

Artists practising well.

NAISMITH, N.

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artists practising well

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Foreword

Nicola Naismith's research is concerned with the issues of affective support that artists working in health care settings are currently able to access. It is aptly entitled "Artists Practising Well".

This research comes at a time in which the arts have opened up to issues of public life, not just in terms of subject matter but also in terms of form, entering into the processes and systems that shape day to day living. Individual artists have, over the past fifty years, pioneered ways of working, creating the expectation and opportunity for art to be present and active in every aspect of life, enriching experience.

In recognising this radical development, it becomes clear that the arts as a sector have not caught up sufficiently in at least two important, interconnected respects: that of the pedagogy that underpins this practice, and that of instrumental and affective support that Naismith has identified so clearly. To practice well artists need to understand what practice is, learning from the best possible examples i.e. from artists who lead the field. They also need to be treated professionally, as their well-being is essential to realising quality of work.

We value research in terms of information and analysis. It produces knowledge that we feel we can trust. Perhaps there is another important aspect that we tend to take for granted: research frames questions that otherwise remain hidden, drawing around such questions a thoughtful community prepared to mine their own experience and offer this to a shared space. Research in this sense does not just draw from the past. It is generative of the present and future in subtle ways, building community and shared responsibility. This particular quality runs throughout Naismith's process and findings creating a discourse around 'what practising well' actually means as a shared responsibility.

Health care settings are a place in which all the players are most vulnerable. They constitute an important place to learn from in relation to art's function in society. The recommendations from artists themselves are indicative. They point out the importance of understanding the value of the work as art. They seek forms of support that are simple and human, such as checking in on each other from time to time. They acknowledge that affective support is part of the work and needs to be paid for and this extends to remunerating artists better because their value is transparent and generally understood. Finally they ask for time, time to debrief, reflect on experience and explore in ways that are informed.

The learning from this context and this piece of research will be influential both within and well beyond health care settings. The findings are vital to all aspects of art in public life, whether that is social or environmental in focus.

Professor Emeritus Anne Douglas
Gray's School of Art, Robert Gordon University

Foreword

‘Artists Practising Well’ is a timely and welcome research report that highlights the importance of affective support for artists who work in health and wellbeing contexts.

Artists who work as creative practitioners in a wide range of settings have to learn to juggle multiple hats, professionally and personally, whilst also striving to keep a sense of their own individual artistic identity. Add to that the complexity of working with people in real need, right across the lifespan, from those suffering with mental health to those at the end of life, from those in prison to residents in a care setting. Inevitably, extremes of emotion will be felt. It’s not surprising that artists working as creative practitioners are struggling with their own identity, resilience, health and wellbeing.

As cited in this paper, the Creative Health Report (from the All Party Parliamentary Group for Arts, Health and Wellbeing) tells us that ‘the most successful arts projects in healthcare involve artists who care’. This is true. But where we must step up is in ensuring that artists are also cared for by those around them, and that artists should also place high on their agenda caring for themselves. It can be the most rewarding work – life affirming, in every sense – but without care high up on the list of priorities, our incredible army of creative practitioners will soon burn out.

The work is only as good as the people delivering it. The field is growing at a fast pace, recognition of the work – and its impact – is improving. So must the support that exists for those at its heart. As I sit to write this, we have just welcomed to Snape Maltings eight musicians who work in health and wellbeing settings. They are taking part in a week of self-reflection, an ‘MOT’, that explores creative resilience and addresses related questions such as how you take care of your own wellbeing and find creative invigoration instead of burn out. This kind of programme needs to be embedded in all of our work. It needs to be accessible to all.

As commissioners, cultural leaders, funders and policy makers we need to step up and enable artists to do their best work. This research report is such an important marker. I look forward to what comes next, and playing a role in helping shape that.

Phillipa Reive
Director, Creative Campus
Snape Maltings

Acknowledgements

I would like to extend my appreciation and thanks to the Arts and Humanities Research Council and the Clore Leadership Programme for supporting this research. I would also like to thank a-n, The Artists Information Company, for supporting me as the Visual Artist Fellow in 2017/18, when the ideas for this research began. The Clore Fellowship has been the most significant of experiences, which I will unpack and build on over the coming years.

I would also like to thank Damian Hebron, Phillipa Reive and Dr Valerie Woods for exploratory and enlightening conversations around the territory of this report and associated fields of practice. I'm fortunate to work with two coaches: Fearghus Ó Conchúir and Isabel Mortimer, who individually have helped me to understand my practice, leadership strengths and approaches to working. Cath Cartman, whose wise advice at crucial stages helped me to form my ideas into this research report. Thanks to Dr Chris Yuill for helping me to understand the sociological context of this research work and to Professor Emeritus Anne Douglas for her expertise and knowledge in the field of social practice and the 'artist as leader' within it. Final thanks to Chris Fremantle, my research supervisor, who has supported me over this research process, offering encouragement and understanding, generously sharing expertise and experience in this field of practice.

The creative practitioners who responded to the survey deserve a special mention, as do the organisation leaders who agreed to be interviewed; all of whom shared experiences in honest and illuminating ways. Thanks also to those who have made contact with thoughts and suggestions: apologies to those I didn't manage to arrange conversations with, but you helped me believe in the importance of this research.

About the Author

Nicola Naismith is a visual artist and lives in Norwich. In 2017/18 she was the Visual Artist Fellow on the Clore Leadership Programme, where she focused on how people can develop their learning and reflective practice through coaching and action learning sets, researched wellbeing at work through employee engagement, explored arts for health and wellbeing and developed a greater understanding of the working conditions of contemporary artists. Her practice is socially engaged, working on residencies and research with specialists and professionals from other sectors to identify and communicate common ground across a range of industries including engineering, architecture, museums, archives and ergonomics. Working in a process-orientated way, Nicola creates visual artworks for exhibition, gives talks, contributes to panel discussions and writes in addition to coaching, mentoring and lecturing. Her work has been exhibited internationally, including Australia and Russia, and closer to home in Scotland, London and Cambridge.

Dedication

This report is dedicated to my daughter, who reminds me daily of the power of cultivating a growth mindset.

Introduction

During my time as the Visual Artist Fellow on the Clore Leadership Programme, I expanded my interest in the professional development of visual artists, the quality of their working lives and how to sustain and grow a practice in testing times. What I found was the combination of making creative work and managing financially was challenging at best, stressful at worst. For those without financial support from family or a private income being an artist is difficult to say the least. Artists are often undervalued: developing a career is difficult and requires considerable personal resilience. There is research suggesting that creative freelancers are in danger of or are facing poor mental health due to the demands of the work¹ and irregular and low pay.² Being part of a Clore Fellowship cohort helped me to expand my thinking and develop a new understanding about how cultural organisations work and what challenges they might face. Producing a provocation paper ‘Slow: ideas for recruitment, participation, partnership and leadership’, I sought to present ideas to reclaim slow as a positive term that facilitates greater inclusion, reflection and considered action in cultural leadership.³

Alongside these investigations I started to read more about the role the arts can play in health and wellbeing, and in particular tried to locate research about how artists working in participatory arts were being supported to deliver the best quality work, whilst having their own health and wellbeing protected.

There is growing reliable research evidence which supports the claim that the arts are positive for our health and wellbeing. *Creative Health: The Arts for Health and Wellbeing*,⁴ - the Report from the All Party Parliamentary Group on Arts Health and Wellbeing - offers an overview of practices, detailed case studies and recommendations. There are also a number of good practice guides which help organisations and practitioners plan and deliver participant focused arts initiatives in health and wellbeing settings: many of these communicate academic research into usable guides supporting best practice. These documents mentioned what may be needed in terms of practitioner support, but this varied in explanation and depth.

¹ Gillian W Shorter, Siobhan M O’Neill and Lisa McElherron, Change Arts and Minds: A Survey of Health and Wellbeing in the Creative Sector, <https://www.inspirewellbeing.org/media/9236/changing-arts-and-minds-creative-industries-report.pdf> March 2018

² Prepared by TBR’s Creative & Cultural Team Livelihoods of Visual Artists – Summary Report <https://www.artscouncil.org.uk/sites/default/files/download-file/Livelihoods%20of%20Visual%20Artists%20Summary%20Report.pdf> December 2018

³ Nicola Naismith Clore Leadership Fellows Provocation Paper Slow: ideas for recruitment, participation, partnership and leadership July 2018 <https://www.cloreleadership.org/resources/slow-ideas-recruitment-participation-partnership-and-leadership>

⁴ All Party Parliamentary report Creative Health: The Arts for Health and Wellbeing http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf July 2017

The phrase 'caring for the carer' - where the individual offering the support, encouragement and care to another is often in need of those same things in order to stay safe and well - is applicable in this context. If the arts are positive for participants, so too should they be for the creative practitioners delivering them. This report focuses on support for practitioners, and not the evidence base of the effectiveness of arts for health and wellbeing.

Early conversations with Dr Chris Yuill helped me to identify the areas of support I was most interested in, and the difference between instrumental and affective support. Instrumental support is the practical organisation of work and resources; those things which facilitate the participation in and delivery of sessions. Affective support relates to moods, feeling and attitudes, and can be supported by reflective practice activities. The focus for this report is affective support, whilst acknowledging and including the role of instrumental support where relevant.

This Report recognises that the practitioner, commissioner, organisational leader, funder and policy-maker all have roles to play in the health and wellbeing of creative practitioners, supporting them in their making of quality work.

