

AHRC Creative Communities

Community Innovation Practitioner Pilot
Policy Paper

Northern Ireland Health & Wellbeing

October 2024



Commissioned by:



Policy Context

There is a growing public health crisis in Northern Ireland (NI) driven by the rise in substance use (SU) which has been exacerbated by a policy vacuum due to a period of post-Brexit suspended government.

The historical context of the Conflict and associated economic adversity are key risk factors, with the most deprived communities in NI reporting the [highest rates of drug related and drug misuse deaths](#) over the last 5 years.

The prevalence of SU, suicide and mental health disorders is higher in [economically deprived or interface areas](#), which were also most affected during the Conflict. [Suicide rate in these areas](#) is over three times higher than in the least deprived. Approximately [28.5% of the NI population](#) experience mental health issues, with the majority linked to historical violence.

Traditional trauma and SU interventions, whilst grounded in evidence, are often 'top-down' driven, relying on evidence that may not be culturally or contextually [appropriate](#). This can lead to difficulties around the 'fit' of interventions. The unique historical context in NI demands a different approach which integrates the lived experience from communities most acutely affected by these issues with traditional sources of evidence to generate more effective solutions.

Recommendations

Make Arts and Culture core to future NI Health Strategy

Arts and culture need to be at the heart of any future strategy to improve health and social outcomes in NI. Arts and culture play an important role in ‘place-based’ solutions for complex and persistent health issues, empowering communities to address these from within and create grassroots, strengths-based approaches that break traditional cycles of generational transmission.

Prevention demands different mechanisms that better reflect the importance of arts and culture for health and wellbeing, whilst also recognising the potential impact of evidence-based arts interventions in communities most affected by the growing health and social care demand.

The existing spend in Northern Ireland in 2023/2024 on Arts funding per head of population was £5.07, compared to £10.51 in Wales and £21.58 in the Republic of Ireland. This is underlined by cuts in funding to Arts Council NI (ACNI), in real terms, by approximately 30% in the last decade and resultant warnings that this will restrict access to the Arts for certain groups, including those in deprived areas.

Action is required at devolved government level to actively incorporate arts and cultural approaches within health and social care provision, that build agency and capacity within communities with acute need.

Embed Community Knowledge and Experience into Policy Ideation

Community knowledge and experience is key in tackling persistent and complex place-based challenges in NI. Arts-based approaches must be integrated into policy planning and underpinned by evidence drawn from people’s lived experience of place.

Policy consultations often only happen with politicians and academics. Current mechanisms for engaging local communities in policy development or policy consultation in NI are limited in reach and often hampered by the inaccessibility of methods used to gather this information.

There is a need for our devolved government to trial new methods that allow communities to more clearly articulate their lived experience and knowledge at local and devolved levels to better inform strategic decision making. This should include providing adequate resources for communities to engage in the policy co-creation process of devolution. For this to come into action, there needs to

be a cultural shift within local and devolved institutions away from viewing working class communities as problems to be solved and towards seeing them as assets to be harnessed. This also needs to be coupled with a move forward from community consultation to community co-creation in devolved policy ideation processes.

Equitable Evidence to Inform Decision Making

Upskilling and capacity building are required to ensure community knowledge and experience are weighted appropriately as evidence in devolved policy decisions. At present, the practice of policy making is to reflect on evidence that exists in research papers and statistics, that may or may not have a level of currency and local applicability that allows for agile responses to ongoing health challenges. By integrating and equally weighting community evidence and lived experience within this process, a more equitable body of evidence would be available to inform more effective policy making.

For this to happen, we need new training to upskill academics who are conducting research in community settings and political advisors in NI and the UK to recognise the importance, rigor and quality of community level evidence in devolved policy making. Universities can play a key role in this, through committed community-academic partnerships which generate high quality community relevant, community-led outputs and evidence.

Co-create Community Level Responses

Culture profiles the importance of a community level response to complex and interrelated community challenges and opportunities. Often interventions around substance use and intergenerational trauma (IGT) are therapeutic responses that target only individuals. Programmes that target community level change and are sensitive to differences in generational experiences are necessary to move beyond individual focused provision, rather allowing the individual to be a mechanism for change within their community.

Action is required from academics and funding bodies, such as UKRI/AHRC/MRC working in health-related research to explore opportunities to broaden research reach and impact beyond traditional audiences and better integrate communities in all stages of the research process, not just in the data gathering and dissemination phases.

Ground Devolved Policy in Place

Communities know community challenges best. Devolution creates the context for better place-based approaches. To maximise the potential of a devolved government in NI, academics, community agencies and policy makers need to collaborate to better reflect the importance of 'place' in research development, implementation and policy. Collaborative partnerships evidence and

grow expertise and capacity in place-based initiatives and maximise the impact and reach of outcomes.

Place-based working is evolving, with leaders in this field emerging as a result of organisational policy changes around civic and social responsibility in third level institutions. However, change is slow, and the lack of academic progression pathways linked to engaged working in communities may hinder the success of place-based approaches.

Co-created cross sector collaborative partnerships are key to ensuring that quality evidence from community settings can inform devolved policy.

Co-ordinated strategy and co-working is required between academic institutions, funding bodies and policy makers, at regional and national levels, to advise, promote and lead on research that highlights the importance of place in all areas of devolved policy making.

A cultural shift is required within HEIs to make academic career frameworks and structures more reflective of aligned civic and social responsibilities.

Scale Up What Works

If arts-based interventions are to be considered equal to other health-based initiatives, then it is imperative that funding mechanisms recognise this. Building on the success of the Creative Communities programme, there is a need for follow-on funding mechanisms to increase reach and impact across communities in NI. Longer term funding would address the need and satisfy the appetite for arts-based interventions that tackle these local complex health issues which are not unique to one community.

The short-term nature of current funding across sectors makes it difficult to co-create and implement successful grass roots initiatives beyond individual communities, hindering effective outcomes based programmatic work. Action is required from the UK funding bodies of R&D, culture, arts and health to provide flexible funding mechanisms that would enable the scaling of effective interventions.

Devolved Context

SU is a public health crisis which puts pressure on health services and care provision. Need here in NI is exacerbated by the legacy of the Conflict and is particularly acute in deprived areas. While community-based and person-centric approaches are not new in healthcare, the use of arts and culture in this conversation are more novel. Using the arts to empower communities to tackle community-level challenges around SU and IGT in a trauma-informed, preventative manner could help reduce demand on services.

However, the piecemeal nature of arts-based funding in NI makes delivery and the scaling of innovative programmes difficult, with long-term impacts hindered by short-term funding models. Committed, long-term funding is needed from Government, the ACNI and AHRC, through a devolved mechanism to pilot, accelerate scaling, and sustain the translation of effective arts-based community interventions here.

Existing policy in NI provides a framework for such innovative responses to SU and IGT. Given the relevance of these challenges in communities across NI, this approach would likely have cross-party support.

Further Information:

For more information on AHRC Creative Communities visit <https://creativecommunities.uk/>

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