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MYRIAD: A Global Majority Spotlight on Creative Health

Evaluation Report



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Myriad is part of the Greater Manchester Creative Health Place Partnership. Jointly commissioned by Greater Manchester Combined Authority (GMCA) and NHS Greater Manchester Integrated Care, and supported by Baring Foundation, the project was managed by Company Chameleon and co-designed and delivered by a consortium of cultural and voluntary, community, faith and social enterprise organisations including Afrocats, Music Action International, Community Arts North West, Factory International, 42nd Street, and Caribbean & African Health Network.

Myriad brought together creative practitioners, cultural organisations, voluntary, community, faith and social enterprise sector organisations, grassroots groups and mental health professionals to develop and train global majority practitioners and to co-create and deliver culturally competent, emotionally safe, non-clinical forms of support for people experiencing, or at risk of, mental distress.

The project began with the recognition that recovery and connection often happen outside clinical settings, and that creativity can provide powerful routes to expression, affirmation, and belonging.



This is an independent evaluation report prepared for Greater Manchester Combined Authority and NHS Greater Manchester by Local Creative Project Ltd.
<https://www.wearelocal.org.uk/>

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About Myriad

Myriad was a two-year creative health initiative exploring how creative, community-led practice could offer mental health and wellbeing support to global majority communities in Greater Manchester. The project aimed to address systemic inequalities and to develop a creative-based, culturally competent offer for global majority* communities who often face barriers to accessing mental health services and support.

Greater Manchester is home to 2.9 million people and is one of the most ethnically diverse regions in England.

Nearly one in four people in GM experience a mental health or wellbeing issue, yet the access to, experience of, and outcomes from mental health services for many minority ethnic communities are simply not good enough. Barriers to getting the right help and support at the right time include; not knowing that help is available or where to go to get it; language; financial barriers, such as paying for private counselling and not feeling listened to or understood by healthcare professionals.

**Global majority is a collective term for people of African, Asian, indigenous, Latin American, or mixed-heritage backgrounds, who constitute approximately 85 percent of the global population.*



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Executive Summary

About Myriad

Myriad was a two-year creative health initiative exploring how culturally competent creative practice could shape new approaches to mental health and community wellbeing across Greater Manchester.

Developed in line with the Greater Manchester Creative Health Strategy (2022), Myriad aimed to address systemic inequalities and to develop a creative-based, culturally competent offer for global majority* communities who often face barriers to accessing mental health services and support.

Jointly commissioned by Greater Manchester Combined Authority (GMCA) and NHS Greater Manchester Integrated Care, and supported by Baring Foundation, Myriad was managed by Company Chameleon and co-designed and delivered by a consortium of cultural and voluntary, community, faith and social enterprise organisations including Afrocats, Music Action International, Community Arts North West, Factory International, 42nd Street, and CAHN. (See Appendix 8 for full list of organisations)

Myriad is part of the Greater Manchester Creative Health Place Partnership: a GM wide creative health delivery programme creating lasting ways for creativity and culture to be at the heart of communities' health and wellbeing. This builds on the growing recognition that engaging with creativity and culture helps us to lead longer, healthier, happier lives - a relationship that is increasingly referred to as 'creative health'.

Myriad recognised that recovery and connection often happen outside clinical settings, and that creativity can provide powerful routes to expression, affirmation, and belonging. Through a programme of training, professional development, and test and learn projects, Myriad supported a total of 55 practitioners through group supervision (16), action learning (3), practitioner training (14) placements (6), practitioners employed (16). It delivered 5 test and learn projects with 5 VCFSE organisations in Greater Manchester who, in turn supported over 110 people from global majority backgrounds including refugees and asylum seekers, people living with trauma or social isolation, and young people from LGBTQ+, care-experienced or racially minority backgrounds.

Myriad supported the development of practitioners and modelled community-rooted, culturally competent approaches, strengthening partnerships between the creative, VCFSE and health sectors and helped shape a more equitable and inclusive mental health offer for Greater Manchester.

*Global majority is a collective term for people of African, Asian, indigenous, Latin American, or mixed-heritage backgrounds, who constitute approximately 85 percent of the global population.

Key Findings

1. Culturally competent creative health practice improves wellbeing

Participants across all areas of activity reported measurable gains in mental wellbeing, confidence, and social connection. Creative expression provided safe, culturally relevant ways to process emotion and rebuild identity.

“We sang in our own languages... and suddenly we belonged.”

2. Practitioner wellbeing is integral to high quality delivery

Supervision, action learning and training gave practitioners time to reflect, build emotional resilience and strengthen facilitation skills. This investment directly enhanced the safety and quality of community delivery.

“For the first time in my life, I’m learning to take care of myself.”

3. Culturally competent practice builds trust

When facilitators shared cultural or lived experience with participants, trust formed quickly, and engagement deepened. Projects embedded language support, food, and faith sensitive practices to create safety and belonging.

4. Culturally competent creative health practice strengthens local capacity and collaboration

VCFSE organisations reported greater confidence articulating creative health outcomes, improved safeguarding practice, and new partnerships across the region.

(Evidence base: Appendices 2, 3, 4 and 7.)

Headline Outcomes

Area	Highlights
Community Wellbeing	81% of community participants noted improved mood/reduced stress; 78% noted increased confidence/self-expression; 74% felt more socially connected
Practitioner Growth	91% of practitioners increased professional confidence; 89% improved knowledge of trauma-informed & culturally competent practice; 94% felt more supported as part of a practitioner community.
Organisational Learning	10+ new/deepened partnerships across VCFSE organisations, cultural institutions, youth & mental health services, grassroots/community groups, and creative practitioners; 92% stronger understanding of creative health; trauma informed methods adopted across partners.

Sector Influence	<p>Built a shared evaluation and reflective practice approach across five programme strands, establishing a practice library that underpins the published Myriad Online Resource.</p> <p>Models/tools for the Myriad Online Resource (2025), shared regionally.</p> <p>Co-designed, tested and published a Core Competency Framework for practitioners and organisations supporting global majority communities through creative practice.</p>
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Recommendations and Next Steps

Learning from Myriad should inform future policy, commissioning, and practice. We make the following recommendations:

- **Invest** in community led **Culturally competent creative health** delivery, particularly within global majority communities.
- **Sustain** practitioner support structures such as supervision and reflective learning to maintain quality and prevent burnout.
- **Embed** cultural competence within commissioning frameworks.
- **Strengthen** evaluation capacity across the sector using accessible, trauma-aware tools.
- **Develop** a sustainable practice network to share learning and peer support beyond the programme.

These recommendations are intended for commissioners, statutory and VCFSE mental health organisations, NHS trusts, local and combined authorities, funders, cultural and creative organisations - all those with an interest in ensuring that mental health support is equitable, sustainable, and grounded in lived experience.

Legacy

A key legacy of the Myriad programme is the creation of the [Myriad Core Competency Framework](#) - a shared foundation for developing, recognising, and sustaining high-quality, culturally competent, creative practice. It identifies the knowledge, skills, and behaviours needed by creative practitioners working in mental health contexts with global majority communities and provides a clear structure for reflection, training, and professional growth.

The Framework responds to a recognised sector gap: the need for a consistent, culturally competent approach to professional standards in creative health practice. It offers a common language for practitioners, employers and commissioners, bridging creative, community and clinical contexts and supporting the professionalisation of the field.

Myriad's greatest achievement lies in proving that when practitioners are supported, communities thrive. It has created models of trauma-informed, culturally safe practice that can support future commissioning, policy, and training.

“People came for the art but stayed for the belonging - that’s where the real healing happened.” Participant reflection, Ephrata Dance for Wellbeing

1. Introduction

1.1 About Myriad

Greater Manchester is home to 2.9 million people and is one of the most ethnically diverse regions in England. Nearly one in four people in GM experience a mental health or wellbeing issue, yet the access to, experience of, and outcomes from mental health services for many minority ethnic communities are simply not good enough. Barriers to getting the right help and support at the right time include not knowing that help is available or where to go to get it; language; financial barriers, such as paying for private counselling and not feeling listened to or understood by healthcare professionals.

Myriad was established to test how creative, culturally competent and community-led practice could contribute to mental health support with and for global majority communities in Greater Manchester.

It brought together creative practitioners, cultural organisations, voluntary, community, faith and social enterprise sector organisations, grassroots groups and mental health professionals to develop and train global majority practitioners and to co-create and deliver culturally competent, emotionally safe, non-clinical forms of support for people experiencing, or at risk of, mental distress.

Myriad recognised the persistent inequalities in access, trust and outcomes for global majority communities within mental health support services; issues which are of national concern. Through the development and delivery of training, professional development, group supervision and peer networking, and the development of a core competency framework for practitioners, Myriad has demonstrated the potential to diversify the mental health workforce. Five test and learn projects with VCFSE partners have created space for organisations to test new ways of working, broaden their offer, develop their cultural competency and given emerging practitioners vital experience of project delivery.

Myriad embodies the ethos of Live Well, Greater Manchester's commitment to ensuring that excellent, everyday support is available in every neighbourhood and is a strand of the GM Creative Health Place Partnership: a GM wide creative health delivery programme creating lasting ways for creativity and culture to be at the heart of communities' health and wellbeing. This builds on the growing recognition that engaging with creativity and culture helps us to lead longer, healthier, happier lives - a relationship that is increasingly referred to as 'creative health'.

1.2 Programme Governance

Myriad was commissioned by Greater Manchester Combined Authority (GMCA) and NHS Greater Manchester Integrated Care (NHS GM), managed by Company Chameleon and co-designed and delivered in partnership with a consortium of creative, cultural and VCFSE organisations experienced in supporting the wellbeing of global majority communities including Afrocats, Music Action International, Community Arts North West, Factory International, 42nd Street, and CAHN. (See Appendix 8 for full list of organisations)

This evaluation was delivered by Local Creative Project Ltd as the independent learning and evaluation partner.

Governance included quarterly steering group meetings, activity-level reporting, and a shared evaluation framework ensuring consistent data capture across partners.

2. Communities at the Heart of Myriad – a Story of Change

Despite being one of the most culturally diverse city regions in the UK, many residents from global majority communities in Greater Manchester face barriers to accessing mental health support that feels safe, inclusive, and culturally relevant. Traditional clinical models can feel distant or inaccessible, leading to missed opportunities for early intervention and prevention.

The Greater Manchester Creative Health Strategy (2022) set out a bold vision for a city region where creative engagement is recognised as a determinant of health and as an enabler for GM residents to live well across all life stages. Myriad championed the principle that recovery and connection often happen outside clinical spaces, in places where people feel seen, heard, and understood. It demonstrated that creative engagement is not an optional extra, but a pathway to expression, belonging, and emotional resilience, all essential to social and emotional wellbeing.

“I didn’t have to explain myself - I could just be.”

Participant, Myriad community workshop

Over two years, Myriad engaged with communities, creative practitioners, mental health professionals and organisations across mental, health, culture and the voluntary sector through workshops, training, and test and learn projects creating meaningful change at individual and system levels:

- Improved wellbeing: 81% of community participants reported feeling calmer, more confident, or more connected after creative sessions.
- Increased social connection: 74% of community participants developed new relationships or support networks through participation.
- Enhanced cultural confidence: Community participants described feeling “seen and valued” through culturally grounded activities that reflected their identity and lived experience.
- Trust and access: Community-led delivery created new entry points to wellbeing support for people who did not typically engage with health services.

Myriad was built on relationships, representation, and trust with community voice and co-production at its centre, ensuring workshops, training sessions and events reflected lived experience. Key enablers of change included:

- **Culturally grounded practice:** sessions integrated food, language, and cultural heritage, creating environments where people felt seen and understood.
- **Trauma-informed facilitation:** practitioners used grounding, consent, and regulation techniques to ensure emotional safety and wellbeing.

- **Workforce diversity and development:** emerging practitioners from global majority backgrounds were supported to lead, mentor, and reflect, strengthening confidence and representation in the sector.
- **Cross-sector partnership:** collaboration between cultural, community and health partners enabled new referral routes, shared learning, and mutual understanding.

These conditions are the foundation for lasting change and demonstrate how creatively healthy communities thrive when initiatives are co-owned and supported by equitable partnerships.

“Myriad reminded us that care and creativity belong together - that joy and safety can coexist in the same space.” *Facilitator reflection*

3. Evaluation Approach

Evaluation was designed to capture change at multiple levels - individual, practitioner, organisational, and system - using a trauma-informed, participatory, and culturally competent framework. Its purpose was to understand *how culturally competent creative health* activity impacts wellbeing, confidence, and connection among global majority communities, how a more diverse workforce can be supported and to build evidence to influence future policy and commissioning across Greater Manchester.

A mixed-methods approach was used, combining qualitative and quantitative data from surveys, interviews, observation, reflective journals, and creative feedback tools. This allowed the evaluation to document both measurable outcomes and the lived experiences behind them. The framework emphasised learning and reflection alongside measurement.

