# xR StOries

## Participation, value and evidence in North Yorkshire's creative wellbeing provision

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Throughout the report, interview extracts are attributed by participant code rather than by name. Given the size of the sector in North Yorkshire, some readers may nonetheless be able to identify particular participants. Everyone quoted has had the opportunity to review the extracts attributed to them ahead of publication.

Thanks are due to the 57 people who completed the survey, and to XR Stories and The York Policy Engine at The University of York for supporting the work as part of the Creative Industries Policy Group.

# Executive summary

This report draws on 14 interviews with organisations delivering creative wellbeing activity across North Yorkshire, and a survey of 57 county residents, including people who have never taken part in this kind of activity. By creative wellbeing activity we mean active, non-clinical creative activity such as art, craft, music, singing and writing, run by an organisation or group in the community, which contributes to people's wellbeing whether or not that is its stated purpose. Section 1.1 defines the term more fully and sets out how it relates to creative health.

Most research on creative health has been conducted in cities. Rural communities are under-served by both services and research, although social and geographical isolation compounds the health inequalities that creative wellbeing provision is meant to address. North Yorkshire, a large and dispersed rural county, is the kind of setting existing research has least examined.

The aim of this report is to describe what participants and activity providers report about their experience and to provide a snapshot of the benefits and challenges faced by survey respondents and the activity providers working in this space. A recurring thread that runs through the findings is that creative wellbeing work is difficult to define. It is equally difficult to provide evidence of the work and the value that it brings outside of the venues where the activities take place.

Two groups of people were involved in this study. Survey respondents who had taken part in creative wellbeing activity are called participants, and those who had not are called non-participants. The 14 people interviewed run or deliver this activity and are called activity providers, identified as P1 to P14. Where providers describe the people who come to their own sessions, those people are not the same as the survey respondents.

| Taking part | |
|---|---|
| 1 | People arrive at creative activity mainly through family and friends, and through community organisations. No survey respondent had heard of a programme through a GP or social prescribing link worker, though this likely reflects the limits of the survey rather than the pathway itself: at least one organisation described referral pathways as its primary route in. |
| 2 | Word of mouth, while described as essential, largely reaches people already connected to an organisation. |
| 3 | Location of venue and low or no cost were the strongest enablers of participation, and cost mattered considerably more to people with a long-term health condition. |
| 4 | Participants and non-participants report different barriers. Non-participants report *not knowing what's available* as the most common barrier, whereas those already attending tended to report *time, not knowing what to expect* and *confidence* as the most common barriers. |
| 5 | Participants describe the value of taking part in relational terms, such as connection, belonging and being with others, above individual outcomes such as *confidence* or new skills. |
| 6 | Some benefits emerge quickly, such as improved wellbeing and feeling more connected to others. Other benefits, particularly help with managing difficult emotions, are reported strongly only by participants involved for over a year. |

## Evidencing value

| | |
|---|---|
| 1 | Organisations routinely translate their work into the language different funders expect, and the usefulness of this skill beyond applying for funding was disputed. Under sustained funding and political pressure, organisations' accounts of value tend to shift towards numbers, money and instrumental outcomes, and away from how they understand the work themselves. |
| 2 | Creative work is often funded indirectly, through skills or health outcomes a funder recognises, while the creative practice producing those outcomes often goes unnoticed and unfunded. |
| 3 | The difficulty that organisations experience in evidencing their work does not come from a lack of effort or care. These groups have limited time and resources, and the burden of applying for funding, evidencing and delivering the work tends to fall simultaneously on the same individuals. |
| 4 | Some organisations, for their part, choose not to collect data at all, judging that the act of measuring would damage the work and the relationships they are trying to build. |
| 5 | Much of what organisations do collect is often not examined: material is gathered to satisfy a funder's requirement rather than to answer a question the organisation itself holds. |

## Consequences of these findings

| | |
|---|---|
| 1 | Organisations in this study were, for the most part, not struggling to understand the value of their own work; what they lacked was the means to demonstrate it in terms other people would accept. These findings have consequences beyond the organisations themselves. Notably, because funding decisions rest on what can be documented, the provision that survives is not always the provision that works.<br>• One programme in this study was being wound down at the time of interview, and the person running it attributed that to their decision, made at her participants' request, not to photograph or film them.<br>• Where creative practice is funded for its skills or health outcomes, art's role in producing those outcomes goes undervalued, making the case for art itself harder to make next time.<br>• Provision whose value lies in consistency rather than change, some of it running for decades, cannot be presented as a new project and falls outside most of the funding open to it.<br>• And where activity is free at the point of use it is free only as long as the grant lasts, so the people who most depend on low cost, particularly those with a long-term condition, are the first to lose access. |
| 2 | This report sets out what follows for organisations, for funders and commissioners, and for policy. It closes with a practical toolkit including:<br>• Planning frameworks.<br>• Seven standardised measures with guidance on what each is suited to.<br>• Nine additional methods ranging from a two-minute exercise at the end of a session to a full interview programme.<br>• Two case studies of organisations that have built evaluation into how they deliver.<br>It is written for organisations making their own decisions about what to measure and how to report. |

# 1. Introduction

Creative activity is now firmly established in national health and cultural policy as something that supports wellbeing. The All-Party Parliamentary Group on Arts, Health and Wellbeing's inquiry report, *Creative Health*, drew on over a thousand studies to argue that the arts contribute materially to health across the course of our lives (APPG AHW, 2017). The World Health Organization's scoping review of more than 3,000 studies reached a similar conclusion (Fancourt & Finn, 2019). The APPG inquiry also led to institutional infrastructure being created and its first recommendation was for a national centre. The National Centre for Creative Health launched in March 2021 with the aim of advancing practice and research, informing policy and promoting collaboration, so that creative health might become integral to health and social care systems. Its early work was conducted with NHS England's Personalised Care team and four Integrated Care Systems, examining what enabled and obstructed the integration of creative health at a system level. Six years after the original inquiry, the Creative Health Review set out how policy might embed creative health within health and social care, framing it as a means of reducing health inequalities and building social capital rather than as an optional addition to clinical provision (NCCH & APPG AHW, 2023).

Organisations delivering creative activity in communities are increasingly seen as contributors to health outcomes, funded through health-adjacent streams, connected to social prescribing pathways, and asked to demonstrate their contribution in terms that health commissioning recognises. The expectation to evidence value has grown alongside policy interest in creative health. Studies have largely been concerned with whether creative activity contributed to wellbeing, and with testing interventions. This is driven by the demands of justifying publicly-funded programmes, but critics have argued that these approaches are too limited to capture the aspects of cultural experience that matter most (Crossick & Kaszynska, 2016). More recently, critics have also questioned whether the reviews underpinning current policy adequately assess the quality of the studies they include, calling for more robust evidence (Clift et al., 2021). Furthermore, there are three main gaps in the literature that have yet to be fully explored.

First, the evidence concentrates on defined interventions with identifiable participants and measurable outcomes. Much less is known about the longer-term effects of creative activity or about creative wellbeing among populations without a diagnosed condition. Reviews in this field have repeatedly noted inconsistency in the measures used and gaps in evidence on long-term effects (Ganga et al., 2025).

Second, comparatively little research examines the organisations themselves. Where the practice of evidencing has been studied, the findings point to evaluation being burdensome and time-consuming, while also necessary and useful (Swan & Atkinson, 2012). Broader work on evaluation in the sector reports that artists and small organisations are disadvantaged by unequal access to evaluation expertise, and that newer or more innovative provision often faces a higher evidential burden than established programmes (Daykin et al., 2017). A recent UK and Ireland-wide survey by Creative Lives (2026) of nearly 500 grassroots creative groups found that almost three quarters lack the resources they need, that groups feel invisible to and undervalued by the wider arts sector, and that over half feel disconnected from their local authority. Its respondents identified consistent core funding as the single change that would most help them, and described a funding environment in which established work is harder to justify than something new (Creative Lives, 2026).

Third, it is difficult for organisations to know who they are not reaching and why. Population surveys establish who takes part in cultural activity and who does not, including lower participation among people with poorer mental health (Fancourt & Baxter, 2020), but these operate at national scale and mostly measure attendance as an audience rather than taking part in creative wellbeing provision. On the other hand, studies of provision recruit through the programmes they examine, which places the people who do not engage outside of the bounds of the study. This is a recognised difficulty in research with populations that existing services do not reach (Ellard-Gray et al., 2015).

This report goes some way towards addressing these gaps, in a specific regional setting. It asks what organisations delivering creative wellbeing activity across North Yorkshire understand their value to consist of, how they account for that value to funders and commissioners, and what participation looks like from the perspective of people who take part and people who do not. While the numbers may be small, they provide some indication of the answers to these questions, and suggest avenues for further research.

## 1.1 Creative wellbeing activity

*Creative wellbeing activity*, as the term is used here, means participatory creative practice in community settings: art, craft, music, singing, dance, writing and similar. Four features distinguish it from cultural provision more broadly. First, participation is active, so people make, perform or create rather than attend as an audience. Second, it is non-clinical, so typically no diagnosis or clinical referral is required to take part. Third, wellbeing is treated as something the activity contributes to, whether or not the organisation delivering it explicitly names wellbeing as its purpose. Fourth, it is organised: an organisation or group runs it, usually with someone leading the sessions.

The term *creative wellbeing* overlaps with creative health, which is the term used in national policy and in the Creative Health Review (NCCH & APPG AHW, 2023). Creative health is used here for provision commissioned, referred or funded within health and care systems. Creative wellbeing is the wider field of which that is one part.

This report is concerned with activity that organisations provide, and with how they account for it. It does not examine creative activity that people do alone, at home or informally with friends, although that too is associated with wellbeing (Conner et al., 2018; Mak et al., 2021), and some participants in this study described creativity in general as good for their mental health. The two are not simply interchangeable, however: during the COVID-19 lockdowns, the loss of in-person community arts opportunities appears to have reduced some people's creative engagement at home (Mak et al., 2022).

## 1.2 North Yorkshire

North Yorkshire is a unitary authority, formed in 2023 from the county's former district and county councils. It does not include the City of York, which is a separate unitary authority with its own council, despite sitting at the centre of the county geographically. The two authorities together form the York and North Yorkshire Combined Authority, led by a directly elected mayor since 2024.

North Yorkshire is the largest local authority in England by land area, and one of the most sparsely populated (ONS, 2025). Its geography is a mixture of small and medium towns and villages, large rural expanses and several coastal towns and villages. The largest settlements are Harrogate, at around 76,000 people, and the coastal town of Scarborough, at around 60,000 (ONS, 2023).

Most research on creative health and cultural participation has been conducted in cities, where provision is generally accessible by public transport and population density means far more people can be reached for the same effort. Rural communities are comparatively under-served by both services and research, despite social and geographical isolation compounding the health inequalities that provision is intended to address (Borda-Nino-Wildman & Simopoulou, 2025). This report focuses on North Yorkshire because it is this kind of dispersed, rural geography that existing research has least examined. The geography of North Yorkshire therefore has implications for how people come to hear about creative wellbeing provision, whether they can physically reach it, and what it costs organisations to deliver.

Despite these challenges, North Yorkshire has a strong history of creative health, with a wide range of organisations operating in the local authority area for many years. At the moment, the council is trialling Creative Health Hubs, which are partnerships of cultural, creative and health organisations delivering locally relevant interventions on district footprints (Fijalkowski, 2024). The local council area also contains the full range of

organisational forms found in the sector, from volunteer-run community groups operating on donated time to established charities with paid delivery staff and a local authority cultural service which runs creative wellbeing programmes across its venues.

## 1.3 Data collection

The study ran from March to June 2026, and combined two strands of data collection. The first strand involved interviews with activity providers delivering creative wellbeing activity to address how organisations understand, deliver and account for their work. The second strand was a survey of North Yorkshire residents addressing participation itself, and was designed to include both people who have, and those who have not, taken part in creative wellbeing activity.

### 1.3.1. Interviews

Fourteen semi-structured interviews were conducted with people running or delivering creative wellbeing programmes, identified throughout as P1 to P14. Organisations in North Yorkshire were approached and selected purposively to cover as much of the council's geography as possible (Figure 1). They were identified through internet search, scoping review and snowball sampling.




**Figure 1.** Map showing the distribution of the organisations that were interviewed across North Yorkshire. The map shows North Yorkshire's former district boundaries for geographic reference purposes.

Interviews lasted between 24 and 70 minutes (mean = 49 minutes) and were conducted on Zoom. The full list of interview questions is included in Appendix A. The interviews were semi-structured, meaning that there were predetermined open-ended questions, with the flexibility to explore topics in more depth through follow-up probes. Consent was obtained to record the interviews, which were then transcribed and coded in NVivo using codes developed inductively from the data.

The organisations taking part in this study differ in size, legal form and access to resources. They include community interest companies, charitable incorporated organisations, constituted community groups, a local authority cultural service, and established arts organisations operating across the region. Some were founded recently; others have been running for three decades or more. Several are staffed entirely by volunteers, and one described the work as running on "*goodwill, volunteering time*" and "*hours of donated time and skills*" (P12), with grant funding covering the cost of the creative workshops themselves.

The activities were similarly varied, including craft, visual arts, music and singing. In every case, the provision involved active participation. That is to say, participants were involved in making, performing or creating. Some organisations also programme work for audiences. All the organisations interviewed saw their activity as contributing to wellbeing to some extent, although not exclusively so. Several described their work as equally concerned with supporting artists' practice and professional development as with building skills that lead to volunteering or employment, or with strengthening the social fabric of a place.

### 1.3.2 Survey

The survey was administered through Qualtrics, took approximately 10 minutes to complete, and was open to North Yorkshire residents aged 18 or over (see Appendix B). It was distributed through local groups on social media, and activity providers interviewed were asked to disseminate it within their networks. Respondents confirmed their own eligibility, which was checked against the postcodes they gave. At the start, respondents indicated whether they had taken part in creative wellbeing activity, and were then directed to questions for participants or for non-participants. Once incomplete responses were excluded, there were 57 responses.

Respondents self-selected, and so the sample should not be seen as representative of the county's population. People who respond to a survey about creative activity may already have some interest in it, so non-participants in this study are likely to be closer to taking part than those in the wider population. Distribution online also excludes people without internet access.

