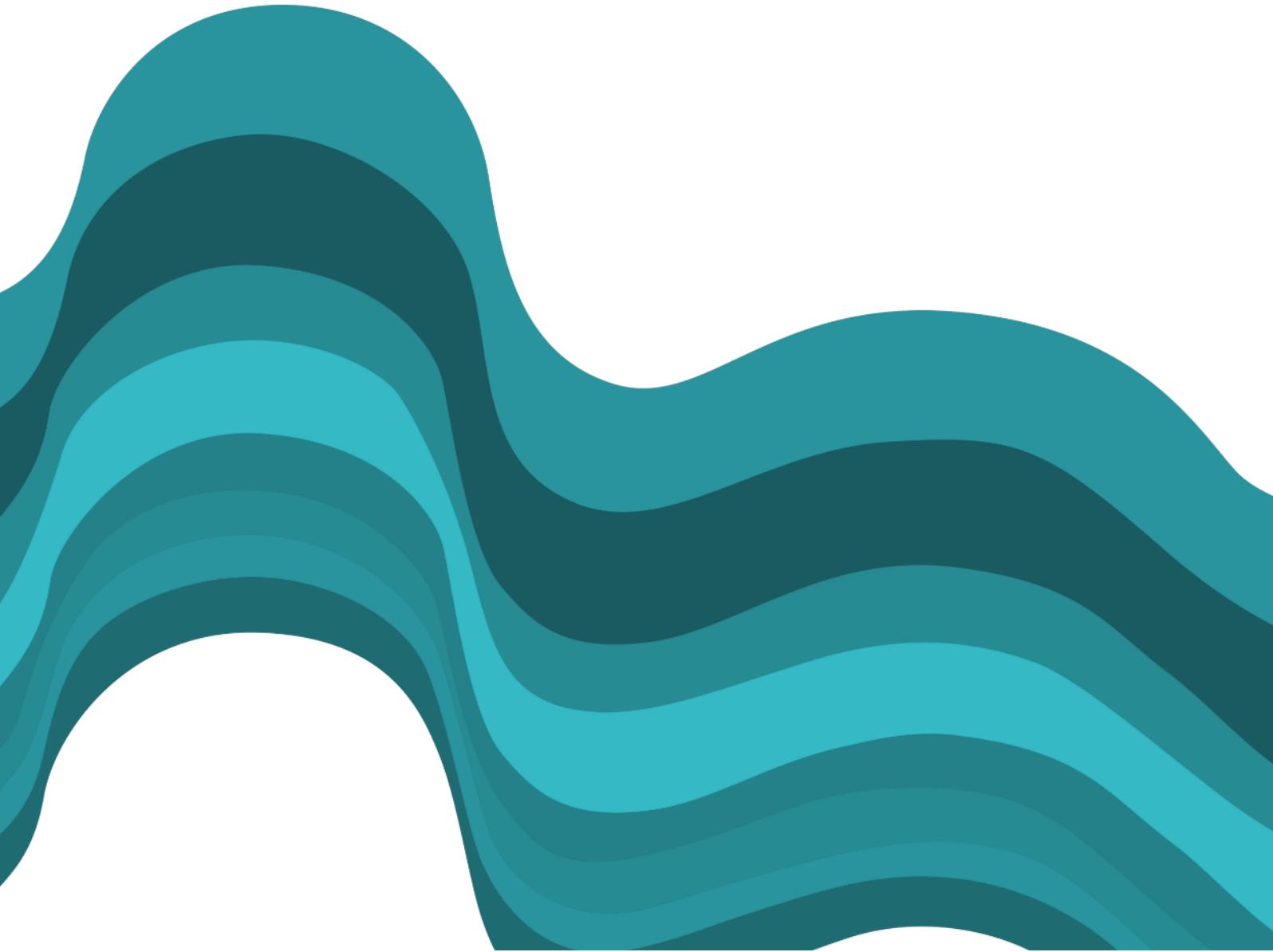




Evaluation Report

Arts Boost 4

Report produced on 6th February 2026





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1. Executive Summary

Background: Mental health disorders are prevalent and rising in young people across the UK. Engagement in the arts and participation in arts-based interventions have been associated with improved mental health outcomes in children, adolescents, and young adults. This evaluation aimed to investigate the impact and delivery of the fourth iteration of an arts programme designed for young people accessing care from Hywel Dda University Health Board (HDdUHB) Child and Adolescent Mental Health Services (CAMHS).

Arts Boost 4 programme: Arts Boost 4 (AB4) was developed through a collaborative co-creation session involving CAMHS, HDdUHB Arts and Health department, local arts organisations, and evaluation partners to address challenges identified in earlier programme cycles.

Young people could be referred at any stage of their CAMHS journey, with clinicians identifying suitable participants and families providing informed consent following engagement with the clinical lead. The programme delivered six weekly arts-based sessions across three counties, with groups led by independent local arts organisations. Early sessions focused on one-to-one creative work and relationship-building using a trusted-adult model before young people were brought together in group settings to continue their personalised creative projects, with signposting to further arts opportunities after completion.

Methods: Quantitative data were gathered using three measures which captured changes in wellbeing, therapeutic progress, and movement toward self-defined goals before, during, and after the programme. Results were analysed descriptively.

Qualitative insights were collected through questionnaires with young people, a focus group with arts partners, and interviews with Hywel Dda UHB staff. Thematic Analysis was used to identify key themes relating to programme impact, effective elements of delivery, challenges, and considerations for future scale-up, using an inductive approach aligned with the project's core research questions.

Results: A total of 16 young people participated in AB4. Quantitative findings showed positive trends: wellbeing scores increased after the programme, and young people reported meaningful progress toward all three self-identified

goals. Therapeutic progress scores were generally higher after each session, though they showed no consistent pattern across the programme.

Qualitative feedback highlighted perceived benefits for wellbeing, identified what supported or hindered delivery, and offered insights for future scaling, with an additional theme emerging around differences between arts-based and traditional psychological approaches.

