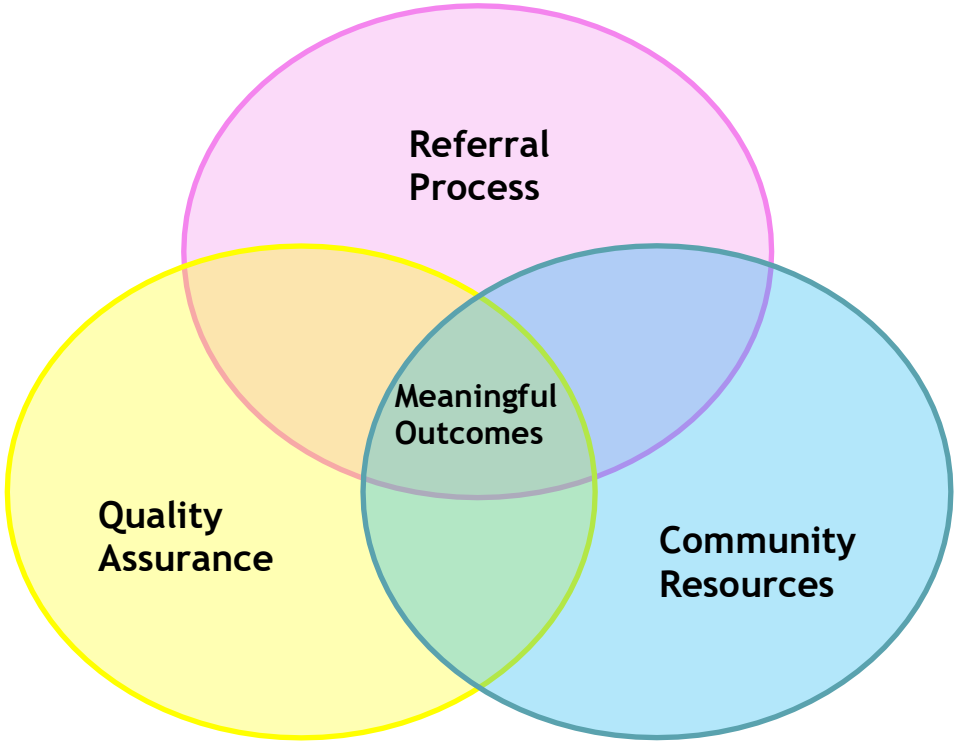
Birmingham City Council

A Referral Framework for Creative Health



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Disclaimer:

In the arts and health context of this research, it is important to state the author of this report holds a Doctor of Philosophy (PhD) degree, as such does not hold a medical or clinical degree. Therefore, the research is not intended to provide clinical advice, medical treatment or diagnosis. If the results of the research are to be interpreted in a health or clinical care context, this should be done in consultation with a qualified health or clinical care professional. The referral framework and associated report have been read and approved by the author and commissioner, Birmingham City Council (BCC). Case studies have been reviewed and agreed by contributing parties. Note, this report provides a snapshot, rather than an expansive study, into referrals in arts and health.

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Author biography:

Dr Rachel Marsden (she/her/hers). Rachel's experience as a curator, consultant, educator and arts writer spans across contemporary arts and culture; Higher Education and academia, creative health and VCFSE sectors, from living and working in the UK, USA, China and Australia.

Currently, she is Senior Lecturer in Academic Practice, and Research Training Manager for the research network for doctoral students (RNUAL), including PhD supervision, at University of the Arts London (UAL). Research interests comprise practice-based research, inclusive pedagogies and ethics of care. This work is informed by her practice in creative health, social prescribing, trauma-informed practice and disability justice. Rachel is an investigator on the international research-driven curatorial project 'Stomach Ache: Art and the Gastrointestinal System' (2021-23), a member of UAL's Health, Arts and Design (HEARD) research hub, and Regional Champion (West Midlands) for the Culture, Health and Wellbeing Alliance (CHWA).

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Contents

List of Abbreviations

All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW)
Arts in the Yard (AITY)
Arts in Health (AIH)
Birmingham City Council (BCC)
Birmingham Voluntary Service Council (BVSC)
Clinical Commissioning Group (CCG)
Culture, Health, and Wellbeing Alliance (CHWA)
Customer Relationship Management (CRM)
Disclosure and Barring Service (DBS)
General Data Protection Regulation (GDPR)
Health and Care Professions Council (HCPC)
Health Service Executive (HSE)
Integrated Care Board (ICB)
INgredients iN ArTs in hEalth (INNATE)
Lived Experience Network (LENs)
National Centre for Creative Health (NCCH)
National Contact Points (NCP)
National Council for Voluntary Organisations (NCVO)
National Health Service (NHS)
Neighbourhood Network Schemes (NNS)
Physical Activity Readiness Questionnaire (PAR-Q)
Performance-Oriented Mobility Assessment (POMA)
Postural Stability Instructor (PSI)
Prevention and Communities (PnC)
Referral Framework (RF)
Royal Society for Public Health (RSPH)
Social Prescribing Link Worker (SPLW)
Special Educational Needs (SEN)
University of Birmingham (UoB)

Voluntary, Community, Faith and Social Enterprise (VCFSE)
Women of Yardley Unite (WOYU)

Introduction

Arts and health is an interdisciplinary field and sector exploring the relationship between the arts, creativity, health and wellbeing. Its main aim is to improve health, wellbeing and social care outcomes for individuals and communities. Since 2000, a growing evidence base for arts and health has arisen alongside policy developments across Europe and internationally. In recent years, comprehensive insight into the sector has been compiled by the Royal Society for Public Health (RSPH) Working Group on Arts, Health and Wellbeing (2013), All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) (2017) and the World Health Organisation (WHO) (Fancourt and Finn 2019), in addition to an 'Arts and Health Glossary' (Davies and Clift 2022). However, the 'health-arts nexus […] is not well understood and the extent of possible positive, negative and unintended outcomes is unknown' (Davies et al. 2014, p. 1). This is reflected in the different phraseologies of 'Arts and Health,' 'Arts in Health,' 'Arts for Health,' 'Arts-Health' (White 2009), which are often used interchangeably and demonstrate the constantly evolving and complex landscape of arts and health.

In the context of this research, arts and health uses non-clinical artistic and creative approaches and/or programmes to address physical and mental health issues, and promote health and wellbeing, often in arts, cultural, heritage and VCFSE settings. This may involve using participatory arts approaches to explore health-related issues or challenges, such as using theatre or storytelling to raise awareness about social isolation and loneliness. For example, a theatre company might create a play that explores and is informed by the lived experiences of people experiencing chronic illness, with the aim of promoting understanding and empathy among audiences. As a sector, it 'operates from the principle that the arts are integral to health and healthcare provision and that everybody, regardless of their health status, should have access to the arts […] The act of creating and expressing free of clinical expectations is at the heart of arts and health work' (Arts & Health 2023).

Conversely, arts and health may involve incorporating elements of healthcare, such as medical or clinical expertise through arts-based interventions or using art as a tool to address health-related issues such as stress or chronic pain. Often using recovery-focused approaches to achieve specific clinical outcomes, it can take place within healthcare and therapeutic settings, such as 'hospitals, residential units, day care centres, primary care centres, hospices and community health settings' (Arts & Health 2023). For example, a hospital might offer an art therapy program to help participants with mental health conditions manage their symptoms and improve their overall wellbeing. It is important to note, arts-based interventions in healthcare and therapeutic settings is not the main focus of this research.

Referrals are vital to participation in arts and health services, projects and activities. A referral is simply the process of one person (e.g. GP, community leader) referring another person (e.g. participant, client or citizen) into a service, project or activity to support a particular health, wellbeing or social care need. Additionally, participation can be enabled via self-, community health or clinical referrals, including via social prescribing; referrals can be accepted, rejected or considered for onward referral if there is a greater health or clinical care need.

More recently, social prescribing has become a big part of the arts and health sector; a key component of the NHS's Universal Personalised Care plan. According to NHS England, it is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing (2023a). Local agencies, such as local charities, social care and health services, refer people to a social prescribing link worker (SPLW) to focus on 'what matters to me?' to co-produce a simple personalised care and support plan, and support people to take control of their health and wellbeing (NHS England 2023a). In the context of arts and health, 'arts-on-prescription and museums-on- prescription are types of social prescribing - sometimes also called arts-on-referral' (CHWA 2023).

In the UK, there is a 'lack of a coherent strategic delivery framework' (Thomson 2015, p. 10); 'we currently lack a national framework for cultural health policy interventions in the artistic sense' (APPGAHW 2017, p. 31). While there is no single set of standards for the development, design, delivery and dissemination of arts and health projects and activities, there are a number of guidelines, resources and toolkits available to support working and best practices, developed by leading arts and health groups, alliances and national organisations, including APPGAHW, Culture, Health and Wellbeing Alliance (CHWA), Lived Experience Network (LENs), London Arts and Health, Arts & Health South West, National Academy for Social Prescribing, and Social Prescribing Network. This is alongside the growing evidence base from research centres including National Centre for Creative Health (NCCH), Centre for Arts and Wellbeing (University of Brighton), Lab 4 Living (Sheffield Hallam University), Research Centre for Arts and Wellbeing (Edge Hill University), and Sidney De Haan Research Centre for Arts and Health (Canterbury Christ Church University).