Thirty respondents who had taken part in creative activity answered questions about their experience of it. Where a respondent had taken part in more than one activity, the survey did not ask them to specify which one they had in mind; responses should be read as reflecting participants' general experience of creative wellbeing activity rather than a single identified programme. Participants were asked how they heard about creative activity, how long they had been involved, and to rate eight statements about its effects. They then described in their own words what had been most valuable, and outlined the enablers and barriers to participation.

Twenty-seven respondents who had not taken part in creative activity were asked whether they had heard of creative wellbeing activities locally, whether they would consider taking part, what might stop them, and what would make them more likely to. Of the 27 non-participants, 12 had considered taking part and 15 had not.

Figure 2 shows the age of the survey respondents. In general, the sample skews older, with 54% of respondents being aged 55 or older.

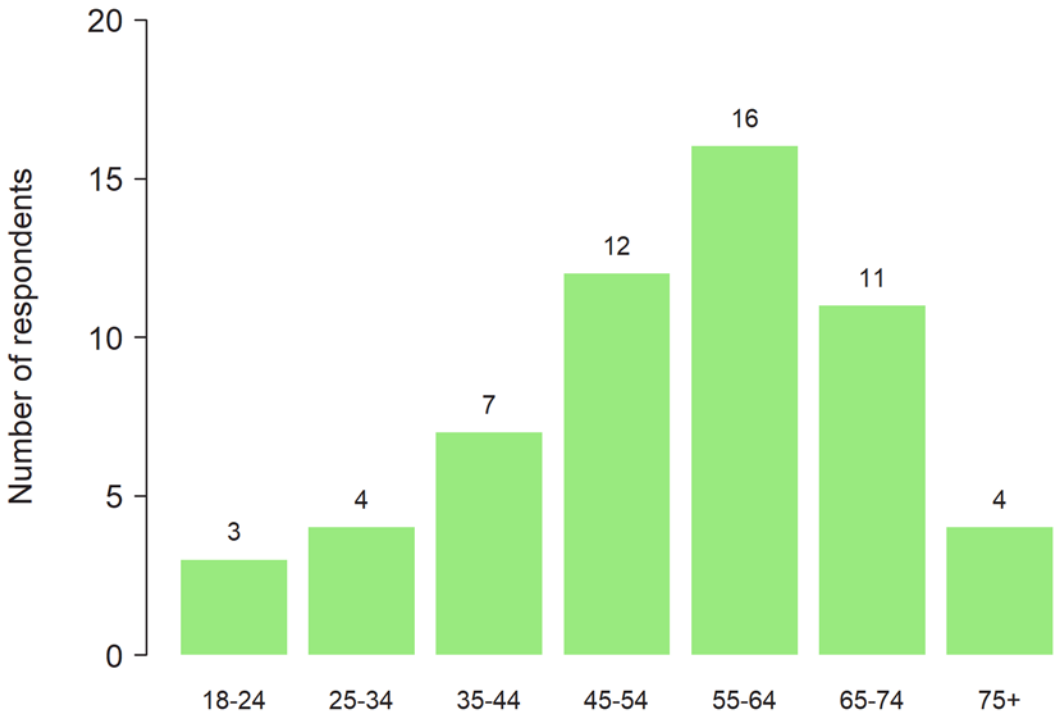



**Figure 2.** Age of all survey respondents.

Almost all survey respondents identified as women. In fact, all but one respondent identified as a woman and one chose Prefer not to say. This is consistent with what activity providers described. Several organisations reported that their participants are predominantly women and that reaching men is an ongoing difficulty. One provider described how they "*encouraged all the ladies to bring their husbands. And some of them did, and some of them came in with their wives, dragged along. They're all older… 'I'm not gonna sing. I've just come with her…' But they did. They did. They sang their hearts out, and [we] got handshakes at the end, [and they said they] will come again*" (P12). Another observed a gap between attending and taking part: "*We get a lot of men coming into the gallery, but we don't get as many men engaging in activity*" (P1). That said, providers' accounts suggest that the type of activity on offer plays a role. One organisation introduced a woodworking group specifically "*because people like what we do, they say, oh, can we do something that maybe will appeal more to men*?" (P8). Another hosts a men's shed that "*come[s] in a couple of days a week, and take[s] over the workshop*" (P11), and described a wider, already well-established network of men's sheds across North Yorkshire. Finally, it is worth noting that this survey sample is small and self-selecting. The gendered patterns described above reflect providers' direct experience of who attends and who does not, but the survey itself cannot speak to men's experience of these activities, since men are not represented among respondents. This is a gap in the data rather than evidence that men are absent from creative wellbeing spaces, as the interview findings above indicate.

Twenty-one survey respondents self-identified as having a long-term physical or mental health condition. Figure 3 shows the split of participants who identified themselves as having a long-term condition between participants and non-participants.

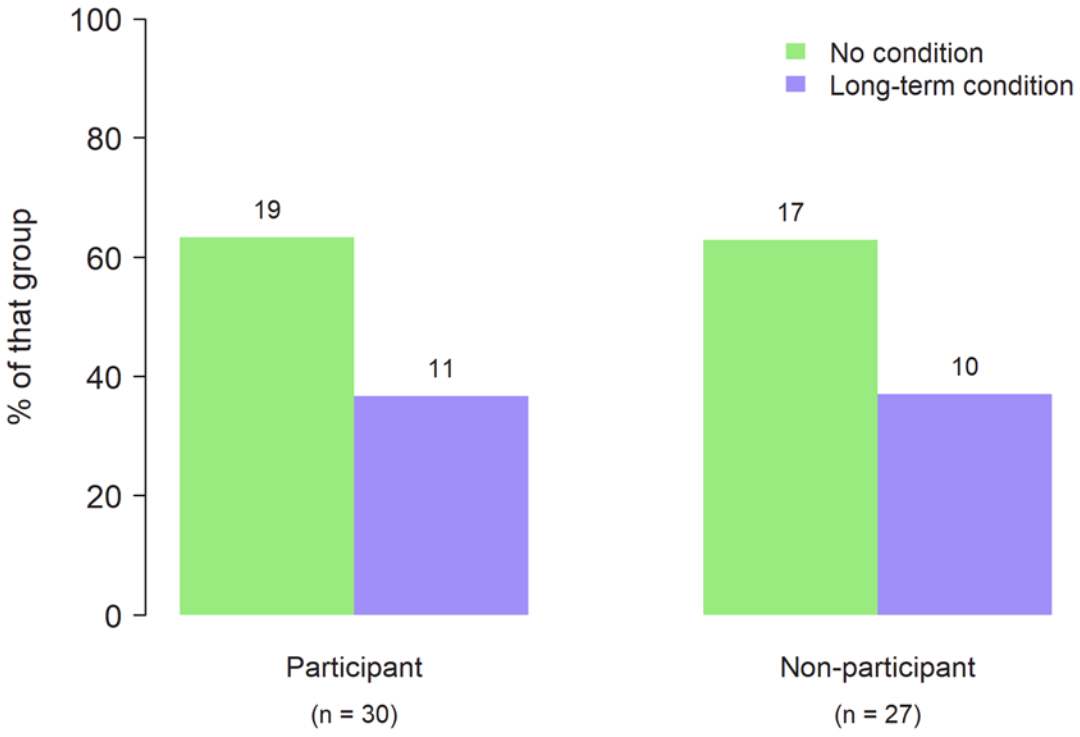



**Figure 3.** Long-term condition among participants and non-participants.

## 1.4 Structure of the report

**Section 2** examines participation: who takes part in creative wellbeing activity in North Yorkshire and who does not, what makes taking part possible or difficult, and what participants say they gain from engagement. It draws primarily on the survey, with activity provider accounts used to supplement and contextualise those findings.

**Section 3** turns to the organisations delivering that activity. It examines how they understand and communicate the value of their work, the positions they take on evidencing it, and the difficulties they encounter in their relationships with funders and commissioners. It draws on the interviews.

**Sections 2 and 3** each close with learning takeaways for activity providers, for funders and commissioners, and for policy and the wider sector.

**Section 4** considers what the findings mean for North Yorkshire's council-run cultural venues: what offering creative wellbeing activity more widely across them could address, and what would need to be in place for it to work.

**Section 5** is a practical toolkit for organisations deciding what to measure and how to report. It covers planning frameworks, seven standardised measures, nine additional methods, and two case studies of organisations that have built evaluation into how they deliver their work.

# 2. Taking part: who takes part, how they find out, and what they gain

## 2.1 Routes into activity

Participants reported having mainly informal routes into creative activity (Figure 4). *Friend or family, alongside community organisations*, were the most prevalent. *Social media* was a fairly common route into the creative activity, which resonates with evidence from the interviews with activity providers, many of whom did post on social media, although some also recognised that access to the internet can be a barrier for some: "*Obviously we're moving more into a digital world, but a lot of people we're working with that are very rurally isolated, that potentially, don't have access to friends or that can support them in that digital world*" (P14).

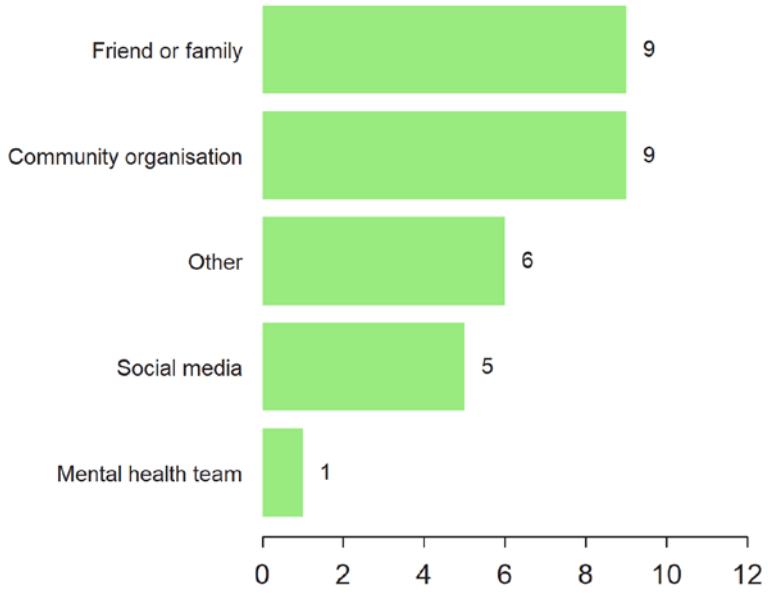



**Figure 4.** Routes by which the 30 participants reported hearing about the programme.

Notably, no participant selected the general practitioner (GP) or *social prescribing link worker*[1] options. The other category included people finding out about the programme through their work (n=2), a pamphlet through the door (n=1) and word of mouth (n=3). This should be read against how the survey was distributed: respondents were reached largely through social media and organisations' own networks, a route that may under-represent people who arrive through structured referral rather than an organisation's public-facing channels.

While none of the survey participants described arriving at the creative activity through GP or social prescribing referral, one provider described referral pathways through GP-based social prescribing link workers, community mental health teams, and local authority adult services as the dominant route into their programmes, accounting for several hundred participants a year (P7). However, where referral relationships are described, providers' accounts of how well they function are themselves mixed. Some describe them working well, embedded within a wider set of relationships: "*We've forged partnerships with GP social prescribers, with addiction groups, people recovering from addiction, with other community voluntary groups, partnerships, and that's key in letting people*

[1] A social prescribing link worker is the person a GP or other health professional refers someone to, for non-clinical support in their community, such as creative activity, exercise groups or debt advice. Link workers may be based in a GP practice or in another community setting. "Social prescriber," used in some quotations below, refers to the same role.

*know about us" (P9). Others describe being known to social prescribers without this translating into referrals: "I've been introduced to social prescribers, but nothing happens, and I just hear it's to do with money*" (P2). This unevenness is consistent with the wider evidence: across England, social prescribing link workers are not necessarily concentrated where there is greatest need for them (Wilding et al., 2024), and questions remain about whether the model reaches the patients it is intended for (Fancourt & Steptoe, 2025). As such, routes into activity are unevenly structured.

Activity providers also emphasised the importance of word of mouth for growing, making connections, and reaching participants. On this account, word of mouth is "*absolutely vital*" (P8). One provider set out why, while also identifying its limited reach: "*We don't have the money for marketing. So it's word of mouth on a whole [...] We have a social media following, but on the whole, the people that already come, or the families that already come. So you're not really reaching out to the wider community*" (P2). In contrast, paid alternatives are limited by cost and effort and, as seen by the survey responses, have limited efficacy. This leaves providers wondering: "*How do we get that message across that we're there and they can work with us*?" (P14), and "*letting people know, look, this is just what we do, but how do we do it*?" (P2).

### 2.1.1 Enabling factors

Activity participants were asked about the factors that enabled them to participate in the activity (Figure 5). By far the largest enabler, for 90% of activity participants, was the *location of venue*. The next largest enabler (57%) was the activity being of *low or no cost*, followed by *encouragement from someone I know* (47%). Low or no cost was an especially important enabler for those with a long-term health condition (82%), compared to those with no condition (42%), more of whom put encouragement from someone I know as an enabler (47%). Considering these programmes tend to target those with a long-term condition, this is an important finding that underscores the relevance of funding to allow these programmes to remain financially accessible to the people they most aim to help. Providers were also conscious of the importance of keeping their activities financially accessible while also securing the resources to do so: "*I've always said, I really want to be able to keep this free, but I need to prove what we're doing so we can get some funding*" (P1). One organisation charging on a pay-what-you-can basis found that this did not remove the barrier to entry: "*People that just can't afford, people are proud, and you can understand that. And although we say pay what you can to many of the classes... it's not getting out to people*" (P2).

Comparatively fewer activity participants (20%) mentioned transport as an enabler. This, coupled with the finding that the *location of venue* was the most common enabling factor, suggests that activity participants favour activities that are close to home. Indeed, providers showed they understood the importance of reaching communities where they are, either through actively taking programmes into villages across North Yorkshire (e.g., P3, P5, P14) or explicitly referencing it as an important part of their work: "*Obviously, we'd still need to do community stuff as well, because we need to go where people are*" (P12).

