Culture, Health and Wellbeing Alliance Theory of Change

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Glossary

Mean	A measure of central tendency and is used to describe the average. All the scores are added together, and this is then divided by the number of scores
n =	The number of people in a sample. For example, the total number of people that completed the "What makers arts in Mental Health Sustainable" survey questionnaire: n = 98
NVivo	Primarily a qualitative data analysis computer software package
Randomised Control Trial	A randomised control trial (RCT) is a trial in which subjects are randomly assigned to one of two groups: one (the experimental group) receiving the intervention that is being tested, and the other (the comparison group or control) receiving an alternative (conventional) treatment (Kendall, 2022)
Sector	Refers to the culture, health, and wellbeing sector in England

Acronyms

ACE	Arts Council England
BP	Business Plan
AHRC	Arts and Humanities Research Council
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing
CHWA	Culture, Health and Wellbeing Alliance
LENs	Lived Experience Network
NHS	National Health Service
NCCH	National Centre for Creative Health
Oc	Outcome
SO	Strategic Objective
RCT	Randomised Control Trial
RECAP	The Centre for Research into Education, Creativity and the Arts through Practice
SAMs	Strategic Alliance Members
SAPs	Strategic Alliance Partners
SSO	Sector Support Organisation
ToC	Theory of Change
WHO	World Health Organisation

Introduction and the Present Study

CHWA is the only free-to-join national membership organisation for creative health across England and is registered as a Community Interest Company (CIC, number 12359172). As we write, CHWA has 5,800 members including freelance creative practitioners, museums, heritage, and arts and cultural organisations (2022 a). For CHWA, being an infrastructure organisation means supporting health and wellbeing for all through creative and cultural practice. Specifically, it means supporting or working with funders, practitioners, commissioners, researchers, and other infrastructure organisations. It also means being strategic allies with the All-Party Parliamentary Group for Arts, Health & Wellbeing, and the National Centre for Creative Health and the Lived Experience Network (LENs).

The work that CHWA undertake includes networked and collaborative advocacy, information, support, training, and resources.
(See: https://www.culturehealthandwellbeing.org.uk/). The key areas of work include:

- Social Prescribing
- Digital
- Loneliness
- Creativity
- Climate and Health
- Practitioner Support

As an organisation, CHWA consists of a Board of six non-Executive Directors; the President (Lord Howarth of Newport); two members of staff (an Executive Director and a part-time Coordinator), and seventeen Regional Champions (CHWA, 2022 a). CHWA received ACE Sector Support Organisation (SSO) status in 2018 when it merged two existing national arts and health organisations. These organisations were the National Alliance for Arts, Health and Wellbeing and the National Alliance for Museums, Health and Wellbeing. A Key context for CHWA and the activities it supports is a dependency on ACE for "*sector support funding*" (Cause4, 2021, p. 2). Separately, as an extra source of income, CHWA also have a Pay Pal donation portal. They also generate income from submitting applications to trusts and foundations.

Previous internal evaluations and an independent strategic review conducted by Cause4 consistently found that the work CHWA undertakes is well received and valued by its growing membership and more broadly in the sector (Cause4, 2021). As a point of departure, Cause4 are a social enterpise that specialises in supporting charitable organisations to raise funds. The evidence also suggests that the impact of CHWA's work is unclear and CHWA's strategic direction in the sector requires further clarity. The purpose of this present study is therefore to explore some of the reasons for this, to suggest modifications to CHWA's organisational level Theory of Change (ToC) and then to present a strengthened ToC.

The Present Study

CHWA commissioned the Centre for Research into Education, Creativity and the Arts through Practice (RECAP) and the Philip Barker Centre for Creative Learning to provide a report to strengthen CHWA's organisational level ToC model. The revised organisational ToC produced as part of this report should be viewed as a development that will go through further iterations with CHWA's Board of Directors. A further intention of this report is to provide a starting point for CHWA to develop their evaluation and monitoring processes.

CHWA defined the aim of the report with RECAP and the Philip Barker Centre for Creative Learning as:

- Develop CHWA's ToC to illustrate how the activities are intended to achieve outcomes.

The next section explores the sector that CHWA are working to support as an infrastructure organisation and some of the tensions within the sector.

Situation Analysis: Locating CHWA in the Culture, Health and Wellbeing Sector

In the previous sections, we provided some context about CHWA as an infrastructure organisation and outlined the intention of this report. In this section we provide a situational analysis of the sector CHWA is supporting. The situational analysis is informed by literature in the fields of art, culture, health and wellbeing as well as conversational style interviews that we conducted with CHWA's Executive Director, Coordinator and one of the Board of the non-Executive Directors (January 2022-April 2022).

> *"Increasing numbers of ICS leaders are recognising how creative health approaches can valuably support the NHS. Let us make sure that, in framing this legislation, we guarantee appropriate opportunities for social prescribing and other non-clinical interventions to make the full contribution of which they are capable to benefiting both mental and physical health."*
>
> (Lord Howarth, 2022)

We start the situational analysis by presenting a quote by Lord Howarth, the President of CHWA, that reflects the current context of the culture, health, and wellbeing sector in England. This quote also alludes to the role that the arts have in improving physical and mental health and wellbeing. As argued in the seminal report *Creative Health: The Arts for Health and Wellbeing* (2017)*, individual experiences of the arts can, on the one hand, lead to recovery from illness, injury or addiction. Also, they can prevent disease or infirmity. On the other hand, arts engagement supports the attainment and maintenance of wellbeing in healthy people, those experiencing ill health and their

carers (2017, p. 13). Separately, the World Health Organization (WHO) tell us that creative activities could mitigate the detrimental impact of stressful environments and the negative health impacts of growing up in disadvantaged conditions (Fancourt & Finn, 2019).

While existing research in the fields of art, culture, health and wellbeing is encouraging (Polley et al 2017; Marmot et al, 2020; Fancourt et al 2020; and Hume 2021), it also shows that much still needs to be done. In CHWA's context, this means building *"a common understanding that creativity and culture are integral to health and wellbeing"* (CHWA, 2022 a) across England. It also means that *"understanding"* needs to be put into practice by equitably integrating culture and the arts into local health and wellbeing. As a point of departure, equity refers to the idea that people have different circumstances and should therefore be allocated the resources and opportunities that they require to reach an equal outcome. Whereas the term equality simply gives people the same resources or opportunities irrespective of their starting point. As Paula Dressel puts it:

> "*The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances". (*Paula Dressel, 2022)

Returning to CHWA's mission of developing a "*common understanding,*" (CHWA, 2022 a), the gaps between the positive impacts of creativity and culture on health and wellbeing, coupled with inequitable provision across England, are also reflected in the gaps between research and practice in the sector. These gaps can be narrowed through policy-making and the political will to act upon policy itself. Furthermore, as Hume and Parikh (2022) tell us, gaps can be reduced by empowering practitioners who express concerns about the perceived credibility of their work and inconsistent funding, that make that same work challenging. As part of this report, these gaps are described as three separate but interlinked tensions that lie inside and outside of the five groups that make up the culture, health and wellbeing sector. As understood by Hume and Parikh (2022), these groups are funders, practitioners, commissioners, researchers, and infrastructure organisations.

As a point of clarification, CHWA define **practitioners** as people directly delivering creative and cultural work to support health and wellbeing. **Commissioners** are described as those who have official authority to manage work in the sector. **Funders** are expressed as anyone who provides money for the sector; these being primarily trusts and foundations with, as Ponsillo and Boot (2021) observe, a smaller percentage coming from local authorities and a very small amount from NHS. To be an **infrastructure organisation,** as explained by CHWA, is to be a national organisation, body or network providing support to the *"culture, health, and well-being sector*" (Hume & Parikh, 2022).

To be a **researcher** is to conduct an enquiry, often in accordance with methodologies set by a specific field(s) or discipline(s). For example, on the one hand a researcher can be one person undertaking action research or practitioner enquiry to inform their professional knowledge (Hulme, Cracknell, & Owens, 2009). On the other hand, a researcher can be working as part of a team on a large-scale clinical randomised control trial (RCT). Finally, in this report we have included **policy makers**. As the National Co-ordinating Centre for Public Engagement (2020) tell us, to be a policy maker is to amend or formulate policy. In their Business Plan (2022 b), CHWA acknowledge these groups are not discrete, and some people belong to one or more of these groupings within and outside the sector.

Drawing from literature in the field of culture, health and wellbeing alongside conversational data collected with the Executive Director of CHWA, the Coordinator and one of the non-Executive Directors, we have identified three tensions. These tensions are situated in a changing sector with diverse challenges and priorities that range from, but are not restricted to, the climate crisis, social prescribing, the pandemic, and the mental health and wellbeing of creative health professionals. However, these specific issues will not feature in detail in the overarching tensions we present below.

- The persuasive power of evidence in existing research and evaluations to inform policy making.
- Filling the knowledge gaps (our understanding) through research and evidence that is relevant to the sector.
- The persuasive power of people to make change in the sector. Here, evidence is only one element that informs policy making and change in the sector.

The **first tension** is expressed as the persuasive power of evidence to inform policy making in the sector. Here, policy makers, commissioners and funders justify aspirations for a consolidated evidence base to demonstrate the benefits of arts and cultural engagement on health and wellbeing. As the University of Oxford makes us aware, to consolidate an evidence base, *'good'* evidence is required (DSPI, 2021). To clarify, evidence is normally produced as a result of undertaking research or an evaluation. As APPGAHW (2017) point out, research generally seeks to answer a research question or to test a hypothesis, whereas evaluations tend to assess a project against a set of criteria.

Returning to the idea of *'good'* evidence, the issue lies between the types of evidence collected by practitioners and researchers in the sector and the perceived credibility of that evidence by decision makers, namely policy makers, commissioners, clinicians and funders. In health, evidence-based hierarchies are used to inform policy and practice, with systematic reviews and multiple high quality RCTs being classified as

the *'gold standard'* (NIHR, 2019). However, Crossick & Kaszynska (2016) and Clift (2017) recognise that a '*step*' should be taken back from existing hierarchies of evidence that prioritise RCTs and experimental approaches in favour of research methodologies and designs that are appropriate to cultural and arts-based activities and experiences. Just as Terry and Cardwell (2016) and the Mental Health Research Group (2021) argue, research should also set out to include a focus on valuing the preferences and lived experiences of diverse communities of people.

ACE are attempting to partly address this tension through their 10-year strategy, *Let's Create* (2020-30). Here, the idea is to better evidence and promote the value of arts and culture. Also, practitioners and cultural organisations are being encouraged to interpret what quality looks like in practice and to measure the quality of that practice through evaluation and research. This feeds into ACE's attempt to capture the quality and reach of arts and cultural activity through their quality metrics and standardised evaluation framework, *Culture Counts* (Knell & Whitaker, 2017). The framework has been met with mixed reviews. Gilmore et al (2017) tried to make sense of ACE's standardised quality evaluation system and concluded that it was perceived as a "*trusted set of measures to sample opinions from different stakeholder groups*" (2017, p. 292)*.* It was also thought to be a comparative tool, that was described as "*a well-designed platform to bring these data together and help decision-making*" (2017, p. 292). At the same time, it was perceived as limited "*in its capacity to build public understanding of the qualitative meanings people derive from their encounters with art*" (2017, p. 292).

ACE (2019, 2020 a), echo some of the concerns raised by Gilmore et al (2017) by problematising quality as a fixed concept and acknowledge that judgements about quality have different meanings to different people. In creating this argument ACE (2020 a) make it clear that they will listen to the sector to develop a shared understanding about quality. ACE also make it clear that they have the "*responsibility ... experience and expertise to make the judgements*" (2020 a, p. 47) that will inform their decision-making processes as a funder. By drawing on the work of Evans and McKinley (2012), it could be perceived that by collating and determining the quality of research and evaluations, ACE are also attempting to manage knowledge within the sector, itself a dilemma.

Since starting this evaluation, CHWA has received additional investment from ACE to develop a Creative Health Quality Framework with the sector. Jane Willis, the consultant leading this work, approaches quality as a responsibility shared across the different stakeholders in creative health, not just practitioners. The framework will approach quality as a "*situated concept*" *(*2022 d, CHWA*)*, which means *"different things to each of us depending on what's important to us and the context in which we work, the communities with whom we work, the nature of our practice and what we aim to deliver" (*2022 d, CHWA*).* While it is important to acknowledge quality as a

concept, and how it is understood in relation to evidencing and promoting the value of arts and culture, it will not significantly feature in the remainder of this report.

The **second tension** lies between the groups that make up the sector and between the sector and the public. As mentioned earlier, this tension relates to shared understandings of the positive impacts of creativity and culture on health and wellbeing. As argued by Kobayashi (2019), this tension could partly arise due to some valuable research findings in the sector not travelling or translating into practice; at the same time, valuable practice-based experiences do not always inform the direction of research or policy. A further issue relates to better coordination of funding for co-produced and cross-disciplinary research. As Fancourt et al (2020) makes us aware, cross-disciplinary research is growing in the sector, but also explains that the relevance of this research to policy and practice remains unclear.