This research aims to explore three core questions: what is the current state of affective support for artists working in health and wellbeing contexts? What kinds of affective support could be most useful for creative practitioners working in arts for health and wellbeing? Is there a common understanding of what good practitioner support looks like in participatory arts for/in health and wellbeing?

I wanted this research to achieve three things: firstly, to gather the support experiences of practitioners: what they receive now, what they do for themselves and what they would like in the future. Secondly, to seek organisational perspectives about affective support and explore what other factors may be in play, including the impact of the gig economy and contract set up. Thirdly, to draw attention to what might be in the longer term landscape for arts for health, and within that focus on what artists need in order to do their best work.

This report has been prepared with a wide readership in mind: creative practitioners, arts commissioners and organisational leaders, funders and policy makers. The report addresses the growing involvement of artists in health and wellbeing and their affective support. The research takes the form of this report, a shorter summary, articles for professional platforms and - importantly - presentations at conferences and seminars. It will also take the form of Continuing Professional Development events for practitioners, arts organisations and commissioners.

Much of the content is applicable to working in other potentially challenging contexts including with people in prisons, with young people demonstrating offending behaviours and with people who are homeless: where needs and circumstances are complex, and support can be used to both protect the wellbeing of creative practitioners and contribute to the best quality provision for participants.

This report lays some foundations on which to build multiple debates, discussions and further research about affective support for creative practitioners. In order for this discussion to be effective, a common language is essential: the glossary (appendix 1) offers some useful terms and definitions with which to start this process. Please share your own perspective, experience and ideas for the future of support. Let the conversation grow and thrive, and in so doing raise awareness and standards of practitioner support.

Please contact me with your thoughts and reflections about this report:

info@nicolanaismith.co.uk

Methodology

This 3-month research project was undertaken with the intention of contributing to the field of cultural leadership. Balancing academic rigour and pragmatism in terms of time constraints led to a research design which focused on a literature review, online survey for practitioners and a series of semi structured interviews with individuals from policy, funding, cultural leadership and delivery.

The literature review explored the academic research related to the health and wellbeing of creative practitioners, the employment status of practitioners and the impact that working in the gig economy has on the research area. The literature review also included a number of 'good practice guides' to ascertain any content related to practitioner support and what form this took.

A 10 question online survey was used to collate the support experiences of practitioners based in the UK (see Appendix 3). The design was informed by the literature review, an event organised by the London Arts in Health Forum exploring Supervision and Support,⁵ conversations with a sociologist, and dialogue with my supervisor. Given the short timescale of the research a survey was considered to be the most efficient way of gathering data on the experiences of practitioners, and to do so anonymously given the relatively small workforce and close networks. The survey was disseminated through targeted social media posts and to established network newsletters. Organisations including London Arts in Health Forum; Engage; a-n The Artists Information Company; The Clore Leadership Programme; and the Culture, Health and Wellbeing Alliance issued information about the survey, which was essential in helping to reach practitioners. There were no incentives or rewards offered to respondents for completing the survey. Individual analysis of the survey data was undertaken by Professor Emeritus Anne Douglas, the research supervisor, and myself.

A series of semi structured interviews asked:

- What is your involvement with artists working in health and wellbeing?
- Our sense is that this is a growing area of work for artists - what is your sense?
- How do you see the landscape of arts for health and wellbeing evolving over the next 10 years?
- What do you think are the major challenges cultural leaders, policy makers and funders will face in that time?
- What support do you think creative practitioners need in order to do their best work?
- Where do you feel the responsibility of support for creative practitioners sits?

⁵ Anna Woolf *Supervision and Support: A collation of questions, findings, resources from LAHF* <http://www.lahf.org.uk/resources/supervision-and-support-collation-questions-finding-and-resources-lahf> September 2018

In all, 5 semi structured interviews were undertaken, with additional unstructured conversations with individuals working in creative practitioner support, arts therapy, supervision and operational leadership. With written consent, interviews were recorded and key sections transcribed. The whole research process was subject to Gray's School of Art Institutional Ethics process.

There are limitations to the research. We considered using focus groups, as these can be useful in bringing common ground and differences into clear focus; but given the short timescale and the relatively small workforce (some practitioners operate in dual roles of commissioning and delivering sessions) it was felt this could interfere with individuals' ability to speak freely. To mitigate this, we provided additional text boxes in the online survey so respondents could add more information, comment and context. A longer study would have included a number of in depth interviews with practitioners from different disciplines, and further investigation into their understanding of affective support and the different forms it takes.

There are also a number of areas (evidence of the different ways of working in the four nations of the United Kingdom; how health and cultural policy have evolved in each; what is understood by quality practice; and how this affects practitioner support) that have not been drawn out in this research report, and would benefit from further investigation.

As far as we can ascertain this is the first piece of research specifically focused on affective support for artists working in health and wellbeing. It therefore opens up the issues and lays ground work for future studies.

Literature Review

The literature review was undertaken alongside the questionnaire design, distribution and analysis, and the semi structured interviews. It was mainly focused within a 10-year time span - 2009 to 2019 - in terms of academic research, good practice guides and accounts from practitioners. Three key areas emerged as being significant to the support of creative practitioners:

- The current arts, health and wellbeing territory:
- Work, management and practitioner wellbeing:
- Practising in non-arts contexts.

Arts, health and wellbeing territory

The most important recent document is *Creative Health: The Arts for Health and Wellbeing*, the Report resulting from the All Party Parliamentary Group on Arts, Health and Wellbeing Inquiry (2015-17). This Report draws together the current state of the sector in terms of evidence, highlighting critical issues. The case studies detail working methods, processes and outcomes; and proposes, “the most successful arts projects in healthcare involve artists who care.”⁶ The report also discusses improving staff and patient wellbeing using the arts: in this context artists and the arts are seen as delivering a service for the benefit of others, rather than being part of the workforce itself.⁷ Published in the same year, *Arts in Health: Designing and Researching Interventions* by Daisy Fancourt discusses contracts, responsibilities and supervision (in terms of practical support), in addition to the occupational health of artists and arts organisations.⁸

A number of good practice guides were reviewed. Some included working within a specific context or with a particular participant group, with others being more general. All these practical guides covered principles of good practice to varying degrees: being participant focused, confidentiality, safe working practices and contracting. There is mention of reflective practice, care of self, and de-briefing; but there was no dedicated guidance on what reflective practice is and how it may be undertaken, or any mention of affective support, what it is, how to use it and what forms it might take.

⁶ All Party Parliamentary report *Creative Health: The Arts for Health and Wellbeing* http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf July 2017. Page 113

⁷ *ibid.* Page 115

⁸ Daisy Fancourt *Arts in Health: Designing and researching interventions*, Oxford, Oxford University Press 2017. Chapters 7 and 8

Good practice guides included details on how to set up projects: for example, how when artists or facilitators work in pairs this can aid reflective practice and mutual support.⁹ Under a section on the responsibilities of feedback and evaluation, “Practitioners were expected to commit to reflective practice with ongoing review of the direction, purpose and processes of their work.”¹⁰ Some guides also communicated risk, “Never expose yourself or participants to unacceptable physical or emotional risk.”¹¹ Furthermore, “practitioners must do their utmost to ensure the emotional, psychological and physical safety of participants and themselves during the activity.”¹² The methods by which to mitigate risk and ensure safety are found within good practice guides, with acknowledgement that further training and support of artists is needed¹³. There is limited mention of what reflective practice is, or how affective support can be used to both mitigate risk and take care of the creative practitioner. Overall, risk management and care for participants are key features of Good Practice Guides, but care for the practitioner is not given the same attention.

Work, management and practitioner wellbeing

Working conditions for creative practitioners are, for many, challenging. *Changing Arts and Minds* is a recent study, with a primary focus on mental health and wellbeing of those who work in the creative industries. Survey respondents were primarily, but not exclusively, resident in Northern Ireland or the Republic of Ireland¹⁴. The study was not focused specifically on creative practitioners working in health or wellbeing contexts, but does offer detailed information about the challenges practitioners are facing, “Working environment and lack of appropriate recognition of the value of the work is conducive to stress and mental health difficulties.”¹⁵ Additionally the study found, “Over 20% of those in the creative sector are being paid at a level which is below the poverty line.”¹⁶

⁹ Clive Parkinson & Gill Windle Dementia and Imagination Research Informed Approaches to Visual Arts Programmes <http://www.artsforhealth.org/resources/dementia-and-imagination.pdf> February 2017. Page 35

¹⁰ Mike White and Mary Robson, Participatory arts practice in healthcare contexts - Guidelines for good practice October 2009. Page 9

¹¹ ArtWorks Cymru Artists Handbook: A guide for artists working in the hospital environment https://artworks.cymru/uploads/images/posts/Artists_toolkit_new.pdf November 2016. Page 35

¹² Mike White and Mary Robson, Participatory arts practice in healthcare contexts - Guidelines for good practice October 2009. P. 11

¹³ Clive Parkinson & Gill Windle Dementia and Imagination Research Informed Approaches to Visual Arts Programmes <http://www.artsforhealth.org/resources/dementia-and-imagination.pdf> February 2017. Page 51

¹⁴ Gillian W Shorter, Siobhan M O'Neill and Lisa McElherron, Changing Arts and Minds: A Survey of Health and Wellbeing in the Creative Sector, <https://www.inspirewellbeing.org/media/9236/changing-arts-and-minds-creative-industries-report.pdf> March 2018. Page 5

