Equality, diversity and inclusion in arts and health: insights from the Health Arts Research programme

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This research briefing aims to provide a concise summary of research on equality, diversity and inclusion in arts and health and its relevance to policy and practice.

Overview and policy context

Within the updated Programme for Government (1) is a pledge to: "*Introduce an all-Wales framework to roll out social prescribing to tackle isolation*". Social prescribing is a key component of universal personalised care where patients are in control of their care package. A recent Senedd Research Service briefing (2) noted, social prescribing aligns with the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014, both of which are founded upon models that recognise the impact of social aspects on health and wellbeing. Also, Welsh Government's plan for an Anti-Racist Wales (3) highlights tackling health inequalities faced by the Black Asian and Minority Ethnic (BAME) community. Furthermore, 'A Healthier Wales: plan for health and social care' sets out a long term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness (4).

The COVID-19 pandemic occurred against a backdrop of social and economic inequalities in existing non-communicable diseases as well as inequalities in the social determinants of health. Inequalities in COVID-19 infection and mortality rates arose as a result of the cumulative effect of the COVID-19 pandemic, inequalities in chronic diseases and the social determinants of health (5). Therefore, when engaging under-represented groups that were disproportionately affected by the pandemic such as ethnic minorities and disabled people, care and attention needs to be paid to acknowledge the trauma of that experience in order to build relationships and overcome distrust (6).

Questions have been raised on the applicability of arts and health interventions to different demographics, particularly on the aesthetics of the 'art' and the audiences that it appeals to (7, 8). Diversity and inclusion are concepts that are currently widely discussed in the arts and often used interchangeably. Yet they mean very two different things: 'diversity is being invited to the party whereas inclusion is being asked to dance' (9). A recent study in the US found that many arts public sector organisations talk about being inclusive or diverse without ever identifying the marginalised or low-resourced groups in the community (10). In Wales, the manifesto launched in 2021 by Disability Arts Cymru and partners Wales Arts International, Disability Wales and Arts Council Wales called for the cultural and international rights for disabled people to be respected in line with recommendations from United Nations Convention for the Rights of Disabled People. The manifesto states that disabled

people are often left behind when it comes to creative life and recommends that organisations follow the social model of disability in all work with disabled people to ensure their inclusion (11).

To help redress this balance, an innovation and research partnership between Arts Council of Wales, Nesta and Cardiff University called Health, Arts, Research & People (HARP) tested new ideas and approaches in arts and health. The research team, based within Cardiff University's public services innovation lab for Wales (Y Lab), recently carried out a series of in-depth interviews on the process of embedding the arts within health and social care systems. As part of this research, participants were asked about their views about how the arts integrated within health and social care systems and served minoritised populations in relation to ethnicity, race, language and sexuality.

What the research shows

Drawing on observations, interviews and questionnaires with 4 innovation facilitators and 44 participants in 17 arts and health projects that were part of the HARP innovation programme, it was clear that minoritised groups could be effectively engaged through the creation of safe spaces by artists who shared their lived experiences. Five projects out of the 17 directly engaged under-represented groups in relation to ethnicity, sexuality, language and disability. Even though these projects had very different characteristics (involving different sectors, art forms, service users and dynamics), a key characteristic was that most of the artists had lived experiences that matched those of the participants. This assisted in recruitment as well as co-production.

BAME: One project dealt exclusively with the experiences of Black healthcare workers working in Wales during the pandemic. They employed a Black creative writer to conduct interviews and transform the narratives into creative non-fiction. There were significant issues in establishing trust and resistance to be identified as an employee who discloses experiences of discrimination. The creative professional worked together with participants to establish trust and identify suitable ways of working. One project which engaged people with dementia in singing engaged a Chinese elder. The team identified a Chinese song that they liked and used it to engage the whole group including the healthcare professionals. Discussions around this song created new points of socialisation.

Native Welsh speakers: Two projects were predominantly delivered through the Welsh medium: one project was aimed at care home professionals and the other one was tailored to people with experiences of behavioural and substance dependencies. They employed native Welsh speakers to design and deliver the intervention and offered English-speaking options for participants who were not fluent. The creative professionals explained that native-Welsh speakers do not express themselves in the same way in the English language and the provision of creative engagement through the Welsh medium enabled deeper involvement.

LGBTQ+: Two creative practitioners delivered a series of creative sessions with survivors of sexual violence. One of the arts facilitators and 2 of the participants openly identified as LGBTQ+. The artist drew on her own experiences as a member of the LGBTQ+ community to create a space that safeguards emotional safety. During the weekly workshop sessions the participants were invited to share their name and preferred pronouns. They discussed what is required to create a safe space in relation to disclosure and confidentiality. The group then proceeded to explore the messages that they wanted to share with other survivors of sexual violence who, due to stigma may have been

reluctant to seek support. As part of a campaign to encourage others to self-refer the participants in the project produced a collection of inspiring videos, spoken word, poetry and still images as well as a series of posters which all contained the Progress Pride Flag. Both creative practitioners wanted to ensure that the campaign was inclusive and reached everyone regardless of their sexuality or gender identity. The creative practitioner from the LGBTQ+ community acknowledged the importance of their fellow artist collaborator as an ally and how that supported them to practice safely and well.

Disability: One project engaged six D/deaf, disabled and neurodivergent artists to create works that reflected their experiences of the pandemic and hopes for the future. The participants worked remotely to produce creative pieces and collectively addressed the question of why was society rushing back to 'normal' when normal didn't work for so many people particularly in relation to access. Key to the development of this project was an experienced deaf artist and inclusion specialist who used his expertise to create a space where disabled artists felt listened to and were supported to create new work.

Perceptions of Equality, Diversity and Inclusion (EDI): Overall, most projects did not actively seek to engage under-represented groups as their focus on recruiting participants within their particular health cohort. However, some of the participants did belong to under-represented groups through other means such as for example lack of digital engagement, social isolation and rural environments.

Recommendations

As Welsh Government develops its policy to introduce an all-Wales framework on social prescribing to tackle isolation and seeks to embed Prudent Healthcare principles, the following recommendations can be suggested:

1. *EDI training*: Ensure that healthcare workers including link workers are trained in EDI and understand the social model of disability, inclusive language and cultural competence.
2. *Safe spaces*: Create spaces that safeguard the emotional safety of under-represented groups through smaller tailor-made events with paid facilitators who share similar lived experiences.
3. *Organisational commitment to EDI*: Ensure that organisations that offer arts and health services also have publicly available EDI statements and audit/complaints processes where experiences of discrimination can be reported.
4. *Diversity in the workforce*: Value and encourage diversity among the workforce and draw on lived experiences to support innovation.
5. *Community consultation*: Consult diversity-led third sector organisations regarding creative activity that might not be labelled as social prescribing among under-represented groups.

Further recommendations from the HARP team tailored to the different stages of an arts and health innovation process can be found here:
https://healthartsresearch.wales/harp/recommendations/policy-makers

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