CHWA locates itself in this tension as an advocate of co-produced research and research–practice integration that is informed by equitable communication between groups in the sector. In this scenario, equity relates to amplifying the voices and research agendas in the sector that are underrepresented. In this way, CHWA champion developing relationships between practice and research as well as influencing funders, commissioners, and policy makers (CHWA, 2022 a) to help to identify and prioritise the most pertinent research questions that have "*practical value*" (Fancourt, et al., 2020) within and outside the sector. As Professor Helen Chatterjee observes:

> *"The Culture, Health & Wellbeing Alliance plays a vital role in bridging the gap between research, policy and practice. Our ongoing collaboration with CHWA has been enormously beneficial for enhancing the impact of our research and affording opportunities to connect with a diverse range of practitioners, creatives, professionals and organisations. Put simply, there is no better network to engage with to progress creative health research."*
> (Professor Helen Chatterjee, University College London)

Furthermore, the strategies used by CHWA to facilitate research–practice integration can also be applied to efforts for '*changemakers*', to bridge the gap between the public's understandings of culture, health and wellbeing and knowledge in the field. As Jacobsen (2021) claims, to be a change maker is to be *"someone who imagines a new reality, takes action and collaborates with others to bring that new reality into being for the good of others".* For CHWA, all its members have the potential to be changemakers. Here, we use the idea of a *'changemaker'* as an exit point from the second tension we have discussed and an entry point to discuss the third tension that we identified earlier in this section of the report.

The **third** and final tension we present is best expressed as the persuasive power of people to inform policy-making and commissioning. This tension lies between

'evidence' and the *'belief systems'* of people and groups within the sector. Here, evidence is posited as only one factor that influences policy making or, as Pawson (2006) suggests, evidenced-informed policy. This tension is exemplified in the Creative Health (2017) inquiry through the words of Lord Ramsbotham (2016), who makes us aware that change in the sector occurs through social processes rather than a scientific process. Put another way, social processes are reliant on public policy advocacy. In this scenario, Goulding (2014) and Daykin et al (2017) argue that to influence policy and funding bodies, well-focused advocacy and collective action may be more effective than attempts to generate more evidence.

Returning to the idea of persuasive power, we mean "*communication that is designed to influence* [policy makers and commissioners] *by modifying their beliefs, values, or attitudes*" (Simons, 1976, p. 21) to address health and wellbeing inequality across England. For Shams et al (2016), values are considered as an *"important component of policy-making and health system reforms*" (2016, p. 623). Moreover, these values are recognised by Giacomini (2004) as deep-rooted beliefs which influence behaviours and decisions. If we explore Giacominis' (2004) point further, that the social processes that effect political change are based on deep-rooted beliefs, we can connect with ACE's point that a hearts and minds approach is required in order for the value of creativity and culture to be realised by policy makers, individuals and communities.

While ACE's aim is to "*move hearts and convince minds*" (2020 a, p. 18), in our analysis CHWA adopt a different approach to leadership. Here, CHWA build reciprocity and empower changemakers to develop partnerships and work together, across the sector, through communities of practice that are strengthening regional infrastructure. By communities of practice, we mean groups achieving common goals by pooling a collection of communal resources (Amery & Griffin, 2020). These communities can do more than up-skill their members. They can open *'third-spaces'* for professional creativity and knowledge co-production. Here, we draw on Hulme's (2009) explanation of '*third spaces'* as platforms where practitioners reflect on and raise questions about their values, beliefs and practice, and that of others.

For culture and creativity to be valued by policy makers and commissioners, CHWA are advocating the persuasive power of their membership, and the communities of practice that it supports, though the activities identified in their Activity Plan (2022 b), and website (CHWA, 2022 a). CHWA involve the expert voices of their membership and communities of practices at the grass roots level. Here, experts are understood to be people that know about issues in the sector from first-hand experience or, as CHWA put it, *'lived experience'* of being a practitioner and, in some cases, medical conditions. Separately, as outlined in CHWA's Business Plan (2022 b), also they harness the pervasive power of people by collaborating with their peers and strategic allies when advocating for public policy change.

In this situational analysis, we positioned CHWA as working with and through three tensions. The first tension explored the persuasive power of evidence to inform policy making. In the second tension, we unpacked evidence in relation to the relevance and practical value of research. In the final tension, we discussed the persuasive power of people to make change in the sector. As an infrastructure organisation with a leadership approach based on the principle of empowerment, CHWA collaborate with partners, networks, and their membership to nurture, advocate and facilitate change. If we consider Wong and Kuvaas' (2018) interpretation of empowering leadership, CHWA's role is to model good practice by democratising decision-making processes, helping to remove bureaucratic constraints, and demonstrating confidence in the value of its membership and partners' work. In other words, CHWA requires an organisational ToC that puts the collaborative work which it undertakes with and for its partners, networks and membership, front and centre.

Complexities of working definition in the sector

In the previous section we outlined three overarching tensions in the sector and positioned CHWA as working with, and through, these tensions. In this section, we expand on some of the terms introduced in the previous sections of the report.

Before discussing the approach that we have adopted to strengthen CHWA's organisational ToC, we take this opportunity to provide some working definitions and problematise some terms that have already featured in this report. The terms that we refer to are '*culture*', '*creativity*' and '*the arts*". We also provide a working definition of health and wellbeing. The presentation of these terms is based on conversational data collected between January 2022 and April 2022 with the Executive Director, Co-ordinator and one of the non-Executive Directors of CHWA. We start by defining **culture**.

As Lewis (2008) puts it, the meaning of culture has always been conceptually difficult to define. ACE associate *'culture'* with the areas of activities, artforms and organisations in which it invests. These include:

> *"Collections, combined arts, dance, libraries, literature, museums, music, theatre and the visual arts … we aim to be inclusive of the full breadth of activity that we support."*
>
> (Arts Council England, 2020, p. 12)

However, CHWA's understanding of culture extends beyond ACE's definition to include the idea of culture as being representative of the rich and changing tapestry of everyday and (extra)ordinary lives.

While understandings of **creativity** are many and varied, for CHWA, there is some consensus with ACE (2020), who first define creativity as "*the process through which*

people apply their knowledge, skill and intuition to imagine, conceive, express or make something that wasn't there before." However, CHWA go further to interpret creativity as being synonymous with critical thinking (Adams & Owens, 2015) and curiosity (Harris & Holman-Jones, 2022). In CHWA's context, to be a critical thinker is to engage with policy, education, practice and research. To be curious is to be "*open the possibility of surprise, encountering other beings and situations with anticipation, and asking good questions*" (Harris & Holman-Jones, 2022, p. 6).

As a working definition, or a place holder, CHWA draw on WHO's definition of **health** and **wellbeing,** which is:

> *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities [….] Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."*
>
> (WHO, 2022)

In this report, we have grappled with the labels *'art'* or '*the arts'*. Until this point, the terms '*art'*, '*creativity*' and '*culture'* have been used interchangeably. We defend including the label **'art'** and **'the arts'** in earlier sections of the report due to the various ways organisations in the sector define themselves as well as the way the sector is reflected in existing research and literature. For example, Fancourt refers to the role *of the arts in improving health and wellbeing* (2020), whereas Age UK (Archer, et al., 2018) present the arts as part of the cultural sector. However, from this point onwards and where possible, the term *'art'* will be occluded in favour of the term '*creativity'*. The justification is based on ACE's presentation of a "*case for change"*, put forward in their 10-year strategy (2020-2030) about how '*arts'* are "*defined, understood and valued*" in the country (2020 a, p. 9).

As with ACE, CHWA are mindful that many people feel uncomfortable with the label '*the arts'*, due to the connections they make with '*high art'.* In this way, the term creativity is preferable to reflect the cultural lives that most people lead. In adopting the term creativity, CHWA reject notions of elitism and exceptionalism, that have no place in their work, in favour of what Adams and Owens describe as *"imaginative events and productions of ordinary people"* (2015, p. 6). In other words, CHWA are an organisation for "everyone *invested in the relationship between culture, creativity, health, and wellbeing*" (CHWA, 2022 a).

The working definitions agreed with CHWA provide an exit point for understanding CHWA's position in the sector and an entry into the next section, which focuses on the

approach we adopted to strengthen CHWA's Organisational ToC. The definitions of creativity, culture, health and wellbeing will be carried forward into the ToC.

The Approach to Strengthen CHWA's Organisational Theory of Change

In the previous section we discussed CHWA's definitions of creativity, culture, health and wellbeing. In this section, we discuss the approach to develop and strengthen CHWA's organisational ToC. We end this section by describing the methodology, data-gathering techniques and the parameters of the data used to inform the ToC.

The structure of the organisational ToC for CHWA conforms to the conventions set by the Centre for the Theory of Change (2021). These conventions include a graphical arrangement of long-term goals, measurable indicators of success, and explicit actions to achieve goals. It also shows a pathway from guiding principles, which inform actions through to outcomes. The pathway also identifies outputs from activities and outcomes. We have also articulated the underlying assumptions and the connections between what CHWA have done and what CHWA aspire to achieve. In addition to the graphic, we have provided a template, which is presented in Appendix 3, that connects activities with ACE's investment principles and outcomes. A further convention to developing a ToC is to link assumptions and activities in their ToC to desired outcomes, which should all be clear and measurable.

In developing the ToC, we also explored the distinctions between strategic level theories of change and that of an organisation. As part of these discussions, we concluded that for each strategic objective, CHWA should have an appropriate level ToC that feeds into the organisational ToC. Here, the idea would be to identify gaps or overlaps in the activities and outcomes. In some scenarios, overlap would be desirable to ensure that the CHWA achieve their goals. In other scenarios, overlap could indicate an insufficiency in the overall ToC (Hills, 2010). We will unpack project ToCs in relation to CHWA's strategic objectives in later sections of the report.

In the next section, we discuss the approach to strengthen CHWA's organisational ToC and describe the methodology, data-gathering techniques and the parameters of the data used to inform the strengthened organisational ToC.

Parameters and Methodology

This section explains the mix of data collection methods used to strengthen the CHWA ToC. We also provide an overview of the time scales of the data collection and analysis. As part of the time frame, it is essential that we detail the points at which the secondary data was gathered by CHWA. It is also essential to point out that the report and the strengthened organisational ToC presented in this report are bound by the last point at which data was collected. For practical reasons, primary data collection came

to an end in April 2022 to provide adequate time to devise the ToC and write up the report in readiness for the CHWA's submission to ACE.

During the period of December 2021 to April 2022, we systematically examined the CHWA website going through each tab and link in turn to see if there was an emergent or implicit organisational ToC – it was clear that there was no explicit ToC on the CHWA website. From December 2021, the CHWA website has been revised to include the strategic priorities **Equity, Sustainability** and **Partnership** set out in CHWA's Business Plan (2022 b). We understand the emergent changes on the website and in the Business Plan itself were informed by some of the conversational style interviews that we conducted with CHWA's Executive Director, Coordinator and one of the non-Executive Directors. As this is a real time evaluation, learning was anticipated to feed into CHWA's activities.

We undertook a series of four qualitative research interviews with the Executive Director of CHWA and one of the non-Executive Directors. Also, CHWA's Coordinator contributed to one of the four qualitative interviews. The data-gathering processes complied with the qualitative conventions of Bryman (2016); Cohen, Manion and Morrison (2018); Miller and Glasser (1997), and Denzin and Lincoln (1998). On all four of the occasions that we met, the conversations took place online and included the named authors of this report and the two named members of CHWA detailed earlier in this section of the report. In each of our discussions, we adopted a conversational style in which dialogical encounters were prioritised above processes, schedules, and interview techniques (Chiseri-Strater, 1996;Roulston, 2010). We describe these inputs as vital to gaining insights into the complexities of the sector.

As part of the first interview in January 2022 and second interview in February 2022, together we developed a shared understanding of CHWA's position in the sector. As part of these conversations, we reviewed the recommendations that CHWA had made for infrastructure organisations as part of their report, *From surviving to thriving? Building a model for sustainable practice in creativity and mental health* (Hume & Parikh, 2022). This report and the recommendations were based on a 2021-22 project funded by the Baring Foundation, to understand the landscape of creativity and mental health. The recommendations are based on conversations with an Advisory Group for the project, a national survey of practitioners specialising in creativity and mental health (n=119) and six facilitated discussion groups with 29 specialists, all of whom were paid for their time. As part of the third interview in March 2022, we focused on CHWA's governance, activities and outputs. In the final interview in April 2022, we discussed CHWA's Business and Activity Plan in relation to ACE's investment principles.

We also examined documentation and data provided by CHWA. A summary of each of the documents and data sets are detailed in Table 1. As can be seen, the data is diverse, reflecting the breadth and depth of activities and work CHWA undertake.