All evaluation activity was underpinned by trauma-informed, culturally competent and ethical practice. Across all strands, Myriad prioritised:

- **Co-production** – working with, not on behalf of, communities.
- **Cultural relevance** – embedding lived experience and identity in delivery.
- **Emotional safety** – creating trauma-aware, consent-based practice.
- **Reflective practice** – supporting practitioners' wellbeing and learning.
- **Equity and inclusion** – diversifying who delivers and benefits from creative health.
- **Voluntary participation** - informed consent (verbal or written).
- **Accessibility** - through translation, visual feedback tools, and flexible data collection methods.

These measures ensured proportionate evidence collection without compromising wellbeing or trust.

Detailed datasets, feedback summaries and demographic breakdowns are provided in the Appendices.

3.1 Evaluation Design

Myriad's aim was to increase access to high quality, culturally competent mental health support in and with global majority communities.

To achieve this, the following objectives were established:

- Support and diversify the creative, mental health workforce
- Stimulate creative, group based mental health and wellbeing activity that reflects participant identities
- Develop skills and knowledge of the VCFSE sector to deliver creative, mental health activity

The Myriad Evaluation Framework identified a number of lines of enquiry:

Table 1. Evaluation Framework Prompts and Questions

Framework prompt	Evaluation question
Participant Journey – What is the individual step change for participants?	1. How did Myriad improve wellbeing and mental health for participants?
Peer / Partner Journey – What is the collective step change for practitioners?	2. How did practitioner development (training, supervision, action learning) influence delivery quality and sustainability?
Programme impact on organisations and systems	3. What organisational and system changes occurred?
Appropriateness, inclusivity and access for global majority communities	4. What approaches proved most effective in engaging and supporting global majority communities?
Resilience, confidence and long-term sustainability.	5. What lessons can inform future commissioning, policy and practice in Greater Manchester and beyond?

3.2 How We Evaluated

The evaluation followed a **Plan–Act–Review** cycle, embedded throughout programme delivery.

The evaluation drew on six complementary data sets (participant feedback, wellbeing scales, facilitator journals, observation/film, supervision & action learning set logs, and practitioner/host surveys), totalling 200+ individual responses and 40+ facilitator reflections.

Demographic/method details are in *Appendices 1 and 6*. All headline outcomes are triangulated across at least two sources.

Core methods included:

Data Source	Description
Feedback Forms and Surveys	Quantitative wellbeing data (e.g., SWEMWBS, ArtsObs) collected at project and training level.
Facilitator Reflections	Session notes and reflective journals capturing delivery insight.
Participant Interviews and Quotes	Qualitative accounts providing lived experience evidence.
Observation and Film Documentation	Session footage analysed for engagement, emotional expression, and interaction.
Action Learning Logs and Supervision Notes	Practitioner self-evaluation and progress tracking.

3.3 Limitations and Mitigations

The table below summarises key practical limitations encountered during programme delivery and evaluation, and the mitigation measures taken to maintain data quality and inclusivity.

Limitation	Response
Inconsistent attendance (due to caring responsibilities, health, or asylum status)	Designed flexible session structures and rolling recruitment.
QR code feedback not syncing in some settings	Supplemented with manual reflection sheets and facilitator observation.

Variation in literacy/language levels	Used creative and visual evaluation tools (drawing, symbols, group reflection).
Short project timescales	Focused on qualitative depth and practitioner reflection to complement quantitative data.

These limitations reflect the realities of delivering trauma-informed, community-based work; mitigation strategies ensured credible, triangulated evidence.

3.4 Data Overview

Across the two-year programme, Myriad engaged:

Group	Number	Notes
Community participants	111	Across five Test & Learn projects
Practitioners trained/supported	45	Across supervision, ALS, and training strands
Partner organisations	10	Cultural and VCFSE delivery partners
Sessions delivered	150+	Including workshops, training days and reflective sessions
Attendees at Myriad events	195	Including networking, launch, dissemination, Creative Health Connect, Creative Health Conference

Data sources: Appendix 6 (Community Participants), Appendix 7A (Practitioner Development), Appendix 7B (Test & Learn Outcomes), and Appendix 7C (Events & Attendance).

Across the two-year programme, Myriad directly engaged at least 156 people (111 community participants and 45 practitioners), alongside additional partner staff and facilitators.

Data sources included 200+ feedback entries, facilitator reports and video interviews, supported by attendance records, observation notes and partner evaluations (see Appendices 3, 6 and 7).

All outcome statements are triangulated across participant feedback, practitioner reflections, host evaluations and surveys - verified against Appendices 1 (methods), 3 (case studies), 6 (demographics) and 7A - 7B (source datasets).

4. Practitioner Development & Workforce Learning

Myriad invested in the skills, wellbeing, and professional growth of global majority creative practitioners, particularly those working in or who wished to develop work in mental health and wellbeing settings. In the context of the city region's ambition to embed creative health within its wider health, prevention and equalities strategies, "practitioner development" refers to the training, reflective practice, and applied learning opportunities that enabled artists and facilitators to deliver trauma-informed, culturally competent, and emotionally safe creative health interventions.

Myriad practitioner support recognised that all creative health practice relies on the wellbeing of practitioners. Many global majority creatives and facilitators deliver emotionally demanding work within fragile freelance conditions, often with little access to supervision, peer support or training and often bring valuable lived experience to their practice.

Myriad was therefore designed to embed reflective and trauma-informed practice and to strengthen the workforce with care.

"When I feel supported, I can support others better." Spark participant

4.1 The practitioner offer

Workforce development was made up of three structured strands with an option to take up a placement with a partner organisation.

Strand	Purpose	Format	Lead / Facilitators	No. of Participants
Group Supervision - Time to Reflect	Reflective peer support space	2 cohorts; monthly 1.5h sessions	Psychotherapist Rafaela Nunes	22
Action Learning Set - RESULT CIC	Leadership & peer problem solving	4 sessions (May-Sept 2024)	RESULT CIC	5
Spark Training	Skills & knowledge	6 days (Sept-Oct 2024)	Afrocats	14
Placements & Applied Learning	Work experience and applied practice	5 placements (Mar-Sept 2025)	Host organisations	5

Further detail, including activity level outcomes, practitioner reflections and facilitator reports, is provided in Appendix 7A (Practitioner Development source data) and the evaluation methods/tools in Appendix 1.

4.2 Group Supervision – Time to Reflect

Purpose:

To offer a regular, emotionally safe space for global majority creative practitioners to reflect on their practice, share challenges, and sustain their own wellbeing.

Approach:

- Monthly sessions blending movement, reflection and dialogue
- Peer-to-peer supervision, not therapy
- Trauma-informed and culturally competent facilitation

Outcome	% reporting positive change	Representative evidence
Improved confidence managing wellbeing	89%	“For the first time in my life, I’m learning to take care of myself.”
Sessions felt emotionally safe & culturally relevant	94%	Participants described the group as “a safe, affirming space.”
Built new peer connections	>90% of respondents	“It became an accountability place.”
Increased clarity of direction & boundaries	Qualitative only	Several reported clearer decision making and reduced burnout.

Data source: Appendix 7A (A1 - Group Supervision: Time to Reflect): post programme survey (2024–25) and practitioner reflective logs.

Challenges:

Attendance fluctuated due to caring and freelance commitments; 1.5-hour sessions proved short for depth. Future cohorts would benefit from longer sessions and hybrid (in person/online) options.

Summary

Group Supervision strengthened practitioner wellbeing through embedding reflective, trauma-informed practice. Participants reported significant gains in emotional safety, confidence, and peer connection, describing the sessions as affirming and culturally relevant spaces to sustain their practice. Regular reflection helped clarify personal boundaries and direction, contributing to reduced burnout and greater self-awareness. While attendance varied due to freelance pressures, feedback indicated strong demand for longer, hybrid sessions to maintain this vital support network.

“I can use my voice!” - Participant, after affirmations exercise

4.3 Action Learning Set – RESULT CIC

Purpose:

To enable creative health leaders to tackle real world challenges through structured peer questioning, reflection and action.

Format:

Four sessions between May and September 2024, supported by two experienced facilitators. Despite a small group, participation was deep and consistent.

Outcome	% reporting positive change	Illustrative evidence
Increased confidence and self-belief	88%	“You have really touched on the core of what I needed to hear.”
Improved reflective and problem-solving skills	83%	Participants described reframing obstacles and identifying concrete next steps through structured questioning.
Strong peer support and continued networking	100%	“The two participants showed immense support and understanding for each other ... there was concrete help within networks.”
Greater clarity of professional goals	79%	“The session helped me understand the roots of this behaviour, the change I want to make, and the actions to take.”

Facilitation quality rated “excellent”	92%	Participants highlighted the facilitators’ “psychological safety, validation and humour” as central to trust and engagement.
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Data source: Appendix 7A (A2 - Action Learning Set, RESULT CIC): participant surveys (May–Sept 2024) and facilitator reflection notes.

Facilitator insight:

“The willingness to be vulnerable was striking. Participants left with clear, practical steps and renewed belief in their capacity to lead.”

Summary

Action Learning nurtured confident, reflective, global majority, creative health leaders equipped to navigate complex challenges. Participants reported marked increases in self-belief, problem solving, and clarity of purpose, supported by a psychologically safe and inclusive learning environment. Structured peer questioning enabled deep reflection and practical action planning, while mutual trust fostered lasting professional connections. Though a small cohort, the depth of engagement demonstrated the model’s value for leadership development, offering clear potential for scaling across future practitioner networks.

4.4 Spark Training – Building a Trauma-Informed Workforce

Purpose:

To equip creative health practitioners from the global majority with the tools, knowledge and confidence to deliver safe, inclusive and effective creative wellbeing activity.

Participants. Fifteen creative practitioners took part, representing a wide range of disciplines including dance, visual arts, music and theatre. 87% identified as from global majority backgrounds, 73% were female, and participants ranged from 24 to 52 years old. The cohort reflected both early-career and mid-career artists already active in community practice. (Full demographic breakdown appears in *Appendix 3 & 6.*)

Delivery:

Six in person training days at Factory International (Sept–Oct 2024), combining theory, embodiment and peer learning.

Topic areas	Examples of activities
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Understanding trauma and the nervous system	“Window of tolerance” mapping; breathing and grounding
Co and self-regulation	Sensory exercises; movement and mindfulness
Facilitation and safeguarding	Formal training, scenario-based discussions; creative agreements
Cultural safety and inclusion	Group dialogue on lived experience and representation
Evaluation	Examination of commonly used outcome measures; co-designing feedback tools.

Data sources: See Appendix 1 (Methods & tools).

Participant ratings

Outcome (Spark Training)	% reporting positive change	Illustrative evidence
Increased understanding of trauma-informed practice	92%	Participants highlighted practical tools and embodied methods that “made the theory come alive.”
Increased confidence to work in mental health settings	86%	“This programme gave me the language and confidence to describe the work I do – and why it matters.”
Intended to apply learning directly to practice	88%	Most left with clear plans to integrate grounding, boundaries, and inclusive facilitation techniques.
Rated training “Very Useful”	84%	The balance of theory + practice and a culturally safe space were cited as strengths.
Trainer effectiveness rated “Excellent”	92%	Participants felt “safe, seen and energised” by the facilitation.

Would recommend to others	100%	Peer connections continued beyond the course via informal networks.
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Data sources: Appendix 7A (A3 - Spark Training, Factory International): baseline & post training surveys (Sept–Oct 2024) and open-ended feedback; “Trauma-Informed Practice 2025” training evaluation (Feb 2025).

“The tools I’ve learned will help me create spaces where people feel safe to express themselves.” Participant reflection, Spark Training

Learning themes

- Embodied exercises created strong emotional engagement and joy.
- Cultural representation among facilitators increased trust.
- Participants valued the mix of theory and practical application.
- Requests for more time and broader artform diversity informed future planning.

Summary

Spark Training contributed to the building of a diverse, trauma-informed mental health workforce. Participants reported significant increases in understanding, confidence, and readiness to apply trauma-informed and inclusive facilitation methods. The combination of embodied learning, peer support, and cultural representation fostered trust and professional growth, while post programme networks demonstrated sustained impact. Feedback confirmed the value of theory-practice integration and culturally safe spaces, with recommendations for extended delivery and broader artform inclusion informing future workforce development.

4.5 Placements and Applied Learning

Five Spark trainees took up the offer of paid placements with one of the Myriad Test & Learn projects including the support of mentors. Each placement lasted between four and eight weeks, offering a combination of observation, co-facilitation, and reflective supervision.

Practitioner outcomes	Illustrative evidence
Applied trauma-informed techniques in live sessions	Practitioners used grounding and consent tools during Ephrata and 42nd Street workshops, reporting “real time learning through doing.”
Increased facilitation confidence	<i>“Being trusted in a professional setting made me believe I belong in this work.”</i>

Strengthened collaboration and communication skills	Hosts noted improved co-facilitation and adaptability: <i>“They read the room and responded with empathy.”</i>
Greater clarity about professional direction	Practitioners described clearer goals and next steps for sustaining freelance creative health work.
Recognition of mutual learning	Hosts reflected that mentoring emerging practitioners helped them revisit their own facilitation methods.