Based on this evaluation, several key recommendations are made:

Recommendation 1: Explore how arts-based offers could impact young people at all points on the mental health continuum i.e., offers aimed at preventing the onset of mental health difficulties, offers aimed at those accessing treatment for mental health difficulties, and offers aimed at preventing relapse in those who have previously experienced mental health difficulties.

Recommendation 2: Based on anecdotal evidence that some AB4 participants identified as neurodivergent, explore and evaluate how future iterations of the programme may be best adapted to suit the needs of neurodiverse people in order to ensure that all groups receive maximum benefit from the programme.

Recommendation 3: Establish a multidisciplinary task-and-finish group to consolidate learning from previous years and plan how Arts Boost can be scaled into a routine, sustainably funded NHS offer beyond 2028 (when current funding ends). This group should explore how the programme could align with emerging open-access models, where young people are seen at the point of need, and consider partnership structures between arts organisations and the health board.

Recommendation 4: Conduct needs assessments and co-creation sessions to determine optimal timing, capacity, and location of future Arts Boost programmes, informed by referral patterns and school-year cycles.

Recommendation 5: In order to balance potential benefits and associated costs, run Arts Boost Lab sessions every three years, or in light of changes being made to the programme.



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3. Abbreviations

HDdUHB	Hywel Dda University Health Board
GP	General Practitioner
CAMHS	Child and Adolescent Mental Health Services
AB4	Arts Boost 4
ORS	Outcome Rating Scales
GBO	Goal-Based Outcomes

4. Acknowledgements

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5. Introduction

Mental health is defined by the World Health Organisation as “a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community” (World Health Organization, 2025). According to the ‘two continua’ model, good mental health can be defined as the absence of symptoms associated with diagnosable mental health conditions, such as depression and anxiety, and high levels of emotional, psychological, and social wellbeing (Westerhof and Keyes, 2010). Poor mental health or mental health disorders are associated with distress and disruption to the lives of those experiencing the mental health condition and those around them (Goodman et al., 2015; O’Shea & McHayle, 2021).

Across the UK, the prevalence of mental health disorders in young people is high and rising, leading to increasing concern within government (House of Commons Health and Social Care Committee, 2021; Ward et al., 2021). In 2023, it was estimated that approximately one in five young people in England aged eight to 25 had a probable mental health condition (NHS Digital, 2023); an estimate which has been rising consistently since 2017 (Peytrignet et al., 2022). Given that half of all lifetime cases of mental health disorders begin by age 15 and three quarters of lifetime mental illness experienced by the mid-20s (Kessler et al., 2007; Meltzer et al., 2003), young people’s mental health provides a good target for prevention and intervention, with potential benefits in the short- and long-term.

Mental health services across the UK are struggling to meet this increased demand, particularly since the COVID-19 pandemic (Audit Scotland, 2018; House of Commons Health and Social Care Committee, 2021; National Assembly for Wales Children, Young People and Education Committee, 2018; Office for Health Improvement and Disparities, 2021). Furthermore, long waits for support are associated with exacerbated mental health problems. For example, 59% of young people reported that their mental health deteriorated during the wait for support (YoungMinds, 2024).

In addition to the distress experienced as a result of mental health difficulties, they are associated with physical health problems, resulting in reduced life expectancy (The Royal College of Psychiatrists, 2022) and are associated with economic costs of approximately £118 billion per annum in the UK. This includes the cost of treatment and lost earnings for people and their informal carers (The Royal College of Psychiatrists, 2022).

5.1 Hywel Dda University Health Board context

Hywel Dda University Health Board (HDdUHB) is one of seven Welsh health boards and serves a population of approximately 385,615 across the counties of Carmarthenshire, Ceredigion, and Pembrokeshire. The health board provides care across a range of settings, including hospitals, GP surgeries, and in the community.

Compared to other places in Wales, the population is older, the prevalence of chronic and mental health conditions is higher, and the health gap between the best and worst off in society is wider (Hywel Dda University Health Board, 2018).

In 2022-23, 12,342 children and young people in Wales received counselling and 2,574 of those resided in the three counties covered by HDdUHB (Welsh Government, 2025). Most of these young people were not referred to specialist services, but approximately 300 children and young people are receiving care from HDdUHB Child and Adolescent Mental Health Services (CAMHS) at any one time.

CAMHS aim to work with young people and their families and carers to improve their mental health and allow them to live safe and meaningful lives. A young person's journey through CAMHS will involve a referral which is then screened and triaged, an assessment to identify and understand the young person's mental health needs, evidence-based interventions including the individual and their families or carers, and wider training and support to equip those around the young person. CAMHS services must be child-centred, trauma-informed, strengths-based, effective, efficient, and targeted.

5.2 Literature review

Evidence from observational cohorts and intervention studies support a link between engagement in arts activities and better mental health.

In a large synthesis of observational data from UK and US population cohort studies, the social biobehavioural research group demonstrated consistent associations between arts and cultural engagement and a range of health-related outcomes in children, adolescents, and young adults (Fancourt et al., 2023). Engaging in activities such as reading for pleasure, music, dance, and drama was linked with lower levels of hyperactivity and inattention, improved prosocial behaviour, and fewer externalising or antisocial behaviours during adolescence. Associations were strongest for voluntary, out-of-school activities. The review also identified associations between arts engagement

and broader health behaviours. Reading for pleasure in early adolescence was linked with healthier behavioural profiles, including lower odds of smoking and alcohol use, although some associations appeared partly confounded by family and personal characteristics. Participation in arts groups between ages 12 and 19 was associated with reduced concurrent use of alcohol, tobacco, and marijuana, though this effect attenuated over long-term follow-up. In young adulthood, frequent arts engagement predicted higher levels of flourishing over a 14-year period, driven primarily by gains in social wellbeing. Evidence for outcomes related to loneliness and social support was more mixed, suggesting that arts engagement may influence some domains of wellbeing more strongly than others. Another recent study used latent class analysis to establish different groups in terms of engagement with participation in arts, culture, and entertainment, and found that those that engaged with a wide variety of activities had better subsequent mental wellbeing than those who engaged in very little, or those that engaged in a narrow selection of activities (Thornton et al., 2024).

