

# Creative Health Research Round-Up 2025



Pictured: A Dance in Cancer Care Session by *Move Dance Feel*. Credit: Camilla Greenwell

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# Introduction

This Research Round-Up brings together a wide range of creative health research, practice-based evaluation, and cross-systems strategy outputs published in 2025. It is intended as both a record of activity in the field and a navigational tool: supporting practitioners, researchers, policymakers and commissioners to understand what is being explored, how knowledge is being generated, and where future effort might be most usefully directed.

## How We Sourced and Selected Papers for this Round-Up

Our open call for submissions ran from 16th September to 30th November 2025 and was led by the National Centre for Creative Health (NCCH) in partnership with the Royal Society for Public Health (RSPH) – specifically through its Arts, Health and Wellbeing Special Interest Group. The call was disseminated via NCCH’s website, newsletter, social media channels and professional networks. In addition, the NCCH Research and Policy Manager directly contacted the leaders of all known creative health research centres in England, based on [a list we assembled and published earlier in 2025](#). This approach was designed to balance openness with intentional outreach, helping to surface work from across disciplines, sectors and organisational scales.

To be eligible for inclusion, submissions needed to relate clearly to creative health, be first published in 2025, and be publicly accessible. This meant that outputs could be fully open access or accompanied by a publicly available supplementary source, such as a pre-print, blog, summary report, or other resource containing substantive findings (for example participant quotes, headline data, or analytical reflection). Eligible outputs included peer-reviewed research, transferable practice evaluations, and a wide range of grey literature (including, but not limited to, policy briefing, economic modelling, strategies, toolkits, mapping outputs, logic models with discussion, and digital zines). All submissions were required to offer some level of analysis, reflection or curatorial narrative; feature a UK-based application of practice, theory or systems development; and hold insights that could inform work elsewhere in the UK. All submissions that met these criteria were included in the report.

These criteria were deliberately expansive in the type of authors that could submit. They reflect NCCH’s commitment to valuing industry insight and academic research equally, recognising that different parts of the creative health ecosystem specialise in different forms of knowledge, speak to different audiences, and operate under very different resource conditions. The intention was not to privilege one type of output over another, but to make visible how these forms of knowledge coexist, complement one another, and collectively shape the field. Our choice to limit publications to the UK was to reflect the remit of our work as an organisation; respond to feedback from health leaders who require evidence that is contextualised within the UK’s unique cultures, policies and demographics; and to recognise the working capacity of our team.

In total, 109 submissions were received through the open call. These were reviewed by a team consisting of Alex Coulter (Director of NCCH), Professor Susan Hogan (Chair of RSPH of its Arts, Health and Wellbeing Special Interest Group), Professor Helen Chatterjee (NCCH Trustee and PI on the *Mobilising Community Assets to Tackle Health Inequalities* programme), and Dr Jane Hearst (Research and Policy Manager at NCCH). Of the 109 submissions, 14 were ineligible due to year of publication, 7 because they were not UK-based, and 9 because they were not sufficiently focused on creative health. Three submissions were initially deemed ineligible due to a lack of a publicly accessible link, however, after

following up with these authors, two became eligible when new links were created. In addition, where authors contacted NCCH to indicate that relevant outputs were due for publication in December 2025 (that is, after our open call was due to close, but within our eligibility dates), they were invited to submit in advance and add links once available; these were deemed eligible on the basis that public access was expected by the end of the year. Alongside the open call, 15 additional papers were included by NCCH, eight of which were NCCH outputs from 2025, with the remainder drawn from strategic knowledge-sharing with partners such as the Culture, Health & Wellbeing Alliance, The Baring Foundation, and the National Arts in Hospitals Network.

## Emergent Themes, Strengths, and Gaps in the Research

Given the volume and diversity of material, themes were introduced to support readability and navigation. These themes were created during the review of submissions (by the NCCH Research and Policy Manager) to reflect the types of submissions we received rather than being pre-set in advance. Each paper was assigned one *core theme*, determining where it appears in the report. However, to reflect the inherently cross-cutting nature of much creative health work, most papers also list additional relevant themes under an “also relates to” heading. These themes are colour-coded, and embedded links allow readers to move directly between sections, supporting multiple pathways through the document depending on their interests.

The most frequently occurring themes were Equity, Accessibility and Cultural Relevance (59 papers); Mental Health and Wellbeing (51); Strategy, Policy and Eco-Systems (46); Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts and PPI (41); Creative Health Communication and Literacy (29); Creative Methodology (25); and Toolkits, Frameworks, Scales and Guides (22). The density of submissions in these areas necessitated the introduction of additional, more specialised themes, including Creative Ageing (13); Maternity, Perinatal Wellbeing and New Family Connection (9); Children and Young People (9); and Nature and Art (7).

Across these themes, several patterns are visible. The prominence of co-production and equity-focused work reflects a field grounded in collaborative decision-making and a strong commitment to addressing historical exclusion and disadvantage. Mental health and wellbeing outcomes — including stress, anxiety, depression, burnout, confidence and emotional resilience — remain a particularly well-aligned area of practice. At the same time, the growing presence of economic analyses, toolkits, ecosystem reports, and thematic specialisms signals increasing sector maturity and confidence — something which we are particularly excited to see at NCCH. Explicitly creative research methodologies — where creative activity shapes knowledge generation and data collection — appear less frequently than creative delivery, suggesting an area of ongoing development. Creative health communication outputs also vary in how explicitly they conceptualise artistic health promotion, with signs of emerging alignment to public health communication practices.

Notable gaps remain. Physical health outcomes and wider public health priorities — such as smoking cessation, obesity prevention, vaccination uptake and dosage-based intervention studies — are comparatively under-represented. While many papers reference health inequalities in general terms, fewer engage directly with population health data to articulate causal logic or specify how interventions respond to documented need. There is also limited attention to creative health in education and workforce development, including the integration of creative health into medical training, health literacy within arts education, and the infrastructure required to support cross-sector competencies and continuing professional development (CPD). Finally, very few outputs explicitly explore the *limits* of creative health, such as where it does not reach the expected outcomes or statistical significance,



where traditional interventions are necessary supplements, or the *conditions* under which creative health is at risk of failure.

## Editorial Decisions

Editorially, where submitted summaries met the required format, length and accessibility, they have been included largely as written. In other cases — most commonly where academic abstracts were submitted, where word counts were restrictive, or where specialist jargon limited accessibility — summaries were adapted or rewritten into plain English to support a consistent reader experience. In several instances, particularly for practice-led submissions, additional reflective content was added to ensure that strengths and limitations were addressed consistently across all entries.

Including strengths and limitations for every study was a conscious decision. Creative health sits at the intersection of arts, science, practice and policy, where assumptions about “quality” and methodological hierarchy often differ. Making some of the strengths and limitations explicit is intended to support methodological literacy among artistic providers, encourage academics to view knowledge generation as collaborative and context-dependent, and reduce pressure across the field to present work as flawless. It also reflects NCCH’s commitment to transparency in how different forms of evidence are interpreted in our work, and to help policymakers understand where the edges of current knowledge lie when making risk-based decisions.

## Recommendations

Taken together, this Research Round-Up points toward several opportunities for future development. These include:

1. Stronger partnerships between research schools and health/ cultural professionals to address research gaps and improve the translation from research into practice,
2. The development of leadership to deliver training pathways in economic analysis and scientific methods (such as RCT’s) to researchers who are interested in advancing these skillsets, helping to diversify methodological practice,
3. More explicit engagement with population health and inequalities data within delivery planning and research outputs,
4. Greater focus on public-facing outputs and the development of peer knowledge-sharing networks for this purpose,
5. Continued emphasis on methodological humility — celebrating one another’s strengths, acknowledging our natural limitations, and recognising that different approaches are “best” under different conditions.

## Feedback and Final Thoughts

We are keen to continue refining the Research Round-Up in future years, so we welcome any feedback you may have on the submission process, clarity of information, eligibility criteria, language used in the report, report design, heading choices, or [event](#) design/delivery. You can tell us what you found useful about our approach to the Research Round-Up or what you would like to see in the future, via this link: <https://airtable.com/app1XnC30S3euXK5S/pagcpQKO7ohTakVcV/form>. It would also be great to hear how you intend to make use of the report, so that we can get a better idea of its value and the design priorities of different audiences.

Finally, we would like to extend a big thank you to everybody who submitted to the Creative Health Research Round-Up 2025. Your continued dedication to developing creative health is extremely valued, and we loved hearing more about your work this year!

# Creative Methodology

This section brings together papers that use creative practice as a core research methodology, rather than as an intervention. In these studies, participants may generate data through creative artefacts or performances, or the creative process itself is examined as part of the analysis, not just what participants say about it. The authors explicitly articulate why creative methods are necessary or advantageous compared to conventional research approaches, and they reflect on what these methods enable or reveal. In each case, creativity is integral to knowledge production: if the creative practice were removed, the research method itself would no longer function.

## 1. The Development of C-CARE - an Arts-Based, Co-Produced Research Methodology for Understanding and Addressing Inequalities in Healthcare

By Jed Jerwood and Gemma Allan

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

Both co-production methods and arts-based methods are now increasingly used in healthcare research, particularly to understand the experiences and views of people and communities marginalised or underserved in healthcare services. Healthcare staff and researchers often look to use these approaches when seeking to explore health inequalities in a public health context. Yet, both co-production and arts-based methods can lack structure and consistency of application and sometimes fail to maximise impact in the field.

This paper presents the development of a cohesive five-stage methodology that integrates co-production and arts-based research methods into a broader approach which includes community engagement, inclusive research practice and education: the C-CARE (Co-Creative Approaches to Research and Engagement) methodology. C-CARE was conceptualised within a public health palliative care context (i.e., supporting quality of life for people with serious or life-limiting illness by addressing care, comfort and planning), through the '*No Barriers Here*' project. The project sought to develop an inclusive approach to Advance Care Planning (ACP) – that is, supporting people to think about and communicate their future care preferences. In this paper, we describe how the evolution of '*No Barriers Here*' as an ACP intervention supported the development of the C-CARE methodology, which now underpins our work. The methodology has potential for use outside a palliative care field to understand and address a wider range of health inequalities in a public health context.

Grounded in sustained practice rather than abstract design, C-CARE offers a practical and transferable approach for engaging underserved communities while maintaining methodological integrity. Since the methodology has been developed primarily within a public health palliative care context, further application and evaluation will be needed to understand

how it functions across different health settings and populations. However, by clearly articulating this staged methodology, C-CARE brings structure and coherence to the combined use of co-production and arts-based research in public health contexts.

Available at: <https://journals.sagepub.com/doi/epub/10.1177/16094069251360307>

## **2. No More Feedback Forms: Noise Solution's Digital, Narrative-Driven A.I. Model for Measuring while Improving Youth Well-Being**

By Simon Glenister

Also relates to: [Mental Health and Wellbeing](#), [Creative Health Communication and Literacy](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This chapter explores whether combining music mentoring with digital storytelling can support improvements in young people's wellbeing while avoiding intrusive or extractive evaluation. Through Noise Solution's approach, outcome tracking is embedded into the everyday flow of sessions via a shared digital platform, where young people, musicians, families and professionals naturally document progress and reflection. Automated, live AI analysis of these video conversations enables non-intrusive insight as the work unfolds, with analysis grounded in Self-Determination Theory to understand how young people express autonomy, competence and relatedness over time. The intention is not only to improve wellbeing, but to shift how young people are seen and how they see themselves, focusing on strengths and possibility rather than deficit or diagnosis.

Within the digital storytelling platform, narrative insights are generated from weekly video reflections, posts and comments created as part of delivery, while quantitative wellbeing data is captured through the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS). These measures are collected and analysed automatically within the platform, removing the need for feedback forms or post-hoc external analysis and allowing ongoing tracking of change. Analysis of hundreds of paired SWEMWBS scores shows consistent, statistically significant improvements in wellbeing across demographics, alongside narrative shifts in how families and professionals perceive young people's confidence, agency and strengths. Independent analysis also suggests strong economic value, with a reported social return on investment of £12.56 for every £1 invested.

This methodological innovation is a powerful response to traditional feedback forms and retrospective reporting, which often fail to reflect young people's lived experience and feel disconnected from practice. By allowing data to emerge from relationships and creative activity, whilst addressing issues such as bias mitigation within large language models, the approach generates evidence that supports delivery rather than interrupting it. Important limitations remain: wellbeing is subjective; attribution is complex; participation in digital reflection is always optional; and automated analysis raises ongoing ethical questions. Even so, the consistency of findings over several years, alongside delivery at scale – namely, over 700 hours of one-to-one mentoring each month through education, public health, NHS and local

authority referral routes – demonstrates how a cohesive evidence model can underpin both impact and growth while preserving young people’s autonomy and dignity.

The book chapter is available within the following book:

<https://link.springer.com/book/9783031993626>

A free summary is also available via:

<https://airtable.com/appS1wZYghcqeJSMf/tblIoEghUwTYgPu5P/viwd4mR2m1wUXBBhp/rec2pcXr9mftsmeOS/fldlwVGmp6umf4mR?copyLinkToCellOrRecordOrigin=gridView>

This builds upon Noise Solution’s video summary, created in 2024:

<https://www.youtube.com/watch?v=fTm2i4HD6So>

### **3. “If You don’t say It, It doesn’t Exist”: Using Timelines to Uncover Women’s Invisible and Complex Narratives of Multiple Exclusion**

By Joanne McGrath and Monique Lhussier

Also relates to: [Equity, Accessibility and Cultural Relevance](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

Equitable research practices with marginalised populations aim to centre participants’ voices and minimise the power imbalances that shape how their stories are told and heard. Women with experiences of multiple exclusion homelessness are one such example of demographics that are often missing from research and policy, with their lives frequently framed through the lens of services rather than their own narratives. Drawing on practical experience of using timelines in frontline services, this research explores timelines as a visual and creative method to support more equitable story-based research.

The study utilised timelines as a core data-generation tool within narrative interviews with women who had experienced multiple exclusion homelessness. Rather than acting as a retrospective analytic device, timelines were positioned as a shared, dynamic space during interviews, allowing researcher and participant to jointly make sense of complex and less often heard life stories in real time. This approach helped minimise power dynamics, supported reflexivity for both parties, and enabled the elicitation of rich narratives that might otherwise remain hidden, fragmented, or difficult to articulate.

The findings highlight how timelines can reposition marginalised women as valid storytellers in their own lives, bringing forward 'invisible', 'chaotic', 'untellable' and 'unheard' stories that challenge dominant service-led narratives. A limitation of the method is that it requires skill, reflexivity and emotional attentiveness from researchers, and may not be appropriate in all settings or with all participants. However, its strength lies in demonstrating how creative, visual methods can enhance data quality, support ethical engagement, and inform more responsive and humane service design by making space for voices that are often silenced.

Available at: <https://journals.sagepub.com/doi/10.1177/16094069251376191>

## 4. The Language of Pain: Project report

By Rebecca Stancliffe

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#),

The Language of Pain was a creative research project that used arts-based methods to explore the expression of pain narratives. The three-month pilot study brought together 36 lived experience experts (people living with chronic pain), a professional researcher, an arts facilitator, an occupational therapist, and two project managers most of whom met regularly in a hybrid setting.

The Language of Pain adopted a participatory approach. Everyone involved in the research worked together without privileging a particular set of expertise or type of knowledge. Input from lived experience experts in early consultations shaped the project design. Creative and reflective insights from all involved informed the focus of creative sessions and how the project unfolded.

This report introduces the project, reflects on the emergent design of the study and decisions made, and what we learned. The report draws from insights shared through weekly reflections, creative practice, artwork, and group discussion to understand the personal and collective experience of expressing the lived experience of chronic pain through arts-based methods.

Available at: <https://trinity-laban-assets.s3.amazonaws.com/uploads/2025/02/Language-of-Pain-compressed.pdf>

## 5. Crippling inquiry: breathing life into co-produced disability methodologies

By Julie Ellis, Louise Atkinson, Suzanne Glover, Jennifer Kettle, Grace Joseph, Jamie Hale, Amanda Jones, Mitch Coles, Libby Bligh, Ruth Bridgens, Conor O'Kane, Jenny Negus, Haffizah Ali, Connor Thompson, Sarah Waters, Casey Coats, Barry Gibson, Kate Weiner, Rod Lawson, and Kirsty Liddiard

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

The aim of *Crippling Breath*, which is funded by the Wellcome Trust, is to place lived experience at the heart of health research exploring respiratory illness. The project centres people whose lives have been saved and sustained by ventilatory medical technologies, such as non-invasive and invasive forms of ventilation that support breathing. Our Community Researcher Cooperative is co-leading the project alongside artists, academics, and clinicians – ensuring that the people who are most affected by the research are creators and leaders of the research rather than subjects of it.

To explore what it means to live with chronic respiratory illness and life-sustaining



technologies, the project draws on multiple forms of storytelling, including creative arts practice, research-informed theatre, ethnographies in hospital clinics, archival research, and narrative storytelling in community settings. These approaches are used to develop what the authors describe as 'crip inquiry': research methodologies grounded in disability perspectives that value embodiment, interdependence, care, and flexibility. By embracing practices such as slow scholarship, radical care, co-production, and accessible research design, the project challenges ableist assumptions about productivity, expertise and whose knowledge counts within health research.

This work matters greatly. People with lived experience of disability and chronic illness are often omitted or marginalised within research, particularly when it comes to shaping methods, analysis and dissemination. *Crippling Breath* generates urgent new knowledge about living with ventilation, the continuing impacts of the COVID-19 pandemic, and the cultural politics of breathing, while also offering practical insight into how health research itself can be made more democratic, inclusive and humane. Important limitations are acknowledged, including the time-intensive nature of deeply relational and care-centred research, and the challenges of working within institutional systems not designed for flexibility or crip time. Even so, the project demonstrates how centring lived experience can reshape both what we learn about health and how health research is conducted.

Available at:

<https://www.frontiersin.org/journals/sociology/articles/10.3389/fsoc.2025.1600693/full>

To find out more about Crippling Breath, visit: <https://sheffield.ac.uk/cripping-breath>

## 6. Medicines of Uncertainty and Objects of Care: Creative Engagement with an Ancient 'Folding Almanac'

By Sarah Scaife

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Nature and Art](#), [Creative Health Communication and Literacy](#)

This research paper explores aspects of a personal health history folded into bigger questions of what we might think of as 'medicine'. Creative engagement with an ancient artefact connects my research-practice in the arts and humanities with my lived experience as a person who is changed by breast cancer treatment.

Folding almanacs are magico-medical objects which were worn and used by doctors in fifteenth-century England to perform rituals of medicine. These ancient folding almanacs encapsulate a world view where people's lived experiences of being in a body was held within a flow of relationships with other bodies, human and non-human including animals, the moon, stars and planets. Today, clinical practice is primarily based in hard science, but wide-ranging research increasingly shows that connections with nature and community really do matter for our health and well-being.

As a multimedia artist, my curiosity was taken by these folding almanacs as hand-held objects of care. This creative engagement explores how and why I tried making my own folding

almanacs, using modern materials. A year of intense treatment, including six cycles of chemotherapy followed by mastectomy, significantly complicated my relationship to my own body and to medicine. This practice of making offered a care-full process of coming to some acceptance of that experience. The paper also discusses what I learned when one of my folding almanacs was accepted for *Un-boxing*, an international travelling exhibition.

Available at: <https://link.springer.com/content/pdf/10.1007/s10912-025-09954-5>

## 7. Queer Creative Health Zine 2

By Meg-John Barker, on behalf of QUEERCIRCLE

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Creative Health Communication and Literacy](#), [Mental Health and Wellbeing](#), [Strategy, Policy and Eco-Systems](#)

QUEERCIRCLE is proud to publish MJ Barker's *Queer Creative Health 2: Researching Ourselves*. This super-rich 36-page illustrated zine builds on the first edition published in 2023 and invites us to *research ourselves* by way of our 'bodymind' (that is, a living, embodied experience where 'body' and 'mind' are inseparable), relationships and wider ecosystem. This zine sets out to understand the ways in which practitioners and researchers at QUEERCIRCLE shape solutions for their own community whilst at the same time offering those solutions to others.

While this original intention has continued throughout the course of the project, we quickly realised that it would not be useful to segregate QUEERCIRCLE's impact from other stakeholder contributions, or to attribute cause and effect to individual stakeholders. QUEERCIRCLE has actively cultivated an ecology of artists, practitioners, and partners (including grassroots organisations and charities) who worked with QUEERCIRCLE in different ways. As a result, the nature of the programme needed to be recognised as an interdependent ecology as a whole, one greater than the sum of its parts. QUEERCIRCLE can be an active host for workshops and events that it commissions and organises. At other times it acts as a partner or as a venue. Through this zine, we want to recognise that all of these roles are valuable and interlinked with the roles that its stakeholders play.

The strength of this zine lies in its visually rich exploration of bodymind and creative health, using drawings, prompts, and lived reflection to invite readers into embodied ways of understanding themselves and their communities. It is deliberately scoped as a participatory, reflective resource rather than a formal research study, prioritising accessibility, lived experience, and embodied inquiry over systematic evidence generation. Whilst this (purposefully) limits readers ability to generalise or apply a one-size-fits-all solution, the publication holds power in its articulation of bodymind as a relational, political, and creative

practice, challenging how knowledge-making can be imagined and practiced.

Available at: [https://website-artlogicwebsite0206.artlogic.net/usr/library/documents/main/qch2\\_web.pdf](https://website-artlogicwebsite0206.artlogic.net/usr/library/documents/main/qch2_web.pdf)

Pictured: National Arts in Hospitals Network  
Conference at York Art Gallery, delivered by  
the Arts Team at York and Scarborough Teaching  
Hospital NHS Foundation Trust. Photography credit:  
Eloise Ross - <https://eloiserossphotography.co.uk>





# Creative Health Communication and Literacy

This category focuses on how the public understand creative health and value it as part of their health and wellbeing. It encompasses public health messaging that explicitly includes creativity; knowledge mobilisation designed for lived experience and public audiences rather than academic or system stakeholders; and the democratic co-creation of artistic health communications with communities. Central to this category is the development of Creative Health Literacy – that is, strong public understanding of how creativity impacts them as a social determinant of health and knowledge of how to apply creativity as a health behaviour. It also considers how we build public buy-in for creativity as an integral, legitimate component of how health is created, sustained and experienced in everyday life.

