

How culture and creativity have been supporting people in health, care and other institutions during the Covid-19 pandemic

A report from the Culture, Health & Wellbeing Alliance in partnership with Live Music Now, Music for Dementia, Music in Hospitals and Care, the National Criminal Justice Arts Alliance, the National Performance Advisory Group (NPAG) for Arts, Design and Heritage in Healthcare, Paintings in Hospitals and Performing Medicine, based on 47 case studies from around the UK.

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Illustration by a young person from The Cove CAMHS, Heysham (Ludus Dance)

Background

The pandemic has revealed and exacerbated existing health inequalities around the UK.¹ Loneliness – already understood as a health crisis in the UK – has been worsened for those already experiencing it.² The long-term consequences for our mental health remain unclear but mental health charity Mind has described soaring calls to its helpline³ and significant concerns are being raised about the mental health of health, care and other frontline workers in particular.⁴

The cultural and creative sector has been under increasing strain, with redundancies common and freelancers' wellbeing, mental health and stability acutely impacted as they are forced to seek alternative sources of income – in some cases losing their homes.⁵

Despite this bleak picture, much socially engaged creative and cultural work has carried on through every lockdown. Museums, galleries, community arts organisations and freelance creative practitioners have turned their focus toward their most vulnerable neighbours, working to ensure people stay connected and that their resources are put at the disposal of the communities around them. They have worked to combat loneliness and isolation, and to build connections and community, confidence and skills.

In July the Culture, Health & Wellbeing Alliance reported on 50 projects designed to reach people shielding at home or otherwise especially vulnerable to the impacts of the pandemic in their communities.⁶

Seven national organisations have now come together with the Culture, Health & Wellbeing Alliance to create this new report: Live Music Now, Music for Dementia, Music in Hospitals and Care, the National Criminal Justice Arts Alliance, the National Performance Advisory Group (NPAG) for Arts, Design and Heritage in Healthcare, Paintings in Hospitals and Performing Medicine. This report focuses on people coping with the pandemic in institutions or establishments such as hospitals, care homes, hospices, criminal justice settings, or refuges. People may find themselves in these places for a range of reasons but – like almost all of us at some point in our lives – they are unable to live independently and in their own homes.

To give a sense of the numbers of people to which this work is relevant: in 2017, 410,000 people were estimated to be living in care homes.⁷ There are around 140,000 hospital beds in the UK including acute and mental ill-health, maternity, learning disabilities and day-only beds.⁸ 78,000 people were

¹ Public Health England (August 2020). *Disparities in the Risk & Outcomes of Covid-19*. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

² Loneliness, Lockdown and Covid (August 2020). What Works Wellbeing. Available at <https://whatworkswellbeing.org/resources/loneliness-lockdown-and-covid/>

³ Mind (November 2020). <https://www.mind.org.uk/news-campaigns/news/mind-warns-of-second-pandemic-as-it-reveals-more-people-in-mental-health-crisis-than-ever-recorded-and-helpline-calls-soar/>

⁴ Surviving COVID: The impact of the pandemic on the mental health of NHS workers (Dec 2020). *Health Foundation*. Available at health.org.uk/what-we-do/responding-to-covid-19/surviving-covid/surviving-covid-impact-on-the-mental-health-of-nhs-workers

⁵ May, T., Warran, K., Burton, A., & Fancourt, D. (December 2020). Socioeconomic adversities experienced by creative freelancers in the UK during the COVID-19 pandemic: A qualitative study. Available at <https://doi.org/10.31235/osf.io/74sdr>

⁶ Culture, Health & Wellbeing Alliance (July 2020). *How creativity and culture are supporting shielding and vulnerable people at home during Covid-19*. Available at <https://www.culturehealthandwellbeing.org.uk/how-creativity-and-culture-are-supporting-shielding-and-vulnerable-people-home-during-covid-19>

⁷ CMA (2017). *Care homes market study: summary of final report*. Available at <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report>

⁸ King's Fund (March 2020). *NHS hospital bed numbers: past, present, future*. Available at <https://www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers>

resident in prisons in February 2021.⁹ Around 11,500 women were being supported by women's refuges in 2018-19.¹⁰ None of these figures include the people who staff these institutions.

