# Culture, Health & Wellbeing Alliance

# Creative Health Quality Framework

## Evaluation Report

# Contents

# Executive Summary

The **Creative Health Quality Framework (CHQF)** evaluation, conducted by Outskirts Research for the Culture, Health & Wellbeing Alliance (CHWA), aimed to assess the framework's accessibility, appropriateness, and impact within the Creative Health sector. Developed in collaboration with Jane Willis and funded by Arts Council England (ACE), the CHQF is grounded in eight Quality Principles — Person-Centred, Equitable, Safe, Creative, Collaborative, Realistic, Reflective, and Sustainable. It serves as a practical resource to guide practitioners, organisations, policy-makers, funders, and commissioners in embedding quality and good practice across diverse creative health contexts.

**Methodology**

This mixed-methods evaluation spanned September 2023 to June 2024, incorporating six case studies, two workshops, and surveys. Over 200 people from across the sector engaged through surveys, straw polls, interviews, and group reflections. Data was analysed thematically to reveal patterns across stakeholder experiences.

**Key Findings**

The evaluation revealed the following insights about the CHQF's impact and use:

- **Embeddedness of Quality Principles**: Collaborative, Person-Centred, and Creative were the most commonly applied principles, while Sustainable, Realistic, Equitable, and Reflective proved challenging. Time constraints, limited resources, and sector pressures were noted as common barriers to fully integrating these principles into daily practices.
- **Accessibility and Ease of Use**: The CHQF was widely regarded as flexible, accessible, and thoughtfully designed. Many stakeholders valued resources like the Quality Principles Poster as effective entry points, as the framework's comprehensive nature occasionally felt overwhelming. Requests emerged for simplified versions, such as easy-read formats and audio and visual aids to support diverse needs.
- **Appropriateness and Relevance Across Contexts**: Stakeholders praised the CHQF's adaptability across varied settings — from creative and cultural projects to partnerships in health and community contexts.  This adaptability supported meaningful applications across distinct areas, including advocacy, practice development, and strategic alignment with health partners. Barriers such as limited time, resources, and engagement within the health sector restrict deeper use, while enablers like targeted workshops, case studies, and multicultural resources were suggested to

foster broader adoption and sustained engagement across varied audiences.

- **Observed Changes from Using the Framework**: The CHQF has increased confidence, particularly among practitioners by validating their contributions and providing a shared language within the sector to communicate the value of Creative Health work. It has encouraged reflective practice and continuous learning and highlighted the importance of safeguarding and personal wellbeing. The framework has also supported more intentional planning and fostered open conversations around resilience and self-care, helping create more supportive work environments.
- **Impact Across Key Areas**: The CHQF has enhanced self-awareness and person-centred approaches and embedded reflective practice as a core value. It has strengthened partnerships, by building trust and credibility. The framework has improved co-creation, enabling inclusive, participant-driven projects, and has informed responsive, sustainable project planning. It supports skills development in ethical, reflective practices and has redefined evaluation methods, fostering meaningful assessment and continuous learning across organisations.

**Recommendations**

To enhance the CHQF's usage and impact, the following steps are recommended:

1. **Training and Dissemination**
   Create a comprehensive training and dissemination package, including foundational workshops, context-specific sessions (e.g., health, community projects), and accessible resources such as easy-read editions, audio guides, and interactive tools. This will support diverse users in integrating the framework effectively into their practices.
2. **Shared Responsibility and Sector Engagement**
   Promote a collaborative model by involving commissioners, funders, health partners, policy-makers, and local authorities in actively endorsing the CHQF. Encourage these stakeholders to integrate the framework into funding and policy criteria, supporting a unified commitment to quality and shared responsibility across the sector.
3. **Reflective Learning Tool**
   Emphasise the framework's role in fostering continuous learning and development by prioritising reflective practice. Provide resources like checklists and peer-sharing prompts to support routine reflection and refinement of practices, ensuring the CHQF serves as a tool for growth beyond evaluation alone.

The evaluation underscores the Creative Health Quality Framework's valuable role in fostering quality and good practice within the Creative Health sector. While widely praised for its flexibility and relevance, the CHQF also faces barriers in adoption. Stakeholders expressed strong support for further resources and training to make the framework more accessible and engaging across diverse contexts. With targeted enhancements and a collaborative sector-wide commitment, the CHQF holds significant potential to drive continuous growth, deepen partnerships, and embed good quality practices throughout Creative Health initiatives.

# Introduction

The **Creative Health Quality Framework (CHQF)** was developed by the Culture, Health & Wellbeing Alliance (CHWA) in collaboration with creative health consultant Jane Willis, with funding from Arts Council England (ACE). This process was guided by a Quality Framework Steering Group and Reference Group, which included researchers, health partners, and funders, and shaped through workshops with over a hundred contributors from across the Creative Health sector.

Built on eight foundational **Quality Principles** — Person-Centred, Equitable, Safe, Creative, Collaborative, Realistic, Reflective, and Sustainable — the CHQF supports quality and best practices that enhance participant experience and outcomes. Unlike a ranking or benchmarking tool, the framework values and celebrates diverse approaches within Creative Health, encouraging collective reflection, growth, and improvement of practices.

Intended for all involved in Creative Health work, the framework serves a wide audience, including creative practitioners, cultural organisations, health, social care, and community partners, policy makers, funders, commissioners, educators, and trainers. It emphasises **quality as a shared responsibility**, with roles defined for three key stakeholder groups: Creative Practitioners, Creative Health Organisations and Partners, and Policy Makers, Commissioners, and Funders. Each group contributes to delivering quality and good practice across Creative Health initiatives.

To assess the framework's effectiveness, this evaluation was conducted over nine months using a mixed-methods approach that incorporated case studies, workshops, surveys, and interviews. Data gathered from each stakeholder group provided insights into the framework's accessibility, appropriateness, and impact. A thematic analysis explored how the CHQF was applied in diverse settings, highlighting patterns of use, alignment with stakeholder needs, and areas for potential improvement.

The report begins with findings on the embeddedness of the Quality Principles and continues through an analysis of the framework's accessibility and relevance across contexts. Next, it explores observed changes attributed to the CHQF, including its effects on practice, partnership development, co-creation, skills development, reflection and evaluation. The report concludes with detailed case studies and targeted recommendations to support the framework's ongoing evolution as a vital resource for fostering a fairer and more collaborative Creative Health sector.

# Methodology

This evaluation of the Creative Health Quality Framework adopts a mixed-methods approach to assess the framework's accessibility and usability, appropriateness and relevance, and impact across diverse stakeholders in the creative health sector. Evaluation activities took place from September 2023 to June 2024, with findings intended to inform the next phase of the CHQF's development.

**Evaluation Design and Approach**

To capture both quantitative and qualitative insights, the evaluation was designed around three primary data collection methods: case studies, surveys, and workshops. This blended approach aims to provide an in-depth understanding of how various stakeholder groups — including creative practitioners, creative health organisations and partners, policy-makers, funders, and commissioners — engage with and apply the CHQF in practice.

**Data Collection Methods**

**Case Studies**

Six case studies involving 36 participants were conducted, and aimed to represent a cross-section of stakeholder groups, to capture nuanced, contextualised insights on the use and impact of the CHQF.

This included:

- **Jane Thakoordin** – Involved as an individual Creative Practitioner.
- **Purple Patch Arts** – An organisation offering creative and inclusive learning opportunities, primarily for learning-disabled and autistic adults.
- **UCLH Arts and Heritage** – A hospital-based arts and heritage initiative focused on integrating the arts into healthcare settings.
- **Accentuate and its Museum Partners (Curating for Change)** – Collaborative projects with museums to enhance accessibility and inclusivity, particularly for people with disabilities and neurodivergence.
- **Live Music Now** – An organisation that brings live music experiences into healthcare and community settings to promote well-being.
- **Barnsley Creative Health Partnership** – A collaborative partnership involving Barnsley Metropolitan Borough Council (BMBC) and CHWA, which includes leaders from culture and public health sectors, NHS representatives, and a local Creative Health community organisation.

**Workshops**

Two online workshops provided an interactive setting for 20 participants to discuss their experiences with the CHQF. Breakout sessions allowed for focused discussions on topics such as framework usage, perceived outcomes, and potential areas for improvement.

**Surveys**

A sector-wide survey was conducted to gather broad insights on the framework's accessibility, appropriateness, and impact. However, with only 14 responses, the limited uptake likely reflects sector fatigue or low capacity.