¹⁵ Ibid

¹⁶ Ibid

In her paper *Emotional Labour / Managed Hearts? Emotional labour and the applied theatre facilitator in urban settings*, Sheila Preston recounts the feelings of practitioners working in a range of settings including mental health. When work was going to plan feelings of, "...confidence, creativity, positivity, happiness and self-worth." were reported. When things had not gone well these feelings were described in terms of, "...frustration, disappointment, anxiety and emotional exhaustion."¹⁷

Many were working in a "...voluntary, short-term or freelance capacity or had been hired to deliver a project. Often occupying the role of relatively inexpensive paraprofessionals, applied theatre practitioners are endowed with high levels of responsibilities with little recognition or support by those contracting the work."¹⁸ The *Livelihoods of Visual Artists: 2016 Data report* details, "The main barriers artists face when continuing and developing a career are financial related. The economic challenges artists face may deter some from pursuing a career as an artist."¹⁹ When combined with freelance and gig economy working this can lead to a bedrock of uncertainty and flux. Asking, "Do the unstable working conditions lead to unstable health and wellbeing?"²⁰ Dr Chris Yuill reports, "research is currently scant when it comes to the health and wellbeing of gig-economy workers. The extant sociological and social epidemiological literature on health and work is clear on health and wellbeing in more conventional workplace settings. Insecurity, loss of control, low autonomy, poor rewards and intense effort all contribute to poor health and wellbeing."²¹

Reflective and reflexive practice are used as models of professional practice in health and social care, as well as in education. It has been described as, "critical reflection....deliberate attempt to uncover, and then investigate, the pragmatic, prescriptive, and casual assumptions that inform how we practice."²² The process is, "...grounded in and springs from individual practice"²³ and will include sitting inside one's own practice, and potentially outside of managerial or organisational structures, targets or ways of working. Reflective practice affects both the practitioner and the organisations they work with and for, "Critically reflective practice is risky, leading to unsettling development of one's own practice, and to demand for change in the employing organisation."²⁴ This literature also highlights that practice does not happen

¹⁷ Sheila Preston *Managed Hearts: Emotional Labour and the Applied Theatre Facilitator Research in Drama Education: The journal of Applied Theatre & Performance* 2013. Page 232

¹⁸ Ibid

¹⁹ Prepared by TBR's Creative & Cultural Team *Livelihoods of Visual Artists – Summary Report* <https://www.artscouncil.org.uk/sites/default/files/download-file/Livelihoods%20of%20Visual%20Artists%20Summary%20Report.pdf> December 2018. Page 34

²⁰ Yuill, Chris *Gig-Economy: Gig-Health?* <https://www.cost-of-living.net/gig-economy-gig-health/> March 2017

²¹ Ibid

²² Gillie Bolton with Russell Delderfield *Reflective Practice: writing and professional development* London, Sage, 2017. Page 53

²³ Ibid Page 52

²⁴ Ibid Page 61

in isolation, and Gillie Bolton says, “Without confident, experienced support... practitioners may experience feelings of helplessness, frustration and eventual burnout.”²⁵ For artists working in health and wellbeing contexts the use of reflective practice may be new, and perhaps initially unsettling, but can be compared to artists working in education where the dual professional model is well known: where subject knowledge and knowledge transfer methods are ideally equally well developed.

Practising in non-arts contexts / artist in public life

Creative practice has diversified from object, event and exhibition to include or solely focus upon dialogue, collaboration and exchange based working in the sectors of health, education, participation and community. Working in non-arts contexts offers opportunities for new conversations: creative and verbal, collective and individual. Artists pursuing these forms of practice are described as working in ‘socially engaged practice’, which was known for a long time as ‘community arts’.

This research focuses on work produced in the last 10 years, but it would be lacking in context if the work of the Artist Placement Group (APG) were omitted.²⁶ APG, led by Barbara Steveni and John Latham, sought to “reposition the role of the artist within a wider social context”²⁷ and as such initiated and secured a variety of placements in industrial and government contexts. These placements also included the Intensive Care Unit at Clare Hall Hospital, undertaken by Latham in 1970. Later, following a two month feasibility study in the Architecture Unit of the Mental Health Group of the DHSS (1976), Ian Brakewell undertook placements at Broadmore and Rampton Hospitals.²⁸ This early model of social practice was based on the understanding of the artist being aligned to neither worker nor management, but rather an ‘incidental’ person²⁹. By sitting outside of organisation structure and working with an ‘open brief’, this allowed artists the autonomy to explore and investigate as they so chose.

The *Artist as Leader* Report (2009) seeks, “...to understand how artists work increasingly in relation with other sectors of society and the different organisational forms that result.”³⁰ Further it questions: What constitutes quality or leading practice by artists? What is the role of organisational leadership? And what is the contribution of the artist to public life?

²⁵ Ibid Page 20

²⁶ Tate Artist Placement Group Introduction <http://www2.tate.org.uk/artistplacementgroup/>

²⁷ Ibid

²⁸ Context is Half the Work <https://en.contextishalfthework.net/exhibition-archive/department-of-health-and-social-security-1976/>

²⁹ John Latham - ‘The Incidental Person’ see: <http://flattimeho.org.uk/events/incidental-people/>

³⁰ Professor Anne Douglas & Chris Fremantle, Artist as Leader Research Report <https://ontheedgeresearch.files.wordpress.com/2011/02/artistasleader.pdf> Page14

In *A Restless Art* (2019) François Matarasso states clearly the lack of value assigned to artists working in the participatory realm, “Participatory artists remain second-class citizens in the arts funding system.”³¹ Yet they take on increasingly significant roles in health care and community cohesion, and have adapted skills and approaches accordingly as, “...participatory art became more person-centred, in line with the services with which it worked.”³²

The literature review demonstrates the complexity of the topic: work and management set up; wellbeing at work for creative practitioners and the understanding, value and approaches of creative practitioners working in non-arts contexts. Creative practitioners have complex histories and working conditions, and yet they seek and carry out significant, life-enhancing work in health and wellbeing settings. The relationship between the artist and the organisation, the ways artists work in non-arts contexts, and what constitutes quality practice are all issues critical both to the growing field of health and wellbeing, and to cultural leadership.

³¹ François Matarasso, *A Restless Art*, Calouste Gulbenkian Foundation, <https://arestlessart.com/the-book/> Page 193

³² *Ibid.* Page 158

Discussion and Analysis

Using the survey and the interviews, both semi structured and informal, we have looked for common patterns and themes whilst acknowledging complexities and nuances. The survey provides both statistical data and individual thoughts and additional material, through well-used optional text boxes³³.

The discussion is grouped under the following five headings:

- The Territory
- Employment status
- The vocabulary of support
- Models of support
- The support conversation

This section of the report states the evidence, marked in different colours: survey quotes, survey data, semi-structured and informal interviews and summary.

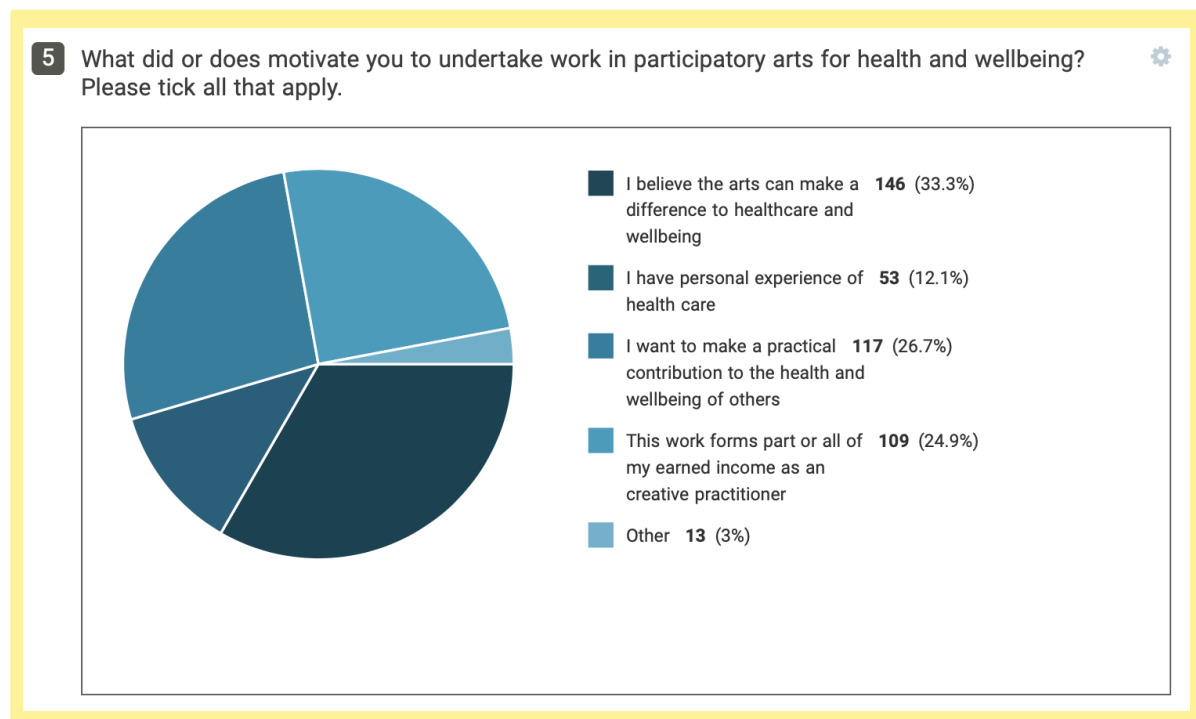
Quotes from the survey	Quotes from semi structured & informal interviews
Data from the survey	Summary

³³ 120 of the 164 survey respondents used the invitation to write one comment or request for organisations or commissioners about support for artists working in participatory arts for health and wellbeing

The territory

“The work I undertake is emotionally draining and often with vulnerable people in challenging circumstances. If I was a therapist I would need supervision”.