It is worth noting that a double whammy of isolation is impacting people away from home. The most desperate example is perhaps the prison service, where many people serving sentences – already isolated from society – are now in cells alone for 23 hours a day. But people in hospitals and care homes, too, have lost visitors – as well as the additional pastoral support they might have been given by staff when not in an emergency.

We want to make it clear from the outset that **these case studies represent an emergency response**. The shift to remote working has for some created new opportunities and partnerships, but many of our members at the Culture, Health & Wellbeing Alliance have spoken about their frustration and sorrow at being unable to work in the same rooms as their neighbours, communities and participants.¹¹

We want to celebrate the commitment, skill and flexibility across this huge sector that these case studies represent. But we want to acknowledge, too, that nothing can replace face-to-face work. Our recommendations are to support not the transfer to digital and remote *per se*, but the people and ideas that have allowed this work to keep happening despite everything. We want this work to flourish as the best of our creative and cultural sector should, with appropriate, consistent and long-term resources, when we are once again able to meet each other in person.



cARTrefu (Age Cymru)

⁹ Ministry of Justice and Her Majesty's Prison and Probation Service (February 2021). *Prison population figures: 2021*. Available at <https://www.gov.uk/government/statistics/prison-population-figures-2021>

¹⁰ Women's Aid (2019). *Domestic Abuse Services*. Available at <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-services/>

¹¹ Brittain, I. (February 2021). "Dancing the Solution". Culture, Health & Wellbeing Alliance blog. <https://www.culturehealthandwellbeing.org.uk/news/blog/dancing-solution-izzy-brittain>

Introduction

In response to a call to our collective networks, we received 47 case studies in October 2020. As well as basic information on where this work was happening and for whom, we asked a series of open questions about what organisations were aiming for, their challenges, and what they felt had enabled their work.

You can read all 47 case studies here: <https://www.culturehealthandwellbeing.org.uk/how-creativity-and-culture-are-supporting-people-institutions-during-covid-19>

Almost all the respondents were charities, with a small number of social enterprises and local authority museums. The organisations varied in size, employing anything from 0 to 200 people, but were mostly small, with under 10 employees.

The programmes took place in a variety of spaces: adult residential care, hospices, hospitals, prisons, young offender institutions, sheltered accommodation, domestic abuse refuges, and educational institutions providing support for special educational needs and disabilities (SEND).



Bramley Court Care Home resident on a private visit to the Fitzwilliam Museum (University of Cambridge Museums)

Key points

Who was this work for?

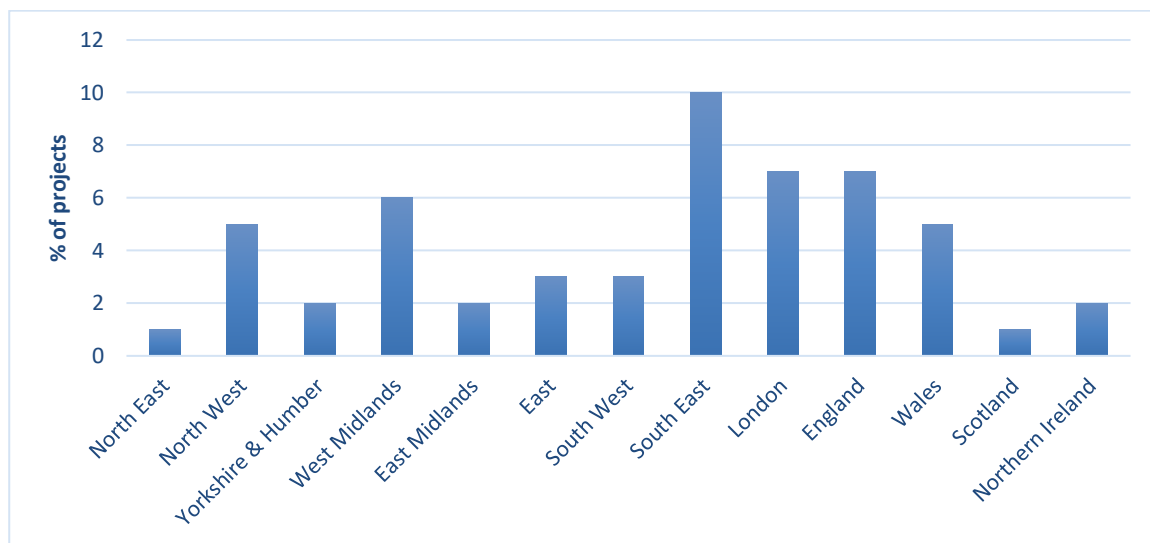
Most projects served more than one group of participants. The largest proportion of projects were designed for older adults in residential care (37%). Other key groups included people living with dementias (20%); adults in mental health institutions (20%); NHS staff, adults in hospitals, and young people in hospitals (17% in each case); people serving sentences (15%); and care home staff (13%). Most organisations aimed to reach both people they had worked with before the pandemic, and new participants.

