

# Creative Health: UK State of the Sector Survey

Report by Jonathan Tang, University of Sheffield  
For the Culture, Health & Wellbeing Alliance  
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## Aims & Objectives:

The aim of the UK State of the Sector Survey is to help us better understand the creative health sector in the UK in order to advocate for creative health and provide more helpful resources. This online survey was conducted between February and April 2023.

Thank you for taking the time to view these results. We welcome all feedback to our findings.

This survey was conducted in partnership between:



Arts Care



Arts Culture Health & Wellbeing Scotland

# Executive Summary

The aim of the Creative Health: UK State of the Sector Survey was to enhance our understanding of the creative health sector in the UK, enabling us to advocate for creative health and provide more helpful resources. The survey, conducted online from February to April 2023, invited participation from individuals working with creativity, arts, and/or culture to support health and wellbeing.

A total of 200 respondents took part in the survey, representing the entire UK to some extent. The majority identified as creative health practitioners working in creative/arts organisations. Respondents reported using various creative mediums, with music and visual arts being the most common. Motivations for engaging in creative health work varied, encompassing different experiences, goals, as well as a belief, passion, and interest in creativity for wellbeing.

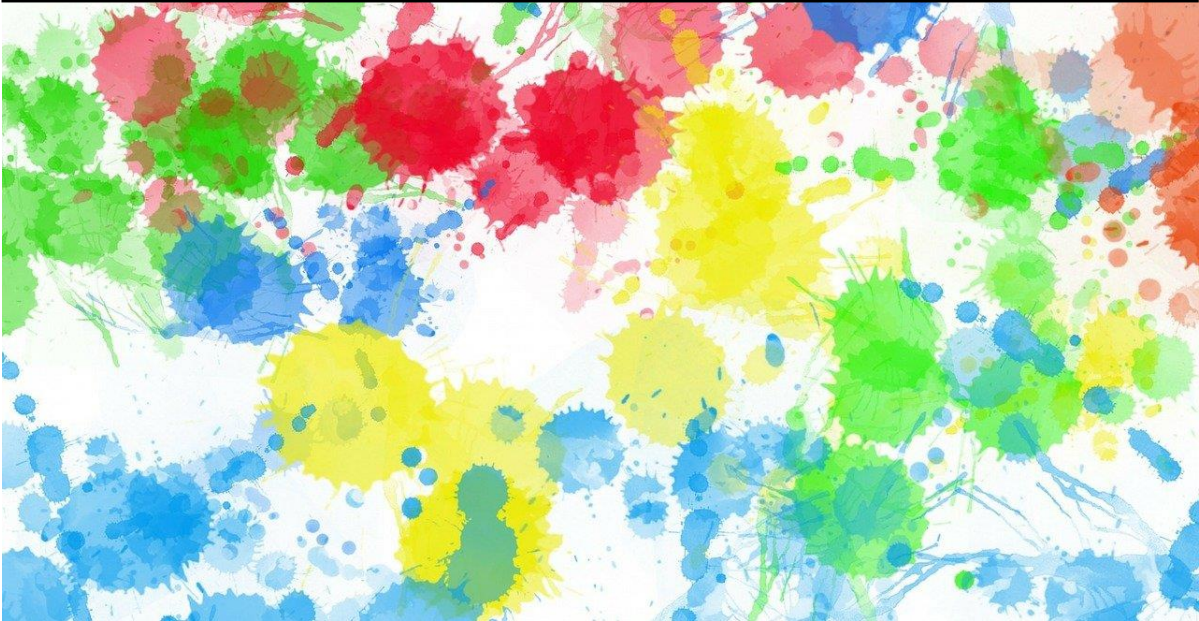
The majority of respondents identified as freelancers working in charities or community interest companies. In 2022, their creative health programmes directly benefitted 145,332 individuals. Respondents mentioned that people discovered their work primarily through word of mouth, online searches, and referrals from various healthcare professionals.

The data indicated that the main sources of funding were the UK Arts Councils, Trusts or Foundations, and Local Authorities or Councils. Respondents noted that these funds were primarily directed towards service delivery, with limited allocation for training and wellbeing support.

Overall, the majority of respondents expressed optimism about the future of creative health in the UK. They also acknowledged several challenges and identified areas of need in terms of training and support. These findings provided insights into areas that the Culture, Health & Wellbeing Alliance can focus on in the coming years.

# Contents Page

About the people.....	3
About the work.....	6
About the money.....	8
About training.....	9
About evaluation.....	10
About the sector.....	11
Closing Remarks.....	12



# About the People

200 Respondents

36% worked *everywhere* in the UK.  
8% worked *entirely online*.

## Northern Ireland: 22 (11.0%)

Across Northern Ireland	43%
Belfast	21%
Northern	21%
South Eastern	11%
Southern	4%

## Scotland: 10 (5.0%)

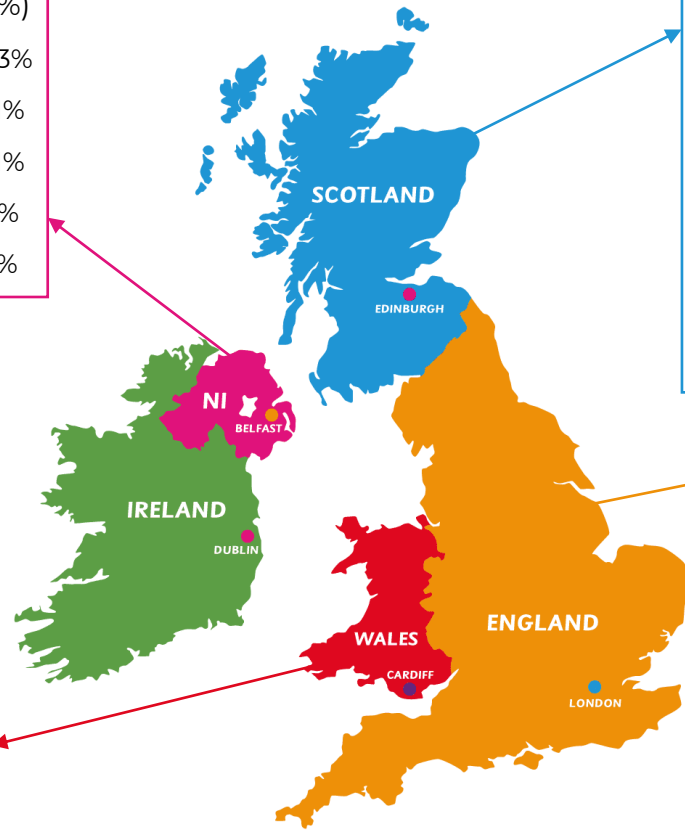
Across Scotland	27%
Fife	7%
Grampian	7%
Greater Glasgow & Clyde	20%
Tayside	13%
Lothian	13%
Highlands & Islands	13%

