# HARP

Health Arts Research People

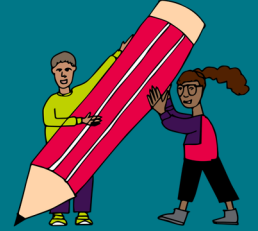the H A R P approach

Health   Arts   Research   People

a framework to support arts and health innovation

since 2019, the

# HARP

Health   Arts   Research   People

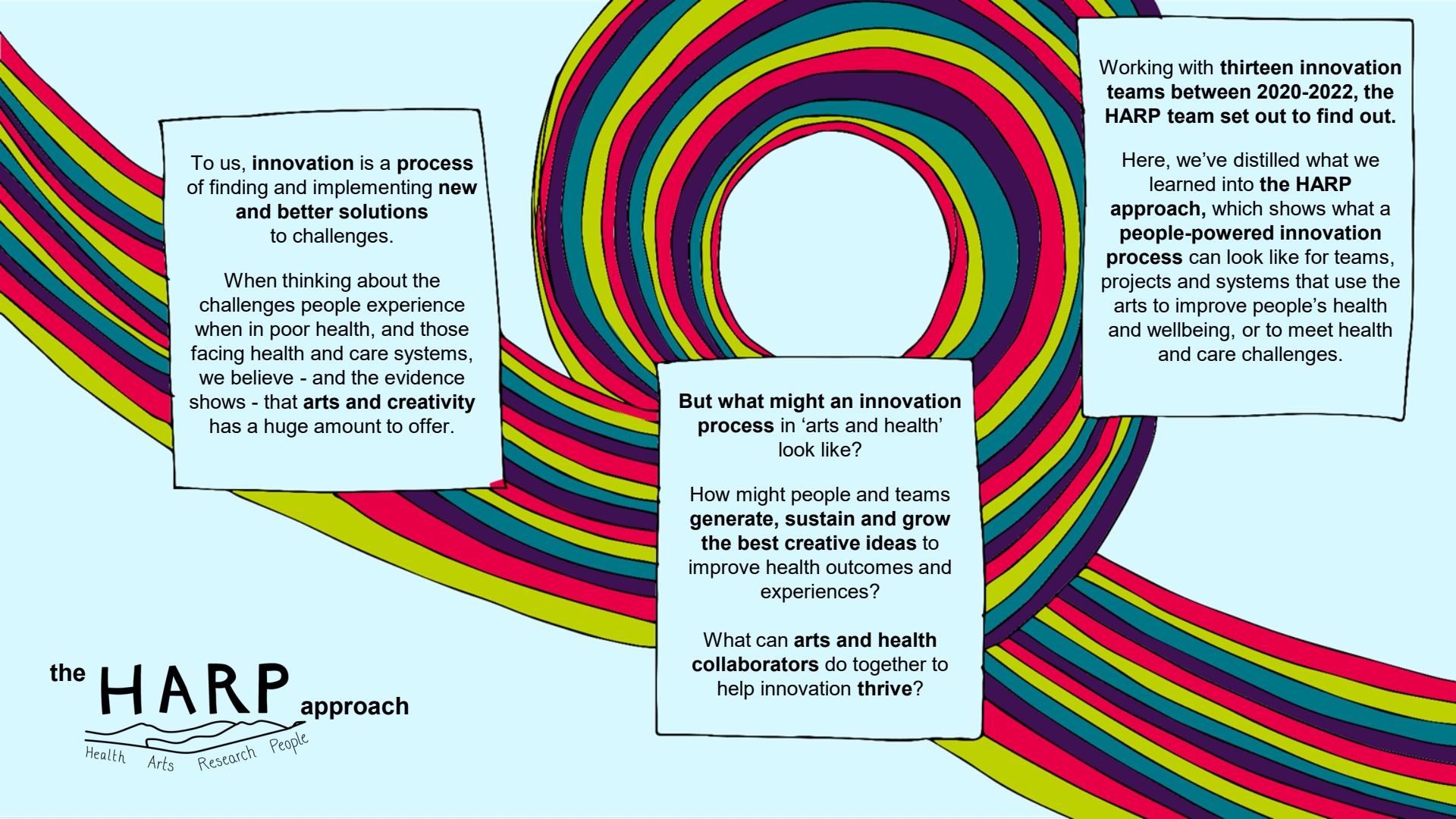team has been …

… working in **health** settings, aiming to improve people's health and wellbeing and address key challenges in our health and care systems

… bringing innovation in **arts** and creativity to these health and care settings and challenges

… doing **research** to explore the impact of this, and learn about the process by which innovation can happen in health settings

… putting **people** at the heart of innovation, building strong partnerships with diverse teams to ensure the best ideas survive and thrive

To us, **innovation** is a **process** of finding and implementing **new and better solutions** to challenges.

