

# Social Return on Investment Study Helium Arts Creative Health Hub Programme

May 2021



Supporting Organisations  
Enabling Social Change



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# Section 1: Introduction and Context

## 1.1 Introduction

This report sets out a Social Return on Investment (SROI) Study of the Helium Arts Creative Health Hub for the two- year period January 2019 to December 2020. This study was funded by the Creative Ireland Programme.

## 1.2 Objectives of the Study

The objectives of the study were to:

- Identify all material stakeholders to the Helium Arts Creative Health Hub
- Articulate the journey of change for each stakeholder based on the outcomes achieved through their participation, engagement, and collaboration with the Helium Arts Creative Health Hubs.
- Map and evidence stakeholder outcomes
- Calculate the SROI generated by the Helium Arts Creative Health Hubs
- Identify key learning and recommendations

## 1.3 Report Structure

This report is framed around the six stages of SROI which are incorporated within Sections 4-6 of the report.

- Section 1: Introduction and context for the programme and Helium Arts
- Section 2: Methodology
- Section 3: Literature & Policy
- Section 4: Establishing Scope & Identifying Stakeholders
- Section 5: Mapping & Evidencing Outcomes
- Section 6: Calculating the SROI
- Section 7: Key Learning
- Section 8: Recommendations

## 1.4 About Social Return on Investment (SROI)

Measuring the tangible costs and outputs of a service or activity is relatively straightforward, however quantifying the wider social, economic, and environmental outcomes that a service or activity is delivering is more challenging. SROI is an approach to understanding and managing the value of these social, economic, and environmental outcomes. It is based on a set of principles that are applied within a framework. SROI is similar to cost-benefit analysis, in that it assigns a monetary value to outcomes, both positive and negative, thus enabling different activities to be compared in monetary terms. It is based around the following seven principles.

Principal	Details
<b>1. Involve stakeholders</b>	Understand the way in which the organisation creates change through a dialogue with stakeholders
<b>2. Understand what changes</b>	Acknowledge and articulate all the values, objectives, and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope
<b>3. Value what matters</b>	Use financial proxies for indicators to include the values of those excluded from markets in same terms as used in markets
<b>4. Only include what is material</b>	Articulate clearly how activities create change and evaluate this through the evidence gathered
<b>5. Do not over-claim</b>	Make comparisons of performance and impact using appropriate benchmarks, targets, and external standards.
<b>6. Be transparent</b>	Demonstrate the basis on which the findings may be considered accurate and honest and that they will be reported to and discussed with stakeholders
<b>7. Verification</b>	Ensure appropriate independent verification of the account

Table 1: Principles of SROI

## 1.5 About Helium Arts

Helium Arts is a national children’s arts and health charity supporting the social and emotional needs of children facing long-term medical conditions through arts-based projects in hospital, community, and public settings. Helium Arts seeks to empower children to take back control, connect with their peers, communicate their experiences in creative ways, support their psychosocial needs and enhance their overall health and wellbeing. Since their establishment in 2009, Helium Arts’ projects have supported over 4,000 children and their families nationally.

Helium Arts’ mission is to:

*Empower children living with illness through their creativity and the arts, inspiring those who care for them and supporting creative healthy environments.*

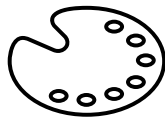
Helium Arts’ Vision is that:

*All children living with illness in Ireland are connected to their creative powers so they can live life to the full.*

Helium Arts’ values are:



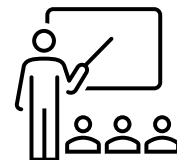
Childhood Wellbeing



Artistic Excellence



Collaboration



Learning

<p>Valuing a child’s right to a quality childhood, regardless of their health, respecting autonomy, and individuality.</p>	<p>Enabling artistic processes to ensure children are encouraged and inspired to continue their creative journeys into adulthood.</p>	<p>Listening to young people, families, artists, healthcare staff, and organisations, respecting and valuing their contribution.</p>	<p>Trying out new ideas, to innovate and invent. Evaluating projects, engaging in action-research, and sharing our learning.</p>
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### 1.5.1 The Creative Health Hub Model and Programmes

Supported by key partners and stakeholders, Helium Arts established and piloted the Creative Health Hub in Limerick and Cork in 2019. The Hub was the vehicle through which an arts and wellbeing programme called the Children's Creative Health Programme was delivered in University Hospital Limerick, Cork University Hospital and surrounding local urban communities. A pilot programme was also delivered in Dublin in 2019.

Within the Creative Health Programme families attending hospital outpatient clinics can meet Helium artists and volunteers and try out creative activities. Idle and anxious moments in the outpatient clinics are transformed through arts activities designed to foster creativity, playfulness, and a sense of calm. Children, young people, and their families are invited to learn more about and register for the Helium Arts' community programme which delivers creative activity camps and 6-8 weekly group workshops in libraries and cultural venues, for children aged from 6 - 18 years. On-site medical cover is provided so children can participate worry free, where children's medical needs will be attended to. Volunteers provide extra one on one support during the community workshops.

With the onset of COV-ID 19 in March 2020 which ceased all face-to-face engagement, Helium Arts designed the Distance Creates remote programme where Helium's team of artists created home based creative experiences in activity sheets which are e-mailed to participants with step-by-step guides. Distance Creates also includes activities such as working together on colourful collages, recreating famous masterpieces using items at home, crafting miniature film projectors, Post Pal collaborations and virtual sharing over the six-week period.

### 1.5.2 Funders

The Helium Arts Creative Health Hubs for the two-year period January 2019 to December 2020 were funded by Rethink Ireland, the Arts Council of Ireland, Limerick City & County Council, the JP McManus Charitable Foundation, the BNP Paribas Foundation, the Creative Ireland Programme, Cork University Hospital Arts Committee, the Hospital Saturday Fund, the Community Foundation for Ireland, and the National Lottery.

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## Section 2: Methodology

### 2.1 Introduction

In June 2020, S3 Solutions were commissioned by Helium Arts to undertake a SROI study of the Helium Arts Creative Health Hub. This section sets out the methodology adopted to deliver the terms of reference for the study and is informed by the following activity, carried out between June 2020 and January 2021.

### 2.2 Data Collection

A mixed method approach was adopted for data collection, capturing both quantitative and qualitative data. This included:

- Autumn and Winter 2020 Distance Creates remote programme participant postal and web-based survey, gathering 5 responses (8% response rate) from children of the 9-12 age group. A baseline survey was completed prior to participant's involvement and a follow up survey completed after their involvement.
- Autumn and Winter 2020 Distance Creates remote programme parental postal and web-based survey, gathering 45 responses. A baseline survey was completed by parents prior to their child's involvement and a follow up survey completed after their child's involvement.
- Findings from the Spring 2020 Distance Creates programme evaluation which were collated from the following data sources<sup>1</sup>:
  - Reflective survey gathering 7 responses from parents of children aged 6-8 years old and 11 responses from parents of 9–12-year-olds.
  - Semi structured, qualitative style interviews with 3 parents of children aged 6-8 years old, 4 parents of children aged 9-12 years old, and 3 parents of participants aged 13-18 years old.
  - Semi structured qualitative style interview with one participant aged 13-18 years old.
  - Reflective survey gathering responses from 2 participants aged 13-18 years old.
- Reflective web-based and postal survey capturing 19 responses (16% response rate) from parents of participants who engaged with the Helium Arts face to face programmes during the period January 2019 to February 2020.

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<sup>1</sup> Helium Arts Remote Programme Report July 2020



Semi structured interviews were undertaken with key stakeholders. A consultation framework was developed following an initial co-design meeting with Helium Arts, this preceded engagements with stakeholders which comprised:

- 4 x semi structured interviews with Health Professionals including: Hospital Medical Directors, Consultants, Social Workers and Nurse Managers.
- 6 x semi structured interviews with Health Sector Managers and linked stakeholders<sup>2</sup>.
- 5 x semi structured interviews were Artists who have worked on the Creative Health Hubs.
- 5 x semi structured interviews with Arts sector organisations.
- 6 x semi structured interviews with volunteers on the Creative Health Hubs.
- 4 x semi structured telephone interviews with Parents.
- 2 x semi-structured interviews with Patient Support Groups.

The interviews took place during the period September 2020 – January 2021, and, due to government restrictions relating to COVID-19, all meetings took place via zoom or telephone.

### 2.3 Data Analysis

Qualitative data analysis was conducted using thematic approaches<sup>3</sup>. Categories were developed, coded, and reduced. Survey data, researchers' observations and thematic data from interviews was cross referenced in order to identify emergent themes. Participant sampling and data collection continued until no new conceptual insights were generated and the research team felt they had gathered repeated evidence for the thematic analysis, thus reaching theoretical saturation.