Arts and health highlights the preventative potential and positive impact of engaging in artistic and creative projects and activities, as well as the importance of arts participation as a means of promoting social connection and inclusion, community engagement and cohesion, and individual empowerment to improve quality of life. In the last decade, more and more frameworks for arts and health have been developed as tools to inform and standardise approaches to, and create more safety within, the delivery, field and sector of arts and health as will now be examined (Sections 2.1 and 2.2.).

Evidence Base

From March to July 2022, a scoping review of literature was undertaken in English into referrals in arts and health in the UK and internationally. Key search terms and words included:

- Aesthetics and health
- Aesthetics in local government
- Arts and Health
- Arts Referral Frameworks
- Benefits of referral frameworks
- Exercise and well-being referral frameworks
- Framework in arts
- Health Referral Framework
- Multi-Agency Safeguarding Hub
- Referral frameworks
- Referral frameworks and mental health
- Referral frameworks internet safety
- Referral frameworks safety
- Referral guides
- Referral pathway
- Referral systems
- Social prescribing
- Social prescribing New Zealand
- Social prescribing UK
- Social prescribing USA and Canada
- Theatre social prescribing
- Wellbeing, public health
- West Midlands referral frameworks
- What is a referral framework?

Evidence was sourced from local governments, arts and medical councils, thinktanks and research bodies, via organisations websites, online research repositories, Google Scholar, University of Birmingham library and more. This included peer reviewed journal articles, white papers, grey literature, research studies and associated reports. Most formats were textual, although some (minimal) were presented visually, via infographics such as graphs, flow charts, tables or Venn diagrams. Voice and tone varied dependent on commissioner and audience, with select examples responding to arts and health providers and their activities on a (hyper)local scale. Other digital media content (YouTube videos and podcasts) were also sourced, although these were mainly produced for educative purposes (e.g. introducing arts and health to healthcare professionals), therefore, not included in this report.

Initial observations from the scoping review of literature highlight the terms framework, guide and system were often used interchangeably, in addition to participants, clients and citizens. Examples of arts and health guides and referral forms were much easier to source, where they responded to focused areas of arts and health provision including:

- Arts for Health for Wellbeing
- Arts on Prescription
- Arts on Referral
- Children and young people (safeguarding, physical and mental health, childhood development)
- Exercise and wellbeing (long-term health conditions)
- Exercise on Prescription
- Families and social prescribing
- Green spaces and social prescribing
- Local government contexts/wards
- Migrant populations
- ‘Museums on Prescription’ (Veall 2017)
- Older people (dementia, physical and mental health)

Frameworks

8 visual frameworks were identified across arts and health, public health, healthcare, psychology and pharmacology sectors, funded and commissioned by a range of arts and research councils, charities, local government and NHS trusts, presented here in chronological order of when published.

- 'Arts and Health framework' also referred to as the 'Healthy Arts Framework' (Davies et al. 2014, p.6) – a framework (left to right flow chart) pertaining to the relationship between arts engagement and population health by exploring the positive, negative and unintended outcomes gained by members of the general population. Outcome themes include mental health, social health, physical health, art specific, economic, knowledge and identity outcomes (Davies et al., 2014). [Research study; not commissioned; peer reviewed.]

- 'The two types of integrated health and wellbeing service (IHWS)' (The King's Fund 2018, p. 14; cited in Locality et al. 2023, p. 20) – a framework (Venn diagram/top to bottom flow chart) exemplifying two overlapping approaches to referral and assessment for health and wellbeing prevention services. It is a simplified framework showing referral pathways into community and/or specialist support. 'They may involve a single adviser supporting an individual to change multiple behaviours. Or they may refer clients to one or more single behaviour change activities.' (Locality et al. 2023, p. 20). This framework is shared alongside other models including the OneSmallStep client journey (p. 23), and health and wellbeing care pathways developed in response to a specific city-wide/regional context (p. 33, 54). [Report commissioned by an independent health and care charity.]

- 'Delivery pathway for a Social Prescribing in Secondary Care Service' (Family Action 2018, p. 8) – a framework (top to bottom flow chart) demonstrating the delivery pathway for social prescribing from initial referral through to discharge. It presents a step-by step approach, including the role of the link worker, holistic assessment, health and wellbeing plan, support sessions, befriending, community support services, onward referral, the discharge process, outcomes and data. [Report prepared by Family Action, commissioned by Healthy London Partnership NHS.]

- A Caring Arts-Health Practice Framework' (Tan 2018, p.91) – a participant-centred 'practice framework' (diagram/cycle) to guide decision making and action to foster a caring arts-health practice; it considers four components or governing concepts of arts-health practice: the participant, wellbeing outcomes, the environment and the quality of the activities, managed by three modes of action – the dynamics of a caring practice - atuning, assessing and responding (Tan 2018, p. 90). The 'practice framework' is supported by an associated table comprising a list of further considerations to guide planning, designing and facilitating (Tan 2018, p. 92). [Research study funded by

National Arts Council, Singapore Research and Development Grant; peer reviewed.]

- 'Fresh Arts on Referral as a Mechanism of Change' (Willis Newson 2019, p. 15) – a participant-centred framework (7- step cycle) visualising all stages of participation in 'Arts of Referral' as a 'recipe for transformation' and 'activating change'; it includes accessing high-quality, enjoyable creative activity in a safe group setting; sharing and connecting with others; freedom from judgement and a sense of release; increased confidence and self-esteem; valuing their individual skills and resources towards s shift in perspective, increased agency and self-care (Willis Newson 2019, p. 15). [Pilot project between Fresh Arts, the arts programme of North Bristol NHS Trust, NGS Macmillan Cancer Wellbeing Centre, North Bristol NHS Trust Brain Clinic, North Bristol NHS Trust Pain Management Clinic, Arts and Health Consultancy Willis Newson, funded by Southmead Hospital Charity, Arts Council England, Macmillan Cancer Support and North Bristol NHS Trust.]

- 'Conceptual framework of arts organisations delivering activity' (Cutler 2020, p. 12) – a 'conceptual framework' (Venn diagram) for arts organisations working in the field of participatory arts and mental health (Cutler 2020, p.5); it considers four overlapping areas of participatory arts, arts and health, disability arts, and arts and mental health. [Commissioned by the Baring Foundation.]

- HSE Social Prescribing Framework (HSE 2021, p. 20) – a framework (left to right flow chart) illustrating the social prescribing referral pathway from first meeting with the service user, (self-) referral from a professional to a social prescribing service, engagement with a social prescribing service, supported transition to access support, follow-up and review towards outcomes. The referral pathway is umbrellaed by integration, synergy, communication and feedback, and underpinned by monitoring, evaluation and governance structure. The document also provides an example referral form, and personalised health and wellbeing plan. [Commissioned by the Health Service Executive (HSE).]

- 'INgredients iN ArTs in hEalth (INNATE) Framework' (Warran et al. 2022) – a framework (visual model) comprising the active ingredient categories and subcategories of arts in health activities across three thematic categories: contexts, people; the framework also shows 'how ingredients may overlap, interconnect and feed into one another' (Warran et al. 2022, p.7). The framework is a toolkit to support the design and implementation (e.g. co-production of interventions), and evaluation (e.g. comparison of different interventions and their efficacy) of arts in health activities, and claims to be one of the most extensive mapping exercises in arts and health to date (Warran et al. 2022, p.1). [Research study supported by UK Research and Innovation (UKRI) as part of the MARCH Mental Health Research Network, funded by the Wellcome Trust with additional support from the Leverhulme Trust; peer reviewed.]

Each framework focuses on a unique aspect of arts and health, arts in health, arts on referral, health and wellbeing, social prescribing and/or,

most relevant to this research, referrals. Examples of the latter are often exclusive to a referral role (e.g. engagement with a social prescribing link worker (SPLW)); referral process and pathway (e.g. assessment for prevention services); participant profile and experience (e.g. stage of participation, behaviour change); and outcomes (e.g. positive and negative, wellbeing). The two most recent examples begin to look more holistically at what comprises arts and health (or in this example arts in health) (Warran et al. 2022), and a referral pathway (HSE 2021). These frameworks are clearly valuable to their associated sectors; most of the papers and/or reports also cite their usefulness to wider stakeholders - 'useful to doctors, researchers, teachers, health/social care professionals, policy-makers and artists' (Davies 2014, p. 8).

When examining attributes of the frameworks, the relational aspects between different elements and dimensions is evident. Interestingly, two frameworks mention co-production (Family Action 2018; Warran et al. 2022); two frameworks are underpinned by compassion (Tan 2018; Willis Newson 2019), and two frameworks speak to safe spaces and the safety of participants (Tan 2018; Willis Newson 2019). Furthermore, two frameworks provide insight into an arts and health practitioner perspective, including that of artists (Tan 2018; Warran et al. 2022). Few examples have been co-produced with arts and health providers and/or participants, clients and citizens, justifying the use of co-production with arts and health providers in this research. Overall, there is a gap in evidence on the implementation and effectiveness of referrals in arts and health, and referral frameworks specific to the arts and health sector. This has been coined as an "aesthetic gap" within this research, further validating the need for 'A Referral Framework for Arts and Health' (2023) (Section 3.2).