When thinking about the challenges people experience when in poor health, and those facing health and care systems, we believe - and the evidence shows - that **arts and creativity** has a huge amount to offer.

**But what might an innovation process** in 'arts and health' look like?

How might people and teams **generate, sustain and grow the best creative ideas** to improve health outcomes and experiences?

What can **arts and health collaborators** do together to help innovation **thrive**?

Working with **thirteen innovation teams between 2020-2022, the HARP team set out to find out.**

Here, we've distilled what we learned into **the HARP approach,** which shows what a **people-powered innovation process** can look like for teams, projects and systems that use the arts to improve people's health and wellbeing, or to meet health and care challenges.

the **HARP** approach
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# the HARP projects

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'Ar y Dibyn': Welsh creative writing for addiction
*Theatr Gen, Adra, Substance Misuse Gwynedd*

'Creative first aid' for care staff after Covid-19 *Denbighshire Council, Steffan Donnelly, Mari Gwent*

Joio - dance for mobility and cognition
*Impelo, Dementia Matters, Powys HB*

'Doing the write thing': Black NHS workers tell their stories of Covid-19
*HEIW, Eric Ngalle-Charles, Dee Udeze*

'Messages of Hope' - reducing trauma and stigma for sexual violence survivors
*New Pathways, Jain Boon, Matilda Tonkin-Wells*

Art Well: Remote Choir, Theatr Soffa and Shared Worlds poetry
*Span Arts, Hywel Dda Health Board, Pembrokeshire Council*

Creative support for staff and patients
*Aneurin Bevan Health Board, Head4Arts*

Opsiynau Creadigol: arts activities for mental health
*Arts Care Gofal Celf, Hywel Dda Health Board, Carmarthenshire Council*

Digital Threads: singing for dementia *Forget Me Not Chorus, Cardiff & Vale Health Board*

'HARBWR': creative social prescribing for mental health
*Swansea Bay Health Board, various*

CF Voices: creative engagement for cystic fibrosis *Cardiff & Vale Health Board, Four in Four Arts*

'Seren': creatively supporting rehabilitation in and out of hospital
*Cwm Taf Health Board, Tanio*

SPARK: storytelling for older, isolated people
*Re-Live, Bridgend Council, Powys Association of Vol Orgs*

HARP nourish (scale & sustain)

HARP seed (new innovation)

the **HARP** approach

*Health    Arts    Research    People*

| **is** | **was** | *isn't* |
|--------|---------|---------|
| ⇩ | ⇩ | ⇩ |

**is**

→ a **model** for an innovation process in arts and health, showing at least **four defined stages,** each with distinct features and aims

→ a way of approaching innovation that centres around **learning, collaboration and transforming** health systems

→ a **tool to empower people** working in this area to be **analytical and reflective** about their innovation projects, and to ask others for support as needed
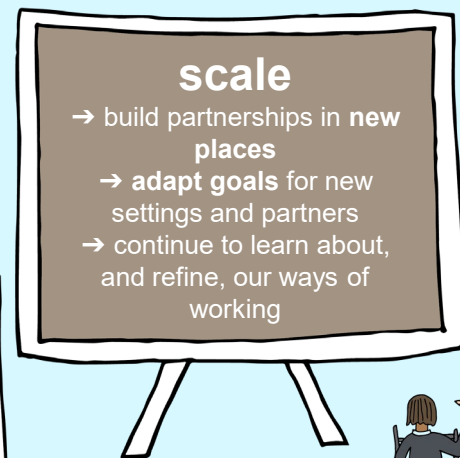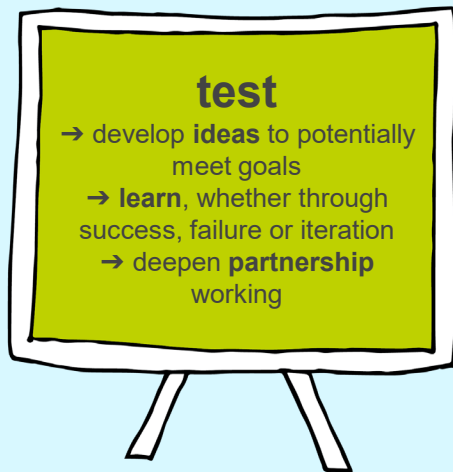
**was**