The survey revealed that artists are clear about the intentions and motivations of their work as creative practitioners in health and wellbeing contexts. There were comments about not being seen as health care staff, understanding of their own role and how it differs from that of an arts therapist. Organisational leaders, when interviewed, were clear about the aims of an intervention or programme of work which is firmly situated within the realm of artistic expression.



Respondents selected a variety of motivations for working in health and wellbeing contexts from a list of options: belief that the arts can make a difference to healthcare and wellbeing scored highest (33.3%), followed by wanting to make a practical contribution to health and wellbeing of others (26.7%) and the work forming part or all of earned income (24.9%). 12.1% said they had personal experience of health care. Additional comments included purpose, benefit and expansion of practice, making a contribution to society, and a fascination about the the link between art and wellbeing.

"This work gives me a purpose I never experienced as a professional performer. I have found a vocation".

"Due to diminishing investment in health and social care from the government, it feels the place of participatory and community arts to offer positive engagement [opportunities] for our society".

"I believe it benefits my practice and creates opportunities to interface new territory and makes a difference to the lives of others in my community".

Survey respondents undertook self supporting activities, including reading and research about a particular health condition or context of work. 40% of respondents used a reflective diary, writing down their experiences as a method of supporting themselves. These methods demonstrate a professional approach to practice: the survey did not ask a specific question about intention of the work, but there was a sense from reading the survey comments that respondents see themselves as practitioners, and do not have a desire to be classed as clinical or health care staff.

"I don't believe artists are social workers - we don't have the skills or training or ability to do that sort of work: we are trained to be artists, so I want the support to be an artist, and don't need to have mentoring, coaching or supervision ...".

"Respect the value of the arts - do not try to turn us into pastiche health care workers".

With the organisational interviews there was absolute clarity about the intention of the work: a clear focus on the art and artistic experience, offering uplifting, exploratory participatory experiences, whilst acknowledging the social aspect of the work in bringing people together. One organisation described the creative practitioners it works with as creative leaders, and by valuing and treating them as such articulated clarity around the boundaries of the work.

"We're not art therapists, we are not conducting art therapy and we are not trained in that context".

Interviewees also expressed concern about the lack of funding and resources for health and wellbeing, with one warning “we are not a cheap version of the NHS” and that “People need to be paid the right money”. This further supports the idea that this work is not quasi health care: it is a distinct area of practice which requires proper resourcing.

“There has to be a recognition that this is a distinct sector that requires resources”.

Summary: The territory

Creative practitioners want to work as artists and to have their work acknowledged and valued. They are clear they are not arts therapists or health practitioners and want to keep their role distinct. There is substantial evidence as to the efficacy of creative practice in health and wellbeing contexts.

Discussion of the different roles within health and wellbeing contexts for artists would be useful in professional development programmes for creative practitioners, and at undergraduate and post graduate levels.

Leadership development programmes would benefit from exploring where health and wellbeing activities sit within organisational structures: is it a core purpose or situated within education and outreach?


Employment status

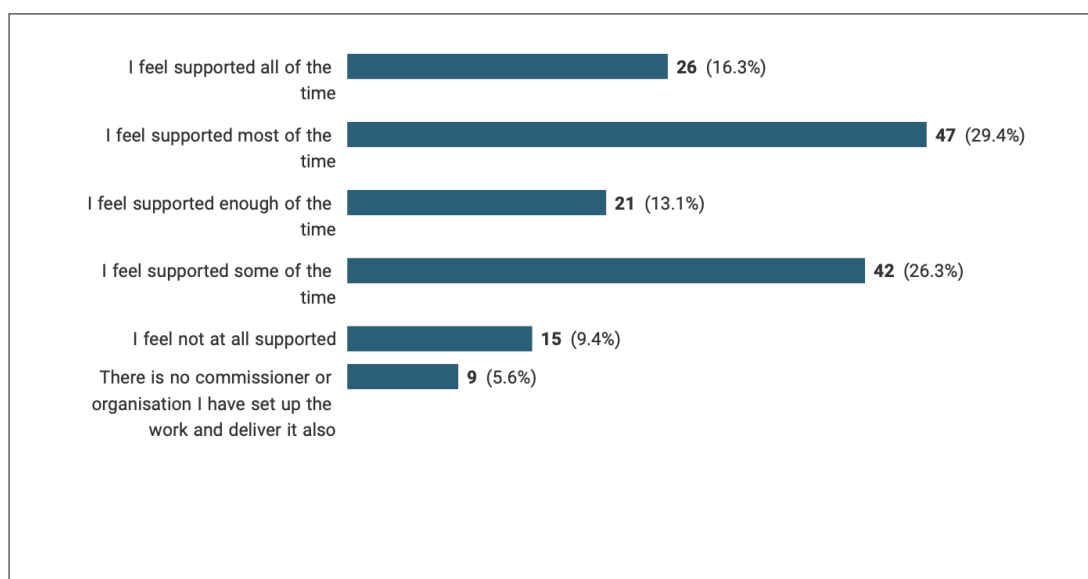
"I would be able to look after myself a lot better if it wasn't so hard to earn a living wage".

"Financial stability is needed - please continue to challenge the short term nature of funding".

The survey didn't ask a direct question about the impact of working with a particular employment status, however several key points emerged. When taken with information found in the literature review, areas highlighted were the different configurations of work; the relationship of this to the ways artists are supported and the perceptions and experiences of being a self-employed worker. The interviews with organisational leaders, funders and policy makers highlighted ways that individual, often small, organisations can support freelancers; as well as other approaches that can strengthen the sector.

There are high levels of self-employment within the sector: the largest group of respondents classed themselves as self employed or freelance at 58.6%, with 11.7% employed and 29.6% engaged in a combination of self employed and employed work. When asked 'how well do you feel supported most of the time?', 58.8% felt supported all, most or enough of the time, with a further 26.3% feeling supported some of the time and 9.4% feeling not at all supported.

6 Thinking about the commissioning organisation who employs you the most and the work you have done for them over the last 18 months, how well do you feel supported most of the time? 



There were 95 respondents who identified as freelancers: 60% felt supported all, most or enough of the time, with 24.1% feeling supported some of the time, 9.5% not at all supported and 6.3% said the question was not applicable because there wasn't a commissioning organisation.

In contrast, of the 19 employed respondents, 73.7% felt supported all, most or enough of the time, with a further 15.8% feeling supported some of the time and 10.5% feeling not at all supported. For those who worked both freelance and employed 48% felt supported all, most or enough of the time, 33.3% some of the time and 8.3% none of the time and 6.3% the question was not applicable, and a further 4.1% didn't answer the question.

Feeling supported:	Self Employed	Employed	Mixed
All, most, enough of the time	60%	73.7%	48%
Some of the time	24.1%	15.8%	33.3%
None of the time	9.5%	10.5%	8.3%
Not applicable	6.3%	-	6.3%
No answer	-	-	4.1%
Number of people	95	19	48

Respondents who classified themselves as employed experienced the greatest quantity of support all, most or enough of the time: however, they were also the group most likely to feel not at all supported. Those working with a mixture of employed and self employed work were the group who most often felt supported some of the time. It's worth considering that those working on freelance contracts may have lower expectations of support, due to the nature of their short term contracts; although this may change if they work on a succession of contracts with one commissioner.

No employment group shows consistent feelings of being supported all, mostly or enough of the time indicating, from this sample, there is work to do around affective support across each employment category. Within self employment there were respondents who felt the organisational and financial responsibility of support was theirs.

"I am self employed, so have to set up support myself".

"I would like coaching but cannot afford to pay for it myself".

For one employed respondent, even though support was available through occupational health and training, the best support was from the team in which they worked. One interviewee mentioned the positive addition of management and reporting structures, and having clear policies for safeguarding.

"It's better working for [a health care provider] - having that very clear management structure, a very clear set of policies in place for safeguarding. I really value that structure".

Organisational leaders who were interviewed discussed how offering training and support was a way of investing in creative practitioners, most of whom worked on a freelance basis. There were a variety of support processes in place including: regular training days, formalised mentoring, work shadowing, team teaching and taking part in evaluation. Induction processes included speakers from health charities and simple information about health conditions. There was also mention of using volunteering in the context of developing the workforce, offering experiential learning opportunities supported by mentoring, with the aim of supporting creative practitioners into paid work. Paying creative practitioners promptly, though technically an instrumental form of support, can also be seen as an affective support structure, given many work under precarious financial conditions.

"For freelancers money and time are the barriers [to support] - if you're not connected to an organisation that can be quite a lonely existence".

Working with clusters was an idea put forward by one interviewee, where larger organisations with more resources work with smaller organisations to provide training and support. Smaller specialist arts and health organisations might also be the providers of training to larger organisations. This approach has the potential to see the workforce as a whole, and not in terms of individuals working for specific commissioners or organisations. Given the peripatetic ways artists work, this could have the additional benefit of developing peer networks which could be focused within a geographical area, specific health or wellbeing context or with a specific participant group.

Summary: Employment status

Open discussion about support should occur early and regularly, whether working peripatetically for a number of commissioners, working with an organisation on a long term freelance basis or being employed.

Whether employed or self employed, affective support needs to be in place. The cost can be met by the commissioner, or the artist can charge an additional sum on top of fees (contact time and preparation time) and expenses (materials, administration).