There are several potential mechanisms through which the observed associations may operate. Creative engagement may support the development of imagination, problem-solving, self-esteem, and self-control, with evidence that these psychosocial capacities mediate reductions in internalising and externalising behaviours. Alternatively, parental involvement in shared arts activities appeared to strengthen some of these associations. The review highlighted the complexity of arts interventions, mapping 139 potential “active ingredients” and more than 600 possible mechanisms of action spanning project design, interpersonal processes, and contextual factors. It should also be noted that causality cannot be established from observational associations alone, as temporality cannot be established, and reverse causation and confounding cannot be ruled out.

Another recent study aimed to use panel methods on observational data to strengthen causal conclusions and distinguished between active and passive forms of arts engagement (Hugh-Jones & Munford, 2025). Active participation was associated with reduced total difficulties, fewer externalising symptoms, and higher life satisfaction, suggesting that participatory forms of engagement may be particularly important for broader wellbeing. No significant associations were found for passive engagement in arts activities. However, active engagement was linked to poorer internalising mental health among females, with internalising outcomes consistently showing opposite directional patterns to other wellbeing indicators.

Systematic reviews of arts-based programmes have also provided evidence that arts activities can build resilience and positive mental wellbeing, as well as improve quality of life (Williams et al., 2023; Zarobe & Bungay, 2017), with some additional evidence that arts activities that include movement and social connection elements tend to have larger impacts on mental health (Elsden & Roe, 2021).

5.3 Policy context

5.3.1 The Wellbeing of Future Generations (Wales) Act

The Wellbeing of Future Generations (Wales) Act establishes a statutory framework designed to enhance the social, economic, environmental, and cultural well-being of Wales (Welsh Government, 2015). It provides a legally binding common purpose for designated public bodies, including local health boards, requiring them to work collectively toward long-term sustainability. This shared purpose is articulated through seven national well-being goals, which envision a prosperous and resilient nation, improved population health, greater equality, cohesive communities, a vibrant cultural life supported by the Welsh language, and a globally responsible Wales.

A series of national indicators guide progress toward these ambitions, several of which are directly relevant to Arts Boost 4 (AB4). These include measures of healthy lifestyle behaviours among children, with milestones aiming for 94% of children to exhibit at least two positive health behaviours by 2035 and over 99% by 2050. Additional indicators focus on early skill development in young children, levels of public involvement, community cohesion, and mental well-being. The mental well-being indicator includes a long-term milestone to raise mean mental well-being for both adults and children and to eliminate disparities between the most and least deprived areas by 2050. Together, these indicators operationalise the act's vision and provide a structured basis for monitoring equitable and sustainable well-being outcomes across Wales.

5.3.2 A Healthier Mid and West Wales: Our Future Generations Living Well

The Healthier Mid and West Wales strategy sets out a 20-year vision for transforming population health through a whole-system approach that extends well beyond the remit of the health board (Hywel Dda University Health Board, 2018). It positions health and wellbeing as outcomes shaped by social, economic, environmental, and community contexts, and calls for coordinated action across sectors to address the full range of determinants that influence people's lives. Central to the strategy is a shift from reactive models of care

toward proactive prevention and the promotion of wellness across the life course.

The framework is organised around three strategic phases: starting and developing well, living and working well, and growing older well. Each phase articulates a long-term goal, from ensuring that every child has the best possible start in life, to supporting adults to live and work in resilient communities that foster shared responsibility for wellbeing and enabling older people to maintain independence and quality of life within supportive networks.

The early-life phase places particular emphasis on enabling children and young people to feel safe, confident, and empowered, with meaningful opportunities to shape their own lives and reach their full potential and is directly aligned with the aims of AB4. Additionally, by prioritising community-based support and fostering young people's agency in managing their wellbeing, the strategy provides a coherent framework that reinforces AB4's focus on enabling young people to live well within their communities.

5.3.3 Hywel Dda University Health Board Arts and Health Charter

The HDdUHB Arts and Health Charter, published in May 2024, provides the strategic foundation for all arts-based health and wellbeing activity across the organisation (Hywel Dda University Health Board, 2024). Its central aim is to “integrate the arts into the work of the Health Board to improve health and wellbeing and to promote healing and recovery,” positioning creative practice as a core component of holistic, person-centred care. The charter recognises the growing evidence base for the role of the arts in enhancing individual and community wellbeing, supporting recovery, and enriching healthcare environments.

The charter is guided by a set of principles that shape the design and delivery of arts and health initiatives. These principles emphasise collaboration, creativity, and innovation, ensuring that programmes are developed with partners and communities and remain responsive to local needs. They also highlight inclusivity, safety, sustainability, and a commitment to person-centred practice, reinforcing the importance of accessible, meaningful, and ethically grounded engagement. Together, these principles establish a coherent framework for embedding the arts within health services and for maximising their contribution to improved health outcomes and community wellbeing.

5.4 Current programme and evaluation

UK mental health services are increasingly struggling to meet the growing demand from young people. With strong and consistent evidence linking arts engagement to improved mental health, arts-based programmes offer a valuable route for prevention and early intervention (O'Donnell et al., 2022). Current policy also recognises and supports this approach.

AB4 is an arts-based programme designed for young people accessing support from CAMHS services in HDdUHB. The aims of the programme are to:

1. Improve the wellbeing of young people who are waiting for CAMHS services, currently accessing support, or transitioning out of CAMHS care.
2. Provide opportunities to develop creative coping strategies and to join a supportive creative community that promotes and sustains positive mental health.

6. The Arts Boost 4 Programme

AB4 is the fourth iteration of an arts-based programme for young people accessing care from CAMHS.

6.1 Arts Boost Lab

Prior to the roll-out of Arts Boost 4 sessions, 20 stakeholders from CAMHS, HDdUHB Arts and Health Department, arts organisations, Tritech Institute & Innovation, and one previous Arts Boost attendee, were involved in an independently facilitated one-day co-creation session. Stakeholders were given the



opportunity to discuss, and collaboratively overcome, some of the barriers and challenges presented in previous iterations of the programme.