These documents ranged from membership data and website analytics to an organisational response to ACE's 10-year strategy, *Let's Create* (2020 a). CHWA's response to *Let's Create* (2020 a)*,* and separately, the investment principles within the strategy, all of which are relevant to CHWA as an organisation in receipt of ACE funding, were considered. We took the decision to include ACE's strategy as a document that would inform CHWA's strengthened ToC. As noted on ACE's investment principles resource hub, the principles are: "*Ambition & Quality; Dynamism; Environmental Responsibility; and Inclusivity & Relevance*" (Arts Council England, 2020 b). The documents provided by CHWA also included a unidirectional ToC logic model (Figure 1) developed by the Executive Director with the CHWA Board.

The documents and data provided by CHWA were initially themed to better understand how they would inform the strengthened ToC. We themed the data using three categories; these are *Governance, Advocacy* and *Resources*.

- **Governance:** this encompasses the processes by which CHWA are directed and held to account. It is concerned with CHWA's structure and processes for decision making, accountability and control. Governance strategy requires a systematic approach that incorporates strategic planning, risk management and performance management.
- **Advocacy:** which relates to CHWA empowering people by radically listening to their membership and strategic allies' voices and, in turn, amplifying their voices. Clough and Nutbrown would describe radical listening as "*giving careful attention to all the voices* [in the sector] *which may not be heard"* (2012, p. 27)*.*
- **Resources:** this is understood as CHWA's assets to help achieve its strategic objectives. A resource can be a source of support that can be drawn on e.g., the Regional Champions, or data that has been collected to inform decision making e.g., CHWA's membership data.

The themes were also analysed in relation to word frequency counts generated by NVivo software. By way of example, the frequency word count for the Business Plan (2022 b) and the *From surviving to thriving* (Hume & Parikh, 2022) report that features as Appendix 1. As Adams et al (2020) puts it, the themes sometimes diverge and overlap. We understand the themes in the following ways:

Table 1: Thematic Summary of Data provided by CHWA

Description of Document or Data	Author	Data Collected	Data Sent	Data Type	Governance	Advocacy	Resource
From Surviving to Thriving. Building a model for sustainable practice in creativity and mental health (including What makes arts in mental health sustainable? n=98)	Hume, V. & Parikh, M., Culture, Health and Wellbeing Alliance	Feb, 2022	Email Feb, 2022	Mixed: Qualitative & Quantitative - Raw quantitative data - Report only qualitative data	■	■	■
Empowering Changemakers Culture, Health and Wellbeing Alliance CIC Business Plan & Budget 2022-3	Culture, Health and Wellbeing Alliance	Feb, 2022	Email Feb, 2022	Mixed: Qualitative & Quantitative - Report only	■	■	■
2019-21 Site Analytics: A quick review of who's visiting your site and why	Marcelo.com	Mar, 2021	Email Feb, 2022	Mixed: Qualitative & Quantitative - Report only		■	■
Exit interviews SW and WM	Hume, V. CHWA	Aug, 2021	Email Jan, 2022	Qualitative - Interview notes	■		■
Exploring the culture, health and wellbeing landscape in the UK and the experience of freelance creative professionals and delivery organisations during COVID-19	Ponsillo, N. & Boot, J., University of Chester	May, 2020	Online	Mixed: Qualitative & Quantitative - Raw survey data - Results presentation	■	■	■
Equality and Diversity representative against population data at September 2020	CHWA	Sept, 2020	Data Pack 1, Dec 2021	Quantitative - Data summary analysis	■	■	■

Name	Organisation	Date	Data Pack / Date	Type			
CHWA Final response to ACE Strategy Consultation	CHWA	**TBC**	Data Pack 1, Dec 2021	Qualitative - Response document		(shaded)	
CHWA Awards	CHWA	**TBC**	Data Pack 1, Dec 2021	Qualitative		(shaded)	
Case studies	CHWA	TBC	Data Pack 1, Dec 2021	Qualitative		(shaded)	
Full mailing list	CHWA	Dec, 2021	Data Pack 2, Jan 2022	Quantitative - Excel spreadsheet of raw data	(shaded)		(shaded)
2019 – Conference evaluation full	CHWA	**TBC**	Data Pack 2, Jan 2022	Mixed: Qualitative & Quantitative - Data summary and descriptive analysis			(shaded)
CHWA Strategic Review Cause4 (as part of the Business Plan)	CHWA	2021	Feb 2022	Qualitative - Strategic document with an initial analysis of the organisation	(shaded)	(shaded)	(shaded)
2021 – Conference evaluation full	CHWA	**TBC**	Data Pack 2, Jan 2022	Mixed: Qualitative & Quantitative - Data summary and descriptive analysis			(shaded)
2021 - Submission to House of Lords covid-19 committee on "Life beyond Covid"	CHWA	**TBC**	Data Pack	Qualitative		(shaded)	

It is prudent to point out that none of the data provided by CHWA was gathered for the purpose of strengthening their existing ToC or to strengthen the ToC. However, the themes that we have generated from the data itself have informed the strengthened organisational ToC. It is also prudent to point out that the strengthened version of the ToC presented later in this report is the first stage of an ongoing between the Executive Director and the CHWA Board.

In this section we have discussed the approach to strengthen CHWA's ToC and described the methodology, data-gathering techniques and the parameters of the data used to inform the original ToC. In the next section we will review the original ToC produced by CHWA and provide the narrative for the strengthened ToC.

Theory of Change Narrative

In the previous section we described the mix of data collection methods used to strengthen the original CHWA ToC. We also provided an overview of the time scales of the data collection and analysis. In this section we review CHWA's original ToC (Figure 1) and the narrative and model of the strengthened ToC (Figure 2).

The evidence provided by CHWA includes an organisational level retrospective ToC (Figure 1). By retrospective, we mean that the ToC was developed to reflect and understand CHWA's existing projects and activities. However, in our initial analysis, the original ToC does not appear to have been explicitly operationalised, nor articulated. Separately, we could not find any subsidiary ToC's that had been operationalised at a project or activity level.

CHWA told us the original ToC was developed by CHWA's staff with input from the non-Executive Directors. Between them they deliberated and agreed on the key priorities that featured in the original ToC, which also informed CHWA's Business Plan (2022 b). The need to strengthen the ToC (Figure 1) is, in part, required for CHWA to strategically align the activities that they undertake, or as CHWA put it "*join up the dots*". It is also required to make CHWA's commitments, advocacy, activities and projects more visible inside and outside of the sector. Finally, the strengthened organisational ToC will help CHWA to engage with the "*so what*" question identified in their Business Plan. The phrase "*so what*" relates to CHWA communicating what the alliance is doing, namely, empowering changemakers and, why the alliance wants to effect change "*in our cultural and health systems*" (CHWA, 2022 b, p. 2).

THE CONTEXT

Culture & creativity underpins our health and wellbeing.

In England, health inequalities are at their most extreme since the foundation of the NHS.

Where people have the least access to health and social care, they also have the least creative and cultural opportunities.

A COUNTER-MOVEMENT

Creative and cultural work that: connects with health and wellbeing; represents the best of innovative and imaginative practice, and reaches people whose access to these resources is compromised.

THE CHALLENGE

This work is impacted by economic inequalities across England.

It is hard to sustain long-term.

Practitioners need better support and stronger networks.

THE SOLUTIONS: CHWA....

Builds partnerships across culture, creative practice, health, social care and local government;

Lobbies for government and funder support;

Offers a go-to hub of online resources;

Promotes best practice;

Informs, trains, offers peer support, and

Supports the development of regional and local networks across England.

THE CHANGE

Greater stability and credibility for existing organisations and individuals;

More space for risk and innovation;

Sustainable careers in culture/health/wellbeing, and

More work, more evenly distributed across the country.

THE IMPACT

More people are able to access their creativity and invest in building diverse, rich cultures

…
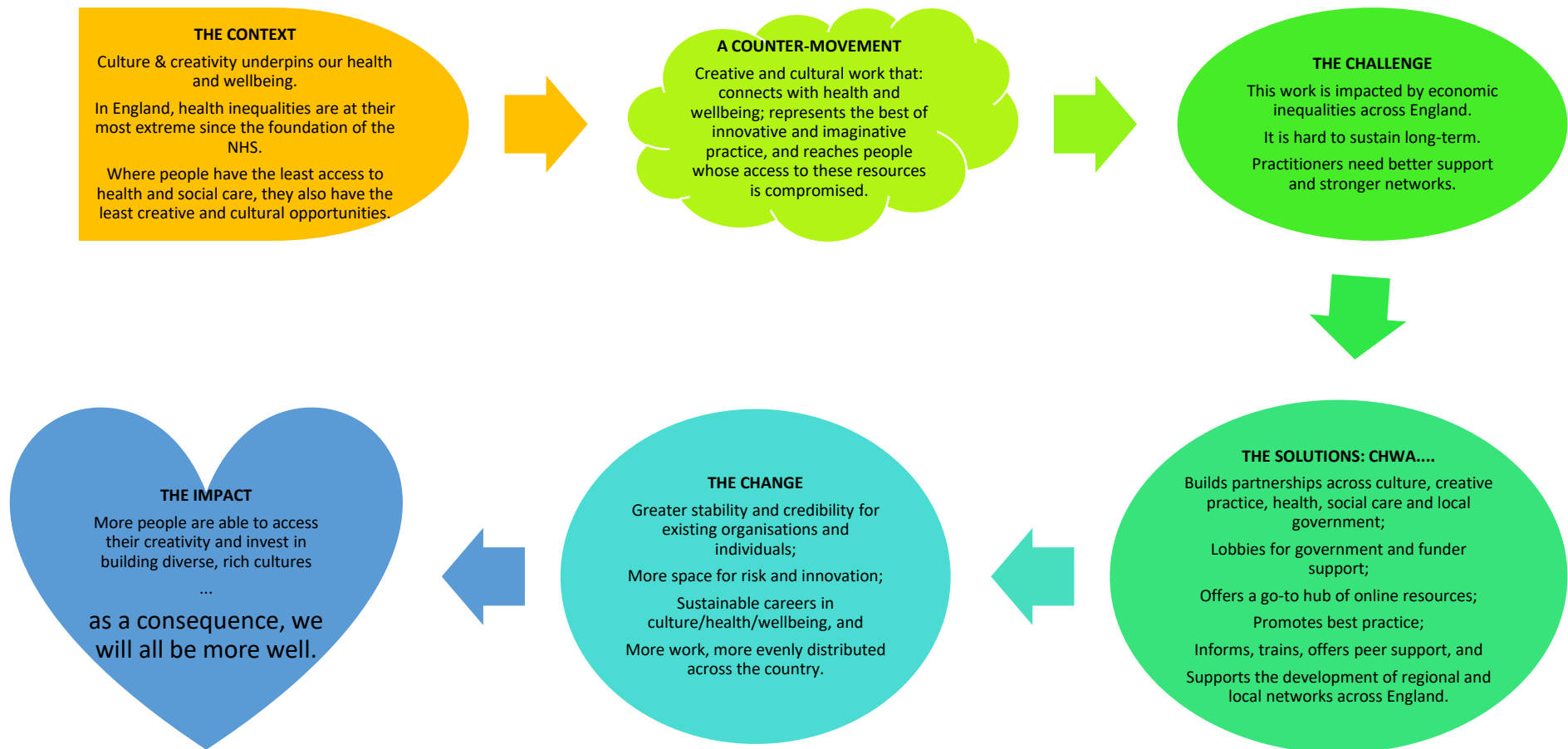
as a consequence, we will all be more well.

Figure 1: Retrospective ToC Developed by CHWA.

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Inputs to Objectives

The strengthened ToC is a conceptual model of how activities are intended to stimulate short, medium and long-term changes to achieve the vision of "*a healthy society powered by our creativity and imagination*". This organisational ToC starts with CHWA's **Guiding Principles** that are informed by its declared aims as an infrastructure organisation and ACE's Investment Principles. CHWA's aims are to:

- **Co-produce**

- **Support practitioners**

- **Encourage safe practice**

- **Support research**

- **Build local ecologies**

- **Communicate**

- **Model excellent practice**

*See: From Surviving to Thriving for a detailed description of CHWA's recommendations for infrastructure originations.

The recommendations for infrastcuture organisations, presented in CHWA's stregthened ToC, are based on a consultation process with 150 people. Here, CHWA worked with an advisory group, conducted a survey, held focus groups, and shared a draft of the report for discussion and comment. These recommendations are outlined in the report *From Surviving to Thriving?* (Hume & Parikh, 2022). Separately, *CHWA's Guiding Principles* are also informed by ACE's Investment Principles. In ACE's words, these principles are:

- **Ambition and Quality:** which involves understanding how you are perceived by those within and outside your immediate circle and how that fits with your plans and activities. Crucially, it is about developing the best ways to measure and express what quality looks like for you.
- **Dynamism:** this principle is about responding to the challenges of the next decade. It means having a business model that is flexible and able to adapt to changing environments.
- **Environmental Responsibility:** the climate crisis and environmental degradation is one of the most significant challenges facing us all. The cultural sector has taken major steps to reduce its carbon footprint and more than ever artists and organisations are engaging with climate-related themes.
- **Inclusivity and Relevance:** this principle is about ensuring that the creative and cultural sector better reflects and serves all communities across England. It is a commitment to achieving greater fairness, access and opportunity.