It should be expected that creative practitioners tendering for health and wellbeing contracts include costs for affective support within their budgets, and that funders and commissioners recognise these costs.

Working with support and training clusters would reduce costs and increase peer networks in specific locations or around a specific context of work.

Leadership development programmes need to include specific discussions about support for creative practitioners.

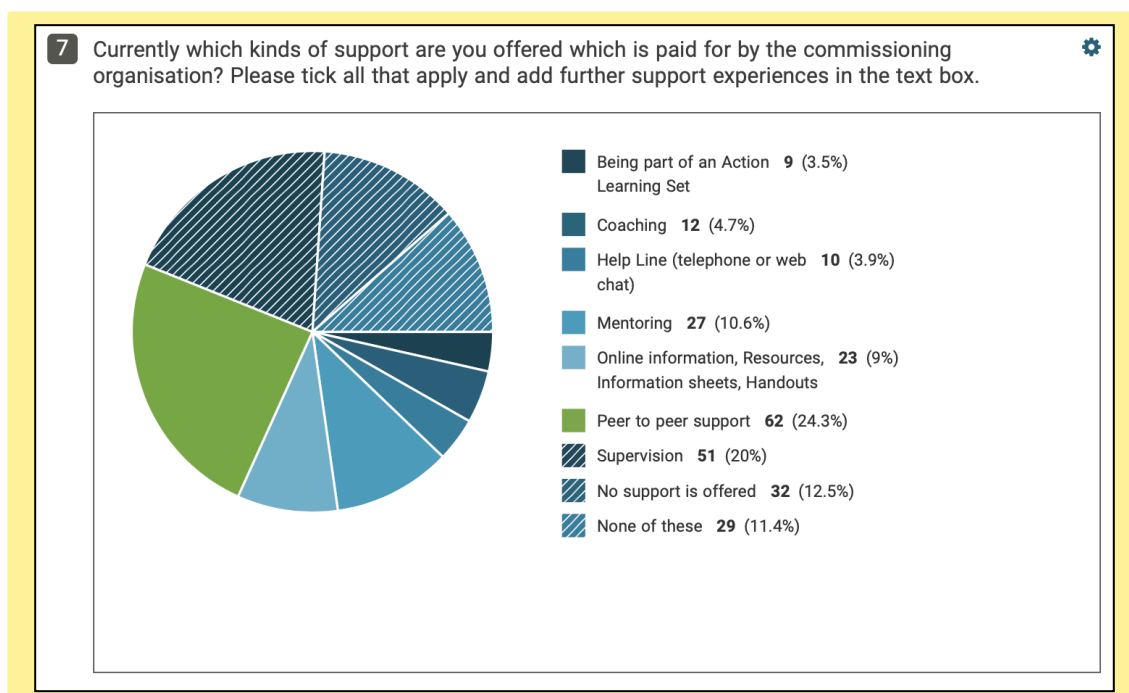
The vocabulary of support

"I wasn't aware of an action learning set, where to seek coaching or peer to peer conversations".

"I've never had support and would like advice on what I should expect and how to ensure it is firmly in place".

The survey indicates that practitioners have a varying degree of awareness of the topic of support: some clearly articulated details of the support received and activities they undertake to support themselves; other were more curious and questioning as to what support was, and how it could be accessed and used. Through developing a common language and understanding of support activities for creative practitioners, networking and representative organisations, commissioning organisations and health care providers will support the development of the sector, as more support conversations are instigated.

Survey data shows a range of support activities paid for by commissioners, with the highest scoring percentages in peer to peer support (24.9%), supervision (20%) and mentoring (10.6%). Other activities included being part of an action learning set, coaching, help-line and online resources; scoring 20% collectively.



The limitations of the survey data prevent us from establishing specific and individual understanding of the support terms used, but reading the comments made in the free text boxes it is clear that terms including mentoring, counselling and supervision are used in very loose or interchangeable ways; perhaps without specific understanding of the differences between them. It would be useful to ascertain if there are opportunities to develop experiential understanding, for example to develop an understanding of coaching through being coached.

....how to deal with any issues that happen when I interact with the clients who are vulnerable or had very difficult backgrounds and experiences. Perhaps a counsellor or a psychologist..?

The organisational leaders interviewed discussed the different types of support used within their programmes with creative practitioners. As with the survey, the focus of the interviews was not to measure understanding of specific support models and terms, but rather to gather evidence as to their use and practical application in health and wellbeing work.

What has emerged is the importance of establishing a common language and understanding of reflective practice. This will facilitate quality working practices, particularly where organisations are currently not offering support, and creative practitioners have little or no experience of it. Developing a common support vocabulary for practitioners, organisations and health care teams is critical in developing the sector and the practice. A shared language is a fundamental element for building interdisciplinary and collaborative practices between any fields; whether academic, professional or practice based.

Activities of action learning, coaching, supervision and mentoring are all specific practices with professional associations. Each has a different focus and approach, though all can be classified as facilitating reflective space in which to process thoughts, feelings and experiences. Each will have models of practice, some of which can intersect, for example it is accepted practice to use coaching models within mentoring relationships. The glossary details a series of definitions from a number of sources, to aid understanding of commonly used terms within arts for health and wellbeing.


Summary: The vocabulary of support

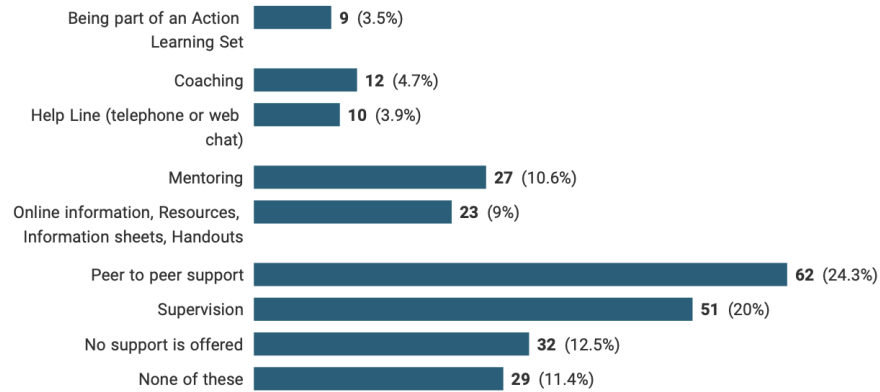
A common language of support terms and activities needs to be developed and used by creative practitioners, commissioning organisations, funders and policy-makers. This process has been started in the Glossary (Appendix 1).

The topic of support needs to form part of Continuing Professional Development, both for artists and for organisations, and extend to those seeking to work in this field on undergraduate and post graduate courses.


Leadership development programmes have a role to play in promoting the understanding of support terms across whole organisations.

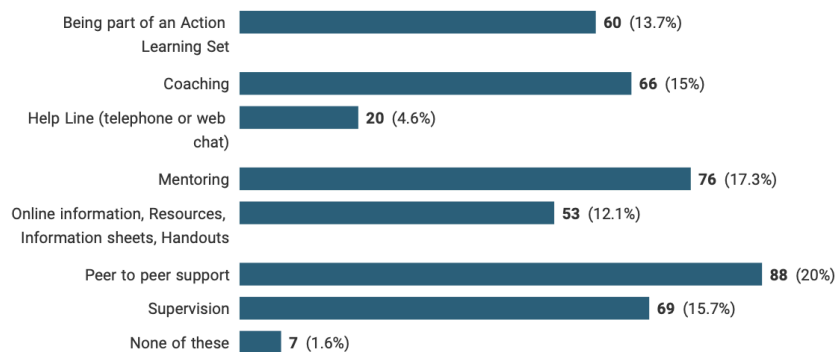
Models of support

7 Currently which kinds of support are you offered which is paid for by the commissioning organisation? Please tick all that apply and add further support experiences in the text box. 



Multi answer: Percentage of selections across all answer options (adding up to 100% across all options)

7.b In the future what kinds of support would you like to be offered and paid for by the commissioning organisation? Please tick all that apply and add further suggestions in the text box. 



Multi answer: Percentage of selections across all answer options (adding up to 100% across all options)

The survey highlighted the wide range of support activities practitioners use; some paid for by the commissioner, others self funded or organised. Some support needs were related to specific contexts, such as the need for supervision when working in hospital

and oncology wards, with others more applicable to a wider range of practice. A reactive approach to support from commissioners is indicated through the data. Interviews with organisational leaders showed a context specific approach to support, with one arts leader suggesting peer to peer support which is organised and facilitated around levels of experience and context could be most useful.

Using Mentoring as an example, 27 respondents said mentoring was offered and paid for by the commissioning organisation with 76 saying they would like to be offered this in the future. It is a similar pattern with Coaching: 12 respondents had current access and 66 would like to be offered this in the future. A question arises from this: when support is offered what knowledge and information is being accessed to inform that decision? From what sources? Have practitioners been asked what their preferences are? Again, this was not asked as a specific question, but there were limited examples from either survey respondents or interviewees in terms of support offers being informed by this kind of dialogue.

Best practice in participatory arts is tailored to a specific participant group, with their abilities and needs being considered alongside the context, duration and frequency of the work being undertaken. Support for practitioners could follow a similar model, and the concept of a Support Menu could be useful metaphor. The menu could help to focus a conversation between creative practitioners and commissioning organisations, alongside the usual contractual discussions.