In addition to this survey, brief 'straw poll' surveys were conducted across eight events, engaging over 150 participants. These polls provided quick feedback on the embeddedness of Quality Principles within practices, identifying trends and helping validate findings from other data sources.

**Other Data Sources**

Anecdotal feedback gathered during CHWA team meetings and related events along with brief online meetings and email correspondence from different stakeholders also informed this evaluation. Analytics from the CHWA website were reviewed to quantify document downloads and general engagement. Baseline data provided from ACE regarding references to the CHQF was also gathered.

**Data Analysis**

Data from case studies, surveys, and workshops were analysed thematically to identify patterns across stakeholder groups, revealing insights into CHQF's application and perceived effectiveness. Quantitative data from surveys and website analytics complemented qualitative findings, helping to validate trends and highlight stakeholder-specific needs.

**Ethics and Limitations**

Informed consent was obtained from all participants, with compensation provided to freelance practitioners for their involvement in workshops and case studies as per CHWA policies. Feedback has been anonymised, with actual names used only when explicit consent was given by participants. Key limitations included a low response rate to the survey and limited attendance at workshops, likely reflecting the significant capacity and time constraints within the sector. There were also gaps in data regarding usage and impact for Policy Makers, Commissioners and Funders and Educators and Researchers.

# Findings

## Embeddedness of the Quality Principles

During the evaluation period, over 150 participants across eight events and a final survey shared their insights on which Quality Principles they felt most familiar with and those that required further development. The results revealed some clear patterns: **Collaborative** was the principle that the majority felt most comfortable with, followed by **person-centred** and **creative**. In contrast, **sustainable** emerged as the principle participants were least familiar with, followed closely by **realistic**, **reflective**, and **equitable**. These findings offer insight into the current state of practice across the sector (see Appendix).

In particular, **sustainable** was consistently cited as the hardest principle to embed across various settings, including individual and organisational settings. **Reflective** practice was also challenging, for example in local authorities, where time constraints hindered deeper engagement. In ACE learning sessions, both **reflective** and **safe** were noted as principles that were least well understood or embedded in applications. This concern about safety was echoed by local authorities, where participants raised issues about expectations placed on artists to safeguard mental and physical health, warning that a lack of focus on safety could erode trust and impact future collaborations.

Although **safe** only emerged twice as one of the least embedded principles across the sector, it surfaced implicitly in many discussions, particularly among practitioners and organisations. This is unsurprising, as **reflective** practice plays an important role in fostering **safety**, highlighting the interconnectedness of the Quality Principles. Another insight was that even when organisations chose to focus on a single Quality Principle, references to other principles frequently emerged—even from participants who had not been introduced to them (e.g., the need for **sustainable** programming to support **person-centred** initiatives). This reflects the nuanced way in which the principles overlap, each contributing to a more holistic approach to embedding quality and impact in creative health practices.

## Accessibility and Ease of Use

The accessibility and ease of use of the CHQF are critical to its relevance across diverse stakeholder groups. Feedback from the CHQF launch and training events highlighted the framework's thoughtful design, with many praising its depth and practical relevance. **Creative Practitioners** recognised its potential to support and advocate for their work, noting that they would initially use the framework in discussions with commissioners and funders. They particularly appreciated the framework's flexibility and universality, which allows it to accommodate the diverse nature of creative health practices.

**Creative Health Organisations and Partners** recognised that the CHQF provided a much-needed shared language for important conversations across the sector. In particular, it ignited discussions around the challenges of short-term funding and its impact on long-term sustainability. Many organisations saw the **Quality Principles** as a tool for identifying internal areas for improvement and committed to sharing the framework across their networks to foster wider engagement and sector alignment.

> *"It's from the sector, and Jane has expertly captured really diverse, intersectional lived experiences in the framework."*
> - Attendee at Launch Event for Creative Health Organisations and Partners

**Policy makers, commissioners, and funders** were also impressed, describing the framework as "incredibly practical, useful, and engaging." They saw its potential for guiding funding decisions and signposting, but raised initial concerns about how to assess whether individuals and organisations were meaningfully applying the framework. The importance of viewing evaluation as a tool for organisational growth, not just as a reporting mechanism was also emphasised. This theme — balancing reflection and evaluation — was a recurring sentiment throughout the evaluation period, with some stakeholders initially misunderstanding the CHQF as solely an evaluation tool, rather than one aimed at fostering reflection and growth.

> *"Such an important and meaningful piece of work for the sector and beyond. Interested to see how it is embedded in the future."*
> - Attendee at Launch Events for Policy Makers, Funders and Commissioners

**Researchers** and **Educators** also responded positively. Although feedback has been more limited, several noted the framework's value in both academic and practical contexts. Educators indicated that they would integrate the Quality Framework as essential reading for students, using it to guide workshops on embedding the principles into creative practice. One educator remarked, "It

makes my life so much easier," underscoring its accessibility and practicality for guiding educational and creative health practices.

The framework's **language** was widely seen as clear and universal, a reflection of the deep collaboration with the sector during its development. This allowed the Quality Principles to translate well across various contexts, offering flexibility for individual and group interpretation. For example, the working group at UCLH Arts and Heritage dedicated time to exploring how the Quality Principles could be applied in their setting, while the Purple Patch Arts developed embodied definitions of the principles, making the framework more meaningful and accessible for their participants. This collaborative approach to defining and interpreting the principles helped ensure that the framework remained accessible to different audiences.

In terms of **ease of use**, many stakeholders appreciated the CHQF's iterative, evolving nature. This approach encouraged continuous development and reflection, making the framework feel like a living tool that could adapt as their work progressed. For example, case study participants from Live Music Now and UCLH Arts and Heritage found the emphasis on reflective practice particularly accessible, integrating naturally with their existing ways of working.

The framework proved to be accessible when tailored to specific audiences, as demonstrated in the Purple Patch Arts case study. Learning-disabled researchers responded well when the framework was presented using multi-sensory activities, which made the abstract principles more concrete and easier to engage with. This example demonstrates how thoughtful adjustments to the framework's presentation can enhance accessibility and inclusivity for users with diverse needs.

That said, the framework's comprehensive nature did present some challenges. Stakeholders often referred to it as a "big document," noting the time and capacity required to fully engage with it — especially for smaller organisations or individuals with limited resources. There were also some mixed responses to some elements, based on preferences. For example, while some found the linear structure of **The Quality Framework Spreadsheet** helpful, others — particularly those accustomed to non-linear approaches — struggled to engage with it.

The **Quality Principles Poster** became a valuable entry point, offering a more accessible way to engage with the framework's core elements, particularly for those new to Creative Health or working with time constraints.

> *"The Quality Principles Poster is genius because the curious ones will read more. And those that don't have a lot of time still have a valuable*

*resource to look at."*
– Policy Makers, Funders, and Commissioners, Survey Respondent

The way the CHQF was introduced and communicated also influenced how stakeholders understood and engaged with it. In some cases, the framework was mistakenly perceived as an external evaluation tool, rather than as a resource for reflection and growth. This highlighted the need for clearer messaging to ensure that stakeholders fully grasp its developmental purpose and how it could support continuous improvement across their work.

Throughout the evaluation period, stakeholders provided valuable feedback on how to improve the CHQF's accessibility. The following suggestions were made:

- **Simplified Versions:** Develop an Easy Read version of the framework, along with audio and interactive online formats to ensure the CHQF is accessible to neurodivergent and visually impaired users.
- **Flashcards and Visual Tools:** Create flashcards for key principles, accompanied by visual prompts, to support reflective practice and improve usability, particularly for those with limited time or capacity.
- **Training and Workshops:** Offer targeted workshops focused on individual principles, providing practical guidance on how to integrate the framework into different areas of creative health practice.
- **Enhanced Collaboration Tools:** Develop additional resources, such as short videos and interactive tools, to facilitate easier collaboration across key stakeholder groups when applying the CHQF to their work.

## Appropriateness and Relevance

The CHQF has demonstrated flexibility and broad applicability across a diverse range of stakeholders, including Creative Practitioners, Creative Health Organisations, Policy Makers, Funders and Commissioners. Each group engages with the framework in unique ways, reflecting its adaptability to different practices and contexts. This section explores the ways in which the framework has been applied, its relevance to specific contexts, its most and least useful elements, and areas where improvements could be made.

### Creative Practitioners: Reflection, Advocacy, and Articulating Impact

Creative Practitioners have embraced the CHQF as a reflection tool, using it to validate and structure their work. For many, the framework affirms that their practices align with recognised quality standards, while still allowing for adaptation to specific projects. Freelancers, in particular, find the framework

helpful in articulating their values and the impact of their work, especially when developing partnerships or seeking funding.

