

## Creative Health and Wellbeing in the Community Scheme 2024-2025

Process Evaluation of the Creative Health and Wellbeing in the Community Scheme 2024-2025, undertaken by M-CO

April 2026

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### EXECUTIVE SUMMARY

The Creative Health and Wellbeing in the Community Scheme is a collaboration between Creative Ireland and Healthy Ireland, with the HSE and The Arts Council/ An Chomhairle Ealaíon. It provided funding €756,360 to local authority partnerships to deliver eleven arts and health projects in the community and healthcare settings. The scheme also included additional €265,133 Shared Island funding for local authority led cross-border arts and health partnerships, delivering a further four arts and health projects.

This report, commissioned by Creative Ireland, documents a review of the scheme which involved interviews with key stakeholders from a selection of the projects. The review set out to understand if Creative Ireland and Healthy Ireland's collaboration met key scheme aims to:

- Leverage the capacity of Creative Ireland to align with Healthy Ireland to advance its objectives.
- Facilitate collaboration between Creative Ireland, Healthy Ireland, HSE and Sláintecare teams to implement creative projects to meet the health and wellbeing needs of communities in their areas.
- Build this collaboration across local authorities by supporting local authority partnerships that align with the new HSE Health Regions.
- Develop the potential of a Shared Island approach to health and wellbeing by supporting cross-community creative networks.

The interviews undertaken with key stakeholders sought to explore and understand how the partnership approach worked as a new form of cross-government cooperation and assess how this approach could be improved. The reports set out the key findings and recommendations with a view to generating actionable insights for improving the programme. The findings are grouped under the following headings:

1. Partnership and project development
2. Funding applications and approval.
3. Design and setup of projects.
4. Project delivery and impact evaluation.
5. Programme impact.

The Creative Health and Wellbeing in the Community scheme was recognised for creating new partnerships that would improve community health outcomes through creative approaches and increasing the opportunities to bring creativity into preventative healthcare. Based on the interim reports available and on the interviews conducted, the impact of the scheme on those who participated in projects was transformative for their wellbeing.

At a structural level, building on the depth of expertise in arts and health, the scheme has strengthened the capacity of project partners to harness the power of creativity to enhance health and wellbeing. As a flexible and locally led programme, it has also enabled new approaches to enhancing social connection that could be widely scaled.

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The scheme models the benefits of participation in creative and cultural activity in settings ranging from community healthcare to acute services and has solidified the case for embedding arts and creativity across healthcare settings, structures, and systems.

### Recommendations

- The review recommends capturing and sharing learnings from the scheme to strengthen future projects and enable earlier, more effective partnerships.
- Enable greater involvement from the HSE, particularly at senior levels, to support the embedding of creative health and wellbeing approaches into new regional health areas. At a delivery level, expand impact by formalising partnerships, which will strengthen access to valuable in-kind support such as staff time.
- Enable time and resourcing for the initial partnership building and community engagement stages of project development, particularly for new partnerships and initiatives. Moving to a longer funding cycle will enable deeper engagement and strengthen the sustainability and longer term embedding of impact.
- Strong and consistent project management is critical for impact and engagement. In recognition of the diverse roles and backgrounds on project teams, practical guidance on project delivery, funding drawdown and reporting requirements should be established by Creative Ireland from the outset, to enable smoother scheme administration, particularly during staff changes. Project management roles should be clarified during the project initiation period, and capacity or staffing gaps identified early.
- Capacity building should include both internal supports and peer learning within the programme network and linking with resources provided by other organisations within the Arts and Health fields.
- Diverse and innovative approaches to creativity should continue to be encouraged. To support this, this scheme could support the expansion of knowledge networks across those with experience in creativity, health and wellbeing in local authorities, the health system, and the creative sector.
- A consistent approach to ongoing impact measurement should be incorporated across the scheme. Define and standardise evaluation methods, informed by best practice, focusing on wellbeing outcomes and generating insights for scaling successful models.
- As project evaluation data becomes available, *a consistent approach to tracking the overall impact of such investment should be incorporated*. This scheme-wide information should be communicated widely to senior leaders in health and local government to support the embedding of these approaches.

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## INTRODUCTION

*To enable all people to realise their creative potential, by putting creativity at the centre of public policy for health and wellbeing.”*

— Creative Ireland, Creative Health and Wellbeing in the Community Launch, 2024



## 1. INTRODUCTION

The Creative Health and Wellbeing in the Community Scheme is a Creative Ireland partnership with the Department of Health (Ireland), the HSE and The Arts Council/ An Chomhairle Ealaíon.

The scheme aims to highlight how creativity, be it through performing or visual arts, culture, or heritage-based activities, promotes positive health and wellbeing by helping people to connect socially, enhancing their self-esteem and resilience, enabling recovery, and empowering them to manage their own health and wellbeing through their lives.

The Creative Health and Wellbeing in the Community Scheme provided €756,360 in funding for local authority partnerships to deliver eleven arts and health projects in the community and healthcare settings. The scheme also included an additional €265,133 of Shared Island funding for local authority led cross-border arts and health partnerships, delivering a further four arts and health projects.

### 1.1. Context

The Creative Ireland Programme is an all-of-government culture and wellbeing programme with an ambition to inspire and transform people, places, and communities through creativity<sup>1</sup>. The Creative Ireland Health & Wellbeing in the Community scheme aims to embed creative activities that promote positive health and wellbeing by helping people to connect socially, enhancing their self-esteem and resilience, enabling recovery, and empowering them to manage their own health and wellbeing through their lives<sup>2</sup>.

This ambition is based on a growing body of national and international research, such as the World Health Organisation's (WHO) 2023 report<sup>3</sup>, OMC's "Culture and Health: Time to Act" report<sup>4</sup> and the 2023 TILDA report<sup>5</sup>, which demonstrates the value of creative engagement as a health positive behaviour with benefits across the life course<sup>6</sup>.

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<sup>1</sup> <https://www.creativeireland.gov.ie/en/about/>

<sup>2</sup> Creative Ireland Health and Wellbeing in the Community Local Authority Funding 2024-2025

<sup>3</sup> <https://www.who.int/news/item/25-09-2023-ground-breaking-research-series-on-health-benefits-of-the-arts>

<sup>4</sup> <https://op.europa.eu/s/Adf7>

<sup>5</sup> <https://www.gov.ie/en/department-of-culture-communications-and-sport/press-releases/arts-creative-and-cultural-activities-boost-quality-of-life-and-help-combat-depression-and-anxiety-new-research-confirms/>

<sup>6</sup> <https://www.who.int/europe/publications/i/item/WHO-EURO-2023-8280-48052-71230>

The implementation of this research into practice is reflected in the national Healthy Ireland Strategic Action Plan 2021-2025<sup>7</sup>, the HSE Social Prescribing Framework<sup>8</sup> and addressed in the Creative Ireland programme objectives<sup>9</sup>, which seek to partner and collaborate with government departments and initiatives that are working towards improving better health outcomes through creative endeavours.

Since 2015, the HSE have been working to implement the Healthy Ireland vision across the health services<sup>10</sup> ensuring that everyone can enjoy physical and mental health and wellbeing to their full potential.

The Healthy Ireland initiative aims to:

- Enable individuals to live longer, healthier lives.
- Support people to self-manage and live well with their chronic health conditions.
- Support the development of healthy environments that help people and staff to adopt healthy behaviours.

### 1.2. Purpose of the Scheme

The Creative Health and Wellbeing in the Community Scheme was developed to strengthen collaboration between stakeholders responsible for health and wellbeing, and those engaged in participation in creative and cultural activity and ensure that the benefits of creative approaches to improving health and wellbeing are fully realised at local and community levels.

This need for a strategic initiative to support such collaboration was identified during a networking event in November 2023, which brought together Creative Ireland Programme Co-ordinators, Creative Communities Engagement Officers, Healthy Ireland Coordinators, Sláintecare Healthy Community Development Coordinators, and HSE Health and Wellbeing Officers. The purpose of the event was to build connections and share learnings.

The key findings arising from the event were:

- Participants wanted to continue to be supported to deliver creative health and wellbeing projects that meet the needs of their communities.
- Support for such projects should be provided for more than one year to allow for partnership and programme development.
- Participation in creative activities is a powerful way to combat social isolation and reduce health inequalities within communities.

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<sup>7</sup> <https://www.gov.ie/en/publication/441c8-healthy-ireland-strategic-action-plan-2021-2025/>

<sup>8</sup> <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-social-prescribing-framework.pdf>

<sup>9</sup> <https://www.creativeireland.gov.ie/en/creative-pillars/?category=creativity-health-wellbeing#posts>

<sup>10</sup> <https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/>

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- Continue to build on the good collaboration between Creative Ireland and Healthy Ireland in a number of local authorities through their Culture and Creativity Teams.

Building from the findings of the networking event, a key objective in developing the Creative Health and Wellbeing in the Community Scheme was to foster the collaborative approach that had been identified as critical to the success of previous work in this area. The scheme also sought to leverage both the Creative Ireland and Healthy Ireland programmes to develop sustainable creative health and wellbeing projects of scale across local authority areas.