ACE published their revised investment principles in 2020. The changes to ACE's principles are based on a consultation process with more than 6,000 people from across England, including: freelancers, artists, libraries, museums, arts organisations, local authorities and policy makers (ACE, 2019). CHWA are funded through ACE and need to reflect ACE's four funding principles in their Business and Activity Plan. As CHWA puts it, *"[we are] committed to helping ACE deliver Let's Create through our existing strategic partnership and have discussed with a number of regional and national ACE colleagues how best we can support this process."* At the same time, it is important to make the distinction between ACE's investment principles and CHWA's role as an infrastructure organisation.

As a point of distinction, CHWA responded to ACE's *Strategy Consulation* (2019) offering a mixed review of the framework. CHWA's response to the framework was acknowledged by ACE but was described in the final consultation report as "*unsolicited*" (2019, p. 22) . In summary CHWA are independent of ACE, but at the same time reliant on ACE for funding - something that CHWA acknowledge in their Business Plan and are already taking action to address. This is also evidenced through CHWA's efforts to diversify funding sources and income generation (Cause4, 2021).

Assumptions and Recommendations

The main assumption here is that CHWA's *Guiding Principles* sufficiently and appropriately reflect CHWA's growing membership. CHWA will revisit their *Guiding Principles* in these scenarios:

- CHWA can sustain the proposed business plan without funding from ACE.
- Patterns emerge that indicate that some of CHWA's *Guiding Principles* are not essential for CHWA to meet its objectives or goals.
- Reflexive monitoring shows convincingly that CHWA's *Guiding Principles* do not contribute to CHWA's objectives and goals.
- Reflexive monitoring shows that CHWA's *Guiding Principles* do not reflect its growing membership.

Evidence to monitor CHWA's *Guiding Principles* will come from bi-annual membership evaluation data. As suggested in the Cause4's Strategic Funding Review(2021), existing metrics for membership data needs to be expanded and strengthened (Appendix 4). The *Guiding Principles* should also be reconsidered as part of an ongoing reflexive monitoring process, by which we mean an ongoing evaluation method that will help CHWA to be flexible as an organisation, but also at a strategic objective and activity level. Although Lodder et al (2020) apply reflexive monitoring in a different context, they tell us that it is "*especially helpful when addressing complex challenges such as climate change and social exclusion*" (2020, p. 4).

Objectives to Strategic Objectives

CHWA's *Guiding Principles* feed into their objectives, which are **Infrastructure Development, Advocacy** and **Resources.** These objectives are informed by the strategic analysis of CHWA conducted by Cause4 (2021). The Strategic Funding Review presented by Cause4 was synthesised by CHWA alongside the following reports: *From Surviving to Thriving* (2022), *Culture, Climate and Health* (2022), and *Community COVID: How Can Community Assets Address Health Inequities?* (2021)*.*

CHWA also synthesised data alongside their Policies and Procedures including their Environment Action Plan and Equality, Representation & Diversity Plan. In CHWA's analysis, they define nine strategic objectives that have been themed in Table 2 under **Partnerships, Equity** and **Sustainability**. These themes have also formed the basis of CHWA's Business and Activity Plan (2022 b).

Table 2: Organisational ToC Strategic Objectives

Strategic Objectives	
Partnerships	1. More support for partnership across cultural, statutory and community sectors 2. Developing and strengthening links between practice, research, **policy** and education 3. Continuing to build regional networks
Equity	4. Championing work to address health and cultural inequalities 5. Understanding inequalities in the creative health workforce 6. Supporting coproduction and leadership by lived experience 7. Developing our understanding of how creative health impacts equity

Sustainability	8. Helping practitioners thrive with:
	    • Bespoke support
	    • Peer networks
	    • Practitioner wellbeing
	9. Joining the dots between creativity, health and climate justice

In this report, we have extended strategic objective number two to include *"policy"*. This is to fully reflect the connections and links that CHWA are making through *"radical listening"* (Clough & Nutbrown, 2012) and amplifying the "*local successes and challenges into national level policy and research"* (Cause4, 2021). It also reflects the synthesis of the conversational data (January 2022 – April 2022) that features in the situational analysis section of this report. One example includes the submission to the

House of Lords covid-19 committee on "Life beyond Covid" *that* mentions the increase of reach, connections and partnerships for smaller arts organisations during the pandemic, but also the financial hardships that freelance practioners encounter (CHWA, 2021). Here, CHWA were able to connect the financial makeup of the sector with research they conducted in partnership with the Philip Barker Centre for Creative Learning (Ponsillo & Boot, 2021). Also, CHWA state on their website that they are authoring a joint publication for a peer-reviewed journal with the Philip Barker Centre for Creative Learning (2022 a).

Assumptions and Recommendations

The main assumption is that CHWA's strategic objectives sufficiently and appropriately reflect CHWA's growing membership and the sector. Additional assumptions include:

- CHWA can maintain and grow networks to support partnerships across the sector.
- Staffing levels will increase.
- CHWA have the resources, knowledge and skills to continue to strengthen links between practice, research, policy and education.
- CHWA's strategic objectives are sufficiently different from other charitable organisations to differentiate themselves from other infrastructure organisations.
- The resources to fulfil CHWA's strategic objectives are distributed appropriately to meet all nine objectives.
- CHWA will develop a ToC for each strategic objective in order to align with the organisational ToC.

CHWA will revisit their strategic objectives in the following scenarios:

- If reflexive monitoring demonstrates that CHWA's strategic objectives do not demonstrate the needs of the sector or their growing membership.
- Reflexive monitoring convincingly shows that some of the strategic objectives either need to be collapsed or expanded.
- It becomes apparent that CHWA's strategic objectives converge too closely with other infrastructure organisations in the sector.
- Income generation and finances clearly demonstrate that CHWA are unable to meet all nine of its strategic objectives.

As part of its Governance, CHWA will monitor its strategic objectives through the annual review of Policies and Procedures, which is next due in March 2023. They will also be essential to CHWA's business planning and income generation activities. Separately, we recommend CHWA conduct a bi-annual systematic review of the objectives of other infrastructure organisations in the sector. Finally, we recommend that CHWA develop a ToC for each strategic objective, which will feed into the organisational ToC.

Strategic Objectives to Activities and Outputs

The activities that relate to the strategic objectives that have been defined in CHWA's Business Plan (2022 b). The Business Plan itself was informed by the Cause4 Strategic Funding Review (2021). For CHWA to evaluate the effectiveness and reach of these activities, we have devised a framework for CHWA to map existing and planned activities on to their strategic objectives, intended outcomes and ACE's investment principles (Appendix 2). The purpose of mapping out the activities is for CHWA to develop their reflexive monitoring processes. In this way, CHWA will be able develop nine strategic level ToCs.

Assumptions and Recommendations

The main assumption is that the activities defined by CHWA in their Business Plan are already taking place or will take place by the end of 2023. Further assumptions include:

- Staffing at CHWA increases.
- The strategic objectives are appropriately embedded into CHWA's activities.
- The main target audience(s) for activities and training have been considered by CHWA and informed by democratic processes with its Regional Champions and/or membership.
- Resources for activities are based on the benefits for its growing membership and the creative health workforce.
- CHWA undertake continual reflexive monitoring to understand the effectiveness of their activities for their growing membership and the creative health workforce and make changes as appropriate.
- CHWA sustain and develop governance that enables them to document *'lessons learned'* in a way that improves their practice as a structural organisation as well as continuing to be of use in the sector.
- CHWA learn with, and from, others in the sector, to collaborate and co-produce activities.
- CHWA can translate activities that have already been defined in their Business Plan into outputs.

CHWA will reconsider their activities in these scenarios:

- Reflexive monitoring shows convincingly that some of CHWA's activities do not contribute to CHWA's objectives and goals.
- Patterns emerge that indicate that some of CHWA's activities are not essential for CHWA to achieve its intended outcomes or their goals.
- Reflexive monitoring shows convincingly that CHWA's activities do not reflect its growing membership or the target audience(s) e.g., the creative health workforce.
- Reflexive monitoring clearly demonstrates that CHWA's activities do not translate into the outputs in the ToC.

CHWA will evidence the relevance and use of activities through feedback collected at an activity level. The idea here is that all activity level evaluations and monitoring processes contain some standardised questions to enable comparisons to be drawn across all CHWA's activities, but also questions or means of collecting data that are specific and relevant to the people participating in the activity and the activity itself. We also suggest that reflexive data is collected from the person organising, delivering or facilitating the activity.

Outputs to Outcomes

The outcomes are connected to the strategic objectives and the outputs which relate to CHWA's activities. The outcomes are informed by the situational analysis presented earlier in this report and by documents and data listed in Table 1. In Table 3, we have mapped the outcomes onto the strategic objectives identified in Table 2.

Table 3: Strategic Objectives Mapped onto Outcomes

Outcomes	Strategic Objectives								
	Partnerships			Equity				Sustainability	
	1	2	3	4	5	6	7	8	9
Continuing to build successful infrastructure with, and for, our membership and partners across health, social care, local government and culture (Oc1)	■								
CHWA aligning with complementary policies and research on culture, health, social care and equity (Oc2)		■							
Being a positive influence on policymakers and on funders' future policies, bills and strategies that address inequalities in the creative health workforce (Oc3)		■			■				
Thriving demonstrators to share sustainable practice from targeted activities, and collaborations in regional networks that can be modelled and applied in other regional networks (Oc4)			■						
Increased membership to champion and amplify under- represented voices (Oc5)				■					
Collaborations with research partnerships to co-produce research to understand better how creative health impacts equity and the environment (Oc6)					■		■		■
(Re)defining quality to focus on equity, coproduction, and leadership by embedding lived experience into policy and practice (Oc7)						■			
Under-represented groups improve their awareness and perceptions of CHWA to access bespoke support and peer networks (Oc8)								■	
Increasing awareness of the links between creativity, health and climate justice by bridging the gap between practice, research, policy and education (Oc9)		■							■

Assumptions and Recommendations

The outcomes connect to the appropriate strategic objective. The main assumption is that the strategic objectives reflect the data synthesised by CHWA for their Business and Activity Plan, and the data and literature we have synthesised as part of the situational analysis. The outcomes are also dependent on the activities that CHWA undertake, which have already been defined in the Activity Plan (Appendix 3). Additional assumptions include:

- CHWA can translate outcomes in Specific, Measurable, Attainable, Relevant and Time-Bound (SMART) ways.
- Positive outcomes will mitigate any negative unintended consequences.
- CHWA can facilitate the creative health workforce, their membership and Regional Champions as well as their Strategic Partners to become changemakers.
- CHWA can adequately amplify the voices of its growing membership, Regional Champions and Strategic Partners.
- CHWA can learn with, and from, others in the sector to collaborate and co-produce outputs.

If the following scenarios arise CHWA will revisit the outcomes in the ToC:

- Reflexive monitoring shows that some of the outcomes are unachievable
- Reflexive monitoring strongly suggests that some of the outcomes do not contribute towards CHWA's goals.
- Unexpected positive or negative outcomes arise from activities.

To evidence outcomes, we suggest that CHWA collect impact stories with emphasis on narrative and lived experience. We also suggest that CHWA devise an impact framework, by which we mean they define what constitutes impact and the types of impact they want to capture as part of their evaluation processes. For example, types of impact might include:

- Attitudinal
- Economic
- Environmental
- Emotional Health
- Decision Making
- Prevailing Attitudes, Behaviours or Beliefs
- Capacity or Preparedness

Outcomes to Goals

As a point of departure, in the vision we have replaced the word *'world'*, which features on CHWA's website (2022 a), with the word '*society*'. In this report, we understand the word *'world'* to be synonymous with international or world-leading activity. After

examining the data provided by CHWA, there was clear evidence to suggest that as an organisation they are having national impact, However, it was difficult to discern if CHWA's practice, advocacy or activities currently extend beyond the UK. Also, we foreground the word *'society'* instead of *'nation'* to emphasise the reach of CHWA's work within and across the UK.

Assumptions and Recommendations

- To successfully amplify the voices of its growing membership and creative health professionals, CHWA can build on the momentum and membership numbers they have achieved since 2018.
- Build on brand awareness through social media, networking and conferences.
- CHWA continue to collaborate and co-produce with their strategic partners, strategic allies, membership and Regional Champions.
- Legislation, policy makers, funders and official processes are open to change.
- CHWA's membership, Regional Champions and Strategic Partners can become changemakers and influence the systems that frame the sector and their actions.

