to significant falls in GP consultation rates and hospital admissions.[42] A new Creative, Health and Wellbeing Partnership for Cornwall and the Isles of Scilly was launched in 2020, focused on addressing health inequalities, loneliness and isolation, and improving mental wellbeing.[43] In 2020, Greater Manchester Combined Authority launched *A Social Glue* from the Manchester Institute for Arts, Health & Social Change, aligning culture with Manchester's commitments to building a fairer, more equal society as the UK's first "Marmot city-region".[44]

Without this level of strategic commitment to sustained investment, the passion and commitment and imagination that has created this work in the first place will burn out.

This is a field that has developed from lived experience not just of mental ill-health but of an often alienating mental health *system*. Arts and mental health practitioners have historically worked against the grain of quantitively driven health evidence, against the grain of traditional 'high art' organisations, against the grain of commissioning structures, and against the grain of the wider policy and political context. The language used by some survey respondents reflects a faith in the work rooted in this oppositional history:

> *"...I am a true believer."*
> *"...evangelical about the arts for living well."*
> *"...The faith I have in the joy it brings people."*

38. White, M. (2009). *Arts Development in Community Health: A Social Tonic*. Oxford: CRC Press, p.41.
39. Matarasso, F. (2019). *A Restless Art*. Also see for example the current Arts Council England and National Lottery Heritage Fund strategic frameworks.
40. See for example Fancourt, D., Bhui, K., Chatterjee, H., Crawford, P., Crossick, G., DeNora, T. & South, J. (2020). Social, cultural and community engagement and mental health: cross-disciplinary, co-produced research agenda. *BJPsych Open 7(1)*. doi.org/10.1192/bjo.2020.133.
41. See Culture, Health & Wellbeing Alliance (2021). *How culture and creativity have been supporting people in health, care and other institutions during the Covid-19 pandemic* [report, April 2021], p.8. Available at: culturehealthandwellbeing.org.uk/sites/default/files/Culture%2C Health %26 Wellbeing Alliance Institutions report - FINAL.pdf.
42. See *Creative Health: The Arts for Health & Wellbeing* (All-Party Parliamentary Group for Arts, Health & Wellbeing, 2017), p.49. Available at: www.culturehealthandwellbeing.org.uk/appg-inquiry.
43. letstalk.cornwall.gov.uk/creative-health-and-wellbeing-partnership.
44. www.miahsc.com/a-social-glue.

"...I believe in it, as an ideology that continues to inspire me."
"...I'm dedicated to sharing it as perhaps a religious person might their "Word"."

Belief and instinct – confirmed by seeing the impact on others – are necessary drivers when existing knowledge structures are against you; they have kept survey respondents going in this area for over a decade. But as one person put it, "the focus on survival gives you tunnel vision – makes it hard to connect with others or with the evidence". The work is also inherently *personal* – there is often little separation between work and self, which makes brokering partnerships or accessing funding all the more fraught a process.

Sometimes, the first gatekeeper can repeat a whole history of institutional rejection. One Advisory Group member working in the NHS has been approached for funding many times. In fact he has no budget, but offers to meet people and talk about potential partnership. Tellingly, those "who have power, or have had opportunities in life say 'oh yes I'll meet up with you', whereas people who haven't got power, haven't had opportunities in life [say] 'no if you can't pay me to work for you...' Then they're just angry and they go."

Other Advisory Group members unpacked this:

"a lot of people come into arts and health through lived experience, and some of the projects they do are really passion projects based on the things they've gone through, so when they don't get the resources or unable to get what they need then there's a lot of frustration because of past experiences [...] in their own lives. So to them, it's personal [...] I've had that experience before where I've been rejected, and I've thought "oh are they rejecting me?" But they're not. It's about separating the project from the person."

"I used to take rejections so personally. Now I see that [...] I need to separate my personal background and experiences of being disempowered [... from] my role as a professional artist. It takes a lot of time to separate the two [and] a lot of rejections."

There is still a lot of work to be done, moreover, to tackle the 'value' of creativity and cultural work. One Advisory Group member noted the use of the words "paid opportunity" in arts advertisements, something which itself alerts us to the myriad *unpaid* opportunities we might not get away with advertising in other skilled professions. Another recent CHWA project has pointed to a degradation of the profession of artist, finding "ongoing identity-based trauma in participants where their core sense of self as an artist and practitioner had become eroded and even invalidated due to the undervaluing of them as artists in the society in which we live. This resulted in loss of boundaries, loss of clear role definition and a sense of being 'bent out of shape' in order to fit."[45]

Even as this work is more widely publicly acknowledged for its value, the power differentials between those with lived experience, practitioners, funders, researchers and commissioners remain stark. For a freelance creative or small organisation, approaching the giant bureaucracies of health, social care and research is a David and Goliath proposition. Meanwhile, poor funding practices (short timelines, inaccessible processes, unrealistic expectations and so on) continue to ramp up anxiety in an already stressed sector, and to stoke competition and division when we need urgently to be working together.