The survey indicated that practitioners currently make use of the following types of support:

- Debriefing and evaluation processes with the project manager or commissioner
- Using their own art practice as a means of processing experience and reflecting
- Self care, both physical and mental, including getting enough sleep, eating well, yoga, gardening and writing a reflective diary
- Professional counselling, mentoring, coaching, supervision
- Peer to peer networks, both informally within teams and through formal opportunities, organised by commissioner or by representative body
- Induction programmes, training and conferences

There are some specific approaches, such as Action Learning Sets, which are a useful group approach to supporting practitioners. These require careful set up, and take place over set periods of time. Descriptions of specific support terms and activities, together with links to further information are included in the glossary (Appendix 1).

"I would dearly love to set up a network for others nationally doing what I do. To share practice, training opportunities, career progression, learning and own enjoyment."

"So many of the people I have met within the Arts for Health and Wellbeing sector are isolated or have a very small network to pull resources from".

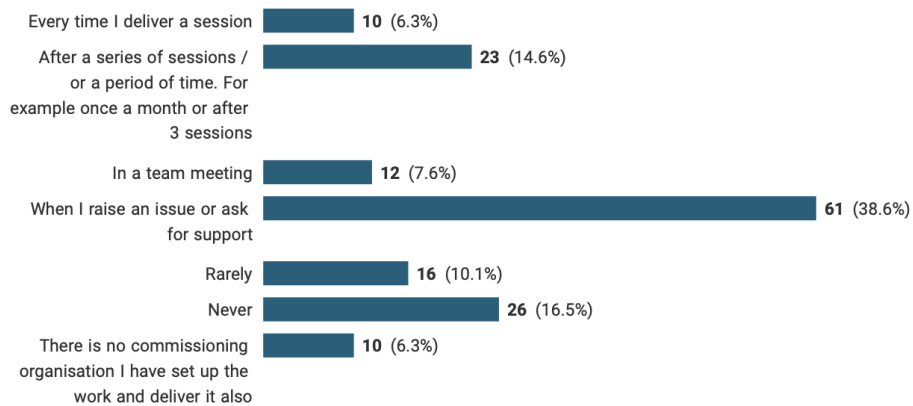
Within the support menu peer to peer support is an important option. The survey asked what support was paid for by the commissioner: peer to peer support was the highest percentage (40%), closely followed by supervision (32.9%) and mentoring (17.4%). What is clear is the importance creative practitioners place on peer to peer support, both when it is paid for and as something they currently do for themselves (28%) or would think about doing for themselves in the future (25%).

Additionally, respondents reported a range of support from commissioners: annual training, biannual team development days, reflective practice with an integrated arts psychotherapist, an open door policy, team meetings, debriefs, Continuing Professional Development and informal conversations with colleagues. Practitioners own creative practice also plays an important role as a restorative process that provides opportunities to process and reflect.

"it's important to sustain my own personal creative practice to keep the work in balance".

My own creative process as a way of working/finding things out, it sustains me".

9 How often does the commissioning organisation support your health and wellbeing?



The survey data indicates a re-active approach to support from some commissioners with 38.6% of respondents suggesting that support is available when it is requested. This could narrow the support offers available, as arrangements may need to be made at short notice. A pro-active joint conversation between practitioner and commissioner that occurs early in the planning process will ensure the allocation of appropriate resources to cover the cost of support, and ensure support conversations occur before they are needed. One organisation leader was clear about the importance of support to resilience.

"Part of being resilient is being supported".

Within the menu of affective support some activities sit close to delivery: planning discussions, health condition information, visits from commissioners to sessions during delivery, immediate after session debrief and informal conversations with colleagues while clearing away. Some happen as more defined activities, such as training and team meetings. Other processes are more likely to take place away from the delivery space and the management team; including Action Learning Sets, Coaching, Mentoring and Supervision which may be used during residentials and retreats.

It is advisable to view support conversations as a key facet of good leadership from both perspectives: the creative practitioner enacting the 'artist as leader', and the commissioner extending their organisational values to everyone involved with the

organisation³⁴. Practitioner support is a collective responsibility that needs to be understood by all stakeholders: the research suggests this can be understood in terms of four interdependent groupings.

<p>Self support</p> <p>peer to peer, self funded coaching, own creative practice - enable by a reflection in the rates of pay.</p>	<p>Network support</p> <p>for example a peer to peer format that is supported by funding.</p>	<p>Organisational support</p> <p>for example coaching, mentoring, action learning sets and training (which may take the form of a residential or retreat), alongside prompt payment.</p>	<p>Arts policy</p> <p>at regional/national level, which sees practitioner support as part of a good practice conversation.</p>
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Summary: Models of support

Creative Practitioners and Commissioners would benefit from understanding the range of possible forms of support (the 'Support Menu') to facilitate productive dialogue. Support must be relevant to the context, duration and nature of the work as well as adapted to individual preferences.

Resources directed towards Peer to Peer initiatives will help to grow the creative practitioner workforce as a whole.

Providers of Continuing Professional Development provision have a role to play in highlighting the 'support menu' through discussing its intention, meaning and implications. This can be extended to undergraduate and postgraduate programmes, helping to prepare graduates for undertaking work in health and wellbeing contexts.

Leadership development programmes have a key role in ensuring that organisational leaders and policy makers are familiar with the menu.

³⁴ See Kazzum example in section 8 (page 7) Anna Woolf Supervision and Support: A collation of questions, findings, resources from LAHF <http://www.lahf.org.uk/resources/supervision-and-support-collation-questions-finding-and-resources-lahf> September 2018

The support conversation

<p>Respondents were asked for one comment or request for organisations or commissioners about support for artists. Most responses can these can be grouped into the following 5 categories:</p>	<p>Checking in: Debrief, ask how we are.</p>	<p>Funding: For the work and better pay.</p>
<p>Recognition: Value of the work and being an artist, the impact of the work.</p>	<p>Support: Being proactive, paid for by the commissioner and longer term training.</p>	<p>Time: To plan, debrief, reflect and explore.</p>

In the final survey text box, respondents were asked to contribute one comment or suggestion for commissioning organisations. 120 of the 164 respondents included a comment which can be grouped into 5 categories: checking in, funding, recognition, support and time. Support being available when requested indicates a re-active approach (see Models of Support). The semi structured interviews with cultural leaders included two specific questions around how artists can do their best work, and where the responsibility for support sits: co-production was cited as a model of good practice and that responsibility for support was thought to be held jointly between practitioners, organisations and other partners.

“That supervision/support should be budgeted into the costs of a project and funders should be primed to question why it isn’t there if not”.

“Supporting the wellbeing of workers enables better delivery of outcomes, sustainable work and more productive organisations”.

Survey respondents were vocal about the role of affective support, and asked commissioners³⁵ to be proactive and build in emotional support to all projects. The question here is who will take forward these requests if practitioners are not routinely included in project development and funding application preparation?

Interviews with cultural leaders who have influence on organisational strategy and/or policy were used to explore what they thought creative practitioners needed in order to do their best work, and where the responsibility of support for creative practitioners sits.

³⁵ Final question of the survey “one comment or request for organisations or commissioners about support for artists working in participatory arts for health and wellbeing”

In terms of what practitioners need, creative development time was seen as both a sustaining and restorative process, but also an opportunity to develop new ideas and ways of working that respond to the changing needs of the participant groups.

Mention was made of practical work set-up in the form of contracts (including details of pay, location, times and durations of sessions). Also, details of a designated contact person for queries and accessing organisational support was deemed to be critical.

“If you are developing and delivering a health and wellbeing focused cultural programme or project ... it's not about bringing artists in after the concept have been developedit's about them being involved at the beginning so that are very much part of shaping of that work...thinking about what they might need in terms of support and integrating [that] into funding bids”.

Interviewees consistently articulated the need for investment in the intent of the work, in addition to delivery and a commitment to genuine co-planning and co-production involving artists from the outset. Practitioners should be contributors to the shaping of programmes of activity (including support needs), thus contributing to a sense of empowerment in terms of delivery and making changes as a programme of work unfolds. Further, mention was made of integrating support costs into funding bids, and that everyone in a team needs to be clear about what the support is and how it can be accessed. The freelance practitioners working for an organisation may not have any contact with their peers, due to work patterns and locations. Organisationally supported peer gatherings offer opportunities for collective dialogue and feedback on organisational working practices.

Having an artist in the room when discussing project creation, planning and bid writing doesn't mean having the lead artist - who will deliver the project - identified and present from the outset, but a representative artist who knows the health and wellbeing territory, and can speak from an experience beyond their own. There are some artists who speak primarily from their own experience, which renders them ill equipped to act as representatives. There are also practitioners who can act as artist leaders with ambitions to support change for collective, and not individual, benefit; which is critical in raising the support conversation for all practitioners working in the sector.

There was recognition both from survey respondents and interviewees that this work would sometimes involve working with very vulnerable people. One interviewee raised the 'Duty of care and professional conduct' as important for artist, organisation and participant: this could take the form of a 'code of conduct' which sets out the expectations around a programme of work, including what the support mechanisms are for practitioners, the joint nature of responsibility and co-production values.

"It could seem a bit bureaucratic but I think it's vitally important"

Further, having artist representation on health and wellbeing boards involved in collaborative conversations opens a shared dialogue and the opportunity to co-produce strategy and policy. Equally, health partners have a place in cultural committees and decision making rooms. All interviewees viewed all partners involved in a programme of work as having responsibility for practitioner support: for some this was Artists and Organisations, for others this extended to include trustees, funders and policy makers. One organisational leader stated that they saw it as their job to support the practitioners they worked with, and acknowledges the support needed. Having a support conversation is not a sign of weakness on either the part of the artist or the organisation: it is a sign of professional awareness of the potentially challenging nature of the work.