### 2.4 Limitations for Data Collection & Analysis

The study had some limitations. It lacks independent verification from professionals of changes in the outcome areas of wellbeing and creativity. While pre- and post-engagement was possible with 2020 participants, this was not the case for the 2019 participants. The length of time that had elapsed between participation in the Helium Arts programme and completion of the evaluation survey for some was in excess of one year. The study did not have a control group to validate the attribution rate which may have reduced our ability to clearly establish how much of the outcome was due to other interventions. Community health professionals, although identified as a stakeholder, were not consulted as part of the study, and thus represent a further limitation.

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<sup>2</sup> HSE Community Healthcare Officers (CHO) Heads of Service. *Healthy Ireland, Social Inclusion and Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media Representatives.*

<sup>3</sup> Lewis-Beck, M. S., Bryman, A. & Liao, T. F. (Eds.) (2004). *The SAGE encyclopaedia of social science research methods (Vols. 1-3).* Thousand Oaks, CA: SAGE Publications

## 2.5 Stages of SROI

This SROI analysis is grounded in the principle of transparency in reporting the results and is based on the six stages of SROI evaluation.

Stage	Details
<b>Establishing scope and stakeholders</b>	It is important to have clear boundaries about what your SROI analysis will cover, who will be involved in the process, and how.
<b>Mapping outcomes.</b>	Through engaging with your stakeholders, you will develop an impact map, or theory of change, which shows the relationship between inputs, outputs, and outcomes.
<b>Evidencing outcomes and giving them a value</b>	This stage involves finding data to show whether outcomes have happened and then valuing them
<b>Establishing impact</b>	Having collected evidence on outcomes and monetised them, those aspects of change that would have happened anyway or are a result of other factors are eliminated from consideration.
<b>Calculating the SROI</b>	This stage involves adding up all the benefits, subtracting any negatives, and comparing the result to the investment. This is also where the sensitivity of the results can be tested.
<b>Reporting, using, and embedding</b>	Easily forgotten, this vital last step involves sharing findings with stakeholders and responding to them, embedding good outcomes processes, and verifying the report

Table 2: Stages of SROI

## Section 3: Literature & Policy

### 3.1 Introduction

This section combines a short review of the literature evidencing the impact of the arts in sustaining and improving health and well-being with an assessment of the alignment of Helium's work with current and emerging policy and strategy in Ireland.

### 3.2 Literature Review

In Ireland, there are 120,000<sup>4</sup> children and teenagers living every day with the long-term effects of illness with 11% of 9-year-olds<sup>5</sup> living with a long-term disease or disability. The Growing Up in Ireland Report<sup>6</sup> identified that children living with health conditions in Ireland often experience:

- Stigma associated with their condition
- Social isolation and loneliness
- Fewer quality friendships
- Disengagement from managing their conditions
- Wanting to be "normal"
- Depression/anxiety

The report promoted the idea that childhood years should be about fun, connection and looking towards a bright hopeful future as an adult but recognised that this is not the case for many children and teenagers living with long-term health conditions. On children's diagnosis of illness or long-term conditions, the primary focus tends to be on physical health.

While the caring for children's physical needs is essential, literature argues that without access to creative self-expression, children may not have the tools to develop problem-solving skills or create healthy emotional responses. It is suggested that nurturing creativity through arts can enhance coping skills that are necessary in difficult and stressful times (Reed et al., 2015<sup>7</sup>; Rosenblum, 2019<sup>8</sup>).

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<sup>4</sup> <https://helium.ie/about/our-impact/>

<sup>5</sup> <https://www.growingup.ie/pubs/No%204%20The%20Health%20of%209%20Year%20Olds.pdf>

<sup>6</sup> The national longitudinal study of children and youth in Ireland. It started in 2006 and follows two cohorts of children aged 9 years (Child Cohort/Cohort '98) and 9 months (Infant Cohort/Cohort '08).

<sup>7</sup> Reed, K., Kennedy, H. and Wamboldt, M. Z. (2015) 'Art for Life: A community arts mentorship program for chronically ill children', *Arts & Health*, 7(1): 14-26.

<sup>8</sup> Rosenblum, M. (2019) Health Benefits of Creativity for Kids with Chronic Illnesses. Available online at: <https://coachart.org/blog/health-benefits-of-creativity-for-kids-with-chronic-illnesses/> [Accessed on 24th January 2020].

Some of the outcomes reported in literature evidencing the impact of arts participation on health and wellbeing of communities and individuals include improved ability to cope, increased wellbeing, reduction in anxiety, increased social interaction, reduced stress, increased self-confidence and sense of self-worth, increased sense of hope and increased ability to connect with valuable parts of oneself (Jensen and Bonde, 2018, p. 209 & 210<sup>9</sup>).

While the literature is still scant on the social and economic values of these outcomes for children, some research is available in relation to the impact of arts participation on adults. The UK Arts on Referral project for adults in Pendle Leisure Trust, 2015<sup>10</sup> reported a 37% reduction in GP consultation rates and a 27% decrease in hospital admissions equating to savings of £216 per patient. This project generated a SROI of between £4 and £11 for every £1 invested in arts on referral.

The UK All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report<sup>11</sup> contained three key messages.

1. The arts can help keep us well, aid our recovery and support longer lives better lived.
2. The arts can help meet major challenges facing health and social care such as ageing, long term conditions, loneliness, and mental health.
3. The arts can help save money in the health service and social care.

It found that an improved environment, such as that produced by engagement with the arts, can help to redress the balance of life chances for children with long term conditions. For children, schools have primary potential for arts participation, via the national curriculum and extracurricular activities. At the same time, arts activities in the community can provide a welcoming non-school environment, which is particularly important for children and young people excluded from school for a variety of reasons. At all ages, it was found that the arts can have a beneficial part to play in recovery from illness and the management of long-term conditions (All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017, p.11<sup>12</sup>).

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<sup>9</sup> Jensen, A. and Bonde, L. O. (2018) 'The use of arts interventions for mental health and wellbeing in health settings', *Perspectives in public health*, 138(4): 209-214.

<sup>10</sup> Helium Arts Leaflet – Creativity Changes Lives

<sup>11</sup> All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) *Creative health: The arts for health and wellbeing*, All-Party Parliamentary Group on Arts, Health and Wellbeing.

<sup>12</sup> Ibid

Group acceptance and close friendships are critical to social and emotional wellbeing of children. Research published in the *Journal of Paediatric Psychology*, (2017)<sup>13</sup> shows that there is a correlation between children living with a long-term health condition and loneliness or social isolation. Children living with illness are more likely to feel excluded and lonely because they miss out on normal activities. They have lower quality friendships, fewer close friends and according to the *Growing Up in Ireland Report*, they can be stigmatised because they are sick and different.

There is growing interest in the benefits of arts participation for older people, including those who are cognitively impaired. Involvement in creative activities can increase motivation, a sense of competence or purpose, and improve attention, appetite, communication, and social engagement (Fisher & Specht<sup>14</sup>) Participatory arts have been found to lead to significant positive effects in the mental wellbeing, general health, and social functioning of older people (Cohen 2006<sup>15</sup>)

The World Health Organisation (WHO) scoping review<sup>16</sup> of the evidence on the role of the arts in improving health and well-being found that in the treatment and management of acute and long-term health conditions, the arts can support care by improving the experience of and outcomes for hospital inpatients and individuals in intensive care.

### 3.3 Policy Context

The stakeholder analysis for the Social Return on Investment (SROI) Study of the Helium Arts Creative Health Hub reflects impact across the Health, Social Inclusion, Community Development & Arts and Culture sectors in Ireland. The diversity of Helium’s funders also reflects this cross-cutting policy impact. There is congruence with Helium’s work and the *Healthy Ireland Framework 2019-2025* which sets out a roadmap for building a healthier Ireland based around four key goals:

- to increase the proportion of people who are healthy at all stages of life.
- to reduce health inequalities
- to protect the public from threats to health and wellbeing
- to create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.

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<sup>13</sup> *Journal of Pediatric Psychology*, Society of Pediatric Psychology, Oxford Academic

<sup>14</sup> B.J. Fisher, D.K. Specht, Successful aging, and creativity in later life. *Journal of aging studies*, 13(4) (1999) 457-472.

<sup>15</sup> G.D. Cohen, the creativity and aging study: The impact of professionally conducted cultural programmes on older adults, (2006).

<sup>16</sup><https://www.culturehealthandwellbeing.org.uk/news/blog/introduction-new-who-evidence-report-arts-and-health-daisy-fancourt>

### 3.3.1 Health

Ireland's National Children's Strategy, *Better Outcomes Brighter Futures*<sup>17</sup> has at its core, the aim to support all children to achieve five key outcomes illustrated in Figure 1. It integrates a whole-of-Government focus and emphasises the importance of shared responsibilities in achieving improved outcomes for children and young people. The strategy stipulates that Government investment in children will be more outcomes driven and informed by national and international evidence on the effectiveness of expenditure on child related services, with the aim of improving child outcomes and reducing inequalities.