Through Shared Island funding, a second strand of the scheme aimed to enhance cross-border creative networks to support health and wellbeing across the island of Ireland.

### 1.3. Aims of the Scheme

The aims of this scheme were to:

1. Build on what has been learned from projects funded by the Creative Ireland Programme, and by partners since 2021. These projects include work in the areas of:
  - Older people.
  - Traveller communities.
  - Children with chronic conditions.
  - End of life and bereavement.
  - Social prescribing activities.
2. Leverage the capacity of Creative Ireland to align with Healthy Ireland to advance its objectives of:
  - Bringing a concerted focus on life-long wellbeing and prevention of illness.
  - Seeking to reduce health inequalities.
  - Addressing the settings in which health and wellbeing is impacted.
  - Empowering people and communities to better look after their own health and wellbeing.
3. Facilitate collaboration between Creative Ireland, Healthy Ireland, HSE Local Health & Wellbeing and Sláintecare teams to implement arts and health projects to meet the health and wellbeing needs of communities in their areas.
4. Build this collaboration across Local Authorities by supporting Local authority partnerships that align with the new HSE Regions.
5. Develop the potential of a Shared Island approach to health and wellbeing by supporting cross-community creative networks.

### 1.4. Funding

In 2024, €756,360 in Creative Ireland funding was allocated to the Creative Health and Wellbeing in the Community Scheme. Additionally, €265,133 in Shared Island funding was

provided for Local authority-led cross-border arts and health partnerships to deliver four projects.

### 1.5. Eligibility

To qualify for the Creative Health and Wellbeing in the Community Scheme, projects were required to meet one or more of the following criteria.

- Contribute to the core determinants of health.
- Play a critical role in health promotion and improvement.
- Help to support positive mental health.
- Help to promote positive ageing.
- Contribute to the prevention of chronic diseases.
- Support people to manage their health and wellbeing while living with a chronic disease.
- Assist in acute or end of life care.

### 1.6. Funded projects

In total, fifteen projects were funded within the programme, including four projects supported through Shared Island funding. The eleven projects funded in the Republic of Ireland were undertaken via partnerships across the following local authority areas:

Carlow County Council; Cavan County Council; Clare County Council; Cork City Council; Cork County Council; Dublin City Council; Dun Laoghaire Rathdown (DLR) County Council; Galway City & County Council; Kerry County Council; Kildare County Council; Kilkenny County Councils; Limerick County Council; Longford County Council; Louth County Council; Monaghan County Council; Offaly County Council; Roscommon County Council; Tipperary County Council; Waterford City & County Council; Westmeath County Council.

The full details of the funded projects are set out in the body of the evaluation. This evaluation does not encompass the projects included in a Shared Island programme evaluation.

### 1.7. Purpose and Scope of the Review

M-CO were commissioned to undertake a review of the Creative Health and Wellbeing in the Community Scheme and generate actionable insights for improving the programme.

The scope of the review included:

- Describing and evaluating the process of collaboration between Creative Ireland and Healthy Ireland across the fifteen projects, thereby identifying where the collaboration was effective as well as identifying potential refinements to the scheme, or process improvements that could aid any future schemes or investment in this area.
- Assessing how the collaboration process impacted the effectiveness of the projects across their delivery process – from set up, engagement, and delivery, through to

evaluation. This was done by reviewing scale, depth of participation, impact measurement approaches, and any innovations involved in delivery.

- Collating and summarising the impact of the projects across the scheme in relation to the key objectives of the programme.
- Identifying elements developed through the funding that have already been integrated into programmes of project partners or are likely to be embedded in the future.

The process review focused on assessing whether the objectives of the programme have been achieved, and on providing insights which could support the development of any similar initiative in the future.

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## METHODOLOGY

*“It definitely gives us the opportunity to do more in a much more targeted way... and I think that’s great”*

- Evaluation Interviewee



## 2. METHODOLOGY

### 2.1. Scope of the Evaluation

The evaluation sought to consider the impacts of the funded projects at a programme level, and explore the following:

- Did the joint funding facilitate collaboration between core partners to implement arts and health projects in order to meet the health and wellbeing needs of communities in their areas?
- What worked and what could be improved in the scheme, or in the processes of future funding?
- Were there any unexpected benefits of this funding approach, in addition to the investment provided through the scheme?

This process took the form of the following steps and activities:

### 2.2. Desk Review

A desk review was undertaken, which encompassed details of the scheme design, funding call, objectives and eligibility criteria for the scheme, and the particulars of the funded projects. This desk review also included the challenges and opportunities identified during the original networking event, ensuring these were also considered in the report findings.

Within the desk review stage, a deeper review of five of the funded projects was also undertaken. The selection of the five funded projects for deeper review reflected a range of objectives, settings, scales, contexts, and partnership formation. These projects were also the subject of stakeholder interviews.

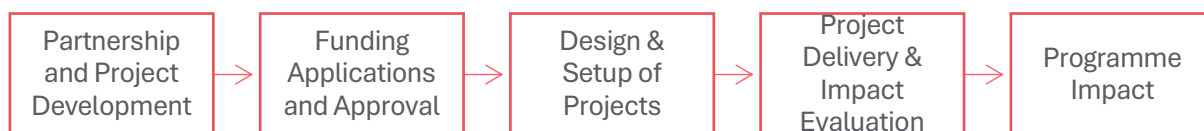
### 2.3. Process Map

A review of all available scheme documentation was undertaken, and a process map was developed to provide a more structured and detailed analysis of the impact of the scheme as it stands. This process map analysis was then used to develop interview guidelines for the in-depth interviews, and to provide the framework for managing evaluation feedback.

The process map ensured the review focused on how the scheme achieved its objectives of fostering partnerships, as well as the collaborative practices that enable creative approaches to health and wellbeing to be scaled up and embedded within local government and health services.

#### 2.3.1. Process Map and Format of Review.

The process mapping and analysis is reflected in the following model, which describes the steps involved in projects being evaluated, and provided a framework for subsequent interviews and evaluation:



### 2.4. Interviews

Interviews were undertaken with the projects selected for deeper review, in order to investigate the scheme process and to assess its overall impact against objectives, with the mix of interviewees reflecting diverse roles and perspectives within the programme.

To get a foundational perspective, interviews were conducted with the Creative Ireland team responsible for the establishment and management of the scheme. Building on this, a series of interviews were held with selected roles within the five focus projects, representing differing perspectives and insights into how they had been delivered.

As interviewees came from a range of different professional backgrounds, these interviews provided a global understanding of the impact of the scheme on supporting collaboration, as well as the impact of the projects on health outcomes.

The interviews were conducted in line with M-CO research protocols and using a process-based interview discussion guide. The full interview guide is included in the appendix. As most projects are still in progress, and have not completed their own project evaluations, there was limited available evaluation documentation.

#### 2.4.1. Interview Matrix

A summary of the project partners, project focus, and interviewee roles is provided in the following matrix:

## Creative Health and Wellbeing in the Community Scheme Process Evaluation

Project	Partners	Project Focus	Interviewee Role
<b>Living Artfully</b>	Carlow County Council, Kilkenny County Council, HSE, Healthy Ireland.	Promotion of health and wellbeing through music.	Contracted Project Manager
<b>Exploring Loss and Grief: Healing Through Art</b>	Cork City Council, Irish Hospice Foundation, Healthy Ireland, HSE	Supporting people whose wellbeing was impacted by COVID.	Staff of Irish Hospice Foundation, Cork HSE
<b>St Agnes' Community Centre for Music and the Arts Harmony Hub</b>	Dublin City Council, St Agnes Community Centre	Ongoing project to provide a creative hub for health and wellbeing	St Agnes Community Centre Director
<b>Let's Get Social DLR</b>	DLR County Council; Healthy Ireland; HSE	Piloting projects that enhance social connection.	DLR Creative Communities Engagement Officer
<b>Mending heARTS: Cardiovascular Art Programme</b>	Galway County Council, HSE/Galway University Hospital, Croí	Arts interventions to support recovering from heart disease	Galway University Hospital staff and local authority project staff

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## FINDINGS

*“There isn't an evidence base to advocate for additional funding or diverse funding streams”*  
– Evaluation Interviewee



### 3. FINDINGS

#### 3.1. Programme Overview

The Creative Health and Wellbeing in the Community Scheme call for applications ran from February to March 2024, with grants awarded and service-level agreements signed in May and June 2024. A total of eleven applications were received under Strand A, and all projects met the funding criteria outlined in the call and were awarded funding. Each of the eleven funded projects had drawn down its allocation. The projects are at various stages of evaluation but none of the projects have submitted their final evaluation reports to Creative Ireland at the time of this review.

In line with the scheme aims of supporting Creative Ireland and Healthy Ireland collaboration, local authorities were invited to identify opportunities where health and creative professionals working together could support sustainable systems change at a community level and align with recently introduced HSE Regional Health Authorities. These partnerships then applied for funding, and projects were assessed by Creative Ireland and the Department of Health.

Once funding was approved, partners had an opportunity to refine the project scope and approach before finalising their plans. Project delivery and proposed impacts were then assessed both in terms of benefits to participants and the value that the partnership could add in terms of enhancing outcomes.