One respondent to this process noted the pressure often put on organisations to move away from dependence on a particular funder, and to develop mixed funding models. Responses here and in other surveys CHWA has conducted suggest there may be space for more engagement with the private sector; however, in the early days of the pandemic, it was evident that mixed models, especially where commercial sales were a substantial part of the mix, did not necessarily serve organisations well. Dependency on consistent investment from statutory and arms-length bodies may not be inherently problematic. Co-dependency between health, care, creativity and culture is potentially a strong ecosystem.

Precarity and equity

The precarity of the work is directly impacting equity. As one Advisory Group member put it,

"arts and health is an extremely complicated organisational structure spanning multiple sectors. It's hard to navigate even for those working within it. It's also bound up with inequalities because ways into arts and health work often require time to find social and cultural resources, which needs economic resource."

Project-to-project funding favours those with independent financial support; where there is no support, carrying on with this work

45. Culture, Health & Wellbeing Alliance (2021). *Creative Well* [evaluation report, October 2021], p.3. Available at: www.culturehealthandwellbeing.org.uk/sites/default/files/2021-10/Creative Well Report Version 1- 141021.pdf.

entails considerable personal and professional risk. For our Advisory Group, building the networks that support this work has taken years of speculative, unfunded research and relationship-building. Members also pointed to critical enablers in their own histories: free higher education, university bursaries that opened up research and professional circles, apprenticeships specifically focused on people of diverse heritages. Some of this work is within the power of individual institutions and can be addressed now via the model above; some is a matter of policy. For now though, the visible workforce for arts and mental health work remains unrepresentative, particularly in relation to ethnicity.[46] And despite the potential impacts of creativity and culture on the social determinants of health, as Errol Francis points out in *Creatively Minded and Ethnically Diverse* (2021), the arts and health sector "has traditionally responded poorly to health inequalities".

Positive actions like apprenticeship schemes, specialised recruitment, and diversifying governance are not funded within project grants. Not many funded organisations are led by people of colour; as the Advisory Group pointed out, it's hard to tell whether this is a lack of awareness of funding opportunities or "that we're just not chosen". Moreover, "lots of things in grant funding are traditional, including the language – many people don't know how to write applications in a way that sounds appealing". Whilst many funders are working to address these problems,[47] and some are consistently recognised as working hard to be accessible and communicative, the Group noted huge variance; this has led in part to our recommendation that funders continue to work together to learn from each other.[48]

The Advisory Group discussed the importance of precedence, of recognising yourself in people that have gone before. Without role models and a sense of community, the pressure on individuals is increased exponentially; if training and events in this work look monocultural, there is no sense of a welcoming infrastructure. And as we have seen above, as in the wider cultural sector there is an over-reliance on personal networks in place of formal ongoing support.

We have barely touched here on the dominance of women in this space. The make-up of our focus groups here broadly reflects the wider CHWA membership (in a 2020 survey just under 80% identified as female). While there is much to be celebrated about female leadership in this area, repeating patterns of more female participation in arts and mental health work makes it clear that not enough men are benefitting.[49]

How then can we help people wanting to work in this world access a sense of power and confidence, and create the professional boundaries that might sustain them long-term? How can we create skills in partnership development? How can we build a representative sector and open up the closed networks driven by project-to-project funding and crisis mode? We hope the model suggests a number of actions, but ultimately only sustained investment can build an infrastructure for accessible training, and healthier employment and governance practices.

> *"Maybe future work could pay closer attention to race and ethnicity, disability, and age of people in the sector or trying to get into it."*

Language

Arts Council England acknowledges the potentially alienating impact of the term art with its shift towards the use of *creativity* and *culture*.[50] *Creatives* is a more relevant term for many than *artists*. Youth culture often feels absent from arts and health, and "mental health" itself is far from being a universally relevant concept.