Figure 1: Better Outcomes Brighter Futures

In February of 2019, the Children's Rights Alliance reported that 7,000 children were on waiting lists for community mental health and psychology support<sup>18</sup>. The HSE established the Child & Adolescent mental health service (CAHMS) to deal with children with severe and enduring mental health problems. The health and social care system and community and voluntary sector are working together to innovate in order to meet mental health needs of children and young people, developing community-based strategies through all government initiatives.

The New Paediatric Model of Care, the Healthy Ireland Framework and Slaintecare are all new national policies which demonstrates a new vision for caring for long term illness promoting integrated care between the hospital and community and closer to people's homes.

<sup>17</sup> The National Policy Framework for Children and Young People, 2014-2020, the new Framework for Children & Young People will be launched in 2021.

<sup>18</sup> [report\\_card\\_18.pdf \(childrensrights.ie\)](#)

*“The present healthcare delivery system evolved in response to the need to deliver acute episodic care for infectious diseases and was not designed to provide on-going care for complex chronic illness. The future direction should be to provide as much care as close to home as possible, and to achieve this we must strengthen both primary and community care of children and adolescents”. - A National Model of Care for Paediatric Healthcare Services in Ireland.*

*“Our demographic profile has changed, our life expectancy has risen, and premature mortality has reduced, but there is greater prevalence of chronic conditions.... Many of these conditions require preventative care and ongoing management, services that are generally better provided closer to home, in the community. However, the system remains overly hospital-centric, with hospitals representing the first port of call for many, while community-based care services are fragmented and underdeveloped. We need to fundamentally change the way we go about delivering care to our population”. - Slainte Care Implementation Strategy.*

The Helium Arts Creative Health Hub model is reflective of current healthcare policy and innovation, and in particular reflects the geographical mapping of the New Paediatric Model of Care with Dublin at the centre and the three regional hubs radiating out to Cork, Limerick, and Galway.

### **3.3.2 Rural Development & Disadvantage**

Helium’s Distance Creates remote programme has unlocked access to regional and rural communities reaching more children and young people with long term health conditions in rural areas than face to face programmes in urban areas. The remote programme therefore mitigates many of the challenges for children and young people accessing services in rural Ireland such as the costs and inconvenience of travel and poor public transport infrastructure. This is relevant to the government’s priority to improve the lives of those living and working in rural Ireland as set out in the Government’s Rural Development Policy<sup>19</sup>.

Helium’s commitment to engage children and young people from areas of socio-economic disadvantage in the Arts is consistent with the aims of the Area Based Childhood (ABC) Programme which seeks to break “the cycle of child poverty” within areas where it is most deeply entrenched and where children are most disadvantaged. Services and interventions delivered through the ABC programme include child development, child well-being, parenting, and educational supports.

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<sup>19</sup> [Rural Development Policy 2021-2025 - Our Rural Future](#)

### 3.3.3 Culture

Culture 2025 is a policy framework that defines the scope and sets the direction for Government policy in the whole cultural field. It sets out the current state of affairs in a broad range of categories across the cultural sector, the aspirations the Government has for those areas, and the Government's commitments to achieve those aspirations. Culture 2025 is underpinned by: the intrinsic value of culture; the value of arts, culture and heritage to our lives and our communities; the right of everyone to participate in the cultural and creative life of the nation; and the value of creativity to individual and collective wellbeing.

Creative Ireland Programme 2017 – 2022

The Creative Ireland Programme is the main implementation vehicle for the priorities identified in Culture 2025– a five-year all-of-Government initiative, from 2017 to 2022, which places creativity at the centre of public policy. It is a culture-based programme designed to promote individual, community and national wellbeing. The core proposition is that participation in cultural activity drives personal and collective creativity, with significant implications for individual and societal wellbeing and achievement. The Programme seeks to support each citizen - whether individually or collectively - to realise their full creative potential, by encouraging, facilitating, and supporting collaboration. Investments are focused on supporting direct engagement with creativity, as well as creativity as a way of engaging with broader societal issues.



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## Section 4: Establishing Scope & Identifying Stakeholders

### 4.1 Introduction

This section will establish the scope of the SROI study and identify the stakeholders who are most material<sup>20</sup> to the analysis.

### 4.2 Scope of Study

The scope of the study includes all of Helium Arts activity delivered in the period January 2019 to December 2020. To enhance understanding of this scope, a brief description of the programmes and outputs within the scope are offered in the subsequent sub sections.

#### 4.2.1 Cork Creative Health Hub

The Cork Creative Health Hub launched in January 2019 to support the creative development and well-being of children and teenagers living with health conditions. It is a collaboration with Cork University Hospital's Arts, Health and Wellbeing Programme and Cork Kerry Community Healthcare. By the end of 2019, the Hub had achieved the following:

In the hospital context

- 557 children engaged in creative activities through outpatients, through 167 artist/volunteer contact hours with the children over 36 days
- Of these children 208 were registered to the programme

In the community context

- 30 Workshop days, delivered with total of 72 hours contact time with children
- 3 blocks of weekly workshops, 6 monthly teen workshops, 1 four day teen camp
- 34 children participated in the community workshops, with 42 interactions, meaning that eight children participated in two blocks of weekly workshops, and one child participated in three blocks of weekly workshops
- 29 volunteers gave 276 volunteer hours, including social care and medical students

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<sup>20</sup> Materiality in SROI relates to the importance/significance of the change experienced by an individual or organisation resulting from a service or intervention.

#### In the stakeholder context

- 6 artists received training, mentoring, and shadowing opportunities
- 35 medical staff participated in two 'lunch and learn' talks presented by Helium Arts
- 29 community-based volunteers participated in 3 induction and training days
- 3 hospital-based volunteers participated in 3 training days and shadowing opportunities
- 17 third level students participated as volunteers in the community programme

The majority of long-term health conditions among participants in Cork were, diabetes, epilepsy, allergies, rare and complex diseases while 15% of participants had a learning difficulty or complex additional need. The ratio of boys to girls was 1:1.5, respectively. While the vast majority of this Hub's activity within the scope was delivered in 2019, just prior to the COVID-19 pandemic, in February 2020 the Cork Creative Health Hub facilitated a two-day camp over the midterm break for children, aged 6-8, in the mornings, and an older group, aged 9-12, in the afternoons.

#### 4.2.2 Limerick Creative Health Hub

The Limerick Creative Health Hub launched in January 2019 with support from University Hospital Limerick, community-based partners, and a cross sector advisory group of stakeholders. By the end of the pilot of 2019, the Hub achieved the following:

#### In the hospital context

- 1122 children engaged in creative activities through outpatients, through 271 artist contact hours with the children over 66 days
- Of these children 187 were registered to the programme

#### In the community context

- 38 Workshop days, delivered with total of 76 hours contact time with children
- 3 blocks of weekly workshops, 3 monthly open studio workshops, 1 three day Summer camp, and 1 teen taster
- 58 children participated in the community workshops, with 76 interactions, meaning that some children participated more than once, and some up to three times
- 7 volunteers gave 96 volunteer hours, including student volunteers

#### In the stakeholder context

- 6 artists received training, mentoring, and shadowing opportunities
- 30 medical staff participated in two 'lunch and learn' talks presented by Helium Arts
- 7 community-based volunteers participated in 3 induction and training days

The majority of long-term health conditions among participants in Limerick were, diabetes, epilepsy, juvenile arthritis, chronic asthma, rare and complex diseases while 15% of participants had a learning difficulty or complex additional need. The ratio of boys to girls in Limerick was nearly 1:1. While the vast majority of this Hub's activity within the scope was delivered in 2019, just prior to the COVID-19 pandemic, in February 2020, the Limerick Creative Health Hub facilitated a two-day camp during the mid-term break for children aged 9-12 in the morning and teenagers aged 13-18 in the afternoons.

#### **4.2.3 Dublin Creative Health Hub**

The Dublin Creative Health Hub pilot programme took place in partnership with the Irish Museum of Modern Art (IMMA). It was configured as 6 monthly open studios (for children and teenagers) between October 2019 and March 2020. There were 7 participants aged between 9-12 on the Children's Open Studio, all were new to Helium's programmes and had conditions including epilepsy, severe allergies, hydrocephalus, dyspraxia, and Autism spectrum disorder (ASD). There were 6 teenagers with epilepsy aged between 14-19 on the Teen Open Studio.