6.2 Eligibility and referral

Young people were eligible for referral into AB4 at any point between their referral to CAMHS being accepted and being discharged from service. Potential attendees were identified and referred by clinicians that had completed initial assessments or interventions with them and were invited using bespoke email invitations.

Before the first session, parents were provided with the opportunity to speak with the clinical lead for AB4 to learn more about the programme. Young people and their parents were asked to provide informed consent before taking part in the programme and the evaluation. Once informed consent had been provided, arts partners liaised with young people and their family prior to the first session.

6.3 Arts Boost 4 Sessions

Three AB4 groups were run in parallel by local, independent arts organisations which spanned Carmarthenshire, Pembrokeshire, and Ceredigion. Locations were selected in order to balance coverage across the HDdUHB region and easy access for communities with the highest volume of referrals.



Each group could accommodate up to seven young people. The groups in Carmarthenshire and Pembrokeshire were fully subscribed, while two young people were enrolled in the Ceredigion group.

The AB4 programme was comprised of six weekly sessions which ran in June and July 2025. Young people worked on creative projects within the six sessions, and sessions were co-created by the artists and young people, so that each young person's creative project was chosen by, and tailored to, them (Figure 1). The first three sessions were run on an individual basis. A trusted adult (parent or guardian) was invited to attend the first session alongside the young person. The second and third sessions were attended only by the young person and the artist, with the aim of building a rapport between the artist and young person, allowing the young person to view the artist as a trusted adult before attending the group sessions. The trusted adult model was inspired by the core principles of the NYTH/NEST framework; a co-produced planning and reflection tool for those working with babies, children, young people, and their families and carers (Welsh Government, 2023). According to the NYTH/NEST framework, support for mental health and wellbeing should feel nurturing, empowering, safe, and trusted. The six core principles of NEST contribute to mental health support feeling that way – trusted adults, wellbeing across all educational settings, co-produced innovations, easy-to-access expertise, safe and supportive communities, accessing the right support at the right time. By introducing the trusted adult model and designing the AB4 programme in accordance with the NYTH/NEST framework, it was hoped that young people would feel supported to feel comfortable in group sessions, increasing uptake

rates compared to previous iterations of the project. Within the final three sessions, young people continued their creative projects from sessions 1-3 in a group setting. After the programme, young people were made aware of other opportunities to engage with the arts in their localities.

6.4 Arts Boost then versus now

AB4 differed from previous iterations of Arts Boost in several key ways. Firstly, Arts Boost Lab was introduced in the design-phase of the programme. Secondly, bespoke invitations were developed, and young people and their parents were provided with more opportunities to learn about AB4 before signing up to take part. Thirdly, the trusted adult model, with a mix of individual and group sessions, contrasted with previous years comprised of six group sessions. Finally, data for the evaluation were collected within sessions, rather than sending measures to young people after the final session had been completed.

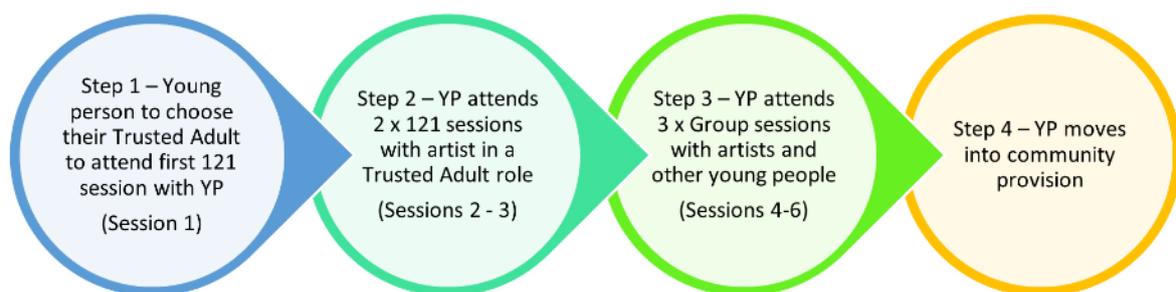


Figure 1. Arts Boost 4 session outline.

7. Current Evaluation

7.1 Evaluation context and aims

In January 2025, The Tritech Institute & Innovation Department at HDdUHB were commissioned to evaluate the AB4 programme.

The aims of the current evaluation were two-fold:

1. To assess the impact of the AB4 programme on the young people who took part.
2. To investigate enablers of, and barriers to, the delivery of the programme.

7.2 Quantitative data collection

Quantitative data were collected from young people using three established measures completed during arts sessions.

The Creative Ways to Wellbeing Scale is a bespoke scale that was used to measure young people's wellbeing before and after the programme. The scale is comprised of six items, each scored from 1-5, based on the evidence-based domains of wellbeing, connection, being active, being kind, learning, and taking notice, with the addition of a sixth element, enjoyment. The six items can be summed to create a total score, with a maximum score of 30.

Outcome rating scales (ORS; Miller & Duncan, 2000), administered at the beginning and end of each session, were used to assess the therapeutic progress of YP. The ORS is suitable for use in those aged 13 and over and uses four individual items to assess four domains of wellbeing – individual, interpersonal, wider social relationships, and overall wellbeing. YPs rate each of the four domains out of 10 by marking a visual analogue scale measuring 10cm. Individual item scores are calculated by measuring the visual analogue scale with a ruler and assigning a score based on the measurement value. Each item has a maximum score of 10 and items are summed to create a total score, providing a maximum total score of 40. Lower scores are associated with lower functioning and clinical cut-offs are 28 and 25, for those aged 13-17 and those aged 18 and over, respectively. The ORS has been shown to have high internal consistency, moderate-high test-retest reliability, moderate concurrent validity, and adequate construct validity (Miller & Duncan, 2000).