Data sources: Appendix 7A (A4 - Practitioner Placements & Applied Learning): post placement practitioner survey (Mar–Sep 2025) and host mentor reflections (42nd Street, POrE, GMYN & MAI); see Appendix 1 for evaluation tools.

The placements consolidated learning from Spark Training and Time to Reflect, enabling practitioners to test trauma-informed and culturally grounded approaches within real community contexts. The supportive environment built confidence, professional identity and a sense of belonging within the practitioners. Host organisations gained new perspectives and renewed motivation through mentoring emerging practitioners.

“Having an emerging practitioner in the room was a reminder of how much we’ve learned ourselves - it gave us fresh energy and helped us reflect on why we do what we do.” Host facilitator reflection, 42nd Street

The placement model has since been adopted as a template for future CPD within several partner organisations.

Summary

Building on the Spark Training and reflective practice strands, trainees successfully applied trauma-informed and culturally grounded approaches in real community settings, gaining confidence, professional identity, and clarity of direction. Host organisations also benefited from reciprocal learning, with mentoring relationships fostering reflection and renewed motivation. The model proved highly effective as a bridge between training and practice and is now being adopted as a template for future professional development across the consortium.

4.6 Cross strand learning

The themes below were observed consistently across the practitioner development strands (Group Supervision, Action Learning Set and Spark Training) and echoed in Test & Learn delivery, showing how reflective, culturally grounded practice strengthens sustainability and quality. (Synthesis from Appendix 7B: B1–B3; triangulated with case studies in Appendix 2.)

Learning theme	Evidence across strands
Reflective space prevents burnout	Participants in supervision and ALS cited improved coping and emotional regulation.
Peer connection builds professional identity	Networks formed across all strands, many continuing informally via WhatsApp and shared projects.
Trauma- informed facilitation is teachable	Spark participants successfully embedded self and co-regulation methods in later sessions.
Representation matters	Shared cultural background between facilitator and participant increased engagement and trust.
Structured reflection improves delivery quality	Practitioners reported clearer planning, boundaries, and evaluation confidence.

Sources: Appendix 7A - A1 (*Group Supervision*), A2 (*Action Learning Set*), A3 (*Spark Training*); triangulated with case studies in Appendix 3 and relevant *Test & Learn* summaries in Appendix 7B (B1–B5).

“Meeting people who ‘get it’ has been just as valuable as the tools.” Participant reflection, Spark Training

4.7 Challenges and future considerations

Challenge	Recommended response
Limited capacity for long-term support	Build supervision and CPD into future commissioning frameworks.
Variable attendance due to freelance pressures	Offer paid reflection time or flexible scheduling.
Need for wider artform diversity	Partner with more creative specialists (e.g. theatre, visual arts).

Emotional load on facilitators	Continue trauma-informed supervision and peer check-ins.
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Sources: Appendix 7A - A1 (Group Supervision), A2 (Action Learning Set), A3 (Spark Training), A4 (Placements) - practitioner surveys and reflections; cross cutting synthesis in Appendix 3 (case studies) and methods in Appendix 1

4.8 Summary

Myriad's practitioner support activity combined training, reflection and peer learning and has contributed to a more resilient and confident mental health workforce which is more representative of the communities it serves.

Step change impact was also evident: practitioners articulated their purpose with clarity, worked more safely, and collaborated more effectively.

As one participant put it:

"It reminded me that caring for myself is part of the work - not separate from it."

(For full strand-by-strand evidence, including quantitative tables, survey summaries and facilitator reflections, see Appendix 7A (Practitioner Development Source Data) and Appendix 2 (Practitioner Development Evidence)).

5. Test and Learn Projects

Greater Manchester is home to 2.9 million people and is one of the most ethnically diverse regions in England. Nearly one in four people in GM experience a mental health or wellbeing issue, yet the access to, experience of, and outcomes from mental health services for many minority ethnic communities are simply not good enough. Barriers to getting the right help and support at the right time include not knowing that help is available or where to go to get it; language; financial barriers, such as paying for private counselling and not feeling listened to or understood by healthcare professionals.

Myriad funded five test and learn projects to develop partnerships with global majority led or focussed VCFSE organisations to explore new models of emotionally safe, culturally grounded creative support that could complement or bridge gaps in statutory provision. Each project was co-designed and led by global majority practitioners and rooted in lived experience.

“I didn’t have to explain myself. I could just be.” 42nd Street participant

5.1 Delivery

Each project was built on choice, trust, and relationships and co-designed in exploratory workshops. Sessions often included shared food, prayer breaks, and flexibility for childcare - practical expressions of care and support.

Project	Delivery lead and partners	Artform / method	Participants	Highlights
Ephrata Church Community	Afrocats with Ephrata Church Community	African dance & mindfulness	Women and men from African and French-speaking refugee communities	Reduced stress and pain; 92% “feel more like myself again.”
Greater Manchester Youth Network & Music Action International	GMYN + Contact Theatre + MAI	Songwriting, beat-making and performance	Young asylum-seeking women (15–19)	Confidence ↑; peer bonding ↑; language learning through music.
Talk Changes	Independent facilitator collective	Reflective writing and zine making	Global majority women with lived experience of trauma	83% “better able to manage emotions”; safe peer space.

Portraits of Recovery (PORe)	PORe + Manchester Museum + Devine Southgate Smith	Object based storytelling and collage	Black women in recovery (30–55)	89% “more connected to who I am”; renewed pride and identity.
42nd Street	42nd Street + artist Chanje Kunda	Visual art and installation	LGBTQ+ and global majority young people (16–25)	93% ↑ confidence; permanent artwork legacy in the building.

Data sources: Appendix 7B (B1–B5 - Test & Learn project datasets); Appendix 3 (project case studies & partner evaluations); Appendix 6 (participant demographics and boroughs); Appendix 1 (methods & evaluation tools).

5.2 Who took part

Over 110 people from global majority backgrounds participated across the five projects. Participants included refugees and asylum seekers, people living with trauma or social isolation, and young people from LGBTQ+, care-experienced or racially minority backgrounds.

Participant Profile (summary)	Percentage / Count	Key notes
Global majority participants	74%	Predominantly African, Asian and Middle Eastern heritage
Female participants	71%	Many were carers, mothers or students
Refugee / asylum seekers	27%	Mainly African and French -speaking adults and young women
Aged 16–24 years	30%	Youth -focused projects (GMYN & 42nd Street)
Languages spoken	6+	English, French, Arabic, Farsi, Somali, Urdu and others

Data sources: Appendix 6 (participant demographics and boroughs for B1–B5 projects); Appendix 7B (B1–B5 - Test & Learn datasets for participant counts); and Appendix 3 (project case studies & partner evaluations for health context, IMD/deprivation notes, and languages).

Facilitators explored the use of a range of languages including translation, movement, and creative prompts to ensure that everyone - regardless of language or literacy - could engage safely.

“People came with heavy stories but left lighter- shoulders down, smiles wider.” - Ephrata facilitator

5.3 Difference made

Across all five *Test & Learn* projects, participants reported clear improvements in wellbeing and confidence directly reflecting Myriad's core aims - to increase access to culturally relevant, creative mental health support and to demonstrate how creative practice can build emotional resilience, connection and self-expression.

Participants described feeling more relaxed, confident and connected to others, with many continuing creative activities beyond the sessions. These outcomes show that when mental and wellbeing support delivery is co-designed, culturally grounded and trauma-informed, it can make a tangible difference to people's sense of wellbeing, belonging and agency.

Quantitative outcomes

Indicator (across 5 projects)	% reporting positive change	Notes
Improved mood / reduced stress	81%	Post session tools + facilitator observation
Increased confidence / self-expression	78%	Self-report + observed participation
Greater social connection / belonging	74%	Group reflections & follow up
Tried creative activity outside sessions	69%	Based on available post-project feedback

Data sources: Appendix 7B (B1–B5 - Test & Learn wellbeing outcomes); strand-specific evidence from Ephrata, GMYN & Music Action International, Talk Changes, 42nd Street, and Portraits of Recovery evaluations; methods in Appendix 1.

Qualitative themes

Theme	Illustrative quote
Calm and emotional release	<i>“The art reminded me I still have joy inside me.”</i>

Confidence and self-expression	<i>"I used to hide away. Now I dance like I remember who I am."</i>
Belonging and social connection	<i>"We kind of made space for each other, without really talking about it."</i>
Cultural pride and identity	<i>"Reclaiming something that was always mine."</i>
Hope and future focus	<i>"I never thought I'd perform. Now I want to keep creating."</i>

Data sources: Appendix 3 (project case studies: participant quotes and facilitator reflections for Ephrata, Talk Changes, GMYN & MAI, 42nd Street, PORE) and Appendix 7B (B1–B5 - Test & Learn qualitative themes and open-text feedback).

5.4 The added value of culturally competent creative health practice

Five factors consistently underpinned success, emphasising the crucial added value of culturally competent, creative approaches:

Success factor	What it looked like in practice
Culturally grounded design	Projects were co-designed with local communities and led by artists who shared participants' lived experiences, building trust and relevance and removing barriers to engagement.
Trauma-informed facilitation	Grounding exercises, choice, and consent maintained emotional safety.
Flexibility and accessibility	Practitioners used grounding, consent-led practice and group regulation. Sessions were flexible and emotionally safe, with reflection and rest built in.
Peer and practitioner learning	Cross sector partnerships (e.g., MAI with GMYN) enabled two-way learning between artists, youth workers and mental health professionals, strengthening practice and legacy.
Partnerships and holistic support	Links with health and youth services allowed referrals and wrap-around care.

Data sources: Appendix 7B (B1–B5 - Test & Learn project datasets and qualitative themes), Appendix 3 (case studies detailing delivery methods and partnership practice), and Appendix 1 (trauma-informed methods & accessibility tools).

5.5 Participant stories

“Writing helped me hear my own voice again - it’s been a long time.” - Talk Changes participant

“The museum objects gave me language to speak about things I never could before.” PORe participant

“It was more than dance. It helped me be myself again.” Ephrata participant

These voices highlight how creative expression became a route to safety, connection and self-definition.

5.6 Challenges and adaptations

Across the five projects, several recurring delivery challenges emerged; the table below highlights the most significant issues and how teams adapted in line with Myriad’s trauma-informed, culturally grounded approach. (See Appendices 2 and 7 for activity level detail.)

Challenge	Response / adaptation
Fluctuating attendance linked to trauma and asylum status	Flexible session plans; smaller group formats; follow up by trusted community leaders.
Language and literacy barriers	Use of interpreters, gesture, drawing and music-based reflection tools.
Emotional triggers during creative work	Co-facilitation with mental health professionals and clear opt out points.
Limited time for evaluation forms	Introduced visual boards and storytelling as feedback methods.

5.7 Summary

Across its five Test & Learn projects, Myriad demonstrated that culturally competent creative health approaches are an effective mechanism to significantly improve the cultural competency of mental health and wellbeing support and that this is most effective when initiatives are co-designed with communities and rooted in trauma informed practice.

Participants described feeling *seen, connected* and *hopeful* - often for the first time in years.

The VCFSE organisations involved gained a deeper understanding of cultural safety, co-production and emotional pacing and how creative engagement can facilitate this. For communities that often feel excluded from formal services, these projects provided vital evidence that creative practice can be a credible and effective pathway to mental wellbeing.

“This wasn’t just art - it was a way to see myself differently, with pride.”

(Detailed case studies and data for each project are available in Appendix 3.)

6. The Myriad Core Competency Framework

A key legacy of the Myriad programme is the creation of the Myriad Core Competency Framework - a shared foundation for developing, recognising, and sustaining high-quality, culturally competent, creative practice. It identifies the knowledge, skills, and behaviours needed by creative practitioners working in mental health contexts with global majority communities and provides a clear structure for reflection, training, and professional growth.

The Framework responds to a recognised sector gap: the need for a consistent, culturally competent approach to professional standards in creative health practice. It offers a common language for practitioners, employers and commissioners, bridging creative, community and clinical contexts and supporting the professionalisation of the field.

6.1 Development and Co-Production

The Framework was co-produced in Greater Manchester through collaboration between creative practitioners, VCFSE organisations, cultural institutions, and mental health professionals. Development was grounded in:

- **Desk research** exploring national and international competency models in creative health and mental wellbeing.
- **Survey data** from creative practitioners and VCFSE organisations, capturing workforce needs and barriers to access.
- **Focus groups and interviews** with partners including cultural organisations, NHS representatives, and community leaders.
- **Input and testing with Myriad delivery partners**, including Afrocats, Company Chameleon, GMCA, NHS Greater Manchester, and consortium members.

This collaborative process ensured the Framework reflected the lived experience and diverse working realities of practitioners across Greater Manchester's creative health ecosystem.

6.2 Structure and Components

The Framework is structured around eight core components, each with detailed competency statements. Together, they describe the attributes and qualities required to deliver safe, effective, and culturally competent creative practice in a mental health and wellbeing context.

Each component includes a set of competency statements, a self-assessment area for practitioners to note strengths and development needs, and recommended resources or training. Users are encouraged to reflect on each area, identify learning goals, and plan progression.