> *"It's not just lip service. There's a real depth of knowledge and research behind each of the principles."*
> – Creative Practitioner, Case Study Participant

The CHQF's structure has also supported practitioners in refining their practice by building on what already exists, rather than needing to start from scratch. It provides language and concepts that help convey their approach to a broader audience, making their work more visible and comprehensible, particularly in partnership development.

> *"It is affirming to have structured thought around my practice."*
> – Creative Practitioner, Survey Respondent

Additionally, the framework has given practitioners the confidence to advocate for fair payment and working conditions, offering them a structured way to address these important issues. However, some practitioners noted that while the framework facilitates key conversations in health settings, full adoption within these environments remains a challenge. Greater engagement from health professionals is needed for the framework to reach its full potential in these contexts.

**Creative Health Organisations and Partners: Strategic Alignment and Partnership Development**

Creative Health Organisations and Partners are using the CHQF to inform strategy, guide funding applications, and ensure quality across their work. The framework has proven especially valuable in strategic planning, helping organisations identify gaps, reflect on past work, and set goals for future development. For instance, one organisation partnered with the Creative Health Consortium to conduct workshops centred around the framework's 'realistic' and 'sustainable' principles, using the outcomes to inform future training programmes for practitioners.

> *"It helps us to make sense of our approaches and what's important to us, and to be part of a national perspective on what quality means."*
> – Creative Health Organisation, Workshop Participant

In addition to its use in strategic planning, the CHQF has been valuable in partnership development and advocacy, particularly with NHS and public health partners. Its structured approach and shared language have helped organisations demonstrate credibility in collaborations, especially when working with partners unfamiliar with creative health practices.

*"It shows that we're putting deep thought into the things that overlap with the levels of thought and input required within the health system itself."*
– City of Culture Team Member, Workshop Participant

**Policy Makers, Funders, and Commissioners: Limited but Emerging Engagement**

While feedback from Policy Makers, Funders, and Commissioners has been more limited, ongoing conversations with key stakeholders, such as Arts Council England (ACE), illustrate current usage of the framework. ACE has circulated the Quality Principles Poster through internal channels. Relationship Managers have also engaged with the framework through workshops, allowing them to assess the quality of creative health interventions, whilst ensuring applicants are not penalised for not fully adhering to its principles. ACE has also started tracking baseline data regarding references to the CHQF in applications of all sizes.

The CHQF has also been referenced in the **National Lottery Project Grants Information Sheet for Creative Health Projects**, a key document for individuals and organisations applying for ACE funding. Customer Service teams are also referring to the framework to provide guidance around important issues, such as safety and appropriate supervision in funded projects. More broadly, the CHQF is seen as a complementary resource to the **Creative Health Review**, with both documents providing strong evidence and support for the creative health sector.

Similarly, feedback from **Researchers** and **Educators** has been more limited, but correspondence from several projects suggests the framework is valuable for process evaluation. **Educators** have also begun incorporating the framework into their coursework and running workshops to guide students on how to integrate it into their creative practice. **Researchers** have incorporated the framework into workshops with organisations supporting vulnerable populations, helping them explore different dimensions of their services.

**Key Components: Quality Principles Poster and Quality Framework Spreadsheet as Entry Points**

Among the CHQF's components, the **Quality Principles Poster** has emerged as one of the most accessible and widely used resources. Its simplicity enables users to grasp a high-level understanding of the framework without needing to dive into its more complex elements. For many, the poster acts as an effective entry point, making it a valuable tool for both individual and group reflection as well as introductory conversations with partners or funders.

The **Quality Framework Spreadsheet** and **Quality Cycle** were also frequently cited as useful, particularly in more in-depth strategic discussions. These tools enable organisations to assess their work systematically and use the framework for comprehensive planning and evaluation. Equally, the **Recommendations for Applying the Quality Principles** has been an important resource for clearly identifying how responsibility is shared across each stakeholder group, fostering brave conversations about differing needs and necessary changes. The **Creative Health Quality Framework** signature has also been cited as a useful way to spark discussions around Creative Health.

**Barriers to Adoption**

Despite its flexibility and potential, stakeholders identified several barriers to the CHQF's widespread adoption:

- **Time and Capacity**: Limited resources and workload pressures are barriers for both individuals and organisations, preventing many from either starting to use the framework or engaging with it more deeply. This aligns with findings that the principles of sustainability, realistic, reflective, and equitable are the least embedded into practice, reflecting current sector challenges. However, organisations that have begun integrating the framework noted that while it requires effort and internal resources, the benefits make the investment worthwhile.
- **Health Sector Engagement**: Although the framework has great potential in health settings, many practitioners remain uncertain about its full adoption by health professionals. More sustained support from the health sector is needed to maximise the framework's value.
- **Funder and Commissioner Adoption**: Beyond ACE, few funders and commissioners have integrated the framework into their processes, limiting its broader impact. Greater alignment with funding bodies would encourage wider use and ensure that the framework becomes a standard part of funding applications.
- **Demand for Evidence**: Stakeholders expressed a desire for evidence that adherence to the CHQF's Quality Principles leads to improved outcomes or more cost-effective interventions.

**Enablers for Greater Use**

Stakeholders also identified several enablers that could enhance the CHQF's impact:

- **Targeted Workshops**: Focused workshops in healthcare and social sectors could help increase understanding and integration of the framework.

- **Portfolio of Case Studies**: A diverse set of case studies that demonstrate the CHQF's flexibility across different contexts would help showcase its relevance and encourage broader adoption.
- **Online Forums and Resources**: Establishing an online forum for collaboration and providing hands-on resources like workbooks would foster engagement and make the framework more practical for real-time use.
- **Multicultural Focus and Trauma-Informed Practice**: Developing resources that highlight the CHQF's application in relation to multicultural contexts and trauma-informed practice would ensure the framework remains inclusive and relevant to diverse audiences.
- **Researcher-Specific Guidance**: Developing separate resources for researchers would ensure that this key audience group has tailored guidance on effectively applying the CHQF in research contexts.

**Shared Responsibility: A Key Theme in the Evaluation**

A central theme that emerged during the evaluation of the CHQF was the concept of shared responsibility. Across all stakeholder groups, concerns were raised about how the burden of applying the framework is distributed.

**Creative Practitioners,** especially freelancers and those in smaller organisations, often felt the responsibility for applying the CHQF fell disproportionately on them. While the framework explicitly states that quality is a shared responsibility, and there's no expectation for freelancers to have everything fully embedded, concerns still remain. Some freelancers found aspects of the CHQF, particularly in the Quality Framework Spreadsheet, to be more aspirational than realistic for them to achieve on their own. One practitioner noted, "The principles are heartening, but I feel very limited in what I can do with them beyond my immediate practice." This highlights the challenge for those without substantial institutional support.

**Creative Health Organisations** echoed these concerns, expressing worry that smaller groups may be penalised by funders for not fully applying the framework. They advocated for a more collaborative approach, where funders and commissioners share the responsibility for implementing the CHQF, particularly in how they review applications. As one participant remarked, "There's three clear sets [of responsibility], which makes it easier to talk about who is responsible for what."

**Policy Makers, Funders, and Commissioners** also recognised the need for shared ownership. They emphasised the importance of ensuring the framework is used meaningfully without adding undue pressure, particularly on smaller organisations. This highlights the broader need for collective engagement with

the CHQF, ensuring responsibility for its application is distributed across practitioners, organisations, funders, commissioners and policy makers.

Overall, the feedback from stakeholders emphasises the importance of fostering a culture of shared responsibility for the CHQF's application. By encouraging wider conversations across the sector and embedding shared ownership into funding and evaluation processes, the framework can be perceived as more than an aspirational tool — it can be a practical, collaborative guide to improving creative health practices at all levels.

## Observed Changes from Using the Framework

The implementation of the CHQF has driven several meaningful changes across the Creative Health sector, promoting unity, encouraging reflection, and fostering a supportive environment for ongoing growth. This section details the specific ways in which the CHQF has enhanced confidence, built a shared language, embedded reflective practice, supported strategic planning, and encouraged open dialogue on resilience and wellbeing among practitioners and organisations.

### Increased Confidence and Cohesion

The CHQF has fostered unity and confidence within the creative health sector, validating practitioners' methods and reinforcing their contributions, especially in health and community settings. Practitioners report feeling more purpose-driven and valued as part of a collective focus on quality.