The overall view of those interviewed was that Creative Health and Wellbeing in the Community Scheme offered a meaningful framework for collaboration between Healthy Ireland and Creative Ireland teams, and for platforming and enabling the positive impact of creativity in supporting health and wellbeing.

Significantly, it also provided an opportunity to create pathways within both Local Authorities and the HSE for sustained and systematic use of these approaches. However, the full potential of these pathways rests on senior level awareness, recognition, and championing of projects.

The findings of this review are presented according to the programme's delivery stages (outlined under the process mapping at 2.3.1) Within this framing, consideration is also given to broader elements of the scheme, such as the funding process, programme structure, and the unexpected benefits that emerged.

1. Partnership and project development.
2. Funding applications and approvals.
3. Design and setup of projects.
4. Project impact and evaluation.
5. Programme impact and sustainability.

The range of project lead partners, creative methodologies proposed, health settings and health impacts envisaged are set out in the table below:

## Creative Health and Wellbeing in the Community Scheme Process Evaluation

Local Authorities	Project	Creative Methodologies	Health Impacts & Settings
<b>Carlow &amp; Kilkenny</b>	Living Artfully	Socially Engaged Art; Music, singing, movement, creative workshop	Traveller support services, dementia-friendly services, mental health services, social prescribing, HSE service users & staff
<b>Cork City Council</b>	Exploring Loss and Grief: Healing Through Arts	Intergenerational creative arts workshops (art, craft) focused on grief and loss	Community arts with older groups and schools; addressing isolation/bereavement.
<b>Cork &amp; Kerry County Councils</b>	Make or Break	Workplace creative-wellbeing workshops (various creative artforms)	Workplaces, including Cork and Kerry County Councils, the HSE campuses and the private sector
<b>Dublin City Council</b>	St Agnes' Community Centre for Music and the Arts Harmony Hub	Music, choirs, orchestra, musical theatre, drama	Within the arts centre, and in community settings.
<b>DLR</b>	Let's Get Social DLR	Creative Cafés (crafts, music, dance), performing arts clubs, talks/podcasts	Older people, migrants, active retirement & migrant communities in community & cultural spaces
<b>Galway City and County Council</b>	Mending heARTS: Cardiovascular Art Programme	Drawing, collage, printmaking, mixed media	People recovering from cardiac and stroke-related conditions; settings include hospitals (University Hospital Galway, Merlin Park, Portiuncula), libraries and rural community venues across Galway City & County.
<b>Kildare, Offaly, &amp; Westmeath County Council</b>	"Did I Ever Tell You"	Storytelling and creative narrative work (collecting memories, publishing booklet)	Older people in HSE healthcare settings (nursing homes, hospitals) across the three counties; positive ageing

<b>Roscommon &amp; Mayo County Council</b>	Care & Creativity in Context	Training for artists/facilitators; residencies	Hospice, nursing homes
<b>Tipperary Limerick, &amp; Clare County Council,</b>	Creativity Changing Young Lives in the Mid-West	Stained glass, zines, collages, animation/flipbooks, storytelling, treasure-hunt style art	Children aged 8-16 with chronic lifelong physical health conditions; outpatient paediatric clinics + community workshops
<b>Waterford City &amp; County Council</b>	Good Grief	Creative workshops for bereavement	People approximately two years post-bereavement; community group engagement.
<b>Westmeath &amp; Longford Councils</b>	Taipéis	Cooking & food-culture, performance: visual art/installation, communal gardening.	IPAS Centres and community groups with participants of all ages and nationalities. Settings included an arts space, the public realm, and a collaborative arts installation at the 2025 Longford Lights Festival

### 3.2. Partnership and Project Development

A key criterion of the scheme was that all projects submitted had to demonstrate collaboration between at least two local authorities and a HSE partner. In the case of the larger cities of Dublin and Cork, one local authority was sufficient. In the case of projects with two or more local authorities, there was a requirement that the project should not map across more than two HSE Health Regions.

As well as these partners, it was stipulated that project proposals should highlight collaboration with Healthy Ireland and Creative Ireland. Projects were required to include a clear creative component that demonstrated the value of creative partnership, and to show clear community impact that incorporated strong community consultation and engagement.

The type of project eligibility outlined in the funding call were projects that targeted the following activities:

- Contribute to the core determinants of health.
- Play a critical role in health promotion and improvement.
- Help to support positive mental health.
- Help to promote positive ageing.
- Contribute to the prevention of chronic diseases.

- Support people to manage their health and wellbeing while living with a chronic disease.
- Assist in acute or end of life care.

### *3.2.1. Partnerships and Approaches*

As a new scheme, the initial two years of reflected an exploratory ethos in how partnerships and approaches are developed across all levels.

Local authorities and the HSE formed the core of project partnerships, supported by Creative Ireland and Healthy Ireland. While creative partners could be identified at this stage, this was not necessary as part of the application, and creative partner recruitment could be incorporated into project delivery. All projects identified partners both in local government where relevant and with a health partner from the HSE.

The opportunity to develop new partnerships was widely recognised as positive, enabling greater reach into communities and building capacity among local authority staff and local creative networks.

It was also acknowledged, however, that working in this way introduced a series of challenges that should be considered and potentially addressed in future funding approaches. While there were strong opportunities for developing partnerships, these were challenged by staffing changes within organisations.

**The key challenges in creating strong partnerships stemmed from differences in ways of working, in priorities, and in alignment of local authority partnerships within HSE regions. This was also reflected within Shared Island projects, where there are additional jurisdictional considerations. While these challenges were seen as surmountable, they required time to develop shared approaches and effective collaboration. In some instances, existing networks or partnerships built around common objectives allowed funding to be activated more quickly.**

Interviewees experienced in projects supporting creative approaches to health and wellbeing, highlighted the importance of having a clear structure when establishing partnerships. This includes aligning objectives, roles, ways of working, and shared values.

For partners without prior collaborative experience in such projects, the process was seen as a unique opportunity for expanding their impact, although participants felt that additional time and guidance would be necessary to achieve better alignment and support sustained change.

The interviews revealed that collaboration between core partners varied in terms of when they became involved, and the extent to which they contributed to setting out the project objectives and design. There were indications that early collaboration improved impact.

The creative role in projects varied per project, from implementing partner to contracted facilitator. While in some cases the role of a creative partner in project design was considered important, in other projects, creative recruitment and role definition happened at a later stage.

However, the flexibility of how and when to incorporate this creative role was seen as a real strength of the process.

Some specific issues raised in the interviews were:

- **Instigation:** The instigation of the scheme was seen as an opportunity to create new partnerships, try new approaches, or extend existing successful partnerships. Members of the Culture and Creativity teams within local authorities were largely responsible for driving the identification of partners and bringing both health and creative partners on board.
- **Varying Levels of Collaboration:** The level of collaboration varied across projects. Some applicants used the project as an opportunity to build strong, balanced partnerships and develop the project collaboratively. Other applicants focused on pre-identified needs, involving health or creative partners later in the process, which limited their input into the design and, potentially, the overall impact.
- **Aligning with Existing Approaches:** Importantly, there were opportunities to align with existing Healthy Ireland, HSE and Creative Ireland goals, ranging from HSE core pathways to broader areas of focus. This supported better collaboration across partners, empowered a sense of ownership in staff across partner organisations, and enabled long term embedded of project impact. .

### *3.2.2. Breadth and Focus of Project Objectives*

Interviewees shared a clear understanding of the purpose of the scheme to improve health and wellbeing at a community level. The scheme was recognised as a valuable opportunity to create new partnerships that would improve community health outcomes through creative approaches.

The range of project types within the scheme was relatively wide, covering most of the objectives identified in the project call-out. This indicates that **there are opportunities to include creative approaches across a range of different health and wellbeing approaches**. The open scope of the fund allowed for innovative reflection on shared local priorities. However, there was a limited emphasis on the changes these projects would create within their programmes or organisations.

Some eligible aspects of the scheme, such as grief and end-of-life care, are less likely to be project priorities within the health system, as they are not part of standard care pathways.

Learnings regarding the breadth and focus of project objectives include:

- **Specifying project objectives:** Many projects identified multiple objectives in their descriptions, and the objectives outlined in the call for proposals were also quite broad. While the scheme's purpose to improve health and wellbeing at community level was clear, and the breadth of possible objectives allowed for a wide range of learnings across different approaches and health challenges, it did not encourage a clear focus within

projects on the overall impact of the programme, or even within individual projects. The diversity of objectives makes it difficult to assess shared impacts of projects seeking to address different needs, to consolidate learnings and, ultimately, to produce a clear impact assessment within a whole-scheme evaluation.