## 8. A Creative Health Communication Framework: Addressing the Compatibility and Marketability of Mental Health and Wellbeing Services

By Jane Hearst

Also relates to: [Toolkits, Frameworks, Scales, and Guides](#), [Mental Health and Wellbeing](#), [Creative Methodology](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#), [Strategy](#), [Policy and Eco-Systems](#)

This research explored how creative mental health and wellbeing services communicate their role and suitability to potential participants. Its aim was to reduce the risk of people engaging with support that is poorly matched to their needs, particularly at times of vulnerability. The research involved working collaboratively with members of the public to understand how mental health is described and made sense of within personal life stories. Participants took part in three market-informed storytelling activities and were invited to code and interpret their own narratives, helping to reduce researcher misinterpretation and surface distinctions that were not initially explicit. The resulting data was analysed to identify patterns and divergences in how mental health and wellbeing are conceptualised and communicated, using approaches such as identifying “moments of surprise” to prioritise areas where assumptions or expectations differed most clearly.

Insights from this process informed the development of a Creative Health Communication Framework, designed to support creative health providers in articulating where and how their approaches are most effective within the wider mental health ecosystem. The framework moves away from presenting creative health as a uniform or universally suitable form of support, instead helping to clarify boundaries, contexts and points of alignment between services and participants. In the absence of this framework, creative health is often discussed



through a holistic lens, which usefully captures the multifaceted nature of its impact, but fails to acknowledge where limitations lie. By improving alignment between services and their participants, the framework supports more positive experiences and helps sustain trust and confidence in creative health over the long term.

While the research drew on participants from diverse ethnic and socioeconomic backgrounds, all were based in or connected to Leicester. Ways of understanding and describing mental health may differ in areas of the UK with different demographic profiles, as well as in international settings. The framework is also shaped by the assumption that communication is influenced by social and market environments. Readers who prefer approaches that deliberately move away from market-based framings may wish to interpret the framework with this context in mind.

You can access a free summary booklet here: <https://ncch.org.uk/uploads/CHCF-Resource.pdf>

Or purchase the full text here: <https://www.routledge.com/A-Creative-Health-Communication-Framework-Addressing-the-Compatibility-and-Marketability-of-Mental-Health-and-Wellbeing-Services/Hearst/p/book/9781032717296?srsId=AfmBOooPsAts29uBteCwEi2H9ilVMJeKCgvgmw9VRXdBP01XEnWFaPV8>

## 9. Creatively Healthy Communities Framework: Addressing Inequalities through Creativity

By Michael Cunliffe

Also relates to: [Toolkits, Frameworks, Scales, and Guides](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Strategy, Policy and Eco-Systems](#)

The *Creatively Healthy Communities Framework* sets out a place-based approach to reducing health inequalities by recognising creativity as a determinant of health. Developed by Northumberland County Council, the framework moves beyond seeing creative activity as an optional intervention and instead positions it as a normal, everyday behaviour that supports wellbeing across the life course. It aims to help communities become ‘creatively healthy’ by ensuring people have the capability, opportunity and motivation to engage in creativity in ways that support their health, alongside wider public health, prevention and inequalities agendas.

The framework provides a practical model for how creativity can be embedded into community life through asset-based approaches, workforce development and cross-sector collaboration. Central to this is an intervention threshold model that distinguishes between universal creative opportunities, supported activities, and specialist therapeutic provision, helping residents, practitioners and commissioners understand how different forms of creative activity meet different needs. Strong emphasis is placed on public awareness and education, with clear messages that creativity is good for health, accessible to everyone, and does not require prior skill. The framework also highlights the importance of making creativity visible in everyday spaces, supporting community-led assets, and aligning creative health with policies

spanning education, regeneration, employment and ageing.

While the framework is grounded in established evidence and national policy, it is designed primarily as a strategic guide. Its examples and implementation plans are drawn largely from Northumberland and similar place-based contexts, meaning adaptation may be required in areas with different demographics, infrastructure or governance arrangements. The proposed evaluation measures prioritise creative health literacy, independence and perceived impact, rather than clinical outcomes. The framework offers a coherent and accessible blueprint for councils, communities and partners seeking to embed creativity into everyday life as a long-term, preventative approach to health and wellbeing.

Available at:

<https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Health-and-social-care/Public%20Health/Creatively%20Healthy%20Communities%20Framework%202025.pdf>

## **10. Multimodal analysis of stories told by mental health influencers on TikTok. Health Expectations**

By Alex Christiansen, Shioma-Lei Craythorne, Paul Crawford, Michael Larkin, Aalok Gohil, Spencer Strutt, and Ruth Page

Also relates to: [Mental Health and Wellbeing](#), [Creative Methodology](#)

This paper examines how mental health is communicated to the public on TikTok, focusing on the stories told by mental health influencers and how these shape expectations about recovery, support and self-understanding. It explores the growing role of social media as a source of mental health information, particularly for young people, and considers how short-form, highly visual storytelling influences what audiences come to see as ‘normal,’ credible or achievable when it comes to mental health and wellbeing.

Using multimodal analysis, the study examines a large sample of TikTok videos to understand how narratives are constructed through combinations of speech, text, gesture, music and editing. It identifies several dominant storytelling patterns, including personal recovery journeys, coping demonstrations, and explanatory content that blends lived experience with advice. While these narratives can increase awareness, reduce stigma and make mental health conversations more accessible, the analysis also highlights risks. These include oversimplified recovery trajectories, blurred boundaries between personal experience and professional guidance, and the potential for audiences to develop unrealistic expectations about how mental health difficulties should be managed or resolved.

The paper’s focus is limited to TikTok and to publicly visible content, meaning findings may not generalise to other platforms or private forms of support. In addition, the analysis reflects the perspectives and interpretive choices of the researchers rather than direct audience responses. However, with these limitations acknowledged, the study offers valuable insight

into how mental health information is produced and circulated in everyday digital spaces, and why careful attention to communication, narrative framing and responsibility is essential as social media becomes an increasingly influential part of public mental health discourse.

Available at: <https://onlinelibrary.wiley.com/doi/10.1111/hex.70226>

## 11. Chronic Pain: The Invisible Dance Partner

By Emily Martin-Ball

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Creative Health Communication and Literacy](#), [Mental Health and Wellbeing](#)

*Chronic Pain: The Invisible Dance Partner* is a co-created zine and audio narrative that explores what it is like to live with chronic pain, using dance as a metaphor to describe the constant, often unseen negotiation between body, mind and everyday life. Created through a series of facilitated creative workshops – led by Emily Martin-Ball and Ess Grange – the work brings together participants’ voices, drawings, reflections, and embodied insights, offering an alternative to clinical language for describing pain. Rather than framing pain solely as a medical problem to be fixed, the narrative presents it as an ever-present companion that must be acknowledged, adapted to and worked with over time.

This project was made possible through strong relationships developed over the history of a community-based programme – originally established as part of the *PEACS (Pain: Equality of Care and Support in the Community)* pilot, which sought to address health inequalities in chronic pain, particularly among Black communities in Lambeth, and built upon this pilot in the years that followed through partnerships with Primary Care and VCFSE. Delivered as part of the *Thriving Stockwell Community Living Room* programme, the group now meets weekly at Art4Space Studio. This setting provides a trusted, non-clinical space where healthcare professionals and community members can come together, creating the conditions for creative exploration, mutual support, and sustained engagement that underpin the project.

The work reflects the experiences of a specific group and place, and is not intended to be representative of all people living with chronic pain. Its strength lies in demonstrating how creative expression can make lived experience visible in ways that clinical language often cannot. The piece offers readers and listeners insight into the complexity of chronic pain, helping audiences better understand the subjective realities of pain and the potential role of creative practice in health communication.

Zine available at: <https://heyzine.com/flip-book/2126ea9919.html#page/1>

Audio narrative available at: <https://audio.com/emily-martin-5/audio/chronic-pain-the-invisible-dance-partner-zine-audio-narrative>

## 12. Using Oral Histories: A Methodology for Public Health Advocacy

By Sophie Beckett

Also relates to: [Creative Methodology](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Strategy, Policy and Eco-Systems](#),

This research explored how museum objects, particularly oral histories, can be used to improve health in Birmingham. The 1984 oral history collection was recontextualised in line with the local food strategy, leading to the design of seven innovative interventions. Examples included ESOL lessons in adult learning services, participatory mapping, interactive galleries and collaging Eatwell Guides. Drawing on behavioural science, arts-based research, and nostalgia, this research used a bricolage approach – that is creating from a diverse range of available things – spanning numerical, narrative, and creative methods and evaluations.

The findings suggest that heritage objects can be reimagined as tools for health literacy, with real impact on the knowledge and behaviours of participants. It shows that creative health isn't just a 'nice to have', but a strategic approach to making public health more equitable and human centred. By shifting focus from in the moment wellbeing to longer term learning, museums can be positioned as spaces for life-long learning and public health advocacy.

As an exploratory and context-specific partnership rooted in Birmingham's heritage assets and public health priorities, the approach prioritises depth, narrative insight and system learning over standardised outcome measurement, which may limit comparability and replication without adaptation to different institutional or policy contexts. However, the report excels in its development of a clearly articulated, practice-tested methodology that demonstrates how oral histories can be systematically repurposed as a strategic public health resource, bridging lived experience, cultural institutions and local authority policy in a way that is both innovative and transferable.

Available via: <https://www.birminghammuseums.org.uk/stories/new-report-reveals-how-oral-histories-can-help-to-promote-healthier-eating-and-tackle-food-inequality-in-birmingham>

## 13. The Burnout Booklet: A Health Resource for Patients and Practitioners

By Katharine Murphy and Olivia Glaze

Also relates to: [Mental Health and Wellbeing](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

*The Burnout Booklet: A Health Resource for Patients and Practitioners* is an illustrated booklet designed to help people talk about burnout and related experiences of stress and fatigue. Aiming to provide new and creative ways of thinking and communicating about these health conditions, the booklet is a valuable resource for GPs and mental health professionals.

The stories have been gathered through the AHRC-funded *Reading Bodies* research project,

led by academics in the University of Exeter's Department of Languages, Cultures and Visual Studies. *The Burnout Booklet* presents anonymised perspectives from project participants, grouped according to themes, metaphors and language choices that appeared frequently in our data. We hope the resource will both encourage patients when they are looking for the words to express their experiences of burnout and support better identification of burnout by medical practitioners. By drawing on lived experiences, the booklet shows that burnout can present itself in spaces other than the workplace, such as care-related circumstances and more generally in our personal lives.

A key strength of *The Burnout Booklet* is its use of creative language, metaphors and participant-generated narratives to bridge academic research and lived experience. The resource is intentionally exploratory rather than prescriptive, which supports reflection. However, the work benefits from being supplemented with additional material to help practitioners translate its insights into structured organisational or service-level interventions.

The 2025 resource is available at:

<https://readingbodies.exeter.ac.uk/publications/burnoutbooklet/>

To access the 2024 anthology of writing and illustrations, visit:

[https://issuu.com/universityofexeter/docs/2024ei101\\_reading\\_bodies\\_anthology\\_v6](https://issuu.com/universityofexeter/docs/2024ei101_reading_bodies_anthology_v6)





Pictured: Creative Health taster session at St George's Health and Wellbeing Hub. Credit: Mae London.

# Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI

This section brings together work that treats co-production and public involvement not as add-ons, but as core design features in the development of research, services, and systems, shaping how health and creativity are developed, delivered and understood. Across diverse contexts, these papers show how power, voice, care and relationships are actively negotiated through creative processes. They demonstrate that meaningful participation requires time, trust, reflexivity and structural support, but can generate more just, relevant and sustainable forms of knowledge, engagement and impact. Collectively, the papers also surface the practical and ethical tensions involved in this work, offering valuable insight into what it takes to move from participation in principle to participation in practice.

## 14. From Babel to Bridge: The Challenges of Research Co-Production in Multilingual Spaces

By Chantal Radley, Margaret Greenfields, Eleonore Kofman and Gill Searl

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This paper discusses the challenges in research with refugees, migrants and asylum seekers who speak different languages. We carried out a series of research activities using a variety of mapping and creative methodologies with mixed nationality groups where 7 or 8 languages have been spoken. Working with multiple languages at the same time in research complicates the design of the research programme and activities, and the process of carrying these out. This has the potential to compromise commitments to inclusivity and co-production, even for those teams well-used to working with refugee and migrant groups.

Practical considerations around recruitment in diverse languages, appropriate translations of project documentation, peer researchers acting as informal interpreters and gaining informed consent repeatedly emerged as challenges, particularly where literacy and understanding of concepts of research were new to participants. Power dynamics between institutions, researchers and participants are important to recognise here in ensuring that all voices and languages remain equal during the research process. This matters because research with these underserved populations is made additionally complex with multiple languages to contend with. Therefore, attention to these issues is vital to ensure that they do not pose significant barriers to genuine participation.

This report is a rich and honest account of co-produced research across multiple languages, drawing on real examples from diverse refugee and migrant communities to show how power, voice and inclusion play out in practice. The depth of reflection and contextual detail of this paper is notable; however, this style of exploration does not necessarily translate into clear, generalisable methods or measurable outcomes, meaning its lessons are harder to apply quickly in resource-limited or time-pressured projects. Nevertheless, the report makes a valuable contribution by naming the hidden labour, time and resources required for genuine co-production, offering funders and researchers a grounded case for designing more ethical, realistic and inclusive research processes.

Available at: <https://www.cogitatiopress.com/socialinclusion/article/view/10870>

## 15. Co-curating as caring: an exploratory study within a cancer hospital

By Benjamin Hartley

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Mental Health and Wellbeing](#), [Creative Methodology](#)

This PhD thesis explores co-curating as a form of caring within a cancer hospital, addressing a clear gap in both health and curatorial research. While artworks are widely used in hospital settings, little has been known about what it means for patients to collaboratively create and curate exhibitions within spaces where they are receiving care. The study focuses on a co-curated exhibition project (“VisualBeats”) with young adult cancer patients, asking how the processes and experiences of exhibition-making operate as caring practices within a clinical environment.

The study closely followed the co-curation process as it unfolded, drawing on facilitated workshops, observations, reflective diaries, visual materials, participant narratives, and audience responses to understand how care was experienced and enacted. The researcher examined co-curating as a lived, relational process rather than a discrete intervention. Information was analysed using reflexive thematic analysis – that is, identifying and interpreting patterns in data through active reflection on meaning and context. Two interlinked themes – *participating* and *facilitating* – capture how care is enacted through shared decision-making, creative agency, emotional safety, and attentiveness to place, relationships, and power. The researcher’s dual role as hospital arts programme manager and researcher is explicitly examined through their reflections.

The thesis makes an original contribution by conceptualising co-curating itself as a caring practice, rather than treating care as an outcome of arts engagement. Its strength lies in the depth and richness of insight into how collaborative exhibition-making can support agency, meaning-making, and connection for people experiencing cancer treatment. The findings are grounded in a single institutional setting and a small participant group, meaning they are not intended to represent wider experiences of co-curation; however, the study offers transferable conceptual and practice-based insights for hospital arts programmes, participatory research,



and creative health more broadly.

Available at: <https://eprints.soton.ac.uk/498453/>

## **16. Patient and public involvement, engagement, and participation in practice: Co-production of a creative health approach and theory of change through the ReCITE consortium-building project in Liverpool**

By Dawn Holford, Charlotte Hemingway, Kim Ozano, Amina Ismail, Sarah Glover, Sarah MacLennan, David Lewis, Mike Morris, Madeline Heneghan, Aidan Jolly, Victoria I. Ekpo, Nour Essale, Reda Madroumi, ReCITE consortium, Rachel Tolhurst, and Miriam Taegtmeier

Also relates to: [Toolkits, Frameworks, Scales, and Guides](#), [Strategy, Policy and Eco-Systems](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Creative Health Communication and Literacy](#),

This paper describes a process of working together to design a research programme that explores how creative activities such as storytelling could help reduce health inequalities. This work was part of a project called ReCITE, which brought together people from community organisations, health services, the arts, and universities in Liverpool.

Fifty-six different people took part in six workshops over nine months. Together, they discussed how creative projects could support people's well-being and make health outcomes fairer. From these discussions, the group developed a shared plan (known as a theory of change) showing how creative activities might lead to better health for everyone. This plan also helped design a research programme, which later received funding to continue the work.

The process involved several rounds of gathering feedback, revising ideas, and returning to participants to check that their views were represented. Working together over time helped build trust and shared ownership of the research. However, it was sometimes difficult for community partners to stay involved throughout the process because there was limited funding to support their time and participation.

Outputs explored in the paper are a theory of change, process-based lessons, and critical reflection. Since the theory of change has not been evaluated for its effectiveness, feasibility or impact on health equity, the key contribution is in relation to *research readiness* rather than implementation. The paper reports on process-level success factors, such as building trust, achieving shared ownership, and producing a fundable research programme, thereby offering insights that are particularly useful for participatory researchers.

A pre-print copy of this paper is available at: [https://osf.io/preprints/socarxiv/kmnvh\\_v1](https://osf.io/preprints/socarxiv/kmnvh_v1)

More information is also available in this blog: <https://www.lstmed.ac.uk/news-events/blogs/three-years-of-recite-what-we-learned-about-creative-health-equity-and-systems>

## **17. Co-producing a ‘creative toolkit’ to support the mental health and wellbeing of palliative care professionals: a community case study**

By Marie A. Clancy, Caitlin R. Kight, Jessica Stein, Naome Glanville, Anthony C. Wilson, and Richard G. Kyle

Also relates to: [Mental Health and Wellbeing](#), [Toolkits, Frameworks, Scales, and Guides](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

Alterations to the clinical, social, and economic landscape have made palliative care an increasingly challenging sector in which to work. COVID-19 introduced further changes that pushed palliative care professionals to the breaking point. Their struggles at work are exacerbated by the fact that specialists in this field tend to ignore their own needs, instead centring and prioritising those of their patients – a situation that is not tenable. Within this community case study we describe how our team, comprising clinical and university staff, sought to address this by co-creating a suite of resources to support the physical, psychological, social, and spiritual health of palliative care workers.

The result was the Creative Toolkit©, which is both an overall approach and a suite of materials that uses creative, arts-based intervention to facilitate reflection, relaxation, and rejuvenation, and to ensure that clinical staff feel connected and valued. Although participants sometimes initially hesitate due to their limited prior exposure to art-based methods, feedback on our sessions has been unanimously positive, revealing the value of creative activities for, among other things, aiding in processing difficult feelings and creating community amongst staff. While initial results are promising, we acknowledge the need for an expanded evidence base to encourage more widespread uptake of our method.

The paper’s strength is its robust co-production of a practical creative toolkit, closely shaped by the lived experience of palliative care professionals. A key limitation, from a research perspective, is its context-specific, small-scale case study design, which limits transferability and makes it difficult to draw conclusions beyond the local organisational setting. Nonetheless, it offers an important contribution by demonstrating how creative, arts-based approaches can be ethically and meaningfully embedded into workforce wellbeing support, providing a strong foundation for future comparative and evaluative research. Moreover, the toolkit helps to legitimise creative and arts-based support for workforce mental health.

Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11868928/>

## **18. Coproducing justice in public involvement: Impact-led iterative development of a dance based community engagement project building relationships in marginalised communities.**

By Rebecca Pritchard, Natalie Darko and Elizabeth Stevenson

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#),



‘Health science’ is a broad field of study focused on understanding, maintaining, and improving health at the level of individuals, populations, and systems by drawing on biological, clinical, social, and behavioural sciences. This project aimed to develop a model of health and health science community engagement and involvement that was meaningful to British South Asian women in deprived communities. The project is built on the proposition that public involvement and engagement must be inclusive, or it risks exacerbating health inequalities. Public involvement as a process tends to exclude people by being tailored to fit the norms of the dominant culture; therefore, simply removing barriers to participation is unlikely to be effective as is the case in other areas of science engagement. Rather it is necessary to go beyond redistributive justice (that is, fair distribution of resources, opportunities, and benefits within health research) towards relational justice (that is, developing respectful, reciprocal relationships and fair treatment within the research process and seeking to develop models of involvement that are meaningful and appealing to all groups).

Action research is a participatory research approach in which researchers and practitioners work together to understand a problem, take action to address it, and learn from the results, through repeated cycles of planning, action, observation, and reflection. In this paper, we describe how an action research approach was applied to the iterative development of an arts based participatory community engagement project in Leicester. The *Dance and Health* model was developed, working with community project partners in dance schools in Leicester, and expanded to several different communities. As with all action research, this study is vulnerable to potential researcher and collaborator bias, given the close, reflexive involvement of the researcher in both delivery and analysis – though steps were taken to mitigate this. The project was effective at engaging under-represented communities in health and health science involvement. It also offered the potential to build social capital that impacted health inequalities in tangible ways aligned with macro-level policy. We conclude that community engagement can therefore be viewed as an efficient use of investment in offering significant added value.

Available at: <https://link.springer.com/article/10.1186/s40900-025-00714-2>

Pictured: Creative Health taster session at St George's Health and Wellbeing Hub. Credit: Mae London.



# Equity, Accessibility, Cultural Relevance, and Lived Experience Insight

This section brings together work that explores whose experiences are heard, whose needs are met, and how power, culture, and inequality shape access to health and care. Across diverse contexts – including race, migration, neurodiversity, gender, sexuality, age, and institutional positioning – these papers show how creative health approaches can surface lived experience, challenge exclusionary norms, and support more culturally responsive forms of care. Collectively, they argue that improving health outcomes requires not only creative activity, but attention to structural barriers, collaborative knowledge and sense-making, as well as awareness of the everyday realities of people whose voices are often marginalised within health systems.

## 19. Preliminary findings on being and becoming: Exploring the experiences of Black Caribbean and African creative arts therapists

By Andrea-May Oliver, Shaun Liverpool, and Vicky Karkou

Also relates to: [Creative Methodology](#), [Mental Health and Wellbeing](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#), [Strategy](#), [Policy](#) and [Eco-Systems](#)

This article explores the preliminary findings on the professional experiences of Black Caribbean and African creative arts therapists in the United Kingdom. Although there is a growing recognition of creative arts therapies (CATs) as effective mental health interventions, there is limited research on the experiences of Black therapists in this field. The study aims to fill this gap using *phenomenology* as a methodology – that is, focusing on understanding how people experience and make sense of the world from their own perspective. Specifically, the study examines the lived experiences – including the unique challenges and opportunities – faced by Black creative arts therapists of African and Caribbean descent.