Survey and Interviews

To inform the development of the referral framework, 8 arts and health providers from Birmingham's arts and health network, specifically those funded via Preventions and Communities (PnC) Grants in 2022, were surveyed and interviewed. These included Aesop, Arts in the Yard (AITY), Birmingham Centre for Arts Therapies (BCAT), Clouds End CIC, LouDeemY Productions, Re.Future Collective, Women and Theatre and one other organisation (anonymised for this report).

The main focus of the survey and interviews was to gain in-depth insight into the providers working practices and experiences of referrals, specific to preventative care (prevention), and health and wellbeing promotion. Responses elicited information about area/wards of Birmingham where work is based; an understanding of arts and health in their context; age range of groups, participants, clients and citizens; forms of care and level of need(s) supported; feedback and evaluation of referral processes; and quality and ethics in the context of referrals. The health conditions of participants, clients and citizens, alongside the wider determinants of health, were often shared, but are not the main focus of this research.

From the scoping review of literature, initial questions were mapped (ANNEX 1). These informed focused survey and interview questions. The survey comprised 13 questions, emailed and completed via MSForms across August and September 2022 (ANNEX 2). Prior to interviews, the 8 arts and health providers were sent an invitation to participate sheet (ANNEX 3), and consent form (ANNEX 4) to complete. The semi-structured interviews comprised 8 questions (ANNEX 5), facilitated via MSTeams for up to one-hour, across August and September 2022. Evidence from the surveys and interviews, revealed three themes: 'referral processes', 'community resources' and 'quality assurance.' These themes established a structure to analyse and disseminate findings, alongside barriers and opportunities to referrals, as per the following 8 case studies.

Case Studies

Aesop

Aesop stands for 'Arts Enterprise with a Social Purpose', supporting issues and needs of a sector with an arts solution. Dance to Health is their flagship programme, looking specifically at the health sector via a falls prevention dance programme for older people. Using the creativity of dance and evidence-based methods (such as FaME and Otago) to aid, complement and enhance existing provision. Dance to Health is currently commissioned by Birmingham City Council as a city-wide offer, and other places across the UK (for example Wales, Dudley, Hereford, Worcester and Walsall

Referral Processes

- Receive self, community, clinical and medical referrals. Referrals managed by Aesop and GPs. Majority third sector referrals.
- Focus on prevention, long-term support and pre-habilitation.
- Level of need ranges depending on the commissioner or community group. Tend not to support high level need.
- Screening process has been updated to an inclusion form embedded within a membership form (rather than referral process).
- Other commissioners may request the Tinetti test.* Aesop can only implement this when requested, have the capacity, and training to be provided to dance artists.
- Inclusion form is influenced by PAR-Q physiotherapy assessment forms (Otago Exercise Programme).** This is completed prior to a session, with Doctor sign off (if required), also geriatric skills functional and balance assessment tools are applied – these establish inclusion criteria.
- Use membership forms to collate emergency details, medication, health (although information can be missed) - this conversation goes more in-depth.
- Started to use Customer Relationship Management (CRM) systems.
- "People might see a flyer and they'll call us up directly and then we'll go through the screening process of our programme […] or turn up on the day."
- Also use an online form where the membership/inclusion is completed by the older person (had over 140 people do this in Dudley and Birmingham) that will feed straight onto their CRM system.

Community Resources

- AgeUK, Bangladesh Women's Association, Birmingham Community Leisure Trust, Focus Birmingham, churches, gyms, voluntary groups…
- Often work with assisted living or retirement villages.
- Finding feet with ICB (previously CCG), to co-develop pilot models.
- Disability groups – e.g. people with visual impairments.
- Programme often seen as more of a community hub, also reliant on the support of volunteers.
- Dance artists vital to participant-led process, co-creation of classes.
- Development and launch of an online platform, which aims to support social prescribers to find other arts and health programmes/projects in one place – 'Prescribe Arts' (now live

Quality Assurance

- The inclusion form and criteria establish what is safe to do. Data capture/ protection, anonymised data, GDPR, health and safety, safeguarding, dementia training, leadership programme (Arts Connect).
- Fear of falls evaluation, reliance on staff and delivery teams to complete evaluation.
- Dance artists are trained up prior, e.g. later life training (FaME and Otago), Postural Stability Instructor (PSI) qualification.
- Volunteer training; partnership training (training partners in Dance to Health), and shadowing opportunities.
- Research papers completed during phase 1 of the Dance to Health programme by Sheffield Hallam University, which have provided an evidence base (Sport Industry Research Centre 2019; Goldsmith and Kokolakasis 2021).
- Potentially see themselves as more forward-thinking than other arts and health providers.

Perceived Barriers

- Process with social prescribers is slow, although improving/ getting better, in line with 'Prescribe Arts' supporting this area.
- Reduced dialogue with GPs since moving from Phase I of the project - they don't actively engage with us as they used to. This translates to minimal GP referrals. "It's not that we don't know how to have these conversations."
- "The differing languages between arts and health sectors can be challenging to navigate, when trying to express the importance of arts interventions. We find we have to bend, adopt preferred language by the commissioners. Over time, we have found it easier to communicate our programme to health sector commissioners as we have acquired a lot of valuable data. However, at times, it can be challenging to convey the dance/creative elements of our programme when the arts at times is considered 'fluff' to some health professionals."

- Language of clinical forms is impersonal – felt stuck during Phase 1 of the project and continuing to work with the same groups into the phase.
- Want to provide participants the option to fill/not to fill forms, not wanting to bombard participants with paperwork. Often not expected by participants engaging in arts and health to fill in so many forms – “participants have said they absolutely hate these forms.” Aesop have now set some clear boundaries around the required forms to complete.
- Health and language literacy as much as English not being a first language.
- Dance artists and assistant dance artists often feel uncomfortable asking clinical questions.

Opportunities

- Relationship to new ICBs in the area to develop case studies to model best practice.
- Training for dance artists and assistant dance artists to inform an understanding of the clinical.
- "Communication between all partners involved that needs to be really tight" – how?
- Arts and health platform/directory - ‘Prescribe Arts’ (recently launched).
- How can this referral framework be integrated in medical, clinical and social prescribing networks? Aesop is trialling out sustainability models for place based local assets of dance to health programmes.

* Tinetti test – Also known as the Performance-Orientated Mobility Assessment (POMA). The test assesses a person’s gait, perception of balance and stability during daily living activities and their fear of falling, using a standardised scoring system.

** PAR-Q physiotherapy assessment forms – The Physical Activity Readiness Questionnaire (PAR-Q) (also known as a health questionnaire) is a simple self-screening tool that helps determine the safety or possible risks of exercising based on a person’s health history, current symptoms and risk factors. The standard questionnaire comprises 7 questions and uses a yes/no format.

Arts in the Yard (AITY)

Arts in the Yard (AITY) is now a registered charity, developing out of a resident-led community group established by the Yardley Arts Forum. It is a grassroots arts, wellbeing and community organisation, with the main aim of working with other to ensure the neighbourhoods of Yardley are vibrant, inclusive and welcoming. Arts in the Yard works across Birmingham's Yardley constituency - including all or part of wards - Acocks Green, Garretts Green, Glebe Farm and Tile Cross, Sheldon, Small Heath, South Yardley, Tyseley and Hay Mills, Yardley East, Yardley and West Stechford. Previous and current projects focus on arts for wellbeing, including Women of Yardley Unite (WOYU), an empowering and creative wellbeing programme to build confidence and form local networks and friendships (funded by BCC, PnC Grant).

Referral Processes

- AITY don't use a formal referral process - their natural engagement with residents has produced a successful self- referral process. Self and community referrals. Mainly self-referrals onto WOYU programme.
- Phone call or email to further explain criteria (who project is targeting).
- Focus on prevention.
- Adults (women only), adults 50+, adults with disability, mental health conditions.
- Completion of a registration form; informal conversation (not a sit-down formal interview); provide assistance to complete the form. Physical and mental health conditions are self-declared/self-certified.
- Deliver 4 different activities/projects, deliver 45-50 creative packs - structure varies (some more/some less).
- "If we weren't running the program, then there wouldn't be anything else similar to this happening."
- Promotion via a flyer, (printed) newsletter, social media – noting a drop off in attendance post-Covid.
- Often make on-going referrals, act as a referral agent into services.

Community Resources

- Birmingham PlayCare network, Stockfield Community Association, Oasis Hub, community centres and churches…
- Small team; freelancers play an integral role in establishing community links.
- "It's an ongoing conversation with the community."
- Attend PnC meetings - more informational, limited connection to services/social work referrals

Quality Assurance

- Data kept confidential, GDPR, DBS certificates, Impact app, quarterly monitoring form, external evaluation – overall limited data gathering.
- Evaluation of Women of Yardley Unite (WOYU) (Wilson 2021)

Barriers

- Limited referrals from social work.
- English often a second language (multiple languages), try to provide support via the community or in the team - interpreter/translation enabled via freelancers. Different languages in sessions can make it difficult to communicate.
- Not wanting to have a more robust kind of framework or process in place. It's often just down to capacity and what you actually have time to do and what you can enable/deliver.
- Limited time/capacity to attend training.

Opportunities

- AITY would welcome more support with engaging other community organisations as referral agents.
- More capacity needed to support referrals.
- Council facilitate more connection with social work(ers).
- More community interpreter/liaison roles.
- Training/learning around managing data.