Goal-based outcomes (GBO; Law, 2011; Law & Jacob, 2015) were used to measure young people's progress toward achieving self-defined goals at the beginning and end of the programme. In this case young people set three goals and provided a rating out of 10 to indicate how close they were to achieving those. There is ongoing debate whether traditional measures of reliability and validity are relevant to the GBO measure. However, there is some evidence that the measure is internally consistent, stable over 6-24 weeks, and correlated with measures of similar constructs. However, there is no evidence that the measure successfully discriminates against measures of unrelated symptoms or constructs (Duncan et al., 2022). It has been suggested that a change of 2.45 points can be considered 'meaningful change' in progress toward goals (Edbrooke-Childs et al., 2015).

7.3 Quantitative data analysis

Due to low statistical power, inferential statistical tests were not performed. Instead, scores on quantitative measures were analysed narratively. Those with complete data on all scores relevant to the comparison were included in the calculation of mean score and standard deviation, so that results before

and after the programme were comparable. If young people had selected two values on any individual item, the lowest value was included in the analysis.

7.4 Qualitative data collection

Qualitative data were collected from young people via the pre-and post-group questionnaire. Young people answered questions about their reasons for engaging with the project and to provide feedback on the project.

Qualitative data were collected from arts partners during a one-hour focus group attended by representatives from all three organisations, and from members of staff from the HDdUHB Arts and Health and CAMHS teams via individual interviews. Arts partners and health board staff were asked about impact of AB4 on the young people involved, what worked and didn't work within the delivery of AB4, and considerations for the scale and spread of the programme.

7.5 Qualitative data analysis

Qualitative data were analysed using Thematic Analysis (Braun & Clarke, 2006). Following familiarisation with the data, initial codes were generated. These codes were grouped into potential themes, which were then reviewed, defined, named, and written up in an iterative process.

Data were approached inductively, meaning that no hypotheses were generated prior to analysis. However, data were grouped into themes that reflected the initial research questions i.e., impact on young people, what worked well within the programme, what didn't work well, and scale and spread of AB4.

8. Results

8.1 Demographic information

In total, 16 young people took part in the AB4 programme and its evaluation. Seven young people were enrolled in the Carmarthenshire group, seven were enrolled in the Pembrokeshire group, and two were enrolled in the Ceredigion group.

Four young people were in the 11-18-year-old age category, and 12 young people were aged 14-18 years old.

Four of the young people identified as a boy or man, 11 young people identified as a girl, and one young person used another term to describe their

gender. Two young people's gender identity was not the same as that they were assigned at birth.

Three young people identified as mixed race and the remaining 13 identified as White British or White European. All young people's preferred language was English.

Five of the young people self-identified as disabled and three of those identified as having more than one disability. These included a specific learning difficulty, a social or communication impairment, and mental health difficulties.

One young person provided unpaid care to a family member, friend, or neighbour.

8.2 Quantitative results

Scores on the Creative Wellbeing Scale, Outcome Rating Scales, and Goal-Based Outcome scales before the first AB4 session and after the final session are presented in Figure 1. The evaluation was not adequately powered to test for statistically significant differences in scores before and after the programme. However, trends in the data showed that creative wellbeing scores and progress toward all three self-identified goals were higher after the programme than they had been at the beginning. There were minimal differences in ORS scores before and after the programme.

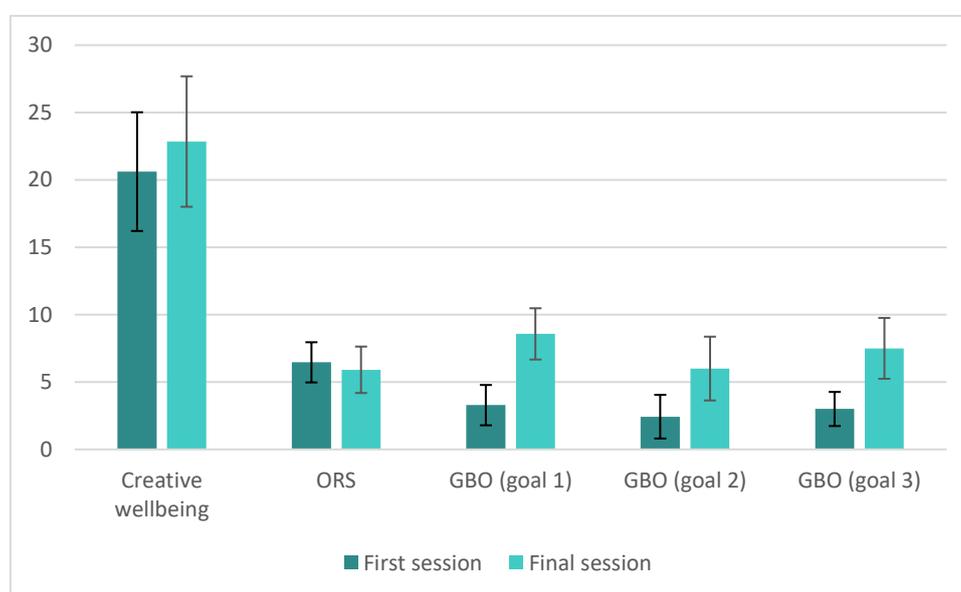


Figure 2. Quantitative outcome scores before and after AB4. Error bars = 1 standard deviation. N ranged from 6-13 respondents with complete data before and after the session

Creative Ways to Wellbeing scores before and after the programme are presented in Table 1. On average, participants' total scores were 2.24 points

higher at the end of the programme compared to the beginning, indicating a positive impact of the programme on wellbeing. Physical activity was the individual domain with the largest difference in scores before and after the programme (+0.77 points), though that was also the domain that the fewest young people identified as having been impacted by AB4 (15.38% of young people). Taking notice was the domain with the lowest difference in scores before and after the programme (+0.08 points), and learning was the domain endorsed by the largest proportion of young people (100%) as having been impacted by the programme.

Creative wellbeing domain	Average score at beginning of project	Average score at end of project	% that believed the project had a positive impact on this element
Connection	3.54 (1.13)	3.77 (0.83)	76.92%
Activity	2.85 (1.41)	3.62 (1.33)	15.38%
Helping others	4.15 (0.90)	4.31 (0.85)	76.92%
Learning	3.38 (1.56)	4.00 (0.58)	100.00%
Taking notice	3.15 (1.21)	3.23 (1.17)	38.46%
Enjoyment	3.54 (1.33)	3.92 (1.32)	76.92%
Overall	20.61 (4.41)	22.85 (4.84)	Not reported

Table 1 Mean (SD) overall and individual domain scores on the *Creative Ways to Wellbeing Scale*. N=13 young people with complete scores pre-and post-programme.