Data were collected through semi-structured interviews – that is, interviews that use a set of guiding questions while allowing flexibility to follow what matters most to the participant – alongside arts-based methods with a total of eighteen participants across the different CAT disciplines, i.e. drama, dance movement, art and music therapy. Findings that emerge from the preliminary analysis cover topics such as training experiences, professional relationships and therapeutic practice. Participants consistently reported a lack of cultural competency

training, frequent encounters with racism and discrimination and the critical importance of cultural understanding in building therapeutic and professional relationships.

These preliminary findings highlight the need for more inclusive training programmes, enhanced institutional support, and targeted professional development opportunities, as well as the lack of robust research in the Black spaces of mental health research. This underscores the importance of addressing systemic biases and considers how fostering a supportive environment for minority therapists can have an impact on improving therapeutic outcomes for diverse client populations.

Available at: [https://intellectdiscover.com/content/journals/10.1386/dj\\_00021\\_1](https://intellectdiscover.com/content/journals/10.1386/dj_00021_1)

## 20. Neurodiversity and Grief: Advancing a neuroinclusive service

By Paula Boyle, Nana Zhvitiashvili and Rida Larsen

Also relates to: [Mental Health and Wellbeing](#)

The aim of this research was to explore neurodivergent grief from a family perspective and to inform relevant adaptations to art therapy practice, ultimately contributing to the development of neuro-inclusive bereavement services. We used a whole-family intervention model, conducting nine semi-structured interviews – that is, interviews that use a set of guiding questions while allowing flexibility to follow what matters most to the participant – with parents whose children were receiving bereavement support. The interviews were analysed using Interpretative Phenomenological Analysis (IPA) which is an approach that explores how people understand and make meaning from their own lived experiences, by closely examining and interpreting their personal accounts.

The research highlighted four central themes: (1) the interconnected nature of grief and emotional responses, (2) the importance of communication and advocacy, (3) the role of peer support in affirming parents' and carers' experiences, and (4) the influence of race and culture. These findings underscore the need to adapt bereavement services for neurodivergent children and their families, while fostering a more nuanced understanding of how grief is experienced.

This research is important because, whilst grief is universal, neurodivergent children may express it differently. When families or professionals misinterpret these responses, support can fall short. Neuroinclusive adaptations draw attention to these differences, ensuring equitable care and advancing both fairness and clinical effectiveness.

Limitations to be aware of is that this research was exploratory, with a relatively small sample size. More longitudinal studies (that is research that compares changes over time) are needed to track outcomes of neuroinclusive interventions. To safeguard emotional safety and accessibility, children's experiences were represented through parental accounts. While this approach provided valuable insights, it carries the inherent limitations of proxy reporting, which may not fully capture the child's own perspective. These issues are acknowledged and



discussed later in the paper. In addition, participants were recruited within specific networks, which may limit the diversity and generalisability of findings.

The pay-to-access journal article is available at:

<https://www.tandfonline.com/doi/full/10.1080/17454832.2025.2567263>

A free blog is also available at: <https://www.harlingtonhospice.org/child-adolescent-bereavement-service-cabs/neurodiversity-and-grief/>

## 21. Creative Health Camden's Freedom to Make + We Make Camden Kit report

By Creative Health Camden

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Creative Ageing](#)

In early 2025, we received a £2,000 grant from *We Make Camden* kit to put on six special textile sessions for our weekly textiles group. Each session would focus on a different skill from around the world, to reflect the demographics both in our group and in the wider Camden community. This aimed to provide an opportunity for all the members to learn new things together and hopefully offer some moments for community building. The main aim was that by the end of the sessions, our participants would have an increased knowledge of international crafts. We hoped that we may notice some increased confidence in participants and that the sessions would spark conversations and community building in the group.

The six sessions we ran: Portuguese Basket Weaving; Tunisian Crochet; Caribbean Textile design inspired by Althea McNish; Somali textile design with Hafza Studios; Kantha Embroidery; Irish Lace. Each session was hosted at the beginning of the month, so that the members would have all month to practice and curate their skills. Fibre arts are often slow activities, so we wanted to give our group the time that they needed. This meant that it took us six months to complete all six sessions. The group reached the aims we set out. It was also an incredible bonus to team up with Hafza Studios to create the *Threads of Home* exhibition.

The report's strength lies in its rich, practice-based evaluation of a culturally responsive textile programme for older women, combining participant voice, facilitator reflection, and a clear theory of change grounded in existing evidence. Its main limitation is that it is a small-scale, single-site organisational evaluation, relying on self-reported and observational insights rather than independent or comparative analysis. Nonetheless, it makes a valuable contribution by demonstrating how culturally rooted, participatory making can reduce isolation, build confidence, and foster community connection within primary-care-linked creative health settings.

Full report, available here: <https://www.creativehealthcamden.com/evaluations/freedom-to-make-we-make-camden>

Zine, available here: <https://www.creativehealthcamden.com/evaluations/freedom-to-make-we-make-camden-zine>



## 22. Suffering, struggles and support: a qualitative exploration of hope and healing in men seeking asylum using photographs and I-poems

By Emily Clark, Sarah Hanson, Nicholas Steel, Helen M. Parretti and Anna Sweeting

Also relates to: [Creative Methodology](#), [Mental Health and Wellbeing](#), [Creative Health Communication and Literacy](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#)

This study aimed to explore culturally adapted health support in the context of wider social and community support, to enable post-migration growth and reduce the impact of migratory grief. A community based participatory approach was used. The research team, and community organisation supporting this group, collaborated as equals to foster trust and reciprocity in research. Two focus groups were run in Arabic with a professional interpreter with 14 male participants from six different countries, all with lived experience of the asylum process. I-poems – a multi-stage method for closely examining people’s personal accounts – were created to preserve participants’ voices before applying themes. Quotes beginning with “I” were combined into poems to ensure anonymity. Creative methods like poetry elicited emotive responses and facilitated wider dissemination via a theatre production during Refugee Week Norwich, a festival which allows the voice of those in the asylum system to be heard.

The findings were reported under three major themes: pre-migration experiences (home, journeys and disaster), post-migration stress (suffering and meaning) and post-migration growth (hope, kinship and healing). The findings suggested that group interventions and peer support are beneficial and acceptable across diverse backgrounds and immigration statuses, though further research is needed to assess the effectiveness of different group-based well-being interventions across cultures. Our study confirmed the priority of social determinants of health such as housing, food insecurity and social inclusion, which therefore require joined up approaches in policy between health, voluntary and local government sectors. Moreover, this study confirmed the key role of meaningful activities (such as physical activity, volunteering and cooking), daily routine, culturally acceptable food, access to places of worship, purpose and activities which offer distraction and fulfilment in shaping grief reactions following loss.

One limitation of the study is that it is based on a small, context-specific group of men seeking asylum, meaning the findings reflect their particular experiences and cannot be assumed to represent all people seeking asylum or refugees more broadly. A strength of the study is how it demonstrates the use of creative dissemination methods to meet non-academic audiences with findings.

Free download available from: <https://research-portal.uea.ac.uk/en/publications/suffering-struggles-and-support-a-qualitative-exploration-of-hope/>

Published paper (best for citations) available at: <https://www.emerald.com/jpmh/article-abstract/24/1/63/1240203/Suffering-struggles-and-support-a-qualitative?redirectedFrom=fulltext>

## 23. Abundance Project Interim Findings Report, November 2025

By University of the Arts London

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Strategy, Policy and Eco-Systems](#), [Mental Health and Wellbeing](#), [Creative Methodology](#), [Nature and Art](#)

The Abundance Project addresses persistent health inequalities affecting Black, minority ethnic, and refugee communities in Southwest London. Our aim is to mobilise local cultural and green assets to support mental health, working to remove systemic barriers to access while developing inclusive community-led models and social prescribing pathways.

To do this, we centred lived experience by treating residents as active co-researchers. Through storytelling workshops and community-led walks with 27 Community Voice Champions, we mapped local assets alongside personal experiences of migration, belonging, and wellbeing.

We discovered that while nature and culture are viewed as sanctuaries, communities face intersecting barriers to accessing them, including safety concerns, racism, and a sense that these spaces are "not for people like me." We found a disconnect where institutions and prescribers lack awareness of local assets, while residents rely on personal networks rather than official channels.

This work matters because it demonstrates that access cannot be solved by referrals alone; it requires holistic approaches such as creating culturally safe spaces, improving representation, or providing accompaniment to help people cross the threshold. Note that these are interim findings from the first half of our three-year project; we are now co-designing interventions that will aim to dismantle specific barriers identified, with further findings to come!

Available at: <https://abundanceproject.myblog.arts.ac.uk/research-outputs/>

## 24. Insights from ERicar: Engaging Roma women in the co-creation of an antenatal care information resource

By Mabel Leng Sim Lie, and Caroline Claisse

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Maternity, Perinatal Wellbeing, and New Family Connection](#), [Creative Methodology](#), [Creative Health Communication and Literacy](#), [Mental Health and Wellbeing](#)

The aim of this article is to describe the findings of our participatory approach of engaging with Roma women, where important insights were gleaned in the telling of their pregnancy journeys. Together, they were able to co-create a 'product' that conveyed their key messages to a newly arrived Roma woman about antenatal care in the UK (e.g., early access and adequate use). The workshops they participated in resulted in a 'zine' or little booklet, which had drawings and collages women created, and links (QR codes) to web-based resources for women to access NHS endorsed websites providing antenatal support.

We discovered that Roma women are not 'hard to reach' but with the right gatekeeper, a willingness to listen to one another, enough flexibility in the workshops, and a comfortable space to tell their stories, much can be achieved. Voices that are usually hidden were given an opportunity to be heard, especially about topics of a sensitive nature that can provide insights leading to improvements in maternity care.

While the group of women involved were from a range of ages, and had children and grandchildren, there was only one with a recent pregnancy. Maternity services have changed over the years, but the key messages from the women particularly about their perinatal mental health are still applicable today. The zine can serve as a conversation starter and bridge between Roma women and health professionals.

Free download available from:

[https://eprints.ncl.ac.uk/file\\_store/production/306880/C91C627B-267D-4654-91B9-B9F724DC5564.pdf](https://eprints.ncl.ac.uk/file_store/production/306880/C91C627B-267D-4654-91B9-B9F724DC5564.pdf)

Published paper (best for citations) available at:

<http://sciencedirect.com/science/article/abs/pii/S0277539525001153?via%3Dihub>

## **25. Creative Health - Exploring the Impact of Creative Activities in Supporting People's Health & Wellbeing**

By South East London Integrated Care Board

Also relates to: [Strategy, Policy and Eco-Systems](#), [Creative Health Communication and Literacy](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#)

Over the past year, South East London Integrated Care Board has been listening to local people across South East London to understand how they think creative health activities support health and wellbeing. We heard from over 300 residents through a People's Panel survey, events, community outreach, online conversations and video stories, providing rich insight into people's experiences and stories of the power of creativity for health and wellbeing.

Reducing health inequalities is an explicit aim throughout. The report identifies access barriers that disproportionately affect under-represented groups, including time, cost, caring responsibilities, and managing long term health conditions, amongst others. A high majority (89%) of survey respondents agreed that taking part in creative activities supports their health

and wellbeing; gardening, food learning, dancing and crafting were noted as the most popular creative activities respondents took part in. Most people engage in creative activities at home showing that comfort and ease of access are important factors for motivation and creativity. However, the benefits of group activities were highlighted as being important as they strengthen social connection through shared experiences, facilitate cultural expression and identity, support community building and peer support. Other insights are also available.

This report has been particularly useful to South East London stakeholder, helping us to

identify 'next steps,' such as mapping services to support access, building stronger relationships to raise visibility, and recruiting creative health champions. For readers outside of South East London, the report demonstrates best practice in community outreach and evidence-informed practice. However, the geographic focus means that findings will not necessarily be generalisable to other areas of the UK, necessitating further, locally-informed research.

Report available at: <https://www.selondonics.org/wp-content/uploads/Creative-health-exploring-the-impact-of-creative-activities-in-supporting-people-health-and-wellbeing-engagement-report-2.pdf>

Or to read a blog about the work, visit: <https://londonartsandhealth.org.uk/london-news/creative-health-reduces-health-inequalities-and-boosts-wellbeing-across-south-east-london/>

## **26. Crafting Lyrics, Breaking Barriers: Exploring the Role of Rap Music in Facilitating Mental Health Expression among Black Men in the UK**

By Lynette Meredith

Also relates to: [Mental Health and Wellbeing](#), [Strategy, Policy and Eco-Systems](#)

This study explored how Black men in the UK use rap music to express and navigate their mental health in everyday, non-clinical contexts. Instead of examining rap within therapy or formal services, the study focused on everyday creative practice, recognising that many Black men face barriers to accessing mental health support, including stigma, racism, cultural disconnect and mistrust of services. Semi-structured interviews – that is, interviews that use a set of guiding questions while allowing flexibility to follow what matters most to the participant – were conducted with 11 Black men aged 24–51 who actively create rap music. After the interviews, the author used 'reflexive thematic analysis' – that is an approach that identifies patterns of meaning across data while actively acknowledging the researcher's role in shaping how those patterns are interpreted – to examine how rap features in the emotional lives of the study participants.

Findings showed that rap provides a culturally familiar, flexible and safe way for Black men to articulate emotions, manage difficulties and express vulnerability on their own terms. Participants described rap as a safe space that helped them navigate stigma, masculine

expectations and negative past experiences with services. Rap also fostered connection, representation and social influence, enabling men to feel understood while supporting others in their communities and beyond. Participants acknowledged that although rap provides therapeutic benefits, it sometimes cannot replace external or professional support and may provide temporary coping rather than lasting solutions.

The study highlights rap as a community-based and preventative resource for mental health expression and coping, showing the potential of creative, culturally relevant approaches to

address inequalities in Black men's mental health. Limitations include the self-selecting sample of men engaged in rap, meaning the findings may overrepresent those for whom rap is meaningful and may not reflect the full diversity of Black men's experiences.

Available at: <https://zenodo.org/records/17769610>

## 27. Music Therapists and Social Justice: Interacting With Institutions

By Kate Apley

Also relates to: [Mental Health and Wellbeing](#), [Strategy, Policy and Eco-Systems](#)

In this article, I present a condensed form of research I undertook for a student assignment on how music therapists navigate working in institutions to promote social justice: challenging the marginalisation that clients face, empowering clients to feel valued and capable, and advocating for structural changes that reduce oppression. Through my literature review, I found no current research which takes this question as a primary focus.

I interviewed five Nordoff and Robbins music therapists, coded my transcriptions, and developed categories and themes to understand my data. Through the interviews, I found that my participants view allyship through music as valuable social justice promotion, as well as interactions beyond music including presentations, spontaneous conversations, and learning from staff. The extent to which these music therapists felt able to engage in social justice promotion was dependent on relationships within institutions, and they considered when it was less appropriate to speak out, often because of their privilege.

This research is important as the healthcare field often takes an individual, medicalised perspective: this article encourages practitioners to consider wider social and political structures that impact health and wellbeing. The research is applicable to other arts-based professions alongside music therapy.

My article finishes with reflections on limitations: these included positing too much of a binary opposition between 'helping therapists' and 'helped clients', needing to include more explicitly the perspectives of music therapists with marginalised identities, and the potential of my use of the word 'client' as an unintended way to inscribe unequal power relations.

Available at: <https://voices.no/index.php/voices/article/view/3999/3922>

## 28. Creativity for Men's Health

By Hannah Waterson and Jane Hearst, on behalf of the National Centre for Creative Health

Also relates to: [Strategy, Policy and Eco-Systems](#), [Creative Health Communication and Literacy](#), [Mental Health and Wellbeing](#)



In 2025, the National Centre for Creative Health, in partnership with The Baring Foundation, submitted an evidence summary to the UK Parliament's *Men's Health Inquiry*, responding to the Select Committee's call for evidence on how to improve health outcomes for men and boys. As Select Committee processes place limits on directly publicising individual submissions, this blog was written to summarise the key arguments we put forward and to make that evidence more accessible to wider audiences. It focuses on the role of creativity in men's health, drawing attention to how creative approaches can support prevention, early intervention, and recovery across a range of contexts.

The blog expands on several of the case studies referenced in the submission, illustrating how creative health initiatives are already engaging men who are less likely to access traditional health services. These examples span community arts, music, movement, and peer-led creative activity, and highlight benefits such as improved mental wellbeing, reduced isolation, strengthened identity, and increased willingness to talk about health and emotions. Rather than presenting creativity as a single intervention, the piece emphasises how different creative forms create accessible, non-stigmatising entry points into support for men at different life stages.

As a contribution, the blog translates policy-facing evidence into a narrative form that is grounded in practice and lived experience, making the case for creativity as a legitimate and necessary component of men's health strategy. An important limitation of this work is that the blog summarises and interprets existing evidence and case studies rather than presenting new empirical research or independently evaluated outcomes. While it does not introduce new research findings, it plays an important advocacy role by connecting existing evidence, real-world delivery, and policy debate. In doing so, it stands as one clear example of how we have advocated for men's health in 2025, reinforcing the need for creative health to be recognised within future policy, commissioning, and system design.

Available at: <https://ncch.org.uk/blog/creativity-for-mens-health>

## 29. LGBT+ Health Evidence Review: Evidence Submission by NCCH

By Jane Hearst, on behalf on the National Centre for Creative Health

Also relates to: [Strategy, Policy and Eco-Systems](#), [Mental Health and Wellbeing](#), [Creative Health Communication and Literacy](#)

This evidence submission was prepared by the National Centre for Creative Health (NCCH) in response to an NHS call for evidence on LGBT+ health inequalities. It draws together research, practice examples, and policy-relevant insights from across the creative health field. It starts by recognising that LGBT+ communities continue to experience significant barriers to healthcare, including discrimination, mistrust of services, and exclusion from culturally safe spaces, leading many to avoid or disengage from formal care. The submission positions creative health as a vital complement to mainstream provision, offering trusted, identity-affirming routes into support through community hubs, festivals, peer-led programmes, and creative therapeutic

practices.

The submission synthesises evidence across four interconnected areas: creative hubs as alternative health spaces; creative approaches to health promotion and engagement; creative activities that support specific health conditions; and alternative, queer-informed understandings of health and care. Drawing on examples such as BollyQueer, Rainbow Mind, QueerCircle, Love Tank CIC, and arts-based interventions linked to respiratory, cardiovascular, and chronic pain outcomes, it demonstrates how creativity can reduce isolation, support mental health, improve engagement with services, and contribute to measurable health benefits. The evidence highlights the importance of co-production, intersectionality, and cultural relevance, particularly for trans and non-binary people, people of colour, and those experiencing ‘acute minority stress’ (that is, the psychological and physiological strain caused by sudden or repeated experiences of discrimination, hostility, or exclusion linked to a marginalised identity).

As a strength, the submission brings together a wide-ranging and interdisciplinary evidence base, combining academic research, evaluations, and lived-experience-led practice to make a coherent case for integrating creative health into LGBT+ health strategy. Its main limitation is that it functions as a policy-facing synthesis rather than a primary research study, relying on existing evidence and illustrative case studies rather than new empirical data. Nonetheless, it makes a significant contribution by articulating how creative health can address structural gaps in LGBT+ healthcare, and by setting out clear recommendations for visibility, investment, co-production, and NHS integration to support more inclusive, culturally responsive health systems.

Available at: <https://ncch.org.uk/uploads/LGBT-Health-Evidence-Review-Evidence-Submission-Final-1.pdf>

Summary blog also available: <https://ncch.org.uk/blog/creative-health-and-lgbt-communities-building-inclusive-pathways-to-care>

Pictured: National Arts in Hospitals Network Conference at York Art Gallery, delivered by the Arts Team at York and Scarborough Teaching Hospital NHS Foundation Trust. Photography credit: Eloise Ross - <https://eloiserossphotography.co.uk>



and sea air  
my despair  
paddled feet  
the waves flow  
the air looking  
to share  
the cloudy sky  
goodbye rag text



Scan the QR Code to access the online multimedia Zone and Exhibition guide





# Mental Health and Wellbeing

Mental health and wellbeing is one of the most prominent themes in this year's research round-up, reflecting growing interest in how creative approaches can support psychological health across clinical, community, and everyday settings. The papers in this section range from robust trials and structured evaluations to practice-based case studies and reflective research, exploring issues such as burnout, recovery, stress, isolation, resilience, and emotional expression among healthcare staff, artists, community members, and people living with mental ill health. Together, they show how creative health can operate at multiple levels – from individual coping and recovery, to peer support, workplace culture, and system-wide wellbeing.

## **30. Art therapy to reduce burnout and mental distress in healthcare professionals in acute hospitals: a randomised controlled trial**

By Megan Tjasink, Catherine Elizabeth Carr, Paul Bassett, Gehan Soosaipillai, Dennis Ougrin, and Stefan Priebe

Also relates to: [Strategy, Policy and Eco-Systems](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

Healthcare professionals working in hospitals often experience high levels of burnout, stress, anxiety and low mood. This study looked at whether taking part in a short programme of manualised group art therapy informed by compassion-focused and trauma-informed psychological principles, could help.

A total of 129 healthcare staff from four NHS hospitals in London, across a wide range of roles and specialties, took part. Participants were randomly allocated either to six weekly 90-minute art therapy sessions or to a wait-list control group that continued with usual support. The sessions were led by qualified art therapists and focused on creative activities, reflection and group discussion rather than artistic skill. Therapists received additional training and supervision, and adherence to the original programme design – as stated in the intervention manual – was monitored and found to be high. After six weeks, staff who took part in art therapy reported feeling significantly less emotionally exhausted – a primary factor of burnout – than those on the waiting list. They also showed improvements in feeling detached from work, overall stress levels, anxiety and depression. These benefits were still present three months later for those who had received the therapy.

This was the first large, multicentre randomised controlled trial to test a specified group art therapy intervention for burnout among hospital staff, involving participants from several

hospitals and different job roles. Most participants completed the main before-and-after questionnaires, which means the results are based on feedback from the majority of those who took part. However, because a waiting-list approach was used, only the art therapy group was followed up three months later, and the study was not large enough to explore differences between specific staff groups. The findings suggest that a relatively brief, manualised and theory-informed group art therapy programme, delivered with high fidelity, can make a meaningful difference to burnout and mental wellbeing for hospital staff and could be incorporated into evidence-based staff support services in acute hospitals.

