

# Report: Skills development, wellbeing and belonging in creative health

Culture, Health & Wellbeing Alliance, May 2025

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# Introduction

This brief report looks at the complex question of skills development across creative health – an area which intersects importantly with both the wellbeing of the workforce and its diversity and representativeness.

It is based on ongoing conversations with the Culture, Health & Wellbeing Alliance (CHWA) membership, as well as a few specific sources of information listed below:

- A roundtable attended by around 40 creative health practitioners, sector support organisations and funders in spring 2025, who between them deliver or support a wide variety of training across the sector – from one-off sessions to long courses
- 35 courses submitted to the CHWA training hub
- Responses from the 2023 [State of the Sector Survey](#) (a partnership between CHWA; the Wales Arts, Health & Wellbeing Network; Arts, Culture, Health & Wellbeing Scotland; and Arts Care NI)
- Responses to a [2021 survey of arts and mental health practitioners](#) (CHWA/Baring Foundation)

Other crucial reference documents include the [Keeping Safe report](#) by Dr Julia Puebla Fortier and Dr Kate Massey-Chase, with support from Dr James Woodhams; and Nicola Naismith's [Artists Practising Well report](#). This is not intended to be a comprehensive review of skills development in creative health – but we believe this information is key to supporting further discussion.

At CHWA we hope to collaboratively pursue some of the emerging recommendations – in particular the development of core competencies and leadership support.

## Acknowledgements

Sincere thanks to all the attendees and survey respondents whose expertise has informed this report. We are as ever immensely grateful for your time. Thanks, too, to Arts Council England and in particular the Creative Health & Change team for supporting the Derby roundtable and this subsequent report; and to the Baring Foundation for funding CHWA's training hub.

## Focus

The report is focused on **continuing professional / skills development for creative practitioners** rather than training in higher education.

We are limiting our focus in part because our data suggests that most practitioners learn ‘on the job’ rather than through formal higher education:

In 2021 we conducted a survey of Arts and Mental Health practitioners with the Baring Foundation. Of the 119 respondents, only 3% had received training for this work in higher education or postgraduate studies.

In 2023 we conducted a wider State of the Sector survey to reach all creative health practitioners. Of the 200 respondents, 29.6% had trained in creative health as part of an undergraduate degree. 37.8% had attended at least one training or professional development course in creative health; but the vast majority – 83.2% – had participated in one-off professional development sessions related to creative health.

We hope to use this report to inform discussions with colleagues in Further and Higher Education who of course play a critical role in workforce development in creative health.

## Why do we need training in Creative Health?

As regional strategic creative health roles start to emerge around the country, skills development is beginning to emerge as a priority. There is a gap between rising expectations of creative health and our capacity to meet local need. Clearly there is a chicken-and-egg situation here; the precarity of funding in creative health, the lack of long-term statutory investment, means we are seeking to train people for work that may or may not exist. But without a sufficient workforce it is hard to respond adequately to tenders and commissioning opportunities that *are* starting to emerge.

But there are other reasons for training, too. It was clear from the skills development roundtable in Derby that a key motivation for improving the training offer was the need to build *confidence in the practice of creative health*. This issue of confidence applies both to individual creative practitioners or organisations, and to our partners in health and care systems who need to feel more confident in what they are commissioning.

The recent [evaluation of the Creative Health Quality Framework](#) also suggests that whilst practitioners consistently support the Quality Principles it articulates, they are not always confident about enacting them – whilst people feel very comfortable with being person-

centred and creative for example, they struggle more with working in ways that feel sustainable, realistic, reflective, and equitable. There may be a role for training here; and indeed this is reflected in some of the training needs identified in Derby.

## Is training really a priority for practitioners?

Although training seems a priority when we're thinking about spreading and scaling creative health, this does not necessarily reflect practitioners' reality. Alongside the financial challenges of accessing training (see [Funding for Training](#), below), there may also be issues around prioritisation and motivation. If you look at the 2023 State of the Sector Survey, for example, a majority of respondents expressed interest in engaging in more training, but when we asked people what their priorities were, training was lower down on the priority list than, say, funding, networking, or partner buy-in.

It might be worth reflecting too on the sector's longstanding position outside and often in direct opposition to the mainstream of both health and cultural practice – this can lead to a suspicion of fixed frameworks and of training itself (see also p.23 of CHWA's 2021 report for the Baring Foundation, [From Surviving to Thriving](#)). Equally, we need to be cautious about seeing training as a silver bullet to solve entrenched sector issues or even professional challenges; as one roundtable attendee said, "sometimes people think training can give them 'answer' or tell them something which actually doesn't exist".

## What kind of training is out there?

We've not conducted a full mapping process but we know a few headlines:

- Training in creative health covers an incredibly wide range of areas, from specific media to specific health conditions, as well as cross-sector concerns like equity, or fundraising.
- In 2023, 80% of our survey respondents had attended training in Equality, Diversity and Inclusion; 60% in evaluation, 55% in mental health first aid and 50% in supporting your own wellbeing.
- CHWA has a training hub for which we encourage submissions across the sector. A brief analysis of the courses submitted over 6 months (July-Dec 2024) suggests that the most common themes were practitioner wellbeing and support (26%), general introductions to creative health (23%) and fundraising (17%). The remainder of courses cover a huge range of topics, from equity to specific health conditions.