## Wales: 13 (6.5%)

Across Wales	25%
Aneurin Bevan	6%
Cardiff & Vale	12%
Powys	13%
Betsi Cadwaladr	13%
Hywel Dda	6%
Swansea Bay	25%

## England: 155 (77.5%)

Across England	9%
North West	10%
North East	4%
Yorkshire & Humber	10%
East	7%
East Midlands	10%
West Midlands	7%
South West	11%
South East	16%
Greater London	16%



## Locality of Respondents

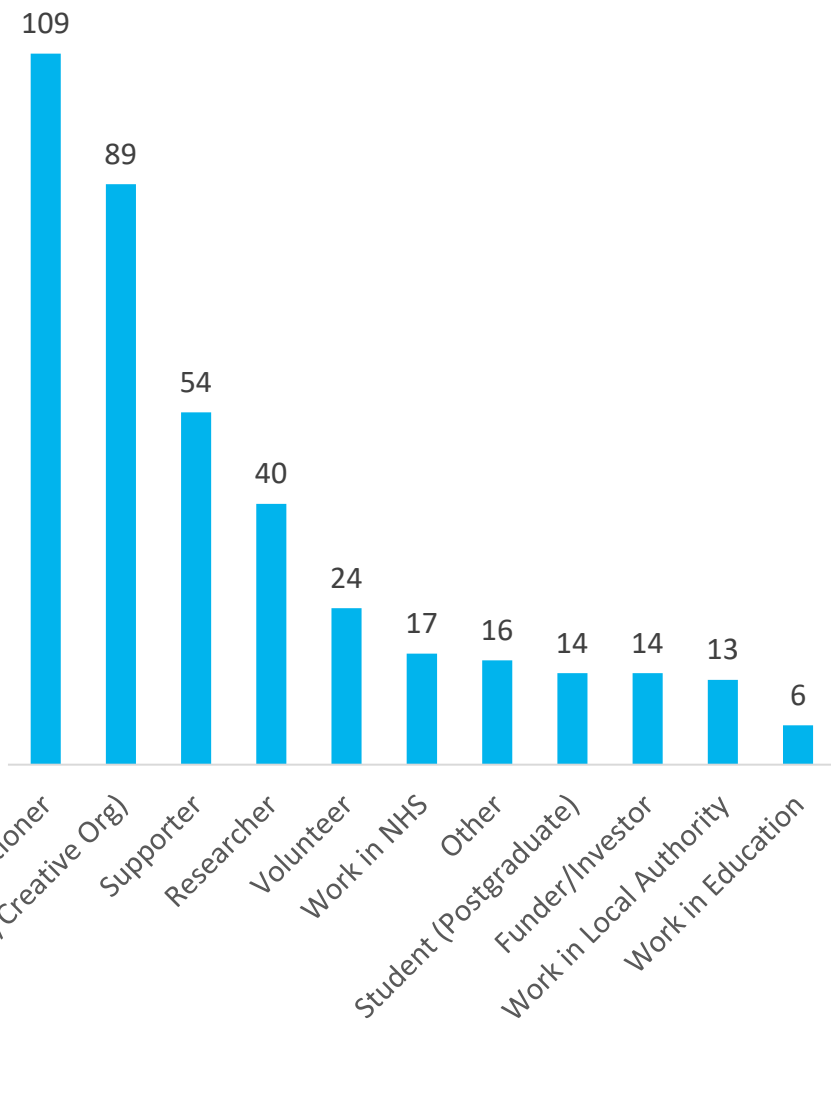
A total of 200 respondents participated in the Creative Health: UK State of the Sector Survey.

The entire UK was represented to a certain extent, with the majority of respondents working in England ( $n = 155$ ; 77.5%), particularly in Greater London ( $n = 30$ ; 15.0%) and South East England ( $n = 30$ ; 15.0%). These areas corresponded to highly populated areas of the UK. Notably, no respondents reported working in specific areas of Scotland (Ayrshire, Borders, and Dumfries & Galloway), Wales (Cwm Taf Morgannwg Health Board Area), and Northern Ireland (Western Health & Social Care Trust). The data suggested widespread creative health work across the UK, with variations in practitioner concentration in specific regions.