- **Diverse project beneficiaries:** Arising from the breadth in objectives, the groups targeted were also relatively broad and ranged across local communities, workplaces, travellers, older people, young people, immigrants, and people living with or recovering from chronic illness. However older people were targeted in five of the projects and this is likely to reflect effective collaboration already happening in this space.
- **Core vs project funding:** Applicant perspectives on the funding opportunity are generally linked to the continuity, or longer-term development, of projects following conclusion of the scheme. For those involved in projects that had previously been funded by the Local Authority through core funding, there was less awareness of the role of Creative Ireland and the wider partnership. They saw this as just a continuation of existing activities and there was an assumption that the project would continue. For others, this was seen as project funding with a clear end point providing an opportunity to test and accelerate high impact initiatives. In these cases, there was early consideration given to building partnerships and funding approaches for when the funding ended, with the aim of finding internal or external opportunities to embed project impacts into ongoing or formalised processes. It should be noted that Creative Ireland provides separate funding to local authorities via the Culture and Creativity Teams, which may can be considered as part of core funding for ongoing delivery of projects.
- **Aligning with social prescribing approaches:** The scheme supported the mainstreaming of creativity in health through models such as social prescribing, an approach which has clear benefits as shared by Dr Louise Kinlen in her research “Creative Connections: Embedding Arts and Creativity within Social Prescribing”<sup>11</sup>. While the importance of adopting and developing creative approaches was well understood by interviewees, in some cases the focus of the scheme was seen primarily as a social prescribing fund. In two of the eleven project application forms, this was how the approach was communicated. While social prescribing is a valuable part of the scheme, there was not full clarity on how they tied into the formal HSE social prescribing referrals infrastructure. It should be noted that further guidance on linking with Social Prescribing services was provided in the 2026-2027 grant call.

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<sup>11</sup> <https://www.creativeireland.gov.ie/en/publication/creative-connections-embedding-arts-and-creativity-within-social-prescribing-dr-lousie-kinlen/>

**It would be important to clarify how the learnings from this programme feed into the HSE social prescribing initiatives and to ensure that there is no funding displacement of other activities that might be more sustainably funded by the HSE.**

From the research undertaken, it is clear that partners with strong previous experience with arts and health projects were more likely to identify opportunities for wider programme impact within this sphere, particularly in relation to creative and sustainable approaches within the healthcare system.

### 3.3. Funding Applications and Approvals

Applications to this scheme were submitted by Creative Ireland Coordinators and Local authority Culture and Creative Teams, in partnership with at least one other Local authority, aside from local authorities in the two larger cities of Cork and Dublin. The application period opened on the 19<sup>th</sup> of February 2024 and closed on the 28<sup>th</sup> of March 2024. Potential applicants were supported with an online briefing session on the 26<sup>th</sup> of February. Funding decisions were announced in late May 2024, and the projects were to run until November 2025.

#### 3.3.1. Funding Applications

The application form was designed to reflect the objectives of the scheme. Applicants were asked to identify project partners; identify key target groups and key actions of the projects; how the project aligns with the objectives of the scheme; the expected outcomes of the projects; and how the project would align with local authority Culture and Creativity Strategies, Healthy Ireland strategic frameworks and Creative Ireland objectives. Additionally, applicants were requested to outline proposed outcomes and evaluation processes for projects, as well as identify connections to projects previously funded by Creative Ireland. Findings in relation to this aspect of the scheme's evaluation include:

- **Flexibility in the application:** In reviewing the applications received, all the necessary information was provided, but in some cases the creative partner details was to be provided at a later stage. Several projects also highlighted that aspects of the project would be developed through consultation with project partners. This flexibility and openness were seen as real strengths of the application process, as it reflected a more creative approach and led to better engagement in community and care settings.
- **Shared objectives are not required in the application form:** The form provides space to highlight alignment with Local authority, Healthy Ireland, and Creative Ireland objectives but it does not require the project to highlight the objective of the collaboration or articulate how the project brings this together. This would be a useful way to encourage project partners to highlight their shared objectives from the outset, rather than in three different sections of the form.

- **HSE role is not fully reflected in the application process:** The current design of the funding application does not include a section on how projects align to any local or national HSE objectives.
- **Lacking a specific theory of change articulation and links to similar or previous projects:** Application forms currently provide information on alignment with the scheme's objectives, target audiences, and proposed project outcomes. However, there is an opportunity to strengthen these forms by requiring a clearer articulation of the project's objectives and how the creative processes will contribute to improved outcomes. Where possible, applicants should highlight any research or case studies that can support an 'evidence-based' funding decision.
- **Partnership application support varies in terms of level of seniority:** Across the projects, partner roles varied. Some involved direct contacts actively engaged in delivery across Local Authorities, Healthy Ireland, Creative Ireland, and the HSE, while others included a mix of operational staff and senior representatives who participated in steering committees or endorsed the project. Interview feedback highlighted a key challenge: that limited senior-level awareness of projects, directly impacts the potential for long-term support. Encouraging engagement from both senior staff and implementation-level contacts in completion and finalisation of application could foster broader involvement throughout the project's lifecycle and beyond.

### *3.3.2. Range of Projects Funded*

In the first year of the scheme, eleven applications were received under Strand A. Each of these projects were successful in meeting the scheme criteria and were awarded the full funding amount of €70K. The applications received were reviewed as part of this study, and a summary of their lead partners, creative methodologies and proposed health impacts and targets are set out in the table under Section 3.3.3. A further four projects were funded under strand B, which each have a Shared Island dimension, and are therefore included in a separate evaluation.

The eleven projects under Strand A provided creative health and wellbeing support services across fourteen local authority areas. The projects sought to provide support on a range of health areas, including mental health support, social prescribing, social isolation, bereavement and grief, chronic illness support, serious illness recovery and promotion of health and wellbeing in the workplace. All the health impacts envisaged under the approved projects are in line with the objectives of the scheme.

Funding was approved for projects supporting a wide range of community groups, with a focus on those experiencing health inequalities as outlined in the funding call. Target groups included older people, young people, migrants, Travellers, patients recovering from chronic illness, individuals recently bereaved, those dealing with mental health challenges, and the wider local community.

The range of project settings varied widely, including community centres, schools, health centres, nursing homes, libraries, and IPAS centres. Older people were targeted in six projects, general community groups in three projects, young people in two projects, migrants in two projects, and Traveller groups in one application. The strong focus on older people may reflect existing partnerships in active ageing or indicate an area where creativity has a stronger evidence-based relating to the impact of creative activities on health and wellbeing for this cohort. While the health themes in projects targeting older people were not identical, there is potential to consolidate evaluations from these projects to identify key learnings for working with this group, once project evaluations are completed.

A local authority based interviewee stated: *“We need to increase the work that we’re doing in this area because we’re only going to have an increased ageing population... we need to increase capacity and budget for projects because we’re going to need it more and more”*.

A wide range of creative approaches were proposed, with some projects approved to expand on existing programmes. There was a strong emphasis on creative crafts, music, dance, and singing, as well as examples of drama, food-based creativity, and multimedia. There were no restrictions on participation in creative and cultural activity, and in some cases, the creative process emerged through community discussions, including workshops to explore the creative use of ritual in self-soothing after a bereavement.

### 3.4. Design and Set Up of Projects

Once funding was approved, projects signed service level agreements (SLAs) with Creative Ireland and the Department of Culture, Communications and Sport (DCCS) in June 2024. The SLA provided more detailed project outcomes and activities, including an outline of key activity dates and a budget drawdown.

In some cases, the SLAs represented extensions of previous projects funded by DCCS or other sources such as the HSE. While some applicants fully developed their partnerships and project design during the application process, others used the interim period or early project setup to identify additional partners for specific aspects of delivery.

Views on project design and set-up varied, although the prevailing consensus was that strong collaboration, where all partners feel informed and included, is essential for better project outcomes. In projects involving multiple external partners, the approach of identifying wider strategic opportunities early was integrated into delivery.

The high-level funding partnership at a national level is not always reflected in local agreements such as internal project MOUs and SLAs. In the case of the HSE, variations in service areas and management priorities meant that staff involvement in projects differed by region. To facilitate strategic collaboration, support is needed through design of the scheme to strengthen the role of the HSE as partners and underpin the internal advocacy of HSE staff for such initiatives. Providing clear guidelines on roles and responsibilities, along with templates such as SLAs for project agreements, would help staff negotiate their role within the project

and secure broader organisational support. Practical steps towards this would include higher level development of processes and guidance documents that can be accessed from within the HSE, as well as by all scheme partners.

### *3.4.1. Partnership Values and Alignment*

The theme of establishing strong partnerships came up at all stages of the process analysis. This was seen as the key phase where real and structured collaboration was seen to significantly impact the success of the project. Across the interviewees, there were examples where stronger partnerships could have improved the overall design and delivery of the project. In one case where there was a strong focus on creative partners and the community, the partnership between the local authority and the implementing partner was relatively limited, resulting in a lack of clarity over aspects of project coordination.