While each component stands alone, the Framework is designed to be holistic - recognising the interdependence of creative, emotional, and relational skills in culturally competent, mental health practice.

6.3 Testing and Refinement

The Framework was piloted through Myriad's training and reflective practice strands, including *Spark Training*, *Action Learning Sets*, and *Group Supervision*.

These delivery settings acted as testing grounds, allowing practitioners to apply and refine the competency areas in real-world contexts.

Feedback from facilitators and participants highlighted its accessibility and relevance, particularly for freelance practitioners and those entering the creative health field. It was valued for offering language and structure to describe skills that are often intuitive or experience-based, and for validating the expertise of practitioners with lived experience.

6.4 Purpose and Use

The Framework serves multiple functions:

- **For practitioners:** a tool for reflection, self-assessment, and identifying learning priorities.
- **For trainers and educators:** a guide to designing inclusive and responsive training content.
- **For organisations and commissioners:** a structure for recruitment, quality assurance, and workforce development.
- **More broadly:** a shared reference point that strengthens understanding of culturally competent creative practice and practitioner wellbeing.

It supports both new and established practitioners to evaluate their readiness to work in mental health contexts and to identify training or supervision needs. It also enables leaders to assess workforce capacity and address skills gaps.

6.5 Early Response and Impact

The Framework has been welcomed as a much needed structure to articulate and benchmark culturally competent practitioner competencies across Greater Manchester and beyond. Following its launch, it is already being disseminated and referenced in conversations about future training, workforce planning and resource development nationally. Practitioners value the clarity it offers and its potential to guide reflection, supervision and recruitment practice.

6.6 Legacy

The Myriad Core Competency Framework now sits at the centre of the Myriad Online Resource, available online for practitioners, partners, and commissioners. It is a key step towards embedding cultural competency, equity, safety, and professionalism within creative health delivery, and forms a foundation for future regional and national training initiatives.

7. Organisational & System Impact

This section explores the wider organisational and system-level changes emerging through Myriad's delivery and partnerships. In the context of Greater Manchester's ambition as a Creative Health City Region, "organisational and system impact" refers to the ways in which Myriad has influenced policy, practice and partnership working across cultural, health and voluntary sectors. It considers how the programme has strengthened cross sector collaboration, diversified the workforce, embedded trauma-informed and culturally competent approaches, and modelled new pathways between community-rooted creative practice and statutory mental health systems.

Strong and sustainable creative health ecosystems depend on confident, connected organisations that understand both cultural and clinical languages. Myriad created opportunities for communities and VCFSE and cultural partners to collaborate, share methods and test new models of support. This investment produced measurable growth in confidence, quality and cross sector partnership, helping to embed creative health practice across Greater Manchester's health and wellbeing landscape.

"We've grown in confidence to talk about creative health, not just community arts." Project partner

7.1 Building organisational capacity

Myriad supported the development of knowledge, practice and visibility for all delivery partners. The table below summarises key areas of organisational change reported through VCFSE organisation and facilitator reflections, post-project evaluations and interviews.

Area of change	Evidence from organisations
Clarity and confidence in describing creative health practice	Staff able to articulate mental health outcomes and use shared language from the Spark training and Action Learning Set.
Trauma-informed and culturally competent delivery	Organisations adopted grounding, consent and reflection techniques across wider programmes.
Improved safeguarding and evaluation	Use of creative and visual feedback tools became standard; several partners adopted these in non-Myriad projects.
Professional development and staff wellbeing	Supervisory models trialled in Myriad were adapted internally for staff reflection.

Enhanced strategic profile	Organisations invited to speak at regional events and policy forums on creative health.
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Sources: Appendix 7B (B1–B5 - Test & Learn project evaluation summaries), Appendix 3 (project case studies: delivery adaptations), and Appendix 1 (methods & accessible evaluation tools).

“The learning changed how we run sessions, how we brief artists, even how we talk to funders.” – VCFSE delivery lead

Partners reported adopting trauma-informed methods (grounding, consent, reflective debriefs) and accessible evaluation tools as core practice, alongside clearer articulation of creative health outcomes to funders and health colleagues (see Appendix 4).

7.2 New and stronger partnerships

Myriad strengthened collaboration between cultural organisations, VCFSE organisations and health providers.

Partnership example	Description	Benefit
GMYN & Music Action International + Contact Theatre	Youth work, creative music and cultural venue partnership	Created holistic support for young asylum seekers and introduced interpreters into arts settings.
Ephrata Church Community + Afrocats	Faith-based community and cultural dance organisation	Combined health and cultural knowledge; established trauma-informed dance model now continuing independently.
Portraits of Recovery + Manchester Museum	Recovery charity and major cultural institution	Co-curated heritage sessions; influenced museum practice around cultural representation.
42nd Street + freelance artist Chanje Kunda	Youth mental health service and artist collaboration	Permanent artwork created by LGBTQ+ and global majority young people; legacy installation on site.
Result CIC + Company Chameleon	Equality consultancy and performing arts company	Shared leadership and reflective learning; informed GM creative health policy dialogue.

Data source: Appendices 3 (Test & Learn case studies), 4 (Organisational impact & partnerships) and 7B (project evaluation summaries).

These collaborations demonstrated that equitable partnership, where VCFSE and cultural organisations co-design and collaborate from the beginning, produce effective and rich provision with long term learning for both.

At least ten collaborations deepened or formed, with several continuing beyond the programme through follow on bids and mentoring.

7.3 Contribution to local systems of care

Myriad is aligned with Greater Manchester's *Population Health Strategy, Mental Health and Wellbeing Strategy* and the *GM Creative Health Strategy* and has generated valuable learning on cross sector collaboration for prevention and early intervention.

By supporting community-led delivery, Myriad supported the expansion of the ecosystem of care beyond a clinical offer and into neighbourhoods.

System level outcome	Description
Increased access routes	Participants referred between creative, community and health providers; several organisations now listed within local wellbeing directories.
Workforce diversification	New practitioners from global majority backgrounds entered the sector through Spark training and placements.
Cross-sector communication	Shared language between cultural and health professionals reduced misunderstanding and improved referral confidence.
Evidence for commissioners	Demonstrated cost effective, scalable approaches to community wellbeing.

Sources: Appendix 4 (partnerships & system learning: sector influence and network outcomes); Appendix 7A - A3 Spark & A4 Placements (workforce diversification evidence); Appendix 7B - B1-B5 (access/referrals and community facing delivery); and Appendix 3 (case studies with partner quotes). Methods in Appendix 1.

“We can now evidence the difference creativity makes to mental health in a way health colleagues understand.” Consortium member

7.4 Regional and national influence

Myriad contributed to a growing regional and national conversation about creative health and equity.

- GMCA and NHS GM used Myriad findings to inform upcoming commissioning guidance on culturally competent practice.
- Partners presented learning at the Baring Foundation Creative Health Showcase and GM Creative Health Network events.
- The online Myriad Resource (2025) shares tools, case studies and frameworks developed through Myriad for free use.

7.5 Challenges and learning for systems change

The following table summarises the key challenges identified in embedding creative health practice at a system level, alongside the learning and responses that emerged through delivery and partnership working.

Challenge	Learning / response
Limited organisational capacity (small teams balancing delivery and reflection)	Provide administrative and evaluation support within future funding models.
Short funding cycles	Multi-year investment needed to embed trauma-informed practice sustainably.
Cross-sector language barriers	Shared frameworks and training help cultural and health partners communicate outcomes.
Sustaining partnerships post funding	Encourage co-commissioning and inclusion of community partners in statutory planning.

Sources: Appendix 4 (partnerships & system learning: challenges and responses from interviews/evaluation meetings); Appendix 7B - B1–B5 (Test & Learn evaluation summaries: system-facing issues and adaptations); Appendix 7A - A1–A4 (practitioner strand insights informing system learning); and Appendix 1 (evaluation framework & methods).

These challenges underline that systemic change requires time, resourcing and relational investment - not just project delivery.

7.6 Summary

Myriad has strengthened Greater Manchester's diverse mental health and wellbeing offer and developed the creative health infrastructure by connecting organisations, embedding trauma-informed and culturally competent practice, and evidencing the impact of creativity on wellbeing.

Partners now describe themselves as part of a creative health community of practice rather than as an isolated project and global majority organisations and practitioners are networked.

The programme's influence can already be seen in new collaborations, revised safeguarding policies and continued professional networks. Myriad has contributed to a more confident, connected and representative creative health sector and a more diverse and community rooted mental health and wellbeing offer.

"We're no longer working alone. There's a sense of collective purpose now."
Partner organisation

(Detailed organisational case studies and partnership data appear in Appendix 4.)

8. Learning, Recommendations & Future Opportunities

Myriad has been both a testbed and a catalyst, demonstrating how culturally grounded, trauma-informed approaches can reshape systems of care. This section offers practical recommendations to sustain and scale this impact through ongoing networks, resources, and regional collaboration.

8.1 Overview

Across its two-year delivery, Myriad demonstrated that creative health approaches grounded in culture, connection and care can diversify and strengthen the mental-health and wellbeing support accessed by global majority communities

The programme generated practical and emotional learning for practitioners, organisations, commissioners and communities alike.

The following synthesis distils this evidence into five interlinked learning areas and a set of forward looking recommendations.

"It showed that healing can happen anywhere - if the space feels safe."
Practitioner, Ephrata

A. Culturally competent creative health practice improves wellbeing and reduces isolation

Creative expression provided an accessible, non-clinical route into mental health support for people who may not engage with statutory services. Participants reported improved mood, confidence and connection, while facilitators observed reduced anxiety and increased peer support.

Indicator	Average positive change	Notes
Improved mood/reduced stress	81%	Drawn from combined project data
Greater social connection	74%	Reported across all five community projects
Increased confidence / self-expression	78%	Supported by facilitator observation

(Data sources: Appendix 7B – Summary of Wellbeing Outcomes Across Test & Learn Projects; strand-level evaluations in Appendix 2 – Ephrata, GMYN & MAI, Talk Changes, PORE and 42nd Street.)

“I came to dance, but I found my community.” Participant, Ephrata

B. Practitioner wellbeing is essential to sustainable delivery

Practitioners delivering emotionally charged community work need structured support. Supervision, action learning and trauma- informed training reduced burnout risk and improved facilitation quality.

Indicator (Practitioner Wellbeing & Development)	% reporting positive change
Increased professional confidence	91%
Improved trauma-informed & culturally competent practice	89%
Felt part of a supportive practitioner community	94%

(Data sources: Appendix 7B - B1 Time to Reflect, B2 Action Learning Set, B3 Spark Training.)

When practitioners felt safe and connected, participants described higher trust and engagement.

What worked	Evidence
Reflective spaces (Time to Reflect)	Increased self-awareness and emotional regulation
Peer learning (ALS)	Strengthened leadership and confidence
Skills training (Spark)	86% ↑ confidence; 100% would recommend
Placements	Applied learning reinforced confidence and employability

“Caring for ourselves is part of the work - not separate from it.”

C. Cultural competence is essential to build trust and support participation

Across all strands, trust grew fastest when facilitators shared participants' languages, heritage or lived experience.

Cultural relevance - through music, movement, food, and environment - created belonging and emotional safety.

Cultural competence: understanding and effectively interacting with people from different cultural backgrounds is an essential part of mental health and wellbeing support.

Practice principle	Impact
Shared cultural reference points	Participants relaxed and opened up more quickly
Multilingual delivery	Reduced anxiety and improved comprehension
Inclusion of food, prayer and family	Reinforced care and community
Culturally aware facilitation	Improved attendance and reduced attrition

Data source: Appendices 2 (Practitioner development outcomes) and 7A (strand evaluation summaries).

“We sang in our own languages - and suddenly we belonged.” Music Action International participant

D. VCFSE and cultural organisations strengthen local systems of care

Grassroots and cultural organisations reached communities least served by statutory services.

Through Myriad, they developed trauma-informed policies, better evaluation tools, and stronger health partnerships.

This work complemented statutory provision by addressing prevention and early intervention.

Organisational outcomes	Examples
Trauma-informed policies adopted	3 partners (Afrocats, PORe, 42nd Street) integrated grounding and consent into all delivery
New partnerships formed	10+ cross-sector collaborations
Peer learning embedded	Staff reflection sessions now standard in 4 organisations
Broader sector recognition	Partners invited to share practice regionally and nationally

Sources: Appendix 4 (partnerships & system learning: organisational outcomes), Appendix 3 (case studies: partner interviews/evaluations), Appendix 7A - A1–A4 (practitioner strands informing policy/practice shifts), and Appendix 7B - B1–B5 (Test & Learn evaluation summaries: partnership formation & peer learning).

E. Evidence and learning resources increase credibility and influence

Myriad established consistent evaluation methods across creative health strands, building a shared evidence base.

The Myriad Online Resource makes this knowledge accessible across Greater Manchester and nationally.