As part of their ongoing reflexive monitoring, we suggest that CHWA include an electronic suggestions box next to the Join and Donate teasers on their website, for people to make suggestions about CHWA. The idea here is to open a democratic space for people to share their thoughts or ideas in real time without having to be a member of CHWA itself. We also suggest that for CHWA to raise their profile internationally, in the short term, the research they are undertaking could be shared more widely through suitable international conferences. For longer term impact, CHWA might consider internationalising their conference with the help of its academic partners and their networks.

Reflexivity

In their 10-year strategy, ACE encourage the organisations that they fund to reflect on their practices. ACE mention that in future, they "*will judge organisations for the way in which they reflect and build a relationship with their communities*" (2020, p. 53). The intention here is to ensure that "*England's diversity is fully reflected in the organisations and individuals that* [they] *support and in the culture they produce*" (2020, p. 27). For CHWA, to continually scrutinise their practice, they go one step further by employing reflexive practices. For the purpose of this report, we draw on Chiseri-Strater's (1996) distinction between reflexivity and reflection: "*to be reflective does not demand an 'other,' while to be reflexive demands both another and some self-conscious awareness of the process of self-scrutiny" (p. 130).* The implication is that CHWA employ reflexivity in two interlinked ways. First, to inform and sustain CHWA as an infrastructure organisation with, and for, its growing membership. Second, for CHWA to continue to develop reciprocity with its growing membership to make changes within the sector rather than on the sector.

Assumptions and Recommendations

The main assumption here is that CHWA develop and use continuous reflexive monitoring processes to adapt their practice as an infrastructure organisation. As Lodder makes us aware, reflexive monitoring encourages "*proactive problem solving, takes contact into account and turns learning into action when they are needed*" (2020, p. 6). Here, the idea is that CHWA will continue to evaluate and identify barriers to achieving their goals and translate them into opportunities to address complex challenges. These processes have already started and are evident as part of their exit interviews with Regional Champions and conference evaluation data. For CHWA, these processes include "*radically listening"* (Clough & Nutbrown, 2012) to its staff, champions, strategic allies, growing membership and the sector. For example, CHWA are democratising their decision-making processes for appointing Regional Champions. Adapted from van Mierlo et al (2010) and Lodder et al (2020), for CHWA to develop their reflexive monitoring, further assumptions include:

- CHWA continue to put prevailing values and institutional settings up for discussion.
- CHWA continuing to put their role as an infrastructure organisation up for discussion.
- CHWA appoint a reflexive monitor to steer the learning and co-production processes of the monitoring team or appoint an external reflexive monitoring coach.
- CHWA appoint a reflexive monitoring team including CHWA's staff, champions, strategic allies, growing membership and researchers.
- CHWA collect evaluation data from heterogenous groups to inform their reflexive processes.
- CHWA employ effective indicators and batteries of questions in evaluations e.g., bi-annual membership survey.
- CHWA prioritise their analysis of the sector rather than the principles of funders.

Evidence of enhancing reflexive monitoring might come from refined evaluation processes. For example, including eye-opener workshops. By eye-opener workshops, we mean empowering CHWA's growing membership to indicate what evaluation methods, data collection strategies and metrics are relevant to the sector and practice. Also, that reflexivity as a practice is part of CHWA's staff's daily activity and that reflexive and sense making sessions occur at all CHWA Board meetings.
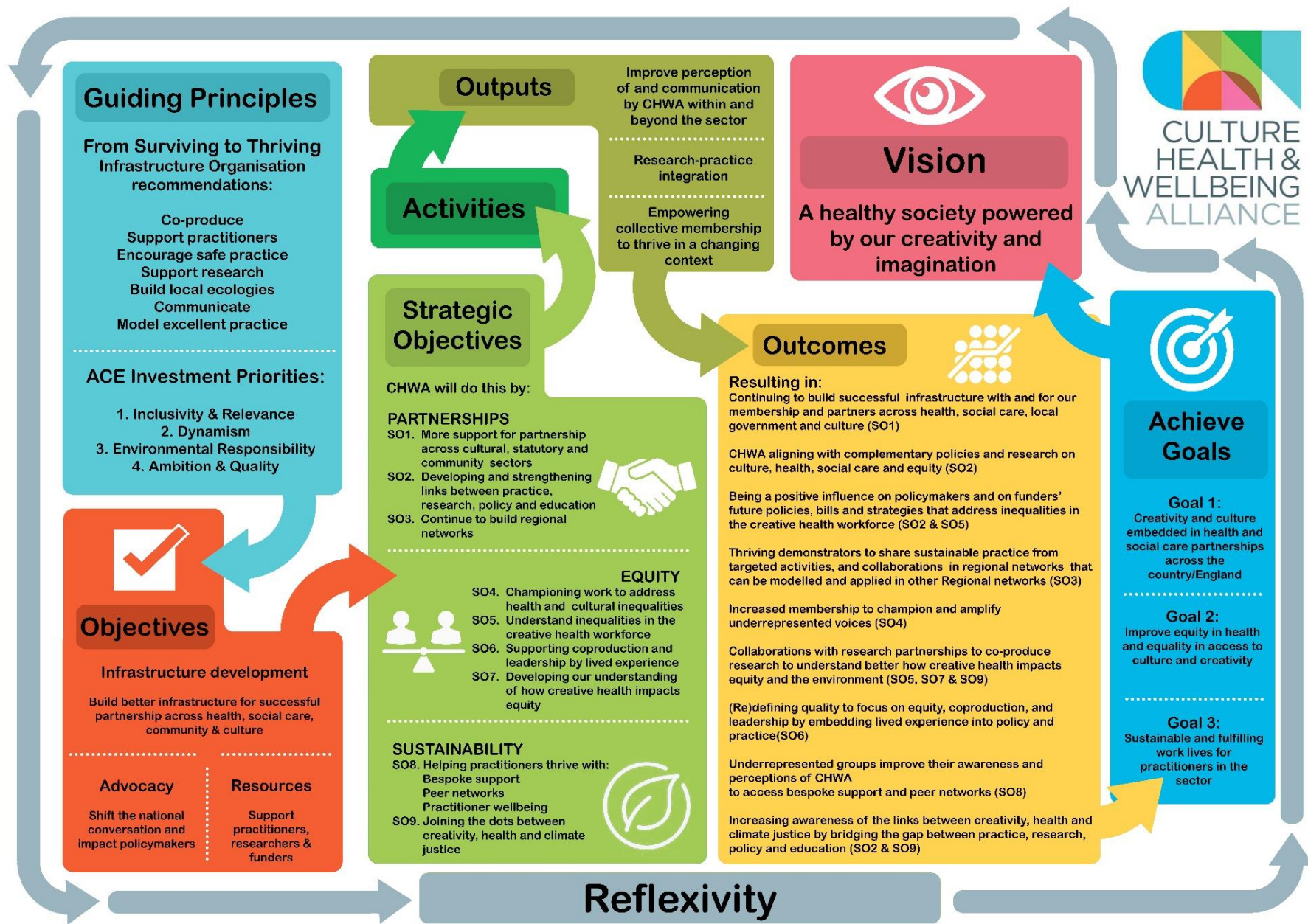
Guiding Principles

From Surviving to Thriving
Infrastructure Organisation recommendations:

Co-produce
Support practitioners
Encourage safe practice
Support research
Build local ecologies
Communicate
Model excellent practice

ACE Investment Priorities:

1. Inclusivity & Relevance
2. Dynamism
3. Environmental Responsibility
4. Ambition & Quality

Objectives

Infrastructure development

Build better infrastructure for successful partnership across health, social care, community & culture

Advocacy

Shift the national conversation and impact policymakers

Resources

Support practitioners, researchers & funders

Outputs

Improve perception of and communication by CHWA within and beyond the sector

Research-practice integration

Empowering collective membership to thrive in a changing context

Activities

Strategic Objectives

CHWA will do this by:

PARTNERSHIPS
SO1. More support for partnership across cultural, statutory and community sectors
SO2. Developing and strengthening links between practice, research, policy and education
SO3. Continue to build regional networks

EQUITY
SO4. Championing work to address health and cultural inequalities
SO5. Understand inequalities in the creative health workforce
SO6. Supporting coproduction and leadership by lived experience
SO7. Developing our understanding of how creative health impacts equity

SUSTAINABILITY
SO8. Helping practitioners thrive with:
Bespoke support
Peer networks
Practitioner wellbeing
SO9. Joining the dots between creativity, health and climate justice

Outcomes

Resulting in:
Continuing to build successful infrastructure with and for our membership and partners across health, social care, local government and culture (SO1)

CHWA aligning with complementary policies and research on culture, health, social care and equity (SO2)

Being a positive influence on policymakers and on funders' future policies, bills and strategies that address inequalities in the creative health workforce (SO2 & SO5)

Thriving demonstrators to share sustainable practice from targeted activities, and collaborations in regional networks that can be modelled and applied in other Regional networks (SO3)

Increased membership to champion and amplify underrepresented voices (SO4)

Collaborations with research partnerships to co-produce research to understand better how creative health impacts equity and the environment (SO5, SO7 & SO9)

(Re)defining quality to focus on equity, coproduction, and leadership by embedding lived experience into policy and practice(SO6)

Underrepresented groups improve their awareness and perceptions of CHWA to access bespoke support and peer networks (SO8)

Increasing awareness of the links between creativity, health and climate justice by bridging the gap between practice, research, policy and education (SO2 & SO9)

Vision

A healthy society powered by our creativity and imagination

CULTURE
HEALTH &
WELLBEING
ALLIANCE

Achieve Goals

Goal 1:
Creativity and culture embedded in health and social care partnerships across the country/England

Goal 2:
Improve equity in health and equality in access to culture and creativity

Goal 3:
Sustainable and fulfilling work lives for practitioners in the sector

Reflexivity

Figure 2: Theory of Change Model

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Summary of ToC

Following on from the strengthened ToC narrative and model, five key recommendations emerged. In the next section, we turn to some of the recommendations and suggestions that have already been put into place by CHWA as part of our conversations and set out additional recommendations for CHWA taking their organisation forward.

Recommendations

From the data provided by CHWA (Table 1) and the discussions with CHWA's Executive Director, Coordinator and one of the non-Executive Directors (January 2022-April 2022), we have produced a strengthened ToC. As set out in the previous section, the strengthened ToC outlines CHWA's strategic objectives and how they can be mapped onto outcomes. From developing the strengthened organisational ToC five key suggestions emerged with regard to how CHWA could adapt further to reach its intended goals:

- The Business Plan (2022 b) and the website evidence the changes that CHWA have already made to strengthen its identity as an infrastructure organisation. However, we recommend that CHWA complete the Activity Map template to align its activities with its strategic objectives, outcomes and guiding principles.
- We also recommend the strengthened organisational ToC feeds into nine strategic level objective ToCs - a separate piece of work. In this way, CHWA will be able to address the "so what" question and make it more explicit how their work feeds into the organisational ToC and how and why the alliance effects change.
- CHWA should continue to amplify the voices and work of creative health practitioners and its membership. Most notably through its conferences, advocacy, and sharing of practice across the sector through case studies and its awards. However, we recommend that CHWA develop reflexive processes that involve radically listening to its membership and Regional Champions in developing monitoring and evaluation processes.
- As a further recommendation about reflexive evaluation processes, we suggest that CHWA appoint a reflexive monitoring team including CHWA's staff, champions, strategic allies and researchers. We also suggest that CHWA appoint a reflexive monitor to steer the monitoring team or appoint an external reflexive monitoring coach.
- CHWA provide many important opportunities for its membership. However, we recommend changes to the way they collect and analyse membership data. By doing so, CHWA will be able to better understand its membership and target opportunities, activities, resources and advocacy more appropriately.

Conclusion

In this report we have positioned CHWA as working with and through three tensions in the sector. The first tension explored the persuasive power of evidence to inform policy making. In the second tension, we unpacked evidence in relation to the relevance and practical value of research in the sector. In the final tension, we discussed the persuasive power of people, and more specifically CHWA's role in facilitating change in the sector. We then went on to develop a substantive, or strengthened, organisational ToC.

For CHWA to reach its aspirational goals and vision, the strengthened ToC will need to be presented to the CHWA Board. Also, the Activity Map template (Appendix 3) will provide a starting point for CHWA to translate outcomes in Specific, Measurable, Attainable, Relevant and Time-Bound (SMART) ways. It will also provide a starting point for CHWA to develop '*ways of working'* that feed into continuous reflexive monitoring and evaluation processes.

References

ACE. (2019). *Shaping the next ten years: Findings report.* Manchester: Arts Council England.

Adams, A., Al Yamani, H., Arya-Manesh, E., Mizel, O., Owens, A., & Quarie, D. (2020). Understandings of creative practice and pedagogy by teacher education communities in West Bank, Palestine and North West England. *Discourse.* doi:https://doi.org/10.1080/01596306.2019.1708706

Adams, J., & Owens, A. (2015). *Creativity and Democracy in Learning .* London: Routledge.