Key findings relating to partnership-working include:

- **Early-stage alignment:** Interviewees indicated that time spent on discussions with partners at the project outset enabled opportunities to refine approaches and to assign clear roles and responsibilities. Project partners could also brief each other on any related project experience or learnings and identify opportunities for engagement within their respective organisations. Strong early engagement was seen as key to overcoming time delays, maintaining focus and impetus on the projects.
- **Misalignment on projects:** In contrast, where some project partners were not involved in early-stage discussions, there was misalignment in relation to project timelines and a reduced potential to expand the impact of the project. One interviewee highlighted that understanding of the project plan and proposed approaches by project partners from the outset helped to achieve better engagement and understanding across the partners, which in turn, helped them to promote it within their own organisation. Partners could also be involved in identifying and appointing project managers.
- **Alignment of values:** The idea of project and team values was identified as important to encouraging alignment among partners and to improving project design. In one case, the interviewee felt that a lack of alignment had led to some partners not fully engaging or understanding the project approach.

In other projects, partners were already aligned based on previous work or used the project development phase to identify shared values in how the project should be set up. In a further case, it was shared that the whole project team were aligned both on values and on experience with socially engaged arts practice.

- **Community of Practice:** The process of training and supporting team members and creative partners improved impact and helped build a community of practice. This practices-based approach was further embedded through mentorship and peer-network development which also created a sense of ‘being on a team’ among the creatives working on the projects. This approach also facilitated the embedding of values, maintaining

standards, and establishing a community of practice that will have a legacy impact within the partner contexts.

- **Ethos and Protocols:** The scheme documentation provides limited guidance on how creative elements or practices should align with different settings or the workstreams of supporting partners. This information is not requested in the application form, which may be an issue better addressed during the project design phase.

One interviewee emphasised the value of working with creative practitioners experienced in arts and health; noting that they already had the mandatory Garda vetting, had likely completed specific inductions required by nursing homes, and also understood the protocols and parameters of these sensitive environments. Such experience speeds up the onboarding process and subsequent project delivery.

Clarity around practical requirements, and a shared understanding of the protocols of different settings and organisations should be established as part of the set-up stage. An interviewee highlighted that while a project had run successfully in one environment, when it moved to the community a much higher level of engagement and consultation was required. Such insights and guidance which can be captured from future case studies and the forthcoming project evaluations should be used within future project development.

### *3.4.2. Team Capacity and Skills*

The project team skills and dynamics were identified as a key element in the success of the projects by interviewees. A challenge for projects was to identify suitable project managers, as well as creative partners. The role of project manager was seen as key to managing the collaboration between partners, and to ensuring that the project was impactful and delivered within the agreed timeframe.

A key aim of the Creative Health and Wellbeing Scheme was to share the learnings and best practices between projects. Based on interviews undertaken for this review, and the networking event held in November 2023, it is felt that most of this best-practice knowledge seems to rest within quite a small group of practitioners.

- **Project Management:** As the appointment of a project manager or implementing partner depended on receiving funding, these were typically brought in after the application was approved. Our interviews included three individuals responsible for project implementation, and their experiences varied based on how early they were involved. In one case, the person overseeing delivery was not part of the concept development or application process, but a smooth handover allowed them to continue building the project and partnerships effectively.

In other cases, the implementing partner organisation was engaged from the early stages of concept development and application. Conversely, another implementing partner joined an already defined project where the area, target group, and objectives were set

and, while they felt the project worked well, they believed earlier involvement would have enabled a more creative approach and stronger partner alignment.

The networking event that led to the scheme's establishment highlighted challenges in identifying the qualities and skills required of project managers and implementing partners, and the challenges of finding suitable organisations or individuals for these roles. This view was echoed by representatives from local authorities, the HSE, and Healthy Ireland.

Project managers with combined experience in creative approaches, community engagement, and knowledge of Healthy Ireland/HSE projects were particularly difficult to identify for those not regularly involved in such initiatives. Several organisations and skilled practitioners do exist, and feedback arising from the research identified that the development of a shared directory or list across local authorities and other agencies would serve as a practical support to the development of such projects. It may also be a case that the role of contracted project manager was not considered, or not familiar to the project team, but may be beneficial to them in the future in managing complex project delivery.

- **Creative Partners:** Creative approaches were generally identified in the original applications, but creative partners were not always identified. As with project managers, interviewees identified that it took time to identify and prepare creative partners. Supporting creative partners to work on community-based health and wellbeing projects took time and resources.

Not all projects interviewed trained creative partners, but those who did felt that it really improved the project impacts and created a very strong community of practice between creative practitioners, aligned on core programme values and approaches. In these cases, training and supports included trauma informed care training, professional coaching and peer learning exchanges.

### 3.5. Project Delivery and Impact Evaluation

All the projects funded have been completed or are near completion and have largely delivered according to the proposed approach. Evaluations are taking place on all projects, but individual evaluations are not currently available to provide an overview of programme impacts.

#### 3.5.1. Impacts of Individual Projects

Based on the interim reports available, and the original project applications, the projects will have supported health and wellbeing across the target groups. Benefits to the targeted project participants, as identified during the interviews, include:

- **Targeted support:** The scheme has enabled deeper engagement with groups, including age friendly initiatives, directed new support to groups in an area of socio-economic

disadvantage, and piloted innovative support to those more impacted than others by COVID to readjust by dealing with trauma and grief. One interviewee shared: *“We saw huge benefits for the older group around social connection, well-being, and motivation.”*

- **Trialling and scaling:** The scheme also enabled the opportunity to trial new approaches to overcoming social isolation; and the transferring successful approaches to supporting health and wellbeing support from a hospital to a community setting.
- **Extended scheme duration allowed for deeper engagement:** Based on the interim reports available and on the interviews conducted, the impact on those who participated in projects is transformative for their wellbeing. The health and wellbeing issues being addressed require deeper and longer participation in creative and cultural activity to have a therapeutic benefit and the programme supported such engagement. This was mentioned specifically in the role in overcoming social isolation, coping with dementia, coping with grief and bereavement, supporting positive mental health, and supporting those with mental illness.

A few of the individual project evaluations have put in place approaches to measure the impact on the wellbeing of participants in both qualitative and quantitative terms. When these are available, it is suggested that this evaluation be updated to include the key findings on impact.

- **Enabling innovation and new approaches:** A number of interviewees stated that the nature of the funding encouraged ambition and innovation, allowing projects to test new ways of working that would not have been possible within traditional funding constraints. A few respondents noted that the amount and nature of the funding was a spark to be ambitious and go into a project with the understanding that they did not have a long-term continuity plan.

One project noted that the nature of the funding allowed them to introduce innovative practices that would not be possible within the limited and more cautious nature of traditional funding within arts and health. Management within healthcare settings acknowledged that Creative Ireland funding derisked the process of developing new ways of working as this was not sourced from their own budget.

- **Layering of other forms of support:** Other forms of support, particularly from health partners, were identified as being highly valuable to projects. This included the internal influence within the HSE to support the delivery of projects; the access provided to direct and indirect benefits through staff resources and even access to the volunteer time provided by retired nurses. It was noted that this project would not have been possible without this partnership, and the essential skills these volunteers brought into a very sensitive context. In another project, health staff were invited to take part in training that was provided to artists, so there were cross-sectoral benefits.

### 3.5.2. Project Team

The experience and shared knowledge of the project teams were seen as key elements in the successful delivery of projects; both in terms of project design and supporting project delivery. Key findings in relation to project team structure, skillsets and resources include the following:

- **Team structure and dynamics:** There was consistent value placed on the experience and background of those working within project delivery, including the local authority and HSE staff, creative professionals, implementing partners and the project managers. The mentorship, and peer-network development involved in projects, facilitated the embedding of values, maintaining standards, and establishing a community of practice that will have a legacy impact within the partner contexts.
- **Experience and knowledge are key factors in delivering impactful projects:** Some interviewees noted that the impacts delivered by projects were due to the experience and background of those working on those projects. The review process highlighted a dynamic field with motivated leadership across both creativity and health, providing a strong foundation for future initiatives. Some of those interviewed would be considered leaders in their field and bring excellence and ambition to projects. They also were excited about the role this scheme had within their sector and, where there were criticisms, they were shared with an intention towards ensuring the positive work done could continue and be built upon.
- **The role of the artist/creative is varied, valued and in demand:** While some projects worked with an existing cohort of artists and creatives, a recruitment process was involved in most projects. Interviewees placed a high value on the training, aptitude and experience of creatives specialised in working in clinical and healthcare settings, as well as broader community arts practices.

One interviewee shared that, within their project, the core partners and the delivery team were aligned on values and experience within socially engaged arts practice and advocated for this approach within the project healthcare settings. This socially engaged arts approach involved longer periods of engagement with a fixed group of participants – creating a sense of community around the project. This was a new approach for management within participating healthcare settings, who were more familiar with shorter periods of workshop activities.

- **Addressing skills gaps and shortages:** There was a skills gap or shortage identified in some projects. In one case, this was addressed with an 8-day training programme. In another project, in response to an identified skills gap, the project manager pivoted the artist recruitment process into a Community of Practice (CoP) approach, which is a way of bringing together people who share a common interest, profession, or goal to learn from each other and improve their practice through ongoing collaboration. This project manager played a direct role in supporting, coaching, and mentoring artists involved in the programme, to ensure the development of their skillsets appropriate to the working

context, e.g., providing trauma-informed training. Peer mentorship was also incorporated, including observing each other's practices, and regular group meetings.