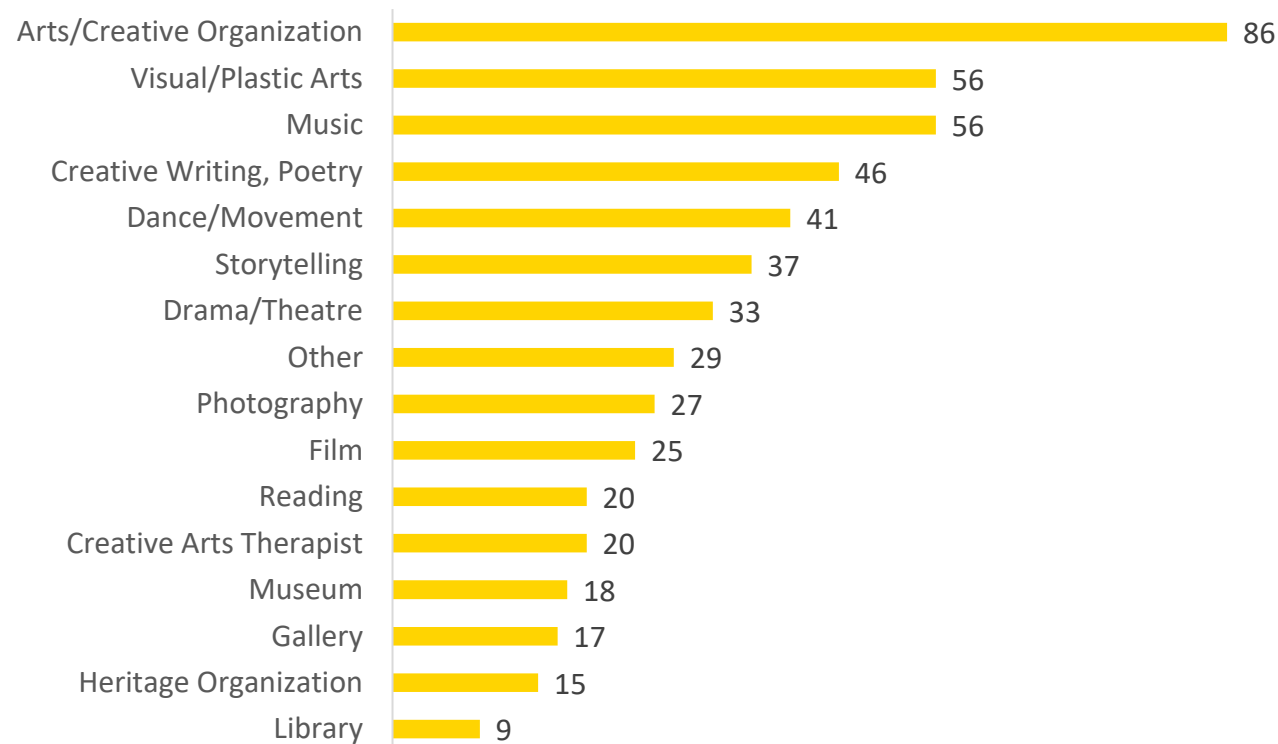
Despite the COVID-19 pandemic leading to a surge in the use of digital technologies, only 8% of respondents reported working entirely online. This finding prompts further investigation into the extent and types of creative health work conducted using digital technologies.

# About the People *(continued)*

Respondent Role or Title



Creative Art Mediums



## Job Titles & Creative Art Mediums

The majority of respondents identified as creative health practitioners ( $n = 109$ ; 54.5%) followed by managers ( $n = 89$ ; 44.5%). It is important to note that, on average, each respondent held two roles, suggesting additional responsibilities alongside their creative health work.

The majority of respondents worked in arts or creative organisations but the most commonly reported creative arts mediums were music ( $n = 56$ ; 31.5%) and visual/plastic arts ( $n = 56$ ; 31.5%). On average, each respondent utilized three or more art forms. Other examples of creative mediums included: embroidery, textiles, activities involving nature/outdoors/environment, clown doctor, and book-binding.

# About the People *(continued)*

## Motivations for Doing Creative Health Work

Respondents reported various motivations for engaging in creative health work. Using thematic analysis, these motivations were categorised into three themes:

- 1. Experience:** Respondents shared personal encounters with creative health that inspired them to pursue this work. They also reported witnessing the positive impacts of culture and creativity on others and found the work personally rewarding.
- 2. Goals:** Respondents expressed a desire to make a positive impact through their creative mediums and contribute to the advancement of the creative health profession. Some noted that their motivations aligned with their own personal goals.
- 3. Belief, passion, interest:** Respondents indicated a **belief** in the power of creative health to promote wellbeing, a **passion** for engaging in creative health work, and a general **interest** in creative health practices. See below for examples of direct quotes from respondents.

### Experience

#### 1. Personal experience

*"Having experienced the benefits of creativity as a young person in hospital, I am passionate about sharing the connections between art and wellbeing with others."*

#### 2. Vicarious experience

*"We have witnessed the power of our music and dance sessions to bring joy to people, as well as the physical health benefits of dance."*

#### 3. Rewarding experience

*"This makes it very rewarding, I enjoy what I do and am good at it, having received very positive feedback from participants. It's nice to know you have made somebody's day better."*

### Goals

#### 1. Positive impact of the work

*"To improve quality of life for those in our community through creative practice and activities. To empower local communities... to make positive change right on their doorsteps."*

#### 2. To advance the profession

*"Exploring what factors contribute to enhanced wellbeing through creative arts engagement and creative evaluation methodologies."*

#### 3. Aligns with personal goals

*"I can also support myself by making a modest income in a flexible, autonomous way which to most ends enables me to create and deliver work that also meets my own access needs."*

### Belief, Passion, Interest

#### 1. Belief

*"I believe that creative health programmes, when delivered by experienced artists of all disciplines, improve the health and wellbeing of children and adults that encourages connection and joy."*

#### 2. Passion

*"I am passionate about the positive impact that arts/creativity has on one's overall sense of wellbeing."*

#### 3. Interest

*"I have had a growing interest in Creative Health and have tried to embed this in my programme delivery where possible and appropriate."*