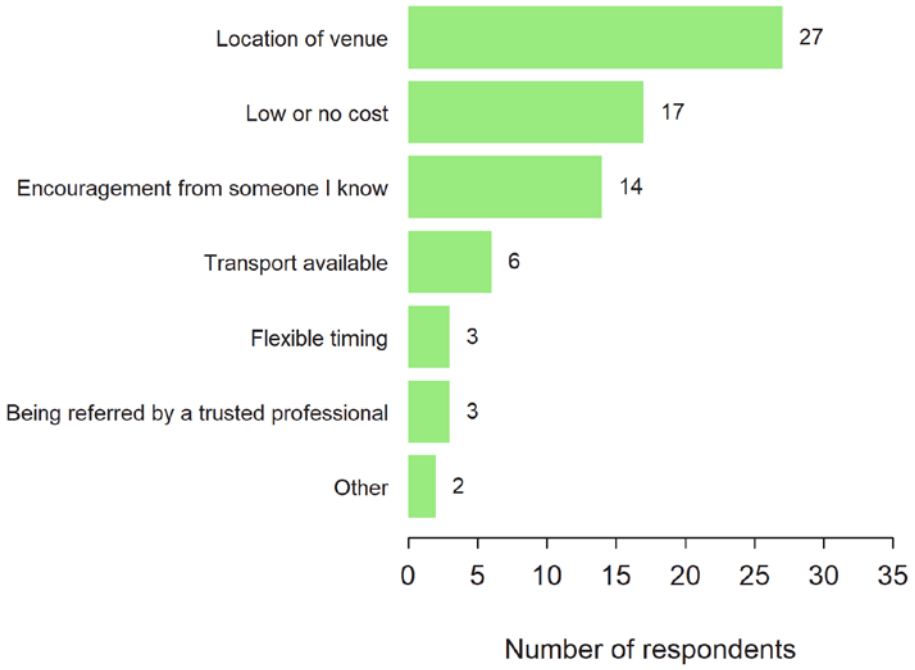



**Figure 5.** Factors that made it possible for activity participants to attend. Participants were asked to tick all the factors that applied to them.

### 2.1.2 Perceived and actual barriers to participation

For participants, the mean number of barriers experienced was 1.63 (SD = 1.92), and for non-participants this was 2.78 (SD = 1.89). There were large differences when we compare those with a long-term health condition and those without. For those who had participated in creative activity, those with no long-term conditions selected a mean of 0.95 barriers (SD = 0.78), compared to 2.82 for those with a long-term condition (SD = 2.68). For non-participants, those without a long-term condition reported a mean of 2.29 anticipated barriers (SD = 1.53) compared to 3.60 for those with a long-term condition (SD = 2.22). It is worth noting that nine out of 30 (30%) participants did not face any barriers to participation, while two non-participants saw no obstacles to taking part. Understandably, those with long-term conditions face greater barriers to participation, and there is a greater degree of variation in the number of barriers among these respondents (as conditions are varied and affect people in different ways).

Figure 6 shows the barriers that participants faced in taking part in the activity. The largest barrier to participation was *time* (30%), followed by *not knowing what to expect* (27%) and *confidence* (27%). Again, these barriers are not felt the same by each of the groups that responded to the survey. 32% of participants with no long-term condition reported no barriers, as opposed to 27% of participants with a long-term condition. *Time* was the most prevalent barrier for those with no long-term condition (32%), while for participants with a long-term condition it was *confidence* (55%). Additionally, participants with long-term conditions were more likely to report *not knowing what to expect*, *physical health*, and *mental health* as barriers to participation. 45% named each of these three as barriers, compared with 16%, 11% and 0% respectively among participants without a long-term condition.

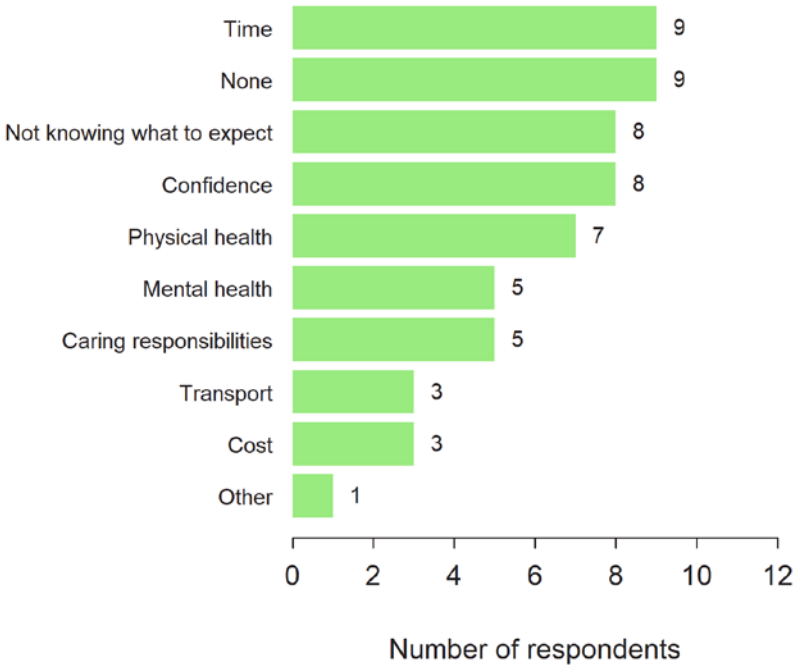



**Figure 6.** Barriers participants faced to taking part. Participants were asked to tick all the barriers that applied to them.

For non-participants, *time* was also a barrier to participation (48%), although not as common as *not knowing what's available*, which 56% reported (Figure 7). The activity providers interviewed recognised that getting information to potential participants was a challenge, and routinely identified rurality as a factor. One compared more densely populated areas to North Yorkshire: "*It's much more condensed, population-wise as well, so, it's really sparse here. Everyone's in one place, so if you put a poster up, or you put something in the library, it'd meet thousands of people. But here, that's not… hundreds would be a push, I think. Probably less than that*" (P12). This has pushed many organisations towards going where people are, rather than expecting people to come to where the information is. However, one provider also highlighted that rurality "*drives the cost of delivering those services up, which is something I don't think is really understood at a national level […] delivering within a dense populace in a city region is a lot easier, in some respects, than delivering the same quality and level of service in rural areas where you have these pockets of population that are very far apart*" (P5).

Another provider described a common complaint that they hear and their own uncertainty about answering it: "*A lot of people will complain and say, I didn't know that was happening. Those are the people we're not reaching, but then again, I'm not entirely sure how you ever do reach those people, because […] there were posters, and information was out there in the physical form, it wasn't just on social media. And even people on social media don't get to see things because of the various decisions that Meta makes as to what people get to see*" (P8). Furthermore, the shift towards social media as a primary channel can compound social isolation for those people who are already most isolated and least likely to be online.

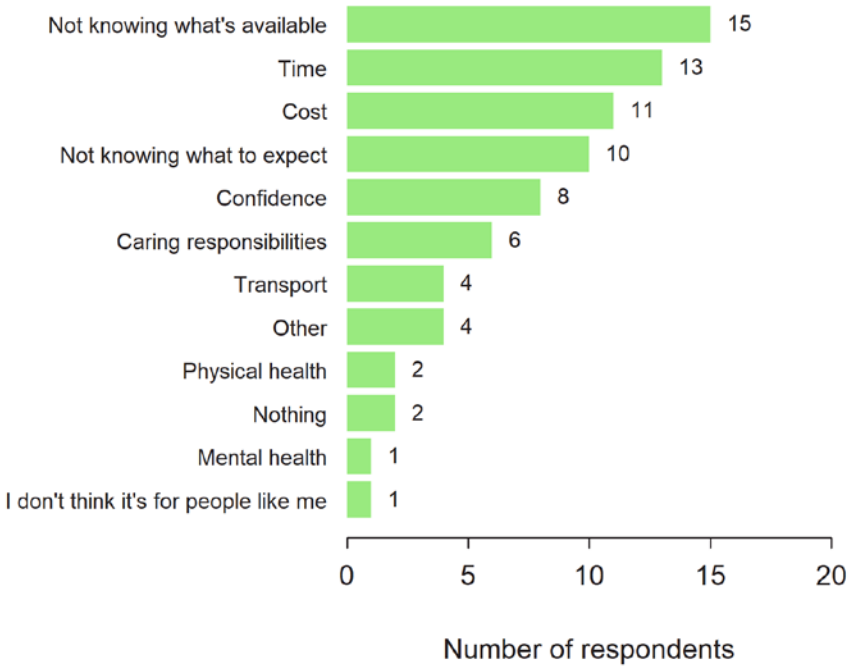



**Figure 7.** Barriers that might stop non-participants from taking part. Non-participants were asked to tick all the barriers that applied to them.

As mentioned previously, time was a barrier for participants and non-participants alike, with one participant writing in the free-text other box that "*lack of activities outside of normal working hours*" was a barrier. This is something providers have also recognised and are beginning to address: "*We are opening up to people who are working 9 to 5, which means we can start to offer them something, and we've seen that that is incredibly successful. People are coming when the opportunity's there for them to engage*" (P14). Another described trying "*art clubs, but in early evening for people to come after work" and "a knit and natter group, which is early evening, and that's mainly people who are working in the day, so they're able to come in the evening*" (P3).

Cost was named as a barrier by 10% of participants and 41% of non-participants, suggesting that it is preventing a substantial number from accessing creative wellbeing activities. Organisations respond by keeping provision free at the point of use where funding allows and providing people with food and drink: one puts on free drinks because "*I know where they're at*" (P1), and another provides "*a free lunch every day, cooked lunch every day, which is… it's quite a big benefit, actually, to quite a lot of people*" (P11). The solution is contingent on the funding that supports it, and providers are explicit in recognising the precariousness of this situation: "*I've let people know that there is a danger that we won't always be free*" (P1). This is not confined to North Yorkshire: the recent report from Creative Lives (2026) found a strong commitment by organisations to keep activities affordable and community-focused even where doing so threatens long-term sustainability, with groups describing free or donation-based provision as leaving revenue well short of actual costs. Where organisations charge, pay-what-you-can is a common approach, though as noted above this lowers the price without necessarily removing the barrier. One provider argued that free provision can reduce commitment: "*if you offer it for free, it doesn't give any people [sic] incentive*" to turn up (P10).

*Not knowing what to expect* and *confidence* were also anticipated barriers for non-participants, and just like the participants, these barriers were selected by a higher proportion of people with a long-term condition. These barriers were reported by 27% of participants. Among non-participants, 37% anticipated *not knowing what to expect* and 30% a lack of *confidence*. Some organisations are already tackling these barriers. For example, one ran a project "*which was one-to-one support and crafts in homes, and we were building up confidence and building up skill, so that when it came to that one-to-one coming to an end, so that the artist could then go and*

*work with somebody else, what we hope to do, and in some cases we did do successfully, is for that individual to feel confident*" to access the group classes run by the organisation (P14). Another activity provider encourages new members "to come along a bit earlier" so they can have a chat about the programme, and "*then they get to see people as they sort of join, as they come along, rather than walking into a room where everyone stops and stares at them as the newcomer*" (P6).

*Caring responsibilities* were reported as a barrier by respondents in both groups. One organisation described designing its provision directly around people with caring responsibilities. The activity initially targeted children, but evolved into sessions that were beneficial for both children and parents:

> "We've done quite a bit of work with the local home education community [...] Their parents, generally mums, are really isolated, are working with their kids 24-7, not with any other adult [...] I did a one-off workshop for them. Well, it was actually for the kids, which was crafts. We made worry dolls. And, what actually happened was that the ladies, the mums, stayed around the table, were drinking tea, were making their own worry dolls. I was asking gentle questions about how often do you get to sit with other mums [...] and it obviously all opened, so then we created [...] sessions where the kids play, and the mums make." (P12)

One of the larger disparities between participants and non-participants was physical and mental health, with participants reporting it as a barrier more often than non-participants (23% vs. 7% for *physical health* and 17% vs. 4% for *mental health*). One reading is that health conditions become salient in the course of participation rather than in advance of it. Someone weighing up whether to attend may not anticipate the demands of a session in the way that someone attending regularly has learned to do. In other words, while health might not be an anticipated barrier, once participants start attending, they find that it can be. The practical implication, then, is that health-related support may be most useful after the decision to attend rather than before it.

Finally, while transport was named as a barrier by only 15% of non-participants and 10% of participants, activity providers often viewed transport as a barrier for many of their current and potential participants (P2, P3, P5, P11, P12, P14). One approach was to pay for the transport, for example by building it into project budgets, so that "*if anybody does want to engage with the programmes that we are offering, but don't have access to transport, that we can support and facilitate that transport*" (P14). Another organisation gives participants "*some expenses, money through the week, but that's just a few quid to cover bus fares and things like that*" (P11). The second approach is to take the activity where the participants are, where possible, which was described above and which might be a more effective intervention, based on participants' stated enablers and barriers.

## 2.2 Benefits from participating

Participants were asked to rate eight statements about the effects of taking part (Figure 8). Responses were given on a five-point scale running from *strongly disagree* (0) to *strongly agree* (4), with a neutral midpoint at 2. Thirty respondents completed these items, and 28 went on to describe what had been most valuable in their own words.

### 2.2.1 Rated benefits

Seven of the eight items had similar mean ratings, all falling between 3.17 and 3.70. *Improved my wellbeing* was rated highest (3.70), with 22 of 30 respondents strongly agreeing, followed by *helped me feel more connected to others* (3.60, also 22 strongly agreeing), *given me a sense of achievement* (3.53) and *helped me feel part of my community* (3.40). *Increased my confidence and helped me develop new skills* both averaged 3.17. *Helped me manage difficult emotions* was the lowest-scored item, with a mean of 2.63.