> "It's something that really unifies us in our approach to work and orientates us together."
> – Creative Practitioner, Workshop Participant

### Shared Language for Articulating Value

The Quality Principles offer a shared language that captures the experiential value of Creative Health work, moving beyond quantitative metrics. This has allowed creative and cultural practitioners, teams and partnerships, even internationally, to articulate contributions authentically, address common challenges, and highlight essential values such as safety and care.

> "It's just really good to know that a lot of those principles are things that everybody is thinking about...it brings some kind of cohesion and

consolidation of practice."
*– Creative Health Organisation, Workshop Participant*

**Development of Reflective Practice**

The CHQF encourages all stakeholders to "pause"—whether in brief moments between client sessions or throughout structured team reviews—shifting focus from purely evaluative approaches to a continuous, learning-oriented practice. In health and social care settings, musicians and artists find the framework invaluable for thoughtfully assessing their interactions, while organisations use it to reinforce shared values and identify areas for improvement, such as safeguarding and personal wellbeing.

**Strategic Planning and Embedding Good Practice**
The Quality Cycle within the CHQF has guided teams in more structured, inclusive planning, focusing on safety, sustainability, and equitable engagement. This process has helped identify areas for improvement and highlighted the importance of embedding good practice at every project stage and strengthening impact across organisational levels.

**Fostering Open Conversations about Resilience and Wellbeing**
The framework has sparked open conversations around resilience and wellbeing, encouraging Creative Practitioners and team members within organisations to voice their needs for self-care, realistic timelines, and mental health support. This has fostered more supportive environments, where teams and partnerships openly address the challenges of their work. These learnings are being taken forward into future programmes in a range of contexts.


## Impact Across Key Areas

The CHQF has contributed positively to several areas within Creative Health work, including practice development, partnership building, co-creation, project planning, skill enhancement, and fostering reflection and evaluation. This section explores how the CHQF has influenced these areas, highlighting its role in embedding quality principles into practice and supporting reflective, collaborative, and person-centred approaches among stakeholders.

## Practice

### Creative Practitioners

The CHQF has significantly impacted Creative Practitioners, deepening self-awareness and embedding ethical, person-centred approaches. By aligning with the Quality Principles, practitioners better address participants' needs, especially in vulnerable settings, leading to more intentional, responsive practice. For musicians, the CHQF has enhanced preparation and delivery, fostering a reflective approach that enriches session quality and relevance.

The framework's principles also support ethically informed, safety-focused practices. Practitioners feel more equipped to respond to participants in ways that build trust and respect, enabling them to handle complex situations with confidence and empathy.

### Creative Health Organisations and Partners

Within organisations, the CHQF has driven a cultural shift, making reflective practice central to development. Teams have used the framework's shared language to explore resilience, wellbeing, and ethics, improving participant care. This impact is evident in museum partnerships, where the CHQF has facilitated discussions on person-centred approaches and quality standards across organisational levels.

In broader partnerships, the CHQF has fostered a collaborative approach to addressing challenges like time constraints and strategic planning, which has positively impacted project delivery and effectiveness. By supporting the integration of inclusive, reflective practices into planning, the framework has strengthened resilience within partnerships. This shared commitment to quality has helped reinforce an understanding of best practices across diverse organisations, enhancing consistency and trust in collaborative projects and extending the reach of Creative Health work.

### Policy Makers, Funders, and Commissioners
While findings are limited, the CHQF shows promise in supporting joined-up approaches in commissioning by aligning stakeholders around shared values and good practice. As engagement grows, the framework can facilitate collaboration that prioritises ethical, people-centred approaches and supports reflective practices.

### Researchers and Educators
Early feedback indicates the CHQF may help researchers and educators

integrate reflective, person-centred methodologies into academic and training contexts.

## Partnership Development

### Creative Practitioners

The CHQF has bolstered Creative Practitioners' ability to present their work as both credible and rigorous, establishing a structured foundation that underscores the professionalism and quality of their practice. Referencing the CHQF in conversations with NHS, Integrated Care, and health partners has elevated practitioners' standing, fostering confidence and trust in their work. Practitioners have noted that the framework helps communicate that their approach to designing, delivering, and evaluating aligns with good practice, reinforcing credibility and enabling them to establish more robust, meaningful collaborations.

> "I'm taken more seriously."
> – *Creative Practitioner, Survey Respondent*

### Creative Health Organisations and Partners

The CHQF has positively influenced partnerships among cultural, public health, and community health organisations, fostering stronger collaboration and supporting relationships across diverse stakeholder groups. By initiating key conversations about Creative Health with health colleagues, the framework has facilitated a shared understanding of quality. This shared foundation is creating pathways for more collaborative partnerships and resource sharing within health settings, encouraging a holistic view of care. This foundational work has the potential to contribute to broader systemic change within health settings.

Museum and creative health partnerships have likewise benefited, using the CHQF to build a shared language around person-centred approaches, which has fostered more thoughtful programme design and delivery. The reflective nature of the framework has nurtured trust and a sense of safety within these groups, contributing to deepened collaboration and reinforcing each partnership's ability to work effectively as it evolves.

### Policy Makers, Funders, and Commissioners
Although findings among policy makers, funders, and commissioners are limited, there is potential for the CHQF to support more collaborative approaches to funding to support long-term investment in programmes and partnerships.

**Researchers and Educators**
While findings from researchers and educators are currently limited, initial engagement with the CHQF suggests that it may offer valuable foundations for building partnerships within academic and educational settings.

## Co-Creation

### Creative Practitioners

The CHQF has strengthened Creative Practitioners' approach to collaboration and co-creation, especially with vulnerable communities. It has guided practitioners to assess whose needs are being met and to structure projects for genuine engagement. Practitioners have used the framework to make thoughtful decisions, tailoring projects to empower participants and create more participant-driven outcomes.

This impact is particularly evident in work with young people, where the CHQF has facilitated processes allowing them to voice needs and shape sessions, resulting in programmes more aligned with their perspectives. Musicians, for example, found the framework helped them respond intuitively to participants, creating more collaborative and impactful performances. By fostering safe spaces for co-creation, the CHQF has enabled practitioners to engage participants meaningfully, supporting processes that are both inclusive and empowering.

### Creative Health Organisations and Partners

For Creative Health Organisations, the CHQF has served as a reflective tool to deepen understanding and improve co-production practices, particularly in environments involving vulnerable groups. Within museum spaces, for example, the framework has helped organisations evaluate and enhance the ways they engage participants, building processes that are not only effective but also respectful and person-centred. By supporting co-creation practices, the CHQF has helped organisations ensure that the voices of community members are central to the planning and delivery of projects.

The CHQF has formalised practitioner support through co-created tools like an Artist Care Charter, strengthening existing structures and establishing stability in dynamic work environments. This collaborative approach has improved relationships between organisations and artists, fostering a shared understanding of working styles and support needs. Partnerships across cultural, public health, and community sectors have particularly benefited, as the CHQF has enabled inclusive decision-making, allowing members to share insights that shape future events and projects.

**Policy Makers, Funders, and Commissioners**

Though findings are limited, the CHQF shows potential to support co-creation in funded projects, encouraging a more equitable approach to design and fostering partnerships that prioritise co-creation in service development.

**Researchers and Educators**

Although findings from researchers and educators are limited, early engagement suggests the framework has the potential to support collaborative learning and participant-led research approaches in education and training contexts.

## Project Planning

**Creative Practitioners**

The CHQF has had a notable impact on how Creative Practitioners approach project planning, encouraging a more reflective and person-centred focus throughout planning, delivery and evaluation stages. Musicians, for example, found that the framework enhanced their preparation, leading to sessions that were more thoughtfully crafted and responsive to participants' needs. For practitioners working across various project types — from PhD research proposals, DYCP development periods, to trauma-informed workshops — the CHQF has provided a valuable foundation for embedding principles of safety, reflection, and collaboration, ensuring that participant wellbeing and inclusivity remain central to the planning process.

**Creative Health Organisations and Partners**

Within Creative Health Organisations, the CHQF has strengthened commitment to sustainable, equitable planning. By embedding the framework's principles into decision-making processes, partnerships have made significant strides in aligning Creative Health initiatives with local strategies, reinforcing Creative Health's role as a driver of positive community change. Museum partners, for example, have used the framework to support deeper thinking around the long-term impact of their projects, identifying improvements that ensure future work is both inclusive and responsive to community needs.