Output	Purpose
Evaluation framework and toolkit	Enables replication and cross comparison

Case studies and films	Showcase lived experience and practical methods
Competency framework	Guides future practitioner training
Practice resource library	Supports commissioners, funders and facilitators

“This gave us the language to explain what we do - and why it matters.”
Practitioner, Spark

8.2 Cross cutting insights

Insight	What it means
Relational care is central	Healing emerges through trust, shared power and creativity.
Representation transforms engagement	When facilitators reflect the communities they serve, participation and outcomes improve.
Small scale models can inform large systems	Local, low-cost creative health projects generate scalable learning for public health.
Evaluation must fit the audience	Visual and conversational tools yield richer, more inclusive data.
Wellbeing is collective	Practitioner, participant and organisational health are interdependent.

8.3 Recommendations

The following evidence-led recommendations are proposed to sustain and scale the impact of Myriad’s practitioner and community work:

- Establish a unified CPD framework for global majority practitioners working in community settings.
- Embed reflective supervision in all creative health projects, budgets and contracts.
- Scale paid placements and mentoring for global majority practitioners.
- Standardise accessible evaluation tools (Appendix 5) across VCFSE partners to generate comparable data and support commissioning

For Commissioners and Funders

- Invest in community-led, creative health programmes as a recognised part of mental health ecosystems.
- Embed supervision and reflective practice in all mental health contracts.
- Support workforce diversification by funding training and placements for global majority practitioners.
- Adopt flexible evaluation frameworks that balance quantitative rigour with creative and trauma-informed methods.
- Resource longer-term partnerships so learning can embed beyond project cycles.

For Practitioners and Organisations

- Continue peer supervision and action learning to sustain wellbeing and practice quality.
- Apply cultural safety principles in recruitment, facilitation and evaluation.
- Use creative evaluation tools (visual boards, storytelling, body mapping) to capture authentic change.
- Share learning openly through networks, joint CPD, and the upcoming Myriad resource platform.
- Build time for care and reflection into every stage of delivery.

For Policy and System Leaders

- Recognise creative health as part of the core prevention infrastructure, not a “nice to have” activity.
- Include VCFSE and cultural partners in strategic planning and commissioning.
- Use Myriad as a model for culturally competent innovation in regional and national frameworks.

8.4 Future opportunities

Myriad's partners, participants and learning provide strong foundations for scaling diverse, creative health practice across Greater Manchester.

Three key opportunities have emerged:

Opportunity	Description
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Regional network for global majority creative health practitioners	Build on the Spark and supervision cohorts to form a standing peer support network.
Integration with NHS social prescribing and community mental health programmes	Use Myriad learning and assets (including the Core Competency Framework) to inform new referral pathways and training for the wider workforce.
National dissemination	Share learning through the online Myriad site.

“The legacy is confidence - in ourselves, in each other, and in the power of creativity to heal.” Myriad consortium member

9. Conclusion

Myriad has been more than the sum of a collection of projects. It has cultivated a movement - one that centres lived experience, celebrates cultural diversity, and recognises creativity as a form of care.

Through training, reflection and co-design, the programme has shown how diverse-led, community-rooted creative health practice can reshape mental health support from the ground up.

The programme leaves a confident, connected and representative new workforce, stronger cross-sector partnerships, and a tested toolkit for culturally competent, trauma-informed practice. With partners already embedding these approaches and an online resource delivered, Myriad's impact will extend across Greater Manchester and beyond.

(All supporting data, tools and case studies are included in Appendices 1–7.)

Appendices

Appendix Framework Overview

The following appendices provide the full evidence base underpinning this evaluation report.

They bring together detailed data, activity specific analysis, case studies and methodological notes to ensure transparency, accountability and traceability for practitioners, evaluators and commissioners alike.

Each appendix can be read independently or alongside the relevant section of the report. Together, they offer a complete view of the Myriad programme - from design and delivery to participant experience, practitioner learning and system level impact.

Appendix Overview

Appendix	Content Summary	Linked Report Section(s)
Appendix 1 - Evaluation Framework & Methodology	Full Myriad Evaluation Framework; <i>Plan–Act–Review</i> model; data collection tools; consent and reflection templates; notes on limitations, ethics and safeguarding.	Section 3 - Evaluation Approach
Appendix 2 - Practitioner Development Evidence	Full documentation from <i>Time to Reflect (Group Supervision)</i> , <i>Action Learning Set (RESULT CIC)</i> , <i>Spark Training</i> and placements. Includes facilitator logs, participant reflections, survey data and thematic analysis.	Section 4 - Practitioner Development
Appendix 3 - Test & Learn Project Case Studies	Five detailed project evaluations: <i>Ephrata Church Community</i> , <i>GMYN & Music Action International</i> , <i>Talk Changes</i> , <i>Portraits of Recovery</i> and <i>42nd Street</i> . Includes delivery summaries, participant feedback, facilitator reflections, quantitative data and photographic documentation.	Section 5 - Test & Learn Projects

Appendix 4 – Organisational Impact & Partnerships	Organisational narratives illustrating changes in practice, safeguarding, evaluation and collaboration. Includes case studies of cross organisation partnerships (GMYN-MAI, Afrocats-Ephrata, PORe-Manchester Museum).	Section 7 – Systems Change & Partnership Learning
Appendix 5 – Learning Tools & Frameworks	Myriad Competency Framework , training materials, reflection templates, and comparative learning tables across strands. Provides adaptable tools for replication and practitioner development.	Sections 6 & 8 – Learning Resources / Recommendations
Appendix 6 – Participant & Practitioner Demographics	Combined datasets showing age, gender, ethnicity, borough and engagement patterns across all community projects and practitioner training cohorts. Includes notes on data gaps and collection limitations.	Section 3 – Data Overview
Appendix 7 – Source Data & Evaluation Summaries	Full quantitative and qualitative datasets that underpin the report's analysis, including wellbeing outcomes, survey summaries and activity level evaluation evidence. Supports transparency and future benchmarking.	Cross cuts all sections

How to Use the Appendices

Commissioners and policymakers

→ Review *Appendices 1, 4 and 5* for frameworks, partnership outcomes and recommendations relevant to policy, commissioning and sector strategy.

Practitioners and delivery partners

→ Use *Appendices 2 and 3* for practical insights, case studies, training examples and reflective tools to inform future creative health delivery.

Researchers and evaluators

→ Refer to *Appendices 1, 6 and 7* for methodological detail, demographic context and the complete dataset supporting this evaluation.

Together, these appendices provide the depth behind the narrative - ensuring the Myriad evaluation remains transparent, credible and replicable.

Appendix 1 Evaluation Framework & Methodology

1.0 Purpose

This appendix outlines how the Myriad evaluation was designed and implemented. It details the framework that guided data collection, ethical principles, and the analytical process linking programme activity to outcomes.

The aim was to produce credible, proportionate, and culturally competent evidence while safeguarding participants' wellbeing and creative freedom.

1.1 Evaluation Framework Overview

The Myriad Evaluation Framework (V4, 2024) was co-developed with the consortium and evaluation partner Local Creative Project Ltd.

It followed a **Plan–Act–Review** cycle, ensuring reflection and learning were embedded throughout delivery.

Evaluation Focus	Core Questions	Evidence Sources	Related Report Section
Participant Journey	What step change occurred for individuals taking part?	Feedback forms, wellbeing scales, facilitator reflections, interviews	Section 2
Practitioner Journey	How did supervision, training and reflection influence practice and wellbeing?	Supervision notes, Action Learning logs, training evaluations	Section 3
Organisational Impact	How did partner organisations develop capacity and confidence in creative health?	Partner reports, evaluation meetings, case studies	Section 4
System Learning	What influence did the programme have on policy, networks and commissioning?	Consortium minutes, dissemination events, stakeholder interviews	Section 4–5
Equity and Inclusion	How effectively did Myriad engage and represent global majority communities?	Demographic data, observation, participant feedback	Cross-cutting

Data source: Myriad Evaluation Framework V4 (2024), co-developed by the Myriad Consortium and Local Creative Project Ltd.

1.2 Plan–Act–Review Model

Stage	Description	Tools Used
Plan	Co-design of aims, logic model and data collection plan with delivery partners.	Evaluation framework template; baseline partner self-assessment.
Act	Implementation of projects and practitioner strands with real time reflection.	Feedback forms; supervision notes; reflective logs; observation.
Review	Analysis and synthesis of quantitative and qualitative data.	Coding matrix; wellbeing data aggregation; thematic analysis.

This cyclical approach ensured learning informed each phase rather than being retrospective.

1.3 Evaluation Principles

The framework was guided by five core principles:

1. **Trauma-informed and culturally competent** – Evaluation methods recognised potential triggers, offered choice, and respected cultural context.
2. **Proportionate and inclusive** – Data tools matched the literacy, language and comfort levels of participants.
3. **Participatory and reflective** – Artists, facilitators and participants shaped the evaluation questions.
4. **Ethically sound** – Informed consent, anonymity and data minimisation were maintained throughout.
5. **Useful and shareable** – Findings were synthesised into practical resources to support replication.

“The evaluation felt part of the creative process, not something done to us.”
Facilitator, Talk Changes

1.4 Data Collection Methods

Method	Description	Sample Size / Frequency	Rationale
Participant feedback forms	Short, accessible forms or visual boards used post sessions.	~200 responses across projects	Captured mood, confidence, and connection.
Wellbeing scales	SWEMWBS adapted for language access; ArtsObs used where appropriate.	3 projects used quantitative scales	Measured change while minimising intrusion.
Facilitator reflections	Structured reflection templates completed after sessions.	40+ reflections	Provided qualitative insights into process and change.
Interviews & focus groups	Conducted with participants, facilitators and partners.	25 interviews	Gathered narrative evidence and lived experience context.
Observation / film documentation	Video and photo documentation of sessions.	5 projects filmed	Analysed engagement, participation and emotional tone.
Supervision & Action Learning logs	Notes and actions recorded by practitioners.	2 cohorts	Showed professional growth and sector learning.

1.5 Ethical and Safeguarding Measures

- **Consent and confidentiality:** All participants provided informed consent (verbal or written). Names have been changed or removed.
- **Emotional safety:** Each data collection method included grounding and opt out options.
- **Storage and access:** Data held securely by Local Creative Project Ltd under GDPR compliance.
- **Duty of care:** Facilitators briefed to flag any safeguarding concerns through organisational protocols.

“We learned to collect evidence without losing care.” Myriad facilitator

1.6 Limitations and Mitigation

Limitation	Mitigation strategy
Fluctuating attendance among participants due to asylum, health or care responsibilities	Flexible session planning and repeated data collection points.
Language and literacy barriers	Visual and oral tools; interpreters; translation of key materials.
Technology gaps (e.g. QR feedback not syncing)	Manual recording and retrospective facilitator summaries.
Short timescales for some projects	Focused on qualitative depth and triangulation.
Variable evaluator presence	Training facilitators in basic reflective documentation.

1.7 Data Analysis and Validation

- **Quantitative analysis:** Wellbeing and feedback data aggregated using descriptive statistics.
- **Qualitative analysis:** Thematic coding based on the evaluation questions, cross-checked by two reviewers.
- **Triangulation:** Findings validated through comparison of participant, facilitator and partner perspectives.
- **Feedback loop:** Interim results shared with consortium to refine delivery and confirm accuracy.

1.8 Summary

The Myriad evaluation was deliberately designed to be ethical, inclusive and learning led. It combined numbers with narratives to show not only *that* change occurred, but *how* and *why*.

This framework now provides a tested model for future creative health evaluation across Greater Manchester and beyond.

“The process mirrored the programme itself - reflective, relational and responsive.”

Appendix 2 Practitioner Development Evidence

2.0 Purpose

This appendix presents evidence from Myriad's professional development strands. Together, these activities supported over 45 practitioners from global majority backgrounds to build confidence, reflective capacity and trauma-informed skills in creative health practice.

They also established the foundations of a regional peer network that continues beyond the life of the programme.

“When I feel supported, I can support others better.” Spark participant

2.1 Group Supervision – Time to Reflect

Overview

Time to Reflect (TTR) offered structured reflective supervision for creative practitioners from the global majority working across Greater Manchester. Each cohort met monthly for 1.5 hour sessions, facilitated by psychotherapist Rafaela Nunes, combining movement, dialogue, and peer reflection within a trauma-informed, culturally grounded framework.

Across the two cohorts (March 2024 – April 2025), 22 practitioners participated, representing a diverse mix of artists, facilitators, and community practitioners at varying stages of their careers. Attendance averaged 72% per session.

TTR was designed not as therapy but as a safe, non-clinical peer supervision space where practitioners could explore wellbeing, identity, and professional boundaries. The sessions modelled the reflective, culturally competent practice that Myriad aims to embed across the creative health workforce.

Aims and Approach

The strand sought to:

- Support the mental health and emotional resilience of creative practitioners.
- Provide a peer supervision model tailored to global majority lived experience.
- Strengthen reflective practice, self-awareness, and capacity for emotionally safe facilitation.
- Generate learning about how supervision models can be scaled sustainably across the region.

The approach integrated embodied reflection (movement, breathwork, and sensory grounding), structured peer dialogue, and visual creative tools (affirmation boards, self-care maps, journalling).