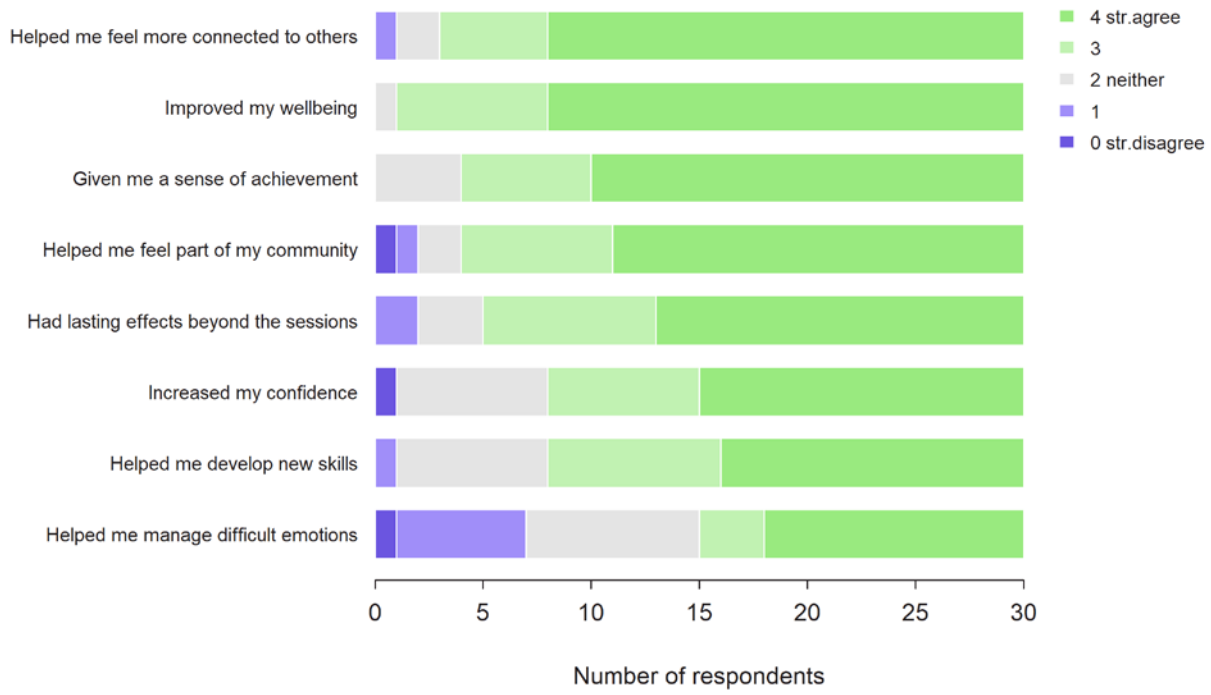



**Figure 8.** Number of participants choosing each point on the scale for the eight statements about the effects of taking part, on a scale from 0 (strongly disagree) to 4 (strongly agree).

### 2.2.2 Length of involvement

Looking at the ratings by length of involvement provides another dimension to the analysis and changes the picture slightly (Figure 9). There are a number of benefits which are reported by participants who only attended a few sessions: *feeling more connected to others* and *improved wellbeing* both start high, with all but one participant somewhat or strongly agreeing among those involved for 1–3 months, and rise little thereafter. However, *help with managing difficult emotions* works differently. It is the lowest-rated item overall and shows by far the steepest gradient, rising from a mean of 1.00 among those who had attended a single session to 3.40 among those involved for over a year. All benefits were felt more strongly by longer-attending participants, but for this one the difference is substantial. This study cannot determine whether respondents felt these benefits more strongly because they had been attending longer, or whether those who felt the greatest benefits were the ones who stayed. Nonetheless, it is important to consider that many wellbeing programmes are only funded

for a short period of time, which makes it difficult for short-term programmes to evidence benefits that appear in the mid to longer term. Indeed, the finding here is consistent with evidence that arts engagement supports emotion regulation through several distinct strategies, some available immediately and others developed through practice (Fancourt et al., 2019).

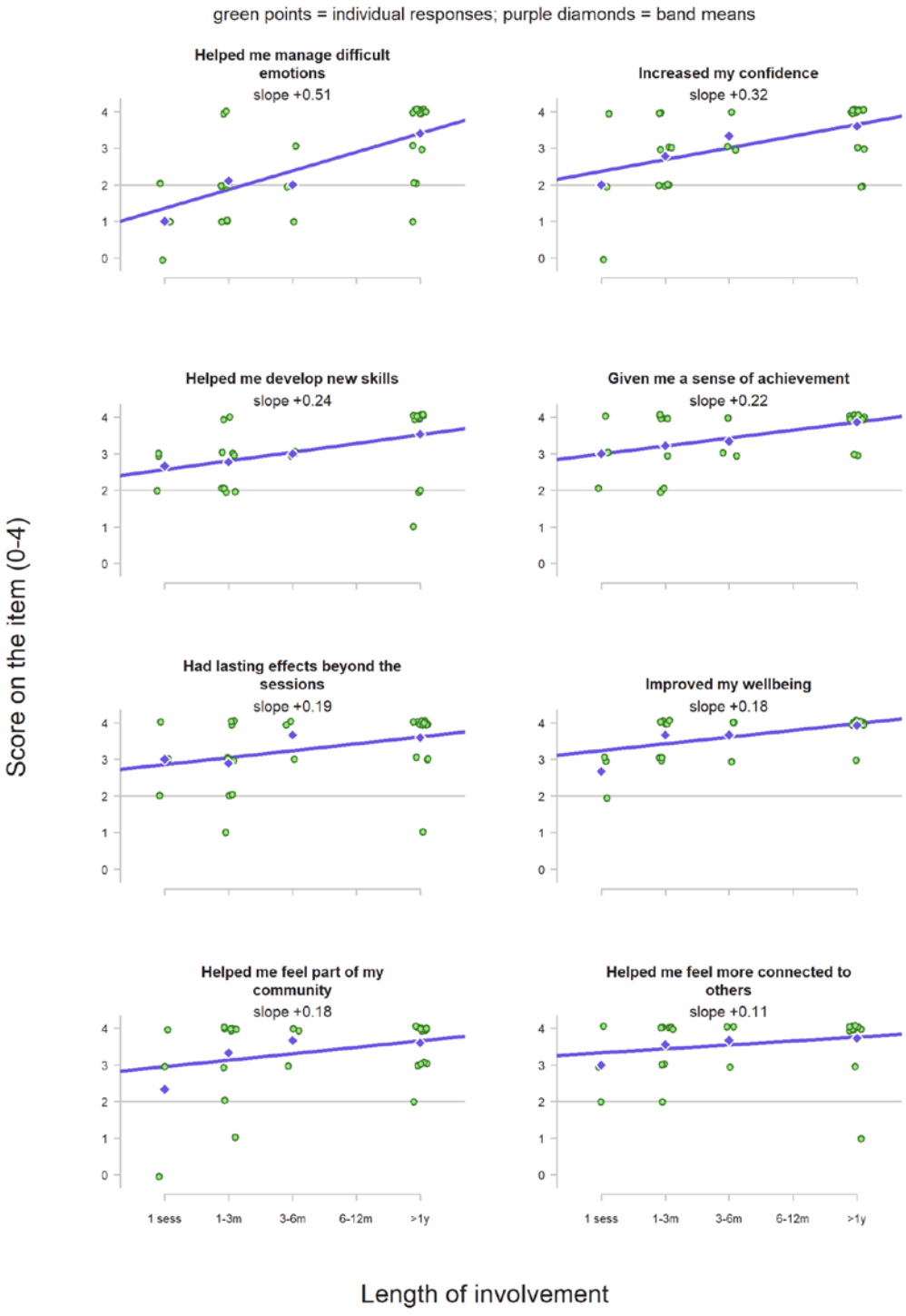



**Figure 9.** Mean ratings for each item by length of involvement. Each line shows how strongly participants in each duration group agreed with that statement, on the same 0-4 scale. Steeper lines indicate benefits reported more strongly by longer-attending participants.

### 2.2.3 Beyond the numbers

Providers were keen to stress that the value of the work cannot be captured by counting alone. As P3 put it, "*you might have had two people turn up, but what they got out of it was worth, you know, so much.*" They also commented that nothing could substitute for experiencing the activity first hand. One stated that being in the room and watching it happen "*had a very different impact than I think if I would have sat down and told somebody or written it from my own perspective*" (P14). While the quantitative data here can establish that a participant felt a benefit, it reveals very little about the depth of it.

Alongside the rated statements, the survey asked participants an open question: *In your own words, what has been most valuable about taking part*? Twenty-eight of the 30 participants answered it. Responses were read by the lead author and grouped loosely under the rated statement they echoed; a single response could fit more than one group, and groups were not counted, except that 20 of the 28 answers named other people explicitly, through references to friends, groups, community, connection or belonging. Where it helps to interpret an answer, the same respondent's ratings are noted. The quotations below show the range of what people said, and each is followed, in brackets, by how long that person had been involved in the creative activity.

Many responses described connecting with others and forming relationships through the activity, echoing *helped me feel more connected to others.*

"Meeting new people" (1–3 months).

"Meeting new people and feeling part of something, whilst improving skill" (Over a year).

"Interaction with other people, the social aspect. The connection with other people and making new friends after returning to the area after 8 years overseas has proved beneficial to reintegration into life back in the UK. I find that any form of creativity has a huge positive impact on my mental wellbeing" (Over a year).

Others described attachment to a community rather than to individuals, and located the value in a place as much as in an activity, echoing *helped me feel part of my community.*

"Finding out that even over in Whitby in the middle of nowhere there's a community who can support me to try new things I never thought I'd do" (1–3 months).

"Connecting with local community and seeing the joy it brings to many" (Over a year).

"Social connection within the local community" (One session).

Some described the benefits of being among people in a comparable situation, and the way that enabled connection.

"Connecting with others and feeling like they cared" (3–6 months).

"Making connections with other people facing similar feelings, being able to talk in a safe environment whilst being creative" (Over a year).

Skills appear regularly in the responses, and almost always alongside mention of other people.

"Connections made and learning new skills going through a creative process — therapeutic in itself" (3-6 months).

"Learning a new skill with others both young and old" (Over a year).

A further group valued the session as time and space set aside for the activity, in which they could concentrate, clear their head and feel less stressed. Two of these respondents rated *improved my wellbeing* at the top of the scale while rating *lasting effects beyond the sessions* at or below the midpoint, which suggests the benefit they describe is felt mainly within the session itself. Respite of this kind is recognised in the wider literature. Qualitative work with family caregivers of people with dementia found participants describing a creative arts programme as "a respite thing", valuing the sense of freedom and temporary release it offered alongside the social support and achievement it produced (Pienaar & Reynolds, 2015).

"Time out to concentrate on crafts and be more mindful, less stressed" (1-3 months).

"Having space to dance and express myself in a different way really clears my head, pushes me to explore new ways of expressing myself, and lifts my mood" (Over a year).

One respondent reported a negative experience, giving a mean score of 1.25 across all dimensions, and they located the issue not with the creative activity, but with the conditions under which they engaged with the activity:

"I actually found it quite stressful. As it was through my work, it felt like forced well-being when I'd rather have used my time to get on with jobs I need to do" (One session).

This participant's experience highlights that for sessions to be effective, participation should be voluntary, and undertaken as and when the participant might want to engage in it. While just one example, this participant suggests that forced creativity would not confer the same benefits to individuals as voluntary participation would.

## 2.3 Learning takeaways

### For activity providers

| | |
|---|---|
| 1 | Treat venue location and cost as the primary levers for enabling participation. 90% of participants named *location of venue* as an enabler, more than any other factor; *low or no cost* was next (57%), rising to 82% among people with a long-term condition. |
| 2 | Word of mouth mainly reaches people already close to an existing network, as providers made clear. Where the aim is to reach people who don't yet know an organisation, referral partnerships with health and social care may do more, though these relationships will need time to be developed. |
| 3 | Cost does more to keep people from ever attending than to make them stop once they've started: it was named by 41% of non-participants against 10% of participants. Keeping the first point of entry affordable may matter more than reducing cost for people already engaged. |
| 4 | Physical and mental health support is most useful once participants are already attending; participants report these as barriers considerably more often than non-participants anticipate them (23% vs. 7% for *physical health*; 17% vs 4% for *mental health*). |
| 5 | Some benefits, like help with *managing difficult emotions*, may only become visible after sustained attendance. Where reporting windows are short, this is often the hardest benefit to evidence, not because it isn't happening, but because it hasn't had time to appear. |
| 6 | Session-bound benefits, such as respite or relaxation, are a legitimate outcome in their own right, but they may be missed by instruments built to detect change over time. |

### For funders and commissioners

| | |
|---|---|
| 1 | Consider funding initiatives that address barriers to participation, such as venue proximity and accessibility, cost and transport. |
| 2 | Expect some outcomes, particularly emotional benefits, to take longer than a typical project funding window allows to appear. Evaluation timescales built around a single short-term project may miss exactly the effects that take longest<br>to develop. |
| 3 | Where referral partnerships with health and social care exist, they can bring in participants at real scale, but this study found their strength depends heavily on the individual relationship rather than the formal existence of a pathway. |

### For policy and the wider sector

| | |
|---|---|
| 1 | Recognise that rurality brings structural problems to delivery. Reaching dispersed populations is harder and more expensive than in dense urban areas, something providers described as being poorly understood at a national level. |
| 2 | Recognise that reliance on digital channels can compound the isolation of exactly the people creative wellbeing provision is meant to reach, since the most isolated people are often the least likely to be online. |
| 3 | Few participants in this study reached creative wellbeing activity through social prescribing, which fits a national pattern in which link workers are not placed according to need. If this holds more widely, directing link worker capacity towards rural areas, where creative wellbeing provision exists but social prescribing referrals to it appear to be rare, could allow more people to access that support. |

# 3. Evidencing value: how organisations account for their work to funders

Section 2 focused on participants and non-participants and their engagement, or potential engagement, with creative wellbeing programmes, supported by insights from providers. Participants described benefits of connection, belonging and shared experience, and generally rated relational benefits above individual ones, while providers stressed that the depth of what people gain cannot be captured by counting alone. Both the ratings and providers' accounts suggest that some benefits take time to emerge. Providers had strong insights into how to reach potential participants, and were honest about the limits of what they could achieve, particularly in making their programmes visible to people who did not already know about them.