Available at: <https://bmjpublichealth.bmj.com/content/3/2/e002251>

### **31. Recuperating, Revitalising, and Reaffirming: the experiences associated with creative hobbies, and their impact on recovery, wellbeing, and work**

By Dolores Hill

Also relates to: [Toolkits, Frameworks, Scales, and Guides](#)

Employee wellbeing is becoming a priority for more and more organisations, as rates of workplace stress, anxiety, and burnout continue to rise. An effective strategy for supporting employee wellbeing, and improving performance, is to enable effective recovery from work. Recovery from work takes place during leisure time by engaging in activities that facilitate recovery experiences. Research demonstrates the impact that recovery activities such as exercise and sleep have on employees, but relatively little literature explores the experiences and benefits of hands-on creative hobbies.

This study conducted semi-structured interviews – that is, interviews that use a set of guiding questions while allowing flexibility to follow what matters most to the participant – with 18 participants who shared their experiences of creative hobbies such as drawing, knitting, and pottery. Following a review that looked for themes, three were identified: Recuperating, Revitalising, and Reaffirming. Each of these themes were associated with personal and professional benefits for the participants, such as offering quiet, a chance to have fun, or a sense of self. The findings from this study align with much of the wider research regarding employee wellbeing and recovery, and highlights some experiences and impacts that are potentially unique to creative hobbies.

Based on these findings, a framework for the supplementary experiences and spill-over impacts of creative hobbies is proposed. The framework illustrates how creative hobbies facilitate recovery and support wellbeing. Moreover, it demonstrates the positive ‘gains spiral’ – that is, the process where small positive changes reinforce each other over time, creating momentum and further improvements – of hobby-work-life wellbeing and performance spill-over. Practical recommendations for government policy, organisations, and individuals are made to put these findings into action. The study concludes with an examination of its limitations, and makes suggestions for future research to ensure the potential wellbeing and recovery impacts of creative hobbies are not overlooked.



Download the file, via this link: [https://thechurnal.substack.com/p/churning-about-creative-hobbies?utm\\_source=publication-search](https://thechurnal.substack.com/p/churning-about-creative-hobbies?utm_source=publication-search)

## 32. How Ya Doing 2 Evaluation Report

By Jane Willis, on behalf of Wales Arts Health & Wellbeing Network

Also relates to: [Strategy, Policy and Eco-Systems](#), [Creative Methodology](#), [Toolkits, Frameworks, Scales, and Guides](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

*How Ya Doing? / Sut Mae'n Mynd?* – a wellbeing programme funded by The Baring Foundation – is designed to support artists and cultural workers whose practice often involves emotionally demanding, precarious, or care-oriented work. Delivered across Wales, the programme responds to growing concerns about burnout, isolation and sustainability within the arts sector, particularly where creative work intersects with mental health, social care, and community engagement. Rather than offering one-off wellbeing interventions, the programme aimed to build longer-term reflective capacity and peer support among artists.

The programme combined facilitated group sessions, creative and reflective exercises, and practical tools to help participants better understand their own wellbeing needs, boundaries, and working conditions. Participants reported increased confidence in recognising signs of strain, stronger peer connections, and greater ability to articulate and advocate for healthier ways of working. The evaluation highlights shifts not only in individual wellbeing, but also in how participants thought about care, responsibility, and sustainability within creative practice, with many reporting changes to how they structure work, collaborate, and seek support.

Outcomes are largely self-reported and based on participant reflection, and longer-term impacts beyond the programme period are not yet fully understood. However, the strength of this programme lies in its response to the unique but pervasive challenge of artistic practitioner wellbeing, and its focus on embedding reflective practice into everyday creative work. By addressing wellbeing at both individual and organisational levels, *How Ya Doing?* offers a model for supporting artist mental health that moves beyond crisis response towards more sustainable creative ecosystems.

Available at: <https://wahwn.cymru/knowledge-bank/how-ya-doing-2-evaluation-report>

## 33. Arts Well Community Hubs Project - Final Report

By Arts Well UK CIC

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Strategy, Policy and Eco-Systems](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Children and Young People](#)

This pilot project set out to improve health and wellbeing across Cornwall by delivering regular creative sessions in nine Community Hubs. Arts Well worked with 20 creative practitioners to run 260 sessions for people experiencing challenges such as poor mental health, isolation, disability and complex life circumstances. Information was gathered through surveys, focus groups, case studies and feedback from participants, volunteers, artists and hub partners.

The project found strong positive impacts on mood, confidence and social connection. 80% of surveyed participants reported significant improvements in wellbeing, with many feeling less isolated and more motivated to engage in their communities. Children also reported enjoyment, increased confidence and new friendships. Volunteers benefited too, with several progressing into paid creative health roles. Creative activities offered a valuable way for people to learn new skills, express themselves and build supportive relationships.

These findings matter because they highlight the role of creative health in reducing loneliness, supporting mental health and strengthening community cohesion, especially in areas with limited resources. Key limitations of the evaluation included the short delivery window, administrative pressures and difficulties measuring longer-term effects such as reduced NHS usage. Community hubs used different measures and having a wide range of creative practitioners, community hubs staff and volunteers involved in collecting information meant there was inconsistency in type and amount of data collected.

Available at: <https://arts-well.com/wp-content/uploads/2025/11/Final-report.pdf>

## **34. Therapeutic Artmaking and Object Handling Course with South London and Maudsley Recovery College**

By Julia Cort, Ursula Bowerman, and Claire Lamy

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Creative Methodology](#), [Creative Health Communication and Literacy](#)

This partnership between SLaM Recovery College and the Horniman brought together two highly experienced Peer Recovery Trainers and a museum-based Art Psychotherapist to deliver an innovative 12-week course. In summer 2025, 13 Recovery College students from diverse backgrounds supported their mental health recovery by choosing objects from the Horniman handling collection and responding to them using art materials, prompted by recovery-focussed themes. This ground-breaking combination of recovery-focussed psychoeducation (helping people understand mental health and coping through clear, supportive information), art psychotherapeutic approach (using artmaking within a therapeutic relationship to support emotional expression, insight, and psychological healing) and object-based learning addressed the vital individual, social and economic need to ensure meaningful recovery from mental ill health.

The course was evaluated using the Creative Health Impact Framework (see record 67) and students filled in pre- and post-course feedback forms. By the end of the course, students'

feelings of hopefulness rose by 57% and they felt 64% more in control of their lives. One student said, “This course opened a portal for me – to creativity, connection, joy – but also made space for me to show up just how I am, without the need to mask or prove myself.”

This case study offers clear, practice-based evidence of impact, combining lived-experience-led delivery with measurable improvements in hope, control, and opportunity. As a small, programme-led evaluation without a comparison group or long-term follow-up, there are limitations to claims about generalisability or sustained outcomes. Nevertheless, it shows how creative choice and supported making can function as a credible, person-centred route to mental health recovery and learning outside clinical settings, offering a transferable model for creative health practice, if adapted around local needs and context.

Available via the following link: <https://www.horniman.ac.uk/about-the-horniman/opportunities/artistic-and-academic/>

## 35. Musicians In Residence At Leighton Hospital

By Deborah Riding

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Strategy, Policy and Eco-Systems](#)

A musicians-in-residence project was delivered at Leighton Hospital from September to December 2024. The project aims were to explore the benefits of a music programme on different patient groups and to assess the impact of staff training to support more meaningful use of music in patient care. Project partner, Live Music Now, provided training and support towards a Badge of Excellence in Live Music in Care & Health (LMICH). This is an award, designed by Live Music Now and monitored by Open Awards, that recognises the achievements of Health and Care professionals in integrating music into their day-to-day practice, focusing on understanding, confidence and skills. Five members of staff completed the programme and achieved the award. Rapport gradually built between musicians and staff during the residency, with staff gaining experience of the possible approaches that could be developed and confidence, contributing to planning and some delivery. The project focused on four wards: Children’s (Ward 17), Chemotherapy Unit (Cancer Centre), Stroke (Ward 6) and Diabetes and Endocrinology (Ward 14). There was evidence that music interventions improved mood and confidence, reduced anxiety, increased movement, improved hospital welcome and provided positive distraction. Participation in the Badge of Excellence Award was seen to motivate staff to structure and prioritise reflective practice.

An evaluation framework was created to ensure project aims were measured and data was collected through patient surveys, interviews, reflective journals and Badge of Excellence documentation. A general survey for the project was developed with focus on the impact of programmes on patient mood and feelings of anxiety and loneliness. Two volunteers were recruited through the Hospital Volunteering Service to support some of the evaluation gathering with patients. Outputs include: 4 participating wards; 42 music sessions and

performances delivered; 339 patients directly benefited; approx. 2500 patients, staff and visitors benefited from performances in public areas; 5 badges of Excellence Awards achieved; 13 staff participated and were supported.

This rich, ward-embedded evidence shows how live, responsive music improves mood, connection, and communication for patients and staff across diverse clinical settings. It is a single-site, programme-led evaluation without comparison groups or long-term follow-up, necessitating further research for transferability to other contexts. It shows preliminary findings on how embedded musicians can be a practical, scalable asset within hospitals, enhancing wellbeing and relational care in everyday clinical environments.

Available at: <https://mchcharity.org/wp-content/uploads/2025/06/Musicians-in-Residence-Project-final-report.pdf>

## **36. Creating Space: What we learned from exploring the exhibition area at Creative Health Camden**

By Mahrokh Cornelius

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This zine summarizes the findings of a dissertation written for the fulfillment of a MASc in Creative Health. The study examined how people experience the rotating art exhibition in the waiting room at Kentish Town Health Centre, curated by Creative Health Camden. The aim was to understand how the exhibition influences the experiences of staff, patients, and visitors, and what this might mean for future art displays in primary care.

Staff completed an online survey, while patients and visitors were given a simplified open-response form in the waiting room and invited to contribute to a journal located alongside the exhibition. Numerical survey responses were analysed using descriptive and inferential statistics (descriptive statistics summarise what the data shows, while inferential statistics use that data to draw conclusions or make predictions beyond the sample). Narrative responses were analysed into themes based on emerging insight. Datatypes were compared to integrate findings across participant groups and methods, highlighting areas of alignment and difference.

Findings indicate that the exhibition had a largely positive effect on users' experiences of the waiting room. Participants commonly described the artwork as calming, uplifting, or a helpful distraction. Staff tended to view the exhibition through the lens of patient care, whereas patients and visitors highlighted personal mood benefits and moments of reflection. Engagement varied in depth, and a minority of respondents found certain images unappealing, highlighting the subjective nature of art preferences in healthcare environments.

The findings suggest that rotating, carefully chosen, and context-sensitive exhibitions have the potential to improve experiences in primary care. Key limitations include a small sample size,

especially for patients, and the reliance on brief written responses rather than more in-depth interviews.

Zine available here: <https://www.creativehealthcamden.com/evaluations/creating-space-ucl-student-zine>

Based on this dissertation, currently available as a pre-print:  
[https://doi.org/10.31235/osf.io/zbwa8\\_v1](https://doi.org/10.31235/osf.io/zbwa8_v1)

## 37. The Sensational Stroke Ensemble: Research Report

By Elaine King, Graziana Presicce, Helen Prior, and Caroline White

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Creative Ageing](#)

The Sensational Stroke Ensemble (TSSE) is a community-led music programme in Hull that provides therapeutic music workshops for stroke survivors and their carers, developed to sustain the benefits of the Royal Philharmonic Orchestra's STROKESTRA programme after it ended locally.

Facilitated by volunteer healthcare professionals and local creative music practitioners, TSSE offers monthly, accessible music-making sessions in a central venue, with in-kind support from the Hull Music Hub. This research presents an early-stage evaluation of TSSE, aiming to understand how the programme was implemented, how it was experienced by participants and facilitators, and what aspects of good practice, challenge, and future development can be identified.

Drawing on semi-structured interviews with stroke survivors, carers, volunteers, and creative practitioners – that is, interviews that use a set of guiding questions while allowing flexibility to follow what matters most to the participant – alongside workshop observation, the report documents overwhelmingly positive experiences of participation. Participants reported high levels of enjoyment and perceived helpfulness, alongside a wide range of benefits including improved confidence, mood, social connection, cognitive engagement, physical movement, and renewed musical identity. The group dynamic was described as welcoming, supportive, and affirming, with particular value placed on being among others who shared similar experiences of stroke, reducing the need to explain or justify impairments. Carers also highlighted benefits such as respite, social contact, and reassurance that the sessions supported their loved ones' recovery and wellbeing.

As a strength, the report offers a rich, practice-focused account of how a volunteer-led, community-based music programme can be implemented and sustained following the withdrawal of a large-scale, institutionally funded intervention. Its main limitation is that it represents an early-stage, small-scale evaluation with a limited number of participants and without comparative or long-term outcome data, meaning findings cannot be generalised beyond this context. Nonetheless, the report makes a valuable contribution by evidencing the feasibility and impact of community-led creative health provision for stroke survivors and carers, and by articulating clear principles, practical insights, and considerations that can inform similar initiatives elsewhere.



Available at:

[https://www.researchgate.net/publication/399575214\\_TSSE\\_Report\\_FINAL\\_July\\_2025?channel=doi&linkId=695fc1aa0412f469ea2a28a5&showFulltext=true](https://www.researchgate.net/publication/399575214_TSSE_Report_FINAL_July_2025?channel=doi&linkId=695fc1aa0412f469ea2a28a5&showFulltext=true)

## 38. The Body Hotel Self-Care Suite: Evaluation

By Teresa Filipponi, Carolyn Wallace, and Thania Acarón

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Strategy, Policy and Eco-Systems](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This evaluation looked at The Body Hotel Self-Care Suite, a creative, movement- and body-based programme offered to staff within the Wales NHS. The project focused on the teams of nurses and allied healthcare professionals working in palliative care at Velindre NHS Trust, which specialises in cancer treatment. We wanted to understand whether movement activities could support staff wellbeing and a sense of psychological safety at work – that is, feeling safe, accepted and able to speak up – and how it influenced day-to-day practice.

We spoke to staff and project partners in online interviews, and we also looked at questionnaire data gathered before and after people took part in the programme, which asked how safe, connected and at ease they felt in themselves and with others. Participants reported feeling more energised, emotionally resilient, self-aware and confident, with greater self-compassion and a stronger sense of connection with colleagues. They described using creative tools from the sessions to manage stress, communicate more openly and build more cohesive, supportive teams. Questionnaire scores also suggested that people felt more able to connect and engage with others after the programme.

This matters because it shows how creative, body-based practices can help protect the mental health of the healthcare workforce and contribute to kinder, more sustainable workplace cultures. These findings come from a relatively small, self-selecting group, so further research with larger and more diverse samples is needed to strengthen the evidence and explore long-term impact.

Available at:

[https://pure.southwales.ac.uk/ws/portalfiles/portal/30988588/The\\_Body\\_Hotel\\_Self-Care\\_Suite\\_Evaluation\\_Report.pdf](https://pure.southwales.ac.uk/ws/portalfiles/portal/30988588/The_Body_Hotel_Self-Care_Suite_Evaluation_Report.pdf)

## 39. Creatively Minded in the Art Studio: Exploring visual arts offers for and by people with mental health problems

By David Cutler, on behalf of The Baring Foundation

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Strategy, Policy and Eco-Systems](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

The *Creatively Minded in the Art Studio* report forms part of The Baring Foundation's long-running *Creatively Minded* series, which aims to map, legitimise, and strengthen creative practice with people experiencing mental health problems across the UK. This report focuses specifically on participatory visual arts, situating contemporary studio-based practice within a longer history that spans asylum art, outsider art, disability arts, community arts, and the arts-and-health movement. Rather than arguing for creativity as a universal wellbeing intervention, it deliberately centres work targeted at people living with mental health problems, grounded in rights, inclusion, and access to culture.

Drawing on 16 detailed case studies, the report documents a diverse ecology of visual arts studios, charities, galleries, and community organisations operating across the UK. These case studies illustrate how co-produced, artist-led studio spaces support recovery, identity, connection, confidence, and sustained creative practice, while remaining distinct from – yet complementary to – formal art therapy. Alongside the case studies, an invited contribution explores the relationship between participatory arts and art therapy, clarifying boundaries, overlaps, and opportunities for collaboration within creative mental health systems.

As a contribution, the report provides one of the most comprehensive mappings of participatory visual arts provision for mental health in the UK, offering practical reflections on organisational models, funding structures, scale, geography, and sustainability. It prioritises rich qualitative insight and sector mapping over standardised outcome measures or comparative evaluation, meaning there are limitations on how information can be transferred from one context to another. Nonetheless, it plays a critical field-building role by evidencing the value of studio-based participatory arts as a distinct, rights-led strand of creative health practice, and by making visible a sector that is often fragmented, under-recognised, and unevenly distributed.

Available at: [https://cdn.baringfoundation.org.uk/wp-content/uploads/BF\\_Creatively-Minded-in-the-studio WEB-MR HL.pdf](https://cdn.baringfoundation.org.uk/wp-content/uploads/BF_Creatively-Minded-in-the-studio_WEB-MR_HL.pdf)



Pictured: A participant reaction from Knockbracken Day Centre, as Cindy Yung performs a participatory concert on behalf of Live Music Now. Credit: James Ward.

# Creative Ageing

Creative ageing research and practice explores how arts and cultural activity can support wellbeing, connection, and agency in later life, including for people living with dementia, long-term conditions, or social isolation. The resources in this section span rigorous research, practice-based evaluations, and sector infrastructure, examining not only *whether* creative activity is beneficial, but *how* different art forms, settings, and relational approaches shape engagement, emotional expression, and everyday experience as people age. Together, they show creative ageing as a diverse and evolving field that combines evidence of mental health benefit with critical reflection on care cultures, accessibility, and the systems needed to sustain meaningful creative opportunities for older adults.

## 40. Comparing Engagement Across Online Arts Forms in Older Adults: A Mixed-Methods Study of Five Disciplines

By Nicola Pennill, Renee Timmers, Christian Morgner, Victoria Burnip, and Jennifer MacRitchie

Also relates to: [Creative Methodology](#), [Mental Health and Wellbeing](#), [Toolkits](#), [Frameworks](#), [Scales](#), and [Guides](#)

While arts programmes are increasingly used to support mental health and wellbeing in later life, they are often assessed as a single category or through pre- and post- measures that overlook how people actually experience sessions as they unfold. This study examined how older adults engaged with five different online arts activities designed to support their health and wellbeing: visual art, photography, music, history, and creative writing. Focusing on adults aged 55 and over, many with cognitive or mental health challenges, the study asks how engagement varies across different art forms, and why understanding these differences matters for designing more appropriate and effective creative health provision.

Using a mixed-methods research design, the authors analysed video recordings of 19 participants from the online arts programmes, delivered over six weeks. They tracked how often and in what ways participants spoke during sessions, showing that *visual* arts activities generated significantly more spontaneous participation, as well as showing increased participation over time, when compared to the more information-based activities. Close observation of two individual participants and ‘micro-moments’ in their journey are used as case studies to illustrate how engagement can shift gradually or emerge through subtle ‘turning points,’ revealing that meaningful changes in confidence, expression, or connection may not always align neatly with standard wellbeing scores.

Overall, the study developed a careful method for analysing arts participation, which can help tailor arts programmes to better support health and wellbeing. These findings should be



interpreted in light of the study's small sample size and its focus on verbally fluent participants in online settings. Nevertheless, by showing how different creative disciplines afford different kinds of participation over time, it provides valuable insight for practitioners, commissioners, and researchers seeking to better match creative activities to the needs, preferences, and capacities of older adults.

Available at: <https://www.tandfonline.com/doi/full/10.1080/17533015.2025.2574967>

## **41. (not) lovely: Enacting solidarity in dementia care through participatory Arts**

By Chloe Bradwell

Also relates to: [Creative Methodology](#), [Mental Health and Wellbeing](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

This article explores how participatory arts can support people living with dementia by recognising and validating emotions that are often overlooked in care settings. The study aimed to understand how artists can enact *solidarity* with residents by attuning to expressions of sadness and anger, rather than focusing only on happiness.

Fieldwork took place with Entelechy Arts' *Walking Through Walls* programme in a London care home. Using ethnographic methods – that is, observation, participation, and interviews with artists – the research focused on a single interaction where creative practitioners echoed and amplified a resident's expression of frustration. Instead of calming or dismissing her, they invited the group to collectively explore anger and sadness through movement, sound, and play.

The findings show that such creative, embodied responses can transform “negative” emotions into opportunities for connection, agency, and collective expression. This challenges dominant models of dementia care that pathologise distress (i.e. treat behaviour as a medical problem) and highlights the role of the arts in reframing behaviours as meaningful communication.

The work matters because it demonstrates how micro-acts of solidarity can disrupt institutional norms and foster more dignified, person-centred care. However, the analysis is based on a single moment in one setting, and residents' voices could not be directly included, which limits generalisability.

Available at: <https://www.sciencedirect.com/science/article/pii/S0890406525000465>

## **42. Group arts interventions for depression and anxiety among older adults: a systematic review and meta-analysis**

By Elizabeth A. Quinn, Emma Millard & Janelle M. Jones



Also relates to: [Mental Health and Wellbeing](#)

A ‘systematic review and meta-analysis’ entails a research approach that carefully gathers and assesses all relevant studies on a specific question, then statistically combines their results to identify overall patterns, strengths of evidence, and the level of confidence we can place in the findings. In this systematic review and meta-analysis, the authors assessed how well group arts interventions work for reducing depression and anxiety among older adults – specifically focusing on interventions where individuals engage together in a shared artistic experience, where participants are over 55-years old and do not have dementia.

Synthesising evidence from 39 studies across 21 countries – involving over 3,360 participants for depression and 949 participants for anxiety, the authors observed striking results: group arts interventions reduced depression and anxiety, even after adjusting for publication bias; the effect sizes associated with these reductions (that is, how big the impact is) are comparable to those observed with traditional treatments for depression and anxiety, such as taking anti-depressants, talking therapies, or physical activity; older adults in care homes saw a greater reduction in depression symptoms compared to those living in the community, highlighting the potential of these interventions to support some of the most vulnerable members of society.

Critically, the paper shows that the benefits found were consistent across different types of art – whether it was painting, dancing, or making music – and across diverse populations, suggesting that the ‘magic’ lies in the shared experience of creating together. Although most respondents were not experiencing clinical levels of depression or anxiety, their ratings of associated symptoms went down over time. Since this paper did not focus only on clinical diagnosis, further research would be necessary to assess whether these interventions are suitable for clinical populations.