→ **co-created** with the 13 arts and health innovation teams we worked with in HARP

→ based on the HARP team's **practical observations**, informed by data collected by the HARP researcher

→ inspired by **other models** including Nesta's *innovation spiral*, the People Powered Results *innovation conditions wheel*, and the Culture, Health and Wellbeing Alliance's *Thriving Practice Model*

**isn't**

→ an all-encompassing process for a perfect arts and health project: **every project is different** and not all four stages or elements of the HARP approach will be right for all projects

→ a **quality or skills framework** for artist practitioners working in health, as this sits outside HARP's remit; for this please refer to Wales Arts, Health and Wellbeing Network's Quality Framework and Code of Practice)

➜ Broadly, we think the **four stages** of an arts and health innovation process - and the aims of each stage - are:

**groundwork**
➜ build a committed **partnership**
➜ gain a deep **understanding** of the health challenge
➜ set clear **goals** for people and organisations

**test**
➜ develop **ideas** to potentially meet goals
➜ **learn**, whether through success, failure or iteration
➜ deepen **partnership** working

**invest**
➜ **measure** the impact and outcomes of our idea
➜ collect and share the **story** of our project
➜ **build resources** to **embed** our project long term

**scale**
➜ build partnerships in **new places**
➜ **adapt goals** for new settings and partners
➜ continue to learn about, and refine, our ways of working

the **HARP** approach
Health Arts Research People

# groundwork

→ build a committed **partnership**
→ gain a deep **understanding** of the health challenge
→ set clear **goals** for our people and organisations

## resources and investment
⇩

### commit time
health partners have allocated enough time to work on the challenge, supported by project sponsors (health leaders)

### compensate artists
artists are paid for project development and collaboration work

### plan to test
we are looking ahead to establish a small amount of funding for the 'test' phase

## delivery and pathways
⇩

### set our goals
all partners and some potential participants have informed a clear set of ambitious goals for our people and organisations

### be clear on roles
we understand each other's roles on the team, we have a plan for who does what, and we share successes, delays and changes

### explore referral pathways
we are clear who could refer people to our potential project and have started to explore their logistics and admin

## relationships and storytelling
⇩

### map audiences
we know who the key people and orgs are that we want to share the story of our project with and how to reach them

### develop relationships
we are developing relationships with people and organisations that we believe could support our work

### build trust with partners
all partners have an open mindset ready for R&D, where successes and failures are both valuable parts of the learning process

## evidence and evaluation
⇩

### explore existing evidence
we are looking into the existing evidence around our health challenge to inform our understanding

### consider why evidence needed
we know who will read our evaluation report, why and what this might lead to in the future

### establish a data lead
we have a dedicated data contact to inform this worksteam

# test

➔ develop **ideas** to potentially meet goals
➔ **learn**, whether through success, failure or iteration
➔ deepen our **partnership** working

## resources and investment
⇩

**secure leadership**
we have project sponsors and/or coaches on hand to help unblock barriers, keep our focus on our goals and provide encouragement

**commission and purchase**
a small amount of funding is available to begin setting up service agreements with artists and purchasing materials

**plan to invest**
we are looking ahead to establish longer term funding to our 'invest' phase

## delivery and pathways
⇩

**test**
we get going and we try ideas out, planning carefully as we go but also anticipating that not everything will be 100% successful in meeting our goals

**learn and reflect**
we meet often, with partners, sponsors and participants, to reflect on what's going well and what needs to change

**iterate**
we use these reflections to build on successes, make changes or stop ideas and try something else if needed. We see all this learning as useful, even when things don't work out

## relationships and storytelling
⇩

**be visible**
if our project is suitable for someone in the place we're working, there's a good chance they'll hear about it

**build trust with participants**
we establish reciprocity with people who engage in our project, letting them know our progress and future plans, and how they can help

**keep people in the loop**
we share progress updates with our key audiences and our leadership, and we regularly ask them for help and insights when appropriate

## evidence and evaluation
⇩

**observe to generate questions**
we're learning about what questions and methods might be best for future evaluation

**gain early insights**
we're establishing an open, transparent way of asking participants to share insights with us about our testing, to help improve what we do