This part of the report turns to the organisations delivering the creative activity, and asks what happens when they are required to account for that value to the people who fund them. Each provider spoke on behalf of the organisation(s) they run or work for. Where the report discusses funding and reporting, which are obligations held by organisations rather than individuals, it refers to organisations. Relationships with funders matter a great deal, and are not always only transactional: one provider counted funders as among the organisation's partners (P4). Organisations engage with funders at two broad stages. Organisations first approach funders as applicants. If successful, they become awardees, with an obligation to report on what the funding produced. The sections that follow examine how organisations describe their value, the positions they take on evidencing it, and the points at which the reporting system supports their work or undermines it.

## 3.1 Speaking to the funder

Every organisation in this study needs some form of funding to operate, and all but one depended on external funders at the time of interview. Organisations are funded through several means, and often organisations will create a patchwork of funding streams to keep themselves going. The funding streams described are:

| | |
|---|---|
| 1 | **Core revenue** (3 of 14 organisations). A few organisations have access to long-term funding, such as being part of the Arts Council National Portfolio Organisation (NPO), which can provide funding for overheads such as salaries. |
| 2 | **Project grants** (10 of 14 organisations). The most common type of funding. Many organisations received short-term funding for specific projects, which can lead to being "*constantly on this treadmill of fundraising and applying for grants and funds*" (P4). |
| 3 | **Health and social care** (4 of 14 organisations). Some organisations also described getting funding through the NHS, Integrated Care Board or adult social care or social prescribing routes. |
| 4 | **Participant fees** (3 of 14 organisations). Some organisations charge a fee, but in every case these are to cover costs rather than generate profit (e.g., "*We charge £6 for 2 hours of time, but that purely goes to hiring the halls*", P9). |
| 5 | **Commercial** (2 of 14 organisations). Two organisations got some income from selling goods or services, for example P11: "*The charity's got a commercial arm to it, so the work that people do here generates income for the charity, we do work for local businesses, and we make products which we sell.*" |
| 6 | Finally, one organisation was in the "*very lucky position*" that they had **legacy funding** which had allowed them to not need to seek external funding, but that they "*will have to going forward*" (P13). |

Few organisations rely on a single income source. Most assemble income from several sources at once, and the assembly is itself substantial work. One provider described the process: "*it is constantly this… trying to piece together, Jenga up, loads of different funds, and then hopefully you've got a project at the end of it that is still the project that you wanted to [sic] at the beginning*" (P4). Fundraising was described as "*the most difficult thing of all at the moment*" (P13), and even where additional money is secured, it does not resolve the underlying problem: "*We have managed to bring in additional funding, but that's really not a sustainable way to develop stuff, and at the moment, that kind of money is really hard to come by*" (P7). The consequence is that organisations operate under continuous uncertainty about whether provision will continue, and the labour of securing funding falls on the same small number of people who deliver it. Asked what one change would make their group thrive, 45% of grassroots creative groups across the UK and Ireland named funding, and specifically consistent core funding and multi-year grants covering operational costs, fees and materials rather than further project awards (Creative Lives, 2026), which aligns with the findings from the interviews conducted for this study.

### 3.1.1 Learning the language

What emerged from the interviews is that responding to the challenges of securing funding is a skilled activity in its own right. Providers maintain different accounts of the same work for different audiences, acquire the languages of individual funders, and manage a widening distance between how they describe the work through adapting the language, and how they understand it to be at its core. Providers were direct about the fact that each funder has a language, and that securing and keeping funding means learning it: "*I think you sort of learn to speak the language a little bit… I would definitely say I'm fluent in Arts Council now*" (P4). This fluency is acquired for one funder's expectations specifically, and does little to serve any other purpose. Other providers also described how, while the substance of what they report rarely changes, the framing does. For example, one described using the same evidence and the same evaluation tool, but presenting it differently depending on the audience: "*you have to come at it from a different angle depending on who you're talking to, but actually it's the same kind of information and conversation, just the other way around*" (P7). Another put it more starkly: "*you have to use different language*" for different funders, so "*if it's the Arts Council, you need to use artistic language; if it's sports, you need to be inclusive*" (P9).

Additionally, funders differ in what they want to know once funding has been granted. For example, some might be motivated by cost-benefit or even return on investment principles where it's "*all about the money. Like, where has the money gone, or how much money have you made, or what is the cash value of what you're doing*" (P4). Others might "*very rarely*" ask questions about what was spent, instead prioritising reflection and demonstration of learning from the providers. Several providers also described a general movement "*towards, with funders, much more cold, hard data… it definitely has got more and more away from the qualitative*" (P3).

### 3.1.2 Funding by stealth

Related to the adaptability that providers showed in the ways that they communicate with different funders, several organisations described funding things by stealth, due to a general lack of arts funding. The clearest account came from a provider with 20 years in creative health, whose organisation has learned that funders are driven by the outcomes of programmes rather than by the processes that lead to those outcomes.

Not all funders are indifferent to the creative practice; Arts Council funding is awarded on artistic grounds. But outside the arts funding system, the case is easier to make where the outcome is concrete and measurable. For example, the same provider described the challenges of securing health funding. Commissioners will fund a combined community mental health package that happens to contain creative health, but "*they wouldn't fund it if you went and said, would you fund a creative health service*?" (P7). As such, the organisation has built partnerships across sectors, including with traditional mental health organisations, because alignment with them was the only route to health funding, "*even though we were contributing a huge amount to those kinds of mental health results*" (P7). Thus, this provider described establishing "skills and health funding by stealth" (P7). The idea of funding by stealth appeared in other interviews too. For example: "*It depends on funding as well. So, there might be a funding pot available which might appeal for a certain angle to it, so it might, the funding pot might be for wellbeing. And so we'll say, well, we'll put on these crafting workshops for wellbeing, with a focus on wellbeing, and that's the headliner. But actually, we're still doing crafting again, and we've still got sustainability, and they're all in there*" (P8).

> "The learning from what works tells us that what drives positive change in people around health, skills, inclusion and progression is the creative engagement and their creative journey. And that is the hardest thing to fund. So over those 20 years we've had to fund that core element by the back door. For example we'll go to skills funders and say, I can get you 20 people to achieve these skills outcomes and they go, 'That's fantastic. Oh you do creative arts?' But that's not what they really care about, as long as you achieve their outcomes" (P7)

The consequence for organisations that have to do this is that at times it might feel like there is a misalignment in terms of what the organisation is *saying it's doing*, and what it *actually is aiming to do*. Thus, what the organisation is funded for and what it takes itself to be doing may share aims but pursue them differently, "*working at parallel purposes*" (P7).

### 3.1.3 Funding that prioritises new projects

A common theme that appeared both in the interviews conducted and the 2026 Creative Lives report is the challenge faced by organisations when so much funding focuses on new projects. Respondents to that survey asked for funders who recognise that established provision with demonstrable outcomes merits support: "*Not everything needs to be 'new' in order to be worthy*" (Creative Lives, 2026).

One provider interviewed for this study, whose organisation had been running classes for over 40 years, described the advice it receives about how to become fundable:

> "Most funding is about projects [...] What everybody said, you need to stop the classes, kind of rename them. And add something else, you know. And then you can say, right, this is our new project. But for me, that's... it's like, oh gosh, can you do that?" (P2)

Here, the provider is being advised to relabel the classes so they can be deemed "new", which would create additional work. Indeed, this bias towards funding only new projects and the work that entails has led some organisations away from seeking funding: "*You don't get funding to do what you're already doing, you get funding to do something new and different. And, so we've all been far too busy to take on more stuff, so therefore haven't applied for funding*" (P8).

### 3.1.4 Non-negotiables

While providers were happy and willing to adapt their language to appeal to different funders and highlight different aspects of their work, they were keen to stress that their ethos was something they weren't willing to compromise on.

While there are limits to how far organisations might choose to adapt to fit a particular funding mould, most organisations did not name what that would be. Yet, while providers described changing their language, their ethos was non-negotiable. This is in line with Swan and Atkinson's (2012) ethnographic study of a single arts and health organisation which found that the organisation negotiated the terms of evaluation into something which they felt they could work with, thus maintaining their ethos.

Organisations may adapt their language to fit a particular bid while working to preserve their ethos, and still fail. The same organisation described above was turned down by a lottery funder on the grounds that its project "*should be more for an Arts Council bid*" (P9). The one organisation that has not yet had to seek external funding, described the benefits of this, having "*been able to develop our own voice very, very cleanly*", unlike organisations that "*really have suffered from people imposing upon them what their needs are, rather than the organisation being able to stamp its own mark on what they believe is right and wrong*" (P13). Funding is therefore a double-edged instrument: provision cannot happen without it, but the criteria attached to different opportunities carry someone else's account of what an organisation should do and should achieve.

Taken together, these accounts describe organisations managing a gap between two descriptions of their work: one that secures resources and one they believe in. These are not necessarily mutually exclusive, but making sure they align sufficiently costs time and requires skill, both of which fall on organisations which are already stretched. The next section follows the evidencing journey, from the initial application for funding to the reporting that organisations are asked to do.

## 3.2 From application to report

### 3.2.1 Applying

Even before an application form is started, organisations can face barriers. For example, many grants require an organisation to have secured match funding from elsewhere first, or to be actively seeking it: "*It's rare to find one fund that will solely fund the one project that you're doing, and usually that funder will say, 'and you've got to have X amount of match funding as well already' [...] so it has to always be a bit of a jigsaw*" (P4). As such, an organisation without existing funders to draw on is disadvantaged before it has even begun to apply.

Providers describe application forms themselves as being too narrow in scope, yet time-consuming and inconsistent across funders. In one organisation, where administration, funding and delivery rest on two people, the provider estimated that not having to complete funding forms would halve their working hours (P2).
The same provider described how application forms can be too narrow:

> "You want to be able to have a space to say, look, this is what we're doing. But quite often, there's not a route, a space on a form, or anything like that to put that. They'll say, what's your website or something, and that's it [...] they'll say what's your aims and objectives, and that's it, but there's no way you can say your value in your aims and objectives." (P2)

The information organisations are asked for is also increasing. Funders expect more comprehensive and robust evidence, and providers describe their own accounts being dismissed for want of the right kind of proof:

> "You can say, look, these women have worked with us over a 6-month period, and they've gone from A to B, and sometimes it gets shot down, it's like, yeah, but what's your evidence, and how do you prove it, and where's the written forms... where's your data?" (P9)

### 3.2.2 Deciding to collect

When it comes to evaluating and demonstrating value, there is a broad consensus that data is needed, but what data, and how much to collect, is an ongoing question. The first decision organisations need to make is whether to collect data at all, and some make a decision not to measure because they perceive that doing so would damage the work. The clearest articulation of this position came from a provider who had deliberately chosen not to measure in order to shift the emphasis of their organisation's activity away from mental ill health diagnosis:

> "We don't do SWEMWBS[2], questionnaires, we don't say, 'Okay, well, when you joined us, you were here. Where are you now? How much do you score?' That again just reinforces this focus on mental health. And I think we're much more successful because we don't focus on that. We acknowledge it, we recognise it, and we talk about it when it's appropriate, but that's not our focus. So we don't tend to measure anything, which is lovely." (P6)

This refusal to collect data stems from what the provider perceives their organisation to be doing — supporting the development of identities that reach beyond a mental illness diagnosis. They believe that a wellbeing survey would reinstate the very identity that the work is designed to get participants away from. Instead of wellbeing scores, this organisation demonstrates value "*only really through the products*", posting weekly on social media what the group has made, so that what circulates publicly is the work, not an assessment of the people who made it.

Even when minimal collection is attempted, there may be pushback from participants. For example, where postcodes are collected, participants might question why they're needed. Participant resistance appears elsewhere too, and not only where the subject matter is sensitive. One organisation noted that, due to funder requirements about collecting, "*you end up with pages and pages of questions for evaluation, and quite often, people don't want to do it, or they don't understand why they should do it*" (P4). This problem is compounded when there are multiple funders asking for different metrics of success.

At times, providers shared their own reluctance to collecting data, with one describing form filling as "*a bit of a turn-off [for participants], especially at the beginning of a project*" (P9), and preferring individual conversations instead. Another commented that the attitude with which data collection was conducted had an impact on how it was perceived and whether it was successful: "*I hate it when I see somebody going to somebody, 'Oh, hello, Bob, I know you've just done this great bit of stuff, I've just got this piece of paper you need to fill in, yeah, I know, really boring, never mind'. Our approach is based on a 1-1 conversation about the person, and their creative experience, in which data is collected. It does include 'form filling' but this is just a part of a more meaningful discussion*" (P7).

### 3.2.3 Collecting

#### 3.2.3.1 The limits of capacity

Data collection is time-consuming and requires a certain level of expertise to be successfully accomplished. Providers can face obstacles at several stages, including knowing how to get started, having access to the time

[2] The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) is a seven-question survey of positive mental wellbeing. It is described in Section 5.2.

and knowledge required, and having time and money to access training if required. One organisation wanted to undertake social value work and found it out of reach: "*I would need a person who knew what they were doing in order to do it, and I think we could look at training for it… I don't know if any of us have the time to do 5 days of training to then do a specific type of evaluation*" (P4).

#### 3.2.3.2 Limits to what can be evidenced

Another difficulty lies in the measurement of particular benefits. One organisation that supports people over very long periods reported difficulty in demonstrating the value that long-term participants received from engagement in the programme:

> "For those longer-term people, I think it's difficult to evidence the benefit. Because they've been coming… for some have been coming for 25 years, how do you measure that? […] It is difficult to provide evidence for something which is unapologetically about consistency." (P11)

The provider interviewed stated that they had received criticism that the organisation "*was limiting people*" (P11), so that long-term attendance was taken to indicate dependency rather than benefit. The same provider pushed back against this: "*recovery is coming […] for 25 years, and having a good friendship network, and not going to hospital on a regular basis, or been arrested*" (P11). These are outcomes defined partly by absence, things that do not happen, and partly by consistency sustained over decades; neither lends itself easily to evidencing in the terms funders typically expect.