ORS scores before and after each AB4 session are presented in Table 2 and Figure 3. On average, ORS scores were higher after each session compared to before. However, there were no discernible trends in the data over all six sessions, as scores tended to fluctuate within a small range.

	N	Average score at beginning of session	Average score at end of session
Session 1	13	6.46 (1.49)	7.88 (1.44)
Session 2	11	7.21 (1.66)	8.51 (1.27)
Session 3	12	6.73 (2.13)	7.33 (1.89)
Session 4	11	6.15 (2.01)	6.96 (1.38)
Session 5	11	6.50 (2.89)	7.36 (2.11)
Session 6	12	5.91 (2.30)	6.65 (1.72)

Table 2 . Mean (SD) scores on the *Outcome Rating Scales* before and after each AB4 session. N = those with complete data before and after each session.

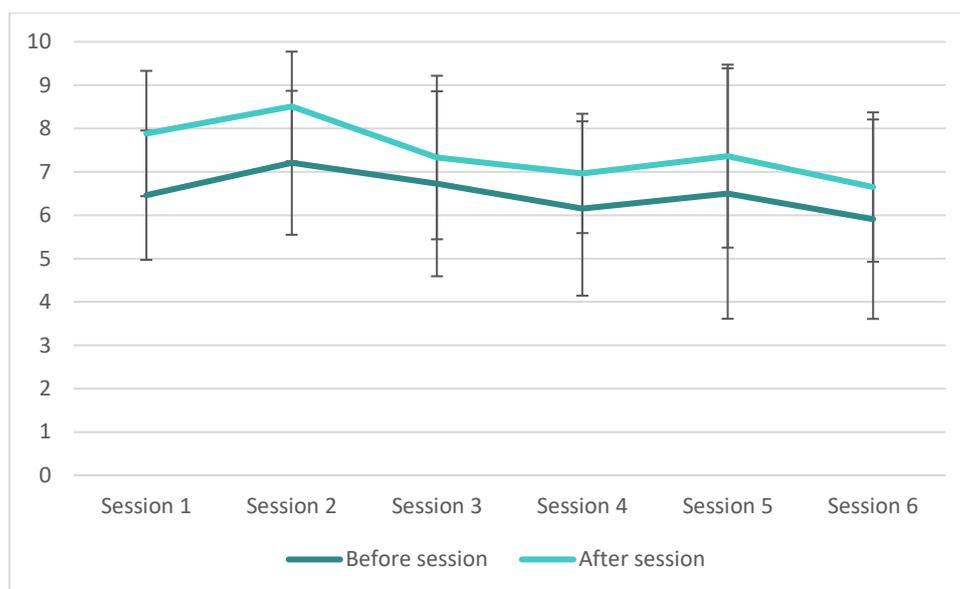


Figure 3. Outcome Rating Scales Scores before and after each session. Error bars = 1 standard deviation. N ranged from 11-13 respondents with complete data before and after the session.

GBO scores for participants' three self-identified goals are presented in Table 3. Many of the goals centred around speaking to new people, getting out and about, and taking part in activities. Mean scores for goal 1 were 5.28 points higher after the programme versus before. Similarly, scores were 3.57 and 4.50 points higher for goals 2 and 3, respectively. These scores indicated that, on average, they felt they had made meaningful progress toward all three goals (Edbrooke-Childs et al., 2015).

	N	Average score at beginning of project	Average score at end of project
GBO (goal 1)	7	3.29 (1.50)	8.57 (1.90)
GBO (goal 2)	7	2.43 (1.61)	6.00 (2.16)
GBO (goal 3)	6	3.00 (1.26)	7.50 (2.26)

Table 3 Mean (SD) scores on the **Goal Based Outcome** measure of three self-defined goals at the beginning and end of the AB4 programme. N per goal = those with complete data for that goal before and after the programme.

8.3 Qualitative results

Four themes were identified a priori, in line with the qualitative research questions. One additional theme, the comparisons and contrasts between the approaches of an arts intervention versus a traditional psychological intervention was identified.

8.3.1 The arts and CAMHS: comparisons and contrasts

Members of staff from HDdUHB and from arts organisations reflected on key differences in arts versus psychological interventions.

In general, young people enter CAMHS because of a specific presentation or difficulty, and CAMHS, support is typically delivered through a structured evidence-based, strength-driven, and goal-oriented therapeutic approach. Although therapy may focus on specific presenting difficulties, the overarching approach aims to empower young people to develop skills that enhance resilience, coping, and long-term wellbeing. Sessions often follow a clear therapeutic evidence-based pathway. Additionally, whilst therapy can be systemic and can involve members of the family, the focus is on ‘resourcing the individual’, developing their skills to reduce symptoms and their impact, and the experience is individual to the person navigating the CAMHS pathway. The setting is somewhat formal, and the systemic relational dynamics traditionally associated with psychological and medical interventions may mean that the experience may feel more like the clinician is the architect of the young person’s healing, rather than the young person having control.

Compared to CAMHS interventions, AB4 adopts a more open, exploratory model that uses creativity and enjoyment as mechanisms for expression, confidence-building, and personal development, complementing the structured and strengths-focused work undertaken within CAMHS pathways - ‘resourcing a community’ to use creativity and art as tools for self-expression and to develop creative coping mechanisms. From the outset, the focus of AB4 was on building young people’s independence and preparing them to maintain creative coping mechanisms once they had transitioned out of the programme. In that way, AB4 and the arts may be viewed as more ‘solution-focused’. Additionally, the setting is recreational and informal, meaning that power dynamics between artists and young people may have felt more balanced and young people may have felt more ‘central to their own healing’.