#### **4.2.4 The Remote Programme**

In spring 2019, Helium Arts piloted Seven Summer Stars, an online art project for young people with Cystic Fibrosis (aged 12-16) in partnership with Cystic Fibrosis Ireland (CFI), the Irish Museum of Modern Art (IMMA), Waterford Healing Arts Trust (WHAT) and An Cosán Virtual Community College. The project ran from March to May 2019 with 7 participants, all of whom were girls.

In response to the COVID-19 pandemic, in May 2020 Helium Arts pivoted the Creative Health Hubs and developed the Distance Creates remote programme. This offered a remote based solution to engaging children and young people living with long term health conditions and who were shielding due to the ongoing COVID-19 pandemic, with the arts and each other. The programme engaged 145 young people aged 6-18 from across 21 Counties. The programme was delivered three times over a period of 6 weeks in spring, autumn, and winter 2020 and provided weekly, age-appropriate activity sheets to children via e-mail, surprise postal drops and online family sharing. Each of the programmes also included a Post Pal exchange whereby participants sent and received art activities to and from one another. Distance Creates was free of charge for all participants.

### 4.3 Stakeholder Analysis

Understanding how a service or organisation creates change is central to the SROI stakeholder analysis. The Helium Arts Theory of Change (see Figure 2) references a range of desired outcomes for children and young people encompassing personal development, participation in society and health and well-being. It is evident that the participant child or young person is the primary stakeholder of the Helium Arts Creative Health Hub.

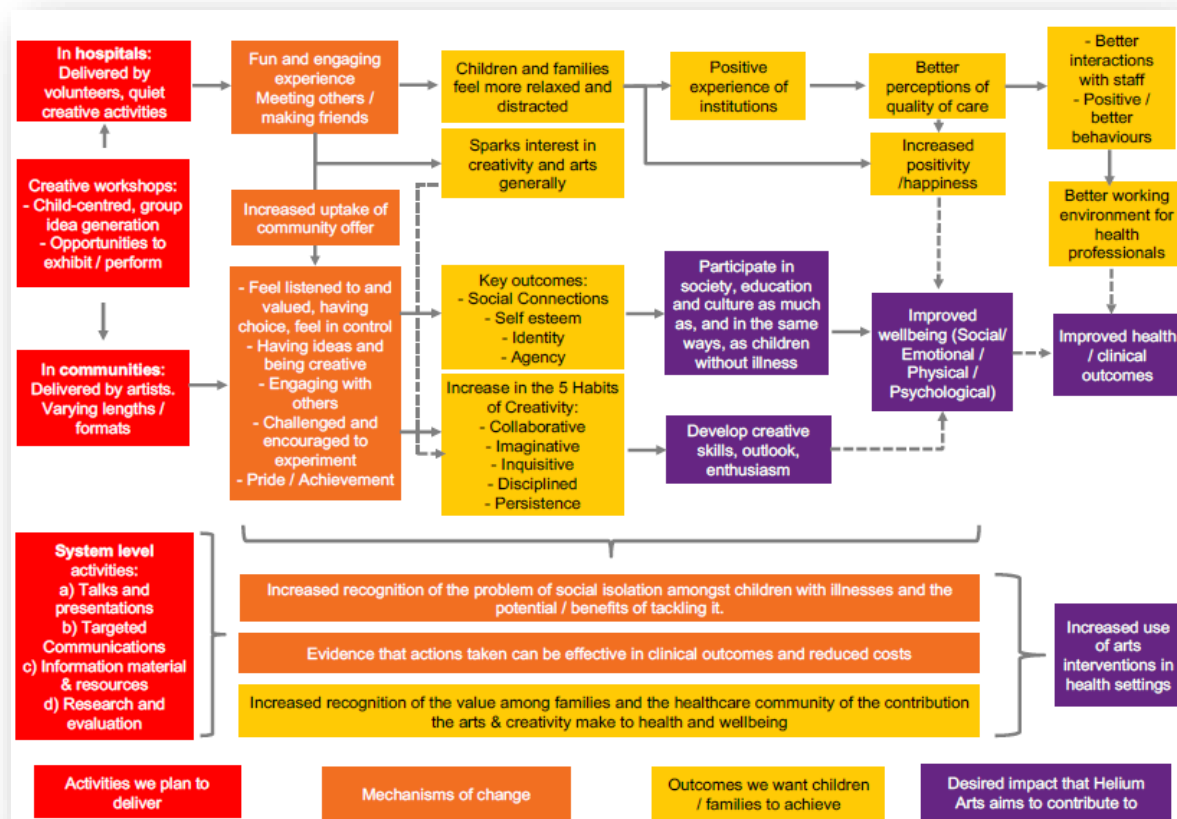


Figure 2: Helium Arts Draft Theory of Change Model

Family outcomes are also included in the context of feeling more relaxed and distracted and having a greater appreciation of the value of the contribution that arts and creativity can make to the health and well-being of those with long term health conditions. This enhanced appreciation and understanding is also cited as an outcome for the healthcare community.

Improved health and clinical outcomes for patients and better working conditions for health are positive changes envisaged for health professionals. Evidencing these improved clinical outcomes could lead to cost savings and reduced dependence on the health service for those living with long term health conditions.

The increased recognition of the problem of social isolation amongst children with illnesses and the potential benefits of tackling it can be viewed as both a health sector related and wider societal outcome. The stakeholder analysis articulated in Table 3 (overleaf) was agreed in consultation with Helium Arts and includes stakeholders not included in the Helium Arts Theory of Change namely, Volunteers, Artists, the Arts Sector and Patient Support Groups.

Stakeholder	Desired Outcomes
Helium Arts Creative Health Hub Participants (Children & Young People aged 6-18)	Reduced Isolation, Improved Health & Well-Being Increased Independence Improved Creativity (creative skills) Improved Resilience to cope with long term health condition
Family	Less Stressed Family Improved Family Relationships Greater Independence as a Family Improved Family Resilience & Stronger Family Identity
Health Professionals	Reduced Caseload leads to Reduced Stress. Improved Access to Support leads to Improved Job Satisfaction
Health Sector	Reduced Costs Improved Efficiency & Effectiveness Improved Collaboration with the Arts & Community Sectors, Improved Public Trust & Confidence
Arts Sector	Improved Access to Financial Opportunities Greater Creativity / Skills in the sector More diverse participation in the Arts Sector
Patient Support Groups	Access to effective supports to manage long term conditions
Artists	Improved Independence (Income) Greater Recognition of the role of art for health leads to improved opportunities for artists
Volunteers	Improved Confidence & Self Esteem Improved Skills to Support People with long term health conditions Improved Sense of Connectedness

Table 3: Helium Arts Stakeholder Analysis

## Section 5: Evidencing & Valuing Outcomes

### 5.1 Introduction

This section explores the available data to evidence the outcomes that occurred for which stakeholder group as per Table 3.

### 5.2 Participants

This study was able to access outcome data from the on-going evaluations of the Helium Arts Creative Health Hub programmes. These evaluations examined both well-being and creativity outcomes for the children. Evidence based methods were used to measure well-being attributes including children’s mental, emotional, and social aspects of well-being. Well-being was measured by using items from both the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS) and The Standardisation of the Stirling Children’s Well-being Scale SCWBS Report. Improvements in mood, making choices and relaxation were reported and though each constitutes an outcome in itself, in the context of this SROI study they will be used to evidence improved well-being for which we will assign a financial proxy.

*‘Yes, I think the fact that he had contact with other people and passed it on and receiving a letter from somebody else made him feel a lot better about being at home; there is other people out there too.’ (Parent Feedback)<sup>21</sup>*

*‘My mental health hasn’t been great the last few months because there’s been a lot of medical stuff happening. But doing the art and stuff has been a good distraction for when I need a distraction for everything going on in my head or everything going on around a lot of changes and stuff.’ (Participant aged 13-15 years old)*

*We loved it we found it helping us when we are bored, it’s an amazing programme and we felt it was a huge help with our time, it was a great program. (Distance Creates Participant aged 9-12 years old)*

*I enjoyed it a lot, although I had a lot of homework it was relaxing and allowed me to have time for myself while doing the art. I needed it a lot (Distance Creates Participant aged 9-12 years old)*

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<sup>21</sup> Helium Arts Remote Programme Report July 2020

Creativity was measured by using the five Habits of Creativity put forward by Lucas (2016)<sup>22</sup>, which is derived from the idea that habits of mind, or dispositions, are ways of thinking and acting, which people typically adopt when learning and living. Lucas' model encompasses five dispositions or habits of mind believed to be at the core of creativity: Persistence, Discipline (Focus), Imagination, Inquisitiveness (Curiosity), and Collaboration.

While each habit could represent an outcome, to avoid duplication and double counting, each were measured as indicators of improved creativity which is the outcome that we have assigned a financial proxy to.