How many people took part?

Respondents estimated numbers based on everything from direct one-to-one participation, to YouTube views, so it's hard to reach a sensible estimate, but it seems likely an average of over 1,000 people benefitted from each project, albeit to differing degrees. Some work deliberately focused on small groups (Theatre for Life worked with 12 young people in Southampton Children's Hospital, for example) and others aimed for a far broader reach (Live Music Now, for example, continue to reach thousands of people at care homes around the country).

Where were these projects happening?

Projects were based all around the UK, although the largest proportion of these case studies (almost a quarter) took place in the South East of England. Please note that (as with all this data) the geographic spread reflects organisations who heard about and had the opportunity to complete a case study, not the amount of this work happening in each region.



What did the organisations do?

Just under half the projects featured online workshops, just over a third used pre-recorded performances, just under a third distributed activity packs or similar. Just under a quarter developed exhibitions, or coproduced artworks of various kinds with participants. The same number used live, online performance to reach their audiences. A fifth worked on exhibitions and a similar number created co-produced artworks. Other work was hugely varied but included activity packs specifically designed for staff, as well as postcards, radio programmes, phone-based workshops, outdoor performance and, when safe, one-to-one work.

What outcomes were the projects aiming for?

The common thread across all the work is culture and creativity as a social intervention – building on a growing evidence base documenting the relationship between creative practice and health and wellbeing in their broadest senses.¹² The projects can universally be related to the Five Steps to Wellbeing:¹³ Connect with other people, Be physically active, Learn new skills, Give to others, and Pay attention to the present moment (mindfulness).

Within this, organisations aimed for a huge variety of outcomes. Just under half specifically aimed to improved participants' wellbeing; over a quarter aimed to support *staff* wellbeing in institutions, although this was perceived as a knock-on effect of other projects, too. Over a third of projects were designed to tackle loneliness or isolation; a quarter spoke about supporting social or family connections.

Other outcomes included providing meaningful activity, skills development, challenging boredom, and building participants' confidence. Much of this could be described as early intervention to prevent the onset of apathy and depression, to build a sense of feeling worthwhile. Some organisations also sought to develop health and care staff's skill and confidence in delivering creative activities themselves.

Did the work support people identifying with the protected characteristics?¹⁴

54% of projects engaged specifically with people identifying as Disabled or living with chronic or life-limiting health conditions; just under 40% were designed for older people. 13% of projects overtly supported creative professionals or participants of ethnically diverse heritages; only 7% mentioned specific support for LGBTQ+ communities. Several were designed to support unpaid carers, one to support people with refugee or asylum seeker status, and another to support homeless people.

Some organisations drew attention to crossovers between the protected characteristics and the populations of the institutions in which they worked, indicating that projects inevitably served diverse communities by dint of being in these places.

Although there are beacons of good practice throughout these studies, given that the worst impacts of the pandemic are – broadly speaking – felt by those identifying with the protected characteristics, the collection suggests there is more to be done across the sector to understand and articulate how creative and cultural work intersects with and might challenge health inequalities in the UK.