Alvesson, M. (2002). *Postmodernism and Social Research .* Buckingham: Open University Press.

Amery, C., & Griffin, A. (2020). Exploring communities of practice in the NHS: A core medical trainee experience. *Future Healthcare Journal, 7*(2).

APPGAHW. (2017). *Creative Health: The Arts for Health and Wellbeing.* All-Party Parliamentary Group on Arts, Health and Wellbeing.

Archer, L., Davidson, S., Iparraguirre, J., Kohler, M., Pursch, B., & Vass, J. (2018). *Creative and Cultural Activties and Wellbeing in Later Life.* Oxford: Age UK.

Arts Council England. (2020 a). *Lets' Create: Strategy 2020-2030.* Manchester: Arts Council England.

Arts Council England. (2020 b). *Investment Principles Resource Hub.* Retrieved April 16, 2022, from Let's Create: https://www.artscouncil.org.uk/lets-create/investment-principles-resource-hub

Arts, Health and Wellbeing All Party Parliamentary Group. (2016). *The Care Act How the arts and culture can contribute to improving the quality of care following the Francis Inquiry.* Arts, Health and Wellbeing All Party Parliamentary Group.

Bryman, A. (2016). *Social Research Methods* (5th ed.). Oxford: Oxford University Press.

Centre for Mental Health. (2021, July). *Fit for purpose? Addressing inequities in mental health research exacerbated by Covid-19.* Retrieved April 19, 2022, from https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentaHealth_FitForPurpose.pdf

CfToC. (2021). *How Does Theory of Change Work?* Retrieved from Setting Standards for Theory of Change: https://www.theoryofchange.org/what-is-theory-of-change/how-does-theory-of-change-work/

Chiseri-Strater, E. (1996). Turning in upon ourselves: Positionality, subjectivity, and reflexivity in case. In P. Mortensen, & G. E. Kirsch, *Ethics and responsibility* (pp. 115-133). IL: NCTE: Urbana.

CHWA. (2019). Guidance for the Arts Council England Consultancy framework - Shaping the Next Ten Years.

CHWA. (2022 a). *Who we are: About the Alliance.* Retrieved April 27, 2022, from Culture Health & Wellbeing Alliance: https://www.culturehealthandwellbeing.org.uk/who-we-are/about-alliance

CHWA. (2022 b). *Empowering Changemakers CHWA Business Plan and Budget 2022-2023.* Cultural Health and Wellbeing Alliance.

CHWA (2022 c). Retrieved from Donate to Culture, Health and Wellbeing Alliance: paypal.com/donate/?hosted_button_id=SN9GVUEF5Y9KL

CHWA (2022 d) *Creative Health Quality Framework.* Retrieved August 31, 2022, from: Culture Health & Wellbeing Alliance: https://www.culturehealthandwellbeing.org.uk/creative-health-quality-framework

Clift, S. (2017). On the Need for Diversity of Methods in. In N. Rowe, & M. Reason, *Evidence and Impact in Theatre, Music and Art.* New York: Bloomsbury.

Clough, P., & Nutbrown, C. (2012). *A Student;s Guide to Methodology.* London: Sage.

Crossick, G., & Kaszynska, P. (2016). *Understanding the value of arts and culture.* Swindon: Arts and Humanities Research Counci.

Daykin, N., Gray, K., McCree, M., & Willis, J. (2017). Creative and credible evaluation for arts, health and well-being: opportunities and challenges of co-production. *Arts and Health An International Journal for Research, Policy and Practice, 9*(2), 123-138.

Denzin, N. K., & Lincoln, Y. S. (1998). *Strategies for Qualitative Inquiry.* London: Sage.

DSPI. (2021). *Department of Social Policy and Intervention.* Retrieved May 3, 2022, from University of Oxford: https://www.spi.ox.ac.uk/

Evans, N., & McKinley, M. (2012). Ethical paradoxes in knowledge management. *Journal of Knowledge Management*, 57-71.

Fancourt, D., &Finn, F. (2019). *What is evidence on the role of the arts in improving health and well-being? A Scoping Review.* Regional Office for Europe: Copenhagen: World Health Organization.

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. *JPsych Open, 7*(1).

Fancourt, D., Warran, K., & Aughterson, H. (2020). *Evidence Summary for Policy: The role of arts in improving health and wellbeing.* London: UCL.

Giacomini, M., Hurley, J., Gold, I., Smith, P., & Abelson, J. (2004). The policy analysis of 'values talk': lessons from Canadian health reform. *Health Policy, 67*(1), 15-24.

Gilmore, A., Glow, H., & Johanson, K. (2017). Accounting for quality: arts evaluation, public value and the case of "Culture counts". *Cultural Trends, 26*(4), 282-294.

Goulding, A. (2014). Arts on prescription for older people: Different stakeholder perspectives on the challenges of providing evidence of impact on health outcomes. *Journal of Applied Arts & Health, 5*, 83-107.

Harris, D., & Holman-Jones, S. (2022). A Manifesto for Posthuman Creativity Studies. *Qualitative Inquiry*, 1-9.

Hills, D. (2010). *Logic mapping: hints and tips.* London: Tavistock Institute.

House of Lords. (2022, January 11). *Health and Care Bill.* Retrieved April 27, 2022, from UK Parliament: https://hansard.parliament.uk/lords/2022-01-11/debates/19758F5B-AF33-4693-AD5B-755C97FD814C/HealthAndCareBill

Hulme, R., Cracknell, D., & Owens, A. (2009). Learning in third spaces: developing trans-professional understanding through practitioner enquiry. *Educational Action Research, 17*(4), 537-550.

Hume, V. (2021, May 20). Getting creative with our wellbeing. (J. McMahon, Interviewer) Arts Council England. Retrieved April 19, 2022, from https://www.artscouncil.org.uk/blog/getting-creative-our-wellbeing

Hume, V., & Parikh, M. (2022). *From surviving to thriving? Building a model for sustainable practice in creativity and mental health.* York: CHWA.

Jacobsen, N. (2021, March 21). *What does it mean to be a changemaker?* Retrieved May 1, 2022, from Global Iimpact: https://charity.org/charity-week/what-does-it-mean-be-changemaker

Knell, J., & Whitaker, A. (2017). *Culture Counts: Quality Metrics National Test.* Arts Council England. Retrieved April 16, 2022, from Arts Council England: https://www.artscouncil.org.uk/sites/default/files/download-file/QualityMetricsNationalTest_Report_Knell_Whitaker_2016_0.pdf

Kobayashi, A. (2019). *Arts-based research practices offer a number of unique characteristics that allow research questions to be framed in new ways.* Edinburgh : ELSEVIER.

Lewis, J. (2008). *Cultural Studies* (2nd ed.). London: Sage.

Lodder, M., Allaert, K., Hölscher, K., Notermans, I., & Frantzeskaki, N. (2020). Reflexive Monitoring Guidebook. Retrieved April 2, 2022, from https://connectingnature.eu/sites/default/files/images/inline/Reflexive%20Moni toring.pdf

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). *Health Equity in England: The Marmot Review 10 Years On*. Retrieved April 16, 2022, from The Health Foundation: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

Milken Institute School of Public Helath. (2022). *Equity Vs Equality: What's the Difference?* Retrieved March 15, 2022, from GW Online Public Health: https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/

Miller, J., & Glassner, B. (1997). The "inside" and the "outside": Finding realities in interviews. In D. Silverman, *Qualitative Research* (pp. 99-112). London: Sage.

National Co-ordinating Centre for Public Engagement. (2020). *Policy makers*. Retrieved March 6, 2022, from NCCPE: https://www.publicengagement.ac.uk/do-engagement/understanding-audiences/policy-makers

NIHR. (2019). *Clinical Trial Guides*. Retrieved May 13, 2022, from National Institute of Health and Care Research: https://www.nihr.ac.uk/documents/clinical-trials-guide/20595

Pawson, R. (2006). *Evidence-based Policy: A realist perspective.* London: Sage.

Polley, M., Bertotti, M., Kimberlee, R., & Pilkington, K. (2017). *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications.* Westminster: University of Westminster.

Ponsillo, N., & Boot, J. (2021). *'Exploring the culture, health and wellbeing landscape of the UK and the experience of freelance creative professionals and delivery organisations during COVID-19: Culture, Health and Wellbeing Alliance*. Retrieved March 6, 2022, from The Culture, Health and Wellbeing Alliance: https://www.culturehealthandwellbeing.org.uk/sites/default/files/2021-08/CHW%20International%20Conference%202021%203C2%20-%20J%20Boot%20%20N%20Ponsillo.pdf

Roulston, K. (2010). *Reflective Interviewing: A Guide to Theory and Practice.* California: Sage.

Shams, L., Sari, A., & Yazdani, S. (2016). Values in Health Policy – A Concept Analysis. *International Journal of Helath and Policy Management, 5*(1), 623-630.

Simons, H. W. (1976). *Persuasion: understanding, practice, and analysis.* Reading, MA:: Addison-Wesley Publishing Co.

Terry, L., & Cardwell, V. (2016). *Refreshing perspectives: Exploring the application of peer research with populations facing severe and multiple disadvantage.* London: Revolving Doors Agency & Lankelly Chase.

van Mierlo, B., Regeer, B., van Amstel, M., Arkesteijn, M., Beekman, V., Bunders, J., Leeuwis, C. (2010). *Reflexive Monitoring in Action.* VU: Athena Institute.

WHO. (2022). *Health and Well-Being.* Retrieved May 6, 2022, from World Health Organisation: https://www.who.int/data/gho/data/major-themes/health-and-well-being

Wong, S., & Kuvass, B. (2018). The empowerment expectation–perception gap:An examination of three alternative models. *Human Resource Managemnt Journal, 28*, 272-287.

Appendix 1: Word frequency from CHWA's Business Plan and From Surviving to Thriving report

No.	Word	Length	Count	Weighted Percentage (%)	Similar Words
1	works	5	337	1.63	work, worked, working, works
2	health	6	321	1.55	health
3	support	7	278	1.35	support, supported, supporting, supportive, supports
4	people	6	181	0.88	people
5	arts	4	169	0.82	art', arts, 'arts
6	organisations	13	150	0.73	organisation, organisational, organisations, organised, organisers, organising
7	group	5	147	0.71	group, groups
8	creative	8	138	0.67	creative, creatively, creatives, creativity
9	cultures	8	133	0.64	cultural, culturally, culture, 'culture', cultures
10	practice	8	121	0.59	practical, practically, practice, practices
11	regional	8	121	0.59	region, regional, regionally, regions
12	sector	6	119	0.58	sector, sector', sectors
13	need	4	118	0.57	need, needed, needs
14	funds	5	113	0.55	fund, fund', funded, funding, funds
15	wellbeing	9	109	0.53	wellbeing, wellbeing'
16	development	11	108	0.52	develop, developed, developing, development, develops
17	CHWA	4	107	0.52	chwa
18	practitioners	13	107	0.52	practitioner, practitioners, practitioners'
19	events	6	95	0.46	event, event', events
20	Mental health	6	92	0.45	mental
21	community	9	87	0.42	communal, communicate, communicated, communicating, communication, communications, communicative, communities, community
22	discussions	11	81	0.39	discuss, discussed, discussing, discussion, discussions
23	times	5	81	0.39	time, times
24	research	8	80	0.39	research, researcher, researchers, researchers', researching
25	experiences	11	80	0.39	experience, experience', experiences
26	networks	8	80	0.39	network, networking, 'networking', networks
27	conference	10	79	0.38	conference, conferences
28	well	4	76	0.37	well
29	social	6	75	0.36	social, socially
30	national	8	74	0.36	national, nationally, nations
31	members	7	72	0.35	member, members, members'
32	build	5	71	0.34	build, building, building', builds
33	partnership	11	70	0.34	partnership, partnerships
34	caring	6	69	0.33	care, carefully, caring
35	helps	5	69	0.33	help, helped, helpful, helping, helps
36	project	7	69	0.33	project, projects