*'It definitely gave him different things to do. New things, new ideas, new creative ventures for him; it's certainly broadened his horizons a bit with the art.'* (Parent of Distance Creates remote programme participant)

*What we've been doing, it's not the normal style of art that I would be doing. So, it's got me doing different things which has been really nice because I've been creative in a different way.'* (Distance Creates participant)<sup>23</sup>

*"New ideas learned encourages them to have to use those ideas at home."* (Parent of creative health hub participant)

*"Imagination. Trying new things that previously wouldn't have for example arts and crafts, photography."* (Parent of Creative Health Hub participant)

The SROI study methodology included the co-design with Helium Arts of a retrospective survey for parents to explore the outcomes accrued by their children through participation in the Creative Health Hubs and the Distance Creates Remote programme. In addition to improved health and well-being and creativity outcomes, parents noted that their children had benefitted from reduced isolation and improved capacity to deal with their condition.

*"He was very pleased not to be the only child with a condition and to see how well everyone was able to manage"* (Parent of creative health hub participant)

*"He identified that other children had much worse conditions to deal with and he was not alone"* (Parent of Creative Health Hub participant)

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<sup>22</sup> A Five-Dimensional Model of Creativity and its Assessment in Schools – Bill Lucas University of Winchester 2016

<sup>23</sup> Helium Arts Remote Programme Report July 2020

*“He now understands that he isn’t the only person with his condition and that helped his anxiety” (Parent of Creative Health Hub participant)*

*“Knows that he is not alone and loves that he has friends that are sick like him” (Parent of Creative Health Hub participant)*

*“He had no interest in making new friends until Helium Arts. He still talks about them.” (Parent of creative health hub participant)*

### 5.3 Family

The stakeholder analysis identified the family unit as a material stakeholder and questions were framed within the survey to elicit evidence of impact. 47% of parents who responded to the reflective survey indicated the programme improved relationships within their family. Parents who noted improvements in their family relationships identified that they either do more art or get creative together, discuss different ideas, mix better, and that there are better sibling relationships. They also noted that their child is happier now which makes them happy.

53% of parents who responded to the reflective survey indicated the programme improved the resilience of their family unit. Parents who noted improvements in the resilience of their family unit explained that the programme provided opportunities to engage with other families and the hospital in a positive way and that their family environment was more positive as a result of the CHH.

Respondents also explained that the programme has improved their child’s resilience through exposure to others with similar health issues and helped them to have more conversations as a family. Parents also noted that they are less stressed, more aware that their child’s illness should not hold them back and better able to redirect their child’s negative feelings through the arts.

The evaluation team undertook in-depth interviews with four parents which re-enforced the outcomes already included for both the participants and the family unit.



Parent Feedback:

*“The activities were so creative, they were unbelievable. It went far beyond any art activity I could do at home. Every day he attended or participated he was so excited by what he had done. My son loves art, he has arthritis and lupus and this activity with Helium Arts enabled him to use his hands. Kind of like physiotherapy without him realising. It is so difficult to get him to sit and do physiotherapy exercises on his hands for 5 minutes, but with the art, he enjoys it so its indirect therapy. He can now write up to 6 sentences without needing a break. Before this, he couldn’t manage one sentence.*

*The activity also involves a group of children who have a mix of disabilities. It improved their ability to recognise that their disability doesn’t mean they can’t be included. My son met a girl at the group who lives in a village nearby, they got to know each other.*

*I also attended the activities in the community setting and met other parents. We often met up for a coffee whilst they (the children) were engaging in activity and shared stories with one another about our children’s conditions. I found out one of the parent’s child attends hydrotherapy sessions also like my son. These appointments are in Dublin and we live in Limerick and we have been able to offer each other lifts to attend these sessions rather than both families making the trip.”*

## 5.4 Hospital Health Professionals

In-depth interviews were undertaken with four Hospital Health Professionals including: Hospital Medical Directors, Consultants, Social Workers and Nurse Managers. All were instrumental in introducing the Helium Arts programme in the hospital setting and highlighted that the activities had helped to stimulate a positive 'feel good' factor in the outpatient waiting rooms which was not present previously. The seamless and discrete fashion with which the artists delivered the activities in what are often crowded waiting areas resulted in no interruption to the delivery of the clinics which was critical for the endorsement of hospital senior management.

All of the contributors felt that the hospital-based programme provided a more pleasant working environment for them. Witnessing a relaxed patient presenting for their consultation did highlight to them the importance of mood and positive mindset in helping children and young people deal with long term health conditions. Within the wider professional staff in the hospitals, interviewees reported the effectiveness of the Creative Health Hub in demonstrating that health improvement is about more than treatment.

*"The artists helped to transform the hospital waiting area into a happy place for the children where they could enjoy the art and take their minds off the appointment."*

*"The artists were able to work in a small space in the waiting area, they were very discrete, and you wouldn't really notice that they were there, after doing the art, the children came into their appointments with smiles on their faces and were totally relaxed".*

*"I had learned from research that the arts could make a positive difference in a hospital environment, so I was happy to facilitate the Helium Arts programme in the hospital. It has helped the children to relax in what can be difficult setting for them".*

## 5.5 Health Sector Managers & Linked Stakeholders

Six semi-structured interviews were carried out with Health Sector Managers and linked stakeholders including: Health Service Executive (HSE) Community Healthcare Office (CHO) Local Authority Healthy Ireland & Social Inclusion, Children and Young People's Services Committee, the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media.

A key outcome from the delivery of the programme was the connections facilitated across community healthcare services, the hospitals in Dublin, Cork, and Limerick, HSE CHO's, Local Authority Culture & Arts Departments and patient support groups. This collaboration was noteworthy and of value to these stakeholders not just in terms of the Helium Arts activities but also the potential for future collaboration on cross cutting departmental policy issues.

Interviewees highlighted that health policy in Ireland has traditionally been clinically driven, however with the advent of Slainte Care and its core purpose to transfer services where possible out of acute hospitals and delivery in the community, there are opportunities for the further expansion of Helium Arts activities. The Creative Health Hub represents the integration of the acute hospital and community sector where a child/young person with a long-term health condition is signposted from the outpatient unit to one of Helium's community programmes.

*“The programme has benefits for health, culture, social inclusion while the on-line aspect opens it up people in rural areas. It also has relevance for the local authority funded creative teams”.*

The consensus among these key informants was that there was insufficient evidence available currently to point towards improved clinical outcomes for participants that might ultimately lead to healthcare cost savings through less hospital and GP appointments and reduced dependence on medication. (See Recommendation 7.2.2) Contributors referenced the alignment with Social Prescribing and the potential for GPs to refer to the Creative Health Hub as part of the Social Prescribing Programme.

## 5.6 Volunteers

Six semi-structured interviews were undertaken with Creative Health Hub volunteers. Some had volunteered in the Dublin Creative Health Hub pilot in the Irish Museum of Modern Arts; others had been in the hospital outpatients with some also working on the weekend camps. Outcomes reported were:

- Improved personal development (Confidence, Motivation, Inspiration)
- Improved employability/ career development - Enhanced their CV and career prospects.
- Improved skills working with children in this setting and with long term health conditions.
- Improved connectedness with their local community.
- Improved mental health.

One volunteer had previous experience as a social worker and working with children with mental health illness and had volunteered with the Creative Health Hub to gain more specific skills and understanding in the area of children with long term health conditions. The experience provided sufficient confidence to enable the volunteer to pursue this career specialism.

A retired paediatric nurse volunteer wanted to go back and work with children in an outpatient setting and had also completed a course in art college. The opportunity with Helium Arts engendered a new purpose in the life for this volunteer post retirement enabling them to maintain friendships and connections in the hospital whilst pursuing their passion for Art.

Another volunteer had recently completed studies in fine arts and wanted to pursue a career in working with children and, following their involvement with Helium Arts, was considering hosting a ceramics workshop locally. The confidence accrued from their volunteering experience was crucial in these considerations.

Positive mental health and well-being was cited as a key outcome for some volunteers with one indicating that the experience negated the need to visit their GP for mild mental health related issues.

One volunteer who is retired and is also a grandparent intends to use the skills acquired through the volunteering experience with their grandchildren who are interested in Arts. Another volunteer who participated in the community-based projects reported increased fulfilment, pride, and empowerment from being involved in a local initiative.

A volunteer who works in the corporate sector had been seeking an opportunity for some time that would stimulate their interest in Art but also fulfil their want to give something meaningful back to society. *“I work in finance and have an interest in the arts and helping children with barriers to improve their lives. This volunteering opportunity met all of my checklist for volunteering, I got so much out of it and would love to volunteer again with Helium Arts”.*

## 5.7 Artists

Semi-structured interviews were carried out with five artists who worked in the CHH, some were directly employed by Helium Arts while others were commissioned in a sessional capacity. Locations 'worked in' varied between the hospital and community settings.