"In terms of ensuring the artist has the level of support for delivering that's my job - that's what I do - first and foremost".

"The reason we employ artists is because we want their creative skills, knowledge and imaginationthey have to be supported, encouraged, motivated, and resourced in order to do it well".

Summary: The support conversation

Artists need to be at the table in arts for health and wellbeing organisations, at the table for project development discussions, at the table when funding decisions, bids and policies are made and strategies explored, developed and written.

Commissioners and artists have equal responsibility to initiate conversations, specifically about affective support, reaching agreement about what support is being provided and by whom, at what time and in what form.

Leadership development programmes need to work with creative practitioners, supporting them to develop the skills necessary to operate as representatives of a sector. Undergraduate and post graduate courses have a role to play in supporting this endeavour early in creative practitioners careers.

Conclusion

The purpose of this research has been to open a conversation about affective support for creative practitioners working in arts for health and wellbeing contexts. There were three research questions and three ambitions:

Research Questions	Research Ambitions
<ul style="list-style-type: none">• What is the current state of affective support for artists working in health and wellbeing contexts?• What kinds of affective support could be most useful for creative practitioners working in arts for health and wellbeing?• Is there a common understanding of what good practitioner support looks like in participatory arts for/in health and wellbeing?	<ul style="list-style-type: none">• To gather the support experiences of practitioners: what they receive now, what they do for themselves and what they would like in the future.• To seek organisational perspectives about affective support and explore what other factors may be in play when researching support for artists, including the impact of the gig economy and contract set up.• To draw attention to what might be in the longer term landscape for arts for health, and within that focus on what artists need in order to do their best work.

The Literature Review mapped the territories adjacent to this work, the current context of arts in health and wellbeing and the prominence of this work both in current academic research and practitioner guidance. It also looked at other influential factors including work management, practitioner wellbeing and how this is affected by the gig economy. Reflective and reflexive practice were explored in the context of self supporting activities. Finally it gathered relevant texts related to practising in non arts contexts, and the artist in public life. It explored the shift in creative arts practice from object, event and exhibition to a focus on dialogue, exchange and collaboration. Within this, the practice of the 'artist as leader' was highlighted.

The discussion section uses data and comments from the survey and explored 'The territory' of this work in relation to intentions and motivations, and found that creative practitioners want to work as artists, and for their work to be valued in its own right. Commissioners are also clear about definitions and boundaries, and of the work being firmly situated within art and the artistic experience.

'Employment status' was analysed, and it was found that in all three categories of employed, self employed and a combination of both there was support, but it was inconsistent; with some feeling supported only some of the time or not at all. Additionally, the extra stresses of working within the gig economy on self employed contracts of short duration needs to be considered, although this could be mitigated by successive contracts with the same commissioner. Whatever the employment status, creative practitioners need to be able to access affective support, either through provision from the commissioner, or through a surcharge paid on top of artists fees. This should be an expected part of project budgets. In addition, the role of clusters in supporting artists working in a specific geographic area or within a specific context could be used as a cost-effective way to strengthen peer groups.

'The vocabulary of support' reflected upon the variety of support terms used by respondents. Establishing specific understanding of each term was not the focus of the survey, but the responses indicate how developing a common understanding would aid support conversations between creative practitioners and commissioners in the future. Further, exploring the topic of support in professional development activities - what it is and how to use it - would be useful for both experienced and novice practitioners and commissioners.

'Models of support' explored the idea of offering choices based on individual preferences and the context of the work being undertaken. There was a gap between what was being offered and what respondents would like in the future, and in some cases a re-active approach was indicated, which could narrow the support offered due to time constraints. This led to the proposal of a menu of support, which could open up and focus a dialogue between practitioner and commissioner about support options.

'The support conversation' brought the discussion section to a close, with an exploration of what practitioners needed in order to do their best work, and where the responsibility of creative practitioner support sits. Co-production and planning, with a joint responsibility for practitioner support would ensure the best work: practitioners need to be invited into project creation, planning and bid writing. This could be a representative practitioner who knows the health and wellbeing territory, and is able to speak beyond their individual experience.

This report has explored the data and individual comments from the practitioner survey, analysed interviews - both semi structured and informal - and mapped the wider landscape of contributing factors, considering good practice going forward. The landscape of affective support for creative practitioners is mixed, with some receiving good support, while others aren't getting enough or any. There are many reflective support activities from which to draw up a support menu, which when taken with a move towards co-production, joint responsibility and shared dialogue will strengthen practice in arts for health and wellbeing; which given its potential for growth is both common sense and forward thinking.

Recommendations

Conversation

Creative Practitioners and Commissioners have equal responsibility to initiate conversations about affective support, reaching agreement about what support is being provided and by whom, at what time and in what form. The Support discussion needs to be on the agenda for all stakeholders as early as possible in the project inception process.

Co-production

Artists need to be at the table in arts for health and wellbeing organisations, for project development discussions and when funding decisions, bids and policies are made and strategies explored, developed and written.

Funding

Affective support needs to be funded in both freelance and employed working. This could be either through provision offered and paid for via the commissioner, or it being recognised as a legitimate cost included in budgets and tenders submitted by artists for health and wellbeing work. Funders and Commissioners should recognise that these 'overheads' are necessary.

Leadership

Leadership development programmes need to view creative practitioners as artist leaders, supporting their skill development in acting as sector representatives. Further, programmes should work to ensure all leaders, and their teams, understand the importance of support and options available.

Peer to Peer Learning

Supporting Peer networks which recognise different levels of experience, in addition to work in specific sector contexts - for example Hospitals, Care Homes and Social Prescribing - would help practitioners to build self supporting structures for the work they do. Funders need to recognise the complexity and offer appropriate budget support.

Recognition

Creative Practitioners working in Health and Wellbeing contexts want to work as artists, and need to have their work acknowledged and valued.

Support Menu and Vocabulary

Developing a support menu, and a common understanding of the different types and models of affective support and reflective practice, will aid those already working in health and wellbeing contexts, and those interested in developing this work in the future. The support menu can be used to facilitate productive discussions between creative practitioners, organisations, funders and policy makers about support relevant to context, duration and nature of the work; as well as individual preferences.

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<https://www.cloreleadership.org>

Culture and Health and Wellbeing Alliance: Practice, policy, latest research
www.culturehealthandwellbeing.org.uk

London Arts in Health Forum: Membership organisation which aims to develop the role of culture in wellbeing and to promote and support arts in health activity across London and nationally
www.lahf.org.uk

Appendix 1 Glossary

Term	Definition	Source
Action Learning Set	A method for individual and organisation development based on small groups of colleagues meeting over time to tackle real problems.	Clinical Leaders Network
Affective	Relating to moods, feelings, and attitudes.	Oxford Dictionary of English
Affective Support	Support which is focused on feelings, moods and attitudes.	
Art Therapy	Art therapy is a form of Psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing.	British Association of Art Therapists
Burnout	Physical or mental collapse caused by overwork or stress.	Oxford Dictionary of English
Care	The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something.	Oxford Dictionary of English
Close Leadership Programme	Training and resource for leaders and aspiring leaders in the arts, culture and creative sectors.	Clare Leadership Programme
Coaching	Coaching is a facilitated, dialogic and reflective learning process that aims to grow the individuals (or teams) awareness, responsibility and choice (thinking and behavioural).	Association for Coaching
Commissioner	Person or organisation who contracts the work. They may have a client or service user group identified, number of sessions and location fixed.	
Counselling	Counselling is a talking therapy that involves a trained therapist listening to you and helping you find ways to deal with emotional issues.	NHS
Creative Practitioner	Someone who works in any of the creative arts including but not limited to dance, theatre, performance writing, and the visual arts.	
Community	A group of people living in the same place or having a particular characteristic in common.	Oxford Dictionary of English

Community art	The creation of art as a human right, by professional and non-professional artists, co-operating as equals, for purposes and to standards they set together, and whose processes, products and outcomes cannot be known in advance.	François Matarasso
Debriefing	Question about a completed undertaking.	Oxford Dictionary of English
Emotional Intelligence	The capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically.	Oxford Dictionary of English
Emotional Labour	The process of managing feelings and expressions to fulfil the emotional requirements of a job.	Arlie Hochschild
Evaluation	The making of a judgement about the amount, number, or value of something.	Oxford Dictionary of English
Gig Economy	A labour market characterised by the prevalence of short-term contracts or freelance work as opposed to permanent jobs.	Oxford Dictionary of English
Health	Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.	World Health Organisation
Health and Safety	Taking sensible and proportionate measures to control the risks in the workplace.	Health and Safety Executive
Instrumental Support	Support which serves as a means of pursuing an aim. Also see practical support.	
Mental Health	A person's condition with regard to their psychological and emotional well-being.	Oxford Dictionary of English
Mentoring	Mentors provide support, direction and an objective view on how the mentee can develop and progress in their working environment.	British Medical Association
Occupational Health	Occupational Health seeks to promote and maintain the health and well-being of employees, with the goal being to ensure a positive relationship between an employee's work and health.	Chartered Institute of Personnel and Development
Participation/Participatory Art Practice	The action of taking part in something.	François Matarasso
Peer support	Peer support is when people use their own experiences to help each other.	Mind
Practical support	Concerned with the actual doing or use of something rather than with theory and ideas.	