37	share	5	69	0.33	share, shared, shares, sharing
38	freelancers	11	68	0.33	freelance, freelancer, freelancers, freelancers'
39	making	6	66	0.32	make, makes, making
40	good	4	65	0.31	good
41	meeting	7	63	0.31	meet, meeting, meetings, meets
42	speakers	8	63	0.31	speaker, speakers
43	plan	4	62	0.30	plan, planned, planning, plans
44	champions	9	60	0.29	champion, champions, champions'
45	changing	8	60	0.29	change, change', changed, changes, changing
46	partners	8	60	0.29	partner, partnering, partners, partners'
47	including	9	59	0.29	include, included, includes, including
48	living	6	59	0.29	live, lived, lives, living
49	model	5	56	0.27	model, modelling, models
50	local	5	56	0.27	local, locally
51	opportunities	13	55	0.27	opportunities, opportunity
52	lens	4	53	0.26	lens, lens'
53	informative	11	53	0.26	inform, informal, informally, information, informative, informing
54	challenge	9	52	0.25	challenge, challenged, challenges, challenging
55	different	9	52	0.25	difference, differences, different
56	board	5	51	0.25	board
57	ensure	6	51	0.25	ensure, ensures, ensuring
58	great	5	51	0.25	great
59	terms	5	51	0.25	term, terms
60	focus	5	50	0.24	focus, focused, focusing
61	funders'	8	50	0.24	funder, funders, funders'
62	think	5	50	0.24	think, thinking, thinks
63	much	4	49	0.24	much
64	resources	9	48	0.23	resource, resources
65	artists	7	46	0.22	artist, artistic, artists
66	feel	4	46	0.22	feel, feel', feeling, feelings, feels
67	considering	11	45	0.22	consider, considered, considering, considers
68	sessions	8	44	0.21	session, sessions
69	respondents	11	44	0.21	respond, responded, respondent, respondents, responding, responds
70	across	6	43	0.21	across
71	impact	6	43	0.21	impact, impacted, impacting, impacts
72	role	4	43	0.21	role, roles
73	space	5	43	0.21	space, spaces
74	strategic	9	43	0.21	strategic, strategically
75	person	6	42	0.20	person, personal, personally
76	surveys	7	42	0.20	survey, surveys
77	online	6	41	0.20	online
78	relationships	13	41	0.20	relationship, relationships
79	report	6	41	0.20	report, reported, reporting, reports
80	representative	14	41	0.20	represent, representative, representative', representatives, represented, represents

81	programme	9	40	0.19	programme, programmes
82	response	8	40	0.19	response, responses, responsibilities, responsibility, responsible, responsive
83	access	6	39	0.19	access, access', accessibility, accessible, accessing
84	areas	5	39	0.19	area, areas
85	know	4	39	0.19	know, knowing, knows
86	membership	10	39	0.19	membership, membership'
87	really	6	39	0.19	really
88	framework	9	38	0.18	framework, frameworks
89	diversity	9	38	0.18	diverse, diversity
90	investment	10	38	0.18	invest, invested, investing, investment
91	training	8	38	0.18	trained, training
92	collaborators	13	37	0.18	collaborate, collaborated, collaboration, collaborative, collaboratively, collaborators
93	participation	13	37	0.18	participant, participants, participate, participates, participation
94	understand	10	37	0.18	understand, understandable, understandably, understanding, understandings
95	better	6	37	0.18	better
96	places	6	37	0.18	place, placed, places
97	staff	5	37	0.18	staff
98	process	7	36	0.17	process, processes, processing
99	things	6	36	0.17	thing, things
100	issues	6	35	0.17	issue, issues
101	march	5	35	0.17	march
102	approach	8	34	0.16	approach, approached, approaches, approaching
103	connect	7	34	0.16	connect, connected, connecting, connection, connections, connectivity, connects
104	prescribing	11	34	0.16	prescribe, prescribed, prescribing, prescribing'
105	creating	8	34	0.16	create, created, creates, creating
106	learning	8	34	0.16	learn, learned, learning
107	museums	7	34	0.16	museum, 'museum, museums
108	provide	7	33	0.16	provide, provided, providers, providing
109	engage	6	33	0.16	engage, engaged, engagement, engages, engaging
110	interesting	11	33	0.16	interest, interested, interesting, interestingly, interests
111	relation	8	32	0.15	relate, related, relating, relation, relational
112	alliance	8	31	0.15	alliance
113	around	6	31	0.15	around
114	evaluation	10	31	0.15	evaluate, evaluated, evaluation, evaluations, evaluators
115	just	4	31	0.15	just
116	made	4	31	0.15	made
117	might	5	31	0.15	might
118	taking	6	31	0.15	take, takes, taking
119	structures	10	31	0.15	structural, structure, structured, structures
120	reflective	10	31	0.15	reflect, reflected, reflecting, reflection, reflections, reflective, reflects

121	committed	9	30	0.15	commit, commitment, commitments, committed
122	offer	5	30	0.15	offer, offer', offered, offering, offers
123	ongoing	7	30	0.15	ongoing
124	priority	8	30	0.15	priorities, priority
125	small	5	30	0.15	small

Appendix 2: ACE Investment Principles

Principles	Inputs	
Ambition and Quality (1) It involves understanding how you are perceived by those within and outside your immediate circle and how that fits with your plans and activities. Crucially, it is about developing the best ways to measure and express what quality looks like for you	Ambition (1.1)	• Understanding perceptions (1.1.1.) - Perceptions of CHWA - Reflect on who CHWA is for - Realistic ambitions
	Quality (1.2)	• Progression (1.2.1) - Journey from ambition to quality delivery - Ongoing cycle of improvement / feedback • Measuring performance (1.2.2) - Indicators (what 'good' looks like for CHWA).
Dynamism (2) The principle of Dynamism is about responding to the challenges of the next decade. It means having a business model that is flexible and able to adapt to changing environments. Dynamism is about understanding the value you create for the communities you serve, whilst considering the needs of those you are yet to reach. It requires investment in	Business model innovation (2.1)	• Reflect on mission / vision (2.1.1) • Strategic planning (cross -organisation) • Continue to reflect on Business model (2.1.2) • Partnership development (networks) (2.1.3) • Rigour finances - maintain and invest (2.1.4) • Entrepreneurial approach - fundraising (2.1.5) • Alternatives to grant (2.1.6)
	People and skills (2.2)	• Teams feel safe and valued (2.2.1) • Utilise skills of the whole team - decisions (2.2.2) • Invest in staff - skills and knowledge (2.2.3) • Invest in developing governing body (2.2.4) • Support governing body - review and reflect on performance (2.2.5) • Wellbeing inc. Freelancers - emphasise the significant role they play (2.2.6) • Transparent and equitable employment practices and policies (2.2.7)

| leadership and governance that inspires positive change and skilled teams and individuals who are inclusive, resilient and equipped to deal with change.

It is supported by an approach that embeds technology appropriately across activities and uses evidence and data to inform decision making.	Using technology and information (2.3)	• Embed appropriate technology (2.3.1) • Build confidence to use technology and review (2.3.2) • Data strategy (2.3.3) • Collect the right evidence to support decisions making - DATA DRIVEN DECISIONS (strong emphasis from ACE) (2.3.4) • Draw on a wide range of sources (2.3.5) • Make data available across your organisation - encourage curiosity from staff (2.3.6)
Environmental Responsibility (3) The climate crisis and environmental degradation is one of the most significant challenges facing us all. The cultural sector has taken major steps to reduce its carbon footprint and more than ever artists and organisations are engaging with climate-related themes.	Understanding the data (3.1)	• Collecting and reporting environmental data (3.1.1) • Data beyond carbon footprint - audience and programme data (3.1.2) • How to utilise data for decision making (3.1.3) • Sharing data stakeholders, funders etc. (3.1.4)
	Plan, action and change (3.2)	• Environment plan and policy specific to organisation (3.2.1) • Set targets that align with plan and policy (3.2.2) • Projects that highlight and contribute to environmental commitment (3.2.3) • Think creatively and highlight cultural leadership- valuing the leadership role of CHWA as an organisation (3.2.4)
Now, we are looking to support a move beyond environmental sustainability towards true environmental responsibility. This means embedding environmental thinking in everything you do, from operations and logistics, to considering how creation,	Influence, educate and advocate (3.3)	• Presentation of purposeful work - practice - environmental responsibility (3.3.1) • Active membership in climate networks or groups (3.3.2) • Training for staff, governing body and stakeholders (3.3.3) • Celebrate excellent environmental practices (3.3.4)

programming and partnerships can help support your commitment and provoke debate.		
Inclusivity & Relevance (4) Inclusivity & Relevance is about ensuring the creative and cultural sector better reflects and serves all communities across England. It is a commitment to achieving greater fairness, access and opportunity. This principle builds on the Creative Case for Diversity to encompass programming, talent development, workforce, leadership and governance. It means identifying who is under-represented and which communities are under-served and taking action to address this. The aim is to collectively create a cultural sector that is relevant to more people and better placed to realise its creative ambitions, drawing on talent from all our communities.	Inclusivity (4.1)	• Promoting digital inclusion (4.1.1) • Reflecting on inclusivity in your organisation - through leadership, governance and workforce (should reflect communities they want to serve (4.1.2) • Safe and inclusive workplace (4.1.3) Reflecting on inclusivity in your programming activities (4.1.4)
	Relevance (4.2)	• Relevant activities for existing and desired communities - involve and engage local • Communities (4.2.1) • Community mapping (4.2.2) • Creating a vision of inclusivity (4.2.3)

Appendix 3: Activity Map

Strategic Priorities	Activity	Objective: "Empowering Collective Membership" via 1. Advocacy 2. Infrastructure Development 3. Resources	ACE Investment Principles: 1.Inclusivity & Relevance 2.Dynamism 3.Environmental Responsibility 4. Ambition & Quality	Strategic Objectives (SO)	Outcomes (Oc)
1.1 Supporting partnership across cultural, statutory and community sectors	• E.g., SAMs • SAPs • LA arts-and-health strategies • NCCH partnership • Partner Up tool	e.g., **O1** = Advocacy **O2** = Infrastructure **O3** = Resources	e.g., **ACE 1.1** = Understanding perceptions ACE2.3 etc **ACE 2.1.1** = Reflect on mission / vision (2.1.1 **ACE 3.1.1** = Collecting and reporting environmental data	e.g., **SO1**= *More support for partnership across cultural, statutory and community sectors,* **SO2** = *Developing and strengthening links between practice, research, policy and education* **SO3 =** *Continuing to build regional networks*	e.g., **Oc1** = Continuing to build successful infrastructure with, and for, our membership and partners across health, social care, local government and culture **Oc2** = *CHWA aligning with complementary policies and research on culture, health, social care and equity* **Oc3** = *Being a positive influence on policymakers and on funders' future policies, bills and strategies that address inequalities in the creative health workforce*
1.2 Developing links between practice, research and education	Research quality report • University of Chester work • AHRC work				

	• Other research partnerships				
1.3 Building regional networks	• Regional Champions - three new posts in NE, Midlands, SE & East				
2.1 Championing work to address health and cultural inequalities	• Identified through Mental Health survey • APPG • Annual Awards • Wellbeing week				
2.2 Addressing inequalities in the creative health workforce					
2.3 Supporting coproduction and leadership by lived experience	LENS				
2.4 Developing our understanding of how creative health impacts equity					
3.1?	Fundraising				
3.1?	Website				

3.3?	• Bulletin				
3.4?	• Culture, health and wellbeing sector survey				
Helping practitioners thrive with:					
3.5 Bespoke support	• Practitioner support - Creative Well • MH survey on challenges and needs • Sharing national conference material				
3.6 Peer networks	• Creative Well? • Developing regional membership • Basecamp idea				
3.7 Practitioner wellbeing advocacy	• Quality Framework development • Practitioner support resource				
3.8 Joining the dots between creativity, health and climate justice	• Julie's Bicycle • Accelerator/NEF				

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Appendix 4: Expanded Activity – Membership Data

Membership data

From the "Full Mailing list, 22 December 2021" file, there were 5703 members. From this point, all respondents from the "Full Mailing list on 22 December 2021" will be referred to as "members". According to the Business Plan, membership increased from around 2000 members in April 2018 (CHWA Business Plan 2022-23).
According to the Business Plan 2022-23:

> *"Our Board's 2021 strategic work revealed that whilst we have met our 2018-21 objectives, the 'so what' is missing from our communications. We know we have developed a strong alliance, for example, but we need to communicate a clearer sense of why, to animate the collegiate space we have successfully established, and effect material change in our cultural and health systems."*

Whilst the purpose of this review was not explicitly to analyse the membership of CHWA, as a relatively large data source it is appropriate to consider some preliminary analyses in order to begin to understand the "so what" question, starting with who CHWA are communicating to.

What information have CHWA members provided upon registering to "Join Us"?

From the information collected when someone joins the mailing list via the "Join Us" page on the CHWA website, the applicant is asked for the following:

- First Name
- Last Name
- Organisation
- Email address
- Region (from choice of 11 options, one of which is blank)

The email address is the only "required" item to be completed in order for the form to be submitted meaning people can join the mailing list, but CHWA may only have an email address for them and no other information. When people select to "Join Us", this provides a real opportunity to gather some basic information regarding their area of activity in relation to the sector.

Suggested action:
Change the "Join Us" process to capture accurate information about person/organisation. This will enable better targeting of CHWA messaging whilst enhancing understanding about the composition of the CHWA population.

Coding the organisation "type" and "activity" of CHWA members

From the excel output for the "Full Mailing list on 22 December 2021" file, it is possible to use answers provided for the "Organisation" entry from the online joining form to code members' type of organisation and activity. An initial coding for all 5703 members was completed for this report.