What have been the challenges and successes?

Successes included in many cases surprising levels of uptake and engagement with new, often digital approaches. Organisations were pleased with the amount of positive feedback they had, and generally felt that some contact and some activity was better than none. Organisations were pleased to have been able to rapidly respond to the situation and produce high-quality programmes in new forms. Where work was designed to help health or care professionals deliver creative work themselves, this seems

“The success was certainly the participant feedback and the fact that the engagement was overwhelmingly positive. Our aim of reaching older people in uncertain times in a meaningful way was successful. It was a challenge to create a comfortable environment for the elderly people taking part given that we couldn't see each other face-to-face and had not met before.”
(Tea Talks, Oxford Playhouse)

¹² Fancourt, D., Warren, K. & Aughterson, H. (September 2020), Evidence summary for policy: The role of arts in improving health and wellbeing. Department for Digital, Culture, Media and Sport. Available at www.gov.uk/government/publications/evidence-summary-for-policy-the-role-of-arts-in-improving-health-and-wellbeing

¹³ 5 steps to mental wellbeing. NHS England. Available at www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/

¹⁴ Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Equalities Act 2010).

to have succeeded. Other organisations were pleased to be able to support freelance artists struggling to maintain a livelihood.

Not being able to get into the institution presented a significant challenge for a quarter of the organisations. A fifth also spoke about the lack or quality of technology available in institutions, 15% about the challenge of evaluating work, and 13% spoke the challenge of reduced staff capacity in institutions. People working in prisons faced additional barriers thanks to the lack of online access and also spoke about inconsistent guidance from the prison sector. Others spoke about adapting to work from home, uncertainty, emotional strain and conflicting challenges in people's personal lives – from bereavement to childcare.

Evaluation & Feedback

Evaluation has been a significant challenge for many socially engaged arts organisations throughout lockdown.

Much of this work is happening without direct contact with participants. Creative and cultural organisations rely heavily on staff in hospitals, prisons, etc. to support both the work itself, and evaluating it (by distributing and collecting questionnaires, for example). Despite the obvious difficulties this presents, 46% of the organisations in this report did manage to circulate surveys and questionnaires, around a third sought feedback from staff in the establishments, and around a third managed to get feedback direct from participants. Others sought responses from creative professionals running the programmes, as well as monitoring responses on social media and uptake of digital and online work. Age Cymru conducted a Social Return on Investment (SROI) analysis of its cARTrefu programme with the Dementia Service Development Centre Wales at Bangor University, which found a Social Return on Investment of £6.48 for every pound invested. Key Changes' work has been monitored using participant self-scored wellbeing data, which will be independently evaluated by a team from the Department of Health and Mind. Several other organisations aim to publish evaluations this year. Almost every organisation was able to pass on quotes from staff and participants indicating their success.

"The SROI analysis, conducted by the Dementia Service Development Centre Wales at Bangor University, found that cARTrefu delivered a Social Return on Investment of £6.48 for every pound invested." (cARTrefu, Age Cymru – working with care home staff to offer advice on running creative activities)

"Creative arts and music projects are relatively new to me; they have put me in the deep end and stretched me! I have not done anything like it ...in the past... but they are certainly helping me to define me now – allowing me to Express." (Feedback for "A Future I Can Love" from Novus – working with people in the criminal justice system)

"It helps people, boosts confidence, gets you out of your comfort zone, helps you socialise, gives you structure and routine and helps you learn new things. It gives me hope" (Feedback for State of Flux 2.0, by Ludus Dance – working with children and young people at the Cove CAMHS unit in Lancashire)

"Throughout the week, young people discussed the difficulty young people – particularly young men – have in discussing emotions and wellbeing, but themselves engaged in all aspects of discussion despite this." (Feedback for Odd Arts – working with young offenders in education settings, and NHS mental health institutions)

"This afternoon some of our residents joined in with a zoom workshop from Bright Shadow. The session was so much fun and left those who took part invigorated and excited to talk about what we had done ... After the session we sat around the table to have tea and cake, and everyone spoke about it for ages ... can't wait until next week..." (Member of care home staff responding to Bright Shadow's Zest programme for care homes)

Are organisations reaching more people/fewer people/different people?