Methods and Delivery

Each session followed a flexible but familiar rhythm:

check in → movement/breathing → peer reflection → thematic discussion → closing grounding exercise.

Facilitation emphasised consent, accessibility, and cultural safety - participants were always invited rather than instructed to take part in movement. Exercises and discussions were adapted for neurodivergent or mobility needs.

Evaluation combined:

- Session reflections (facilitator notes from 6 sessions).
- Pre-/post-programme survey data from 18 respondents across both cohorts.
- Attendance logs and qualitative feedback forms.
- Facilitator debriefs and reflective journals.

Quantitative data show:

- **89%** reported improved confidence in managing wellbeing.
- **83%** said they gained practical tools for self-care.
- **78%** felt more able to maintain professional boundaries.
- **94%** agreed the sessions were “emotionally safe and culturally relevant.”
- **87%** said they had developed new peer connections for ongoing support.

(Data source: Appendix 7B – B1 Group Supervision: Time to Reflect survey results.)

Practitioner Experience and Learning

Participants described the sessions as both grounding and transformative.

“For the first time in my life, I’m learning to take care of myself.”

Personal and Emotional Growth

TTR became a structured “accountability space” where practitioners recognised patterns of burnout and took action between sessions. One participant summarised:

“It became an accountability place – I came back each month clearer about what I needed to change.”

The embodied methods - walking, breathing, body mapping - helped reconnect practitioners to their physical and emotional cues. By linking reflective insight to movement, they reported reduced stress and renewed energy.

Creative and Professional Clarity

Many described breakthroughs in creative direction and confidence.

“TTR came to strengthen the need for change around my creative direction.”

By Cohort 2, participants framed reflection through the question of their “WHY”, linking purpose, mental health, and artistic motivation.

Peer Support and Collective Learning

The peer format created trust and validation.

“This is how it should always be!”

“Longer sessions than 1.5 h – we didn’t want to leave.”

Informal mutual mentoring emerged, with practitioners sharing networks and resources beyond sessions. 92% reported feeling “part of a supportive professional community.”

Cultural Safety and Belonging

Participants highlighted the importance of the facilitator’s shared cultural experience: it normalised conversations about race, identity, and exhaustion in sectors where these are rarely addressed.

“Being with people who understand my background made it easier to speak honestly.”

Challenges and Adaptations

- **Session length:** 1.5 hours proved insufficient. **81%** requested 2 to 2.5 hour sessions to allow deeper discussion.
- **Frequency:** Monthly scheduling limited continuity; **68%** preferred fortnightly sessions.
- **Attendance:** Caring duties and freelance workloads caused fluctuations, though engagement when present was strong.
- **Feedback tools:** Digital QR code surveys did not sync, creating gaps; future cohorts will use paper or integrated digital forms.
- **Venue and environment:** Later sessions adopted a “café-style” setup with cushions, soft lighting, and relaxed seating, which participants described as “warm, inviting, and transformational.”

Cohort Comparison and Evolution

- **Cohort 1 (March – Sept 2024):** Larger groups (6-8 per session) established the foundational model. Sessions focused on self-care, burnout, and creative identity. Strong group dynamics and visible emotional release (“I can use my voice!”).
- **Cohort 2 (Oct 2024 – Apr 2025):** Smaller groups (3-4 per session) allowed deeper one-to-one exploration. Themes evolved toward purpose, self-belief, and long-term sustainability.

“I’ll do it – I’ll do my art exhibition!” – participant breakthrough, Feb 2025.

Both cohorts demonstrated that culturally competent supervision can balance emotional safety with tangible professional growth.

Facilitation and Model Insights

The success of Time to Reflect rested on Rafaela Nunes' dual expertise as a psychotherapist and creative practitioner. Her use of *embodied supervision* - movement, breath, reflection, and group validation - proved both accessible and replicable.

Facilitator notes highlighted:

- The value of revisiting group agreements and principles at each session.
- The power of environmental design (lighting, seating, sound) in creating calm.
- The need for adaptive facilitation when attendance fluctuates.

Outcomes and Impact

Outcome Area	Evidence	Quantitative Result
Confidence & Self Efficacy	Pre/post survey & quotes	↑ by 87% of participants
Emotional Regulation	Survey & facilitator logs	↑ by 81%
Peer Connection & Belonging	Attendance & survey	↑ by 92%
Professional Clarity & Direction	Journals & reflections	↑ by 78%
Sense of Cultural Safety	Open text responses	94% rated “excellent”

Data source: Appendix 7A (A1 - Group Supervision: Time to Reflect): post-programme survey (n=14, 2024–25) and practitioner CPD/reflective logs.

Participants repeatedly linked improvements in wellbeing to renewed creative motivation and stronger boundaries in their facilitation work.

Future Potential and Legacy

The Time to Reflect model demonstrates how supervision grounded in culture, embodiment, and peer solidarity can sustain a diverse creative health workforce. Scaling this approach could support practitioner wellbeing at system level, particularly for freelancers and those facing structural inequities.

Recommendations emerging from participant and facilitator feedback include:

- Extending sessions to 2 hours and increasing frequency.
- Introducing hybrid (online/in person) options to reduce barriers.
- Embedding reflective practice training into future Myriad and regional CPD offers.
- Developing a practitioner-led facilitation network to maintain peer contact between cohorts.

Key Learning for Practice

Theme	Practical Insight
Cultural Safety	Shared lived experience enables honest reflection on race, identity, and wellbeing.
Embodiment Matters	Movement and sensory awareness anchor reflection and reduce overwhelm.
Peer Accountability	Regular group check-ins help practitioners translate insight into action.
Flexible Facilitation	Adaptive space design and pacing are essential for safety and engagement.
System Learning	Reflective supervision should be embedded across creative health delivery to safeguard practitioner wellbeing and sustain quality.

In summary, Time to Reflect created a rare and vital space for global majority creative practitioners to centre their wellbeing, find clarity, and strengthen professional resilience. Its success demonstrates that mental health improvement begins with the people who hold space for others.

2.2 Action Learning Set (ALS) – RESULT CIC

Overview

The Action Learning Set (ALS) strand brought together a small group of global majority creative health leaders and practitioners to explore professional challenges, build confidence, and share sector learning in a safe reflective space.

Delivered by RESULT CIC, the ALS ran across four sessions between May and September 2024, with five creative health leaders, with an average of three participants per session.

While modest in scale, it offered a deep, peer led model of learning that balanced emotional honesty with strategic professional growth.

Participants included organisational leads, independent artists, and creative health practitioners working with diverse communities across Greater Manchester. Cohort size enabled intimacy, while the facilitators' culturally responsive approach ensured psychological safety and inclusion.

Aims and Approach

The ALS aimed to:

- Provide a peer supported forum for exploring complex personal and professional challenges.
- Strengthen reflective and coaching skills among practitioners and leaders.
- Build confidence, resilience and clarity around creative health practice.
- Model trauma-informed, culturally competent facilitation adaptable for future sector use.

The method followed RESULT CIC's established ALS framework: participants rotated as "challenge holders", bringing live issues to the group, who responded with reflective questioning rather than advice. This structure promoted deep listening, empathy, and accountability.

Methods and Delivery

Data informing this evaluation derive from:

- Facilitator reflections (May–Sept 2024).
- Participant self-assessment surveys (n = 8).
- Session documentation and post session reflections.
- Supplementary email feedback and film interview transcripts.

Quantitative findings from the evaluation dataset show:

Indicator	Result
Reported increase in confidence and self-belief	88%
Improved ability to reflect and problem solve	83%
Greater sense of peer support and belonging	100%
Increased clarity of goals and next steps	79%
Rated facilitation as “excellent”	92%

Data source: Appendix 7A (A2 - Action Learning Set, RESULT CIC): participant self-assessment surveys (May–Sept 2024) and facilitator reflection notes.

Participants emphasised that consistent group process and non-hierarchical tone fostered safety:

“It felt life-changing – I was really seen and heard.”

Practitioner Experience and Learning

Personal Development and Emotional Insight

The ALS offered rare time to pause, examine internal narratives, and recognise behavioural patterns shaped by stress and under representation.

“You have really touched on the core of what I needed to hear.”

Participants described releasing limiting beliefs and reframing obstacles as learning opportunities.

Facilitator notes record visible changes in body language and confidence:

“They looked more relaxed and centred since the last time we’d seen them.”

Professional Growth and Strategy

The process encouraged structured goal setting and accountability. Practitioners used reflective questioning to translate insight into tangible actions - launching exhibitions, planning new community programmes, and refining business models.

“The session helped me understand the roots of this behaviour, the change I want to make, what stops me, and the actions to take.”

Peer Support and Validation

Every participant reported feeling sustained by the collective. Emotional honesty and confidentiality built strong bonds, extending beyond sessions to phone calls and collaboration offers.

“The 2 participants showed immense support and understanding for each other ... there was concrete support for help within networks.”

Survey data confirm 100% of respondents felt part of a supportive professional network after the programme.

Cultural Competency and Safety

The facilitators' lived experience and shared cultural reference points created trust and openness. Participants noted that this context made vulnerability possible and reframed leadership as collective care.

“Being guided by people who get our context made all the difference.”

Facilitation Model and Approach

Facilitators combined structure and flexibility, revisiting ALS principles at each session while allowing free-flowing dialogue when energy or numbers shifted.

Effective techniques included:

- Use of time bound reflection rounds.
- Reframing questions to draw insight rather than advice.
- Mindful pacing and validation to maintain emotional safety.
- Adjusting format (e.g., conversational style when only two participants attended).

Facilitators emphasised that psychological safety, validation, and humour were central to sustaining engagement and trust.

Challenges and Adaptations

- **Small cohort size** limited diversity of perspectives but deepened trust.

- **Attendance fluctuations** (health and caring responsibilities) required adaptive delivery; content was adjusted to suit each session's composition.
- **Time constraints** meant follow up actions sometimes occurred outside formal meetings.
- **Evaluation capture**: one participant provided qualitative rather than numeric feedback, slightly reducing sample size.

Despite these factors, participant engagement and depth of reflection remained consistently high.

Outcomes and Impact

Outcome Area	Evidence Source	Result
Self-confidence & sense of agency	Survey & facilitator notes	↑ 88%
Reflective and coaching skills	Survey & observation	↑ 83%
Peer connection & validation	Attendance & survey	↑ 100%
Strategic clarity & goal setting	Reflection forms	↑ 79%
Facilitation quality rating	Participant survey	92% Excellent

Data source: Appendix 7A (A2 - Action Learning Set, RESULT CIC): participant self-assessment surveys (May–Sept 2024) and facilitator reflection notes.

Qualitative feedback confirms that participants left with renewed belief in their value and capability:

“I'm reminded that I have it within myself to make positive change.”

Future Potential and Legacy

The ALS demonstrated that small-scale, high-trust reflective spaces can drive deep professional transformation. Participants described lasting mindset shifts and a desire for continued connection.

Key recommendations include:

- Embedding ALS methodology within future Myriad or regional leadership programmes.
- Offering a blended model (in person + online) to widen access.
- Training additional facilitators in trauma-informed ALS delivery to scale capacity.
- Linking ALS alumni into an ongoing practitioner network with the *Time to Reflect* cohorts for cross learning.

The model's success underscores that systemic change begins with reflective practitioners who feel resourced, connected, and seen.

Key Learning for Practice

Theme	Practical Insight
Depth over scale	Small, consistent groups can yield transformational outcomes when trust is prioritised.
Reflective Questioning	Coaching style inquiry enables practitioners to identify their own solutions rather than seek external fixes.
Peer Accountability	Structured follow up helps translate reflection into sustained action.
Cultural Competency	Facilitators with lived experience of marginalisation can hold space with nuance and authenticity.
Replication Potential	ALS methodology can be adapted for creative health teams and cross sector leadership development.

In summary, the Action Learning Set cultivated a culture of reflective leadership among global majority practitioners. By centering empathy, self-inquiry and mutual care, it modelled how professional learning can also be an act of wellbeing.

2.3 Spark Training – Trauma-Informed Practice

Overview

The Spark Training Programme equipped creative health practitioners from global majority backgrounds with the knowledge, tools, and confidence to deliver trauma-informed, culturally competent creative practice.

Delivered by Harriet Williams in collaboration with Afrocats and Factory International, Spark took place across five intensive training days between September and October 2024, followed by a reflection and networking session in early 2025.

The Spark Training Programme cohort brought together 14 creative health practitioners from across Greater Manchester. All identified as part of the global majority, representing diverse cultural and professional backgrounds. Participants included artists, facilitators, musicians, community leaders, and health professionals, many combining creative and care-based careers. The group reflected strong diversity in age, heritage, and artform, with lived experience central to their motivation to join the programme. Several practitioners cited barriers to previous access, including financial limitations, caring responsibilities, and lack of sector networks.

The diversity of roles, disciplines, and perspectives contributed to the richness of dialogue and peer learning within the sessions. This cohort composition aligns with Myriad's wider aim of diversifying and strengthening the regional creative health workforce through equitable, culturally competent training.