Recruitment challenges also related to the freelance nature of contracts connected to projects. It may be that some qualified artists are not working in this area as they do not have the business training or experience in self-promotion to avail of professional opportunities, may not be aware of the sectoral requirements, or may not recognise the value of their existing skillsets. One interviewee noted: *"We have a shortage of artists who understand what socially engaged practice really is, while some artists who are working in socially engaged ways and they don't even notice, and others who are really curious and but haven't a clue how to get in on it"*

- **Network development:** Interviewees expressed a desire for more opportunities to build networks with counterparts across the HSE and Healthy Ireland structures nationally. There is a particular opportunity around connecting those with valuable transversal knowledge and skillsets who may not normally meet due to their organisational structures, including HSE and Local authority staff who could provide valuable expertise in areas such as public health, or research within arts and creativity activities. The approach to network development could range from meetings and conferences to formal training, mentorships, and research trips.

### 3.5.3. Sustainability of Projects

At this stage of the project cycle, it is uncertain whether the funded projects are scalable within partner organisations in line with their potential. While there has been a huge amount achieved, several concerns were raised about "what's next" for these initiatives, with an overall sense that funding remains tenuous for some projects. While establishing partnerships has been valuable in building broader support for creative approaches to health and wellbeing, there is still no embedded funding source within the health system.

In two projects, the "next steps" were integrated into programme delivery, with relationships actively developed and maintained to identify future pathways for successful projects or their participants. There is also an understanding that other projects will need to continue due to the significant impact they have had on participants. One interviewee stated: *"What are the programmes that might continue? How do we co-fund those between arts offices and other partners so that there is some kind of more sustainable approach and fairness for the participants who have become very inspired and also reliant on these programmes"?*

It was noted that some of the challenges have also arisen during staff changes within the local authorities. Therefore, it was proposed by one local authority interviewee that more embedded supports within the local authorities could mitigate against this: *"There isn't regular funding and it's not embedded within the system. If somebody who was championing it were to move on, or they retire, or move jobs - it's that fragile, this work. It would be good to have an arts and health professional in a local authority setting that could do this work within community settings"*.

While core funding for project continuity may be accessed via scheme partners, there was a focus among some interviewees on Creative Ireland funding specifically. This may be beyond the remit of Creative Ireland to support innovation and exploratory projects, rather than to become a core funder of long-term projects.

Key findings connected to the sustainability of projects include:

- **Programme sustainability and continuity:** Sustainability was a concern in many projects, with questions about how high impact initiatives could be maintained once the projects end. The uncertainty around future funding was noted as challenging, particularly given the investment needed to build relationships with communities and partners.
- **Potential future funding:** Those within the health system noted that the scheme provides a basis to align creativity-in-health practices more closely with existing HSE approaches and objectives, and potential funding streams.
- **Specific focus for future funding:** One partner noted that while continued funding would be very positive, it does not necessarily have to involve maintaining the same project – there could be scope for change in project partners or reviewing the focus of the projects or overall programme e.g., via a specific health or art form focuses.

### 3.5.4. Project Evaluation

For the projects that outlined their evaluation approach, the resources allowed for evaluation tended to be relatively small, indicating that the projects would largely self-evaluate, in some cases with support from an external evaluator. Individual project evaluations have sought to focus on the impact on the participants, but also on the processes used, and the skills built up within the project teams. Overall, it is recognised that measuring impact in a quantitative format would be limited on projects of this scale, and also that approaches to measuring creativity-in-health processes should be sensitive to qualitative impacts and outcomes. Interviewees highlighted the need to evidence the overall programme's sector-wide impact, not just individual projects. Some of the findings regarding project evaluation include:

- **Evaluation methods:** Some interviewees expressed concern about a lack of guidance on reporting and evaluation methods. This may stem from the diverse nature of projects that do not lend themselves to a uniform approach. However, many would welcome more specific expectations and templates for recording and reporting outcomes. One interviewee suggested using a similar approach to that used for Creative Youth evaluations.
- **Research methods:** A HSE interviewee noted that, while measuring direct health indicators may not be realistic within such short timeframes, other objective and subjective wellbeing indicators could be used, such as observable levels of engagement and movement and self-reported happiness and anxiety levels. Qualitative creative methodologies such as journaling and filmmaking could also be beneficial. This

interviewee also noted the potential for future research pathways and funding to strengthen the evidence base for the overall programme.

- **Evidence and sustainability:** A recurring theme was opportunity to build an evidence base for the overall programme so as to advocate for additional or diversified funding streams. As people embedded in this field, they see the emergence of both a highly valuable community of practice, but also potential data sets connected to health and wellbeing indicators that could help ensure the sustainability of these and future projects within the health sector. They recognise the need to collect data on a whole programme level, rather than by project. One project manager stated: *“There isn’t an evidence base to advocate for additional funding or diverse funding streams”*.

### 3.6. Scheme Impact

The scheme aimed to encourage new partnerships and innovative approaches through creative health and wellbeing projects that addressed shared partnership challenges and aligned with recently introduced HSE Regional Health Authorities. Evidence from the desk review and interviews suggests this goal has largely been met. Including HSE partners as early as possible in the process was seen to support better alignment with ongoing Health and Wellbeing initiatives. Including HSE as a key partner throughout the process is likely to improve the sustainability and impact of creative health and wellbeing approaches. A more definitive review of the role of HSE in integrating these approaches into the health system will be reviewed further when all project evaluations are complete and shared by local authorities and other partners. The future role of the HSE RHAs will be key in supporting local authorities in future projects to support future sustainability.

Project partners recognised the value of multiple projects contributing to creativity-in-health practice within a shared programme and shared framework. It provided a glimpse of what was possible on a national scale. There were some suggestions in how these project impacts could be shared, and to support sustainable funding or embedding of approaches moving forward. Feedback indicates that the scheme has positively influenced three key areas, with opportunities to make this impact more consistent across all funded projects in the future.

The three key areas are:

- Supporting partnerships that create and scale community pathways for health and wellbeing.
- Evidencing, scaling, and embedding project impact across local authorities or regional health authorities.
- Improving health and wellbeing sectoral skills and knowledge across creative partners.

#### 3.6.1. Impactful partnerships and in-kind supports.

The scheme’s design has successfully encouraged the creation of new partnerships, particularly with Local Authorities. These collaborations have raised awareness of creative

approaches to health and wellbeing and, in some cases, deepened understanding of these methods. However, the quality of partnerships varied across projects, from application through design to delivery. Interviews highlighted that strong partnerships are essential for impact, learning, capacity building, and ultimately embedding approaches sustainably. Partnerships worked best when partners aligned early, ideally during the application stage, on shared purpose and values. Prior agreement on methodology was considered less critical, as the scheme allowed this to evolve once the project need was approved.

Including new partners at the design stage, such as project managers or creative practitioners, requires a clear, structured process. This stage offers an opportunity to support good practice through training on community engagement, creative methods, and the healthcare context. It is also a key moment for partners to realign on objectives, resources, and roles. There is potential for structured knowledge transfer between partners, sharing both information and experiences to strengthen collaboration.

The inclusion of HSE partners at both senior and operational levels emerged as a critical factor. While HSE partners were referenced in some applications, they did not always feel engaged early enough. In one case, the HSE partner was not part of the operational team, leading to missed information and reduced ability to advocate internally or embed the programme. Interviewees noted that while the HSE is supportive, its workload limits engagement, requiring additional effort to ensure embedding. HSE representatives expressed interest in building networks with counterparts in other regions and with Healthy Ireland colleagues nationwide.

One interviewee shared: *“What's really needed is the embedding and having the higher ups with it really, within the HSE. Because I've found that, within the HSE, they've been very supportive, but everyone is so busy that nobody is taking responsibility for it . . . I have a project coordinator now that I would love to employ next year - she has built those relationships. So, it's been phenomenally brilliant for us to build (those relationships) because of how the hospital structure is and people change with the turnover of staff and other changes.”*

The benefit of strong partnerships could be seen where in-kind resources, including HSE staff time and the voluntary input of retired staff, added unique and valuable skills and experience to projects.

### **3.6.2. Evidencing and scaling impact**

A key challenge identified was how to evidence the impact of these initiatives. While some activities are supported by sectoral research (e.g., dementia choirs slowing cognitive decline), other approaches lack this underpinning despite positive participant feedback. This creates a potential risk for future embedding within services, where evidence-based approaches are often preferred. It was also noted that project sample sizes were too small and short-term to allow for traditional health impact research.

However, there are opportunities to track parallel indicators linked to health outcomes, such as reductions in loneliness, increased participation among hard-to-reach communities, and

other wellbeing measures. Participatory and creative research methods may be well suited to this approach. Additionally, there is scope to explore larger-scale evidence collection through long-term studies and embedded research using a whole-programme approach. Some projects already have access to researchers and potential research funding streams that could be leveraged.

### 3.6.3. Creative sector skills development

There is a strong opportunity to lead the facilitation of training by creating a community of practice that embeds well-trained artists within social, community, and health contexts. This approach has already demonstrated local impact by developing a network of practitioners specialised in health-related work, and it holds significant potential for national influence.