Available at: <https://www.nature.com/articles/s44220-024-00368-1>

### **43. The Value of Playwork for Care Home Residents Living With Dementia: A Pilot Study**

By Chloe Bradwell, Mike Wragg and Nicky Everett

Also relates to: [Mental Health and Wellbeing](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This study explored whether playwork – a practice typically used to support children’s self-directed play – could be adapted for people living with dementia in care homes. A five-week pilot programme was delivered by playwork lecturers and students with eight residents in a northern England care home. Information was gathered through interviews with staff, group reflections, facilitator diaries, and researcher observations.

The sessions showed that playwork could be successfully adapted for older adults, encouraging agency, free expression, and social connection. Residents displayed improved

mood, increased engagement, and in some cases, physical abilities beyond staff expectations. Playfulness fostered humour, recognition, and stronger relationships between residents, staff, and students. Some staff also reported reassessing residents' capabilities as a result.

Challenges included limited staff involvement and the short, single-site nature of the pilot. Ethical restrictions meant residents' voices could not be directly included, limiting insight into their lived experiences. Moreover, further research is needed to embed and evaluate playwork approaches across diverse care settings.

However, despite these limitations, the findings of this paper suggest playwork offers a fresh, low-cost, and relational approach to dementia care, supporting wellbeing while also reducing reliance on rigid activity models. Importantly, it may also inspire future workforce development by attracting students to dementia care roles.

Available at: <https://journals.sagepub.com/doi/10.1177/14713012251362271>

## 44. Community Culture Club Evaluation report: 2024-2025

By Holly Sandiford

Also relates to: [Creative Methodology](#), [Mental Health and Wellbeing](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#), [Equity](#), [Accessibility](#), [Cultural Relevance](#), and [Lived Experience Insight](#), [Strategy](#), [Policy](#) and [Eco-Systems](#)

Community Culture Club is a creative wellbeing programme for older adults held at the Museum of Norwich. The aim was to help people feel less lonely, make new connections and feel more confident visiting cultural spaces.

I gathered insight by being part of the sessions each week and using gentle creative methods such as observation, conversation, object sharing, collage and reflective activities. A dementia friendly wellbeing scale (WEMWBS ID) was also used at the start and end to track any change.

Over the ten weeks, people grew more relaxed, made friends and began arriving early or staying late to chat. Several continued meeting up after the programme ended. Many said they now felt at home in the museum, some for the first time. Wellbeing scores improved for almost everyone who took part.

This shows that museums can be much more than places to look at objects. They can be spaces of care, connection and confidence building for people who may not normally access them.

The group was small and based in one location, so the findings cannot apply to everyone, but the impact was clearly meaningful for those involved.

Available at: <https://assets.uea.ac.uk/f/185167/x/9a1112b569/community-culture-club-evaluation-report-2024-2025.pdf>

## 45. Creative Health Camden's Dance for Parkinson's - A report and zine

By Creative Health Camden

Also relates to: [Mental Health and Wellbeing](#)

The evaluation conducted to write this report was done with two aims: 1) to see if our session had any impact on well-being, and 2) to explore the experiences of those who attend our Dance for Parkinson's group to see if we can make any improvements.

We collected the information via a written survey that used a combination of open-ended questions and questions taken from the *Wellbeing Measures Toolkit* by UCL. We felt that a survey was the most accessible option as it allowed the participants to take the form home and fill it in during their own time, allowing for slowness and time to consider their answers. It also provided more anonymity for everyone as answers were handed back in an envelope.

We discovered that the majority of participants highly enjoyed the group and reported high scores for '*I felt comfortable*' and '*I felt safe + secure*'. What was an interesting and unexpected finding was that some participants reported very low for '*I talked to others*'. As an organisation, we believe that the social aspects of our sessions are something greatly influencing wellbeing, and we attempt to encourage that. So, we were surprised to find some people reporting this. Thus, from this report we have made more of an effort to encourage all participants to stay for the 'tea + chat' portion of the session and encourage more conversation between participants.

To read the full report, visit: <https://www.creativehealthcamden.com/evaluations/dance-for-parkinsons-report>

Or to access the zine, visit: <https://www.creativehealthcamden.com/evaluations/dance-for-parkinsons-zine>

## 46. Reducing anxiety of people living with Dementia in Northern Ireland

By Live Music Now

Also relates to: [Mental Health and Wellbeing](#)

This article describes *Music for Dementia*, a pilot programme delivered by Live Music Now Northern Ireland. Delivered over a 24-week period across Carlisle Day Centre, Edgumbe Day Centre, and Knockbracken Day Centre in North Belfast, the programme involved participatory concerts and calming ambient live music sessions designed to enhance mood, encourage engagement, and support social interaction for older people living with dementia. In total, 24 participatory workshops and six ambient music sessions were delivered to over 80 people living with dementia, alongside 72 one-to-one sessions for individuals who were unable to engage in group activity.

Evaluation evidence gathered through online feedback surveys from participating care professionals and volunteers, indicates that the project had a positive impact on the wellbeing of participants. Service users were reported to have improved mood and engagement both during and immediately after the activity; there is also evidence of positive impact on anxiety beyond the session. Participants were able to take part in activities when they would otherwise face barriers to doing so and were able to communicate through music when spoken language is impaired.

The article offers a grounded, practice-based account of live music delivery in dementia care. This should be interpreted in light of the fact that it represents an organisational reflection on its own work, rather than an independent or academically framed evaluation. Nonetheless, the piece offers value by documenting delivery across multiple sites, evidencing accessibility through one-to-one provision, and articulating how live music can support engagement, expression, and emotional regulation for people living with dementia in real-world care settings.

Available at: <https://www.livemusicnow.org.uk/bringing-live-music-to-people-with-dementia-in-northern-ireland/>

## **47. Creative Ageing: The Directory - UK arts organisations offering creative opportunities to older people**

By David Cutler and Harriet Lowe, on behalf of The Baring Foundation

Also relates to: [Toolkits, Frameworks, Scales, and Guides](#), [Strategy, Policy and Eco-Systems](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

*Creative Ageing: The Directory* is a UK-wide resource compiled by The Baring Foundation to map arts organisations offering creative opportunities for older people. Developed in response to the absence of a central, accessible list of creative ageing provision, the directory brings together organisations working across art forms, settings, and regions, including community venues, care homes, cultural institutions, and health and social care environments. It is intended to support arts organisations seeking peers, older people and carers looking for creative opportunities, and funders and policymakers wishing to understand the distribution and breadth of provision across the UK.

The directory organises organisations by nation and region and includes specialist creative ageing organisations, community arts providers, and mainstream cultural institutions with dedicated older people's programmes. It adopts a broad definition of creative ageing, encompassing participatory arts activity led by professional artists, typically delivered as sustained programmes rather than one-off events. Alongside the listings, the resource includes thematic groupings, a geographic map, and reflective commentary on the creative ageing landscape, noting pressures on the sector, the persistence of ageism, and the growing recognition of participatory arts and arts-and-health approaches within wider cultural and public policy contexts.

As a strength, the directory offers a highly practical, navigable overview of creative ageing activity at a national scale, making visible a field that is often fragmented and under-recognised. However, the authors are explicit about its limitations: the directory is not comprehensive, relies on open calls and desk research, and reflects what could be captured within available resources rather than the full extent of practice, particularly freelance or rapidly changing activity. Despite this, it represents a significant contribution by providing shared infrastructure for the field, supporting connection, advocacy, and future development of creative ageing practice across the UK

Available at: [https://cdn.baringfoundation.org.uk/wp-content/uploads/BF\\_Creative-Ageing-directory\\_WEB-MR.pdf](https://cdn.baringfoundation.org.uk/wp-content/uploads/BF_Creative-Ageing-directory_WEB-MR.pdf)



Pictured: Live Music Now session, in Medway. Funded by Medway Council, Creative Heath Partnership. Credit: Alison Lewis



# Maternity, Perinatal Wellbeing, and New Family Connection

This section brings together evidence on how arts-based activity supports maternal and perinatal mental health, and early family connection, spanning clinical trials, implementation research, service evaluations and systematic reviews. Collectively, the papers demonstrate that creative interventions can be effective and engaging forms of support during pregnancy and the postnatal period, particularly in addressing isolation, anxiety and low mood while strengthening parent–infant bonding. The inclusion of both effectiveness studies and practice-based evaluations highlights not only whether these approaches work, but how they can be delivered safely, inclusively and at scale within real-world health and community settings.

## **48. Clinical effectiveness, implementation effectiveness and cost-effectiveness of a community singing intervention for postnatal depressive symptoms, SHAPER-PND: randomised controlled trial**

By Rebecca H. Bind, Andrew J. Lawrence, Carolina Estevao, Katie Hazelgrove, Kristi Priestley, Lavinia Rebecchini, Riddhi Laijawala, Celeste Miller, Andy Healey, Joan Agwuna, Nick Sevdalis, Ioannis Bakolis, Rachel Davis, Maria Baldellou Lopez, Anthony J. Woods, Nikki Crane, Manonmani Manoharan, Alexandra Burton, Hannah Dye, Tim Osborn, Lorna Greenwood, Rosie Perkins, Paola Dazzan, Daisy Fancourt and Carmine M. Pariante

Also relates to: [Strategies, Policy and Eco-Systems](#)

Postnatal depression (PND) affects around one in four mothers and can have long-term effects on mother-baby outcomes. Despite this, there are barriers to accessing treatment. It is therefore important to explore more readily accessible treatment options. Arts-based interventions, like group singing, show promise in reducing depressive symptoms and supporting the mother-infant relationship. The SHAPER-PND trial aimed to investigate whether 10-week group singing intervention, Breathe Melodies for Mums (M4M) by Breathe Arts Health Research, was: a) an effective treatment for PND, b) acceptable for mothers and c) cost-effective for the NHS

199 mothers experiencing symptoms of PND participated. Mothers were randomly assigned to either preexisting mother-baby activity groups not involving singing for 10 weeks (control group) or 10 weeks of the singing intervention M4M. Mothers completed questionnaires at baseline, week 10 (end-of-intervention), and weeks 20 and 36 (post-intervention follow-ups) tracking symptoms and whether the activity was helpful for mental health. The trial

deliberately included mothers experiencing a broad range of postnatal depressive symptoms, rather than limiting participation to those with a formal clinical diagnosis, which health leaders may wish to bear in mind when applying the findings to specialist services.

Mothers who participated in both the M4M or the control group sessions experienced a decrease in depressive symptoms at week 10. However, only the M4M group showed significant reductions in depressive symptoms at weeks 20 and 36, demonstrating the long-lasting effects of the singing intervention, up to 6 months after it concluded. Furthermore, the M4M group rated sessions as more favourable than the control group, suggesting the singing intervention is a desirable treatment option for PND. Finally, M4M was found to be cost-effective, with the cost of the singing intervention falling within the range NICE recommends the NHS pay for interventions.

Journal paper available at: <https://doi.org/10.1192/bjp.2025.10377>

Summative, lay-language blog available here: <https://www.inspirethemind.org/post/group-singing-as-an-effective-intervention-for-postnatal-depression>

## **49. Implementation of singing groups for postnatal depression: experiences of participants and professional stakeholders in the SHAPER-PND randomised controlled trial**

By Emeline Han, Rachel Davis, Tayana Soukup, Alexandra Bradbury, Julie Williams, Maria Baldellou Lopez, Lorna Greenwood, Rebecca Bind, Carolina Estevas, Tim Osborn, Hannah Dye, Kristi Priestley, Lavinia Rebecchini, Katie Hazelgrove, Manomani Manoharan, Anthony Woods, Nikki Crane, Andy Healey, Paola Dazzan, Nick Sevdalis, Carmine M. Pariante, Daisy Fancourt, Ioannis Bakolis and Alexandra Burton

Also relates to: [Strategies, Policy and Eco-Systems](#)

This paper reports on a qualitative study conducted alongside the SHAPER-PND randomised controlled trial, which evaluated group singing as a support for women experiencing postnatal depression. While the trial tested effectiveness, this companion study focuses on understanding how the intervention was experienced and delivered in practice. Its aim is to explore acceptability, feasibility and appropriateness, helping to explain what participation in singing groups felt like for mothers and how such programmes might work within real-world health and community settings.

The study draws on interviews with women who took part in the singing groups, as well as facilitators and professionals involved in delivery. Analysis examines practical and relational factors such as emotional safety, group dynamics, referral pathways and facilitator skills, alongside the perceived “active ingredients” of the sessions. Findings suggest that group singing can offer a non-clinical, socially supportive space that feels accessible and enjoyable, particularly at a time when many women experience isolation and emotional vulnerability. The paper also highlights the importance of careful design and skilled facilitation to ensure that



creative group activities are supportive rather than overwhelming.

As a qualitative study nested within a larger trial, the findings reflect the experiences of a subset of participants rather than the full trial population, and do not assess clinical outcomes or comparative effectiveness. The insights are context-specific and shaped by the particular delivery models studied, with equity and scalability issues noted but not explored in depth. The paper provides valuable implementation-focused insight that complements the main RCT, helping commissioners, practitioners and researchers understand the conditions under which creative group interventions like singing can be delivered safely and meaningfully as part of perinatal mental health support.

Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12271174/pdf/frhs-05-1582517.pdf>

## 50. Lullaby Essex: Music, Wellbeing and Connection for New Families

By Live Music Now

Also relates to: [Mental Health and Wellbeing](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#), [Equity](#), [Accessibility](#), [Cultural Relevance](#), and [Lived Experience Insight](#), [Creative Health Communication and Literacy](#)

Through the Live Music Now Lullaby Intervention – which is currently active in locations in England, Wales and Northern Ireland – expectant and new parents in Essex (across Basildon and Tendring District) have been working alongside trained professional musicians to co-create personal lullabies for their babies. This forms part of a larger programme, *Connecting Parents through Peer Support, Music and Wellbeing*, funded by Essex County Council's Public Health Accelerator Bid (PHAB).

The project brings creativity, confidence and connection to parents and babies, and increases engagement with local support services. In the process parents express love, hopes and dreams through music, even if they've never sung before. They write, perform and record a new piece of music with the professional musicians. The Partners, on this project, are Essex Parents 1st UK, who bring expertise in perinatal peer support, and B3 CIC, who provide cultural insight and outreach to African and Caribbean families. Together the partners are helping families build resilience, confidence and connection through song.

The Lullaby intervention is informed by ten years of research and based on a model established by Carnegie Hall in New York. It responds to the wellbeing and mental health needs of parents, enhances child development and bonding and supports the systems and professionals supporting them, and increasing engagement. Interim evaluation of this Essex cohort, by WSA Community Consultants, has used a range of methods to help capture change. These included interviews, focus groups and observations.

One restraint is the timing of the project, being an 18-month programme, which has created challenges in needing to hit the ground running and set up the ways of working together that were needed for delivery. This has had an impact on ensuring that all the relevant monitoring

systems are in place. But meaningful indicative evidence of outcomes has been gathered as set out in this evaluation webpage and in the interim Report.

Available at: <https://www.livemusicnow.org.uk/essex-lullaby-2025/>

## 51. Supporting Perinatal Mental Health Through Songwriting in Medway

By Live Music Now

Also relates to: [Mental Health and Wellbeing](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Creative Health Communication and Literacy](#)

Complementing the Live Music Now article above, this contribution describes how the Lullaby model is applied in Medway. Here, *Live Music Now* is working in partnership with NHS perinatal mental health teams to engage women in the Lullaby Intervention who are pregnant or early postnatal. Lullaby sessions are delivered in partnership with Chatham and Wayfield Family Hubs – areas with the lowest arts engagement.

Fourteen Medway families have taken part so far over two cohorts, with a further sixteen expected to participate. Monthly informal, interactive family concerts give parents who have completed the Lullaby programme a chance to stay connected with other participants and the musicians who played an important role in their journey. Impact is tracked through participants completing pre and post project wellbeing questionnaires.

Initially, recruitment of families was challenging. Flexibility and responding to feedback and suggestions from the health team were key to reaching and engaging target parents and families. Drop-in taster sessions in the Family Hubs have allowed potential participants to get to know and build trusting relationships with musicians before committing to taking part in the longer-term programme. To adapt to particularly vulnerable participants, bespoke online 1-1 Lullaby programmes with women who could not or did not wish to attend in-person group sessions also took place.

Available at: <https://www.livemusicnow.org.uk/medway-lullaby-2025/>

## 52. A Systematic Review of Arts-Based Interventions for Maternal Wellbeing

By Emily-Rose Cluderay, Christopher Barnes, Gemma Collard-Stokes, and Susan Hogan

Also relates to: [Mental Health and Wellbeing](#)

This systematic review responds to growing concern about perinatal mental health and the long-term social and economic consequences for mothers and children. Using established



systematic review methods, the authors identify and assess peer-reviewed studies exploring how participation in arts-based practices – such as singing, music therapy, creative writing, movement, and visual arts – relate to maternal wellbeing outcomes.

Eleven studies met the inclusion criteria, spanning different designs across multiple countries. Music- and singing-based interventions were most common, with outcomes frequently measured using validated scales for postnatal depression, anxiety, wellbeing and mother–infant bonding. Across studies, arts-based activity was associated with reduced isolation, enjoyment and relaxation, increased confidence and self-efficacy, and strengthened bonding with babies. Findings from participants’ accounts highlight the value of creative participation as providing time for the self during early motherhood and as a means of fostering peer support during a period of significant life transition.

The review identifies limitations in the current evidence base. Many studies were small in scale, methodologically diverse and inconsistently reported, which – based on the academic priorities of systematic reviews – signals limited comparability for synthesis. Participant diversity was often limited, theoretical frameworks were underused, and few studies examined longer-term impacts beyond the intervention period. The authors conclude that while arts-based interventions show promise as supportive and preventative approaches for maternal wellbeing, more rigorous, theoretically informed and inclusive research is needed to inform wider implementation.

Limitations of the systematic review format and its emphasis on comparability is that it can overlook the ways arts-based practice is adapted to local context and lived experience in practice. Regardless, systematic reviews are a particularly well-respected method of knowledge synthesis within research, so this an important paper in advancing this thematic area of inquiry.

Available at: <https://link.springer.com/article/10.1007/s12144-025-07496-6>



Pictured: *Count Me In* project at the Village School, Brent – delivered by *Live Music Now*. Funded by: John Lyons and Daniell Trust. Credit: Ivan Gonzalez

# Children and Young People

These papers show how creative and cultural activity can support children and young people's wellbeing, development and sense of belonging across diverse settings, from museums and schools to community arts programmes. The evidence spans early childhood through adolescence and highlights the value of participatory, culturally responsive and person-centred approaches in improving engagement, emotional expression, coping skills and social connection.

Alongside promising wellbeing outcomes, the studies also strengthen understanding of *how* and *why* creative participation works for this age group. The studies highlight creativity as a preventative and developmental resource, underlining the importance of inclusive design, context-sensitive methods and sustained access for lasting impact.

## 53. Fitzwilliam Museum: Family Welcome - exploring inclusive museum experiences with young children and families

By Nicola Wallis

Also relates to: [Equity, Accessibility and Cultural Relevance](#), [Creative Methodology](#), [Creative Health Communication and Literacy](#)

This report presents findings from the Family Welcome Project conducted at the Fitzwilliam Museum in 2024, which explored how museums can better support families with young children. Families play a vital role in long-term cultural engagement and audience development yet often face barriers to feeling welcome in museum spaces. The project sought to understand how early, nurturing cultural experiences can foster belonging, confidence and connection, while also contributing to wider aims around inclusion and social equity.

The project aimed to define what an effective family welcome looks like at the Fitzwilliam Museum, to explore participatory research approaches with very young children, and to support museum staff in developing confidence and pride in family-focused practice. Using the Mosaic Approach, researchers worked with 15 families with children aged 0–3 over six months, generating data through play, scrapbooking and photography developing observational tools to support parents as co-researchers, and offering bursaries for independent family research visits. This was complemented by community outreach with 133 participants, collaboration with museum staff across departments, and scoping conversations with sector organisations, with findings analysed using a reflective thematic approach.

Four interconnected themes – building, collection, atmosphere and experience – emerged as central to a welcoming museum. Families valued sensory and physical engagement with the building, meaningful connections with objects, an unhurried atmosphere that supported

autonomy, and experiences that enabled social connection and shared learning. While the study offers rich, transferable insights for museums and cultural practitioners, it is based on in-depth, qualitative work with a relatively small group of families in a single institution, meaning findings are not statistically generalisable. Nevertheless, the project demonstrates how co-creation, sensory engagement and thoughtful use of museum spaces can support early childhood development, family wellbeing and more inclusive cultural participation.

Available at: <https://library.camtree.org/entities/publication/addd3cb0-7f26-4f1f-89f3-1830bc7aaca4>

## **54. A preliminary independent evaluation of the Factory International Schools Programme**

By Stephanie Ray, Qiqi Cheng, Ola Demkowicz, Neil Humphrey, and John McAuliffe

Also relates to: [Mental Health and Wellbeing](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

Taking part in arts and creative activities can help young people feel better and cope with life's challenges. This study looked at how a special school-based arts programme - the Factory International Schools Programme (FISP) - affected students' wellbeing. The study involved 107 young people aged 12 to 14 who took part in the FISP, and compared them to a similar group of students from the large #BeeWell study. Researchers carefully matched the two groups to make sure they were as similar as possible before comparing changes over time. They looked at several areas of wellbeing, such as how well students could cope with stress, how satisfied they felt with life, their self-esteem, emotional control, and sense of belonging at school.

The results showed that students who took part in FISP became significantly better at coping with stress, with a moderate improvement compared to those who didn't take part. There was also an observed increase in life satisfaction, though this result was less certain. The programme didn't appear to change other wellbeing areas. Overall, the findings suggest that the FISP is a promising intervention that strengthens evidence for the wellbeing benefits of engaging in arts and creative activities.

Since findings are grounded in a single geographic and organisational context, they should not be assumed to generalise automatically to other regions or delivery models. The study size also limits subgroup analyses (e.g. by gender, ethnicity, or baseline wellbeing), highlighting an important gap for future research. Nevertheless, the paper stands out for its robust design, using a carefully matched comparison to link programme participation with changes in pupils' wellbeing in real school settings. A key enabler of this approach was access to the #BeeWell dataset (8,665 student wellbeing records), which allowed closely matched comparisons to be created across key demographic characteristics.