Most organisations in the health and care sectors reported an increase in reach, but often with the caveat that this engagement was not necessarily as deep. Organisations working in prisons generally reported a decrease in reach.

Now and in the future we must remember that back in January 2020, before the pandemic, the NHS was already in the middle of a workforce crisis with the highest-ever stress levels, numbers of staff vacancies and turnover of nurses, health visitors, care home staff, midwives and doctors. The system was cracking... and then the pandemic struck. (Suzie Bailey & Michael West, King's Fund)¹⁵

There has been a palpable shift towards supporting institutions' staff, which is only increasing as time goes on and the impacts on keyworkers, particularly those working in health, care and the prison service, become clear. This shift is likely to be long-term and has also brought with it a greater understanding of the interrelational nature of care in institutional spaces.¹⁶

What new skills have people developed to deliver this work?

The key area for most people (60%) was developing skills in technology and online work, including adapting communication and relational work with vulnerable groups to digital spaces. Other skills mentioned included safeguarding and infection control – and generally adaptation to a constantly changing situation, patience and flexibility.

What made the work possible?

41% said that the principal enabler was practitioners' and organisations' commitment and determination (one organisation calling this a 'moral commitment' to their participants). 41% felt that the skill, experience and flexibility of the creative practitioners and teams was centrally important. Support from institutions and their staff, and flexibility from funders were also key for 37% and 30% of organisations respectively. Just over a quarter spoke about the value of established partnerships.

What would have made it easier?

More funding, time and staff capacity were the standout responses here.

Funders

22% of projects received some funding from Arts Council England; the same proportion received funding from national trusts and foundations. A fifth received support from local trusts and foundations, and 13% from hospital charities. Under 5% received funding from the NHS itself, local authorities or borough/town councils, and only 2% from the prison service. Some organisations used their reserves to support the work. One organisation reliant on charging care homes for its service described a collapse in its business model with the new digital offer. Care home programmes were otherwise entirely reliant on external – usually charitable – funding.

Partners

72% of these organisations worked in partnership to deliver their projects. 36% worked in partnership with other third-sector organisations. 24% worked in partnership with (other) arts and cultural organisations, 27% with the NHS (note the funding above), 16% with NHS Charities, 16% with the care sector. Other partnerships included the criminal justice and higher education sectors, and local authorities. In general organisations have found the doors more open, and a greater willingness to partner to deliver this work. So far this willingness to partner largely lacks the funding to back it up.

¹⁵ Recovery and then renewal: the innovation imperative for health and care (January 2021). King's Fund.

<https://www.kingsfund.org.uk/blog/2021/01/recovery-and-then-renewal-innovation-health-and-care-covid-19>

¹⁶ See *Circle of Care* (2020). Performing Medicine. Available at <https://performingmedicine.com/circle-of-care/>

Recommendations

We direct these recommendations primarily at funders, commissioners and policymakers.

1. Celebrate, acknowledge, and learn from this work
2. Support creative freelancers through the pandemic and its aftermath
3. Invest in culture, health and wellbeing programmes and the partnerships that underpin them
4. Support training and research that will help the cultural sector to address health inequalities
5. Support training and research to help practitioners develop successful digital or blended approaches
6. Increase flexibility, trust and accessibility in funding systems

1. *Celebrate, acknowledge, and learn from this work*

These case studies suggest the pivotal role that creative and cultural engagement could play in rehabilitating and resocialising us as we emerge from the severest phase of the pandemic, *if it is properly resourced*.

The most striking aspect of these case studies is the determination and commitment of organisations and freelancers to find ways to support their participants and the staff in the institutions they work with, despite serious restrictions and their own personal challenges.

This ‘moral commitment’, as one organisation described it, has brought meaning and hope to people dealing with the harshest impacts of the pandemic – whether residents, staff, or creative professionals.

Some of these organisations still felt they were struggling for credibility, however.