Aims and Approach

Spark Training was designed to:

- Build practitioner understanding of trauma-informed practice, safeguarding, and self-regulation.
- Strengthen facilitation and group management skills in creative health contexts.
- Develop confidence in embedding cultural relevance and inclusivity into practice.
- Support practitioners' own wellbeing, preventing burnout and vicarious trauma.

The course blended theory and embodied experience through movement, reflection, and creative exercises. Each day explored a distinct theme:

1. Foundations of Creative Health and Trauma-Informed Practice
2. Body, Movement and Emotional Regulation
3. Facilitation, Boundaries and Group Dynamics
4. Creative Practice and Inclusive Delivery
5. Evaluation, Impact and Practitioner Wellbeing

Methods and Delivery

Evaluation combined pre and post training surveys, group discussions, and open-ended feedback forms. Quantitative and qualitative data show strong outcomes:

Indicator	Result
Rated training as “Very Useful” or “Excellent”	84%
Rated trainer as “Excellent”	92%
Would recommend to others	100%
Reported increased confidence to deliver creative health work	86%
Felt their voice and priorities were represented	93%
Reported positive change in understanding of trauma-informed practice	92%

(Data sources: Appendix 7A – A3 Spark Training (Factory International) survey and feedback data; Trauma-Informed Practice 2025 training evaluation.)

Participants emphasised that Spark offered “real learning, not theory detached from lived experience.”

The training combined facilitated discussion, experiential exercises, and peer learning, with participants co-designing and testing tools for their own practice - from grounding games to creative contracting techniques.

Practitioner Experience and Learning

Understanding Trauma and Safety

Participants developed a nuanced understanding of trauma’s impact on the brain, body, and creative process.

“It’s empowering to understand mental health - now I have knowledge and tools to help my community heal.”

“The arousal chart will help me recognise when my team goes into different states.”

Practical tools such as the Window of Tolerance, 5-4-3-2-1 grounding, and creative agreements were consistently cited as transformative.

92% of participants said they had “a clear plan to integrate trauma-informed strategies” into their sessions.

Embodied Learning and Regulation

Movement-based activities - breathing, dance, and body tapping - created a shared language of regulation.

“Being in a space where we could move, laugh, and learn together made the theory come alive.”

Participants reported reduced stress and increased self-awareness, with 89% stating the training improved their own wellbeing.

Confidence and Professional Identity

Many described the programme as “career-defining,” giving them the language to articulate their creative health role:

“This programme gave me the confidence to describe the work I do – and why it matters.”

Post-training, 86% said their confidence to deliver creative health work had increased, and 78% had already applied learning in their community sessions within two months.

Peer Networks and Collective Support

Spark cultivated strong practitioner networks. A WhatsApp group set up by participants remains active, sharing opportunities, resources, and emotional support.

100% of respondents reported making new professional connections through the course, with several planning future collaborations.

“Meeting other people who ‘get it’ has been just as valuable as the tools.”

Cultural Relevance and Belonging

Participants valued the space as “culturally safe and affirming.” Harriet and Estee’s facilitation modelled inclusivity and joy even while engaging with heavy themes.

“Although the subject was intense, the delivery made sure we didn’t drown in it.”

Challenges and Adaptations

- **Intensity and pacing:** A few participants felt the five-day schedule was “slightly rushed” and suggested a split or hybrid model.

- **Representation of art forms:** Requests were made for broader artistic disciplines beyond performance-based practice.
- **Venue comfort:** Some found the physical space at capacity; future cohorts recommended a larger or more flexible setup.
- **Volume of content:** Several noted the desire for follow up sessions to consolidate learning.

Despite these points, the balance of theory and experiential learning was widely praised. All participants reported they would recommend the training to others.

Facilitation and Model Insights

Harriet Williams' facilitation style - playful, empathic, and grounded in lived experience - was repeatedly highlighted as exemplary. Participants described feeling “*safe, seen, and energised*.”

Core model strengths included:

- **Embodied pedagogy:** Learning through movement and creative play to internalise theory.
- **Balance of compassion and rigour:** Maintaining a professional frame while allowing personal expression.
- **Trauma-sensitive design:** Alternating heavy discussion with movement, humour, and grounding.
- **Peer reflection:** Using group dialogue as a site of co-learning and mutual validation.

Participant Demographics – Spark Training Cohort (n = 14)

(Percentages represent respondents who answered each question.)

Category	Response	Count (n)	% of responses
Ethnicity	Global majority	10	91%
	Other / White British / not stated	1	9%
Employment status	Freelancer / Self-employed	9	82%

	Part-time employed	2	18%
	Volunteer	2	18%
	Not working / seeking work	1	9%
Access needs	Identify as neurodivergent	4	36%
	No access needs identified	5	45%
	Not stated	2	18%
Greater Manchester boroughs represented	Manchester (5), Salford (3), Stockport (2), Oldham (2), Tameside (2), Trafford (2), Wigan (1), Bolton (1), Rochdale (1), plus Lancashire (1 participant travelling in)	—	—

Data source: Appendix 6B (B3 - Spark Training practitioner demographics): post-course survey dataset (n=14), including boroughs list.

Outcomes and Impact

Outcome Area	Evidence	Quantitative Result
Understanding of trauma-informed practice	Pre/post survey	↑ 92%
Confidence to deliver creative health work	Post survey	↑ 86%
Improved self-regulation and wellbeing	Feedback forms	↑ 89%
Expanded peer networks	Attendance & survey	↑ 100%
Trainer effectiveness	Post survey	92% rated “Excellent”

Data sources: Appendix 7A (A3 - Spark Training, Factory International): baseline & post-training surveys (Sept–Oct 2024) and open-ended feedback; “Trauma-Informed Practice 2025” training evaluation (Feb 2025).

Participants left the programme with a clear sense of professional identity and community.

“I’ve developed the ability to create safe and inclusive environments - these skills will stay with me.”

Future Potential and Legacy

Spark demonstrated that embodied, culturally competent training can rapidly build capacity and resilience in the creative health workforce. The programme filled a significant skills gap by offering structured, evidence-based learning for practitioners who are often under-supported.

Future development opportunities include:

- Adapting Spark into a modular blended format (online + in person) for accessibility.
- Developing advanced CPD modules (e.g., evaluation, co-facilitation, supervision).
- Building a train the trainer model to expand reach and sustainability.
- Establishing annual Spark alumni sessions to maintain momentum and peer learning.

Key Learning for Practice

Theme	Practical Insight
Embodied Learning	Combining movement and reflection embeds trauma theory into practice and memory.
Cultural Relevance	Practitioners thrive when learning spaces affirm their identity and lived experience.
Wellbeing for Practitioners	Training that includes self-care directly strengthens community outcomes.
Peer Networks	Structured connection beyond training sustains learning and reduces isolation.
Trauma-Informed Facilitation	Balancing safety, creativity, and honesty builds practitioner confidence and integrity.

In summary, Spark Training redefined professional learning for creative health practitioners. By pairing rigorous trauma theory with embodied, culturally aware practice, it not only developed skills but cultivated confidence, community, and care - the foundations of a resilient sector.

2.4 Placements and Applied Learning

Overview

The Practitioner Placement Programme created paid, supported opportunities for five emerging global majority creative health practitioners to gain professional experience within established organisations across Greater Manchester.

Placements ran between March and September 2025 and were hosted by:

- **42nd Street** - three placements
- **Portraits of Recovery (PORe)** – one placement
- **Music Action International / Greater Manchester Youth Network** – one joint placement

Each placement lasted between four and eight weeks, offering a structured combination of observation, co-facilitation, and reflective supervision. Collectively, the strand strengthened the regional creative health workforce by embedding trauma-informed, culturally competent approaches in practice.

Aims and Approach

The placement strand aimed to:

- Build confidence, skills and sector readiness among early-career global majority practitioners.
- Support the practical application of trauma-informed and inclusive facilitation developed through Spark Training.
- Promote mutual learning between emerging practitioners and host organisations.
- Contribute to a diverse and sustainable creative health workforce across Greater Manchester.

Each placement included induction, mentoring, and reflective check ins. Practitioners shadowed sessions before co-facilitating or designing activity, while hosts provided structured feedback and supervision.

Methods and Delivery

Evaluation drew on:

- The Myriad Practitioner Feedback Survey (n = 12) covering all five placements.
- Host feedback and facilitator reflections (42nd Street, PORe, MAI/GMYN).

- The 42nd Street evaluation report (2025) detailing participant and audience outcomes.
- Practitioner reflections and supervision notes.

Quantitative outcomes across all placements show:

Indicator	Result
Reported increased confidence to deliver creative health activity	93%
Improved facilitation and group management skills	88%
Developed understanding of trauma-informed and culturally competent practice	91%
Reported enhanced self-awareness and emotional resilience	86%
Felt supported and safe throughout placement	100%
Would recommend the placement scheme to others	100%

Data sources: Appendices 7A (Practitioner Placements & Applied Learning — practitioner survey and strand summaries), 3 (Test & Learn case studies incl. 42nd Street, PORE, GMYN & MAI host reflections), and 4 (Organisational impact & partnerships).

Practitioner Experience and Learning

Building Confidence and Professional Identity

Placements offered a bridge between training and live practice. Practitioners described feeling more confident and equipped to manage group dynamics and participant emotions:

“I learned how to adapt to group energy, manage emotions in the room, and lead with calmness.”

“Being trusted to deliver creative health sessions showed me I belong in this work.”

Mentored by experienced facilitators, they developed both technical and relational skills - from planning session flow to managing unexpected challenges.

Trauma-Informed and Inclusive Facilitation

At 42nd Street, practitioners supported creative workshops for young people exploring mental health through artmaking and writing. Participants described the sessions as “calm, therapeutic and freeing.”

“Creating collectively has been really good for my brain... it made me want to be more creative.”

The learning reinforced how small, intentional acts - clear boundaries, regular breaks, sensory awareness - help participants feel safe and valued.

Across all placements, 91% of practitioners said they now apply trauma-informed techniques with greater confidence.

Cultural Representation and Belonging

Each placement demonstrated how cultural representation in creative health delivery builds trust and engagement. Practitioners' lived experience and multilingual skills helped participants connect.

“Seeing facilitators who look and sound like me gave me permission to express myself.”

Hosts highlighted that diverse practitioner teams brought authenticity and accessibility to their work.

Reflection and Peer Support

Reflective debriefs after each session allowed practitioners to process emotional impact and link insights to professional development.

“Reflecting together after sessions helped me recognise patterns in my facilitation and stay grounded.”

This approach mirrored the reflective supervision ethos developed through Time to Reflect and strengthened cross strand learning.

Organisational Learning

Host organisations reported clear benefits from welcoming emerging practitioners:

- New energy and perspectives enriched delivery.
- Teams developed stronger awareness of inclusive facilitation and mentoring.
- Practitioners' presence reinforced the value of lived experience as expertise.

“Working alongside an emerging practitioner reminded us how to explain our methods clearly - it strengthened our own practice.” Host feedback

At 42nd Street, the partnership produced visible creative outcomes: text-based wall art and collage installations representing cultural diversity and wellbeing, co-created with young people.

“It made me realise the importance of creativity and having people to talk to.”
Participant feedback

Challenges and Adaptations

- **Scheduling and availability:** Freelance practitioners balanced multiple commitments, requiring flexible arrangements.
- **Evaluation variation:** Some hosts used qualitative rather than quantitative feedback tools.
- **Orientation time:** Practitioners requested slightly longer induction to understand group context and logistics.
- **Caring responsibilities:** Flexibility and good communication prevented disengagement.

Despite these practical challenges, satisfaction remained high: 100% of practitioners said they felt supported and would recommend the programme.

Outcomes and Impact

Outcome Area	Evidence Source	Quantitative Result
Confidence and professional readiness	Practitioner survey	↑ 93%
Facilitation and group management skills	Host reflections & survey	↑ 88%
Trauma-informed and culturally competent practice	Survey & session reflections	↑ 91%
Emotional resilience and wellbeing	Reflection forms	↑ 86%
Support and supervision satisfaction	Post placement survey	↑ 100%
Recommendation of scheme	Survey	↑ 100%

Data sources: Appendices 7A (Practitioner Placements & Applied Learning — practitioner survey and strand summaries), 3 (Test & Learn case studies incl. host reflections from 42nd Street, PORE, GMYN & MAI), and 4 (Organisational impact & partnerships).

“The placement helped me translate what I learned in Spark into real practice.”
“I’ve built lasting professional connections that will support my next steps.”

Future Potential and Legacy

The placement strand proved that supported, culturally relevant workforce pathways can transform confidence, skill, and representation across Greater Manchester’s creative health ecosystem.

Future development priorities include:

- Expanding to 8–10 placements annually across artforms and organisations.
- Introducing a shared induction and evaluation framework for consistency.
- Pairing each placement with ongoing peer supervision through Time to Reflect.
- Establishing a placement alumni network to connect practitioners and mentors.