A 2025 open-access pre-print is available at: [https://osf.io/preprints/osf/srzgk\\_v1](https://osf.io/preprints/osf/srzgk_v1)

To find out more about the work, you can read this blog from 2024:



<https://blog.policy.manchester.ac.uk/health/2024/09/spaces-for-wellbeing/>

Or watch this video from 2024: <https://www.youtube.com/watch?v=bIIJNKtTSwU&t=1s>

## **55. Exploring Barriers to and Drivers of Participatory Arts Engagement in Early Adolescence**

By Alicia Kelleher Clarke, Alice Jones Bartoli, Diana Omigie

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Creative Health Communication and Literacy](#)

The aim of this study was to examine what prevents or encourages early adolescents to engage in participatory arts activities and to understand how personality traits and wellbeing levels shape their interests in different types of arts opportunities. To this end, participants completed questionnaires that measured perceived barriers to engagement, individual differences in personality and curiosity, and levels of wellbeing. They also reported their interest in a range of arts opportunities that varied in format, including solitary, performance-based, and group activities.

Our findings revealed low motivation to be a barrier to arts participation in young people, with many participants expressing limited drive to take part. However, interest in particular forms of engagement differed depending on personality traits and curiosity levels. Further, lower wellbeing was linked to reduced interest in activities that involved performing for an audience or collaborating with peers, suggesting that these young people may find such settings more challenging.

This study matters because it highlights the importance of making arts opportunities seem relevant and interesting to adolescents, of tailoring them to individual needs, and of providing accessible entry points for those with poorer wellbeing. A key limitation is the reliance on self-report measures, which may not capture the full complexity of barriers or engagement behaviours.

Available at: <https://psycnet.apa.org/fulltext/2023-74571-001.html>

## **56. Character strengths afforded by arts engagement during adolescence: The development and validation of the Creative Artistic Activities Strengths Affordances Scale**

By Nicky Jones, Alice Jones Bartoli and Diana Omigie

Also relates to: [Toolkits, Frameworks, Scales, and Guides](#), [Mental Health and Wellbeing](#)

There is increasing evidence of links between character strengths – that is, positively-valued



personality traits like humour, love of learning and creativity – and wellbeing in young people. The aim of our paper was to create and evaluate a new tool for measuring the patterns of character strengths that young people may be exercising during a given participatory arts activity.

We developed a questionnaire for young people to report on their own experiences, then checked its reliability and structure using responses from two different groups. Through this process, we created a 15-item scale that captures three central groups of strengths commonly exercised during arts participation: self-belief, social competence, and curiosity and exploration. The scale proved to be reliable, it held sensible overlap with measures that assess related qualities, and it was able to distinguish the specific strengths people express through arts activities rather than describe more general personality traits.

A methodological limitation of this study is that the development of the scale relied on self-reported reflections on arts engagement (rather than independently observed or longitudinally verified change), meaning responses could be influenced by recall bias, social desirability, or differences in how individuals interpret and articulate their experiences. Nevertheless, this study provides researchers with a well-validated tool for exploring the mechanisms through which arts engagement promotes positive development and mental well-being in adolescence. It also offers practical value for educators and practitioners who wish to design or refine arts programs that intentionally cultivate these strengths. To build on this work, we suggest further data collection with larger and more diverse samples be carried out to confirm the scale's wider applicability and to ensure its effectiveness across different settings.

Pay-to-access article (best for citations), available at:

<https://psycnet.apa.org/doiLanding?doi=10.1037%2Faca0000591>

Free pre-print version of the paper, available at:

[https://research.gold.ac.uk/id/eprint/33529/10/MS\\_Strengths%20from%20arts\\_GRO.pdf](https://research.gold.ac.uk/id/eprint/33529/10/MS_Strengths%20from%20arts_GRO.pdf)

## **57. The Impact of South Asian Dance on Engagement, Independent Movement and Social Skills for Autistic Children**

By Claire Farmer, Ashley Brain and Subathra Subramaniam

Also relates to: [Creative Methodology](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#), [Equity](#), [Accessibility](#), [Cultural Relevance](#), and [Lived Experience Insight](#), [Mental Health and Wellbeing](#)

This study aimed to investigate the impact of South Asian Dance on engagement, independent movement and social skills in the autistic children population. The study employed an arts-based and mixed methods approach with some of the research team embedded within the dancing sessions (teachers and dance artists), gaining rich information about participant experience, as is often seen in arts-based research approaches. A co-created approach was

taken, involving all stakeholders including teachers, parents and dance artists in the design and delivery of the project.

Key findings included three key insights. Firstly, a person-centred approach that considers individual contextual factors can help to better understand the potential impact of dance for autistic children. Secondly, weekly dance classes influenced by South Asian dance forms helped to improve engagement, independent movement, and movement capabilities for many learners as perceived by the artist teaching the sessions. Finally, involvement of key stakeholders, including teachers, parents and dance artists, can help design dance programmes that have a wider ranging impact into the child's life beyond the dance class.

The nature of this research posed some methodological challenges, in relation to incorporating research into an existing learning environment with an attempt to avoid the research from impacting on the dance activity and thus the learners' experience of dancing. Despite these challenges the study presents value, as this research begins to investigate the impact of South Asian dance in settings that aren't currently represented in the dance for health literature. Furthermore, it offers an opportunity to consider how dance classes can impact children's life outside of the classroom setting and be generalised to other life skills.

Available at: <https://journals.sagepub.com/doi/10.1177/1089313X251391543>

## 58. Create Room 2025 Project Evaluation

By Cat Lee

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Mental Health and Wellbeing](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

St Ives School of Painting is an arts charity based in Cornwall. Our youth programme started in 2017 to help local children engage in the arts and to reach vulnerable young people. This arts inclusion project was for young people living in poverty, attending secondary school in Year 9. It is called *Create Room* and was designed to be creative time out in their school day to enjoy arts for wellbeing. Each young person is facing other challenges as well as living in poverty, such as learning needs, mental health issues and behavioural issues.

I collected information from the young people before the project started to reflect how they felt about eight wellbeing statements, using a numerical scale from 1 to 10. The young people then provided new values at the end. As a group, the biggest change for young people was in 'Expressing Myself' which increased 47%. This is a great outcome for these young people with a variety of struggles as it helps them to build confidence, process emotions, and feel valued. Expressing their thoughts and emotions through making art and in their sketchbook helped them to learn that their feelings matter. This validation is a core component of self-worth and also builds self-awareness and develops their communication skills. The second biggest change as a group was in 'Being Present' at a 44% increase. This leap in mindfulness supports the

young people's mental, emotional and physical wellbeing, supporting them living in a low-income family which is strongly associated with higher levels of stress.

The small sample size (12 participants from a single school) and reliance on self-reported measures, makes it difficult to attribute change beyond this specific local context. However, a key strength of the evaluation is its rich, practice-embedded approach, combining structured self-reflection, before-and-after scoring across multiple wellbeing dimensions, and detailed qualitative feedback to capture meaningful change for young people facing multiple disadvantages.

Available at: <https://www.schoolofpainting.co.uk/wp-content/uploads/Create-Room-2025-Evaluation-public-2.pdf>

A summary blog is also available: <https://www.schoolofpainting.co.uk/inclusion/>

## 59. Talent25 Research Programme Briefs from 2025

By Bertha Ochieng

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Creative Health Communication and Literacy](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Maternity, Perinatal Wellbeing, and New Family Connection](#), [Toolkits, Frameworks, Scales, and Guides](#), [Strategy, Policy and Eco-Systems](#), [Mental Health and Wellbeing](#)

Talent25 is a 25-year research programme that traces the long-term impact of creative engagement during the early years. Now over 6 years into the programme, a series of Programme Briefs have been developed to capture the insights of this Leicester-based programme so far.

The pioneering project is creating compelling evidence for why arts and creativity are important ingredients for providing children with the best start in life. Most notably, as a long-term study, Talent25 is generating rare evidence about how the timing, continuity and quality of creative engagement shape children's experiences over time, including emerging patterns of sustained participation, disengagement and re-engagement across key life stages. A defining feature of Talent25 is its strong equity and inclusion focus. The programme works with families from historically under-served communities and reflects Leicester's cultural diversity, engaging participants across 34 nationalities and 42 languages, with cohorts balanced by gender. Creative activity is co-designed with families, practitioners and cultural organisations to ensure it is local, relevant, accessible and socially embedded, rather than delivered as a one-off intervention. This participatory, place-based approach enables the study to examine how culturally responsive provision supports engagement, reduces barriers and fosters a sense of belonging, while also generating insight into how creative engagement can be embedded within early years, health and community ecosystems.

Methodologically, Talent25 combines mixed methods, a clear Theory of Change, and staggered-entry cohorts, allowing both depth and comparison over time. Its major strength

lies in the scale and ambition of the design, which enables the tracking of short-, medium- and long-term outcomes that are rarely captured in early years creative health research, and provides a robust foundation for informing cultural, health and education policy. A limitation is that, as a single-city pilot with intensive, relationship-based delivery, findings may not be immediately generalisable without adaptation to other local contexts or systems. However, the programme's emphasis on replicable principles, co-design and system learning offers valuable guidance for how similar models might be adapted elsewhere while retaining cultural relevance and equity.

*Talent 25 Research Programme Overview: Understanding the impact of creative engagement from the early years*, available at: [https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Programme-Overview\\_6pp-Roll-Fold\\_S5-Digital-2.pdf](https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Programme-Overview_6pp-Roll-Fold_S5-Digital-2.pdf)

*Talent 25 Research Programme Brief: Creativity in the early years: Families' perspectives on arts, culture, and engagement*, available at: [https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-01\\_6pp-Roll-Fold\\_S3-Digital.pdf](https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-01_6pp-Roll-Fold_S3-Digital.pdf)

*Talent 25 Research Programme Brief Strengthening engagement: A road map for early years creative and cultural participation*, available at: [http://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-02\\_6pp-Roll-Fold\\_S3-Digital.pdf](http://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-02_6pp-Roll-Fold_S3-Digital.pdf)

*Talent 25 Research Programme Brief Pathways to Trust: Building sustainable partnerships with under-served communities*, available at: [https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-03\\_6pp-Roll-Fold\\_S3-Digital.pdf](https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-03_6pp-Roll-Fold_S3-Digital.pdf)

*Talent 25 Research Programme Brief: Creative Beginnings: Benefits and Challenges of Early Years Participation: Evidence from Talent 25 on what supports – and what limits – early years engagement*, available at: [https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-04\\_6pp-Roll-Fold\\_S3-Digital.pdf](https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-04_6pp-Roll-Fold_S3-Digital.pdf)

*Talent 25 Research Programme Brief: Strengthening the early years creative workforce*, available at: [https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-05\\_6pp-Roll-Fold\\_S3-Digital.pdf](https://talent25.org.uk/wp-content/uploads/2025/12/9124-T25-Research-Brief-05_6pp-Roll-Fold_S3-Digital.pdf)

## 60. Arts Lab Impact Report 2025

By Izzy Bianchini (Creative Kernow), Jayne Howard (Arts Well) and Tracy Bowers (HeadStart Kernow)

Also relates to: [Mental Health and Wellbeing](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight, Strategy, Policy and Eco-Systems](#)

Arts Lab is a creative health programme for young people in Cornwall that connects groups aged 10 – 16 with artists to co-produce creative activity. Delivered by Creative Kernow, Arts Well, and HeadStart Kernow, the primary aim is to support young people's health and

wellbeing through creative participation and a trauma-informed facilitation approach. Artists visited young people in their settings and introduced creative practice that was responsive to their needs and interests. Qualitative feedback was gathered from artists, staff in the young people's settings and from the young people themselves.

The findings make a strong case for the universal importance of creative health interventions for a range of demographics in both schools and community settings. The friendships, validation, increase in confidence and self-understanding that was fostered amongst young people highlighted creativity's place within prevention and intervention strategies for young people's mental health. The findings are limited by the lack of baseline data gathered before projects began that could inform a more comprehensive, correlational analysis of impact.

3,815 young people were engaged across Years 1–4, there were 132 projects, 822 workshops, and delivery took place across 101 settings. For this reason, a key strength of the report lies in its large-scale evaluation of a co-produced creative health programme for children and young people. Moreover, it combines rich participant voice with clear delivery data, geographic reach, and strong alignment with public health priorities. Its main limitation is that it is a programme-led impact report, relying primarily on self-reported feedback and observational case studies rather than independent comparison groups or long-term outcome tracking. Nonetheless, it makes a significant contribution by demonstrating how sustained, artist-led, place-based creative activity can support wellbeing, confidence, connection, and inclusion for young people – particularly in deprived and specialist settings – while offering a scalable model for integration within local health, education, and community systems.

Available at: <https://feastcornwall.org/arts-lab/arts-lab-year-4/>





Pictured: 'Wee Art in the Wee Forest' - a pilot of a community model of art-based support in the early years, delivered in collaboration between Dundee Contemporary Arts (DCA) and a local National Health Service (NHS) medical centre. Credit: David P Scott.



# Nature and Art

Across this category, nature and art are explored as intertwined components that shape how creative health is experienced. The papers show how engagement with outdoor spaces, soundscapes, gardens, and wider ecological concerns can support emotional regulation, safety, connection, and accessibility for a range of demographics. Alongside practice-based accounts of art therapy and sensory engagement in natural environments, the category also captures shared experiential and organisational features of environmentally engaged creative health work. Taken together, these studies frame nature and art as important parts of a broader creative health ecosystem.

## **61. ‘I never get this space anywhere else’ – the development of Outside, Alongside – an NHS art therapy group outdoors**

By Jed Jerwood, Hannah Elliott, and J Wibberley

Also relates to: [Mental Health and Wellbeing](#), [Creative Methodology](#), [Co-Production](#), [Co-Design](#), [Co-Creation](#), [Co-Curation](#), [Co-Coding](#), [Participatory Arts](#), and [PPI](#), [Equity](#), [Accessibility](#), [Cultural Relevance](#), and [Lived Experience Insight](#)

This paper describes a new art therapy group which took place outside in an adult NHS mental health setting in the Midlands, UK. Three groups of people, 19 in total, took part in a 12-week outdoor group which was facilitated by two qualified art psychotherapists, using a semi-structured, co-produced format which evolved through the development of the group. The group was held in the grounds of a Victorian building owned by the Trust with established woodland and trees for the group to work in. Natural materials were used to create images and objects, and to facilitate group reflection and discussion. Principles of eco-therapy and outdoor art therapy were drawn upon. The group runs in all seasons, rather than just in Spring and Summer.

The paper has been written by a service user participant and the two art psychotherapists who facilitated the group. The paper describes the theory which supported the development of the group and the way in which the group was designed and developed by the art psychotherapists and the participants over the three cohorts. Positive outcomes were reported in outcome measures and through service user feedback forms, poetry and verbal feedback. The following themes were identified: adapting and resilience, increasing accessibility, re-connecting with play, levelling out, connecting with others and self through nature. Outdoor art therapy appears to offer multiple benefits to participants and opportunities to expand the range of psychological therapies on offer in a way which is more accessible to those who find indoor/ clinical spaces difficult, who may find groups difficult, and who may benefit from working creatively outdoors.

This research serves two gaps in the research. Firstly, it builds upon research which separately shows the benefits of being outside and being creative for improving mental ill health, by exploring the benefits of *being creative outdoors*. Moreover, its contribution to literature concerning the benefits of outdoor art therapy is its specific use-case with *adults with severe mental illness* (SMI). As a study focused on a Birmingham case context and an NHS mental health setting, there will be limitations to this study's generalisability, so further research is required, particularly on the benefits of outdoor group art therapy for adults with SMI. However, this is a great illustration of the implications of taking creativity outdoors.

Available at: <https://doi.org/10.1080/17454832.2024.2403408>

## 62. Exploring the relaxation potential of nature soundscapes and photography through field recordings and meditation nature walks

By Madison Miller

Also relates to: [Mental Health and Wellbeing](#), [Creative Methodology](#)

This thesis investigates the potential of nature soundscapes, paired with nature photography, to promote relaxation. The research opens with the context of the soundscape and R. Murray Schafer's notion of acoustic ecology. Schafer's work from the 1970s onward examines how individuals interact with sounds through cultural contexts and personal perceptions. His ideas have since permeated various disciplines, including well-being and audiovisual art. This thesis focuses on the intersection of soundscapes within meditation and well-being, as well as psychology and sound art. Theories within audiovisuals, including Michel Chion's added-value approach in relation to sound and image, are also explored. Likewise, key theories within soundscapes are explored, such as Schafer's notions hi-fi, lo-fi, and concepts of positive and negative soundscape design. Practitioners and theorists who critique Schafer are included - for example, Drever's concept of aural diversity is addressed.

Through the combined audio and visual experience, six nature soundscapes generated by the researcher during the COVID-19 crisis are explored. Three focus groups, comprised of 4-6 participants each, were analysed using Braun and Clarke's (2006) thematic analysis method. Additionally, the soundscapes were analysed using 'qualitative autoethnographic data' – that is, reflective blog entries and personal memories recorded by the researcher to capture lived experience. The research concludes that nature sounds can promote relaxation, but it is dependent on the individual's perception, culture, and memories.

The research limitations include a lack of diversity within the small number of participants, therefore a recommendation for future research would be to work with larger groups of participants with varying backgrounds. However, the research is original in extending sound studies to consider the role of visual imagery alongside sound.

Available at: <https://wlv.openrepository.com/items/9211c963-7ec6-4d3e-82dc-ffea5b5c2cf1>

### 63. Wee art in the Wee Forest: a nature-based community art therapy pilot

By Vicky Gray Armstrong, Gillian McFarland, and Alison Ramm

Also relates to: [Maternity, Perinatal Wellbeing, and New Family Connection](#)

*Wee Art in the Wee Forest* was a pilot of a community model of art-based support in the early years. It was delivered by two Art Therapists in an outdoor setting for families with children aged 0–3. The project was a collaboration between the learning team at Dundee Contemporary Arts (DCA) and a local National Health Service (NHS) medical centre.

‘Wee Forests’ are small areas of wild tree planting in urban areas. A medical centre in Dundee had developed one of these Wee Forests. This outdoor setting was an area of natural wilderness and planted trees within an urban environment with a high level of deprivation. They worked with the arts centre to think about how it could be used to benefit families of young children and the local community. We ran a pilot of an outdoor, community (non-clinical), art therapy group for infants and very young children together with their important grown-ups. The groups met for five weeks and used stories, art making, play, and connection to nature to bring families together in shared play, supporting the young children to develop their confidence to explore and play with other children. The project involved active, practice-based research. We gathered feedback from staff and the families involved, documented with a photographer, and recorded observations from the art therapists.

Caregivers said they noticed their children’s growing confidence, and that as parents they were able to be fun. We hope that the families became more confident in nature and that we may have encouraged care for their environment. We generated curiosity about the outdoor space from the local community living in the area around the Wee Forest and we hope a sense of pride and potential for social change. The project was successful, though at a small scale, and has continued with the medical centre supporting further groups in partnership with DCA. While the pilot generated rich practice-based learning, its short duration and single-site delivery mean further work would be needed to explore longer-term impact or transferability to other settings.

The 2025 paper is available at:

<https://www.tandfonline.com/doi/full/10.1080/17454832.2024.2404672#abstract>

Or, to access a 2024 report designed for a broader audience, visit:

<https://sites.dundee.ac.uk/artatthestart/wee-art-wee-forest/>

### 64. Safety in a person-centred, garden-based art therapy group for people with dementia

By Jenny Clarke, Alison Crosbie, and Kaya Green

Also relates to: [Creative Ageing](#), [Mental Health and Wellbeing](#)

Creating a sense of psychological safety is necessary in garden-based art therapy for people with dementia. This practice paper describes an ongoing, open, in-person group, which met weekly in a community garden. The three authors facilitated the art therapy group, using a person-centred approach to connect with group members and understand their needs. The paper explores the factors that contributed and detracted from a sense of safety in this setting, including attention to continuity, boundaries, flexibility, and responsiveness to changing cognitive and emotional needs. It highlights the role of the natural environment in supporting regulation and engagement, while also acknowledging practical and ethical challenges such as weather, unpredictability, and safeguarding in open spaces. The observations of the co-facilitators, as well as feedback from clients, suggest that the garden setting was calming and added focus and inspiration. The art therapists' person-centred approach led to participants experiencing feelings of success and being valued, as well as increases in communication and self-expression.

The garden-based group took place in a particular community garden with specific physical, social, and organisational conditions. The feasibility and impact of similar groups may differ in settings without access to safe outdoor space, trained facilitators, or supportive infrastructure. Because the paper is written by the three art therapists who facilitated the group, the analysis carries limitations on critical distance. However, the strength of the paper lies in its rich, reflective and pragmatic insight into how garden-based art therapy can offer a meaningful, person-centred alternative for people with dementia, expanding understanding of how creative and outdoor settings can support wellbeing and connection in later life.

Pay-to-access article (best for citations), available at:

<https://doi.org/10.1080/17454832.2024.2412548>

Free pre-print version of the paper, available at:

[https://www.academia.edu/145831143/Safety\\_in\\_a\\_person\\_centred\\_garden\\_based\\_art\\_therapy\\_group\\_for\\_people\\_with\\_dementia](https://www.academia.edu/145831143/Safety_in_a_person_centred_garden_based_art_therapy_group_for_people_with_dementia)

## **65. Common features of environmentally and socially engaged community programmes addressing the intersecting challenges of planetary and human health: mixed methods analysis of survey and interview evidence from creative health practitioners**

By Linda J Thomson, Victoria Hume, Ailsa Critten and Helen J Chatterjee

Also relates to: [Strategy, Policy and Eco-Systems](#), [Mental Health and Wellbeing](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This study aimed to identify common features of environmentally and socially engaged UK community programmes, addressing the intersecting challenges of planetary and human health. It positions creativity and culture as under-recognised resources for tackling health inequalities linked to environmental and social determinants, including climate injustice. The study is framed by the premise that human wellbeing and planetary health are



interdependent, and that community-based creative practice can contribute to preventative public health.

The research used a mixed-methods design, involving adult practitioners who deliver community creative and cultural programmes with intended health and environmental outcomes. Nineteen surveys and eight interviews were analysed thematically, generating 146 coded responses and leading to the identification of 12 themes with 98 subthemes. These highlighted recurring features across practice, including community health and wellbeing, mental health, collaboration and partnerships, connection to nature, and funding, alongside shared commitments to inclusive practice, prevention, and meaningful evaluation. While few programmes explicitly targeted planetary and human health together, many addressed these links indirectly through practitioner wellbeing, responses to eco-anxiety, and systems-level influence.