Birmingham Centre for Arts Therapies (BCAT)

Birmingham Centre for Arts Therapies (BCAT) run a busy outreach and in-house arts in health (AIH) programme and wellbeing workshops, including art, dance, drama, music and play workshops led by freelance AIH facilitators, supported by volunteers. In addition, they lead a professional clinical arts therapies department.

Referral Processes

- Support all demographics and needs.
- Provide therapeutic intervention for AIH and professional HCPC registered arts therapies.
- Similar creative offer to arts therapies, replicating some of these services.
- Booked and drop-in sessions; sessions guided by client group.
- Between client and facilitator (no 3rd party); long term rather than ad hoc basis.
- Arts in Health booking form, basic contact and session details, client group information, clients wants/needs - simple rather than technical, using basic language.
- Use an occupational therapy model (rather than social prescribing).
- “It's about improving community mental health by using arts that they love to do.”

Community Resources

- Approximately 1743 workshops, 48 arts facilitators (all freelancers/agents, 12 regular facilitators weekly), work with 350 people/clients a week (14-15k people a year), 70+ volunteers.
- Lead own AIH groups in libraries, whilst supporting other charities need for creative activities to support mental health and wellbeing.
- Work with 150+ organisations "bringing something they can't provide" - including charities, corporate/business clients. NHS, community delivery partners - Living Well consortium, Chinese Community Centre, libraries, Northfield Stroke Club, St Dunstans Community Centre, Ashiana Community project…
- Based on outreach model – “to help others get to where they want to be with the mental health conversation.”
- Support challenging mental health and behaviour, learning disabilities, SEN, access to free mental health services "never turned anyone away." Facilitators often seen to join sessions too.
- Partners responsible for access and inclusion, to provide support to enable participation at their venues - "creative ESOL" – but also about having a backup plan.

Quality Assurance

- AIH facilitators and volunteers are DBS enhanced checked and uphold the BCAT standards of Conduct, Performance and Ethics; are insured and receive supervision and training from BCAT.
- Trained by BCAT "intro to" and supported with group support/supervision (similarly to therapists), partners training (equality, dementia, trauma-informed), Volunteer Development Programme, support roles in the community, deliver research seminars, also student development before Master's studies – teams often need robust support.
- "Full circle effect" but can't be forced.
- Safeguarding adults and children, risk assessment (environmental), health and safety record, GDPR, equity/safeguarding policies.
- Arts in Health booking form used to protect facilitator; service level agreements.
- Very aware arts and health is an unregulated body.
- Snapshot evaluation end of the month, basic questions and case studies, interviews, QR code to forms, external review.

Barriers

- Not having enough information - the facilitator and the client start the relationship.
- “I don't know what the weaknesses are yet” - to be reviewed/currently under review.
- Language – “don't want to be seen as a statutory service as not providing healthcare.”
- “We spend half our time explaining what arts in health is to a lot of people.”
- Lack of funding to deliver social prescribing - increased referrals but not funds to deliver.

Opportunities

- Training and support of the sector.
- Development of a shared language/lexicon.
- How can arts and health be regulated? Standards of practice?
- More defined roles within Arts in Health.

Clouds End CIC

Clouds End is the first social enterprise working with people with hoarding issues in the UK. They provide a city-wide across Birmingham. The 'Chaos 2 Order' project helps agencies in the city better understand hoarding behaviour in their citizens. The aim of this project is to better educate and upskill the agencies who encounter hoarding behaviour and help them integrate that understanding into their everyday procedures.

Referral Processes

- 300+ referrals (should have 150 referrals) - citizens, clients, sometimes tenants – more referrals due to the impact of "casualties of Covid."
- Taking the stigma out of hoarding via the 'Chaos 2 Order' project – finding "common ground."
- Currently no referral intervention model specific to hoarding and self-neglect.
- Have a referral form – "the client needs to agree to be part of the project so agencies can easily share information to find the best outcome."
- Use a training, mentoring and intervention model - 'Supportive Intervention' – equal commitment for equal support.
- Trauma informed basis.
- Provide support groups, one-to-one phone counselling, cleaning and clearance (reduced amount of funds so partial).
- Reference to Birmingham's hoarding charter led by "compassion and understanding"

Community Resources

- Multi-agency - hierarchical with power imbalances.
- Student social workers and PhD research (UoB)

Quality Assurance

- Training for agencies to understand the condition of hoarding, mentoring for those agencies to encourage more intervention rather than referral. Clients often involved in delivery of training too.
- No official approaches to evaluation and feedback. Qualitative evaluation via anecdotal videos and testimonials, digital capture where possible to gain feedback from citizens to social workers.
- GDPR, data protection; terms and conditions on the referral form.
- Engage in psychotherapy supervision (for 6-8 weeks), PESI UK (Psychotherapy and Counselling CPD), and book listening for professional development.

Barriers

- Lack of digital literacy.
- Mindset about/perceptions of people who hoard.
- Lack of buy in from agencies, linked to management of partnership working.
- Not to "crow about when it doesn't work", to rather have shining examples.
- Lack of information on first referral, regardless of form.

Opportunities

- More partnership working with Neighborhood Networks Schemes (NNS) and family hubs
- Training of Community Network Support Officers (more one-to-one work, including with social workers)
- To establish trusted relationships with multi-agency partners (including from citizen point of view)

LouDeemY Productions

LouDeemY's programmes support cultural, emotional, social, spiritual, physical and mental health and wellbeing needs via a city-wide offer across Birmingham. They engage with citizens (individually and in the community) in arts activities using creative methods and techniques, which have therapeutic benefits, to improve and maintain mental and physical wellbeing including reducing isolation. The activities act as an opportunity for citizens to build friendships while sharing and exploring creative ideas.

Referral Processes:

- Support infants, children, young people, families, adults, depending on the funding bid requirements and the programme.
- Cater for all levels of needs and for types of client, unless they are in crisis in which we case they signpost and support them into the appropriate service (onward referral).
- Accept self-referrals and from any organisations – no criteria.
- Initial one-to-one meeting with the client after initial enquiry is made, during which we assess needs and discuss which programme would be most helpful.
- Most information sent by text message, email or phone call.
- A needs (+ partial risk) assessment is completed based on interests (open/private), including a summary of meeting/interaction - no form but good record keeping/documentation (online).
- Individual and group sessions are all documented and reflected on in group meetings – "I write more than is needed."
- Client-centred approach.
- Don't call it an intervention, more of a referral process.
- Work with clients on an individual/one-to-one referral basis.
- Send out dates and information on the activities and programme to their network as it grows.
- Want to be as accessible and inclusive as possible.
- Holistic and organic.
- "Everybody is very respectful […] everybody is very supportive […] everybody who comes to the group has had a wealth of life experiences so that there's a lot of empathy and understanding, so we build it in this way

Community Resources

- Work with police, council, mental health trusts, statutory services, housing association, social workers, other arts organisations.
- Meetings take place at The Rep, leisure centres, cafes, GP surgeries - an external meeting place, not at home, with support from professional, relative or friend.
- Use consistent environments, not always the case post-Covid as less availability.
- Undergraduate and postgraduate students in mental health.

Quality Assurance

- “Make sure everyone is feeling safe.”
- Basic set of rules about respect - GDPR, constitution, safeguarding, policy.
- “The client knows that their notes are safe with us and that they won't be sent anywhere without them being consulted.”
- Produce an “access rider” type document with clients.
- Support of an additional counsellor (for overflow referrals), also dialogues and peer support/supervision.
- Verbal feedback post-session, email feedback, feedback from one-to-ones, observational/session notes, case studies, referral discussions, reflective practice in the team.
- Teaching students – next generation coming through - in Higher Education. Informal links with universities.

Barriers

- Lack of literacy skills; clients struggling to read and write.
- Since Covid, increasing number of referrals where clients English isn't their first language. Can be slightly overwhelmed with number of referrals.
- No budget for interpreter, lack of (digital) literacy, mobility often a problem.
- Lack of connection between agencies/services and organisations including for onward referral if higher needs.
- No information on what a service does or doesn't provide to make onwards/other referrals.
- Sometimes seen as a last-ditch option/last chance referral.
- Lack of visibility to health and social care, social services and social workers, linked to a disconnect within prevention and communities - vetoed from management.
- Being kicked out of rooms - hospitals and GP surgeries – this can disrupt first meetings/sessions.
- Burnout and high turnover of staff - within the sector and agencies.

Opportunities

- Role of interpreters (from within the community)
- To deliver sessions to professionals to understand the offer, can see and experience it.
- Board and management acceptance.
- Access to unused NHS spaces.
- Better mechanisms of referrals - the terms and conditions of work.
- Online portal/app to see the list of different services/activities/offer (for social workers) - a space to login.

Re.Future Collective

Re.Future Collective is a not for profit arts and architecture collective based at Perrott's Folly in Birmingham. Their projects connect communities, cultural practices and buildings of historical and cultural value through a process of community co- design. Their aim is to create open and meaningful dialogue around heritage and the arts in which everybody's voices can be heard. Current programming includes an arts-based youth club for Young People aged 8-12 years living in and around Perrott's Folly, an arts-based social prescription program for adults experiencing isolation and loneliness, and arts programs supporting asylum seeking adults and children in bridging hotels. Additional outreach workshops are also provided on an ad-hoc basis.