> *"We're speaking in the language of the dominant white arts and health world. Some of the people I know who are doing participatory projects and are not white are doing fantastic projects but they don't see them as arts and health projects. Maybe it's because within that culture, the concept of mental health doesn't exist."*

46. Data on CHWA membership in 2020 is available here: www.culturehealthandwellbeing.org.uk/sites/default/files/ED%26R against population data at September 2020-2.docx.
47. See for example the "Pillars of Stronger Foundation Practice", Association of Charitable Foundations' Stronger Foundations Initiative, p.8. Available at: www.acf.org.uk/common/Uploaded files/Research and resources/Stronger foundations/ACF_DEI_Thepillarsofstrongerfoundationpractice_final.pdf.
48. See London Funders' Theory of Change: londonfunders.org.uk/theory-change.
49. For further discussion of this issue, see this 2020 webinar organised by the Cultural Institute, University of Leeds: www.youtube.com/watch?v=5GB9zETf_x4&t=1359s.
50. Arts Council England (2019). *Shaping the Next 10 Years* [Consultation document, summer 2019], p.2. Available at: www.artscouncil.org.uk/sites/default/files/download-file/Draft_Strategy_summer_consultation_2019.pdf.

❝ There should be a breaking down of traditional structures and reformation around different art forms that young people can actually relate to.❞

How then, do we ensure that what limited support structures there are, are useful to "practitioners who might not see themselves as arts and health practitioners but could find this really, really helpful?"

There are further language barriers between the beneficiaries and facilitators of this work and those who commission, fund, and research it.

Some survey respondents called for a new language: "agreed use of language across the sector is an essential next step to help us describe how, what and why in a more succinct way to people who may be new to what we do." One Advisory Group member expressed a desire for "leadership [...] around finding a universal system where healthcare professionals can speak at the same level as community arts practitioners, the voluntary sector and clinicians, based on the same objectives and outcomes".

But is it really about one new language, or about creating a space where many languages can be heard?

Next steps

We know this model will not map onto everyone's experience, and we hope it will generate conversation and challenge from the various groups represented, as well as supporting concrete action. In particular, while we have made suggestions in relation to building a representative workforce, more work and nuance is needed here.

Referral pathways, and who should pay

This document does not discuss referral pathways in any detail. For our colleagues running the HARP (Health, Arts, Research, People)[51] funding and research programme in Wales, referral pathways is "one of the most challenging areas in terms of embedding and value creation – getting health people to refer patients into creative projects".[52]

The question of who should be paying for this work and how we can effect proper long-term investment has been discussed for decades. The advisory group pointed to political disparity between England, Wales and Scotland, leading to differences in policies and programmes relating to arts and health. The new Integrated Care Systems (ICSs) will be legal entities by April 2022, steering how health is supported at a sub-regional level. New commitments to social prescribing have opened up possibilities but also created new tensions and complexities for practice, particularly in relation to funding, quality and safety. At the same time there is some anecdotal evidence that after years of withdrawal during austerity, more funding is trickling back to arts and mental health work via local Public Health teams – although again dependent on local champions (and therefore closed networks) rather than strategic commitment.[53] The advisory group pointed to the risks of conflating creative practice for general mental wellbeing and for people diagnosed with mental health conditions (although this distinction should also be tempered by understanding the discriminatory nature of mental health systems and diagnoses).

We suggest that a second phase of this work might be to investigate with health and local government partners across the home nations the ways in which creative practice might be embedded at different levels in the mental health 'journey'. This could also build on the work currently being undertaken by the National Centre for Creative Health's four ICS "Hubs" to help us all understand how the system might fund and support creative practice.[54]

Frameworks and codes

We acknowledge that there is increasing demand from both the sector itself and our partners for a framework to govern practice, which may help build trust and support our partnerships. We will be pursuing this possibility with partners, but we are committed to ensuring frameworks do not become a barrier to creating a truly representative and diverse workforce.

---

51. ylab.wales/programmes/health-arts-research-people.

52. Explored further in the HARP Journal (July 2021): ylab.wales/harpjournaljuly2021. Other points of reference might include the Thriving Communities webinar series from the National Academy for Social Prescribing: www.youtube.com/watch?v=TaOubH2wzpg.

53. The HARP Funding Learning Group (7 July 2021) explores the programme's learning about different types of funding for different types of arts and health projects, and ways this could be understood: docs.google.com/presentation/d/1W8QpMQySvBFil1pmwmTROPcVl7DjHezb8WGxF02Q6l4/edit#slide=id.ge3b7c13ca0_0_9.

54. ncch.org.uk/what.

Supported by

The Baring Foundation

Supported using public funding by
ARTS COUNCIL ENGLAND

Culture, Health & Wellbeing Alliance
Priory Campus
Pontefract Road
Lundwood
Barnsley S71 5PN

www.culturehealthandwellbeing.org.uk
Twitter: @CHWAlliance

January 2022