Note: the coding of each member was done by one researcher and therefore represents that individual's interpretation of the information. CHWA may wish to check this coding to see how well it matches their own interpretation of the information. Rather than CHWA checking the coding of all 5703 members, a random sampling approach could be taken, described below.

A random sample is a group or set chosen from a larger population in a random manner that allows for each member of the larger group to have an equal chance of being chosen. A random sample is meant to be an unbiased representation of the larger population. It is considered a fair way to select a sample from a larger population (since every member of the population has an equal chance of getting selected).

This method allows the investigator to state a level of confidence in the results – that if they were to complete the same exercise repeatedly, with the same size sample of their population that they would be 95% confident (or whatever other percentage level they may choose) that they would get the same results within a specified confidence interval. Therefore, 95 times out of 100 would produce the same results within the specified range or confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.

A second point to be aware of is the confidence interval (also called margin of error) which is the plus-or-minus figure often reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.

Researchers have established specific sample sizes for commonly accepted levels of confidence and specific confidence intervals which can be used to help understand sampling data (e.g., Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. Educational and Psychological Measurement, 30, 607-610). So, for a margin of error (or "confidence interval") within 5 percentage points (with 95 percent certainty or "confidence level") of what the results would have been if the entire population had been surveyed, you would need to sample 357 out of a population of 5000 or 361 out of a population of 6000.

As an example, for the CHWA member population of 5703, this would mean that if we took a random sample of 360 members and 20% of that sample had been coded as students, we would be 95% certain (if we did this 100 times, 95 of those would give us the same result) that the percentage of members coded as "Library" would be between 15-25%, or 20% plus or minus 5%.

The Coding Process:
All 5703 underwent four rounds of coding: first-level; second-level; third-level; and fourth-level described below.

First-level coding
All members were coded according to their *type of organisation* as suggested from the organisation name entered. For a proportion of entries, there was either no entry for "Organisation" or a non-sensical entry such as symbols. For another proportion of entries, it was not possible from the information entered in "Organisation" to allocate a specific category and therefore these entries were coded as "Organisation of unknown type".

Suggested action:
Those coded as "Organisation of unknown type" would benefit from being re-coded by CHWA who may know what type of organisations these are given their experience.

Table 1: First-level coding - 25 categories

1 – Organisation data entered but unreadable/no sense/symbols
2 – Organisation of unknown type
3 - NHS/Health Board/Clinical Commissioning Group
4 – Galleries, Museums, Libraries, National Parks, "Heritage" in name
5 – Universities, Academies, other educational institution not school
6 – Council/Government/Local government
7 – Theatre, Orchestra, Dance Company, Choir
8 – Charity
9 – Therapy, Therapist, Doctor (not specified as NHS)
10 – Teacher, School
11 – Artist, Musician
12 – Research Council, Arts Council
13 – Tutor, Facilitator, Consultant
14 – Research not university
15 – Student
16 – No organisation entered, Individual, Private, Personal, Retired
17 – Freelance/Self Employed/Own name entered/Independent
18 – Trust, CIC, Foundation
19 – Volunteer
20 – Other Dance
21 – Care, Hospice
22 – Other Art
23 – Art Centre
24 – Festival
25 – Network

The original 25 organisation types were further coded into 12 categories for ease of understanding.

Table 2: Second-level Coding Categories

Second-level coding:	First-order coding included:
1 – NHS/GPs/CCGs	3
2 – Local Government/Government/Local Authority	6
3 – Galleries, Libraries, Museums, Culture & Heritage	4
4 – Education & Research	5, 10, 14
5 – Theatre, Dance Companies, Choirs & Orchestras (Performing)	7
6 – Charities/Trusts/CICs/Foundations	8,18
7 – Therapists & Care (non NHS)	9,21
8 – Artists/Freelancers/Self-employed	11, 17,19
9 – Miscellaneous/activity could not be determined	2, 20,23,24,25
10 – Funders	12
11 – Consultants (groups)	13
99 – no organisation/individuals	1, 15, 16

For some understanding of the types of organisations represented by CHWA membership, removing those coded as "99-individuals", of which there are 952 (17% of all members) and those categorised as "9 Misc" (number = 2103, 37% of all members) the number and proportion on CHWA members in each category are as follows:

Table 3: Number and Percentage of Different Types of Organisations in CHWA (excluding Miscellaneous and Individuals)

Organisation Type	Count	%
3 Museums/Galleries/Libraries/Heritage	517	19.52%
4 Education & Research	472	17.82%
8 Artist including Self-employed or Freelance	467	17.64%
6 Charity/trust/CIC/foundation	301	11.37%
1 NHS/CCG/GPs	243	9.18%
2 Government & Local Gov	239	9.03%
5 Theatre, dance company, orchestra, choir	165	6.23%
7 Therapy/Care	116	4.38%
10 Funders	70	2.64%
11 Consultants	58	2.19%
Totals	**2648**	**100%**

Suggested action:

Those organisations categorised as "9 Misc" would benefit from being re-coded by CHWA who may know what type of organisations these are given their experience.

Suggested action:

Those categorised as "8 Artist including SE or Freelance" would also benefit from being re-coded to ensure that have been allocated to the most accurate category.

Where are CHWA members?

According to the coding provided by the "Full Mailing list 22 December 2021" file, the membership came from the following regions:

Table 4: Region specified by CHWA members

Region	Count	%
London	1281	22.46%
Other	764	13.40%
South East	590	10.35%
South West	512	8.98%
West Midlands	488	8.56%
North West	465	8.15%
Yorkshire and Humberside	432	7.57%
East	424	7.43%
East Midlands	382	6.70%
North East	271	4.75%
Not specified	93	1.63%
Scotland	1	0.02%
Grand Total	**5703**	**100.00%**

The "Join Us" page on the website, which feeds into the mailing list, asks respondents to enter "Region". This question is somewhat vague – is it asking for the region where the respondent lives? where the respondent's organisation is based? or where the organisation or individual operates?

Suggested action:

CHWA may wish to consider defining what they mean by "region" in order to capture accurately the data they need to collect.

Members' Activity:

The leadership team know there is a mix of members representing both the variety of types of delivery activity in the sector along with larger organisations which are an integral part of commissioning and developing the sector such as the NHS and local authorities, however the proportion of members in these different areas of activity is unclear.

There are clearly some types of organisations, as discussed in coding, where their type of activity in culture, health and wellbeing, may be "assumed". For example, a theatre company would be readily and consistently identifiable as a delivering a service in the sector. However, for other organisation types, their area of activity and how this relates to CHWA is not clear.

For organisations coded as NHS/CCG/GPs, they could be acting as commissioners to deliver culture, health and wellbeing services, or may themselves be delivering these services. The same could be true for charities, CICs, trusts and foundations along with local authorities.

For individuals, the information currently gathered at the "Join us" web page, is also unable to ascertain if an individual is joining because they deliver a service in the sector or they are an interested individual but not delivering any services etc.

Suggested action:
CHWA to consider asking about what type of activity an organisation is providing in relation to CHWA membership upon joining. Additionally, CHWA to consider how this information may be gathered from existing members. This will enable a better targeting of CHWA messages and services to different membership groups.

As the question of what *type of activity* members may be involved with in relation to CHWA is central to the development of CHWA activity and ToC, the original 25 organisation "type" categories underwent a third-level and fourth-level coding, classed into broad areas of activity which could be considered as having potentially different needs from, or contribution to, CHWA.

The third-level coding identified 11 activity areas:
- Delivery – Charity/trust/CIC
- Delivery – Culture & Heritage
- Delivery – Education setting (not university or research)
- Delivery – Freelance
- Delivery – Misc/undetermined
- Delivery – Performing Arts
- Delivery – Therapeutic
- Individuals (codes included were 1,15,16,17,99)
- Education & Research (codes included were 5)
- Funders (codes included were 12)
- Intermediaries & Commissioners (codes included were 3 & 6)
  The fourth-level of coding identified 5 broader activity areas:
- Delivery of 7 types – see below (codes included 2,4,7,8,9,10,11,13,14,15,17,18,19,20,21, 23,24,25,99) Number = 3794 including Misc.
- Individuals (codes included were 1,15,16,17,99)
- Education & Research (codes included were 5)
- Funders (codes included were 12)
- Intermediaries & Commissioners (codes included were 3 & 6)

To better understand what levels of different types of delivery activity may be represented by the membership, "Delivery - Miscellaneous" (n=2161) was removed:

Table 5: Types of Delivery Activity (excluding Miscellaneous)

Type of Delivery	Count	%
Delivery - Charity/Trust/CIC etc*	301	18.74%
Delivery - Education	40	2.49%
Delivery - Freelance	467	29.08%
Delivery - Performing Arts	165	10.27%
Delivery - Therapeutic	116	7.22%
Delivery - Culture & Heritage	517	32.19%
Grand Total	**1606**	**100.00%**

"Delivery – Charity/Trust/CIC etc" should be used with extreme caution as it is not possible to ascertain is these organisations are delivering services or providing funding for others to deliver services, in which case that organisation may be considered part of the "Intermediary/Commissioning" area of broad activity.

Chart 1: Type of Delivery Activity
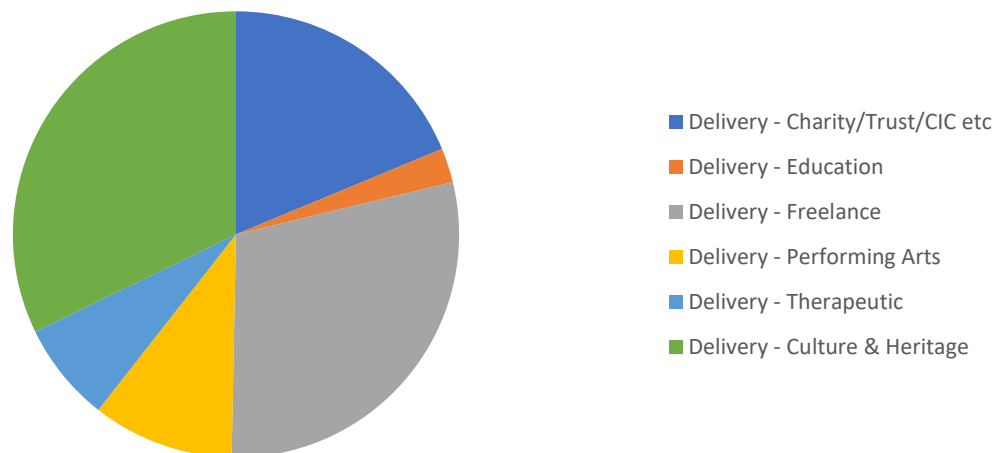
These categories are to be used with extreme caution as someone identifying as Freelance may be a performing artist or therapist but hasn't used that classification in their response to the question "Organisation" therefore this data may not capture types of delivery activity very accurately. This point highlights the need to capture meaningful data from members and, in surveys, differentiating between "Employment Status" which may include a category for "Freelance or Self Employed" and "Type/Area of Activity" which may include categories such as "Dancer" and "Artist", as an example.

Broader level categorisation of type of activity of member:

The fourth-level coding of "Organisation" gives some indication of the proportion of CHWA members involved in different types of activity in the sector.

Table 6: Broad area of organisation "Activity"

Activity	Count	%
Delivery*	3767	66.05%
Education & Research	432	7.57%
Funders	70	1.23%
Individuals	952	16.69%
Intermediary/Commissioning	482	8.45%
Grand Total	**5703**	**100.00%**

In this table, the category of "Delivery" includes "Delivery-Misc" which is a very broad code, and we recommend this is looked at for potential re-coding by CHWA.

ED&R in Membership Data:

Attempts have been made by CHWA to collect Equality, Diversity & Representation data for different groups of members e.g., Regional Champions, Strategic Alliance members and general members in September 2020. National data for a number of categories was absent so comparisons could not be made on these measures. The data was summarized as follows:

> *"This has been an important means of understanding the diversity of the stakeholder groups beyond what's visible. In relation to disability in particular, two of CHWA's groups are more representative than we had anticipated; and in relation to class, CHWA is closer to the national picture than we had anticipated. It's worth noting that barring the Board/staff group, the stats for CHWA are not complete – 13/40 SAMs, 19/40 regional champions and 67/4971 members completed the form."*

(ED&R Report, Sept 2020)

The response rate was low in some membership groups i.e., mailing list response rate was 1.3%. Improvements to the membership registration system would facilitate a more accurate and reliable data collection system for this type of information.

Currently, it is not clear how representative membership of CHWA is in comparison to the sector overall, as no sector population data has been identified. With the high number of CHWA mailing list members, this also would offer a good opportunity to collect data on the sector whilst recognising that the existing CHWA mailing list membership may not in itself be representative of all work in the sector.
Suggested action:

CHWA could consider what key ED&R data they would like to collect and ask for this upon registration at the "Join Us" page on their website. They could also consider ways of gathering this information for existing members.