The CHQF has encouraged teams to take a more structured and proactive approach, highlighting the importance of beginning planning processes early and setting realistic timelines. These adjustments will lead to smoother project delivery and foster a planning culture where safety, realistic timeframes, and sustainability are actively prioritised. Reflecting on past programming, such as NHS staff support sessions, has allowed organisations to apply lessons learned, thoughtfully shaping future initiatives to better meet participant needs.

> "It provides you with a kind of confidence that what you're delivering is of quality."
> – *Creative Health Organisation and Partners, Case Study Participant*

**Policy Makers, Funders, and Commissioners**

While findings remain limited, the CHQF shows promise in fostering a shared language between commissioners, funders, and applicants. This shared understanding can support the establishment of realistic timeframes and appropriate resource allocation, encouraging more sustainable, long-term initiatives that prioritise wellbeing.

**Researchers and Educators**

Early indications suggest that the CHQF can support researchers and educators in advocating for equitable resources and time for reflection, enabling thoughtful, inclusive research aligned with Creative Health values.

## Skills Development

**Creative Practitioners**

The CHQF has had a meaningful impact on skills development among Creative Practitioners, particularly in enhancing adaptable, self-awareness and reflective practice. It has also supported creative adaptability. One musician, for example, found it encouraged a proactive approach to tailoring sessions to participants, resulting in more engaging, impactful performances. The framework's emphasis on reflection encouraged practitioners to consider gaps in their development, particularly in areas like realistic and sustainable practice. This openness has shaped future training to offer targeted skills development and practical support for practitioners.

For those working with vulnerable groups, the CHQF has provided valuable guidance on developing person-centred, equitable, and reflective practices. Practitioners report that the framework has helped them refine their approach to creating safe, inclusive environments that foster collaboration. The framework also serves as a valuable foundation for early-career artists, supporting their development in reflection, ethical practice, and participant engagement. By embedding these principles early, it helps build a strong, values-driven base for impactful, sustainable work.

**Creative Health Organisations and Partners**

The CHQF has encouraged teams to foster reflective practices, helping them identify skill gaps and strengthen organisational capacity. In museum settings, it

has highlighted the need for safeguarding and trauma-informed training, essential for supporting all stakeholders and enhancing project outcomes. The framework has also promoted a culture of self-care and resilience, encouraging teams to adopt a longer-term approach to planning. In health settings, it has introduced new evaluation methods that support continuous programme development, helping teams adapt and improve their work over time.

**Policy Makers, Funders, and Commissioners**

Although findings are limited, the CHQF shows potential to help funders and commissioners identify and signpost essential training and resources for skill development within organisations and projects. By emphasising principles like safety, the framework can guide funders in directing support that helps practitioners and organisations consistently embed these values across their work.

**Researchers and Educators**

The CHQF could help researchers and educators in self-reflecting on their practice and identifying training needs for both students and projects. By highlighting areas for growth, the framework may encourage a more targeted approach to skill development, fostering a reflective and responsive learning environment.


## Reflection and Evaluation

**Creative Practitioners**

The CHQF has significantly influenced Creative Practitioners' approach to reflection and evaluation, encouraging a deeper appreciation for dedicated reflection time, peer-to-peer reflection and the value of diverse feedback sources. Practitioners report that the framework has fostered a renewed focus on reflective practice, serving as both a guide for self-improvement and a valuable tool for planning future sessions. For example, by structuring reflection around openness and vulnerability, the framework has allowed practitioners to embed continuous improvement and care within their work.

The framework provides a foundation for meaningful assessment beyond numerical metrics, helping practitioners understand the processes and mechanisms of change at work within their practice. It provides a framework for reflection, which enables practitioners to capture the experiential aspects of their work, offering qualitative insights into how and why certain methods support participant engagement and development. In this way, the framework strengthens process evaluation, focusing on the quality and approach of creative

health interventions.

> "This gives so much more than counting numbers."
> – *Creative Practitioner, Case Study Participant*

**Creative Health Organisations and Partners**

For Creative Health Organisations, the CHQF has nurtured an enduring culture of reflective practice that has strengthened team cohesion and alignment around shared values and approaches. The framework has empowered teams to address and navigate challenges openly, whether managing time pressures or setting realistic timelines, resulting in more effective and inclusive project planning. These reflective insights are not only shaping current projects but also informing future initiatives, ensuring that partnerships remain responsive to the evolving needs of the communities they serve.

For organisations in health and education contexts, the CHQF has provided a practical structure for guiding and organising assessment processes. For educators, the framework supports assessing learning outcomes, while for facilitators, it allows them to recognise, understand, and articulate the elements that make their practice effective — reinforcing observations they had previously sensed but struggled to express.

Museum partners involved in the CHQF evaluation found that the framework provided a more nuanced approach to reflecting on the processes and challenges within their initiatives. The framework helped them explore the elements contributing to quality and identify areas for improvement. This reflective approach has established an ongoing culture of learning, where partnerships can openly evaluate their progress and adapt as needed to foster continued success.

**Policy Makers, Funders, and Commissioners**

Although findings are limited, the CHQF has the potential to support advocacy for reasonable evaluation budgets, reduce pressure on individual projects to prove outcomes, and promote collaboration between practice and research within commissioning and funding processes.

**Researchers and Educators**

Though findings are limited, the CHQF could provide a foundation for continual reflection in academic and training contexts. It may support students in reflective learning throughout projects and encourage drawing from existing research. The framework also has potential to foster collaboration between practice and research.

# Case Studies

## Barnsley Creative Health Partnership

**About**

The Barnsley Creative Health Partnership is jointly led by Barnsley Metropolitan Borough Council (BMBC) and the Culture, Health & Wellbeing Alliance (CHWA). Formed in 2022, the partnership aims to enhance the wellbeing of Barnsley residents through creativity. Its members include senior leaders from BMBC's culture and public health sectors, representatives from the South West Yorkshire Foundation Trust (NHS), and a local Creative Health community organisation. Recently, the partnership expanded to include individuals with lived experience of Creative Health services, ensuring the group is more representative of the local community.

The group's purpose is to influence strategic and operational discussions, aligning local health and culture strategies and practices. Outputs over the past two years have included workforce development training and local events as part of Creativity and Wellbeing Week, both funded by Public Health. This year, two events in Barnsley showcased the work of local creative practitioners through activities and highlighted the value of Creative Health to the community. These events also provided a platform for creative health providers, commissioners, health and social care professionals, creative practitioners, and artists to connect and collaborate.

**Approach**

The partnership aimed to explore how the framework could support the group as it welcomed new members and piloted new ways of working together. This involved examining how the framework could accommodate a diverse group of people with varying, and sometimes conflicting, demands and needs, acting as an anchor to foster a safe and supportive environment. The partnership also considered how the framework could enhance planning, decision-making, collaboration, and communication, particularly in the organisation and finalisation of events during Creativity and Wellbeing Week.

The Quality Principles were introduced during an in-person session with both existing and new members in Barnsley. Using a set of handmade cards, members worked in pairs, discussing each principle before sharing their insights with the

larger group. The Quality Principles were also used to reflect on the planning and delivery of the events that took place during Creativity and Wellbeing Week in Barnsley. The four members of the sub group met once to reflect on the event through the lens of each quality principle. This discussion was reflected in the publicly shared evaluation report.

**Outcomes**

Reflecting on the definitions of the Quality Principles highlighted the value of diverse perspectives within the group. As they explored the meanings behind certain principles, one member noted that the framework's definition of "reflective" felt "very linear and formal." Others echoed this sentiment, sharing that their own reflective practices are often "adaptable, non-linear, and informal." This exchange highlighted how a diverse group with varied experiences and backgrounds can bring different interpretations to the principles, enriching the understanding and application of the framework.

Using the Quality Principles as a reflective tool allowed the group to gain several key insights from the planning and delivery of events during Creativity and Wellbeing Week. The group recognised the importance of integrating the framework earlier in the planning phase to ensure realistic timescales, as members highlighted that time pressures had been a challenge. The process also revealed opportunities to adopt a more collaborative approach to decision-making for future events, as well as increasing the diversity of attendees and the involvement of people with lived experience in leading activities. Additionally, the group developed a greater awareness of the need for environmentally friendly practices and the importance of equitable promotion and support for Creative Practitioners.

**Impact**

The use of the Creative Health Quality Framework has had a positive impact on the Barnsley Creative Health Partnership, providing a foundation for the group to foster a safe and supportive environment as it expands and evolves. By integrating the framework, the partnership has been able to deepen its collaborative practices and build stronger relationships among its diverse members. The reflective process encouraged by the framework has empowered members to address challenges openly, such as managing time pressures and creating realistic timelines, leading to more effective and inclusive event planning.