It was evident that the Artists had derived considerable professional development from this work. Improved ability to connect with a network of practitioners, forging new relationships and establishing innovative methods of working within the hospital were referenced in addition to resource planning, participant engagement, volunteer management and communications.

*"I really enjoyed the work, particularly the contact experience with the children and young people in community settings. There were so many highlights for me in the experiences we had together. It felt truly transformative which is what I strive towards in my practice but requires a supportive infrastructure to accomplish".*

One interviewee pointed to the welcome stream of work during COVID-19 and the learning accrued from delivering the programme remotely and the range of tasks and collaborations involved.

*"During COVID, there was good consistent work, really beneficial learning to deliver remotely – zoom meetings, communication, large number of kids, budgeting, materials, organisation, keeping in touch with parent etc. Produced a book and got to work with a designer – lots of learning and collaboration".*

While Artists had experience of working with adults and children with special needs to some extent, they found working with children with long term health conditions a very rewarding experience. It stimulated, for the Artists, an increased awareness of the positive impact of the arts in coping with long term health conditions.

While recognising that they could acquire some equivalent experience with other Arts based organisations, the interviewees highlighted the innovation and uniqueness of programmes offered by Helium Arts and the access that they have to hospital and community settings.

*"There are many factors that make Helium Arts unique not least the influence that the Artistic Director has had on shaping it in terms of her nature, her vision and her values. There are challenges with how health services are managed and how art is supported, however Helium Arts are offering the absolute best in terms of available programmes in Ireland".*

The Artists highlighted the opportunities for Helium Arts when the new children's hospital opens in Dublin.

## 5.8 Arts Sector

Semi-structured interviews were facilitated with representatives from art galleries, museums of modern art, community-based arts organisations, and local authority arts offices. The primary outcome for all was the access that the Helium Arts Creative Health Hub afforded them to engage with groups they typically would struggle to reach in terms of socio-economic background, health reasons and geographic location. Engaging with these harder to reach groups brought a greater diversification to their work which would not have been possible without the Helium partnership.

There was also learning for the arts organisations from their Helium collaboration in that delivering to the Helium cohort is not akin to a traditional art workshop. Contributors highlighted the need to adapt, avoid stigmatization and be responsive to the issues presenting for those with long term conditions. *“All of this is normal for Helium and they are brilliant at it.”*

The ultimate benefit that the arts sector organisations hoped would prevail was the long-term participation in arts of children and young people with long term health conditions. Helium have successfully mitigated the traditional barriers for engagement with their tailored non-stigmatised approach and have improved access for families from disadvantaged areas which is a demographic profile that the arts sector has previously struggled to engage.

## 5.9 Patient Support Groups

Semi-structured interviews were held with representatives from two patient support groups supporting children with juvenile arthritis and epilepsy. Both highlighted that the Helium Arts Creative Health Hub provided children with long term health conditions with an outlet to communicate what they were feeling through art. They also emphasized that as the participant progressed in the CHH, and *“began to feel part of something”*, the pictures that they created symbolized happiness, connections with their peers, being at ease and feeling safe. Both felt that this has helped with the child in their healing and acceptance of their condition.

The contributors highlighted that the older participants reported improvements in concentration as a result of participation in, this in turn helped them to forget about their pain. The Creative Health Hub is effective in mitigating the pain and discomfort of the weekly injections for those with Juvenile Arthritis. *“They get their injections on Friday and do the Helium Arts on the Saturday which gave them something to look forward to which helped them to forget about the pain”*.

For those with epilepsy, drawing and taking part in film and puppet workshops enabled the participants to open up about their condition and communicate their feelings to their peers which engendered a sense of connection and commonality with others with epilepsy.

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## Section 6: Calculating the SROI

### 6.1 Introduction

Having identified and categorised the stakeholders, and the outcomes most relevant for each, this section will calculate the SROI through the application of materiality, estimation of proxy costs, and consideration of deadweight, displacement, attribution and drop off.

### 6.2 Materiality

In line with guidelines for conducting SROI analysis, an outcome was defined as material when it, was relevant to and consistent with the scope of the study and when it was significant in that it could influence decisions and inform good practice and critically, when it could be evidenced. Throughout the stakeholder engagement, we have sought to collate evidence for the desired outcomes as per the Helium Arts stakeholder analysis in Section 4. We found that the desired outcomes pertaining to the Health Professionals and the Health Sector in relation to reduced caseloads and stress, improved access to supports, reduced costs, improved efficiencies, and public perception while material could not yet be robustly evidenced to merit valuation. Table 4 presents the outcomes that are valued as part of the SROI calculation. The impact map in appendix 1 illustrates the outcomes valued for each stakeholder group and the number (%) within each stakeholder that benefitted from this outcome.

### 6.3 Monetisation

The total amount invested by the funders of the programme was €340,000 which was agreed as the final input figure.

For each stakeholder outcome, the cost of an alternative activity that would have led to the same outcome (a proxy cost), was selected through discussion between the evaluation teams and stakeholders and with reference to research evidence. The objective in proxy selection was to identify the best available alternative approach to achieving a similar outcome.

A robust proxy requires evidence of effectiveness and of cost and must be recognised as a realistic activity for stakeholders to undertake. We used a combination of data sources for the proxy estimation including the HACT Social Value Bank and the costs associated with services and interventions to achieve similar outcomes sourced from desk review and experiential learning. Many were valued in pounds sterling and were converted using the current exchange rate to Euro<sup>24</sup>. Table 4 sets out a full explanation of the financial proxies used.

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<sup>24</sup> As of February 19<sup>th</sup>, 2021 - £1 to 1.16 Euro

Stakeholder	Outcome	Qty	Proxy	Value €	Proxy Value
Creative Health Hub (CHH) Participants	Reduced Isolation	105	Cost of Attending a social group for aged under 25 for 12 months = £2300, assuming a 6- week intervention = £265, 307.5 Euro	29,058	HACT Social Value Bank
CHH Participants	Improved Wellbeing	105	Cost of attending a play therapist at £90 per session x 6 sessions = £540., 626 Euro	59,157	Play Therapy Base
CHH Participants	Improved Creativity	117	Artist Fee = £142 per 1/2-day session x 6 sessions £852, 988 Euro	115,596	Artists Union England
CHH Participants	Improved capacity to cope with condition	80	Child Counselling Course @£50 per session x 6 sessions, £300., 348 Euro	25,056	Relate.Org
Distance Creates Remote Participants (RP)	Reduced Isolation	60	See Proxy 1 - Assuming a 3-week intervention with less opportunities to connect compared to face to face £132, 153 Euro	8,262	HACT Social Value Bank
Distance Creates RP	Improved Wellbeing	65	Cost of attending an online youth session., €35	2,047.5	Youthwork Ireland
Distance Creates RP	Improved Creativity	42	Cost of hiring an artist for an hour x 6 sessions £240, 278 Euro	11,676	Artists Union England
Distance Creates RP	Improved capacity to cope	35	Cost of 1 child counselling course £50, 58 Euro	1,827	Relate.org
Outpatients	Improved Wellbeing	1277	Play therapist per session x 1 session per child., £90, 104 Euro	162,760	Play Therapy Base
Outpatients	Improved Creativity	408	Artist fee @£40 per hour x 1 hour, 46 Euro	18,768	Artists Union England
Families CHH	Stronger Family Unit	58	Average value reported by parents via questionnaire	35,809.2	Survey Data
Families DCRP	Stronger Family Unit	73	Average value reported by parents via questionnaire	21,170	Survey Data
Volunteers	Personal Development	30	NCFE CACHE L 3 in Supporting Teaching and Learning =£569, €660	18,480	NCFE CACHE- Open Study College
Volunteers	Improved skills	37	NCFE CACHE Teaching Assistant & Special Education Needs L 3 = £649, 753 Euro	26,355	NCFE CACHE – Open Study College
Volunteers	Improved Mental Health	37	Community Counselling session x 1 session., £30., 35 Euro	1,225	Links Counselling Service
Volunteers	Improved Connectivity	30	Social Value Bank = £2252, 2612 Euro	73,136	Social Value Bank
Artists	Improved skills	7	Training Course working with children with long term health conditions, €1160	6,960	Interview data
Health Sector	Improved collaboration	1	External consultancy to deliver equivalent outcome, 30,000 Euro	30,000	Collaboration Ireland
Arts Organisations	Increased access to new audience	6	Cost to each organisation to deliver similar type of activity to this cohort of individuals	18,000	Interview data
Patient Support Groups	Reduced costs	25	Helium Arts alleviated the requirement to provide hydrotherapy sessions for 25 families @250 per 6-week programme	6,250	Interview data

Table 4: Application of financial proxies



## 6.4 Discounting

In order to calculate the SROI ratio, the deadweight, displacement, attribution and drop off were considered for each of the outcomes achieved.