Referral Processes

- Referral through GP practices (primary), social prescribers, community organisations and self-referral.
- Use a referral form, which includes access and additional needs to further support the participant. Prefer if the form comes from a professional. Participants can also self-complete sections of the form they are comfortable with, such as general comments - "fill in as you feel" approach. Telephone call is provided for the participant prior to joining to expand on activities and answer queries from participant.
- Refer back to GP, or onward referral if higher level need.
- Connection is maintained with the GP in the event of deteriorated health requiring clinical intervention.
- Employed a referral and coordination role since June 2022 to stimulate referrals due to high staff turnover and reduced referral capacity in external organisations, reconnected via meetings and taster sessions, info sharing via staff meetings.
- Re. Future are part of the internal Karis Medical Practice Wellbeing Team – successful outcomes.
- Clear guidance provided on level of need supported - not a one-to-one support service/arts therapy, no health qualifications – facilitators are from an arts and community background.
- Prevention and early intervention - low to medium needs service. Also support participants with different mobilities, disabilities and vulnerabilities.
- Work with communities and people experiencing disadvantage and ensure programmes offer access and opportunity to the most isolated.
- Use print and electronic flyers/ posters, leaflet drops at community venues, social media to promote.

Community Resources

- Contacted social services gateway services, different charitable organisations, domestic violence agencies, wider geography of GP practices for referrals – Barnardo's, Deaf Cultural Centre, Chinese Community Centre, Journey LGBTQ+, bridging hotels housing refugee and asylum seekers. Mixed responses based on capacity.

Quality Assurance

- Password protected, confidential/anonymised, risk assessments, safeguarding and GDPR policy, DBS certificates.
- Comments, feedback on sessions including facilitator observations, capturing storytelling from their experiences, quarterly returns and funding applications.
- Don't spend a disproportionate amount of time on internal evaluation as actively responding to need.
- "We just want to make sure that people's voices are heard."

Barriers

- Travel/access to the Folly, language and childcare are often hurdles to participation.
- Limited referrals into organisation - GPs often "too busy" and high turnover of social prescribing workers. Consistently low referrals via social care workers.
- Not in a contractual agreement with external staff them around how they should be referring participants to local activities. Due to Covid, cost of living and austerity, external organisations are dealing with higher volume of participants in crisis/higher need. Our activity is not a priority/participant needs are too high for our activity to support.
- Intensive support to bring participants with assessed care/support need not provided by externals and Re. Future are not trained/ funded to offer one to one support. Externals do not seem to be telling their participants about the programs directly, rather just send to colleagues via email.
- "From a health perspective, GP's often tell us they are overwhelmed and receive so much information that our service slips off the radar." This changed once we became part of the internal wellbeing team.
- GP's have limited time to complete referral form - also capacity within the administrative team to support.
- Re. Future Team have limited capacity to attend all meetings/networks/groups relevant to the work - often unpaid - knowing they would be beneficial to networks and referrals

Opportunities

- Connection with wellbeing team – direct link to staff at GP surgeries.

- Connected Public Health and GP services together which cultivated new partnerships, transparent information sharing and focus.
- Involvement of Gateway Services - attendance at meetings.
- More networking events.
- More in-depth research.

Birmingham City Council

Women and Theatre

Women & Theatre delivers a wide range of participatory work which includes projects engaging different community groups/target groups to work creatively to produce live performances and digital content. As well as reflecting these communities in their work, the process is underpinned by the 5 ways to wellbeing and actively seeks to enable individuals to learn new skills, connect with one another, take notice of each other and world around them, give time to a collaborative endeavour and be active. Women & Theatre are based on the edge of Moseley/Kings Heath but delivery projects in different local areas on a project by project basis across Birmingham. In addition, they deliver regular courses of workshops in in-patient mental health hospitals to promote wellbeing and combat boredom and take performances into residential homes and hospitals.

Referral Processes

- More self-referrals than through professional services, sign-up process rather than referral process.
- Community Performance Club has mainly self-referring participants, but they actively encourage social workers and social prescribers to refer and signpost.
- Target groups vary from project to project but regularly include mental health service users, care experienced young people, women of diverse backgrounds, young people with additional educational needs and socially isolated individuals.
- Mainly preventative and supporting rehabilitation (in broad sense).
- Types and levels of need can vary. Participants in the community regularly include those with learning disabilities, mental health conditions and social isolation. Sometimes there is a high need (which can be temporary). In hospitals, there can be high needs, but these are usually well supported by staff on the wards.
- Often about maintaining wellbeing in the short term.
- Project sign up form (rather than referral form) for each project capturing key information to reduce barriers to participation and assess appropriate referral - not always appropriate.
- Comprise a part-time team of project managers and administrators, working on a hyperlocal level.
- Work on a project by project basis, some responding to specific needs – informing the criteria for each project – also meeting recruitment targets.
- Participants often involved in steering groups for future projects, consult on future content.
- Valuable taster sessions for potential participants
- Project opportunities are advertised and promoted through in person/grass roots activity.

Community Resources

- Promote social workers and other professionals, including Birmingham and Solihull Mental Health Foundation Trust, Active Wellbeing Society, AgeUK, leaflet drops, housing associations, community centres…
- Often "gatecrash" other things including social work surgeries.

Quality Assurance

- Pre- and post-course questionnaires, participant quantitative data, quarterly reporting, (telephone) interviews, case studies related to outcomes, observations, telling a story to support a story.
- See evaluating as quality assurance.
- GDPR, privacy policies, data handling, safeguarding policies, code of conduct (for participation), first aid, mental health first aid.

Barriers

- Provide BSL support when needed and will "find the money."
- Impact of literacy and language(s), also learning disabilities and mobility/travel - not always fully supported.
- Lack of information on first referral, regardless of form, may reflect literacy of referring party.
- Lack of relationship(s) with social workers.
- Spending lots of time filling in the form with people.
- Assumptions about the offer/projects/activities.
- Lack of continuous funding for stability and continuity

Opportunities

- Better working relationships with social workers/better networks.
- Space to share/promote information to agencies and other services.
- Capacity building within communities and networks.
- More community interest projects to promote/share offer.
- Shared practice opportunities - referrals, evaluation, training, different models and approaches, methodologies…
- Emergence of a simpler way - a framework or template approach - universal?

Anonymous

This community centre works with people from Northfield, Bartley Green, Weoley Castle and Frankley in Birmingham. They facilitate a wide range of activities, groups and clubs, including sports, arts, music crafts, holiday activities, singing and choirs, open mic nights, food and more.

Referral Processes

- Focused on community support and prevention.
- Preventions projects - no formalised arts or creativity programmes.
- None of our work is 'formal' support. It would be seen as social support.
- No formal referral process, more of creating a community – they identify this would be difficult to integrate.
- Often receive referrals from social workers and community group leaders, also citizens can self-refer.
- Funding is for people aged 50+; do support people who are 30+. We also have community events for all ages and groups that hire the centre.
- Lunch and friendship clubs support lonely and isolated people but the former also has people who have dementia, depression and long-term health issues. Due to the age of many who attend here several are coping with grief too and further loneliness.
- Often provide general help/onwards referrals - initiating referrals rather than receiving them – where it is difficult to measure what happens.

Community Resources

- Slowly getting to know the people that come to the groups, the people that started the groups, the leaders.
- Reliance on support of caretaker and volunteers.
- Often signpost to NCP phone number, food banks, grief support, anxiety support – beyond this, would need internet search/leaflets. Also have a referral form for Mind Your Health.
- Manage the space rather than delivery of preventions activities, often customer service too - food and music events
- "I'm not the support worker. We don't have support workers. It's just that I'm the only person in the office who could ever answer the phone […] I'm not writing case notes, so I'm not feeding back to another line manager."
- Support for inclusivity is internally within the groups using the space.

Quality Assurance

- Safeguarding, DBS certificates, health and safety, food hygiene.

Barriers

- Language often limiting engagement, reliance on people within the community to interpret/translate.
- Limitations of time - trying to keep a building open main priority. Apply for funding?
- Lack of feedback from services as to how a person has moved on incrementally.
- “Anybody who works in community is wanting to help. We're not paid to do the kind of job we're doing. We're really not paid enough. We do it because we love people."
- Incredibly time consuming - practicalities of a referral framework/form would put more pressure on this.

Opportunities

- Recommendation of the referral framework onwards/to other groups and services.
- Training for volunteers - health and social care?
- A database/list of people/companies you could go to sort out your fire alarms or to do your Legionella tests (or things like that).
- People based rather than project-based funding.