*"It's really adding to the work that we're doing to try and create a sense of safety, trust and relationship building. I think it feels like another really good solid layer that we can continue to build on."*

- Barnsley Creative Health Partnership, Group Member

By incorporating the principles into their planning and decision-making processes, the partnership has taken significant steps toward ensuring that their initiatives are sustainable and equitable. This has further solidified the partnership's commitment to embedding Creative Health into local strategies, reinforcing its role as a catalyst for positive change in the community. The insights gained through this evaluation process will continue to inform and shape future projects, ensuring that the partnership remains responsive and relevant to the needs of Barnsley's residents.

*'The Quality Principles really helped us see things we'd overlooked. It feels quite light touch, but it really helps to just check through and see if we're still on track.'*

- Barnsley Creative Health Partnership, Group Member

### Next Steps

The partnership is working with an external facilitator to refine its aims and objectives for the next twelve months, including a stakeholder event for Creativity and Wellbeing Week and workforce development training. The framework will be included on every agenda, reminding the partnership and any sub-groups to reflect on the Quality Principles throughout the planning, development, and delivery stages of future activities. The handmade cards will also be used in three in-person workshops each year, facilitating deeper discussion and fostering a shared understanding of what these principles represent for this diverse group.

## Curating for Change

### About

Curating for Change is a groundbreaking initiative designed to address the serious under-representation of d/Deaf, disabled, and neurodiverse individuals working within the museum sector. Hosted by eighteen partner museums across England, the project offered eight Fellowships over eighteen months and eight

Traineeships lasting 40 days. A diverse range of museums participated, from large national institutions like the Imperial War Museum to regional venues such as Bristol Culture and Hastings Museum and Art Gallery. Originating from Screen South's pioneering Accentuate programme, Curating for Change is supported by the National Lottery Heritage Fund.

The project empowered Fellows and Trainees to re-examine museum collections, uncovering hidden or overlooked stories of disabled people. Fellows also recruited and collaborated with co-production teams of disabled individuals from local communities to create a variety of outputs, including exhibitions, events, and blogs. Throughout the project, the Curating for Change team encouraged museum partners to adopt a person-centred approach to the onboarding and training of Fellows, ensuring their needs and experiences were fully supported.

## Approach

Accentuate and CHWA used the Creative Health Quality Framework to conduct a process evaluation of Curating for Change's person-centred approach. The focus was on understanding how this approach supported Fellows in their roles, facilitated engagement with co-production groups, and identified both the benefits and challenges of implementing a person-centred approach in museum settings. The evaluation also aimed to capture short-term outcomes for museum partners and explore how the framework could guide future collaborations between Curating for Change and partner museums.

The evaluator conducted interviews with three Fellows to gain insights into their experiences of centring co-production teams during the project. Two museum partners also participated in interviews to share their perspectives and short-term outcomes. The framework was later introduced in a group session with three museum partners and a Curating for Change team member, where the group discussed the interview findings, reflected on their learning, and considered how the framework could be applied to future initiatives involving lived experience.

## Outcomes

The case study revealed that Curating for Change's person-centred approach had a significant positive impact on Fellows and museum partners. By centring lived experience, Fellows were able to shape museum narratives and co-produce exhibitions and events that highlighted underrepresented stories of disabled people. This approach allowed Fellows to be recognised as experts in their own right, provided strong career pathways, and contributed to creating more

inclusive and supportive environments within museum spaces. Museum partners reported that Curating for Change's approach deepened their understanding of accessibility and inclusivity, and fostered greater engagement with diverse audiences. However, the evaluation also highlighted challenges, particularly the emotional labour involved in co-production work, emphasising the need for adequate support and safeguarding measures to ensure the wellbeing of all stakeholders, including internal staff, curators, and members of the co-production team.

Using the Creative Health Quality Framework as a reflective tool, the evaluation provided valuable insights into the implementation and outcomes of Curating for Change. Museum partners found that while many of the framework's principles, such as being person-centred and collaborative, resonated with their existing practices, other principles like being safe and realistic required more focus. Additionally, museum partners appreciated the opportunity to connect and share their experiences. The framework helped identify areas for improvement and prompted discussions on how to further embed these principles at an organisational level. Overall, the museum partners agreed that the framework could be a valuable resource for planning and delivering future projects, offering a structured approach to enhancing quality and inclusivity in museum practices.

## Impact

The use of the Creative Health Quality Framework to evaluate Curating for Change's person-centred approach provided significant value, particularly for the Accentuate team and its museum partners. By applying the framework as a reflective tool, the evaluation not only captured the immediate effects of the project but also facilitated a deeper analysis of co-production practices. The findings from this analysis have supported the Accentuate team to critically assess the long-term impact of their work, prompting important conversations around how to enhance future projects.

A key outcome was the recognition of the need for stronger safeguarding and emotional support structures for all stakeholders involved in co-production, including Fellows, museum staff, and community members. This insight has shaped Accentuate's strategic planning, guiding efforts to build more sustainable co-production models and prompting Trauma-Informed Practice training to address the emotional demands of this work. These practices will be embedded in future collaborations with Fellows and co-producers. The evaluation findings have also influenced Accentuate and museum partners to adopt the framework's principles more deeply within organisational practices, ensuring future projects are equitable, supportive, and impactful. Accentuate found the framework proved particularly useful in fostering greater critical thinking about their work within specific themes and objectives.

## Next Steps

Accentuate found it valuable to take a "deep dive" into Curating for Change by focusing on the "Person-Centred" principle. They noted that other aspects of the framework could have been equally insightful to explore, and they are considering applying this focused evaluation approach to their next project, *Curating Visibility*.

# Jane Thakoordin

## About

Jane Thakoordin is a participatory and visual artist of British and Guyanese heritage based in Birmingham. With extensive experience in researching, facilitating, and evaluating arts projects, events, and workshops, Jane is an active practising artist and the founder of Birmingham Activistas, an initiative blending creativity and political activism. She also established The Black and Blue Collective, a collaborative live arts organisation that co-produces work with artists and individuals with lived experience of mental health issues.

In addition to her community arts background, Jane holds a degree in social work and has managed several mental health services in Glasgow and Birmingham. She has been nationally recognised for her innovative approach to organisational change and consultation. Since completing a Master's degree, Jane has conducted research that combines her interests in creativity and social work. She is also a member of the CHWA West Midlands steering group.

## Approach

The aim of this case study was to explore how the Creative Health Quality Framework (CHQF) could influence Jane's approach to her creative projects, social work, and research. Specifically, the evaluation looked at how the framework could support the development of a PhD proposal, the planning and delivery of projects involving young people and migrant women, and Jane's work in mental health services and facilitation of trauma-informed practice workshops.

Two semi-structured interviews were conducted with Jane over six months to discuss her use of the framework and identify short-term outcomes. Jane focused on the Quality Principles Poster and the CHQF Recommendations for Creative Practitioners as key resources from the framework.

**Outcomes**

Jane applied the Quality Principles to guide the ethics component of her PhD proposal, a practice-based study exploring the experiences of white women who married or had relationships with Black men from the Caribbean during the 1950s, 60s, and 70s. After reflecting on the time constraints and ethical implications, she decided to pursue the work through Arts Council funding instead, emphasising a person-centred approach:

> *"In essence, it's my mum's story and a lot of these women are now in their eighties - hence there's a time pressure. And it made me think about whose needs are being met here. Not theirs, but certainly mine. So reflecting on the ethical implications of the PhD, it led me to look at what was the driving force which is actually to collect those stories with willing partners in a person-centred way."*

The framework also informed Jane's work with young people in a project funded by the Thrive Bursary (Arts Connect), examining how mental health language can disempower young people.