The study offers readers a clearer insight into how creative health practice operates at the intersection of social, environmental, and health systems. It also surfaces structural constraints, particularly short-term funding and limited evaluation capacity, which shape what is possible in practice. A limitation was that due to the stringency of inclusion criteria, a restricted number of practitioners were interviewed. However, while the sample is modest and practitioner accounts are necessarily reflective, the paper provides a useful synthesis of shared principles across diverse settings, strengthening the case for investment in inclusive, place-based creative health approaches that support both people and planet.

Available at: <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1449317/full>



Pictured: National Arts in Hospitals Network Conference at York Art Gallery, delivered by the Arts Team at York and Scarborough Teaching Hospital NHS Foundation Trust. Photography credit: Eloise Ross - <https://eloiserossphotography.co.uk>

# Toolkits, Frameworks, Scales, and Guides

In this section, we bring together practical resources that support the planning, delivery, workforce development, and evaluation of creative health activity. Collectively, these submissions focus on *how* creative health is designed, governed and evidenced, offering shared structures that help practitioners, organisations, and systems alike. Together, they offer shared language, practical scaffolding, peer-learning, and stakeholder confidence supporting creative health outcomes that are at one rigorous, consistent, and responsive to local context.

## 66. Creative Public Health Evaluation Tool (CPH-ET)

By Rhys Boyer, on behalf of Birmingham City Council

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Strategy, Policy and Eco-Systems](#)

The Creative Public Health Evaluation Tool (CPH-ET) was developed to help creative organisations evidence the public health value of their work in ways that align with health system priorities, without undermining community-led or creative practice. Designed initially for projects funded through Birmingham's Innovation, Partnership and Impact (IPI) Fund, the tool responds to a common challenge: creative organisations are often expected to demonstrate impact on health inequalities, but lack clear, practical guidance on how to do so.

The tool offers a structured but flexible evaluation framework that brings together the Creative Health Quality Framework (CHQF), the UK Health Security Agency's Health Equity Assessment Tool (HEAT), and local commissioning priorities. Organised across preparation, planning and assessment stages, it uses reflective prompts to support organisations to consider equity, partnership working, intended and unintended impacts, and appropriate use of qualitative and quantitative data. Rather than prescribing methods, it helps users select and combine approaches that fit their context and aims.

CPH-ET is valuable as a shared, public-health-aligned structure that supports learning, accountability and clearer communication with commissioners. A limitation is that it depends on the capacity and evaluative confidence of organisations using it, and does not generate outcomes in itself. Its strength lies in enabling creative organisations to evidence impact in a way that embeds reflection and equity into everyday practice, rather than treating evaluation as an external or extractive requirement.

Available at:

[https://www.birmingham.gov.uk/downloads/file/30191/creative\\_public\\_health\\_evaluation\\_tool\\_cph-et\\_-\\_draft](https://www.birmingham.gov.uk/downloads/file/30191/creative_public_health_evaluation_tool_cph-et_-_draft)



## 67. The Creative Health Impact Framework

By Jane Willis, on behalf of London Plus

This framework is a practical guide designed to help voluntary, community, arts and cultural organisations plan, evidence and communicate the impact of creative health activity. Developed to support organisations working with health and care partners across London, the framework responds to growing expectations around accountability, prevention and inequalities, while recognising the realities faced by smaller organisations delivering creative work in communities.

The framework provides clear, step-by-step tools to support organisations at different stages of development. These include a creative health logic model, guidance on identifying outcomes and impacts, a proportionate approach to evaluation, and templates for case studies and reporting. Throughout, the framework aligns creative activity with public health priorities such as prevention, wellbeing and inequalities reduction, including Core20PLUS5, while encouraging co-production with participants and communities. Its emphasis is on helping organisations tell a credible, shared story about impact that resonates with commissioners and system partners, without requiring overly complex or resource-intensive evaluation.

The framework is intended as a flexible support tool rather than a prescriptive or standardised evaluation model. It does not validate specific outcome measures, guarantee comparability across projects, or assess the effectiveness of individual creative interventions. Impact quality will continue to depend on local capacity, skills, data access and partnership maturity, and the framework does not remove wider structural challenges such as short-term funding or inconsistent commissioning expectations. What it offers is a valuable, accessible foundation for strengthening impact practice in creative health, particularly for organisations seeking to align their work with health systems while retaining values-led, community-centred approaches.

Available at: <https://londonplus.org/wp-content/uploads/2025/03/London-Plus-Creative-Health-Impact-Framework-ONLINE.pdf>

For more stories and information about the project, visit: <https://londonplus.org/creative-health-impact-framework/>

## 68. Myriad Core Competency Framework: Basic and advanced training elements required for creative health practitioners within the context of global majority mental health

By Greater Manchester Combined Authority

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Mental Health and Wellbeing](#), [Strategy, Policy and Eco-Systems](#)

The *Myriad Core Competency Framework* sets out a shared set of skills, knowledge and behaviours required for creative health practitioners working in mental health contexts with global majority communities. Developed through the two-year *Myriad: A Spotlight on Global Majority Mental Health* programme in Greater Manchester, the framework responds to a recognised gap in culturally grounded workforce development for creative health practice. Its purpose is both practical and strategic: to support individual practitioner development while also helping organisations, commissioners and system leaders understand and plan for workforce capability needs.

The framework identifies eight core competency areas: cultural competency; facilitation; working with others; project management; monitoring and evaluation; employment; supporting others; and practitioner resilience and self-care. Each area is broken down into clear competency statements supported by self-assessment prompts and signposted resources, enabling practitioners to reflect on strengths, identify development needs and access relevant training. The framework was co-produced through desk research, surveys with creative practitioners and VCSE organisations, and interviews and focus groups with cultural and mental health partners, ensuring that both practitioner experience and system requirements shaped its content.

A key strength of the framework is its explicit grounding in cultural competence, anti-racist practice, trauma-informed approaches and intersectionality, positioning equity and lived experience as core professional capabilities rather than optional additions. As a competency framework rather than an evaluative study, it does not assess how these competencies translate into measurable outcomes, nor does it test implementation across different regions or service models – so further research is highly welcomed in these areas. Importantly, the framework provides a robust, co-produced foundation for workforce development in creative mental health practice and offers a practical tool for strengthening quality, consistency and cultural safety across the sector.

The competencies framework is available at: [https://cdn.baringfoundation.org.uk/wp-content/uploads/Myriad-Core-Competency-Framework\\_2025.pdf](https://cdn.baringfoundation.org.uk/wp-content/uploads/Myriad-Core-Competency-Framework_2025.pdf)

Along with an evaluation of the framework: <https://myriadproject.co.uk/evaluation-report/>

## 69. 'Crafting Connections: a Heritage for Wellbeing Toolkit' Project Report

By Erin Beeston

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Creative Ageing](#)

This project report on the *Crafting Connections: a Heritage for Wellbeing Toolkit* reflects upon the methodology behind the toolkit, designed to be used by facilitators of community groups in any setting. This resource was created to combat loneliness and to improve the health and wellbeing of older adults in Manchester. Funded by Manchester City Council and The Higher Education Innovation Fund, the project was led by Knowledge Exchange Fellow, Dr Erin



Beeston, who worked collaboratively between Manchester Histories, The University of Manchester's Creative Manchester, Archives+ partners based at Manchester Central Library and local community groups. Activities were co-created with older people including Manchester Histories volunteers and regular 'Come and Chat' groups from local housing associations (a scheme also supported by MCC).

The innovative aspect of this toolkit is the exploration of archival material paired with simple creative activities, with talking points that bring people together to focus on their present surroundings. Rather than focussing on place-based nostalgia, inspiring aspects of Manchester's history from Salford artist L.S. Lowry to the textiles industry are starting points for exploring common experiences of crafting and skills (broadly construed). Activities in the toolkit encourage individuals to focus on their strengths and capability to learn new skills, with the framing of each of the ten sessions linked to the 5 Ways to Wellbeing. Manchester Histories now run regular 'Crafting Connection' sessions in Central Library and branch libraries, providing the opportunity to gather evaluation. This toolkit was designed as a pilot, and it is hoped that feedback from both facilitators and participants will provide guidance for adaptations in the future.

A key strength of this report is its clear, accessible translation of heritage- and arts-based wellbeing theory into a practical, person-centred toolkit that can be used confidently by non-specialist facilitators in community and care settings. Its main limitation is that, as a pilot toolkit supported primarily by reflective feedback and small-scale testing, it does not yet provide robust comparative or longitudinal outcome data to evidence impact at scale.

The 2025 report is available at: <https://manchesterhistories.co.uk/crafting-connections/>

To access the 2024 Toolkit which is discussed, visit:

[https://issuu.com/manchesterhistories1/docs/crafting\\_connections\\_a\\_heritage\\_wellbeing\\_toolk](https://issuu.com/manchesterhistories1/docs/crafting_connections_a_heritage_wellbeing_toolk)

## 70. Creative Health Quality Framework: Evaluation Report

By Culture, Health & Wellbeing Alliance (CHWA) and Outskirts Research

Also relates to: [Strategy, Policy and Eco-Systems](#)

This report presents an independent evaluation of the Creative Health Quality Framework (CHQF), a sector-led tool developed to support reflection, learning, and quality improvement across creative health practice. The evaluation explores how the framework has been used by artists, organisations, commissioners, and system partners, and examines its relevance, accessibility, and perceived value within a diverse and evolving creative health landscape. Rather than assessing individual creative interventions, the focus is on how shared frameworks can strengthen practice, language, and confidence across the field.

Drawing on surveys, interviews, and case examples from organisations that engaged with the CHQF, the report documents how the framework has been used to support planning,

evaluation, partnership working, and internal reflection. Participants described the framework as helping to clarify values, articulate quality beyond narrow outcome measures, and create common ground between creative practitioners and health or commissioning partners. The evaluation also highlights how the CHQF has been adapted across different scales, settings, and communities, including those working with mental health, inequalities, and place-based provision.

A key strength of the report is its system-level perspective, showing how a shared quality framework can support consistency, learning, and credibility without constraining creative practice. Its main limitation is that findings are based on early adopters and self-reported experience, meaning longer-term impact on commissioning decisions or outcomes cannot yet be assessed. Nonetheless, the report makes a significant contribution by evidencing the role of frameworks like the CHQF in building shared infrastructure for creative health, supporting dialogue across sectors, and strengthening the conditions for sustainable, high-quality practice.

Available at:

[https://www.culturehealthandwellbeing.org.uk/sites/default/files/CHQF%20Evaluation%20Report%20-%20FINAL%20\(Compressed\).pdf](https://www.culturehealthandwellbeing.org.uk/sites/default/files/CHQF%20Evaluation%20Report%20-%20FINAL%20(Compressed).pdf)

## 71. Collection Management Guidance

By Jane Willis in collaboration with NAHN members

Also relates to: [Equity, Accessibility and Cultural Relevance](#)

This guidance introduces practical steps towards starting, developing, and growing a well-managed hospital art collection that can support wayfinding, transform spaces, lift spirits, and improve the wellbeing of patients, visitors and staff.

Key areas covered include:

- Why develop a hospital art collection
- Building and managing a collection
- Displaying work in hospital settings
- Credit, interpretation and engagement
- Developing a collection policy

Available at: <https://nahn.org.uk/wp-content/uploads/2025/06/NAHN-collection-management-guidance-ONLINE-1.pdf>

## 72. Art and Environment Guidance

By Jane Willis in collaboration with NAHN members

Also relates to: [Mental Health and Wellbeing](#)

This guidance takes you through the public art commissioning process, whether you are commissioning a single artwork for an existing space or developing an integrated programme of art and architecture for a new hospital.

Key areas covered include:

- Why art in healthcare? Needs, benefits and evidence
- Integrating art into capital developments
- Planning a public art programme
- Recruiting and working with artists
- Design development and delivery

Available at: <https://nahn.org.uk/wp-content/uploads/2025/06/NAHN-Art-Environment-Guidance-ONLINE.pdf>

## 73. Participatory Arts Guidance

By Jane Willis in collaboration with NAHN members

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

Participatory arts in healthcare can reduce anxiety, alleviate pain, improve mood and support rehabilitation. Creative activities such as singing, dance or magic can enhance mobility, dexterity, balance and respiratory function, while shared experiences foster connection and reduce isolation. Engaging in meaningful, enjoyable activities can also support identity, agency and self-worth beyond the role of patient. This guidance offers a flexible approach to designing inclusive, accessible participatory arts projects that align with health priorities and draw on good practice.

Key areas covered include:

- Designing and delivering participatory arts projects
- Working with artists
- Embedding the Creative Health Quality Principles

Available at: <https://nahn.org.uk/wp-content/uploads/2025/06/NAHN-Participatory-Arts-Guidance-ONLINE.pdf>

## 74. Governance, Management, and Funding Guidance

By Jane Willis in collaboration with NAHN members

Also relates to: [Strategies, Policy and Eco-Systems](#)

Hospital arts programmes require thoughtful governance, effective management, and sustainable funding to align with local health priorities and meet the needs of patients, staff, and the wider community. This document provides practical guidance to help you set up, grow, and sustain your programme.

Key areas covered include:

- Governance: The importance of governance and possible governance structures, including the role of line management, arts committees, and creative health champions,
- Management: The responsibilities, skills, and qualifications of an arts manager and how to build your team,
- Funding and Resourcing: Approaches to funding and fundraising, including percent for art policies, and working with fundraisers.

Available at: <https://nahn.org.uk/wp-content/uploads/2025/06/NAHN-Governance-Guidance-ONLINE.pdf>

## 75. Strategy Guidance

By Jane Willis in collaboration with NAHN members

Also relates to: [Strategies, Policy and Eco-Systems](#)

This guidance provides a clear framework for arts managers and NHS professionals looking to develop a strategy to integrate the arts into healthcare, benefiting patients, staff, and the wider hospital community.

Key areas covered include:

- Developing a hospital arts strategy: why it matters and how to begin
- How to develop a hospital arts strategy
- Key elements of a hospital arts strategy

Available at: <https://nahn.org.uk/wp-content/uploads/2025/06/NAHN-strategy-document-ONLINE.pdf>

## 76. Evaluation Guidance

By Jane Willis in collaboration with NAHN members

Evaluation is an essential tool for understanding and improving the impact of your work. Effective evaluation can demonstrate the value of your programme, guide continuous improvement, help you make informed decisions, and secure future support. This document clarifies key evaluation concepts and provides guidance to support effective evaluation.

Key areas covered include:

- Evaluation approaches, methods, and tools
- Key considerations for planning and delivering an evaluation
- Ethical principles and good practice

Available at: <https://nahn.org.uk/wp-content/uploads/2025/07/NAHN-Evaluation-document-ONLINE.pdf>



Pictured: The All-Party Parliamentary  
Group on Creative Health, Round  
Table on Neighbourhood Health.  
Credit: Jane Hearst.



# Strategy, Policy and Eco-Systems

This section brings together literature that focuses on how creative health is shaped, enabled and sustained at system level, including strategy documents, policy briefings, public health reports and system evaluations. Rather than evaluating individual creative delivery projects, these papers examine the conditions that allow creative health to operate at scale, such as governance, workforce roles, commissioning structures, infrastructure, data, and cross-sector collaboration. Collectively, they show how creative health is being positioned within NHS reform, neighbourhood health, prevention agendas and wider cultural and civic systems. They are particularly useful for policymakers, commissioners and system leaders seeking evidence-informed approaches to embedding creative health as a core, long-term component of health and care ecosystems, rather than as a series of isolated initiatives.

## 77. South Yorkshire Creative Health Enabling Plan, September 2025 – 2028

By Rachel Massey

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Equity, Accessibility and Cultural Relevance](#)

The South Yorkshire Creative Health Enabling Plan (2025–2028) sets out a shared strategy for embedding creative health across the South Yorkshire Integrated Care System. Developed through collaboration between health, local government, cultural and voluntary sector partners, the plan positions creative health as a core contributor to prevention, population health and inequalities reduction. Rather than focusing on individual projects, it aims to create the conditions for creative health to be coordinated, sustainable and embedded within neighbourhood, place and system-level working.

The plan outlines how this will be achieved through strengthened governance, clearer leadership roles, shared infrastructure and improved coordination across the region. Key priorities include aligning creative health with ICS strategies and devolution agendas, supporting neighbourhood health approaches, investing in workforce development, and enabling meaningful co-production with communities. A strong emphasis is placed on equity and access, with creative health framed as a way to reach communities who are underserved by traditional services and to support wellbeing across the life course through culturally relevant, community-based activity.

The plan is an enabling framework; its success will depend on sustained leadership, partner commitment and future funding decisions, and impact will vary across places depending on local capacity and readiness. As a forward-looking strategy, it sets direction rather than guaranteeing delivery. It provides a clear, shared roadmap for how creative health can support prevention, reduce inequalities and contribute to system transformation across South



Yorkshire when aligned with wider policy and commissioning priorities

Available at: <https://www.culturehealthandwellbeing.org.uk/sites/default/files/2025-09/CHWA%20Health%20plan%20stg%206.pdf>

## **78. Creating a Healthier Croydon: Croydon's Director of Public Health Annual Report on Creative Health**

By Claire Mundle, Aidan Phillips, Lisa Rodio, Jack Bedeman, Fatai Ogunlayi, Steohanie Wilson, Andrea Fallon, and Rachel Carse

Also relates to: [Creative Health Communication and Literacy](#), [Equity, Accessibility and Cultural Relevance](#), [Mental Health and Wellbeing](#)

This report explores how creativity, culture and community activity can support better health and wellbeing across the borough. It makes the case that creative health is a practical way of addressing some of Croydon's most pressing challenges, including mental ill health, loneliness, long-term conditions and stark health inequalities. Drawing on national and local evidence, the report positions creative health as a core part of prevention and early intervention, aligned with NHS reform and place-based public health priorities. The report highlights the role of creative activity in reaching communities who are less likely to engage with traditional services, and shows how partnerships between health, local government, cultural organisations and the voluntary sector can strengthen impact. Clear recommendations are set out for commissioners and system leaders, including investing in creative health infrastructure, embedding it within social prescribing and neighbourhood working, and improving coordination, evaluation and workforce support.

As a strategic public health report, the document synthesises existing evidence and illustrative examples rather than evaluating individual programmes or measuring direct health outcomes. The report sets direction rather than providing a delivery blueprint, and further evaluation will be needed as approaches are scaled. Its strengths lie in its compelling, locally grounded argument for recognising creative health as a system-level asset that can support prevention, reduce inequalities and contribute to a healthier Croydon.

Available at: [https://www.croydon.gov.uk/sites/default/files/2025-05/public-health-report-2025\\_0.pdf](https://www.croydon.gov.uk/sites/default/files/2025-05/public-health-report-2025_0.pdf)

## **79. St George's Health and Wellbeing Hub – Creative Health Strategy 2025-2030**

By Rebecca Gordon-Nesbitt

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

St George's Health and Wellbeing Hub in Havering was opened by NHS North East London Health and Care Partnership in November 2024. It is a new, purpose-designed building with a vision to integrate services across the social, health and voluntary sectors, to encourage, develop and maintain physical, mental and social health, wellbeing and independence. Recognising the role the arts play in developing and maintaining health and wellbeing, in December 2024 the St George's Partnership Board commissioned the development of a Creative Health Strategy as an integral part of the health and wellbeing model.

Development of the strategy was funded by Arts Council England, supported by London Arts and Health and led by Dr Rebecca Gordon-Nesbitt. A key objective for the creative health strategy was to help bind the integrated services model, promoting a cohesive environment, a shared sense of identity, belonging and purpose and an impetus to collaborative working.

The strategy provides a framework for integrating creative and cultural activities into St George's, via environmental, therapeutic and preventative approaches, with the goal of enhancing service delivery, improving health outcomes and ultimately reducing care costs. This framework sets the direction for a Creative Health Programme at St George's, rooted in evidence, aligned with health and cultural strategies and co-produced with local stakeholders, staff and volunteers. This place-based approach is designed to address health inequalities and enhance clinical outcomes in areas such as long-term conditions, mental health and frailty.

Access the Strategy Document here: <https://londonartsandhealth.org.uk/wp-content/uploads/2025/06/St-Georges-HWB-Hub-Creative-Health-Strategy-ONLINE.pdf>

Or read the summative blog here: <https://londonartsandhealth.org.uk/portfolio-item/st-georges-health-and-wellbeing-hub/>

## **80. Creative Health Connector (CHC) evaluation emerging findings: Executive summary - Year 1**

By Eleanor Holding

Also relates to: [Creative Health Communication and Literacy](#), [Equity, Accessibility and Cultural Relevance](#)

This executive summary presents emerging Year 1 findings from the evaluation of the Creative Health Connector (CHC) role in Doncaster, part of the UKRI–AHRC *Mobilising Community Assets to Tackle Health Inequalities* programme. The Creative Health Connector is a system-facing role designed to strengthen links between arts, culture, community assets and health services, particularly in a context where formal social prescribing infrastructure has recently been decommissioned. Early findings highlight the value of the role in building relationships, providing coordination capacity, and acting as a visible advocate for creative health within a fragmented and financially constrained system.

Based on interviews with professionals across the creative health and social prescribing

landscape, the evaluation identifies sustainability, funding and system alignment as the key challenges facing creative health locally. While the role is widely welcomed, there is some ambiguity around whether its primary focus should be on removing barriers for individuals or on system-level coordination and advocacy. As an early-stage, exploratory evaluation, the findings reflect perceptions and expectations rather than demonstrable outcomes and are shaped by a small sample and a rapidly changing local context. The report provides valuable early insight into how connector roles may help creative health systems adapt, coordinate and survive during periods of restructuring, and highlights the importance of embedding such roles within governance structures if longer-term change is to be achieved. The team are working on a second-year report and subsequent outputs in 2026, to thicken the evidence captured so far.

Visit: [https://creativehealthboards.org.uk/wp-content/uploads/2025/06/AHRC\\_Exec\\_Year\\_1.pdf](https://creativehealthboards.org.uk/wp-content/uploads/2025/06/AHRC_Exec_Year_1.pdf)

## **81. Working Together: Embedding health and wellbeing in museums and heritage organisations**

By Siân Rosa Hunter Dodsworth

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#), [Equity, Accessibility and Cultural Relevance](#)

Working Together was an 18-month Creative Health programme (2023–2025), funded by the National Lottery Heritage Fund and co-delivered by the Culture, Health & Wellbeing Alliance (CHWA) and the Group for Education in Museums (GEM). Led by Programme Lead Louise Campion, it supported six museums and heritage organisations across England and Scotland to embed health and wellbeing into organisational culture, governance and everyday practice, rather than treating it as short-term or project-based activity.