This socially engaged work should be widely and consistently recognised and applauded by funders, commissioners and policymakers – and the wider cultural sector. We are seeing the beginnings of this recognition in awards such as the Award for Civic Arts Organisations from Calouste Gulbenkian Foundation¹⁷ (as well more broadly as shifts in strategic frameworks of major funders like the National Lottery Heritage Fund and Arts Council England). We hope this recognition will continue to spread.

“Having the arts team recognised as key members of multi-disciplinary clinical teams, allowing us to have direct contact with clinical staff and access non-covid wards in person to promote our work would likely have resulted in further inpatient engagement.” (rb&hArts at Royal Brompton & Harefield Hospitals)

A huge variety of work was described but the most exciting is perhaps that where the engagement is the most personal – where organisations have gone beyond transferring pre-existing work to a digital format and reimagined their approach more drastically. Work conducted in partnership and coproduced by participants and those with lived experience will provide particularly helpful guidance for cultural organisations newer to socially engaged practice who may be working towards Arts Council England’s new investment principles, for example.

Lastly, we recognise that whilst lockdown seems to have increased our appreciation of cultural and creative work, it brings with it a risk that commissioners may see remote work as equivalent to face-to-face, or that digital will be seen as a long-term, cheap means of reaching many people. Although a good deal more research is needed, early feedback suggests that digital is neither cheap nor as effective as face-to-face work. For some, this is not a *solution* to loneliness and isolation, but a bridge to help us to better times. Creativity is both possible and valuable at different stages of lockdown, but remote activity is full of frustrations and limitations and we will always be working towards being together in the same space.

¹⁷ See gulbenkian.pt/uk-branch/our-work/the-civic-role-of-arts-organisations/the-award-for-civic-arts-organisations/

2. *Support creative freelancers through the pandemic and its aftermath*

This work is entirely dependent on a freelance creative workforce. Without freelancers this sector simply ceases to exist. Echoing May et al (2021)¹⁸ we are calling for financial aid for creative freelancers and those unable to work or ineligible for current financial support. The lack of support is damaging freelancers' basic rights to health and security – and it is also undermining this critical work to build community and reduce isolation and loneliness and support mental health across a broad public. Lastly, the lack of support stifles the possibility of building a diverse and representative sector, thereby critically diminishing this work's impact where it is most needed.

3. *Invest in culture, health and wellbeing programmes and the partnerships that underpin them*

The institutions involved in these case studies readily acknowledge the importance of creative work, and members of staff have made huge efforts to support creative interventions despite the increased pressures on their capacity. It is clear that the success rests on long-term partnership across the sectors. Partnership-building takes time and resource, however. We know that most of the creative organisations doing this work are supported by Trusts and Foundations on a grant-funded project-to-project basis.¹⁹ This funding rarely covers the extra time this brokering and development takes, which creates a situation where organisations are constantly working beyond their allocated funding.

“The pre-existing depth of connection we have with our participants and community has enabled us to communicate openly about what they would find most useful [...] We have been on the phones, email, social media and ‘snail mail’ [...] Participants re-stating the value of the work / expression of need for our services has kept us motivated and centred around doing as much as possible to continue to reach them”
(Plymouth Music Zone)

Moreover, the financial investment in this work from NHS, local authorities and the prison system in no way matches the commitment of its creative partners, or even its own staff at a local level.

We need realistic funding support from our partners to push past the “money at the back of the cupboard” phase. As one colleague recently described it, creative practice is in “the value discount bin” even as frontline staff recognise the support it offers to the people they care for, and their own welfare.