#### 3.2.3.3 Collecting beyond funder requirements

Despite the challenges in collecting data, many organisations want to provide evidence of the benefits they bring participants beyond the numbers and basic requirements from funders. Even organisations that don't want to measure still evidence their value in some way. Being creative groups, many choose to use more creative methods, some of which are outlined below.

**Exhibition and performance** are a common way to demonstrate value. Several organisations have been able to display the work in galleries and museums, so that the work is presented "*in a professional context, and it is viewed as such*" (P7). Dance and theatre organisations perform on the grounds that performance "*gives another experience to what we do*" (P9). This form of evidencing carries benefits not only for external evaluation, but also for the participants themselves. Speaking about an exhibition they put on at the end of a project, one provider said: "*Participants with lived experience, they really did feel valued. Family and friends came to this massive exhibit. It was a massive exhibition really […] people were so proud of that. They really did feel the value of that*" (P1). The exhibition was both the demonstration of value and part of the value itself. However, a challenge that activity providers highlighted was the lack of venues in North Yorkshire for such activities (e.g., P10 and P4).

Several organisations use **video** as evidence of what they do, which suits work that is largely visual in the first place. One organisation adopted it deliberately, as a response to the difficulty of evidencing what happens in its sessions and to the reluctance that written methods provoke. Asked how the organisation demonstrates quality, the provider explained that "*what we tend to do is use video as a tool, that's why we made the documentary*" (P9). They also collect data by more traditional means, such as interviews, group check-ins and individual conversations. Another organisation films projects where funds allow, and gathers vox pops from audience members and partners (P4).

**Photography** is an interestingly divisive form of demonstrating value. Several organisations photograph everything, one keeping a photographer on retainer: "*We take pictures of all of our projects*" (P4). One provider described photographing selectively, and never the participants themselves: "*Taking pictures of work is what's important. When you take pictures of people doing things, people tend to feel like they're in a bit of a zoo*" (P1).

One organisation has chosen to show the work that goes into the creative process itself, by adding a requirement to its annual artists' award that entrants submit a short video of their creative process alongside the finished work. Some resisted at first, but it has had great success in making the work visible to people outside it, who could "*watch a little two-minute video and see, gosh, there's a lot involved in that that I didn't understand*" (P13).

### 3.2.4 Analysing

Organisations might collect data for funders, or just in case, but then it does not get used. One provider described noting the health improvements participants reported from a dance class and keeping those notes "*in case anybody says, again, like, funding*" (P2). Here, the notes are used only if someone asks for them. Sometimes data is collected but providers are not sure how useful it is: "*I know that that can be quantified, but how meaningful that is, I'm not entirely sure*" (P8).

Often organisations will collect a great deal, but then they lack the capacity to fully analyse it. One provider described how they only have time to give the data "*a quick glance*" and take it in "*subconsciously*", but that they "*have lacked the time to look at that as a team and as a service*" (P3). That said, this same provider also described how they have used the data successfully in a way that informs their own practice: they went back through the evaluation the venue had collated from its previous exhibitions, and found it "*really interesting to think about programming going forward in the exhibition spaces... I found that very, very valuable*" (P3).

### 3.2.5 Reporting

Organisations holding multiple grants report to each funder separately, in formats that rarely align. One provider described wanting to stop "*reporting on something 5 times in 5 different ways*", and to "*standardise things across the board so that it makes it a bit nicer as a team for a process and it also doesn't mean that in reporting for the funder, we remove our needs for what we're trying to report on as well*" (P14), but of course this means additional work for providers, which many do not have time for.

#### 3.2.5.1 Reporting that goes nowhere

When it comes to reporting, organisations may have specific forms that they need to fill that have been imposed by funders, while in other cases they may produce and publish their own reports. For those that may have no specific funder to report to, the challenge might be where to publish: "*It's hard, because it's, where do you share it? Who's your audience, and who's interested seems to be our lack of knowledge*" (P9).

At the same time, organisations may report to a funder, but then fail to see their evidence acknowledged or used. One group writes reports, publishes them, and has no clear sense of whether they are read: "*We do write reports, and we put them on our website. Don't know if anyone ever reads them*" (P12). The material sent to funders sometimes goes beyond what is requested, without any further engagement following: "*I tend to send a lot more than that, but I never get any response or feedback, you just submit it, and that's the end of it*" (P12). While "*some of the feedback is really magic*", the lack of capacity means that "*the focus can quite often be on doing*" the delivery, rather than reflecting on the feedback (P12).

Reporting that is submitted and gets no response is more common than organisations expect, although funders differ in this respect. For example, one describes a funder who visits, asks what the organisation has learnt, and treats reporting as a conversation. Others are less engaged, and the smallest funders frequently disappear entirely:

> "Some of the smaller ones, just, you will never see. They'll never come to anything, they won't, they don't attend, they don't contact you again, they're just, yeah, you don't get anything back." (P4)

The organisation continues to send annual reports and issue invitations regardless, on the basis that "*it makes sense to try and build relationships with funders, whether they want them or not*" (P4).

#### 3.2.5.2 Arguing for a different form of report

One organisation has begun to consider whether reporting itself should be done creatively, and put the case as follows:

> "We know that providing somebody with a 10-page report is not something that they want to dedicate time to [...] but I think as an arts organisation, we put such an importance on how we think about things creatively, and how the process is creative, that why should that bit right at the very end be removed from the way that we do things?" (P14)

Part of the driving force behind this position is to allow for wider access, and part is what a written report cannot do. Creative methods allow "*people to have that visual understanding of the impact, rather than being told the information. If they can experience it, be a part of the process, stand in the exhibition, read some of the written work, the creative stories and writing that people have done, or attend the performance*" (P14). So, while the organisation continues to produce the written reports that its funders require, they are considering alternative reporting methods too.

Providers value exhibitions, performances, film, being in the room: outputs where the art can be seen and experienced, but the importance of these demonstrations of value is difficult to convey via a report or an application. One provider described how, by being in the room, they can see the impact: "*we see it, we see it all the time, the difference in people when they come and when they leave is, it's just huge*" (P13). Another described a final event at which participants read their own creative writing aloud to an audience of 56 people, and treated it explicitly as "*a way of monitoring and reviewing the success of a project*" (P14), on the grounds that being in the room "*had a very different impact than I think if I would have sat down and told somebody or written it from my own perspective*" (P14). It counted as evidence for the organisation, but without being in the room, it is difficult to communicate this impact to funders, who mostly receive written reports.

### 3.2.6 Back to the application

The evidence that providers collect from one programme can be used as evidence for future funding. However, if an organisation has chosen not to collect on some grounds, this might hinder future applications too. One provider, whose programme was being wound down at the time of interview, connected the two directly:

> "Maybe I've not conveyed the value well enough for it to survive in its current form [...] If I'd been taking lots of pictures and videos or whatever, people might go, 'Oh these amazing things happening', but I don't do that for the very deliberate reason because I've learned from my communities that that's something that they find difficult and they don't want, and they feel like everywhere they go they're in a zoo. I'm actually doing what my participants have asked of me, but I think that's maybe where I've fallen down in terms of not demonstrating the value enough." (P1)

There is a tension between what participants want, what providers know, and what funders expect from their evaluation. The fact that this provider has been led by their participants has left the organisation without the evidence that would make its value visible to those deciding whether it continues.

### 3.2.7 The evidence cycle

Evidencing, then, is an ongoing process that organisations are involved in, and indeed, it can be seen as a cycle (Figure 10). Once an application is successful, providers will need to collect data and analyse it to report to funders. Then that data can be used to apply for new funding.

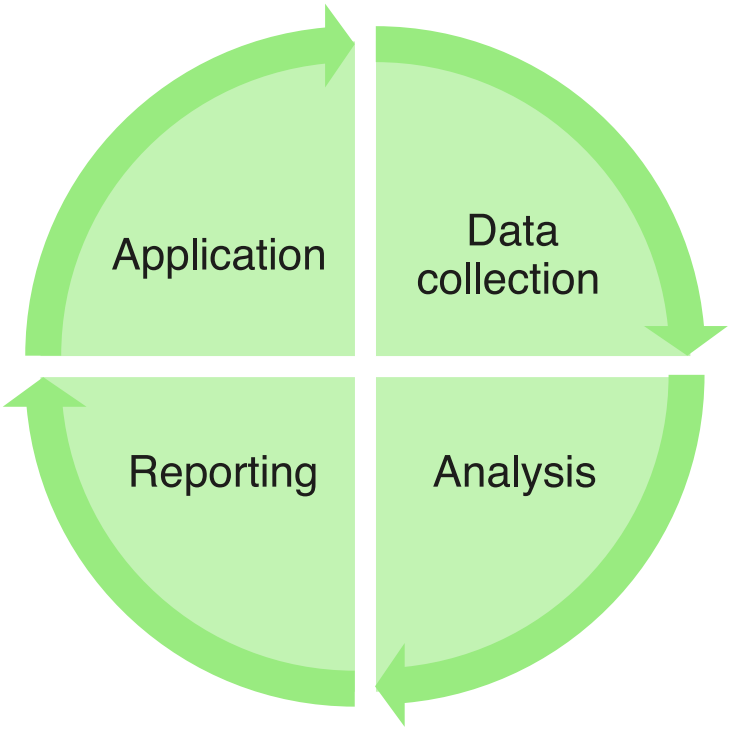



**Figure 10.** The evidence cycle: the stages an organisation moves through to secure funding and demonstrate its value, from application, through data collection and reporting, and back into the next application.

Setting the process out as a cycle makes two things visible. The first is that the difficulty of evidencing can exist at various points of the cycle, and that organisations may experience differing levels of difficulty at each stage; the challenge is not necessarily felt evenly throughout the process. The second is that these difficulties do not arise from lack of effort or care. Expertise, time and the demands of evaluating and reporting are all constraints affecting what an organisation can realistically achieve. While some of the challenges may be overcome through additional resources, others, such as evidencing long-term engagement, may not be demonstrable in a format that is amenable to funders.

Furthermore, data collection and evidencing of value should not have to be tailored just for funders. Evidence should work for the organisations as much as for the funders, and there are instances in this study where it clearly does: the provider who used a venue's feedback to inform programming, or the organisation whose videos of the artistic process explained the work to wider audiences. In both cases, the organisation had a question of its own that needed answering or an aim it was trying to achieve. Being able to ask what kind of evidence would best support the work is therefore an important starting point, and one that the toolkit in Section 5 is designed to help with.

That said, it is important to acknowledge that organisations are deeply stretched. Providers are often asked to evidence, apply for funding and deliver programmes all at once. The constraints are numerous. At the point of collection, the challenge is expertise, since the tools and training exist but can be priced and scheduled beyond what a small organisation can reach. At the point of analysis, it is time, since material can accumulate faster than anyone is funded to examine it. At the point of reporting, it is format, since what providers regard as their strongest demonstration is difficult to convey in written form.

## 3.3 Learning takeaways

### For activity providers

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|---|---|
| 1 | Start by thinking about what evidence would help you and your work, and make sure that you're collecting that evidence first and foremost. |
| 2 | Know your evidencing position, and be ready to state its reasoning. Several organisations in this study had clear and defensible reasons for the choices they had made about what to measure, collect or report. Being able to set that reasoning out to a funder, a board, or a new member of staff is more useful than treating the choice as simply "how we've always done it." |
| 3 | If you are declining to use a standardised measure because it works against what the activity is for, the reasoning can be stated directly, for example: "This programme doesn't use a wellbeing questionnaire, because asking people to score their mental health keeps attention on the very thing we are trying to help them move beyond." |
| 4 | If your value lies substantially in consistency rather than change, particularly for long-running provision, the case can be made on those terms, for example: "*Much of this programme's value lies in consistency, which brings friendships that are made and remain stable, a routine someone can rely on, and a reason to come back because the connection matters to them.*" Qualitative methods are usually better for demonstrating these types of benefits. |
| 5 | If your strongest evidence is something people need to see (e.g., an exhibition, a performance), say so and consider providing photographs, a short film, or an invitation to attend, alongside the standard report. |
| 6 | Keep a record of what you already notice. Examples can include attendance patterns, comments made in passing, requests for something not currently offered. Writing it down and keeping it all in one document means that it can be used when needed for a report, an application or a new programme. |

### For funders and commissioners

| | |
|---|---|
| 1 | Recognise that organisations may have good, defensible reasons for the evidencing choices they've made. It is worth asking about the reasoning rather than treating the absence of a standard measure as a gap. |
| 2 | Value is not conveyed by numbers alone. Qualitative accounts, creative outputs and direct observation can be as strong a form of evidence as scores from a standardised questionnaire, particularly where the organisation's work is fundamentally artistic or relational. |
| 3 | If a programme's value lies substantially in consistency rather than change, a before-and-after comparison between the beginning and end of a programme may not be the right tool. |
| 4 | Where possible, respond to what is submitted, even minimally. A report that receives no acknowledgement teaches an organisation that reporting is a formality rather than a relationship, which affects the quality and honesty of what gets submitted next time. |

## For policy and the wider sector

| | |
|---|---|
| 1 | Fund provision on the basis that it is already working, not only because it is new. Organisations in this study described being structurally disadvantaged by funding models that favour novelty. This is consistent with wider sector findings that established, demonstrably effective provision is often harder to fund than something novel (Creative Lives, 2026). |
| 2 | Reduce duplicated reporting by standardising a core set of requirements across funders. Several organisations described reporting the same work multiple times in different formats for different funders, with the effort of reconciling these requirements itself an unfunded burden. A shared minimum data set, or mutual recognition of reports already produced for another funder, would reduce this without reducing accountability. |
| 3 | Build alternative evidencing routes into funding agreements from the outset, especially for provision whose value is not well suited to standard measurement. Some benefits are poorly served by conventional pre/post scales. Rather than leaving organisations to argue for an exception after the fact, funders could agree evidencing approaches suited to the nature of the provision at the point of award. |
| 4 | Make match-funding requirements proportionate to an organisation's size, or waive them for small organisations without existing funder relationships. Requiring an organisation to have already secured funding from elsewhere before it can apply disadvantages precisely those organisations with the least capacity and fewest existing relationships to draw upon. |
| 5 | Treat proportionality as an explicit policy principle for rural and coastal delivery. Delivering to dispersed populations costs more per participant than delivering the same service in a dense urban area. Funding models and targets should account for this rather than applying uniform expectations regardless of geography. |

# 4. Implications for North Yorkshire's cultural venues

While this study did not set out to evaluate council-run cultural venues in North Yorkshire, the findings in Sections 2 and 3 nonetheless have a bearing on the question of whether creative wellbeing activity should be offered more widely across these venues. This section sets out what the evidence suggests such an expansion could address, and what would need to be in place for it to work.