Partner organisations were selected for their commitment to working with communities facing health inequalities. Each co-designed a locally responsive Creative Health pilot while taking part in a wider programme of professional development, mentoring, peer learning and leadership support. Activity was guided by the Creative Health Quality Framework, which provided a shared foundation for quality, care and sustainability, while allowing organisations flexibility to respond to local context and need.

Independent evaluation found increased confidence and capability among museum staff, stronger and more sustainable cross-sector partnerships, more inclusive and trauma-informed engagement, and improvements in staff wellbeing, including reduced professional isolation and greater confidence to advocate for change. Findings draw on in-depth, qualitative evidence from six organisations across England and Scotland, supporting transferability of learning across different museum and heritage contexts. However, the evaluation prioritised reflective and embedded methods over large-scale quantitative measurement, and participant numbers at each site were relatively small, meaning outcomes cannot be statistically generalised or attributed to individual programme components. Ongoing funding and capacity



pressures across the sector also present challenges to sustaining change beyond the life of the programme. Building on this learning, CHWA and GEM are launching *A Culture of Care: Creative Health in Museum Practice*, a new sector-wide training programme developed directly from Working Together.

Available at:

<https://www.culturehealthandwellbeing.org.uk/sites/default/files/gem%20chwa%20working%20together%20evaluation%20-%20FINAL.pdf>

More information including short films about the pilot projects can be found at:

[www.culturehealthandwellbeing.org.uk/programmes/working-together](http://www.culturehealthandwellbeing.org.uk/programmes/working-together)

## 82. Creative Industries Council: Health and Wellbeing Forum

By the Health and Wellbeing Forum

This report brings together evidence, case studies and recommendations showing how creativity and culture contribute to health and wellbeing across the UK. Produced by a joint forum of creative industries, government, health leaders and academics, it makes the case that creative activity already plays a significant role in supporting mental wellbeing, preventing ill health and helping people live well for longer. The report positions creative health as both a social and economic asset, aligned with national priorities such as the NHS ten-year plan, prevention, and shifting care closer to communities.

Drawing on existing research and a wide range of real-world examples, the report highlights how creative health activity operates across the life course and in many settings, from libraries, schools and community venues to hospitals and care services. It shows how creative industries, cultural organisations and artists work alongside health partners to support areas such as youth mental health, dementia care, loneliness, recovery and staff wellbeing. The report also sets out a series of recommendations aimed at strengthening the creative health ecosystem, including building the evidence base, supporting the creative workforce, improving cross-sector collaboration, and raising public and policy awareness of the benefits of creativity for health.

The report is primarily a policy and advocacy document rather than an evaluation of specific interventions. It synthesises existing evidence and illustrative case studies – highlighting promising practice – but does not generate new research data or assess comparative effectiveness across programmes. Despite these limitations, the report provides a clear, authoritative overview of how creative health contributes to prevention and wellbeing, and offers a strong strategic framework for government, industry and health partners seeking to scale and sustain creative health as part of future health and care systems.

Available at: [https://cdn.prod.website-files.com/60a2e06021577f542777ca5d/68cc1937930b4e6d475509e8\\_CIC-HealthWellbeingReport-v5FINAL.pdf](https://cdn.prod.website-files.com/60a2e06021577f542777ca5d/68cc1937930b4e6d475509e8_CIC-HealthWellbeingReport-v5FINAL.pdf)

### 83. The power of prevention: the economic and wellbeing impact of library activities for mental health and older adults

By Shared Intelligence and Moresight

Also relates to: [Mental Health and Wellbeing](#), [Creative Health Communication and Literacy](#), [Creative Ageing](#)

This report explores how everyday library activities contribute to mental wellbeing and help prevent more serious health and social care needs, particularly for older adults. It focuses on libraries as trusted, accessible community spaces that support social connection, learning and purpose, often long before people reach crisis point. By examining activities such as arts and crafts, book clubs, reading groups and volunteering, the report makes the case that libraries play an important preventative role within wider health and wellbeing systems.

Using a combination of economic modelling, national datasets and qualitative research, the study estimates both the wellbeing benefits for individuals and the wider economic value for public services. It draws on established government valuation approaches to show how improved wellbeing, reduced loneliness and increased social participation can translate into significant long-term savings for health and social care systems. Alongside the economic analysis, interviews and case examples illustrate how library activities support confidence, routine, identity and connection, particularly during later life transitions such as retirement or bereavement.

The findings suggest that investing in libraries as part of prevention strategies could deliver strong returns for both wellbeing and public value. However, the report relies on a synthesis of existing evidence and the application of modelled financial values to a convenience sample of approximately 6,500 library users in Southeast England from whom data was directly gathered. With the exception of the data for volunteering the report does not attempt to estimate values for all library users in the Southeast or nationally. Much of the strongest valuation evidence relates to older adults, reflecting available data, and results may vary across communities and library services. Despite these limitations, the report provides a compelling, policy-relevant case for recognising libraries as a core part of preventative health and wellbeing infrastructure.

Available at: <https://www.librariesconnected.org.uk/sites/default/files/2025-12/The%20power%20of%20prevention%20Dec25.pdf>

### 84. Reflecting on the social value of movement and dance

By Claire Farmer, Kathryn Stamp, Ricky Boardman, Alexandra Balfour, and Siân Hopkins

Also relates to: [Creative Health Communication and Literacy](#)

This short report summarises a large national study examining the social value of movement and dance in England, drawing on a wider 51-page report published by the Sport and

Recreation Alliance and led by four university dance researchers in collaboration with over 20 organisations involved in the strategic delivery of movement and dance in the UK. The purpose of the work is to make visible the contribution of movement and dance to public health and prevention, individual and collective wellbeing, community life and social value, and to prevent it from falling between the ‘strategic cracks’ of sport, physical activity, and arts and culture. By synthesising academic and grey literature, the report positions movement and dance as a distinct and under-recognised public health asset.

The analysis estimates that movement and dance generate £3.5 billion in total social value, including £430 million in healthcare savings and a £2.1 billion uplift in mental wellbeing. Evidence suggests that movement and dance offer physical health benefits comparable to other forms of exercise, while also providing unique psychological and social advantages such as enjoyment, creativity, social connection, and higher retention. Participation is shown to be particularly valuable for groups with lower engagement in traditional physical activity, including older adults, young women, and those managing long-term health conditions, where dance appears to support sustained involvement rather than short-term compliance.

This matters because low adherence to physical activity remains a major public health challenge, and enjoyment is closely linked to sustained participation. The report argues for greater integration of movement and dance into health, care, and prevention systems, including social prescribing, alongside improved research investment and data capture. A limitation is that the study synthesises evidence from multiple sources rather than presenting new primary evaluation, and variation in methodologies makes direct comparison across interventions difficult. Even so, the scale and consistency of the findings provide a compelling case for recognising movement and dance as a vital contributor to prevention, wellbeing, and community health.

Access to 2025 Short Report at:

<https://journals.sagepub.com/doi/10.1177/17579139251359949>

Or, to view the long-form report from 2023, visit: <https://sportandrecreation.org.uk/files/the-social-value-of-movement-and-dance-2023---full-report-130924155135.pdf>

## **85. Wave 1 Community Innovation Team: Interim Impact Case Report**

By Amina Ismail, Charlotte Hemingway, Ema Kelly, Jayne Hoarty, Miriam Taegtmeyer, Nour Essale, Reda Madroumi, and Vicky Doyle, on behalf of ReCITE’s Community Innovation Teams

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#), [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

As of November 2025, ReCITE (short for Research by Communities to address Inequities Through Expression) is working with 12 Community Innovation Teams (CITs) across Liverpool, Knowsley and Sefton. CITs have chosen to work across different health challenges encompassing immunisation, cancer screening, and mental and social wellbeing. Ten CITs have

analysed local health data and community insights, and five are implementing their interventions.

This report provides local authorities with an update on the current progress, activities, and emerging impacts of the wave 1 CITs. The report outlines how CITs are addressing avoidable and unfair differences in health outcomes through hyper-local, community-led innovations. It highlights key achievements to date, examples of effective partnership working, and the measurable benefits being realised in target communities. The information presented here aims to support ongoing collaboration with local authorities and inform future policy and programme development aligned with the region's health equity priorities.

A key strength of this interim report is its deeply participatory, community-led methodology, which combines creative practice, lived-experience insight and routine health data to address health inequities through locally tailored interventions, demonstrating credible early progress across multiple public health challenges. A central limitation is that, as an interim and largely descriptive case report, impacts are unevenly measured across sites and rely on emerging or proxy indicators, meaning causal attribution and longer-term population-level outcomes are not yet fully established.

Available at:

[https://www.lstmed.ac.uk/sites/default/files/Wave%201%20CITs%20Interim%20Impact%20Case%20Report\\_FINAL2.pdf](https://www.lstmed.ac.uk/sites/default/files/Wave%201%20CITs%20Interim%20Impact%20Case%20Report_FINAL2.pdf)

## **86. Creative Health Briefing Paper - The 10 Year Plan: Neighbourhood Health**

By Jane Hearst, on behalf of the National Centre for Creative Health

Also relates to: [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This briefing paper sets out the case for embedding creative health within the Government's 10-Year Plan for England, particularly the shift from hospital-based care to neighbourhood health services. It highlights how creative and cultural activity supports the wider determinants of health, working effectively with target populations such as coastal and deprived communities – populations who were prioritised in the first wave of Neighbourhood Health Centres.

The briefing draws on a wide range of UK case studies to demonstrate how creative health is already operating within neighbourhood models. These include co-located cultural provision in libraries and community hubs, creative programmes supporting people on waiting lists, and artist-led initiatives embedded in neighbourhood mental health centres. Further examples show how creative approaches can reduce pressure on primary care, improve engagement among underserved groups, and support more holistic, stigma-free access to care. The paper also highlights the role of community decision-making, asset-based approaches and trusted local leaders in ensuring neighbourhood health services reflect lived experience rather than replicating existing inequalities. The briefing concludes by emphasising the need for system-

level infrastructure to sustain this work. It identifies the importance of dedicated creative health roles within neighbourhood teams, joined up working across health, culture and the VCSE sector, and improved data and evaluation frameworks to evidence social value and cost savings.

Overall, the paper argues that creative health should be treated as a core component of neighbourhood health delivery rather than a discretionary add-on, and that investment in people, partnerships and place-based infrastructure is essential to realising the ambitions of the 10-Year Plan. Its strength lies in its clear alignment with current NHS policy priorities and its synthesis of credible system-wide evidence. A key limitation is its focus on the English NHS context, meaning that while the principles may be transferable, their application in devolved or international health systems would require local translation and adaptation.

Available at: <https://ncch.org.uk/uploads/APPG-Creative-Health-Briefing-Paper-10-Year-Plan-and-Neighbourhood-Health-V2-1.pdf>

To see the APPG roundtable that informed this briefing, visit:  
<https://www.youtube.com/watch?v=ndrW1r3mnVY>

## 87. Creative Health and the 10-Year Workforce Plan

By Jane Hearst, on behalf of the National Centre for Creative Health

Also relates to: [Creative Health Communication and Literacy](#), [Equity, Accessibility, Cultural Relevance, and Lived Experience Insight](#)

This evidence submission was developed by the National Centre for Creative Health (NCCH) to inform the Department of Health and Social Care (DHSC)'s 10 Year Workforce Plan. Drawing on national learning, system partnerships, and a growing evidence base, it argues that creative health is already contributing to Plan's three core shifts: from hospital to community, from treatment to prevention, and towards more digital and data-enabled care. With a focus on the future of England's healthcare workforce, the submission demonstrates how creative health already contributes to workforce productivity, skill mix optimisation and demand reduction. Examples span digital creative health tools, social prescribing infrastructure, neighbourhood and community-based models, and preventative approaches across the life course, including early years, long-term conditions, mental health, ageing, and dementia.

The submission sets out clear assumptions for future workforce modelling, arguing for a more diverse future workforce that includes creative practitioners, cultural leaders, data analysts and community connectors, supported by fair pay, shared digital infrastructure and cross-departmental investment. It also highlights demonstrated productivity gains, including reduced GP appointments, lower A&E attendances, and improved staff efficiency, alongside the role of training, data infrastructure, and leadership in enabling these outcomes. The submission concludes by focusing on culture, values, and leadership, showing how creative health approaches embed dignity, inclusion, co-production, trauma-informed practice, and whole-



person care into everyday decision-making. It acknowledges ongoing barriers, including fragmented commissioning, short-term funding, uneven digital capability, and limited public awareness of creative health, which constrain wider adoption.

The evidence draws on a broad range of case studies, and the strength of the submission lies in its synthesis of policy, practice, and research, offering a coherent and evidence-informed case for embedding creative health into workforce planning, training pathways, and system leadership over the next ten years. As a policy-facing submission, the evidence draws on aggregated learning and system intelligence rather than a single controlled study, meaning impacts are demonstrated through patterns across practice rather than uniform metrics. As an advocacy piece, the content carries a natural bias towards creative health, which should be acknowledged in any citation of the content.

A summary blog is available at: <https://ncch.org.uk/blog/creative-health-and-the-10-year-workforce-plan>

Section 1: The Three Shifts, available at: <https://ncch.org.uk/uploads/NCCH-submission-to-the-10-Year-Workforce-Plan-Section-1-the-3-shifts.pdf>

Section 2: Modelling Assumptions, available at: <https://ncch.org.uk/uploads/NCCH-submission-to-the-10-Year-Workforce-Plan-Section-2-modelling-assumptions.pdf>

Section 3: Productivity Gains from Wider 10 Year Health Plan Implementation, available at: <https://ncch.org.uk/uploads/NCCH-submission-to-the-10-Year-Workforce-Plan-Section-3-productivity-gains-from-wider-10-Year-Health-Plan-implementation.pdf>

Section 4: culture and values, available at: <https://ncch.org.uk/uploads/NCCH-submission-to-the-10-Year-Workforce-Plan-Section-4-culture-and-values.pdf>

## 88. Setting the Course for the Future of Nursing and Midwifery

By Jane Hearst, on behalf of the National Centre for Creative Health

Also relates to: [Creative Health Communication and Literacy](#), [Maternity, Perinatal Wellbeing, and New Family Connection](#)

This policy recommendations document was created by the National Centre for Creative Health (NCCH) to inform NHS England in their 2025 consultation on the *Professional Strategy for Nursing and Midwifery*. Responding to question prompts, the document sets out how Creative Health can support the future development of the nursing and midwifery professions by strengthening prevention, neighbourhood health, workforce wellbeing and culturally safe care. Drawing on evidence and practice examples, the response positions creativity as a practical resource for building trust, addressing inequalities and supporting more relational, person-centred models of care.

The submission highlights how nurses and midwives are uniquely placed to embed Creative

Health across community settings, maternity services, health promotion and population health. Examples include nurse-led social prescribing, co-designed maternity programmes, culturally responsive health messaging, and creative wellbeing initiatives for staff. Together, they demonstrate how creative approaches can improve engagement, confidence and outcomes for both patients and professionals. The paper also aligns Creative Health with national priorities such as prevention, personalised care, Core20PLUS5 and workforce sustainability. Across education, research and professional culture, the response calls for Creative Health to be structurally recognised within training pathways, evaluation frameworks and career development for nurses and midwives. Evidence from UK pilots shows that creative placements and arts-based pedagogies enhance empathy, resilience and reflective practice, while creative research and digital tools offer new ways to evidence social value and system impact.

Overall, the submission argues that embedding Creative Health within professional strategy is essential to sustaining the workforce, improving equity and shaping a modern narrative of nursing and midwifery fit for future health and care systems. The document's strength is its clear, well-evidenced synthesis of policy, practice, and workforce insight to show how Creative Health can support nursing and midwifery priorities at system level. Its limitation is that, as a strategic response, it prioritises breadth and advocacy over detailed empirical evaluation or operational guidance.

Available at: <https://ncch.org.uk/uploads/Setting-the-course-for-the-future-of-nursing-and-midwifery-NCCH-Response.pdf>

A summative blog is also available at: <https://ncch.org.uk/blog/creative-health-and-the-future-of-nursing-and-midwifery>

## 89. Creative Health Associate Programme report (external evaluation)

By Beth Crosland and Gemma Buckland

Also relates to: [Toolkits, Frameworks, Scales, and Guides](#)

This independent evaluation examines the Creative Health Associate (CHA) Programme, delivered by the National Centre for Creative Health between 2023 and 2025 and funded by Arts Council England. The programme placed seven Creative Health Associates within Integrated Care Boards across England to help embed creative health into health and care systems. Rather than delivering services directly, the CHAs worked as system connectors and advocates, supporting relationships between health, cultural and community sectors and helping create the conditions for creative health to become part of mainstream system thinking.

The evaluation used a mixed-methods, systems-thinking approach, drawing on interviews, focus groups, surveys and sense-making workshops. Findings are structured using the Berkana Institute's Two Loops model, which helps explain how new ways of working emerge alongside,

and eventually replace, established systems. Through activities such as naming creative health, connecting people and organisations, mapping existing practice and building shared evidence, the CHAs supported ‘pockets of the future’ within health systems. Their work increased the visibility and legitimacy of creative health, strengthened cross-sector networks, and enabled creative health to feature in strategies, policies and clinical conversations, even during periods of significant system disruption.

The evaluation highlights that much of the programme’s impact was indirect and incremental, reflected in changes to relationships, confidence and shared language rather than immediate service or health outcomes. As an exploratory, time-limited programme operating during major NHS restructuring, systems change was limited. Progress varied by region depending on local context, sponsorship and capacity, and much of the work remains foundational. Despite this, the report shows that dedicated, boundary-spanning roles – supported by national coordination and learning – can help nurture emerging practice and support longer-term system change towards more integrated use of creative health. Framed within systems-thinking for the purpose of learning, the report does not attempt to measure distinct causal impact from the programme.

The full report is available at: <https://ncch.org.uk/uploads/Evaluation-full-report.pdf>

A summary report is available at: <https://ncch.org.uk/uploads/Evaluation-summary-report.pdf>

As well as an Executive Summary of Key Findings: <https://ncch.org.uk/uploads/Evaluation-short-exec-summary-report.pdf>

## **90. Report on the Creative Health Associates Programme (internal evaluation)**

By Jayne Howard, on behalf of National Centre for Creative Health

Building upon the external evaluation of the Creative Health Associates (CHA) Programme, this internal report provides a succinct record of impact from July 2023 to March 2025. It brings together headline achievements, activity data and regional insights to show how Creative Health Associate roles operated across all seven NHS regions in England, and how they supported the integration of creative health into health and care systems during a period of significant change.

The report captures both the scale of activity and the nature of influence within systems, including engagement with over 1,500 stakeholders, delivery of interdisciplinary learning events, and the development of shared resources and networks. Regional summaries highlight how each Associate responded to local priorities, influencing strategies, strengthening partnerships, supporting co-production, and increasing understanding of the role creative approaches can play in prevention, mental health, inequalities and personalised care.

The report shows that the programme’s impact was primarily developmental and relational, reflected in changes to awareness, confidence, shared language and strategic positioning

rather than immediate service or population-level outcomes. As a descriptive, internal account drawing on programme data and learning, it does not attempt to measure long-term system change, and progress varied by region depending on local context, sponsorship and capacity. Combined with the external evaluation, however, the report offers a coherent picture of how dedicated Creative Health Associate roles can help lay the foundations for longer-term integration of creative health within health and care systems.

Available at: <https://ncch.org.uk/uploads/Creative-Health-Associates-Report.pdf>

## **91. Embedding Creative Health in Integrated Care Systems: Insights from Gloucestershire**

By Jane Hearst, Hannah Gorf, Felicity Penn, Simon Opher, Amabel Mortimer, Lyndsay Davies, Cath East, Lucy Garrett, Matthew Pearce, Ellen Rule, Hannah Waterson, and Helen J Chatterjee

Also relates to: [Co-Production, Co-Design, Co-Creation, Co-Curation, Co-Coding, Participatory Arts, and PPI](#)

This report examines how Creative Health has been successfully embedded within the Gloucestershire Integrated Care System over more than two decades. It shows that system change began with an early clinical champion who combined vision with influence, followed by small, externally funded pilots to build credibility and demonstrate value. Now, creative health is embedded into multiple clinical workstreams, with impact tracked by a Creative Health Data Dashboard.

A defining feature of the Gloucestershire model is the way public health thinking is embedded directly within NHS commissioning structures. By placing Creative Health within clinical programmes and population health governance, the system uses inequalities data, marginal analysis and service-use metrics to identify where creative interventions can add most value. This alignment has been strengthened through deep partnership working, with artists, clinicians, commissioners, volunteers and community members co-designing services together. A key structural innovation was the creation of the Gloucestershire Creative Health Consortium, which brought five diverse providers together under a lead-provider model, simplifying commissioning, enabling multi-year funding, and creating a single, trusted interface with the Integrated Care Board. The report also highlights the importance of NHS-grade data infrastructure in sustaining Creative Health at scale. A shared minimum dataset, including NHS numbers and validated outcome measures, allows creative health activity to be analysed alongside other clinical programmes, supporting evidence-led decision-making and long-term investment.

The findings are based on a single, relatively mature system with strong historical relationships, dedicated coordination roles and sustained leadership, meaning not all elements will be directly replicable elsewhere. Data collection remains resource-intensive, and attribution of outcomes to specific creative interventions can be complex. Despite these limitations, the Gloucestershire experience offers transferable lessons on how leadership,

prevention-focused commissioning, partnership structures, multi-year funding and robust data systems can enable Creative Health to function as a core system asset rather than a peripheral initiative

See the full report at: <https://ncch.org.uk/uploads/Embedding-Creative-Health-in-Integrated-Care-Systems-Insights-from-Gloucestershire.pdf>

Read the blog summary at: <https://ncch.org.uk/blog/embedding-creative-health-in-integrated-care-systems-insights-from-gloucestershire>

Or watch the webinar report launch here: <https://www.youtube.com/watch?v=FaznGTpwnzg>



Pictured: A session from the 'Tackling Health Inequalities Through Creativity' event. Credit: NHS South East London ICB. Credit: Jemima Yong

