

Developing creative health provision

Policy briefing, No. 1, Sept 2023

Introduction:

There is a rapidly increasing evidence base showing the value of creative community-based activities as a credible alternative for improving health and wellbeing. Creative health concerns the use of non-medical community-based provision to aid better health and wellbeing. This includes the creative arts, physical activities including sports and outdoor and nature-based activities.

Over 50% of cases presented at GP surgeries are the result of social rather than medical conditions [REF]. Within a context of over stretched resources across the Health Sector including long waiting lists, there is a clear rationale for support and wide-spread adoption of creative health approaches which offer a more appropriate and cost-effective alternative to medical provision.

About this briefing:

This briefing provides a summary of key messages about how to mobilize creative provision on the ground to benefit communities and improve health and wellbeing and, in turn, considers the implications for developing a creative health infrastructure at a regional level. This briefing is based on the experience of West Yorkshire which is working at the forefront of developments in creative health provision. The evidence presented derives from collaborative research funded by the UKRI-AHRC Mobilising Community Assets programme with partners and community members across Bradford, Calderdale, Kirklees, Leeds and Wakefield. The research explored what it means to mobilise community assets in response to health inequalities.

The problem:

Health inequalities are the result of wider social inequalities typically characterised by poor housing and living environments, low income and employment levels, lack of access to transport and amenities, limited social and cultural capital and community safety issues. These contexts give rise to loneliness and isolation which can cause mental health issues and further compound poor physical health. This can lead to feelings of stress, trauma, vulnerability, despair and hopelessness which eat away at confidence and self-esteem and exacerbate unhealthy lifestyles. People with complex multiple health conditions may have had multiple assessments, but often without receiving support. Long waiting lists for treatment are common and may not lead to appropriate health outcomes. Often, the care and support available is driven by service priorities rather than being responsive to the needs of people in communities.

What is needed?

We are learning that creative health responses can make a real difference through accessible community-based responses to health inequalities. These responses target need and build capacity for sustainable change in people's lives. This involves:

- Local, inclusive spaces where people where people feel safe (to be themselves), accepted and valued and where connection, trusting relationships and friendships can be developed.
- A range of accessible options providing choice and variety for people to try and experience.
- Everyday community spaces for sharing experiences and supporting/holding out a hand.
- Safe opportunities for people to gradually come to terms with their situation rather than have an intervention imposed on them, "we are all work in progress ... healing takes time."
- Opportunities for escapism/being angry ... but also for reanimation (self-acceptance, building confidence, developing a new sense of purpose).
- Value in community processes rather than inputs that provide predefined outcomes.
- Person-centred approaches that are responsive to individual need.
- Outreach services, support and link working.
- Knowledge and awareness of what is available and ability to access provision.

What works: How do creative activities benefit people? (Voices from people with lived experience)



- Provides escapism and respite from everyday health concerns.
- It opens up new ways of seeing and understanding – sparking interest and developing a sense of achievement and fulfilment.
- Combats isolation, builds new friendships and networks and develops social/cultural capital.
- Enables empowerment and personal responsibility for their own health and personal development.
- Service users know that this is important to them and start to make time for their own self-care.
- People enjoy it and come back again – people become volunteers, which in turn can open up opportunities for career development, e.g., running activities.

What works well in community-based creative health provision



Connecting with local communities, including using local facilities (community assets) such as drop ins with co-located services and outreach to engage hard to reach groups.



Flexible, agile system **co-developing bespoke interventions** in communities in response to need and local context, starting with what people are interested in and care about.



Physical hubs: providing accessible and inclusive localised spaces to bring people together, build relationships and connections and support local initiatives such as community/public arts.



Providing clear **pathways for recovery**, linked to following up and following through.



Opportunities for **different modes of involvement** for community members, including attending sessions, volunteering and peer-to-peer support, buddying and ambassador schemes.