Such development could be supported through initiatives like a national conference or symposium, enabling knowledge exchange, collaboration, and best practice sharing across regions. A HSE project partner stated: *"There's such opportunity here for some kind of peer-based learning, or maybe it's Skillnet"*.

Interviews highlighted that the impact of artists in healthcare settings is increasingly recognised, and these settings are showing interest in working with artists beyond this programme. However, many healthcare organisations lack the confidence or capacity to appraise candidates for such roles.

Artists and creatives face practical challenges in this field. Most are freelance and may lack training in self-promotion or the administrative skills needed to operate as independent suppliers. Additionally, some artists with the right aptitude and skillset may be unaware of these opportunities or lack the necessary contacts to get involved.

Through this programme, local authorities emerged as trusted partners in recruiting creative professionals. They have strong networks of high-quality artists, expertise in assessing merit, and experience running artist panels and recruitment competitions based on required skillsets. The involvement of local authorities reduced risks for healthcare partners and provided a valuable channel for artists, who often have pre-existing relationships with local authority culture and creativity teams, and can easily access information about creative opportunities.

## 3.7. Further Feedback

Some further feedback was provided by interviewees on their experience of developing or being involved in the application process. Some key points noted were:

- **Timelines:** The timeline did not align with HSE funding schedules, and drawdown not aligned with community activities.
- **Funding gaps:** Those employed within the health system highlighted that while the funding and flexibility of the scheme provides a sustainable approach to health and wellbeing, it would have to reflect timelines and funding approaches that are already being used within the health system. They highlighted that current creative health and wellbeing practices

remain quite niche, falling between the two funding stools of health and art. Interviewees also reflected that mainstream arts funding is highly competitive and does not support the scope and level of engagement required for longer-term projects.

- **Internal partnerships:** There were notable examples of good internal relationships within Local Authorities, where forward planning for programme continuity and sustainability was integrated early.
- **Expanding pathways:** The new and more flexible approach to partnership created some unique opportunities to expand pathways from the acute sector back into the community, and to include niche or exploratory areas of health that may not be currently covered by the HSE or Healthy Ireland.
- **Formalisation of local partnerships:** The high-level national funding partnership was not always reflected in local MOUs or SLAs. Within the HSE, diverse regional service structures meant levels of staff involvement differed by region, which impacted how HSE involvement was mobilised at a local level.
- **Future sustainability:** Identifying funding and future embedding opportunities early within multi-partner projects was also considered essential to delivery and contributed to meeting the broader objective of supporting the future sustainability.
- **Aligning with existing approaches:** Those within the health system noted that the scheme provides an opportunity to align more closely with existing health approaches, contributing to broader goals under Healthy Ireland and Creative Ireland.
- **Aligning with emerging approaches:** Embedding the work within the HSE on a regional basis was identified as important for sustainability. In some cases, HSE partners were not part of the operational team for projects, leading to missed opportunities for advocacy and integration. Additional support is needed to ensure that the programme becomes embedded within health structures.

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## CONCLUSIONS AND RECOMMENDATIONS

*“The partners always approached this project very consciously, clearly and explicitly - as a strategic project that would be about demonstrating a model of comprehensive art programmes in the healthcare system.”*

– Evaluation Interviewee



## 4. CONCLUSIONS AND RECOMMENDATIONS

### 4.1. Conclusions

This evaluation concludes that the Creative Health and Wellbeing in the Community Scheme has been successful in empowering collaborations across Local Authorities and expanding pathways and opportunities for integrating creative approaches into preventative healthcare and community wellbeing.

The scheme was recognised as a valuable opportunity to create new partnerships that would improve community health outcomes through creative approaches. Based on the interim project reports and on the interviews conducted, the projects have been transformative to the wellbeing of individual participants.

It enabled the piloting of scalable new approaches to enhancing social connection and demonstrated how the arts and creativity can benefit patients across a wide spectrum of healthcare settings, from preventative community care to acute medical environments.

Drawing on decades of expertise in arts and health across diverse healthcare settings, the scheme has strengthened partners' capacity to understand and champion creative approaches to enhancing health and wellbeing. These efforts strengthen the case for further embedding of creativity in healthcare systems.

### 4.2. Recommendations

The following recommendations have emerged from the evaluation process:

#### 4.2.1 Scheme Design

- **Increasing fund timelines:** There is a benefit to both the partners and the community stakeholders in increasing length of the time and resources committed to project set-up and delivery, particularly with regards to new initiatives. Some longer-term project timelines could extend to three years, allowing specific time allocation for partnership development, project refinement, and community engagement.
- **Drawdown schedules:** Support drawdown schedules that respond to project timelines.
- **Local public health priorities:** There is scope for projects to align with local health priorities connected to the new HSE Health Regions. This opens up opportunities for accessing support and resources within the HSE as well as avenues for future funding and health service integration. Where Local authority led projects may not have mapped onto HSE public health service areas, there were challenges in aligning resources and supports.
- **Supporting both innovation and scaling:** The scheme's broad scope was appreciated, but future iterations could differentiate between projects aimed at innovation and pilot initiative, versus those focused on scaling proven approaches. This would enable clearer

partnership goals and tailored resources at different stages, similar to the Creative Climate Action funding model, which helped experienced practitioners scale impact and strengthen collaborations. Smaller grants could support innovative pilots, with a focus on learning, impact, and potential for scalability; while avoiding the substitution of core funding, which was not the scheme's original intent.

- **Knowledge transfer:** The Creative Health and Wellbeing in the Community Scheme is a valuable opportunity to build and transfer sectoral knowledge, both with existing partners and those new to Creative Health and Wellbeing initiatives. A considered approach to building knowledge and capacity can be incorporated at all stages, from the initial call for applications to project conclusion. This can build on existing internal and external resources, as well as incorporate case studies, toolkits, and networking opportunities.
- **Sectoral engagement and network development:** The wide range of funded projects is a positive reflection on the breadth of networks engaged through core project partners. Proactively using these connections and networks will be key to the next phase of the scheme, with an intentional approach to engaging senior HSE and local authority staff. This engagement should be supported by the increasing body of evidence and case studies available, as relevant to their own regional priorities and service needs. The benefit of this strategic focus would be impactful in terms new partnerships and collaborations, and the higher potential for championing and embedding of successful models of practice.

### 4.2.2. *Developing Partnerships and Projects*

- **Lead partner:** Partnerships should have a clearly identified lead partner that ensures alignment across the objectives of all partners. The lead partner could potentially be identified based on longer term potential to include the project in future funding streams.
- **Project delivery support:** Guidance based on previous projects and lessons learned should be provided to lead partners to ensure effective project oversight and forward planning. Support and training should be provided to develop delivery protocols, including handover practices during staff changes.
- **Project management training and skill building:** Project management training was identified by creative partners as an area that would benefit their involvement in future projects. The Arts council could consider this and other project related skills as part of their support of Arts in the Health Sector.
- **Partnerships between the local authority and the HSE that already exist to support a shared objective, could be leveraged** to adapt, expand, or develop creative health and wellbeing approaches.
- **New partnerships will benefit from learnings from this scheme on building successful project partnerships**, such as early inclusion, alignment on regions and objectives,

values, and understanding creative approaches. Some guidance tools could be developed to support the development of strong partnership approaches.

- **Engaging senior regional HSE staff with the programme:** The HSE partners could be included at a more senior level, as well as earlier within the projects. The funding provides opportunities to support networking with their counterparts in other health services or with Healthy Ireland colleagues working on the projects.
- **Regional Health profiles:** The recently introduced HSE Regional Health Authorities provide a timely and essential opportunity for aligning project priorities with regional public health profiles. Strategic regional and local partnerships with the HSE should therefore be mobilised around key themes, objectives and areas of regional impact.

### *4.2.3. Applications and Approvals*

Overall, the application process worked well and reflected the objectives of the scheme. The broad nature of the scheme also provided opportunities for flexibility. While continuing to allow for this flexibility, consideration should be given to refinement of the application process, to include:

- **Combine the sections on Healthy Ireland and Creative Ireland objectives**, supporting applications to clearly articulate in one section how their projects meet scheme objectives.
- **Provide a section on the ‘theory of change’** of the project, to set out how a specific change is expected to be achieved, and why it is desirable based on local health and wellbeing targets. When underpinned with a clear process for evaluation and measurement, this will help partners to focus on the potential impact of the project.
- Encourage partners applying to indicate who will **represent their organisation at both a senior and an operational level and** seek senior endorsement on the funding proposal.
- **Identify and provide training and supports** around fund management, lessons learned, drawdowns etc., for lead partners.
- That applicants are clearly advised that **the funding is not for replacement of operational funding** from other sources.

### *4.2.4. Enabling Project Design and Set-up*

Based on the feedback and insights gleaned through this study, recommendations for design and set-up include:

- **Create a database of experienced project management partners** in creative health and wellbeing projects.