# About the Work

## Beneficiaries of Creative Health Work

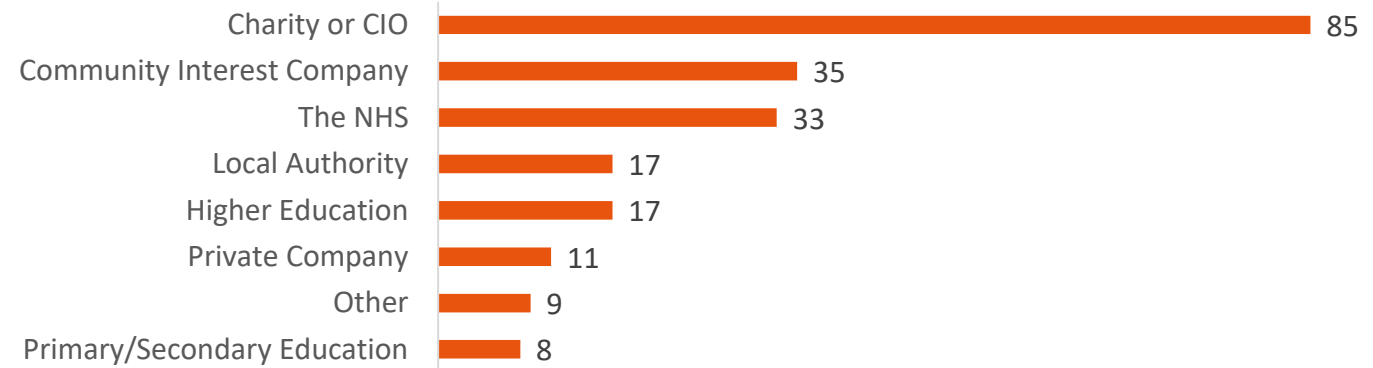
145,332 individuals directly benefitted from the respondents' creative health programmes in 2022. This figure excludes general attendance at festivals, museums, and other cultural events. On average, each respondent worked with 897 people directly.

## Creative Health Organisations

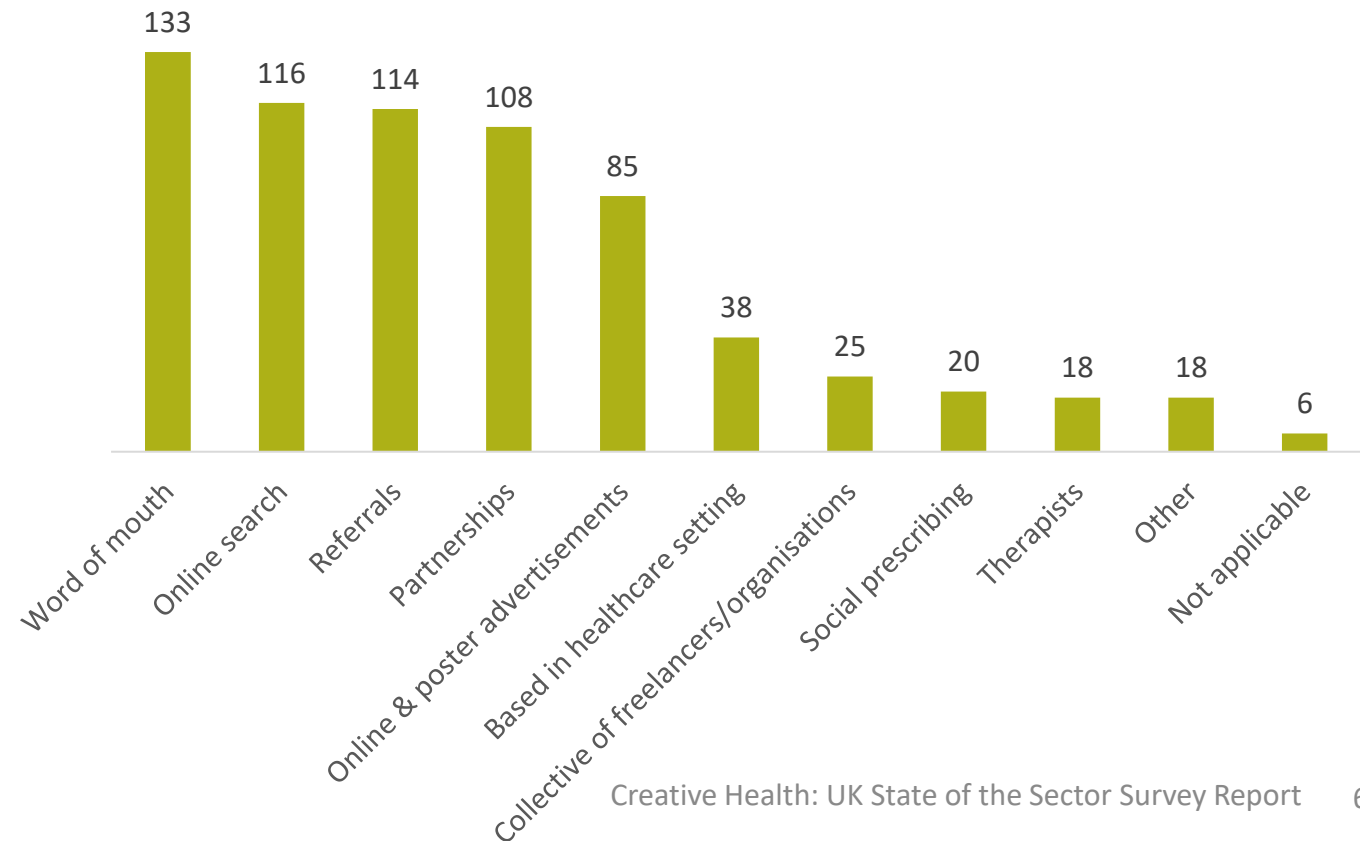
The majority of respondents were affiliated with charities ( $n = 85$ ; 51.5%), followed by community interest companies ( $n = 35$ ; 21.2%). Respondents indicated that people primarily found their work through word of mouth ( $n = 133$ ; 68.6%) and online searches ( $n = 116$ ; 59.8%). This was closely followed by referrals from link workers or community connectors ( $n = 64$ ; 33.0%), GPs ( $n = 25$ ; 12.9%), and social workers ( $n = 25$ ; 12.9%). This suggested that creative health programmes are gaining recognition among various healthcare professionals.