“I think sometimes within a medical model, if there is an aspect of we're the people who've got the knowledge and we've got the power and we're going to make a suggestion and [...] we're going to prescribe you with this and you're going to do this. [...] Where's the power? [...] In Arts Boost we are supporting young people to become that they are more the authors of their own healing.”

Both psychological and arts interventions aim to positively impact young people's wellbeing and quality of life. Differences in approach and focus of each modality are based on systemic and cultural factors, differences in the training of psychological professionals and artists, and differences in the theories and philosophies underpinning each discipline. Due to their differences in approach, psychological and arts interventions can complement one another to provide a holistic route to wellbeing for young people accessing CAMHS services.



8.3.2 Impact of AB4 on young people

Feedback from qualitative interview and focus groups identified positive impacts on young people on both individual and relational levels. Members of staff within HDdUHB and arts organisations recognise the positive impacts of AB4 on young people's confidence and self-worth. Focus group and interview participants highlighted the positive impacts of using creativity as a tool for fostering one's own wellbeing. Young people also reported enjoying the creative sessions and continuing creative activities after transitioning out of the group.

Additionally, AB4 sessions allowed young people to enjoy a more fulfilling social life, through taking part in group sessions and building a creative community. Another relational impact reported by participants was the impact of AB4 on young people's relationships with their parents or trusted adults. Participants reported that parents seeing their child taking part in, and enjoying, an activity may have felt reassuring or may have provided an opportunity for shared enjoyment or conversation.

One potential 'key ingredient' of AB4 is that the programme facilitated the formation of a creative community and fostered 'creative connection' within the groups. Focus group and interview participants spoke about the importance of connecting with other young people with similar life experiences, facing similar challenges.

Through this creative group or community, AB4 also gave young people the opportunity to model skills and coping mechanisms that they had developed in therapy. Typical therapy sessions can feel far-removed from real life and its

challenges, but AB4 group sessions could emulate real life in a safe, supportive, and nurturing way. Confidence gained within sessions may then have motivated young people to tackle challenges and use developed skills outside of the group.

“Quite a few of the young people stayed with the arts organisation, whether that was in a kind of more of a structured youth club kind of context, or stayed as mentors or volunteers within the arts group scene as well. So, it became something that they were able to grow and develop rather than just something that was one off.”

In particular, quantitative and qualitative data provided evidence that young people enrolled in the AB4 groups may have found social situations particularly challenging. AB4 group sessions may have allowed young people to start feeling comfortable in social and group settings, whilst offering the safety of a nurturing space, facilitated by a trusted adult, and with creative activities as a focus.

8.3.3 What went well?

8.3.3.1 Arts boost lab

Members of staff from HDdUHB and arts organisations spoke about the benefits of the Arts Boost Lab, which ran before the programme. All professional stakeholder groups were given the opportunity to have meaningful discussions and share their points of view. This facilitated understanding of the barriers faced by each stakeholder and shared solutions could be found together. This was seen as particularly important given the differences in approach and understanding between the arts and NHS worlds.



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8.3.3.2 Attendance and engagement

Focus group and interview participants reflected that young people were more engaged during and after the Arts Boost programme this year versus previous years. Attendance was better and attrition was reduced, only one young person opted out of group sessions this year, compared to an average of

approximately six young people in previous years. A number of young people also reported moving on to other arts activities after transitioning out of AB4. Focus group and interview participants cited a number of potential reasons for increased engagement. Firstly, the referral pathway was widened meaning that more young people were given the opportunity to take part in AB4. The referral process was also more individualised versus previous years – young people were invited using bespoke invitations and young people and their families were provided with more opportunities to ask questions about the programme before taking part.

The primary factor associated with increased engagement, according to participants, was the trusted adult model. All participants reflected that the supported pathway, with three individual and three group sessions, worked particularly well. The individual sessions allowed young people to build a rapport with the artist, allowed the young people and artists to co-create arts activities, and allowed young people to feel safe and situated before beginning the group sessions. As outlined in section 4.3.2, the group sessions allowed people to build confidence and community. Together, individual and group sessions formed a nurturing and supportive programme, maximising the positive impact of creative sessions on young people's outcomes. However, it should be noted that the AB4 pathway is associated with increased financial cost, due to the increased artist time required to run individual sessions.

“[The trusted adult model] a lot more [like] walking into a pool rather than chucking someone in, right, they're ramping up to it. They're building up the expectation that they're going to be going into it through building the relationship with the artist. I think it's going to take a lot of the anxiety away from the young people about going into a group setting.”

In addition to being more engaged with AB4 sessions, there was evidence that young people engaged more with the evaluation of the programme, as measures were completed more consistently. This year, measures were completed within the arts sessions, artists were responsible for providing young people with the opportunity to complete measures, and artists were present to support young people to interpret individual items and to define goals for the GBOs. Each of these factors are likely to have increased engagement with the evaluation.

8.3.3.3 Experienced and passionate professionals

Within the focus group and interviews, participants recognised that the skill, passion, and dedication of staff within HDdUHB and arts organisations were integral to the success of the programme.

The sessions were run by experienced and skilled artists, belonging to organisations that were embedded within their respective communities. The Arts & Health team within HDdUHB are skilled professionals who continually work to champion the role of the arts in healthcare and to bridge the gap between the world of the arts and the medical world. Within the CAMHS team, one clinician and one administrator held the responsibility for the AB4 caseload, removing potential burden from other team members and increasing potential engagement with the programme. Also, an arts therapist within the CAMHS team facilitated three group sessions for artists, providing them with the opportunity to share thoughts, feelings, and experiences with their peers, and to seek support with any challenges that had come up during the programme.

“Working with three experienced art partners from the region who bring a lot of talent and idea and expertise to the activities and sessions that were held”

8.3.4 Challenges

In addition to the positive associated with AB4, focus group and interview participants reflected on a number of challenges. These included challenges relating to geography, resources, resistance from clinicians and young people and their families, and the inconsistency of the Arts Boost offer.