## 4.1 What wider provision could address

Participants valued taking part in creative wellbeing activity, above all for bringing about improved wellbeing and connection to others. Some benefits, such as help with managing difficult emotions, were reported most strongly by those involved for over a year. The people facing the most barriers to taking part were those with a long-term condition, for whom low or no cost mattered most. Provision that is close to where people live, lasts long enough for its benefits to develop, and costs little or nothing to attend would address the barriers faced by those currently least able to take part.

*Location of venue* was the most commonly named enabler (90%), while only 20% named *transport* as an enabler. People in this study took part in activity that was near them, and providers described taking activity out to villages for the same reason. In a county as large and sparsely populated as North Yorkshire, provision concentrated in a few central venues would mainly reach those who live nearby. Offering it across the venue network, including libraries, rather than in selected sites, would keep it within reach of residents across the county. Where venues do not have reach, particularly in the most rural areas, there may be benefits to working with community groups in village halls or other community spaces.

Section 2 showed that the main obstacle for non-participants is *not knowing what's available*, and providers explained why this is a challenge. The ways they have of letting people know about their activity (word of mouth, posters, social media) each reach only some people: word of mouth reaches those already connected; posters reach few people where the population is sparse; social media misses those who are not online. Additionally, each of these channels has to be maintained and updated. A cultural venue works differently, in that it is a public building that residents already know, whose location does not change. As some benefits from participating in creative activity build over time, having venues that offer continuity of place, if not programme, can help build those benefits for participants.

Council venues can also serve as exhibition spaces for creative wellbeing programmes. Activity providers highlighted the importance of exhibiting work for demonstrating value to funders and the public, as well as to participants themselves, and yet also highlighted the lack of suitable space to do so. Council venues could provide this space and showcase the work being done by people in the region. Furthermore, if more cultural venues are used to deliver creative wellbeing programmes, the work produced could be exhibited in the venues where the programmes take place.

### 4.2 Work required

Four conditions would need to be in place for provision to extend more widely across the county:

| | |
|---|---|
| 1 | Provision would need to be spread across the venue network, including libraries, and linked to community groups delivering activity where no venue is close by. |
| 2 | Funding would need to be managed to ensure that venues could provide consistent and sustained programming. |
| 3 | The council's venues and channels would need to promote the wider range of local provision as well as the programmes they host, since not knowing what's available is a problem across the whole county. |
| 4 | Evidencing requirements would need to be agreed with providers from the outset, taking account of what they already report to other funders. |

# 5. Toolkit: practical tools for planning, collecting and reporting evidence

## 5.1 Evaluation and measurement resources

Demonstrating value is often a case of providing the right kind of evidence for the right kind of audience, and in creative wellbeing settings, getting that right is rarely straightforward. The act of collecting evidence is never neutral. Standardised forms, demographic questions, and questionnaires can feel institutional in ways that cut against the ethos of the work, or that carry unintended weight for participants whose prior experience of services has been shaped by exactly those kinds of encounters. Choosing how to collect evidence is therefore as much a practice decision as an administrative one.

This section is organised in four parts.

**Frameworks and resources that help you plan an evaluation**

**Standardised quantitative measures**

**Qualitative and participatory approaches**

**Case studies**

Quantitative measures produce data that is legible to funders, commissioners, and policymakers, and allows comparisons across programmes. Qualitative approaches are better placed to capture what changes, how, and what it means to participants. Neither is inherently more rigorous. The strongest evaluations tend to draw on both. Providers coming to this section mid-programme may want to skip ahead to the methods; those starting from scratch will benefit from working through the planning resources first.

### 5.1.1 Frameworks and resources

These resources help you to plan an evaluation, choose between approaches, and communicate findings. The 5-step framework is a good starting point if you are designing an evaluation from scratch. The toolkits offer practical guidance and, in some cases, ready-to-use measures. See Appendix C for more toolkits and resources.

**5-step evaluation framework (Centre for Cultural Value)**

The Centre for Cultural Value has produced a practical planning template that moves from project outline through stakeholder mapping, logic model, research questions, and evidence needs. The template is useful for organisations designing an evaluation from scratch, or for checking that an existing approach covers all the key ground. There is also an asynchronous online evaluation skills training tool which is free for two weeks.

**Theory of change**

An extended logic model that maps the pathway from activities through to long-term outcomes, making explicit the assumptions about how change is expected to happen. This is suited to complex or multi-strand programmes. The Happy Museum's Story of Change framework is a version adapted specifically for the cultural sector.

**Creative Health Toolkit**

A comprehensive resource focused specifically on creative health evaluation. The toolkit covers both quantitative and qualitative approaches and is a good orientation for providers new to the area.

## 5.2 Standardised quantitative measures

This section provides examples of standardised scales and surveys producing data that are legible to funders, commissioners, and policymakers. Choosing a measure is a practice based decision: consider what a tool is designed to capture, how it will land in the room, and who needs to see the results.

### ONS4 (ONS Personal Wellbeing Questions)

| | |
|---|---|
| What it captures | Subjective wellbeing: life satisfaction, sense of purpose, happiness, anxiety. Four questions, 0–10 scale; about two minutes. |
| When to use it | Administer at the start and end of a programme to track change in subjective wellbeing. For longer programmes, a mid-point check-in can reveal whether change is occurring gradually or concentrated at a particular stage. Works well with thought boxes and postcards, or emotive cartoons. |
| Things to know | Low burden on participants. Plain, conversational language. Results map directly onto national population data and it's often the most practical starting point for organisations that need quantitative data without significant administrative overhead. |

### SWEMWBS (Short Warwick–Edinburgh Mental Wellbeing Scale)

| | |
|---|---|
| What it captures | Positive mental wellbeing (functioning, feeling, engagement). Seven questions, five-point scale; about four minutes. |
| When to use it | Administer before and after a programme to measure change in positive mental wellbeing. For longer programmes, repeat every four to six weeks. Works well with ICECAP-A or reflective journalling. |
| Things to know | Low burden on participants. It's positively framed (it asks about strengths and functioning, not symptoms), which suits creative health settings. Raw scores must be converted to a metric score using a conversion table provided with the licence, so keep a copy to hand. Requires a licence, though this is free for non-commercial use. NHS organisations now pay. |

### ICECAP-A (ICEpop CAPability measure for Adults)

| | |
|---|---|
| What it captures | Capability and flourishing: attachment, stability, achievement, enjoyment, autonomy. Five questions, four-point scale; about three minutes. |
| When to use it | Administer pre/post programme where the programme's goals extend beyond symptom reduction to broader quality of life, such as participation, enjoyment, sense of stability, connection. For programmes of eight weeks or more, a mid-point administration can show whether capability is developing across the course of the programme rather than only at the end. Pairs well with SWEMWBS or ONS4 to build a fuller picture of outcomes. |
| Things to know | Low burden. Capability-based framing asks what people are able to do and feel, not what is wrong with them which can be a better fit for the values of most creative health work. Particularly useful for programmes where autonomy and active participation are central to what is being offered. Free, but you register first and are sent the questionnaire. |

### UCLA-3 (UCLA Loneliness Scale)

| | |
|---|---|
| What it captures | Subjective loneliness and social isolation. Three questions, three-point scale; about two minutes. |
| When to use it | Use pre/post where reducing loneliness or increasing social connection is an explicit programme aim. For longer programmes, repeat every four to six weeks to track whether connection is building incrementally rather than waiting for a single end-point comparison. Works well with ONS4 or focus groups. |
| Things to know | Very low burden. The 3-item version is brief enough for most settings. That said, asking directly about loneliness is not always appropriate, so consider whether the framing fits the tone of the session and whether participants would find it intrusive or stigmatising. |

### EQ-5D-5L (EuroQol Health-Related Quality of Life)

| | |
|---|---|
| What it captures | Health-related quality of life: mobility, self-care, usual activities, pain/discomfort, anxiety/depression. Five questions, five-point scale; about three minutes. |
| When to use it | Administer pre/post where an NHS partner or health commissioner wants data that can feed into a cost-effectiveness argument. Results can be converted into a utility score and used to calculate quality-adjusted life years (QALYs), a measure combining length and quality of life that is the standard unit for NHS economic evaluation. Works well with SWEMWBS or interviews. |
| Things to know | Low burden in terms of length, but the five dimensions are biomedical in framing; mobility and self-care may feel irrelevant to participants in a creative programme. Best reserved for contexts where an economic case is explicitly needed. Requires registration, but it's free for non-commercial use. |

### SSCS-CSE (Short Scale of Creative Self — CSE subscale)

| | |
|---|---|
| What it captures | Belief in one's own creative abilities and capacity for creative thinking. Six questions, five-point scale; about five minutes. |
| When to use it | Administer pre/post programme where building creative confidence is an explicit aim. Can be used at mid-point for longer programmes to track whether participants' sense of themselves as capable makers is developing over time. Works well with exhibiting work or word clouds. |
| Things to know | Low burden. One of the few short validated measures that captures something about creative identity rather than just wellbeing outcomes, which is useful where the programme explicitly aims to build confidence or skill. Developed in educational and organisational contexts, so items may need contextualising for community settings. The questions are published in research papers; check the terms before use. |

### ERS-ACA (Emotion-Regulation Strategies for Artistic Creative Activities scale)

| | |
|---|---|
| What it captures | How participants use creative activity to regulate emotion: avoidance, approach, and self-development strategies. 18 items, five-point scale; about 10 minutes. |
| When to use it | Administer post-programme (or at mid-point for longer programmes). Unlike wellbeing scales, this captures the mechanism through which creative engagement may produce benefit, rather than whether wellbeing changed. Particularly useful where a commissioner or funder wants to understand how creative activity works, not just what it produces. Works well with reflective journalling or interviews. |
| Things to know | Low to medium burden. Validated specifically for creative activity contexts, which makes it more sensitive to the mechanisms of creative health than a general wellbeing scale. Developed by Fancourt et al. (2019). |

### 5.3 Qualitative and participatory approaches

The methods below are mainly qualitative, collecting people's own words, pictures or work, though some, such as quick voting and emotive cartoons, produce simple counts. Qualitative methods are not the fallback for when numbers are unavailable; they are often the right first choice. A standardised scale asks everyone the same questions in the same way, so its results can be compared across programmes and, for some scales such as ONS4, with national figures. It can show that a score moved; qualitative methods can show why it moved, and what the change meant to the people taking part.

#### Quick voting

| | |
|---|---|
| What it captures | Immediate reactions, sentiment, or agreement at a given moment. One to two questions; stickers on charts, dropping pebbles in boxes, show of hands; about one minute. |
| When to use it | Run at the start and end of a session around the same question to capture visible change in the room. Results can be photographed and shared with funders as simple evidence of shift. Very easy to do repeatedly across sessions. |
| Things to know | Very low burden. Accessible to people who find writing difficult. Anonymous. Gives breadth rather than depth which is useful for showing that something changed, but not why or how. Best combined with a method that shows why or how something changed, such as thought boxes and postcards. |

#### Word clouds

| | |
|---|---|
| What it captures | How participants frame or describe their experience; shifts in language or association. One open prompt, written or verbal. Participants describe something in three words; about two minutes. |
| When to use it | Ask the same question at the start and end of a programme (e.g., "describe how you feel about being here in three words"). Compare the results. The contrast itself can be a powerful piece of evidence and can be visualised easily for reports or display. Works well with quick voting or emotive cartoons. |
| Things to know | Low burden and can be done anonymously. Gives breadth quickly. Results are evocative and shareable but not analytically deep. Tools like Mentimeter (online) or simple sticky notes (in person) make collection easy. |

#### Emotive cartoons

| | |
|---|---|
| What it captures | Emotional state at a given moment; accessible snapshot of mood. One prompt. Participants select from a range of emotion images; about two minutes. |
| When to use it | Use at the start and end of sessions where asking participants to write about how they feel may not be appropriate. Particularly useful for groups where literacy is a barrier, or where the clinical framing of emotional questions would feel out of place. Works well with thought boxes and postcards or quick voting. |
| Things to know | Very low burden. Accessible across a wide range of abilities and backgrounds. Evaluator-led and closed in format. |

### Thought boxes and opinion postcards

| | |
|---|---|
| What it captures | Participants' own language about their experience; what stands out with minimal prompting. One to two open prompts. Written responses; about five minutes. |
| When to use it | Use at the end of sessions with a simple open prompt (e.g., "What will you take away today?" or "I feel..."). Collect across the programme to build a bank of participant-voice evidence that can feed into reports, case studies, or exhibition materials. Works well with quick voting or interviews. |
| Things to know | Low burden. Can be anonymous, which may encourage more honest responses. Produces direct participant voice that is accessible and compelling in reports and bids. Analysis takes time if responses are numerous. Abstract prompts (e.g., "I feel...") tend to produce richer responses than specific evaluative questions. |

### Reflective journalling

| | |
|---|---|
| What it captures | How participants understand and articulate their own experience over time; change in self-perception. Unstructured or lightly prompted. Ongoing through the programme; about 20 minutes each time. |
| When to use it | Offer as an optional tool at the start of a programme, with light prompts if helpful. Particularly useful for longer programmes where tracking change over time matters. Entries can be shared with consent, used in case studies, or fed into group reflection sessions. Works well with interviews or exhibiting work. |
| Things to know | Participant-led and open-ended. Because it is ongoing, it can capture non-linear change in ways a single pre/post measure cannot. Not everyone will engage with written formats, so offering creative alternatives (drawing, audio notes) broadens access. Analysis is time-intensive. |