## Workplace or Organisation

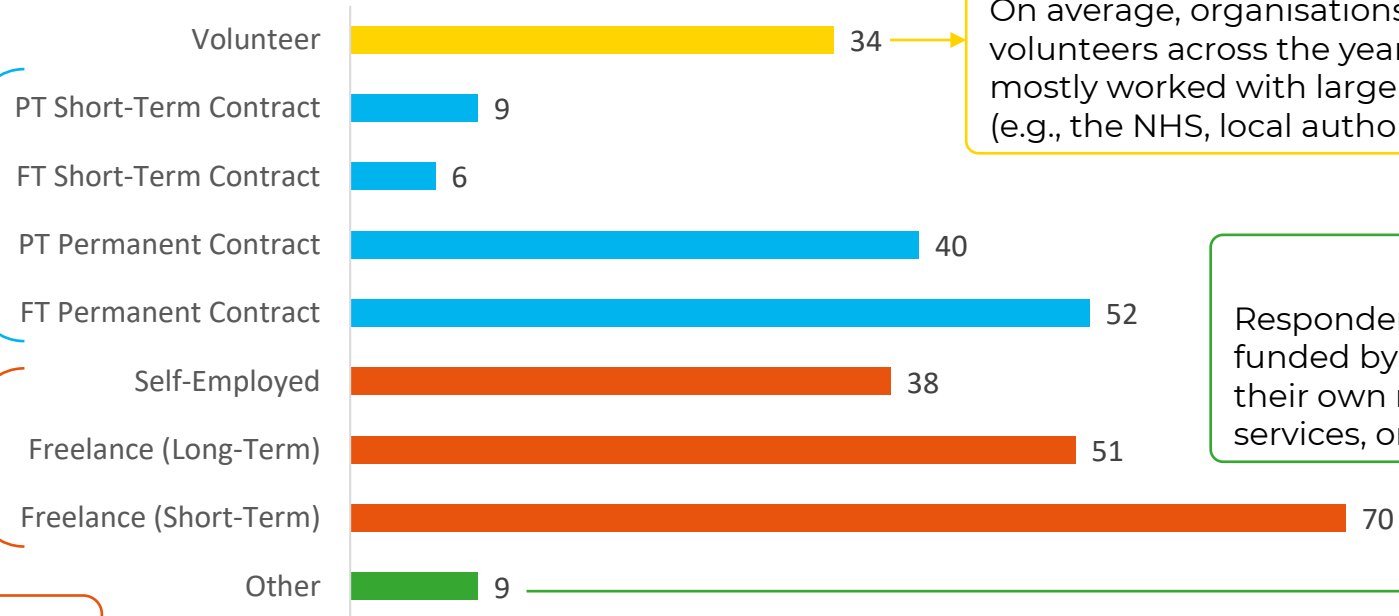


## How do people find you or your work?



# About the Work *(continued)*

## Type of Contract



**Permanent Staff**  
50% of respondents worked in organizations with 5 or fewer permanent staff.

**Volunteers**  
On average, organisations worked with 22 volunteers across the year. NB: Volunteers mostly worked with large organisations (e.g., the NHS, local authority).

**Other**  
Respondents shared that they were funded by other organisations, used their own money to provide services, or were funded by trustees.

**Freelancers**  
On average, organisations worked with 18 freelancers across the year. 50% of organisations worked with at least 10 freelancers. NB: Freelancers mostly worked with small organisations (e.g., charities, private companies, or community interest companies).

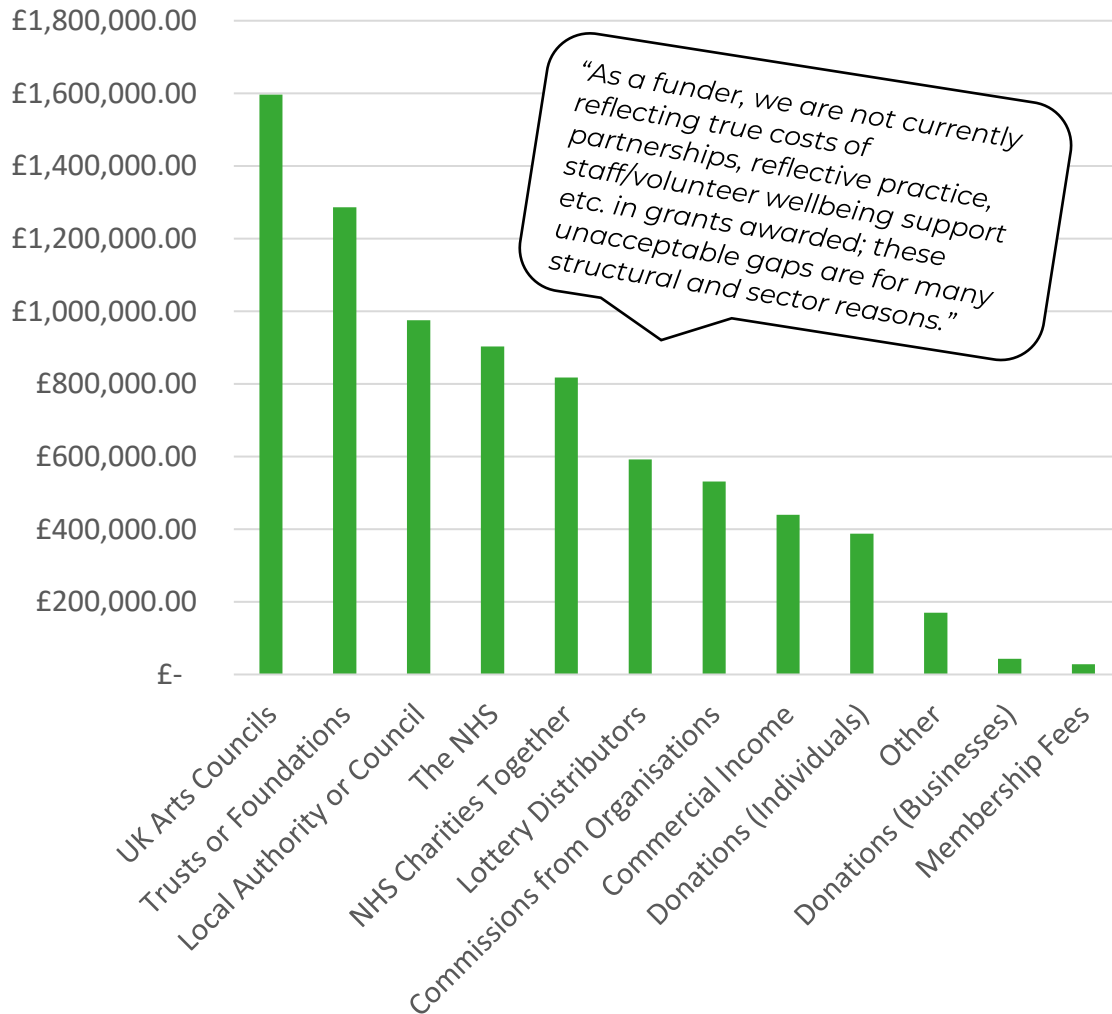
**Freelancers' Income & Charges**  
The average creative health income of 63 freelance respondents in 2022 was £9,895. Reported incomes ranged from a minimum of £1,200 to a maximum of £45,000. When creative health earnings constituted 100% of freelancers' income, the average was £15,133 per annum. Currently the national living wage stands at £10.42, equivalent to approximately £19,000 per year before tax or pension deductions. The data suggested that freelancers are earning below the national living wage. NB: Approximately 41% of freelancers reported to be members of a union.