Reflective Practice	The development of insight and practice through critical attention to practical values, theories, principles, assumptions, and the relationship between theory and practice which inform everyday actions.	Gillie Bolton with Russell Delderfield in Reflective Practice - writing and professional development
Reflexive Practice	Focused on in depth reflection upon one's own perspectives, values and assumptions.	Gillie Bolton with Russell Delderfield in Reflective Practice - writing and professional development
Risk Assessment	A careful examination of what could cause harm to people in a given activity or environment so that you can weigh up whether you have taken enough precautions or should do more.	Artworks Cymru
Safeguarding	A measure taken to protect someone or something or to prevent something undesirable.	Oxford Dictionary of English
Socially Engaged Practice	Describes art that is collaborative, often participatory and involves people as the medium or material of the work.	Tate
Supervision- Clinical	Clinical supervision provides an opportunity for staff to: <ul style="list-style-type: none"> • Reflect on and review their practice. • Discuss individual cases in depth. • Change or modify their practice and identify training and continuing development needs. 	Care Quality Commission
Supervision - professional	Professional supervision is often interchangeable with clinical supervision. This term is sometimes used where supervision is carried out by another member of the same profession or group. This can provide staff with the opportunity to: <p>Review professional standards.</p> <ul style="list-style-type: none"> • Keep up to date with developments in their profession. • Identify professional training and continuing development needs. • Ensure that they are working within professional codes of conduct and boundaries. 	Care Quality Commission

Support	Give assistance to.	Oxford Dictionary of English
Therapy	We use the word 'therapy' to cover talking therapies, such as counselling, psychotherapy and coaching. Therapy offers a safe, confidential place to talk to a trained professional about your feelings and concerns. You might talk about difficult events in your life or your relationships and emotions. Or you might have negative thoughts and behaviours that you want to change.	British Association for Counselling and Psychotherapy
Wellbeing	The state of being comfortable, healthy, or happy.	Oxford English Dictionary

Appendix 2 Interview questions

1	What is your involvement with artists working in health and wellbeing (at the coal face)?
2	Our sense is that this is a growing area of work for artists - what is your sense?
3	How do you see the landscape of arts for health and wellbeing evolving over the next 10 years?
4	What do you think the major challenges cultural leaders, policy makers and funders will face in that time?
5	What support do you think creative practitioners need in order to do their best work?
6	Where do you feel the responsibility of support for creative practitioners sits?

Appendix 3 Survey questionnaire

Affective support for creative practitioners working in participatory arts for health and wellbeing

Page 1: Introduction

Introduction

You are being invited to participate in a research study titled **Affective support for creative practitioners working in participatory arts for health and wellbeing**. This study is being conducted by Ms Nicola Naismith and supervised by Mr Christopher Fremantle, Senior Research Fellow, Gray's School of Art, Robert Gordon University.

The purpose of this research study is assess the types and levels of affective support creative practitioners receive in their work in participatory arts for health and wellbeing. We want to find out if organisations and commissioners who contract or employ creative practitioners to deliver participatory arts for health and wellbeing sessions in what ever setting are supporting your wellbeing. We also want to find out what kinds of activities creative practitioners undertake to support themselves.

Who is this survey for?

We are looking for individuals who are creative practitioners who are currently working in participatory arts for health and wellbeing or have done so in the last 18 months. You will have:

- Undertaken paid work in participatory arts for health and wellbeing using any art form including visual arts, theatre, dance, music and performance, writing or any other creative discipline;
- Delivered a minimum of 8 sessions per year or have done in the last 18 months;
- Worked on a freelance or employed basis or both;
- Worked primarily in the UK.

The word 'creative practitioner' is used to describe a person who primarily identifies themselves as an artist working in any creative discipline. We recognise there are

practical and organisational challenges in delivering work of this kind but this is not the focus of this study. This survey is also not directed at organisations, commissioners or cultural leaders, a separate part of the research will seek experiences of this group.

The survey will take approximately 10 minutes to complete. Your participation in this study is entirely voluntary and you can withdraw at any time. You are free to omit any question. When you tick finish your answers will be saved and it will not be possible to remove them from survey.

We believe there are no known risks associated with this research study; however, as with any online related activity the risk of a breach is always possible. To the best of our ability your answers in this study will remain confidential. After the survey closes we will keep the data within this survey tool for a period of no longer than 12 months. In the preparation of the research report we may share the data with other academics, this also will be disposed of within 12 months.

We will produce a report in early 2019 and a summary will be submitted to the Clore Leadership Programme for publication on their website in Spring 2019.

Ethics

This survey has ethical approval from Gray's School of Art, Robert Gordon University.

Support

This research is supported by the Arts and Humanities Research Council and the Clore Leadership Programme.

Contact

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Page 2: Demographic Information

What is your age?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

How do you describe your gender?

- Female
- Male
- In another way
- I prefer not to say

How do you describe your ethnicity?

- Arab
- Asian - Chinese
- Asian - Other
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Black or Black British - African
- Black - Other
- Black or Black British - Caribbean
- White
- White and Asian

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- White and Black African
- White and Black Caribbean
- Other White Background
- Other Mixed
- Other

If you selected Other, please specify:

Page 3: Question 1

Which creative discipline do you primarily work with?

- Dance
- Music
- Theatre
- Visual Arts
- Writing
- Other

If you selected Other, please specify:

Page 4: Question 2

Do you currently work in participatory arts for health and wellbeing?

- Yes
- No

If you do currently work in participatory arts for health and wellbeing have you increased, kept the same or reduced the amount of work you undertake? Please tick one.

- I have increased the amount of work I undertake over the last 18 months
- I have kept the quantity of work about the same over the last 18 months
- I have reduced the quantity of work I undertake over the last 18 months,

If you have reduced or stopped working in participatory arts for health and wellbeing is this because of any of the following? Please tick all that apply.

- The work opportunities were reduced
- The financial remuneration was insufficient
- Support structures were insufficient
- My creative practice changed
- My personal circumstances changed
- My other employment commitments changed
- Other - please write below

If you selected Other, please specify:

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Page 5: Question 3

Do you or did you undertake your work primarily as Self Employed, Employed or a combination of the two. For the purposes of this survey if you invoice for your fees and are responsible for taxes on the income please tick to say you are self-employed. If you receive a payment with tax already deducted, then please tick to say you are employed.

- Self Employed / Freelance
- Employed
- A combination of Self Employed and Employed

Page 6: Question 4

What did or does motivate you to undertake work in participatory arts for health and wellbeing? Please tick all that apply.

- I believe the arts can make a difference to healthcare and wellbeing
- I have personal experience of health care
- I want to make a practical contribution to the health and wellbeing of others
- This work forms part or all of my earned income as an creative practitioner
- Other

If you selected Other, please specify:

Page 7: Question 5

Thinking about the commissioning organisation who employs you the most and the work you have done for them over the last 18 months, how well do you feel supported most of the time?

Page 8: Question 6

Currently which kinds of support are you offered which is paid for by the commissioning organisation? Please tick all that apply and add further support experiences in the text box.

- Being part of an Action Learning Set
- Coaching
- Help Line (telephone or web chat)
- Mentoring
- Online information, Resources, Information sheets, Handouts
- Peer to peer support
- Supervision
- No support is offered
- None of these

Please write any other support experiences here:

In the future what kinds of support would you like to be offered and paid for by the commissioning organisation? Please tick all that apply and add further suggestions in the text box.

- Being part of an Action Learning Set
- Coaching

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- Help Line (telephone or web chat)
- Mentoring
- Online information, Resources, Information sheets, Handouts
- Peer to peer support
- Supervision
- None of these

Please write any other support suggestions here:

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Page 11: Question 9

Affective Support is support which is focused on moods, feelings and attitudes and can be provided by the commissioning organisation or yourself. This kind of support helps me to: Please tick all that apply and use the text box for more information.

- Debrief after a challenging session or series of sessions
- Contain work concerns
- Find a safe place for difficult feelings which may arise during the work
- Recognise the contribution I am making
- Manage the short term nature of the work and not knowing what happens to people in the longer term.
- Understand my training needs
- I get no support and I don't do anything specifically to support myself
- Other

If you would like to add more information please do so here:

Your answer should be no more than 400 characters long.

Which are the affective support activities that are most valuable to you? Please tick all that apply and add further information in the text box.

- Please select no more than 3 answer(s).
- Debrief after a challenging session
 - Contain work concerns
 - Find a safe place for difficult feeling which may arise during the work
 - Recognise the contribution I am making
 - Manage the short term nature of the work and not knowing what happens to people in the longer term

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- To understand my training needs
- I get no support and I don't do anything specifically to support myself
- Other

If you would like to add more information please do so here:

Your answer should be no more than 400 characters long.

Page 12: Question 10

If you had one comment or request for organisations or commissioners about support for artists working in participatory arts for health and wellbeing please write it here:

Your answer should be no more than 800 characters long.

Page 13: Survey Completed

Thank you for taking time to complete this survey. We will produce a report in early 2019 and a summary will be submitted to the [Cbre Leadership Programme](#) for publication on their website in Spring 2019.

Key for selection options

6 - Thinking about the commissioning organisation who employs you the most and the work you have done for them over the last 18 months, how well do you feel supported most of the time?

- I feel supported all of the time
- I feel supported most of the time
- I feel supported enough of the time
- I feel supported some of the time
- I feel not at all supported
- There is no commissioner or organisation I have set up the work and deliver it also

9 - How often does the commissioning organisation support your health and wellbeing?

- Every time I deliver a session
- After a series of sessions / or a period of time. For example once a month or after 3 sessions
- In a team meeting
- When I raise an issue or ask for support
- Rarely
- Never
- There is no commissioning organisation I have set up the work and deliver it also

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