Making access to creative activities a part of everyday life, working with partners who have **trusted relationships with communities** providing welcoming and safe spaces to support growth, not a ‘fix it and move on’ approach.



Different modes of engagement giving people choice and opportunities to try out different provision.



Sustainable and consistent (not funded as one-off projects).



Interventions should be asset-based, holistic and trauma-informed.



Community hubs or spaces for co-located and collaborative delivery with creative providers in residence to support innovation and cross-sector working and where people can come and find out about services/activities.



(Informal) Spaces for people to think outside of organisational and service parameters to nourish creative initiatives, enable innovation and cross-sector working.



Utilising existing community assets like libraries, places of worship, schools and shops.



Effective information, communication, campaigns and outreach to publicise and raise awareness to different communities.

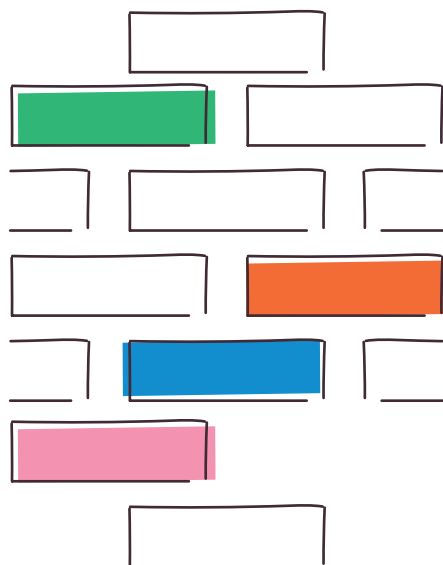


Partnerships are critical. Building cooperative relationships and improved communication between cultural/VCSE organisations and the health service.

Challenges and blocks to local creative health provision

There are many small scale voluntary and community sector providers that make a real difference, but struggle with a lack of continuity of funding. Support needs to be sustainable. One community member summed this up stating: "It's like being set free, but when the funding stops it feels like being a bird put back in a cage."

Specific challenges that block creative health development are as follows:



Access to core funding is problematic with a lack of resources to support networking and cross-sector linkages.

Priority (in funding) is given to NPO holders and high arts which tend not to be appealing or accessible to poorer communities, yet the majority of providers connecting with communities are small scale and existing hand to mouth.

Poor communication and information sharing means that often communities and providers are unaware of what is available and language can be stigmatising.

Limited NHS capacity is used to justify arts not being a priority, without recognising that paradoxically arts and creativity can alleviate demand on services.

The dominance of the medical model across the health sector means that there is resistance to embracing non-medical approaches.

Strategically (funding and commissioning) as well as operationally, the culture, community and health sectors are not joined up.

Arts and health is not in strategies and targets.



Priorities for change: Key messages for policy

West Yorkshire is host to a plethora of developments in creative health, predominantly led by the arts, voluntary and community sectors. There is therefore considerable potential for building on these developments. Given current pressures on resources within the NHS, it is timely to invest strategically and financially in realising the potential of community based creative health initiatives for improving health and wellbeing.

Six key priorities have emerged from our research with partners:

i) Funding and sustainability

Lack of equitable and sustainable funding is the singularly **most significant factor undermining the development of creative health provision** to address inequalities. Patchwork project funding which doesn't cover costs, different priorities and timescales across sectors, competition and lack of flexibility constrain developments. Commissioning is framed around grand policy targets and outcomes rather than community need. It is difficult for community organisations to access NHS and statutory Health and Social Care funding.