### 6.4.1 Deadweight

The assessment of deadweight is framed around the question: 'What would have happened anyway?' In order to estimate the percentage of the outcome that would be achieved in the absence of the Creative Health Hub, discussions on alternative activities available to participating stakeholders were facilitated. The consensus was that given the specialist nature of the art and creative interventions, it was unlikely that participants would have been able to access alternative activities to accrue any of the health and well-being or creative outcomes derived from the Creative Health Hub.

Lack of accessibility to alternative programmes for volunteers, artists and the arts sector was further compounded by COVID-19 which became established in March 2020. There was no evidence that the opportunities for the Health Sector to collaborate with other government departments overseeing Arts, Culture & Community development would have been available through an alternative programme. With due consideration to alternative activities available, zero deadweight was applied to the calculations.

### 6.4.2 Displacement

Displacement relates to the question: 'Were there any activities with the same outcome displaced by the interventions of the CHH?' Contributors agreed that there was no displacement of other activities arising from of arts activities in, the hospitals, the community and on-line. Stakeholders self-validated that that they were not missing interventions and supports from other arts-based organisations when engaging with the Helium Arts Creative Health Hub.

### 6.4.3 Attribution

Attribution speaks to the question: 'Who else contributed to the achievement of the outcome?' The input of the artists and volunteers is fully factored into the investment figure of €340,000 so no attribution can be claimed by these stakeholders. There was some evidence that participants, predominantly in the 2019 face to face programme, did participate in school and scout-based activities in the three-month period prior. We therefore attributed a 10% value to the contribution of others to the achievement of participant outcomes.

#### 6.4.4 Drop Off

Drop off responds to the question: ‘How much of the outcome is lost in the years post involvement? Given the relatively short interventions in the outpatient clinics and the six-week face to face and remote programmes it was felt that the outcomes would not sustain beyond one year. This was reflected in the 100% drop off figure by the end of Year 1 hence negating the need for forecasting value accrued in subsequent years and mitigating risks associated with over claiming.

### 6.5 SROI Results

We multiplied the cost of the financial proxy by the number of stakeholders experiencing the outcome and subtracted where deemed necessary a percentage of deadweight, attribution, and displacement. We repeated this for each stakeholder group and added up all the impacts to derive the total impact of the outcomes.

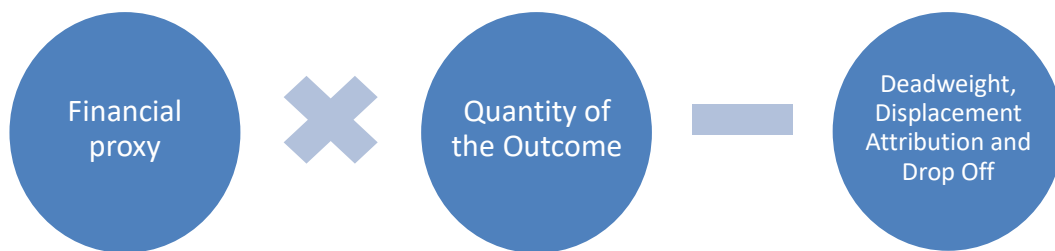


Figure 3: Calculating the SROI

The Helium Arts Creative Health Hub over the two-year period 2019-20 generated a social value of €1: €1.98. This is based on a Total Present Value of €671,593.45 created against the input of €340,000. The calculations applied financial proxies to thirteen outcomes for seven material stakeholder groups evidenced through the primary and secondary research. Value accrued per stakeholder is presented in Table 5.

<b>Stakeholder</b>	<b>Social value €</b>	<b>% of Total Value</b>
<b>Creative Health Hub Participants</b>	<b>€434,208</b>	<b>64.65%</b>
<b>Families</b>	<b>€56,979</b>	<b>8.48%</b>
<b>Volunteers</b>	<b>€119,196</b>	<b>17.75%</b>
<b>Artists</b>	<b>€6,960</b>	<b>1.04%</b>
<b>Health Sector</b>	<b>€30,000</b>	<b>4.67%</b>
<b>Arts Organisations</b>	<b>€18,000</b>	<b>2.68%</b>
<b>Patient Support Groups</b>	<b>€6,250</b>	<b>0.93%</b>
<b>Total</b>	<b>€671,593</b>	<b>100%</b>

Table 5: Social Value by Stakeholder

We ran sensitivity analysis to test the sensitivity of changes in the assumptions to the calculations. The sensitivity analysis indicates that, when some of the values are decreased, the SROI ratio does not fall below 1.:1.70. For example, if we consider a deadweight rate of 15% for all the outcomes for the Creative Health Hub participants, the study will report a calculation of 1:1.73. This falls within the threshold for sensitivity (+or- 25%)

## Section 7: Discussion & Learning

### 7.1 Introduction

This section will discuss and summarise the SROI study and reflect on some key learnings.

### 7.2 Summary of SROI Results

We estimate that the Helium Arts Creative Health Hub returned **1.98** times the initial investment in the outcomes that it delivered for its stakeholders. As illustrated in Section 6, Table 4, and the impact map (appendix 1) 1277 (61%) children and young people who participated in Helium Arts activities in the outpatient department of Cork University Hospital and University Hospital Limerick experienced improved well-being and 408 (20%) benefitting from enhanced creativity. These impacts were derived from a short session in the waiting area with a Helium Artist are relatively short term and have been valued accordingly in the SROI calculations.

When signposted to the six- week programme in the community, 105 (90%) children experienced reduced isolation and improved wellbeing with 117 (100%) benefitting from improved creativity and 80 (68%) enhancing their capacity to cope with their condition. For those that participated in the Distance Creates Remote Programme, 60 (41%) experienced reduced isolation, 65 (44%) had improved well-being, 42 (29%) showed greater creativity while 35 (24%) demonstrated an improved capacity to cope with their condition. Cumulatively the Creative Health Hub participants accrued in excess of **€434,208** of social value accounting for over 64% of the total value calculated. They are in social value terms the primary stakeholder.

Of the 46 volunteers who participated in the Helium Arts Creative Health, 30 (65%) experienced enhanced personal development and improved connectivity to their social circle and community. 37 (80%) reported that the learning opportunities afforded to them had expanded their skill set in working with children with long term health conditions and 37 (80%) also indicated that the Creative Health Hub had a positive impact on their mental health. The benefits accrued by volunteers as a result of their involvement accounted for just under **18%** of the value generated.

73 (50%) families whose children participated in the Distance Creates remote programme reported a stronger more resilient family unit due to improved relationships and a greater understanding of their child/ sibling's long term health condition. 58 (50%) families whose children engaged with the Creative Health Hub face to face programme also noted that their family unit was stronger due to the peer support network and opportunity to connect with others in a similar situation.

Parents whose children were involved in the Creative Health Programme placed a higher value on the outcomes achieved for their family compared to parents whose children were involved in the Distance Creates programme. This is reflected accordingly in the financial proxies. Family related outcomes accounted for just over **8%** of the total social value generated. (See Recommendations)

Improved skills and opportunities for artists, access to new audiences for arts sector organisations and reduced costs for Patient Support Groups accounted for over **4%** of the value generated. The benefits to the Health Sector of the collaboration with other Government Departments through the Helium Arts Creative Health Hub were highlighted and valued at **4%** of the total SROI value.

### 7.3 Remote Programme vs Face to Face Programme

Despite the congruence between the outcomes achieved for children who participated in the face-to-face programme and children who participated in the remote programme, the extent of and value placed on these outcomes for this SROI study differs considerably. For example, more parents of children who participated in the face-to-face programme reported that their child benefitted from reduced isolation (90% vs 41%), improved wellbeing (90% vs 44%), improved creativity (100% vs 29%) and improved capacity to cope (68% vs 24%). Furthermore, the average value of the programme identified by parents whose children participated in the remote programme was €290 compared to an average value of €686 for those parents whose children participated in the face-to-face programme.

Due to the face-to-face nature of the Creative Health Hub, there was greater potential for social connectivity among participants and more opportunities to discuss their condition with peers who are experiencing similar circumstances. This may explain why more parents whose children participated in the face-to-face programme noted that their child had benefitted from improved wellbeing, reduced isolation, and improved capacity to cope than those parents whose children participated in the remote programme.

In addition, the remote programme evaluation highlighted that whilst there was evidence that the programme made a positive impact on participants wellbeing, isolation and coping skills, the COVID-19 pandemic added varying degrees of complexity to participant's lives therefore this may explain why such outcomes were accrued to a lesser extent than the face-to-face programme. Moreover, the remote programme evaluation noted that many of the participants were already curious and creative or had an interest in art activities which may explain why improvements in creativity were not noted to the same extent as the face-to-face programme.