Freelance respondents indicated an average hourly rate of £55.31 (ranging from £10 to £175) and an average daily rate of £287.73 (ranging from £150 to £550). NB: Approximately 91% of respondents reported working for less than their standard rate.

# About the Money

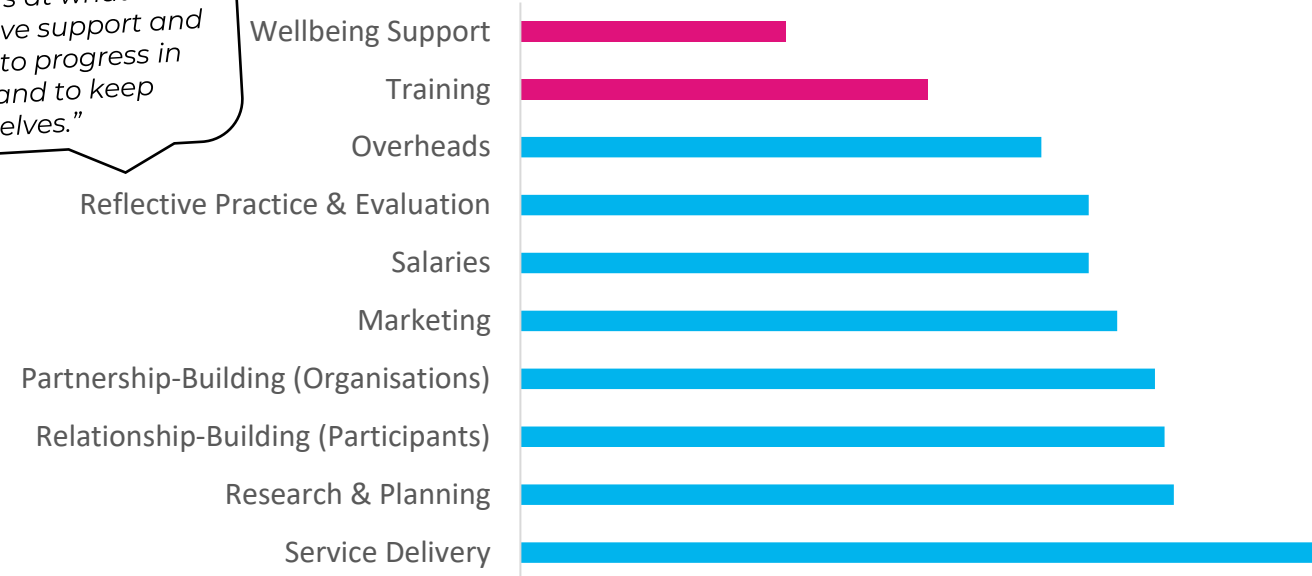
"I feel that in this area of work it is helpful for practitioners at whatever stage to have support and mentoring to progress in their work and to keep well themselves."

## Where is the money coming from?



"As a funder, we are not currently reflecting true costs of partnerships, reflective practice, staff/volunteer wellbeing support etc. in grants awarded; these unacceptable gaps are for many structural and sector reasons."

## What's getting funded?



### Funding

The data revealed that the primary sources of funding were the UK Arts Councils, Trusts or Foundations, and Local Authorities or Councils.

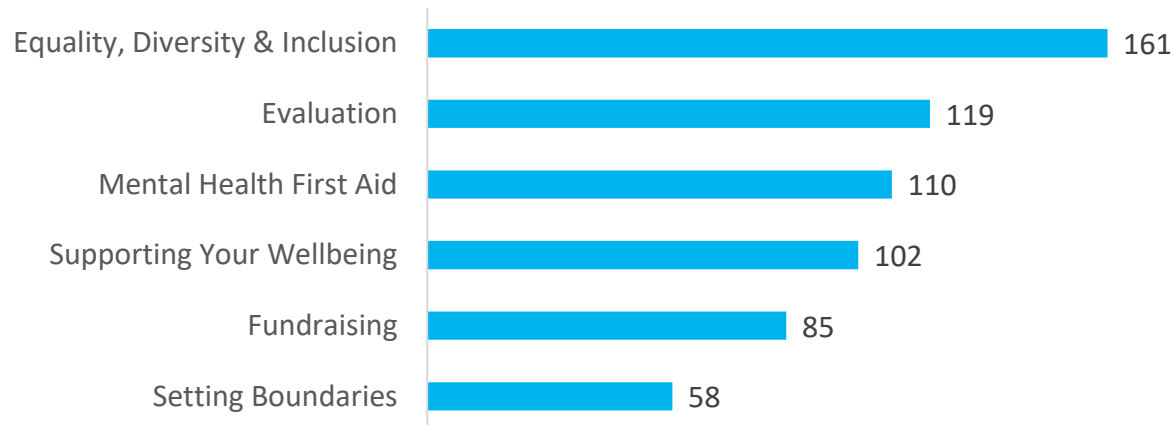
Based on the data, it appeared that the funding landscape varied slightly in each country. In Northern Ireland, funding predominately came from the NHS and NHS Charities together. In Wales, the Arts Council and Trusts or Foundations were the main sources of funding. In Scotland, funding mainly came from Local Authorities and Trusts or Foundations, while in England, the Arts Council and Local Authorities were the primary contributors. Given the small sample in each country, this interpretation requires caution.