Referral Framework

Guidance

'A Referral Framework for Arts and Health' (2023) (Figure 1, Section 3.2) has been co-produced with, and developed for, arts and health providers, and the wider sector. It is a comprehensive collation and interpretation of working practices and experiences of referrals, captured as a step-by-step cycle underpinned by a Venn diagram. The referral framework makes visible three fundamental components of referrals - 'referral processes' (1), 'community resources' (2) and 'quality assurance' (3) - which are informed and supported by seven stages identified as objectives to enable referrals (A-F). The referral framework is to be functional; it has been purposefully defined in open and general terms for providers to interpret and apply in their unique context and tailored to need. It respects the pre-existing 'referral processes,' 'community resources' and 'quality assurances' – the working practices - already in place and being used. The referral framework is:

- To be used on a hyper(local) level, in community contexts;
- A reflective tool to prompt questions and self-reflection (as an individual, team or service); it provides an opportunity to hold up a mirror to current referral practices;
- A cycle that can be entered into, and followed, at any stage to introduce, develop, review, consolidate and/or improve referrals, towards finding the right arts and health approach;
- To enable connection, engagement and participation in arts and health services, projects and activities;
- To open up communication pathways, support relationship-building and provide clarity to referrals;
- A practical learning opportunity for workforce development (health and social care; medical, health and clinical care professionals; referral agents and link workers; commissioners and funders; arts and health providers, artists and volunteers) with potential to be integrated into wider health and social care training and working practices in the future;
- A collective responsibility for everyone involved in enabling referrals, establishing more accountability and quality assurance, and most importantly, how to make, and keep referrals safe;
- An advocate for the essential role of arts and health providers, and in having the referral framework in place helps establishes a standard of practice in the sector.

Ideally, the referral framework needs to be introduced to, and communicated, with everyone involved in referrals, for it to have maximum impact.

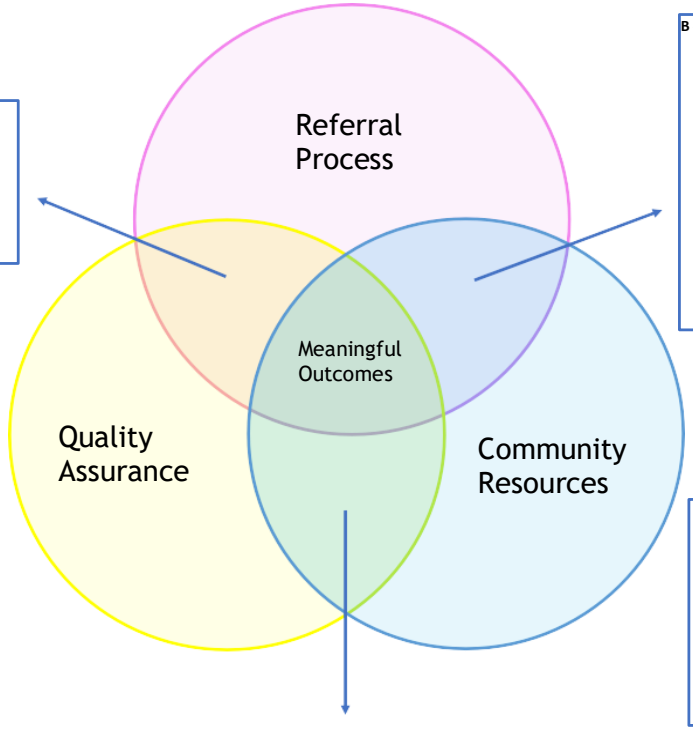
Meaningful outcomes centrally underpin the referral framework, as arts and health is founded on the priority of improving health, wellbeing and social care outcomes. This is supported by the collection and analysis of meaningful data, and again, respects pre-existing approaches to feedback, evaluation and evidence-based practices. By looking at the cycle as a whole ecosystem (i.e. using holistic and person-centred approaches), participants, clients and citizens are put at the heart of referrals. It values shared knowledge, skills and (lived) experiences of everyone involved; the stories of how arts and health can make a difference to individuals' lives.

The referral framework is not to be used in isolation, but rather to complement, and be supported by, other pre-existing frameworks (Section 2.2); how-to guides, summaries and toolkits, such as Family Action (2018), NHS England (2020), WHO (2022); implementation checklist for local partners and commissioners (NHS England 2020, p. 27), and/or NHS England's recently published Workforce development framework: social prescribing link workers (2023b) including a reflection tool, observation sheet and feedback forms.

In the context of Birmingham, it is suggested the referral framework co-exists with the BVSC Directory, NNS, Birmingham 'Provider Collaborative,' Birmingham's Arts and Health network, PnC meetings and more.

A - To establish a referral process with providers:

- Person-centered
- Co-produced with participants, clients and citizens.
- Informed by social values (including key values of BCC)
- Inclusive, accessible, compassionate
- Safe spaces and experiences for **everyone** involved.



B - To enable referrals into providers:

- Provide a directory of who, what, where (including roles, responsibilities) - e.g. Birmingham Voluntary Service Council (BVSC)
- Develop an approach to needs assessment - e.g. form(s) and/or 1st meeting
- Recognise a provider's level of health/clinical expertise to ensure appropriate referrals as related to need(s)
- Determine routes for onwards referrals if greater health/clinical care need(s)
- Define a shared language/lexicon informed by the NHS, healthcare providers, commissioners, council, VCSE, heritage, arts and culture (and more)
- Support access needs (e.g. language, digital and health literacy, translation)

F - To improve skills, competences, and confidence in referral processes:

- Invest in the levelling up of the team and workforce, including volunteers.
- Employ a reflection tool (checklist)
- Inform a quality standard of arts and health delivery towards models of best practice.

C - To map the landscape of community resources for providers:

- Develop a general "how to" guide, introducing where to start.
- Provide an overview of the region's arts and health infrastructures, networks and hubs, and charitable sector.
- Complement work of pre-existing networks - e.g. Neighbourhood Network Schemes (NNS), BVSC
- Suggest funders/co-funding opportunities (for projects **and** people)

E- to ensure accountability and quality assurance of services, projects, and activities.

- Healthy and Safety, safeguarding and data protection.
- Risk assessment.
- Professional development
- Training and (e)-learning
- Mentoring and Coaching
- Peer, learning and group support.
- Support funded participation.

D - To evidence the services, projects and activities:

- Establish an approach to meaningful data and storytelling via data management, monitoring and evaluation
- Share and innovate feedback and evaluation models/toolkits –e.g. BCC evaluation toolkit
- Collate and share data via an open access evidence repository.
- Partner with Higher Education for teaching and learning, knowledge exchange, research, and funding opportunities
- Increased visibility of arts and health in the region/nationally.

Summary

The research revealed how difficult “a one size fits all” approach to a referral framework was to co-produce with arts and health providers in response to their varied yet similar working practices and experiences of referrals. The need for more insight and knowledge about referrals is paramount as ‘without a supportive framework this tends to be token action’ (Brandling and House 2009, p. 454); also, as two (out of eight) key elements to cultural commissioning models for arts on prescription are ‘co-ordination of all potential referrers and referral pathways, and clear protocols with criteria for referral’ (NCVO 2016, p. 2). This was identified by one provider, “the more robust the referral process can be for an arts and health programme, the more they're taken seriously […] it's not necessarily about not wanting to have a more robust kind of framework or process in place. It's often just down to capacity and what you actually have time to do and what you can enable.”

In relation to this, implementing ‘A Referral Framework for Arts and Health’ (2023) could likely be a complex and challenging process, and requires careful planning, effective communication and collaboration between all stakeholders involved. An important consideration, in this research, was to recognise the referral framework was also for the general public – “for everyone” as stated by a provider - and should be considered with their (and providers) wellbeing in mind. With this in mind, it was about limiting anxiety around this research and the future role of the referral framework – to “not force their hand to work differently,” knowing providers are often just individuals trying to run venues and “keep the doors open.”

The case studies highlighted a needed culture shift in terms of multi-agency and stakeholder buy in, citing a disconnect with social work as much as charities, and better working relationships needed with health and social care (workers). All providers cited the value of certain agency buy-in, repeatedly celebrating the Neighbourhood Network Schemes (NNS) seen as the "tentacles of a community.” In turn, a quality deficit across arts and health providers was revealed in one of the interviews - "It’s about not excluding organisations who aren't connected to these big organisations at grassroots level, because there are a lot of organisations who will, would do fantastic work, but if they don't know the right people, they're not getting the funding.”

This highlights the different agendas of stakeholders, and the key role of commissioners and funders in the sustainability and future of arts and health services, projects and activities.

Considerations

Below are an alphabetised set of considerations rather than recommendations. Note, 'Opportunities' as stated in the 8 case studies (Section 2.4.) have also been drawn upon to inform these potential next steps for 'A Referral Framework for Arts and Health' (2023) (referred to below as RF).

- Evaluation – How might the usefulness and value of the RF be evaluated in the wider arts and health sector in Birmingham (Birmingham's arts and health network), and other regions in the UK? Could the RF be used as an example/indicator to advocate for further research in arts and health and prove the benefits of arts-based social prescribing?

- Language - How can a shared language and terminology be developed between stakeholders to "keep things simple" and be more persnal and non-clinical whilst meeting desired outcomes? As Davies and Clift state 'an arts and health glossary on which to base shared language and meaning, still has the potential to facilitate understanding, co-operation and multi-discipline partnerships at a local, national and international level' (2022). Language here also applies to the support of multilingualism and (digital) literacy and digital equity. Providers consistently identified their projects and activities were considered accessible, however cited significant barriers to being inclusive, lacking provision from BCC to support these additional need(s).

- Lived experience and co-production – What does co-production mean in arts and health, and more specifically within the RF (when implemented)? What is the participant, client and citizen's role in co-production? Who isn't included in the conversations? As Tan states, 'the attitude and manner in which the arts-health practitioner interacts and responds to participants can have implications for wellbeing outcomes through a participatory arts activity' (2018, p. 93).