### Goal-setting and action plans

| | |
|---|---|
| What it captures | Perceived personal outcomes; progress towards self-identified goals; sense of agency and self-direction. One to three questions. Written; about 10 minutes. |
| When to use it | At its simplest, ask participants at the start and end of a programme what they hoped to achieve and whether they feel they did. At a more structured level, RARPA (Recognising and Recording Progress and Achievement in non-accredited learning), a framework used in adult community learning, provides a way of co-designing goals with participants and tracking progress over time. RARPA distinguishes between activity goals (e.g., regular attendance) and personal goals (e.g., increased social confidence), and allows participants to rate their own progress. Follow-up on exit goals can transform end-of-programme activity into longitudinal evidence of impact. Works well with interviews or reflective journalling. |
| Things to know | Medium effort. Self-reflective and participant-led, which means it sits more comfortably in many community settings than a clinical scale. Works best when participants feel ownership of the process. Follow-up contact for longitudinal data requires consent and coordination; it's often difficult to get responses after time without engaging with the programme. |

## Interviews

| | |
|---|---|
| What it captures | In-depth individual experience; how and why change happened; participant voice in full. Semi-structured recommended; in person or online; about 20–60 minutes, depending on the number of questions. |
| When to use it | Use selectively, for example with a small number of participants who have been through a full programme, or with key stakeholders and partners. Even two or three well-conducted interviews can produce compelling evidence of impact. Particularly powerful for case studies and for capturing outcomes that no measure could reach. Works well with ONS4 or exhibiting work. |
| Things to know | High depth but resource-intensive: collection and analysis both take significant time. Anonymisation is important in sensitive contexts. Good facilitation matters: open questions and space for participants to set the direction produce richer data than a checklist. Consider whether a staff member or an independent evaluator should conduct them, as the relationship can affect what participants feel able to say. |

## Focus groups

| | |
|---|---|
| What it captures | Shared and contrasting perspectives; how participants understand the programme collectively; group dynamics and relationships. Facilitated group (four to eight people); in-person or online; 45–90 minutes, depending on size of group and number of questions. |
| When to use it | Use at the end of a programme where understanding group experience matters as much as individual outcomes. Also useful for programme development: asking participants what is working and what could be improved produces actionable findings alongside impact evidence. Works well with word clouds. |
| Things to know | More time-efficient than multiple individual interviews, but requires strong facilitation to ensure a range of voices are heard. A poorly managed group can produce data that reflects one or two participants' views rather than the whole group's. Not anonymous. Recording and transcription add significantly to analysis time. |

### Exhibiting work

| | |
|---|---|
| What it captures | Makes participant skill, creative identity, and programme quality visible and tangible rather than self-reported. Displaying creative outputs as evidence of programme value. Could be physical or digital; variable length. Set-up time could be intensive. |
| When to use it | Use exhibitions, performances, or displayed work as a primary form of demonstrating value. Invite funders, commissioners, and NHS partners to see work in person where possible. Photograph the work itself (not necessarily participants) for use in reports and bids. Where participants consent, testimony alongside the work adds another layer of evidence. Works well with the SSCS-CSE or thought boxes and postcards. |
| Things to know | Exhibiting work is not a soft alternative to formal evaluation: it is often the most compelling form of evidence available, particularly for arts funders and for commissioners, if they can attend in person. That said, putting on even a modest exhibition takes real organisational effort, including curation, venue logistics, invitations, and any accompanying materials. The form should be proportionate to what the programme can sustain. Photographing the work rather than participants avoids the discomfort many participants feel about being filmed or photographed, while still producing shareable visual evidence. Display also has value for participants themselves: being recognised as a maker or an artist is part of what the programme is doing. |

### 5.4 Case studies

The case studies below illustrate how programmes have approached evaluation and reporting in practice. They are drawn from published sources, with Case study 2 also drawing on an interview conducted for this study. Each organisation, or a representative of it, confirmed that the account given here is accurate.

## Case study 1: Converge (York St John University / Northumbria University)

The Converge programme works with adults with experience of mental health challenges, offering free university courses in partnership with the NHS. When designing their two-year evaluation project (2020–22), the research team decided early not to use standardised wellbeing scales, after consultation with the programme's lived-experience research team. Participants were wary of quantitative measures because of their associations with mainstream healthcare monitoring.

Instead, the evaluation centred participant voice through interviews, group workshops, and autoethnographic creative work, which they called "Storytelling," where paid participant-researchers used journalling, art, music, zine-making, or photography to reflect on their experiences. The team triangulated these methods through a peer-led analysis group that discussed extracts and themes collaboratively.

The result was an evaluation that produced richer and more complex data than a standardised measure could have done, and that was credible to both academic and policy audiences. The trade-off was scale: the project ran over two years with dedicated funding and would not be replicable as a routine evaluation approach. However, the principles that the choice of method is itself an ethical decision, that participant voice can be the primary evidence, and that creative methods can produce real analytical work, apply at any scale.

## Case study 2: Pioneer Projects (Craven, North Yorkshire)

Pioneer Projects is a small creative health charity based in Bentham, North Yorkshire, working across the former Craven district and beyond. Founded in 2004, it offers group creative activities and one-to-one keyworker support to adults experiencing or at risk of mental ill-health, alongside programmes focused on dementia, skills development, and community inclusion. It operates across a largely rural geography, serving communities with some of the worst access to services in England, and works in close partnership with its sister organisation Orb Community Arts in Knaresborough.

Pioneer's evaluation approach is built around what they describe as a "service user journey": participants are supported by a named keyworker who works with them to assess their wellbeing on arrival, co-design their engagement, set personal goals, and review progress over time. This combination of relational support and structured measurement means that evaluation is embedded within and through the programme.

Wellbeing is measured using SWEMWBS alongside graded questionnaires that ask participants directly whether engagement has been beneficial. Skills and confidence are tracked through RARPA. Social inclusion and citizenship are captured through further graded questions. Participant voice runs through all of it: quotes gathered through the keyworker relationship appear alongside the aggregated data in annual reporting, giving funders and commissioners both the numbers and the accounts behind them.

SWEMWBS produces data that is legible to funders; the goal-setting tool gives participants ownership of their own progress; the testimonies add qualitative detail that the numbers cannot give. The logic is that measurement is designed first to be meaningful to the participant, and only then aggregated into something a funder can read. The approach has been developed over two decades of delivery, and its effectiveness rests as much on the skill of the person holding the assessment conversation as on the instruments themselves. For organisations concerned that formal evaluation conflicts with a person-centred ethos, Pioneer shows the two are compatible when measurement is built into a relational model of support.

# Appendix A: Interview questions

| | |
|---|---|
| 1 | How does your organisation usually describe the purpose or value of the creative activity it supports or delivers? |
| 2 | What factors most shape how you are able to deliver this work in North Yorkshire? |
| 3 | What role do partnerships or networks play in delivering this work? |
| 4 | Are there groups of people you feel you are not currently reaching? |
| 5 | How does your organisation usually recognise or demonstrate the kinds of value that are being produced? |
| 6 | Does the way this work is described change depending on who it is being discussed with? |
| 7 | Has the way that your organisation talks about or communicates the value of this work changed over time? |
| 8 | Is there anything else about this work, or the way it is talked about, that feels important to you and that we haven't covered? |

# Appendix B: Survey question structure

## Part I: Filter question

| | |
|---|---|
| **Have you taken part in any creative or arts-based activity in North Yorkshire that was intended to support wellbeing or mental health?** | Yes, currently taking part<br>Yes, in the past<br>No, but I have considered it<br>No, and I haven't considered it |

## Part II: Participants only

| | |
|---|---|
| **How did you hear about the programme?** | GP<br>Social prescribing link worker<br>Mental health team<br>Friend or family<br>Community organisation<br>Social media<br>Other |
| **How long have you been involved, or were involved?** | One session<br>1-3 months<br>3-6 months<br>6-12 months<br>Over a year |
| **Taking part in this activity has...**<br><br>**(Likert scale, 0-4, strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree)** | Improved my wellbeing<br>Increased my confidence<br>Helped me feel more connected to others<br>Helped me feel part of my community<br>Given me a sense of achievement<br>Helped me manage difficult emotions<br>Helped me develop new skills<br>Had lasting effects beyond the sessions<br>Not made much difference to me |
| **In your own words, what has been most valuable about taking part?** | Open text box |
| **What made it possible for you to attend?**<br><br>**(tick all that apply)** | Location of venue<br>Transport available<br>Low or no cost<br>Flexible timing<br>Being referred by a trusted professional<br>Encouragement from someone I know<br>Other |

| | |
|---|---|
| **Did you face any barriers to taking part?**<br><br>**(tick all that apply)** | Transport<br>Cost<br>Confidence<br>Time<br>Caring responsibilities<br>Physical health<br>Mental health<br>Not knowing what to expect<br>None<br>Other |

## Part III: Non-participants only

| | |
|---|---|
| **Have you heard of creative wellbeing or creative health activities in your area?** | Yes<br>No |
| **Would you consider taking part in something like this?** | Yes<br>Maybe<br>No |
| **What might stop you from taking part?**<br><br>**(tick all that apply)** | Transport<br>Cost<br>Confidence<br>Time<br>Caring responsibilities<br>Physical health<br>Mental health<br>Not knowing what to expect<br>Not knowing what's available<br>I don't think it's for people like me<br>Nothing<br>Other |
| **What would make you more likely to take part?** | Open text box |

## Part IV: Demographic questions

| | |
|---|---|
| **What is your age band?** | 18-24<br>25-34<br>35-44<br>45-54<br>55-64<br>65-74<br>75+<br>Prefer not to say |
| **What is your gender?** | Man<br>Woman<br>Non-binary<br>Prefer not to say<br>Prefer to self-describe |
| **What is the first part of your postcode?** | Open text box |
| **Do you consider yourself to have a long-term physical or mental health condition?** | Yes<br>No<br>Prefer not to say |
| **If you would like to, please briefly describe the condition(s)** | Open text box |

# Appendix C: Additional resources

## Additional frameworks and measurement resources

Most Significant Change (MSC)
A participatory technique in which participants and staff identify and discuss stories of the changes that mattered most. Non-hierarchical, accessible across literacy levels, and well suited to settings where standardised measures feel inappropriate. Combines well with other approaches rather than working as a complete framework on its own.

UCL Creative Wellbeing Measures
A pick-and-mix toolkit focused on psychological wellbeing. Includes both a short six-item and a full twelve-item generic wellbeing questionnaire, alongside visual wellbeing tools designed to feel less clinical. Used in over 50 UK projects.

Arts Council England: Impact and Insight Toolkit
Free to cultural organisations, designed to evaluate impact on participants. Broad in scope and useful as a starting point. Works best when supplemented with more specific methods suited to the programme.

Historic England: Social impact of heritage
Guidance and resources on assessing the social impact of heritage activity. Most directly relevant where heritage forms part of the programme offer, or where a public value framing is helpful for funders and commissioners outside the creative health sector.

Institute of Public Health: Arts and Creativity Evaluation Toolkit
Specifically aimed at evaluating arts and creativity interventions for older adults, grounded in a public health framework. Particularly relevant where programmes work with older participants and where a public health lens is appropriate.

Culture, Health and Wellbeing Alliance: Evaluation signposting
A signposting page rather than a toolkit in its own right, pointing to a wide range of evaluation resources across the sector. Useful as a discovery tool when looking for something specific.

Arts Council England Designation Toolkit
A design and story-driven toolkit focused on how to communicate the value of cultural work to different audiences. Less about evaluation methodology and more about presenting findings effectively. Useful once you have evidence and want to think about how to make it land.

# Key reports and evidence

This section signposts the foundational documents that establish the case for creative health. They are useful for providers wanting to understand where their work sits in a broader landscape, and for organisations needing to make that case to commissioners, funders, or partners. The documents are organised by theme rather than date, and include both landmark older reports and more recent publications where both remain relevant.

## Creative health: the case and the context

These are the core documents for understanding what creative health is, what the evidence says, and how it is positioned within current policy. If you share only one or two documents with a commissioner or partner, these are the ones to choose.

Creative Health Review: How Policy Can Embrace Creative Health
National Centre for Creative Health and APPG on Arts, Health and Wellbeing, 2023

Creative Health: The Arts for Health and Wellbeing
All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017

What is the evidence on the role of the arts in improving health and well-being? A scoping review
Fancourt and Finn, WHO Regional Office for Europe, 2019

Evidence Summary for Policy: The Role of Arts in Improving Health and Wellbeing
Fancourt, Warran and Aughterson, commissioned by DCMS, 2020

Culture, Health and Wellbeing Alliance: research and evaluation resources
Culture, Health and Wellbeing Alliance, 2018–2024

## Health and social care policy context

These documents help providers and organisations understand the policy frameworks within which creative health sits, including Integrated Care Systems, social prescribing, and personalised care. Familiarity with these is useful when working with NHS partners or making the case to health commissioners.

NHS England: Social Prescribing and Community-based Support

NHS England: Personalised Care

NHS England: Integrated Care

### Heritage, cultural value, and wellbeing

These documents are particularly relevant for programmes with a heritage or place-based dimension, or where making an economic or social value argument to DCMS-facing funders is important.

Historic England: Social Impact of Heritage
Historic England, ongoing

DCMS Culture and Heritage Capital Portal
Department for Culture, Media and Sport, ongoing

The social value of place-based arts and culture: rapid review and synthesis
What Works Centre for Wellbeing, 2022

## Networks and sector organisations

### National bodies and networks

National Centre for Creative Health (NCCH)
National advocacy, research and policy body for creative health in the UK

Culture, Health and Wellbeing Alliance (CHWA)
National membership network for the culture, health and wellbeing sector

Arts Council England: Creative Health and Wellbeing
National strategy and funding body

National Academy for Social Prescribing (NASP)
National body for social prescribing, including arts and culture

### York & North Yorkshire

Community First Yorkshire
VCSE infrastructure support organisation for North Yorkshire

Humber and North Yorkshire Health and Care Partnership
Integrated Care System for the region. Relevant for organisations seeking to align creative health work with NHS priorities, understand commissioning frameworks, or explore VCSE partnership opportunities with the NHS. The VCSE Collaborative is the main forum through which voluntary and community sector organisations engage with the ICS.

York Museums Trust: Culture and Wellbeing
Cultural prescribing and wellbeing programme

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