Respondents indicated that these funds were primarily directed towards service delivery, with minimal allocation for training and wellbeing support. Many respondents emphasized the significance of investing in these two areas for the effective implementation of creative health work.

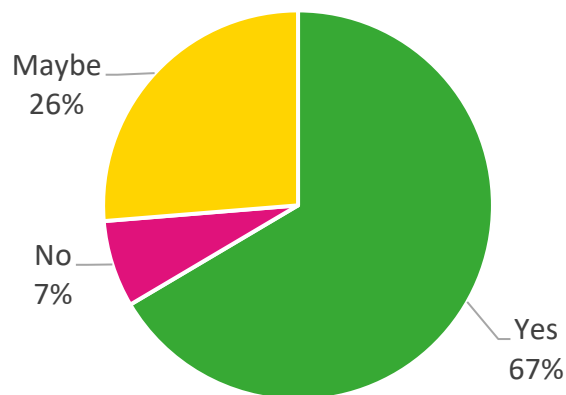


# About Training

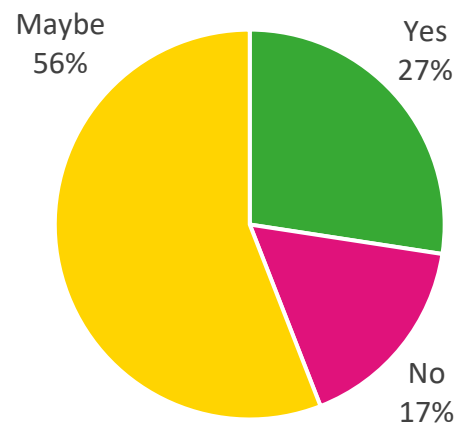
## Trainings Attended



## Would you like more training?



## Are you willing to pay?



"I'm an individual freelancer, so by taking training I am not earning during that time. There's no budget for training, so it's a huge decision for me to justify doing any training, let alone paying for it.."

"It has to be hosted by professionals who are successful (proven) at what they do and who can actually run a training session (as in teach, pass on their knowledge)."

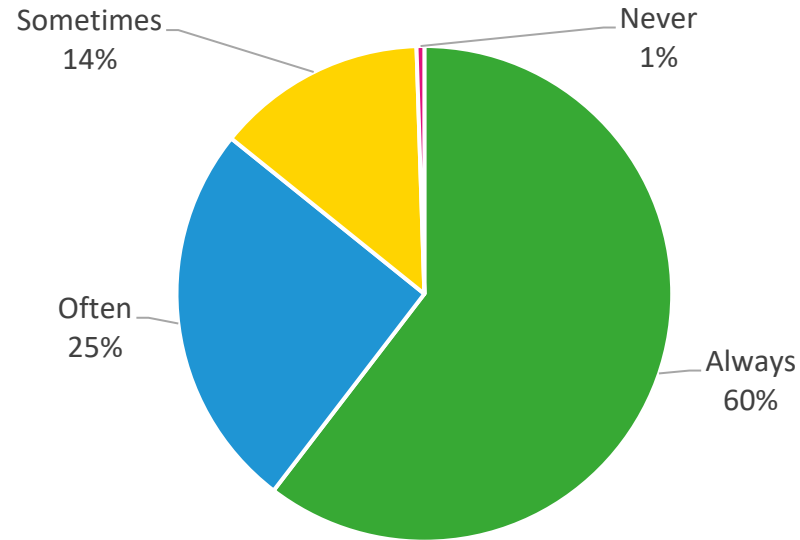
## Training & Professional Development

Respondents' educational and training backgrounds in creative health were diverse. Only 29.6% ( $n = 58$ ) of respondents indicated having received training in creative health as part of an undergraduate or postgraduate degree, and only 37.8% ( $n = 73$ ) reported attending at least one training or professional development course in creative health. However, a majority of respondents ( $n = 164$ ; 83.2%) mentioned participating in a one-off professional development session related to creative health. Some of these sessions covered topics such as equality, diversity, and inclusion, mental health first aid, evaluation, funding, supporting wellbeing, and setting boundaries (see "Trainings Attended" on the left).

Despite this varied background, a majority of respondents expressed interest in engaging in more training. Respondents suggested several areas for additional training, including **business skills** (such as strategy development, policy development, and leadership), **evaluation, creative skill development, funding** (including bid writing and diversifying funding sources), **working with specific target populations or settings**, and **practitioner wellbeing**. Despite this interest, respondents conveyed ambivalence about paying for professional development courses (refer to "Are you willing to pay?" on the left). This ambivalence may stem from the fact that a majority of individuals in this sector are freelancers or self-employed (see Page 7), making the costs associated with attending training courses prohibitive. Respondents also noted other reasons regarding paying for training (see above for quotes from respondents).

# About Evaluation

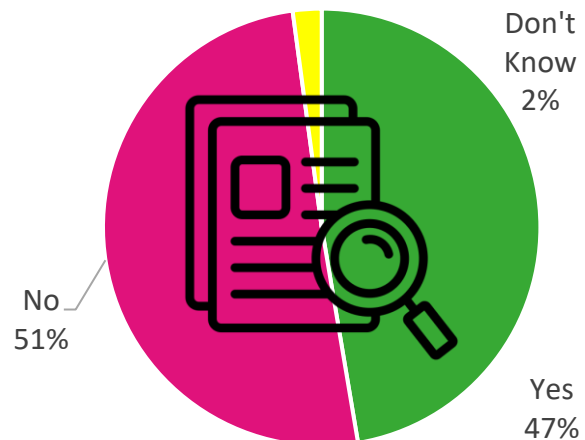
Do you evaluate you work?