- Organisational development – How might the RF be tested and trialled with different stakeholders from the arts and health sector? How might the RF be used in education, training and development, including its role in group support (supervision) and reflective practice? How might the RF standardise the development and delivery of the arts and health – whether discreetly and/or incrementally? How might the RF contribute to best practices in arts and health? How can the RF enable and sustain safe referrals?

- Other sectors - How might the RF be relevant and adapted to other sectors? There is an opportunity to test and trial its adaptation and universal validity/capability in other regions and sectors beyond arts and health.

- Visibility – How will the RF be disseminated and promoted? In turn, how does this relate to how a service, project or activity is marketed and promoted? How do we give arts and health providers a greater position in local art forums, the community, health and social care? How do we not contribute to a “burden of information" when promoting a service, project or activity?

Testimonials

"I can see my responses in the framework [...] I feel we are reflected in this, definitely [...] it's about creating transparency [...] the structure is really useful [...] this is a way of showing best practice."

"The framework helps provide a quality assurance to ensure the offer is good."

"It could inform the Local Authority [...] make it more visible in the Local Authority [...] I can see this working really well, timely too. I think it will be very useful."

"You can see it's been co-designed and reflective of its usability with professionals."

"It is something providers can stand by, see themselves reflected within, to create and establish a quality of the work in the region [...] to guide and enable support."

"Others will feel confident in what they are referring into [...] a quality stamp."

"I can see how this will make the referral process work for the wider sector."

"It is good to help recognise a provider's level of health and/or clinical expertise."

"This will help increase our visibility as a sector."

"As an approach, it can be moved and applied to different scales and locations [...] it is really interesting and impressive how everything has been distilled into a really clear framework."

"The framework makes a lot of sense. It works really well [...] It's flexible enough within different structures (it could be used by community health connectors) [...] some aspects feel local too. I think it's really good."

"This helps to push that we all belong to this area of work together, to not duplicate and work together."

"It's more about convincing people to get on board [...] The association – that we follow the referral framework of Birmingham City council – it's great, much needed."

References

All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) Creative health: the arts for health and wellbeing, Inquiry Report, 2nd edition. Available at: https://www.culturehealthandwellbeing.org.uk/appg-inquiry (Accessed 5 March 2022).

Arts & Health (2023) What is arts and health? [online] Available at: https://www.artsandhealth.ie/about/what-is-arts-and- health (Accessed 5 April 2023).

Brandling, J. and House, W. (2009) 'Social prescribing in general practice: adding meaning to medicine,' British Journal of General Practice, 59 (563): 454-456. DOI: 10.3399/bjgp09X421085

Culture, Health and Wellbeing Alliance (CHWA) (2023) Social Prescribing. Available at: https://www.culturehealthandwellbeing.org.uk/key-themes/social-prescribing (Accessed 5 April 2023).

Cutler, D. (2020) Creatively Minded: An initial mapping study of participatory arts and mental health activity in the United Kingdom. [PDF] The Baring Foundation. Available at: https://cdn.baringfoundation.org.uk/wp- content/uploads/BF_Creatively-minded_WEB_singles.pdf (Accessed 5 March 2022).

Davies C.R. & Clift S. (2022) 'Arts and Health Glossary - A Summary of Definitions for Use in Research, Policy and Practice.' Frontiers in Psychology. Vol. 13. DOI: 10.3389/fpsyg.2022.949685

Davies, C., Knuiman, M., Wright, P. & Rosenberg, M. (2014).' The art of being healthy: a qualitative study to develop a thematic framework for understanding the relationship between health and the arts.' BMJ Open, 4(4), pp. 1-10. DOI: 10.1136/bmjopen- 2014-004790

Family Action (2018) Social Prescribing in Secondary Care: How to guide. [PDF] Available at: https://www.family-action.org.uk/content/uploads/2018/11/Social-Prescribing-in-Secondary-Care-How-to-guide-Nov-18.pdf (Accessed 12 October 2022).

Fancourt D. & Finn S. (2019) 'What is the evidence on the role of the arts in improving health and well-being? A scoping review,' Health Evidence

Network (HEN) synthesis report 67, Copenhagen: WHO Regional Office for Europe.

Goldsmith, S. & Kokolakasis, T. (2021). 'A cost-effectiveness evaluation of Dance to Health: a dance-based falls prevention exercise programme in England,' Public Health, 198, pp. 17-21.

Health Service Executive (HSE) (2021) HSE Social Prescribing Framework. [PDF] Available at: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-social-prescribing-framework.pdf (Accessed 5 March 2022).

Locality, Power to Change & VCSE Health and Wellbeing Alliance (2023) Creating health and wealth by stealth. [PDF] Available at: https://locality.org.uk/assets/images/LOC-CAP-Report-2023-WG05-3.pdf (Accessed 5 April 2023).

National Council for Voluntary Organisations (NCVO) (2016) Cultural commissioning models: Arts and culture on prescription model. [PDF] No URL/link.

NHS England (2020) Social prescribing and community-based support: Summary guide. [PDF] Available at: https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf (Accessed 12 October 2022).

NHS England (2023a) Social Prescribing. Available at: https://www.england.nhs.uk/personalisedcare/social-prescribing/ (Accessed 5 April 2023).

NHS England (2023b) Workforce development framework: social prescribing link workers, Available at: https://www.england.nhs.uk/long-read/workforce-development-framework-social-prescribing-link-workers (Accessed 5 April 2023).

Royal Society for Public Health (RSPH) (2013) Arts, Health and Wellbeing Beyond the Millennium: How far have we come in 15 years? [PDF] Available at: https://www.rsph.org.uk/static/uploaded/dd4a7c73-e0a2-4a16-9d54ce5bae70b7f8.pdf (Accessed 5 March 2022).

Sport Industry Research Centre (2019) Dance to Health 'Phase 1 rollout [test and learn]' evaluation (1st report) [PDF] Available at: https://ae-sop.org/wp-content/uploads/sites/63/2019/06/SHU-SIRC-1st-report-FINAL.pdf (Accessed 21 October 2022).

Tan, M.K.B. (2018) 'Towards a caring practice: reflections on the processes and components of arts-health practice.' Arts & Health, 12(1), pp. 80-

97. DOI: 10.1080/17533015.2018.1494452

The King's Fund (2018) Tackling multiple unhealthy risk factors: emerging lessons from practice. [PDF] Available at: https://www.kingsfund.org.uk/sites/default/files/2018-02/Tackling-multiple-unhealthy-risk-factors-summary.pdf (Accessed 13 October 2022).

Thomson, L.J., Camic, P.M. & Chatterjee, H.J. (2015) Social Prescribing: A review of community referral schemes. Available at: https://culturehealthresearch.wordpress.com/museums-on-prescription (Accessed 5 March 2022).

Veall, D. et al (2017) Museums on Prescription: A guide to working with older people. Available at: http://culturehealthresearch.wordpress.com/museums-on-prescription (Accessed 5 March 2022).

Warran K., Burton A., and Fancourt D. (2022) 'What are the active ingredients of 'arts in health' activities? Development of the INgredients iN ArTs in hEalth (INNATE) Framework' [version 1; peer review: 1 approved, 1 approved with reservations], Wellcome Open Research, 7(10), pp. 1-22. DOI: 10.12688/wellcomeopenres.17414.2

White, M. (2009) Arts Development in Community Health: A Social Tonic. Oxon: Routledge.

Willis Newson (2019) FRESH ARTS ON REFERRAL EVALUATION: Summary Document. [PDF] Available at: http://www.willisnewson.co.uk/assets/files/fresh-arts-on-referral-evaluation-doc-260319.pdf (Accessed 5 March 2022).

Wilson, S. (2021) Evaluation of Women of Yardley Unite, Arts in the Yard [PDF] Available at: https://www.bvsc.org/Handlers/Download.ashx?IDMF=6617801e-f54a-467d-bc7c-753c73067638 (Accessed 21 October 2022).

World Health Organisation (WHO) (2022) 'A toolkit on how to implement social prescribing,' World Health Organisation (WHO). Manila: World Health Organization Regional Office for the Western Pacific. Available at: https://apps.who.int/iris/rest/bitstreams/1424690/retrieve (Accessed 12 October 2022).

Appendices 1: Mapped Questions (to inform survey and interview questions)

- How can we understand ourselves as an organisation/provider and increase understanding of our services?
- How can we ensure appropriate referrals and create a quality assurance for our services/referrals at each stage/level of need?
- Who is the referral framework/guide/system for, and how can we ensure the referral process is accessible to all?
- How can we ensure medical professionals feel confident and knowledgeable in all stages of referral?
- How can we build the capacity of link workers and arts organisations?
- How can we ensure feedback systems and community voices are considered in the implementation of a referral system?
- How can we make sure that the framework is sustainable and long-term?
- How can we ensure that the framework is inclusive to all residents? All ethnicities, genders, ages, religions, in all wards and that it meets the needs of all residents equally?
- How can we ensure everyone is communicated with throughout the process, and what are the missing bits in our equation?
- How can we ensure we are not missing age ranges, e.g. there is a lot of focus on the younger and older people?
- Can we attempt to find out what works for the people of Birmingham (keep it local)?
- Is there anything specific to Birmingham we should be aware of?
- What ethical considerations are required to protect participants' rights (anonymity, GDPR, safeguarding…)?
- What has worked in the past, what hasn't, and how can we find creative solutions?
- Can we use this referral framework to advocate for further research in arts and health and prove the benefits of arts- based social prescribing?