- **The Arts council or other relevant skills body could develop or support access to accreditation for people working in the creative health and wellbeing space** based on skills requirements identified in project delivery.
- **Create a database of creative partners** to support effective procurement processes.
- **Encourage capacity building for creative professionals across funds and projects:** There is a need to support capacity building to enable more artists to work in clinical, community or socially engaged contexts. The Arts council could consider approaches to developing capacity both within the health sector, and in managing projects within the sector. Some projects are already developing training approaches, and these could potentially be scaled to support a greater number of projects.
- **Community of Practice:** Emphasise capacity building and sharing experiences within projects, and provide opportunities for network development outside of projects, for all involved.
- **Investing time in establishing strong team structure and dynamics:** A key element of success is spending time on establishing a clear and consistent partnership, where each representative can develop a strong understanding of the project and act as advocates within their respective organisations. This may require establishing an agreed set of shared values and operating principles at the outset. Creative Ireland could provide guidelines, templates, or case studies to support project development in this regard.
- **Embedding partnerships:** To enable strategic and lasting collaboration, staff within partner organisations such as the HSE may need clear and formalised agreements to facilitate project advocacy and to leverage internal resources and management support. The provision of guidelines and templates for developing project agreements (SLAs etc.) can be a practical step in facilitating these agreements.

### *4.2.5. Project Impact and Evaluations*

Recommendations relation to project evaluations and the capturing of impacts include:

- **Support on the evaluation process and consistent approach:** To provide strong learnings across and between the projects, and help establishing some level of consistency, guidance on a health and wellbeing evaluation framework should be provided, including templates for recording outcomes.
- **More ambitious impact and evaluation:** Capturing impact at a project level was seen to be challenging due to small sample sizes and limited budgets. However, presenting the full impact of the scheme, or collating evidence across projects targeting similar health challenges, was seen as important as this strengthens institutional knowledge of and support for the benefits such a scheme. The development of shared qualitative research approaches should be considered, to capture healthcare impacts in more detail; potentially focusing on target groups, health areas, or creative methodologies.

- **Improving the sustainability of the funding:** Link into other funding sources at all levels and scales should be considered. This can include funding at departmental level as well as whole island approaches. EU level funding should be strongly considered, including alignment with other projects happening within the EU. There is also potential for engagement with funded research or philanthropic programmes.

### 4.2.6. Overall Programme Impact

- **Enable aggregation of data at a scheme level:** Ambitious approaches to data collection at a project level should be matched with processes around whole scheme impact.
- **Support the development of strong partnerships:** through sharing of successful approaches and case studies adopted in the first scheme, and by providing practical guidance on the key factors that underpinned these collaborations.
- **Include senior leadership within partnership development:** This will help to embed learnings from the start of the partnership, enhance opportunities for projects, and ultimately strengthen the potential of the partnerships to deliver impacts that meet real needs.
- **Including new HSE regional staff early in project development:** With the development of new Regional Health Authorities within the HSE, there are clear and timely opportunities for engaging new regional staff in the development of both stand-alone projects and cross-partner dialogue of longer duration. This will facilitate the alignment with regional health profiles, mobilise resources among partners, and ensure shared ownership not just of the projects, but of their long-term impact. Early involvement of HSE staff can ensure project elements that require a longer lead-in can be incorporated into projects. Importantly, this also recognises the unique expertise and roles within the HSE, such as arts therapists and Arts and Health Coordinators, whose roles provide valuable input from the outset.



## APPENDIX

## APPENDIX

### Interview Discussion Guide

#### **Review of Creative Health and Wellbeing in the Community**

Discussion guide approx. 40 minutes.

#### **Introduction**

*Creative Ireland is undertaking an evaluation of the Creative Health and Wellbeing in the Community projects across 11 jointly funded health and wellbeing local authority programmes.*

*We are meeting with project stakeholders to understand how this approach worked as a new form of cross-government cooperation and assess how this approach could be improved. The process evaluation will focus on assessing whether the objectives of the programme have been achieved overall and provides insights into improving the approach moving forward.*

*Overall, we want to understand if Creative Ireland and Healthy Ireland's collaboration help in:*

- *Bringing a concerted focus on life-long wellbeing and prevention of illness*
- *Seeking to reduce health inequalities*
- *Addressing the settings in which health and wellbeing is impacted, and*
- *Empowering people and communities to better look after their own health and wellbeing*

*At a project level we would like to understand:*

## Creative Health and Wellbeing in the Community Scheme Process Evaluation

- *Did the joint funding facilitate collaboration between Creative Ireland, Healthy Ireland, HSE Local Health & Wellbeing and Sláintecare teams to implement arts and health projects to meet the health and wellbeing needs of communities in their areas?*
- *Uncover any process improvements for future funding? What worked and what could be improved.*
- *Understand any hidden benefits or unexpected benefits of this funding approach.*

*Interviews will be recorded (with consent), anonymised, and securely stored, with responses summarised thematically in the evaluation report.*

### **Interviewee profile**

*Name, title and role in the project.*

*\*Note others being interviewed at later stage.*

### **Section 1: Your understanding of the purpose of the Scheme,**

1. *To begin, it would be useful to share your understanding of the scheme and how you first became aware of it?*
2. *Why do you think this scheme was needed at a local authority or regional level?*
3. *Were you involved in any similar projects previously of a similar nature or was this project funded under a different scheme? Who were the funders and what was the process?*

### **Section 2: Identifying the project, creating the application and support.**

1. *How was this project identified as suitable for funding, and what in your opinion led to it's consideration?*
2. *Who was involved in putting the project forward and can you share the process of creating the application? Who were the key stakeholders here?*
3. *What role did different stakeholders play in creating the application/ identifying the project and what was the key role of collaboration here.*
4. *Was there any way this part of the process could have been improved?*
5. *How did that compared to previous funding calls that you have been part of?*
6. *What benefits of any did you find from working with a CI/ HI partnership model at this stage? Where there any challenges?*

### **Section 3: Accessing funding and other support.**

1. *How did you find the application process and accessing the funding, was this straightforward and clear?*

2. What role if any did other stakeholders play here? What role did collaboration play here?

**Section 4: Set up, engagement and delivery.**

1. *When you were setting up the project and engaging with participants, what were the key challenges?*
2. *What role, if any, did collaboration play in helping your project be more impactful both within the team and with CI/HI*
3. *How has this funding approached differed, if at all, in how you have delivered your project?*
4. *What supports did you received from CI/HI to support you at this stage of the process? Were there additional supports that would have been useful?*
5. *What benefits of any did you find from working with a CI/ HI partnership model at this stage? Where there any challenges?*

**Section 5: Impact of the project to date and evaluation process.**

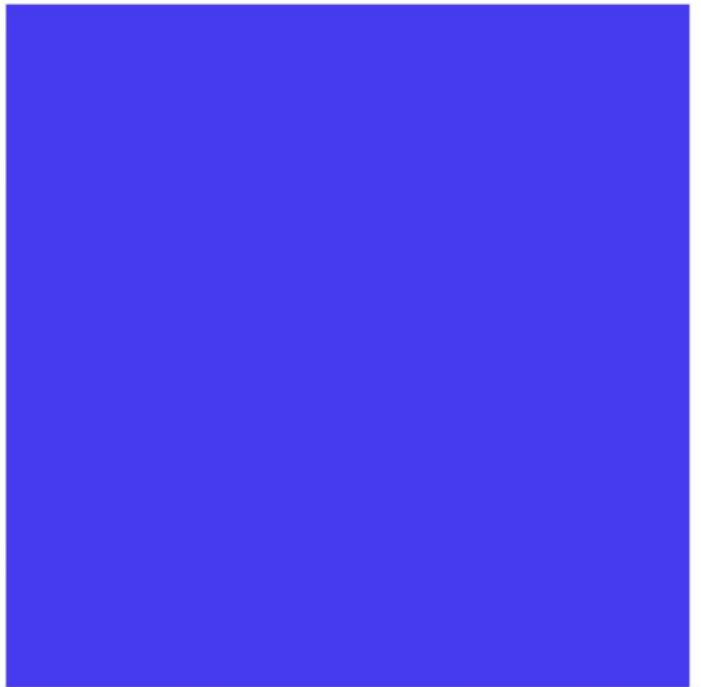
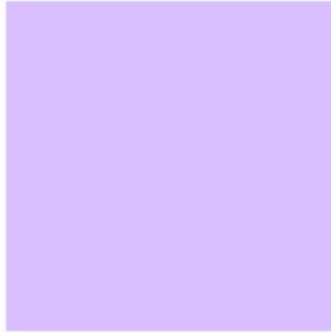
1. *What do you see as the key impacts to date of your project? Do you feel the impacts have been improved working within a collaborative approach?*
2. *What stage are you at on your evaluation process? Will you be measuring the role of collaboration across stakeholders in your project? What measures will you use?*
3. *What supports did you received from CI/HI to support you at this stage apart from finance?*
4. *What benefits if any did you find from working with a CI/ HI partnership model at this stage? Where there any challenges?*

**Section 6: Overall Learnings and observations.**

1. *Reflecting on the project to date, and specifically in how it was set up and your relationship with the funders- what do you see as the key benefits of this approach if any?*
2. *What do you see as the challenges?*
3. *What two improvements would you suggest for future funding rounds?*

***Thank you for your time.***

THANK YOU



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