8.3.4.1 Geography

HDdUHB covers an extensive and diverse catchment area that encompasses both rural and urban communities, and regions of high and low population density. In delivering the AB4 programme across the three counties, session locations were selected to maximise accessibility for areas with the greatest demand while also accounting for pragmatic considerations such as the existing location of venues of commissioned arts partners. AB4 sessions were delivered in Llanelli for Carmarthenshire, Narberth for Pembrokeshire, and Cardigan for Ceredigion. Given that the highest demand originates from Carmarthenshire, Narberth was strategically chosen due to its relative proximity to Carmarthen, while the Cardigan group was positioned to serve both Ceredigion and North Pembrokeshire.

Although the ideal model would aim to ensure that no young person travels more than 30 minutes to attend a session, resource constraints limited the feasibility of establishing the additional satellite sites that would be required to achieve this. This challenge reflects a broader tension between prioritising service provision in more densely populated areas, where demand is greatest, and ensuring that young people in more rural regions are not marginalised. Notably, the Cardigan group was undersubscribed, which may be due to geographical and travel issues or other factors that were not identified during the data collection phase. This undersubscription may also be partly attributable to the absence of a CAMHS waiting list in Ceredigion, suggesting that the profile and needs of young people who might benefit from AB differ across counties. These patterns indicate that a more tailored, county-specific approach may be necessary to ensure equitable and effective service delivery.

8.3.4.2 Inconsistent offer

Focus group and interview participants highlighted the importance of an ongoing Arts Boost offer instead of blocks of sessions at various points in the year. When the offer is not delivered on a rolling basis, clinicians are restricted to referring those young people who meet criteria at specific points in the year, limiting the programme's overall impact and reducing its visibility within routine clinical practice.

Identifying the optimal time of year when the greatest number of young people might benefit is also challenging, underscoring the need for an evidence-based approach to scheduling that draws on historical referral patterns as well as feedback from young people, families, and community stakeholders.

A further consideration concerns the continuity of support once the programme ends. As the programme aims to equip young people with access to a sustainable, long-term creative community, it is essential that arts partners are adequately resourced and prepared to facilitate ongoing engagement beyond the structured sessions.

8.3.4.3 Additional pressure

Another key challenge related to varying levels of engagement and acceptance among clinicians, teams, and families. While CAMHS staff in Carmarthenshire, who have been more directly involved in Arts Boost, may hold the programme more readily in mind, this familiarity is not necessarily shared across other teams within the health board. This uneven awareness can contribute to

inconsistent referral patterns and, in some cases, resistance to adopting an arts-based intervention within a traditionally clinical service. Additionally, referral into the AB4 programme could have added to existing workload pressures and increased the burden on CAMHS staff. Young people and their families may also express hesitation, particularly when their expectations of a health service or medical provider do not naturally align with the concept of an arts-led therapeutic offer.

8.3.4.4 Resources

The final challenge identified by participants related to the programme's capacity and resource model. The facilitation of Arts Boost Lab and the introduction of the supported pathway, which increased artist time, enhanced the quality and depth of the intervention but were associated with financial cost. Funding for AB4 was the same as in previous iterations of the programme, so this additional cost was offset by delivering one block of AB4 sessions compared to the two blocks run in previous years. This shift highlights the need to balance programme improvements with the imperative to deliver cost-effective care at scale. Ensuring that enhancements to the model do not inadvertently limit access will be essential for sustaining equitable provision across the health board.

8.3.5 Scale and spread

The following were identified as important considerations in the scale and spread of the Arts Boost programme:

- Ensuring the timing of the offer is appropriate and responsive to young people's needs.
- Considering a rolling, drop-in/drop-out model that aligns with the Welsh Government's 10-year mental health strategy's emphasis on providing care at the point of need (Welsh Government, 2025).
- Expanding reach across the health board by addressing geographical barriers and ensuring equitable access for all young people.
- Adapting the resource model to overcome challenges related to both timing and geography in order to support wider scale and spread.
- Increasing group capacity where appropriate while maintaining an effective artist-to-young-person ratio to safeguard quality and engagement.

- Retaining the current number of individual sessions but expanding group-based provision, given the importance of group dynamics and associated social outcomes.
- Broadening eligibility to include young people with more complex presentations, while recognising that this may increase risk and require greater clinical involvement.
- Exploring the potential for the group to support young people awaiting ASD assessments.
- Ensuring that the offer does not become perceived as a holding space or substitute for assessment pathways.

9. Conclusions

The evaluation aimed to understand whether Arts Boost 4 could enhance young people's wellbeing, support progress toward self-identified goals, and offer insights into the delivery and scalability of an arts-based intervention within CAMHS pathways. Across quantitative and qualitative data, the programme showed encouraging signs of impact: wellbeing scores increased, young people reported meaningful movement toward their goals, and participants, artists, and clinicians described positive experiences and observable benefits.

Although ORS scores showed limited change, the overall pattern suggested that AB4 contributed to improved confidence, engagement, and creative expression, reinforcing the value of arts-based approaches as a complementary form of support.

10. Recommendations

Recommendation 1: Explore how arts-based offers could impact young people at all points on the mental health continuum i.e., offers aimed at preventing the onset of mental health difficulties, offers aimed at those accessing treatment for mental health difficulties, and offers aimed at preventing relapse in those who have previously experienced mental health difficulties.

Recommendation 2: Based on anecdotal evidence that some AB4 participants identified as neurodivergent, explore and evaluate how future iterations of the programme may be best adapted to suit the needs of neurodiverse people in order to ensure that all groups receive maximum benefit from the programme.

Recommendation 3: Establish a multidisciplinary task-and-finish group to consolidate learning from previous years and plan how Arts Boost can be scaled into a routine, sustainably funded NHS offer beyond 2028 (when current funding ends). This group should explore how the programme could align with emerging open-access models, where young people are seen at the point of need, and consider partnership structures between arts organisations and the health board.

Recommendation 4: Conduct needs assessments and co-creation sessions to determine optimal timing, capacity, and location of future Arts Boost programmes, informed by referral patterns and school-year cycles.

Recommendation 5: In order to balance potential benefits and associated costs, run Arts Boost Lab sessions every three years, or in light of changes being made to the programme.

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