Appendices 2 – Survey Questions

- Full name
- Email address
- Role
- Organisations
- In which areas/wards of Birmingham is your work based?
- How is creative health, arts and health, and/or arts for wellbeing situated in your work and organisation? Provide a brief overview. (e.g. activities, programming, commissioning, not yet used and want to explore…)
- What age range or group of clients/participants do you support? Feel free to provide demographic information if helpful. (e.g. infants, children, young people, families, adults…)
- What level of need (e.g. low/medium/high) and types of client/participant do you support? (e.g. learning disabilities, mental health difficulties, long-term health conditions, loneliness and social isolation…)
- What forms of support and/or care does your work or organization provide? (e.g. rehabilitation, prevention, curative, palliative, primary, emergency, crisis, long-term…)
- Do you currently use a referral form, process and/or framework in your organization? Provide a brief overview as we will talk more in-depth about this in the interview
- Share any links to your work/organization you think would help inform the interview
- Please let us know of any access requirements for the online interview
- Any other questions or comments

Appendices 3: Invitation to Participate sheet

INVITATION TO PARTICIPATE: BCC's Arts & Health Referral Framework

Please read this sheet carefully.

Be confident that you understand its contents before deciding whether to participate.

Project Title: Arts & Health Referral Framework
Project Lead: Rachel Marsden
Email address: rachel.marsden@birmingham.gov.uk
Phone number: 07974 212466

Why have you been approached?

Birmingham City Council's Arts & Health officers (cross-sector) are supporting the development of arts & health activity to meet social care outcomes for Birmingham citizens. This includes strengthening the artist and arts organisations in safe project delivery, including the creation of a referral framework agreement between arts organisations and referral agents to establish levels of support per participant need/requirement plus accountability for participant welfare.

If I agree to participate, what will I be required to do?

You will be required to complete this consent form, an online pre-interview survey (provided 1-week in advance), and a 1-hour recorded interview (with transcription). There will be an opportunity to consult on the referral framework via a future focus group. The interviews will be lead by Rachel Marsden (Project Lead) with support from Alfie Aldridge and Francesca Hutchin (both on university student placements with Public Health, BCC).

What are the benefits associated with participation?

You will help to inform the development of a referral framework for Arts & Health in Birmingham; to platform the work and practices of your organisation, and further establish Arts & Health in the West Midlands.

What are the possible risks or disadvantages?

Some interview questions may reveal complex or difficult experiences from your organisation. The project lead will provide trigger warnings in advance of these questions, where you are not obliged to provide any responses. The project team have developed a wider set of ethical considerations, which can be shared with participants. If interested, please contact Rachel Marsden (Project Lead).

What will happen to the information I provide?

We feel it vital your voice and organisation informs the basis of the referral framework. Data from the survey and interview will inform the basis of case studies, and the overall referral framework, in the report. You can give consent for your data to be named or anonymised (in part or in full); if anonymised we will use pseudonyms. You can provide as much or as little insight in the survey and interview as wanted.

Data protection will comply with the General Data Protection Regulation (GDPR) and procedures for ensuring anonymity, secure data storage and disposal of data will be kept to regulations. The Pre-Interview Survey will be collected via MSForms, and compliant with GDPR. Interview data will be collected on MSTeams, with all recordings deleted once the information is transcribed. Transcripts will be completed only by the Project Lead and two students as mentioned above. Participants' information will remain confidential. All electronic data will be stored on a personal laptop, with password protection, and destroyed on project completion.

1

What are my rights as a participant?

- The right to withdraw from participation at any time.
- The right to request that any recording cease.
- The right to have any data withdrawn and destroyed, provided it can be reliably identified, and provided that so doing does not increase the risk for the participant.
- The right to have any questions answered at any time.

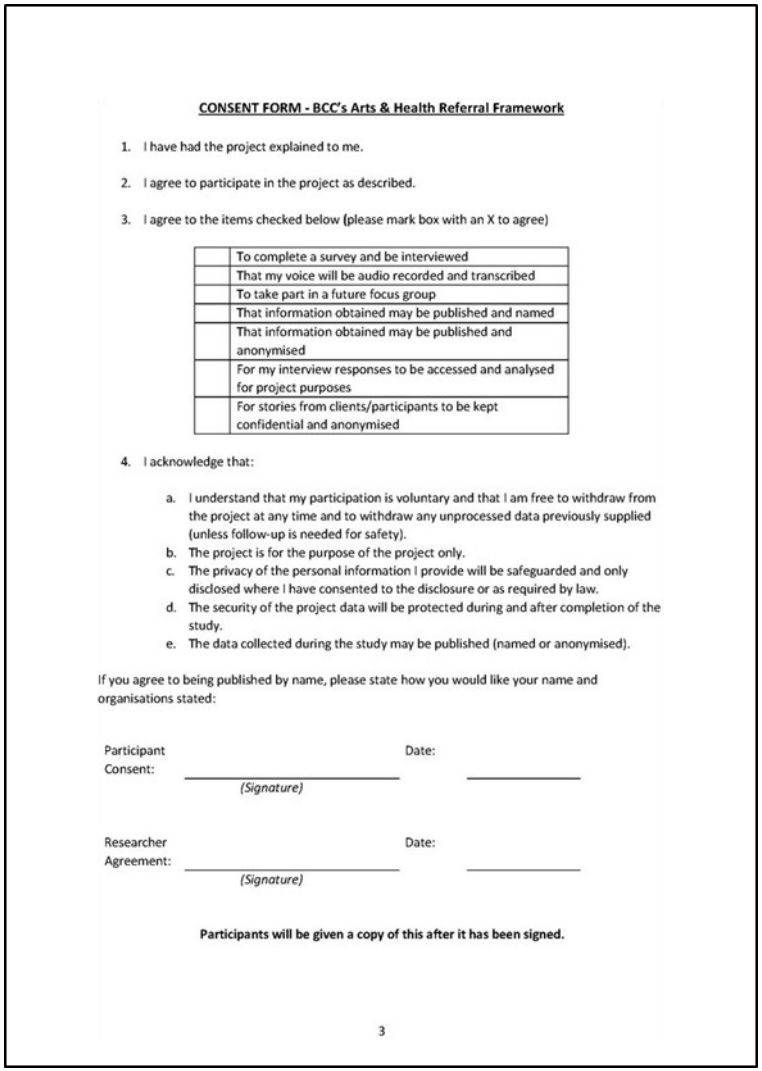
Whom should I contact if I have any questions?

Please contact the Project Lead named above - Rachel Marsden.

PLEASE COMPLETE THE CONSENT FORM ON PAGE 3.

2

Appendices 4 – Consent Form



CONSENT FORM - BCC's Arts & Health Referral Framework

1. I have had the project explained to me.
2. I agree to participate in the project as described.
3. I agree to the items checked below (please mark box with an X to agree)

	To complete a survey and be interviewed
	That my voice will be audio recorded and transcribed
	To take part in a future focus group
	That information obtained may be published and named
	That information obtained may be published and anonymised
	For my interview responses to be accessed and analysed for project purposes
	For stories from clients/participants to be kept confidential and anonymised

4. I acknowledge that:
   a. I understand that my participation is voluntary and that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied (unless follow-up is needed for safety).
   b. The project is for the purpose of the project only.
   c. The privacy of the personal information I provide will be safeguarded and only disclosed where I have consented to the disclosure or as required by law.
   d. The security of the project data will be protected during and after completion of the study.
   e. The data collected during the study may be published (named or anonymised).

If you agree to being published by name, please state how you would like your name and organisations stated:

Participant Consent: _____ Date: _____
(Signature)

Researcher Agreement: _____ Date: _____
(Signature)

Participants will be given a copy of this after it has been signed.

3

Appendices 5: Interview Questions

- Tell us more about your referral process and/or framework
    - Who within, or external, to your organisation manages your referrals?
    - What do you call your referral process/framework - does it have a name?
    - Who is involved in the referral process/framework (at all levels/stages)?
    - Are participants/clients involved in the development of your referral process/framework? Do you tailor the referral process/framework?
    - What works and what doesn't work as part of the referral process/framework? Is there an example you can provide?
    - What do you identify as missing from your referral process?
    - How do you ensure you get appropriate referrals?
    - Do you have capacity to manage your referrals? If not, what roles would you need to increase your capacity?
- How is your referral process/framework made visible to participants/clients?
    - How do you make it accessible and inclusive?
- Do you collate feedback and evaluate your referral process/framework?
    - If so, how?
    - How do you implement findings from the feedback and evaluation to develop your practice?
- What does quality mean in the context of your referral process for your organisation?
    - What do you have in place to create quality assurance for your services and referrals?
- How do you consider any ethical considerations as part of the referral process/framework? e.g. protecting participants rights (voluntary, anonymity, following GDPR, safeguarding)
- How do you undertake any training, or provide support, in your organisation to inform your referral process/framework?
    - If no, what would help/support you in your role?
- What are your expectations of the referral framework once developed? OR How will the referral framework inform your practice once developed? (Expectations)
- Is there anything specific to Birmingham we might be missing in the context of arts and health and social prescribing you feel is relevant to share?
- Anything else you'd like to share?