> *"I tried to be as person-centred as possible and worked with young people to tell me if my ideas were sound before starting the research. The framework was really influential and acted as a guide to ensure the experience was fluid and not sharp and spiky."*

Jane further used the framework to support a textile co-creation project with migrant women, prioritising safety and collaboration. She noted the importance of striving to create a space that feels safe, rather than declaring it a safe space:

> *"Rather than saying I create a safe space, I strive to create a space that feels safe for people, which is very different to being as bombastic as saying this is a safe space."*

Applying the Quality Principles in her mental health work enabled Jane and her team to value reflection, linking it to safety and openness within the team:

> *"Reflection isn't necessarily always about finding problems. It's about thinking about what could have been better whilst also being really open and that's about being vulnerable. And our team has worked really well to create that space to feel vulnerable without any kind of professional repercussion."*

Finally, Jane incorporated the framework into the planning and delivery of seven trauma-informed practice workshops for 35 artists. During these workshops, she

used the framework as a "critical friend" to prompt reflection, particularly focusing on safety:

> *"People don't necessarily think about safety in relation to themselves... if somebody doesn't tell you it's really important that you need to look after yourself whilst doing this, then people don't feel like they can."*

## Impact

Jane's use of the Creative Health Quality Framework has significantly influenced her work, leading to more reflective and ethically-informed practices. The framework has helped her reframe her ideas around collaboration, allowing for a deeper, more meaningful approach when working with older women. It has also shaped her work with young people, ensuring a person-centred approach that made the process more inclusive and fluid. In her projects with migrant women and trauma-informed practice workshops, the framework emphasised the importance of striving to create spaces that feel safe and fostering open, reflective team environments.

## Next Steps

Jane is at a point in her career where she seeks a reset and plans to use the framework as a reflective tool to guide her decision-making on future projects.

## Live Music Now

### Overview

Live Music Now is an outreach charity which creates inclusive, measurable social impact through music. Founded in 1977 by Yehudi Menuhim, the charity trains and works with over 300 professional musicians and reaches over 55,000 people every year. Live Music Now musicians deliver targeted needs-based and impactful participatory music interventions in healthcare settings, schools, care homes, community settings and libraries across England, Northern Ireland and Wales. Live Music Now Scotland delivers work as a separate sister organisation throughout Scotland.

Musician development forms a key strand in Live Music Now's offering in order to support professional musicians to develop their social impact practice. Musicians are trained and supported through ongoing development and mentoring to engage with staff and participants and tailor interactive live music activities based on tested models and practices. This approach provides musicians with

safe spaces to play and improvise. Reflective practices and approaches are required as a core part of Live Music Now's development process.

## Approach

Live Music Now aimed to assess how the Creative Health Quality Framework (CHQF) could complement its existing reflective practices and support the development of its evaluation processes. The focus was on understanding how the framework compared to current methods used by musicians and its potential role in evaluating feedback gathered from post-performance surveys. Additionally, Live Music Now began to incorporate the framework in early conversations with health partners to establish a shared understanding of quality standards.

The case study, conducted in collaboration with Douglas Noble, Strategic Director of Adult Social Care and Healthcare, involved two seasoned musicians from Live Music Now's South West programme. A third musician was unable to participate due to scheduling conflicts. To make the best use of the musicians' time, the sessions focused specifically on the 'Reflective' principle of the framework.

Musicians completed an initial survey about their existing reflective practices. An online introductory session, led by the evaluator, introduced the 'Reflective' principle from the Quality Framework Spreadsheet. Musicians then completed follow-up surveys after performances, alongside their usual reflective practices. A debrief session was held to discuss their experiences, and a final survey was conducted three months later to capture short-term outcomes.

## Outcomes

Musicians highlighted that reflective practice is integral to their work, with one noting: "I think it's a constant process and not always a conscious one." Initial responses to the framework were positive, recognising it as a useful reminder of various elements, although one musician expressed that the 'Realistic' principle particularly resonated. However, they felt the framework resources could be overwhelming if not clearly framed as a developmental tool rather than a "tick box exercise."

Reflecting on their performances using the framework, one musician found the format did not align with their nonlinear reflective process and so nothing happened outside their usual process. However, they also noted the framework prompted valuable thoughts on the importance of peer-to-peer reflection and incorporating multiple feedback sources to assess the quality of performances effectively.

The second musician used the framework proactively, building self-awareness during the planning and delivery stages of their performances. They reflected, "I always get positive feedback, but there was something about that session which felt really electric. I think because I played on the things that were individual to them, and that's how the framework helped me."

Feedback was also provided on ways to enhance Live Music Now's reflective practice, including more peer based support and networking opportunities. They also requested an additional workbook with prompts and space to write, indicating that this would support more effective engagement with the framework. Musicians also agreed that more could be done to clarify what reflective practice means in this context and how to apply it effectively.

## Impact

For the musicians, the framework provided a renewed focus on reflective practice and served as a helpful tool for planning future sessions:

> "The framework has helped me to train myself to become more self-aware in a session, which I've then been able to reflect upon more effectively. This has allowed for better quality work during my preparation process."

On an organisational level, Douglas noted the framework's impact on improving musician development: "It's given me lots to think about in terms of how we nurture and support reflective practice in musicians. How we help them to understand reflection not just as an idea or concept but in a practical sense."

Additionally, the framework has acted as a useful reference point for streamlining Live Music Now's evaluation processes across health and education contexts. Douglas expressed hope that this will inform parallel work related to the organisation's broader evaluation framework. For partnership development, the framework has also been a "validating reference point" when discussing quality with new health partners, reassuring them of Live Music Now's standards.

## Next Steps

Live Music Now plans to use these learnings to enhance musician development and deepen the application of reflective practice. The organisation is also working on incorporating the framework as a tool to inform and drive quality across all its programmes, ensuring it remains central to Live Music Now's mission.

## Purple Patch Arts

### About

Purple Patch Arts is an award-winning organisation that pioneers creative, inclusive, and innovative learning opportunities for learning-disabled adults across Yorkshire. Through their Lifelong Learning Programmes and various funded projects, the organisation provides over 200 people each year with access to meaningful, inclusive learning experiences. Using creative methods such as art, music, drama, and multi-sensory activities, Purple Patch ensures that learning is engaging, fun, and hands-on.

In addition to its core work, Purple Patch advocates for creative and inclusive approaches to research and evaluation. As part of a doctoral research programme, the organisation formed the Purple Research Group (PRG), a team of learning-disabled researchers, to explore the arts-based learning experiences of learning-disabled adults. The PRG was actively involved throughout the research process and co-authored a comic book about their findings. Since then, the group has continued its work, championing the belief that learning-disabled people can and should be involved in all stages of research.

### Approach

Purple Patch Arts and CHWA set out to explore how researchers with learning disabilities engage with the Creative Health Quality Framework (CHQF) and respond to its Quality Principles. The primary aim was to assess how accessible the principles are for people with learning disabilities. To achieve this, an online briefing session was followed by a full-day in-person workshop in Leeds, involving two members of the Purple Patch team, and four PRG members: Ella, Tracey, John, and Liam.

The workshop was divided into three sessions. In the first session, the researchers interacted with images representing each Quality Principle through multi-sensory activities, including using a mystery box and creating sounds. They were then invited to suggest words that described each image. Props were also used to introduce and discuss the concept of a framework.

In the second session, the correct terms for each Quality Principle were revealed, prompting a lively discussion about their meaning for each researcher. The group also worked in pairs to develop their own definitions for each principle.

The final session introduced a selection of hats to encourage the researchers to explore the principles from different perspectives, such as a researcher and a participant. The group then discussed the conditions that enable each principle to be realised, such as feeling safe or creative.

**Outcomes**

Introducing the framework using a range of multi-sensory activities proved to be a valuable way of assessing its accessibility. The activities highlighted that the images representing most of the principles were straightforward and clear to the group. Aside from "person-centred," the researchers quickly recognised and understood the intended meanings of each image. The group was particularly drawn to the image for "collaborative," which reminded them of the "Purple Patch family."

When the names of each principle were unveiled, the group found them logical and relatable, sparking discussions about how each principle applied to their roles as both researchers and participants at Purple Patch. This reflective process not only clarified the principles but also made them more meaningful in their day-to-day work.

> "We need to feel safe wherever we are, and I feel safe when I'm at Purple Patch."
> – Ella

> "Being person centred is about listening to our voice."
> – Tracey

> "Realistic is about doing things based on reality and the time that you have."
> – John

Additionally, the use of props and interactive tools deepened the group's understanding. A set of bricks was used to facilitate a discussion about how frameworks function, leading to a key insight:

> "The principles all rely on each other," said Liam, as he placed a post-it over one of the principles. "If you take one out, it doesn't work as well."

This process demonstrated that, when approached in an accessible and creative way, the framework resonated deeply with the group. While some principles, like "safe" and "collaborative," were quickly understood, others, like "equitable" and "realistic," required more time and discussion. A key outcome was that the researchers developed their own definitions for each principle — definitions that were more "embodied" and grounded in how the principles felt in practice. This

approach contrasted with the more formal, abstract definitions in the CHQF, adding a richer, experiential layer of understanding.