Actions needed:

- Continuous financing to ensure continuity and sustainability is imperative. This could be achieved by developing coherent local strategies in a joint funding consortium committed to pooled investment across sectors that also enables opportunities for experimentation and innovation that transcends organisational silos.
- NPO funding through the Arts Council England needs to reflect on how best to support the disproportionately high percentage of small community-based providers.
- Revise funding approaches away from a sole emphasis on statutory provision to providing a split funding model involving community-based commissioning and responsive applications for resources allocated on a transparent and equitable basis.
- Educating funders about the value and nature of creative health work and what is involved.
- Separate budget lines are needed to resource innovation and pilot new approaches and to support community groups in developing and funding their own initiatives.
- Criteria for funding needs changing to reflect process rather than outcomes and developmental work such as network building.

ii) Communication and visibility

There is a lack of awareness of the availability and benefits of creative health provision in communities and amongst professionals across sectors. This is especially the case with NHS professionals who often see creativity/ arts as something that is an obligatory "add-on" or at best "nice to have" in the health sector and lack knowledge of community-based provision. This has resulted in the slow adoption of creative health approaches with social prescribing falling short of its potential.

Action needed:

- Local information and awareness-raising campaigns backed by a national media strategy for creative health are needed along with CPD and knowledge exchange with health professionals to reactivate social prescribing and the development of non-clinical routes to community-based provision.
- These need to include promotional activities in local community spaces such as shops, schools, churches and GP surgeries showcasing opportunities and events as well as signposting between community-based services.

iii) Culture and system change

Significant evidence of the value and benefits of creative health approaches now exists (REFS). There is therefore a fundamental need for a shift in culture from sole reliance on a medical model to embrace a recovery model in which the efficacy of community-based creative responses is recognised and resourced as part of a reanimated multi-sector system supporting people to live well. (For example, bringing together health practitioners with loneliness charities and arts and health organisations). This requires a holistic approach to understand mental and physical wellbeing together within a social context including embracing emotional dimensions to poor health.

Actions needed:

- Fostering collaboration and connectivity between the NHS, voluntary, community, creative and cultural sectors through collaborative commissioning.
- Opportunities for cross-sector knowledge exchange, dialogue, collaborative learning and innovation to realise the potential of joint working including secondments.
- Shift from an emphasis on high cultural forms to recognise the importance of community-based arts to counteract polarisation across the cultural sector and reverse skewed approaches to funding.
- Focus on personalisation and specific needs of different communities enabled by neighbourhood networks which accommodate the participation of VCSE organisations and community members alongside statutory bodies.
- Embedding a new approach to research and system learning in the form of a whole system action inquiry approach to transformation that better connects lived experience with arts and health systems across West Yorkshire ICB.
- Develop creative evaluation methods to generate robust evidence, build a resource of good practice and develop criteria for assessing progress as well as impact from creative health interventions.

iv) Capacity, skills and support

Culture change and system development to integrate and support creative health approaches involves professional education and system learning to develop new values and practices. Workforce CPD and training across arts and health is needed to ensure a pipeline of sector skills development and human resources.

Actions needed:

- Development of education, training, leadership and professional development provision to ensure capacity and skills in creative health provision and commissioning.
- Develop a centralised database of providers and a network of 'creative health champions'.
- Supervision and support for artists and cultural providers to respond better to complex issues e.g., trauma-informed practice.
- Network development providing linking and advocacy roles to connect workers across sectors as part of a local creative health ecosystem with enhanced connectivity with primary care.
- Focus on building individual and community capacity to live well through providing spaces for linking conversations.
- Training and development of support for people with lived experience for volunteering and paid worker roles, peer support, community research and involvement in local decision-making.
- Making available resources to invest in community assets (buildings and activities) including novel approaches to supporting dual use of shops and community facilities, dedicated as well as mobile (e.g., art in a van) and pop up spaces.

A note on research approach

The project utilises a co-productive approach centred around the use of community-based action research and systemic action inquiry as participative processes of learning for change. This involved arts and health professionals and people with lived experience exploring what it might mean to develop creative health approaches across West Yorkshire. The project included 5 place-based inquiries, deep dive case studies of good practice and 3 whole system workshops. The project was undertaken between Nov 2022 and July 2023.

For further information please contact: B.Percy-Smith@hud.ac.uk or R.Bailey@hud.ac.uk

This research was funded by KRI-AHRC, Grant Ref: AH/X006301/1