4. *Support training and research that will help the cultural sector to address health inequalities*

New research programmes such as the AHRC-funded Community Covid study led by UCL²⁰ are connecting cultural and creative engagement with health inequalities – but the sector needs significant additional ongoing support, including research and training, to learn from best practice and better address health inequalities and the social determinants of health, not just health conditions. To do this, we also need to address inequity within the sector itself, particularly in terms of ethnicity.²¹ It is encouraging to note the recent launch of “Strengthening BAME Inclusion in the Arts for Health & Wellbeing” from Flourishing Lives and the Race Equality Foundation,²² as well as both a new report and new funding from the Baring Foundation “designed to support activity to redress the under-representation of participatory artists from ethnically diverse communities in arts and mental health”.²³

¹⁸ May, T. et al. (2020, December 16). Socioeconomic adversities experienced by creative freelancers in the UK during the COVID-19 pandemic: A qualitative study. <https://doi.org/10.31235/osf.io/74sdr>

¹⁹ See the Culture, Health and Wellbeing National Survey (May 2020):

<https://www.culturehealthandwellbeing.org.uk/ongoing-results-culture-health-and-wellbeing-survey>

²⁰ <https://culturehealthresearch.wordpress.com/community-covid/>

²¹ See the Culture, Health & Wellbeing Alliance's own survey of its membership:

<https://www.culturehealthandwellbeing.org.uk/roadmap-building-more-equal-alliance>

²² Information available at <https://raceequalityfoundation.org.uk/project/strengthening-bame-inclusion-in-health-and-wellbeing-services/>

²³ Baring Foundation (February 2021). *Creatively Minded and Ethnically Diverse*. Available at

https://cdn.baringfoundation.org.uk/wp-content/uploads/BF_Creatively-minded-ethnically-diverse_WEB_LR-1.pdf; and

5. *Support training and research to help practitioners develop successful digital or blended approaches*

It is clear that digital training would help creative and cultural organisations to more quickly and effectively reach their communities. But beyond the technical skills many have had to acquire, there is consistent concern across the sector about the difficulties of communicating, ‘reading the room’, and developing relationships online. We need urgently to support people to develop methods and skills to support relational work in digital spaces.

Many organisations are considering a blended approach that will support the greater reach digital affords whilst maintaining the greater impacts of face-to-face work. Organisations – particularly small organisations with limited capacity – will need support to manage this dual approach.

There is an equally urgent need however to assess and address the lack or quality of digital capacity in many institutions, which is restricting all kinds of remote support, including creative support.²⁴

6. *Increase flexibility, trust and accessibility in funding systems*

The flexibility demonstrated by funders through the pandemic was noted as a key enabler by a third of the projects. In some cases the traditional power balance between funder and recipient has shifted, and moved productively towards the model of a partnership designed to serve participants and communities. The increased trust placed in funding recipients to serve their participants has been an invaluable boost to organisations’ confidence. We strongly recommend to funders that they maintain and increase this level of trust and flexibility going forward.

“funders taking a flexible approach, accepting changes to delivery models and budget lines [enabled] us to achieve the desired outcomes in a different way”
(University of Cambridge Museums – working with older adults in residential care, adults in hospital, and mothers and children in emergency accommodation)

We would also recommend continuing to work with community partners and people with lived experience to improve the accessibility of funding processes.



Singing for Breathing session on Zoom with Elisa Jeffery (rb&hArts)

<https://baringfoundation.org.uk/news-story/new-funding-for-creativity-mental-health-and-people-from-ethnically-diverse-backgrounds/>

²⁴ See also The Show Must Go Online! (September 2020). Live Music Now. Available at <https://www.livemusicnow.org.uk/lmn-news/title/The-Show-Must-Go-Online-/item/69802>

Conclusion

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In the last year our certainties have been rocked by the pandemic, which has exposed injustice and inequity right across our society. The Black Lives Matter movement has insisted we reflect at last on the pervasive structural racism to which our health, social and our cultural systems are equally vulnerable. #WeShallNotBeRemoved fights to ensure a sustainable future for disability and inclusive arts. #UKExcluded reminds us of a dangerous divide created between the employed and the self-employed. Building equality must now be at the root of everything we do in culture, health and wellbeing.

Through the intersection of multiple crises, however, we have also been offered an opportunity to build community, to make change, to support those who need it most and who – whatever their age, background, and status – will be the changemakers of the future. This is an opportunity many cultural and creative workers have seized. There much to be proud of in these case studies. I hope we can do justice to the efforts of those who have made this work by supporting it properly into the future.

Acknowledgements

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The Wednesday Wave (Vamos Theatre). Photo: Graeme Braidwood