## Impact

This case study demonstrates that the Creative Health Quality Framework is a flexible and accessible tool for learning-disabled researchers when tailored to their needs. By using multi-sensory activities, visual aids, and interactive tools, the framework became relatable and meaningful, allowing the researchers to engage deeply with its principles. The PRG's ability to generate their own "embodied" definitions highlighted how, when adapted creatively, the CHQF can be inclusive and effective, fostering greater understanding and ownership.

## Next Steps

The PRG is eager to continue contributing to the development of the Creative Health Quality Framework. They have expressed interest in collaborating on the creation of an easy-read resource to accompany the framework, which would further increase its accessibility and usefulness. This initiative would ensure the framework is inclusive and can be more widely applied across diverse groups.

# UCLH Arts and Heritage

## About

University College London Hospitals (UCLH) Arts and Heritage is an award-winning programme, established in 2005, that enhances patient and staff wellbeing through creative and cultural activities. The programme includes artist-led creative sessions, live bedside music, exhibitions, artist residencies, and site-specific commissions. Additionally, the Arts on Prescription service links patients with community-based arts organisations to support their recovery and wellbeing.

Recognising the connection between staff wellbeing and quality patient care, UCLH Arts and Heritage launched Creative Comfort in 2020 in response to the COVID-19 pandemic. This initiative provides free access to creative clubs such as the Staff Choir, Pottery, Art, and Lino Printing[1] Clubs, all aimed at improving staff wellbeing.

---

[1] Lino printing is a simple printmaking technique where designs are carved into a linoleum surface, inked, and then pressed onto paper or fabric to create images. In a hospital arts programme, it offers a relaxing, hands-on activity where participants can express creativity, focus on a task, and produce unique prints to keep or display.

**Approach**

This case study explores how the Creative Health Quality Framework (CHQF) supported the delivery of both the Patient Programme and Staff Arts Programme. A working group was formed, including three Arts and Heritage staff members, two patient session artists, and the artist leading the Staff Lino Printing Club.

An online introductory session, led by the evaluator, introduced the framework. The group held a separate meeting to explore the Quality Principles, building shared understanding and defining key deliverables. Monthly meetings were also held to reflect on progress and learnings.

The group collectively developed an Artist Care Charter to formalise support for artists working in both patient and staff programmes. Artists delivering patient sessions also applied the Quality Principles to their work, while team members facilitating the Staff Lino Printing Club participated in structured reflective sessions to guide its future development.

The case study covered a six-month period.

**Outcomes**

Exploring the Quality Principles in detail as a group allowed each member to find their own way of applying the framework. This collaborative process led to new methods of self-reflection, such as using sketchbooks, which helped ease initial concerns about how to implement the framework. While artists initially viewed the framework as an external evaluation tool, they were pleasantly surprised by how useful it became for their own reflection and development.

> "I was sceptical at first, thinking I'd be forcing a square peg into a round hole, but it's been surprisingly straightforward, and we've really made it our own."
> – Artist

Developing the Artist Care Charter legitimised existing support structures, creating a sense of permanence in a dynamic environment. This collaborative process also strengthened relationships between the Arts and Heritage team and the artists, fostering a deeper understanding of each other's working styles and aspirations.

Reflecting on the Staff Lino Printing Club through the lens of the Quality Framework was particularly valuable. The team was able to draw on learnings from previous sessions to inform future programming. This process boosted their confidence as they recognised their existing approach had already integrated

many aspects of the framework. For the participating artist, the sessions were particularly affirming, providing the language to articulate the positive impact they had long sensed the sessions were having on NHS staff.

**Impact**

The framework has fostered an ongoing culture of reflective practice, helping the team build consensus around shared values and approaches.

> "Collaborative reflective practice informs our future strategy and work… It's about creating space for different perspectives, and being cognisant of that is essential to our work."
> – Arts and Heritage Team Member

The framework has also sparked meaningful discussions about resilience and wellbeing, offering a new vocabulary for exploring these concepts.

> "We're looking at what it means to work well in all senses of the word. And this is a vocabulary in which to explore that, and that's been really positive."
> – Arts and Heritage Team Member

Artists have found it especially helpful in documenting the experiential aspects of their work and moving beyond mere numbers to something more human.

> "I appreciate the framework because it's very wide and flexible, which is helpful. And it gives voice to what we do."
> – Artist

**Next Steps**

The time commitment was initially a concern, however the team recognises that engaging with the framework requires ongoing, structured reflection. Moving forward, they plan to map their work across the Quality Framework to guide their 2025 strategy, identify gaps, and explore how to bring more creativity into day-to-day project delivery. The concept of play at work will be a key area of focus.

# Recommendations

1. **Develop a Comprehensive, Accessible Training, Resource, and Engagement Package**:

Design a training programme with a variety of accessible resources and workshops tailored to different contexts, such as health, community projects, partnerships, and creative education.

This should include:

- **Foundational and Context-Specific Training**: Workshops introducing the framework's core principles, with specialised sessions for applying these in health, community settings, and research and evaluation contexts.
- **Inclusive and Accessible Resources**: Simplified versions of the framework (e.g., easy-read editions, audio guides, and visual aids) to support neurodivergent and visually impaired users. Incorporate multi-sensory activities, prompts, and workbooks to enhance accessibility and engagement for users with diverse needs.
- **Interactive and Ongoing Support**: Interactive tools, such as case studies, peer-sharing sessions, and checklists for routine reflection, to ensure users can meaningfully integrate the framework into daily practices and foster continuous, reflective learning.

2. **Foster Shared Responsibility, Collaboration, and Sector-Wide Engagement**:

Establish and champion a collaborative model that emphasises shared responsibility across commissioners, funders, health partners, policy-makers, and local authorities to integrate the framework sector-wide. This involves:

- **Championing by Funders and Policy-Makers:** Encourage funders and policy-makers to promote the framework through external communications and integrate it into funding and policy criteria.
- **Strengthening Alignment Through Collaboration:** Initiate collaborative projects among stakeholders, ensuring that funders, commissioners, and policy-makers share responsibility for quality and good practice with practitioners and smaller organisations.
- **Advocating Through Partnerships:** Leverage partnerships with health and community organisations to support a collective approach that promotes quality, builds resilience, and reduces the burden on individual practitioners and organisations.

3. **Promote the Framework as a Reflective and Developmental Tool for Continuous Learning**:

Emphasise the framework's role as a resource for fostering reflection, learning, and good practice. This includes:

- **Repositioning Reflective Practice:** Position reflection as the framework's central focus, reframing it as a tool for continual learning and growth rather than solely for evaluation.
- **Encouraging Routine Reflection and Peer Feedback:** Provide resources to promote routine reflection and peer feedback, helping practitioners and organisations deepen insights, refine approaches, and sustain improvements.
- **Incorporating Reflective Tools:** Include tools like checklists, flashcards, and discussion prompts to support ongoing use, enabling users to explore areas such as resilience, wellbeing, and ethical practice.

# Acknowledgements

# Appendix

Launch Events

| Creative Practitioners 28.9.23 | Cultural Orgs/Partners 27.9.23 | Funders/Commissioners 20.9.23 |
|---|---|---|
| Most: Person centred, creative<br><br>Least: Sustainable, equitable, realistic | Most: Collaborative/Creative/Person Centred<br><br>Least: Sustainable, equitable | Most: Person centred/Collaborative<br><br>Least: Sustainable/Reflective |

| |
|---|
| Group session (13.10.23) - Mixed group during CHWA conference<br><br>Most: Collaborative, person centred, creative<br>Least: Sustainable, realistic |
| ACE learning session (6.3.24) - Funder<br><br>Reference of principles in applications that come through ACE:<br><br>Most: Creative, collaborative<br>Least: Reflective, safe |
| GLA and LAH training session (7.3.24) - Public Health and Cultural Teams<br><br>Most: Collaborative<br>Least: Reflective, Sustainable<br><br>Observation regarding Safe – felt like participants were worried about expectations around artists to look after people's mental and physical health. Lack of safety can erode trust in the future. |
| Creativity and Wellbeing Week (20.5.24)<br><br>Most: Collaborative, Person Centred<br>Least: Sustainable, safe, equitable, realistic |
| CHWA and Museum Partners (Curating for Change) (4.7.24)<br><br>Most: Collaborative, Person Centred, Creative<br>Least: Sustainable, Reflective |
| Final evaluation survey (all stakeholder groups):<br><br>Most: person centred, collaborative, reflective<br>Least: Sustainable, equitable, realistic |