**get access to data**
health partners are able to access data on relevant health outcome measures from their existing systems, to help explore progress

# invest

➔ **measure** the impact and outcomes of our idea
➔ collect and share the **story** of our project
➔ build resources to **embed** our project long term

## resources and investment
⇩

**build infrastructure**
we are bringing in more people - creatives, fundraising, management - who can continue the work beyond the initial team

**cost it up**
we know the true cost of our project - per person, per month, per year

**plan to scale**
we have explored, and are securing, a range of future income sources and we have considered our suitability to scale up

## delivery and pathways
⇩

**focus on quality**
the participants and partners in the project consider the artistic and social experiences of the project to be first-rate

**refer on**
we have a process in place to refer people on from our project to further support or creative activity

**be inclusive**
the most marginalised people (e.g. those experiencing racism or socioeconomic deprivation) are safely able to access the project

## relationships and storytelling
⇩

**know the market**
we are learning how our project answers a clear strategic priority in health and/or care

**know the story**
we are developing a clear story to tell, collecting personal stories from our participants, and evaluation data

**tell the story**
we have a range of assets - web, print, video, reports - to help tell our story to our different audiences and can access appropriate channels

## evidence and evaluation
⇩

**collect and measure**
we are using suitable, viable methods of collecting data to establish whether we've met our goals

**draw on past research**
we are using evidence that already exists (or doesn't), demonstrating that the type of project we're running is evidence-based

**involve people in learning**
we have clear learning questions for our evaluation that link to our goals and have been created with participants and leaders

# scale

➔ build partnerships in **new places**
➔ **adapt goals** for new settings and partners
➔ continue to learn about, and refine, ways of working

## resources and investment
⇩

**commit time**
new partners have allocated enough time to work on the project, supported by health leaders as necessary

**compensate artists**
artists are paid for ongoing development and collaboration to map scaling models and requirements

**diversify funding (core/seed)**
appropriate partners are investing core funds to secure the project, with seed funding sought if needed for new areas

## delivery and pathways
⇩

**reset our goals**
new partners and existing participants have informed a revised set of goals for our people and organisations

**new referral pathways**
we are clear on which new organisations and teams could be referring people to our potential project and have explored logistics and admin

**be clear on roles**
we understand everyone's roles on the team, how they may have changed and how we communicate any delays or changes as we scale up

## relationships and storytelling
⇩

**map new audiences**
we know who the key people and organisations are that we want to share the story of our project with and how to reach them in these new places

**build trust with new partners**
we are clear with partners that there is still an element of testing: in any scaling project, things may work differently in new places and settings

**keep telling the story**
we're always adding to our assets - web, print, video, reports - to help tell our story to new and existing audiences

## evidence and evaluation
⇩

**standardise and implement**
we are exploring what the common ingredients of our project are as we adapt it to new places, so that we can continue to scale more

**continue collecting data**
we continually take a learning approach to scaling, so we keep adding to the evidence base around our project

**build out questions**
in scaling our project, we are considering what we don't know about how the project may work in new places and address knowledge gaps

# the HARP approach

Health. Arts. Research. People.

| | **groundwork** *3-18 months* | | **test** *3-9 months* | | **invest** *18 -36 months* | | **scale** *open-ended* |
|---|---|---|---|---|---|---|---|
| **resources and investment** | commit time<br>compensate artists<br>plan to test | ⇒ | secure leadership<br>commission & purchase<br>plan to invest | ⇒ | build infrastructure<br>cost it up<br>plan to scale | ⇒ | commit time<br>compensate artists<br>diversify funding |
| **delivery and pathways** | set goals<br>explore referral pathways<br>be clear on roles | ⇒ | test<br>learn and reflect<br>iterate | ⇒ | focus on quality<br>refer on<br>be inclusive | ⇒ | reset goals<br>explore new pathways<br>be clear on roles |
| **relationships and storytelling** | map audiences<br>develop relationships<br>build trust with partners | ⇒ | be visible<br>keep people in the loop<br>build trust with participants | ⇒ | know the market<br>know the story<br>tell the story | ⇒ | map new audiences<br>keep telling the story<br>build trust with new partners |
| **evidence and evaluation** | establish a data contact<br>explore existing evidence<br>consider why evidence is needed | ⇒ | gain early insights<br>get access to data<br>observe to generate questions | ⇒ | collect and measure<br>draw on past research<br>involve people in learning | ⇒ | build out questions<br>manualise, implement<br>continue collecting data |