While participants of the remote programme experienced wellbeing, creativity, coping and connectivity outcomes to a lesser extent than those involved with the face to face there were limited to no other alternative opportunities for children living with long term health conditions to achieve such outcomes elsewhere; COVID 19 significantly reduced the availability and accessibility of other support services and social or creative opportunities.

Furthermore, the Distance Creates remote programme successfully increased the reach of Helium Arts programmes across Ireland. A total of 145 participants across 21 counties in Ireland were engaged, representing over 25% more children and 17 more counties than urban based programmes delivered by Helium Arts during the same period. In addition, 70% of participants resided in rural regions compared with 10% of participants who accessed Helium Arts face to face programmes.

Despite delivering outcomes to a lesser extent than the face-to-face programme, the remote programme offered participants and their parents greater flexibility and convenience. It removed the need to travel and enabled parents and children to fit art activities in with existing schedules, all from the comfort of their home. It also offered a suitable method of engagement for children and young people who found social situations challenging. As a result, it removed access barriers for children and young people living with long term health conditions, who reside in rural locations, who do not have access to transport, whose parents have work or have other commitments or who are uncomfortable in social situations.

Lastly, it is important to note that although families who had participated in either the remote programme or face to face programme benefitted from having a stronger family unit, they provided different reasons for this. Parents whose children participated in the remote programme reported a stronger more resilient family unit due to improved relationships and a greater understanding of their child long term health condition while families whose children engaged with the face-to-face programme noted that their family unit was stronger due to the peer support network and opportunity to connect with others in a similar situation.

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## Section 8: Recommendations

### 8.1 Introduction

The following recommendations are offered for consideration.

### 8.2 Embedding SROI

A positive ratio of 1.98: 1 has been evidenced through this study. We would recommend that Helium Arts continue on their journey of impact measurement by further embedding SROI principles and data collection in the evaluation of their work. The pre- and post-survey already in place for participants on the Distance Creates remote programmes should be undertaken for all programmes with progression recorded and reported on.

A critical part of the embedding process is understanding who the organisation's stakeholders are and devising a mechanism to effectively engage with them. The stakeholder analysis and resultant consultation for this study has captured a more diverse range of stakeholders than is currently illustrated in the Helium Arts theory of change. We recommend that the theory of change be augmented to reflect the additional stakeholders (Volunteers, Artists, the Arts Sector and Patient Support Groups) and their desired outcomes. Future evaluations should therefore include consultation with all of these stakeholders to value the total impact of Helium Arts activities.

### 8.3 Building the Business Case

Embedding SROI will provide the framework to collate the data required to strengthen the business case for long term sustainable funding. Helium Arts business plan commits to establishing multi-annual partnerships with non-arts based national and local government organizations which will deliver greater diversification in their annual income.

The policy review articulated in Section 3 demonstrates cross cutting alignment with government strategy in health, culture & arts, community and rural development, social inclusion and children and young people. The business case is further strengthened by the positive SROI ratio evidenced through this study. The findings of this study should be shared with each of the seven stakeholder groups that have accrued social value from their engagement with the Creative Health Hub. (See Table 5)

Based on our experience of evaluation and planning for charities and third sector organisations, it is the demonstration of cost savings derived from innovative services that can be the most compelling argument for funding. Our consultations with health professionals and health sector managers highlighted that there was insufficient evidence available currently to point towards directly attributable improved clinical outcomes for participants that might ultimately lead to healthcare cost savings through less hospital and GP appointments and reduced dependence on medication.

To address this, we recommend consideration of a longitudinal study where participants could be tracked over a three-year period to analyse potential improved clinical outcomes and reduction in hospital appointments, GP consultations and medication. This study could also verify the longevity of the outcomes for participants and monitor the extent to which participants further engaged with the arts post Helium's intervention.

Year one should baseline clinical outcome indicators, hospital appointments, GP consultations and medication in the year prior to engaging with Helium arts, year two would do so in the period when engaging with Helium Arts while year three would do likewise in the year post Helium interventions. We recognise that such a longitudinal study would require significant resources and given the close relationships with Cork and Limerick University hospitals, collaboration on this research project with both hospitals should be explored.

### **8.3 Engaging with the family**

While the SROI study demonstrates some value for the family, we feel that there may be additional value for this stakeholder which could be verified by their increased participation in the evaluation of the Helium Arts programmes. In line with our recommendation for the Distance Creates remote programme, we propose that the induction stage of all future Creative Health Hub programmes should include completion by parents of a pre programme questionnaire with this process repeated within three months of programme of programme end.

This questionnaire must seek to measure outcomes for the participating children and the family and should include all of the content of the questionnaire which was administered for this evaluation with additions based on evidenced based tools for family evaluation. Examples for consideration include the family Quality of Life Scale and The Chaos, Order and Hubbub Scale (CHAOS; Matheny et al., 1995).



Opportunities to engage parents and family members in focus group discussions and semi-structured interviews should also be optimised in future evaluations. Such discussions could explore the extent to which parents feel that the Creative Health Hub facilitates their child's participation in society, education, and culture as much as and in similar ways as siblings who do not have long term health conditions.

#### **8.4 Future configuration of Creative Health Hubs**

Despite the Creative Health Hub delivering health and wellbeing, and resilience outcomes to participants and their families to a greater extent than those engaged in the Distance Creates remote programme, the reach achieved by Distance Creates (17 more counties, 25% more children with long term health conditions and children living in more rural based communities than Creative Health Hubs) represents a considerable achievement.

We would recommend that Helium Arts fully integrate the Distance Creates remote programme in their future offering, adopting a blended delivery model which incorporates remote based, on-line and face to face delivery. This new integrated delivery model should be the catalyst for a nationwide awareness raising campaign to promote the impact and benefits of the Creative Health Hub with the aspiration that future programmes will engage participants in every county in Ireland.

## Appendix 1: Impact Map <sup>25</sup>

Stakeholder Groups	How many in total?	Change experienced?	How change is measured (evidence)	Number (%) of people experiencing change
Creative Health Hub Participants	117	Reduced Isolation	% of parents reporting their child made friends due to involvement	105 (90%)
Creative Health Hub Participants	117	Improved Wellbeing	% of parents who report their child had improved confidence, ability to relax, self esteem	105 (90%)
Creative Health Hub Participants	117	Improved Creativity	% of parents who report their child has improved creativity	117 (100%)
Creative Health Hub Participants	117	Improved Capacity to cope with their condition	% of parents who report their child has improved capacity to cope with their condition	80 (68%)
Distance Creates Remote Participants	145	Reduced Isolation	% of parents who report their child has improved ability to connect with others	60 (41%)
Distance Creates Remote Participants	145	Improved Wellbeing	% of parents who report their child has improved mood and improved wellbeing as a result of the programme	65 (44%)
Distance Creates Remote Participants	145	Improved Creativity	% of parents who report their child has improved creativity	42 (29%)
Distance Creates Remote Participants	145	Improved Capacity to cope with their condition	% of parents who report their child has improved capacity to deal with their condition	35 (24%)
Outpatient Participants	2086	Improved Wellbeing	Qualitative data from interviews with medical professionals, patient support groups, parents, staff.	1277 (61%)
Outpatient Participant	2086	Improved Creativity	Qualitative data from interviews with medical professionals, patient support groups, parents, and	408 (20%)

<sup>25</sup> Where multiple indicators were used as evidence, the average was used to determine the final %.

			children who were referred to creative health programme	
Families of Creative Health Hub	117	Stronger Family Unit (Resilience & Relationships)	% of parents who reported improved family relationships and resilience of family unit (survey & interview data)	58 (50%)
Families of Remote Distance Creates programme	145	Stronger Family Unit (Relationships & Resilience)	% of parents who reported improved family relationships and resilience of family unit (survey & interview data)	73 (50%)
Volunteers	46	Improved personal development	% of volunteers who reported improved personal development	30 (65%)
Volunteers	46	Improved Mental Health	% of volunteers who reported improved mental health	37 (80%)
Volunteers	46	More connected to their community	% of volunteers who reported improved connectedness with their community	30 (65%)
Volunteers	46	Improved skills to work with children with long term health conditions.	% of volunteers who reported improved skills working with children with long term illness	37 (80%)
Artists	7	Improved skills to work with children with long term illnesses	% of artists who reported improved skills to work with children with long term illnesses	6 (90%)
Health Sector	1	Improved collaboration across arts, culture, health, and community sectors	% of health professionals who report improved collaboration	100%
Arts Organisations	6	Increased access to a new cohort of individuals	% of arts organisations who report improved reach	6 (100%)
Patient Support Groups (PSG)	1	Reduced Costs	Qualitative data from PSG's on the costs they would have incurred to achieve an equivalent outcome for the families who participated in the Helium programmes	25

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