## What kind of training is needed?

In March 2025 we brought together 40 organisations who deliver training in the sector, again covering a wide range of areas, to try to understand what training needs people were perceiving. The most common areas discussed at this meeting were

- Basic group work / facilitation – core skills that work across different settings (acknowledging diverse routes into CH – arts, non-arts etc.)
- Business & admin skills, including setting day-rates / negotiating sustainable pay, how to showcase / get the work
- Continuous reflective practice
- Competence in self-care and accessing wellbeing support (e.g. reflection / supervision / therapy)
- Collaborating with health partners – negotiation / partnership skills, understanding health systems & languages
- Boundaries / risks / safeguarding / trauma-informed practice (bearing in mind lived experience in the sector)
- EDI (including for example the Social Model of Disability or antiracist training)

Our State of the Sector survey responses most frequently identified (as above) business skills and supporting wellbeing; but also added evaluation, creative skills, fundraising, and training for specific populations or settings. CHWA has led its own codesigned training and this collection of topics matches closely the areas trainees have asked for.

There was further consensus at the roundtable that the sector's training offer needed to

- balance core competencies and a tailored local/hyper-local approach
- address the need for leadership support as well as early- and mid-career
- Consider the workforce beyond creative practitioners: training may need to include (for example) policy, organisational development, activism, campaigning and research – as well as options for people wanting to switch careers

# What needs to happen to improve skills development?

There was broad consensus at the Derby roundtable around the following themes:

- The need to develop a core competencies framework for the sector, linked to the Creative Health Quality Framework
- The need to consider progression pathways in the sector
- The need to more effectively pass knowledge from experienced to early-career creative health workers (including how to make this work with experienced freelancers)
- Training should ideally be co-designed / co-delivered between health/care and creative/cultural practitioners (although see [A note of caution](#), below)
- Training should be connected with, or lead into more general peer support – this extends to trainers themselves, who need a community where best practice in training can be shared
- Training should be inclusive and accessible; it should include mixed models, with an emphasis on in-person, ‘real world scenarios’ as well as theoretical work
- We should prioritise lived experience, diversity and role of freelancers in development of training models
- Practitioners need more support to identify skills development needs and find places to meet them
- There is an unresolved conundrum between the sector’s capacity to pay for training and finding financially sustainable training models, particularly in relation to more costly experiential training (e.g. placements)

Roundtable attendees also encouraged us to make better use of what’s there in our next steps:

- Build on existing examples of training and frameworks in creative health and perhaps map these against conscious competency frameworks in health and social care
- Acknowledge, incorporate and profile existing expertise: freelancers are a priority here, but it’s also important to acknowledge the DIY/voluntary settings in which best practice is often developed: “training and development may not just be for or by professional creative health workers. Many people happily volunteer in DIY settings which might not at first appear to be CH-related (drag families, model railway groups, marching jazz / majorette bands, knit and natter groups, community

choirs) but are essential to the health of people involved and which can offer brilliant examples of best practice and innovation and settings”.

- Bring newer practitioners into this conversation to ensure we’re meeting current need
- Build connections with Further Education (especially in relation to apprenticeship) and Higher Education
- Make use of our sector support organisations in convening and cocreating solutions – including CHWA, the National Centre for Creative Health, London Arts and Health – as well as Arts Council England in its role as a development agency

## Funding for training

Our State of the Sector survey revealed ambivalence about paying for professional development courses: 17% of respondents said they would not be prepared to pay; 56% said maybe and only 27% said they would definitely be prepared to pay. This is unsurprising when we look at the incomes of people working in the sector, and especially when we take into account the dominance of freelance practitioners and micro-organisations in creative health. One respondent to the survey summed up the issue:

“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.”

Responding to this issue, over a third of the organisations attending the Derby roundtable offered free training, another 20% offering it for free to a proportion of attendees; just under a third paid all participants to attend; with another 11% paying at least some attendees. This may not be typical of the wider sector: on CHWA’s training hub, 86% charge participants to attend, although charges vary from £5 to thousands of pounds for degree-level courses.

Training was not a profit-making enterprise for the Derby roundtable attendee group – with only 11% of organisations able to plough profits back into their other work. Most training was funded by grants; fees covered the training costs in only a quarter of cases. Two organisations made a loss on training which is subsidised from reserves.

Arts Council England was by far the most common funder for those attending the Derby roundtable (42%) followed by independent trusts and foundations (28%) and then local authorities (25%). This tallies with other data we have for funders in the creative health sector more generally – with all the UK Arts Councils leading the funding.

## Core competencies

The Derby roundtable generated some detail about a potential core competencies framework, building on the existing Quality Framework. It was generally felt this would support confidence amongst practitioners, and improve relationships with health and social care partners. Attendees suggested that any such framework must be

- inclusive
- standardised
- applicable across art forms
- applicable to spectrum of skills needs as well as different conditions
- developed in partnership with health/social care/VCSFE partners
- useable for reflective practice
- useable as the basis of a curriculum

Some suggested core competencies could act as an induction pack/checklist for new practitioners. Some attendees noted the need to unpack the language differences between sectors. There was also some discussion of accreditation – which might for example support better links with Further Education and apprenticeships. The group acknowledged a significant tension between the potential to support inclusion – “if you don’t have cultural capital, having a recognised qualification can be important” – and the risks of creating additional barriers or excluding certain types of practice. It’s also unclear where the capacity to manage this accreditation exists in the sector. One suggestion was to “make accreditation work through FE/local partners so it is bespoke to place”.

## A note of caution

“Are we training people into a broken health system?” Discussions in Derby revealed a familiar anxiety about the power dynamics between creative health and more ‘conventional’ healthcare:

“how do we protect against extractive practices ... not creating training and development which squeeze artists into broken / ineffectual / dangerous / inaccessible systems, [and] supporting the power, knowledge, approaches, processes and skills of artists to find creative solutions to systemic challenges?”

Any skills development offer will need to bear this context in mind; and recognise that this criticality is itself an essential competency for creative health.