## With University-Based Researchers



## With Independent Researchers



## Methods



## Aims

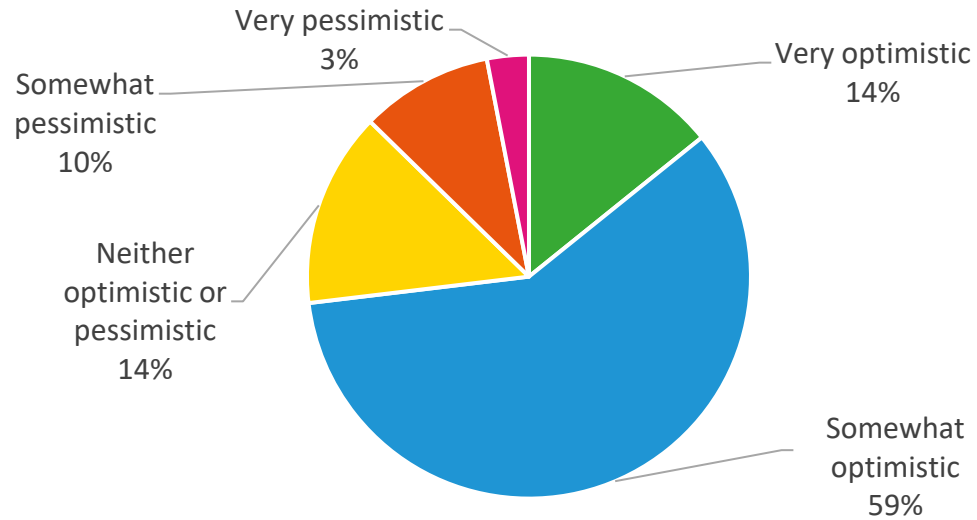
- Understand effects & impact
- Improve quality of work
- Get demographics & statistics
- Learn from positives & negatives
- Know what participants want

## Evaluation

Almost all respondents ( $n = 196$ ; 99.5%) indicated that they evaluated their creative health programmes. About half of the respondents conducted evaluations independently, while less than half engaged in evaluations in collaboration with university-based researchers and non-university-based or independent evaluators.

Respondents employed a diverse range of evaluation methods, including written methods (e.g., feedback forms, Survey Monkey), interviews (e.g., focus group discussions, in-depth conversations with participants), observations, standardised measures (e.g., Warwick-Edinburgh Mental Health & Well-Being Scale), theoretically-informed frameworks (e.g., National Institute for Health & Care Excellence [NICE] guidance), creative arts (e.g., stories, photos, exhibitions, audio snippets), and reflection (e.g., journaling & supervision). Through these methods, respondents aimed to comprehend the effects and impacts of their work, enhance their creative health programmes, learn from both positive and negative aspects, and understand participant preferences.

# About the Sector



## The Future of Creative Health in the UK

The majority of respondents ( $n = 144$ ; 73.1%) felt optimistic about the future of creative health in the UK. They highlighted several positives relating to funding, recognition and awareness, sustainability, programme development, as well as research and evidence. Despite acknowledging the sector's advancements, respondents also pointed out persistent challenges in these areas. The table on the right showcases quotes from respondents detailing tensions in these aspects.

One positive aspect that respondents unanimously agreed upon is the establishment of professional organisations and alliances (e.g., the Culture, Health and Wellbeing Alliance and the National Centre for Creative Health). These organisations play a crucial role in strategic and national advocacy for creative health. The data suggested that creative health is flourishing in the UK, but there is still much work to be done.



### Optimistic

- Funding**  
*"There does seem to be a lot of positive changes within major funders."*
- Recognition & Awareness**  
*"Creative health work is finally being recognised alongside pharmacological approaches to support health and wellbeing of our society."*
- Sustainability**  
*"I think there's scope to make it successful and sustainable."*
- Programme Development**  
*"There is such a need for this work and it's ever increasing in the current climate."*
- Research & Evidence**  
*"We are beginning to show what actual benefits this work can do for the mind and body."*
- Professional Alliances**  
*"It is inspiring to see more partnership working, more collective thinking and collaboration in terms of demonstrating that engagement with cultural activity should be a necessity, not a nicety."*



### Pessimistic

- Funding**  
*"Funding is limited and reducing in both creative and health sectors."*
- Recognition & Awareness**  
*"Feel optimistic but as a realist there is still a lot to be done in terms of changing attitudes, creating opportunity and having a wider strategy on how we can work."*
- Sustainability**  
*"The work is piecemeal, and suffers from unsustainable, short-term funding models."*
- Programme Development**  
*"Creative health remains fragile and precarious."*
- Research & Evidence**  
*"We need a better wider understanding and evidencing that creative health matters, is effective and measurable."*

# Closing Remarks

The Creative Health: UK State of the Sector Survey provided us with a glimpse of the sector from the creative health worker's perspective. In particular, three aspects of these findings stood out as significant and might be fruitful areas for future inquiry.

Firstly, only a small proportion of respondents reported working entirely online. Although the COVID-19 pandemic led to an increased reliance on digital technologies, it also underscored the intangible benefits of in-person creative health work. As technology continues to rapidly develop and integrate into many facets of our lives, it is important to investigate the advantages and disadvantages of technology in creative health activities, considering both practitioner and service-user perspectives.

Secondly, based on respondents reporting that they were being referred to by various healthcare professionals, it would seem that creative health is becoming increasingly recognised by the health sector. As creative health becomes more widely accepted and integrated into current healthcare systems, it is crucial to foster this growth while paying attention to potential limitations and issues that might arise in the process.

Thirdly, the data on freelancer's income and pay rates were striking. Given that freelancers constitute a large proportion of the creative health sector, perhaps a working group can be set up to support them in negotiating fair compensation and addressing their training and development needs.

These findings will definitely inform the work and future priorities of the Culture, Health & Wellbeing Alliance. For more information or if you would like to feedback on this report, please visit or contact us at:

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<https://www.culturehealthandwellbeing.org.uk/news/creative-health-state-sector-survey-2023>