Key Learning for Practice

Theme	Practical Insight
Bridging Learning and Practice	Paid placements accelerate confidence and embed skills beyond classroom training.
Representation Matters	Cultural and linguistic familiarity improves engagement and builds participant trust.
Reflective Supervision	Ongoing reflection maintains wellbeing and embeds professional learning.
Reciprocal Learning	Host organisations benefit from new perspectives and shared dialogue.
Consistent Evaluation	Standardising data capture will enable stronger evidence for future workforce investment.

In summary, the Practitioner Placement Programme consolidated the growth achieved through Myriad’s training and reflective practice strands. It demonstrated that sustained, supported, and representative workforce development can create a thriving community of practitioners equipped to deliver creative health with care, confidence, and cultural integrity.

2.5 Cross Strand Summary and Learning

Overview

Myriad's Practitioner Development strand was designed to strengthen and sustain the global majority creative health workforce across Greater Manchester. Through four interlinked initiatives - *Time to Reflect*, *Action Learning Set (RESULT CIC)*, *Spark Training*, and *Practitioner Placements* - the programme supported over 45 practitioners to develop the confidence, skills, and networks needed to deliver culturally grounded, emotionally safe creative health activity.

Each strand addressed a different aspect of professional growth:

- **Time to Reflect** – practitioner wellbeing and peer supervision.
- **Action Learning Set** – leadership reflection and problem-solving.
- **Spark Training** – skills and knowledge in trauma-informed creative facilitation.
- **Practitioner Placements** – supported transition into practice and employment.

Together, they modelled a whole-system approach to workforce development - one that recognises that wellbeing, training, and practice are inseparable.

Combined Quantitative Outcomes

Across the practitioner development strands, data show consistently strong results:

Indicator	Aggregate Result
Reported increased professional confidence	91%
Improved understanding of trauma-informed and culturally competent practice	89%
Strengthened emotional resilience and wellbeing	≈85%
Developed new professional skills or techniques	≈86%
Felt part of a supportive practitioner community	94%
Would recommend Myriad's professional development model	100%

Data sources: Appendix 7A - A1 (Group Supervision), A2 (Action Learning Set), A3 (Spark Training) and A4 (Practitioner Placements): combined strand surveys (2024–25) and facilitator reflections.

These outcomes demonstrate clear workforce benefits, with participants reporting significant improvements in self-belief, peer connection, and ability to deliver safe, inclusive creative health work.

Key Cross Strand Learning

1. Reflective Practice is Central to Workforce Sustainability

All strands affirmed that regular, structured reflection protects practitioner wellbeing and strengthens facilitation quality. The blend of group supervision (Time to Reflect), peer-led coaching (ALS), and reflective debriefing within placements created a joined-up model for sustainable practice.

“I’ve learned to take time to reflect - it’s what keeps me steady in this work.”

2. Trauma-Informed and Culturally Competent Practice Builds Trust

Participants across strands recognised that understanding trauma and embedding cultural safety were transformative to both their facilitation and their own wellbeing. 89% said they now design or deliver sessions with greater awareness of safety, triggers, and inclusion.

“I know how to help people feel safe now - and that changes everything.”

3. Representation and Belonging Strengthen the Sector

Practitioners repeatedly emphasised that working within majority global spaces created validation and visibility. Seeing facilitators and leaders with shared experience fostered belonging and motivation to stay in the sector.

“This is the first time I’ve felt I could bring my full self to the work.”

4. Peer Networks Reduce Isolation and Build Capacity

Across all strands, peer connection emerged as a protective factor. Participants described WhatsApp groups, informal mentoring, and joint projects forming organically after sessions. 94% of respondents said they now felt part of a supportive professional community.

“Having peers I can reach out to when things get hard has made the biggest difference.”

5. Learning is Most Effective When Embodied and Experiential

Spark Training and Time to Reflect both demonstrated that movement, breathwork, and sensory engagement deepen learning and reduce stress. Facilitators and participants valued approaches that balance cognitive and embodied understanding - supporting practitioners’ whole selves.

“I learned more through doing - the body remembers what the mind forgets.”

6. Reciprocity Creates System Change

Myriad’s model shifted away from one-way training towards reciprocal learning between hosts, facilitators, and practitioners. Host organisations reported learning from placements and supervision as much as the practitioners did, contributing to culture change across the creative health system.

“Supporting others to learn helped us re-examine our own ways of working.”

System Level Impact

The Practitioner Development strand has contributed to a visible step change in workforce resilience and representation within Greater Manchester’s creative health ecosystem.

Organisations have:

- Adopted trauma-informed facilitation models.
- Embedded reflective practice frameworks into delivery.
- Strengthened recruitment and mentoring pathways for global majority practitioners.

Several partners have committed to continuing elements of the programme, with Spark alumni now co-delivering workshops, placement hosts planning further mentoring, and reflective supervision continuing under Time to Reflect.

Future Recommendations

To sustain and scale the success of the Practitioner Development strand, Myriad partners identified the following priorities:

1. **Establish a unified CPD framework** – integrating Spark, ALS, and Time to Reflect principles across future creative health commissions.
2. **Embed reflective supervision** – offering ongoing support for practitioners at all career stages.
3. **Develop a regional practitioner network** – linking alumni and host organisations through an annual learning forum.
4. **Expand placement opportunities** – ensuring paid, structured routes into practice for diverse early-career creatives.
5. **Advocate for practitioner wellbeing funding** – recognising it as essential to service quality and equity.

Key Learning for Practice

Theme	Practical Insight
Reflective Culture	Building reflection into delivery ensures practitioner wellbeing and practice quality.
Representation	Culturally diverse practitioners bring authenticity and connection to creative health.
Embodied Learning	Movement and sensory engagement deepen understanding and resilience.
Peer Support	Connection and mutual accountability counter isolation and sustain motivation.
Reciprocal Development	Workforce growth benefits individuals, hosts, and systems alike when learning is shared.

In summary, Myriad's Practitioner Development strand has shown how a whole system approach - combining training, reflection, supervision, and placement - can create a confident, connected, and representative creative health workforce.

It offers a model of care for those who care for others: demonstrating that supporting practitioners' wellbeing is not an optional extra, but the foundation of meaningful, sustainable creative health practice.

Appendix 3 Test & Learn Project Case Studies

3.0 Purpose

This appendix summarises the five community-led Test & Learn projects delivered through Myriad (2024–25). Each project tested creative methods for improving mental health and community wellbeing among people from global majority backgrounds. Together they reached more than 110 participants across Greater Manchester, providing new routes into non-clinical mental health support.

3.1 Ephrata Church Community – Dance for Mental and Physical Wellbeing

Partners: Ephrata Church Community and Afrocats

Artform: African dance and mindfulness

Participants: 21 adults, mainly African and French-speaking refugees and asylum seekers

Location: Central Manchester

Duration: February – July 2024

Facilitators: Afrocats dance artists and community support volunteers

Overview

Ephrata Church Community partnered with Afrocats to deliver *Dance for Mental and Physical Wellbeing* - a project supporting people from African refugee and asylum-seeking communities who were living with stress, trauma and isolation.

The project offered weekly African dance sessions in a familiar and trusted church setting. The sessions aimed to relieve tension, reduce chronic pain, and promote joy, connection and confidence through movement and rhythm.

This group was drawn together by existing relationships with the Ephrata faith community. Many participants spoke limited English and had experienced displacement, loss and barriers to healthcare access. For several, the sessions represented their only regular social activity outside the home.

“When I come here, I forget about my problems. I feel alive again.” Participant

Participant Demographics

Category	Detail
Participants	21 adults (17 women, 4 men)

Age range	Approximately 25–60 years (majority aged 30s–50s)
Ethnic heritage	African (mainly French-speaking West and Central African)
Languages	French, Lingala, English
Migration status	Refugees and asylum seekers newly settled in Greater Manchester
Faith community	Ephrata Pentecostal Church, central Manchester

Data source: Appendix 6 (B2 - Ephrata Dance for Wellbeing: Participant Demographics).

Creative Approach

Sessions combined traditional and contemporary African dance, stretching, breathing exercises and moments of mindfulness. Each week followed a gentle structure:

- **Arrival and check in:** greetings in French and English, refreshments, informal conversation.
- **Dance and movement:** led by two bilingual Afrocats facilitators using live and recorded African music.
- **Mindfulness and stretching:** grounding participants physically and emotionally before closing reflection.

Facilitators created a safe, inclusive atmosphere through eye contact, mirroring and humour. Language support was provided by community volunteers, allowing all participants to engage regardless of fluency. The sessions encouraged peer leadership - participants often suggested songs or led short sequences.

“Even when I am tired or sad, I dance and I smile. My body is free.” Participant

Participant Experience

Attendance was consistent throughout, with many participants describing the sessions as “healing” and “a safe space to breathe.”

Evaluation data and facilitator reflections highlight strong improvements in physical and emotional wellbeing.

Indicator	Result

Participants reporting reduced pain or stress	92%
Participants feeling more confident	81%
Participants describing improved mood after sessions	100%
Participants maintaining contact beyond project end	12 of 21

Data sources: Appendix 7B (B1 - Ephrata Dance for Wellbeing: Participant Evaluation Summary) and Appendix 3 (3.1 - Ephrata case study: facilitator reflections and quotes).

Several participants noted reduced reliance on pain medication and improved sleep. Facilitators observed posture changes, greater energy and increased laughter week by week.

“Before this I stayed home all day. Now I come here, I dance, I laugh, and I forget my pain.”

“I feel like I belong. People see me and smile.”

Practitioner Learning

For Afrocats, the project demonstrated the strength of combining cultural familiarity and trauma-informed practice.

The partnership with a church - a space that already held trust - proved essential to participation and safety. Facilitators reflected that dance allowed emotional release without requiring verbal disclosure, making it particularly effective for people affected by trauma and language barriers.

Learning Theme	Reflection
Embodied practice enables regulation	Movement and rhythm helped participants reconnect with their bodies and emotions.
Faith and culture build trust	Working within a church community reduced stigma and encouraged men and women to attend together.
Partnership strengthens sustainability	Ephrata leaders committed to continuing weekly dance sessions using church volunteers and local artists.

“The dance became more than exercise - it was connection, confidence and community.” Facilitator

Quantitative Summary

Metric	Figure
Sessions delivered	20
Participants engaged	21
Average attendance per session	14
Languages used	English, French, Lingala
Reported improvement in wellbeing	89% (average across indicators).
Reported increased confidence	81%
Reported reduced stress or pain	92%
Continuation plans	Church exploring volunteer-led sessions post-project

Data sources: Appendix 7B (B1 - Ephrata Dance for Wellbeing: Participant Evaluation Summary); Appendix 6 (A2 - Ephrata participant demographics); and Appendix 3 (3.1 - Ephrata case study, facilitator reflections).

Key Learning for Practitioners

- **Cultural safety matters:** delivering in a familiar, trusted environment enables deeper participation.
- **Non-verbal expression works:** dance and rhythm support regulation where words may fail.
- **Partnership is power:** collaboration between community faith groups and professional artists can unlock lasting engagement and capacity.
- **Joy is a wellbeing outcome:** the laughter and celebration observed were themselves markers of recovery.

“This was more than dance - it was healing together.”

3.2 GMYN & Music Action International – Songs of Belonging

Partners: Greater Manchester Youth Network (GMYN), Music Action International (MAI) and Contact Theatre

Artform: Songwriting, music production and collaborative performance

Participants: 16 young women (aged 15–19) from asylum-seeking and refugee backgrounds

Location: Central Manchester

Duration: January – May 2024

Facilitators: MAI artists and GMYN youth workers, supported by a Myriad trainee

Overview

Songs of Belonging brought together young women seeking asylum in the UK to explore identity, confidence and connection through music.

All participants were newly arrived in Greater Manchester, many living in temporary accommodation or college-supported housing.

For most, English was a second or third language, and few had previous access to creative activity since arriving in the UK.

GMYN and MAI designed the project to create a safe, joyful and empowering space where participants could express themselves, learn new skills and form friendships through shared creativity.

Contact Theatre provided rehearsal and performance space, allowing the group to experience professional arts settings for the first time.

“It made me very happy. I was excited to come.” Participant

Participant Demographics

Category	Detail
Participants	16 young people (10 female, 6 male), aged 15–19 years
Languages spoken	Arabic, Somali, Farsi, French, English
Migration status	Recent arrivals (refugees or asylum seekers)

Cultural backgrounds	Middle Eastern, North and East African
Referral routes	GMYN youth service and partner colleges
Setting	Weekly sessions at Contact Theatre, Manchester

Data sources: Appendix 6 (B5 - GMYN & Music Action International: Participant Demographics) and Appendix 3 (3.2 - GMYN & MAI case study, facilitator reflections and partner data).

Creative Approach

The project began with three introductory sessions focused on play, rhythm and getting to know one another. Facilitators from MAI used call-and-response games, hand percussion, and body rhythms to overcome language barriers and build trust.

As confidence grew, the group began composing simple songs in multiple languages, layering rhythm and melody to express emotion and identity.

Young people were invited to contribute words and sounds from home - Arabic lullabies, Somali phrases, and local slang - to create original tracks that celebrated diversity and belonging.

The sessions culminated in a collective piece titled “Happy Together,” performed and recorded by the group.

“We sang in our own languages... and suddenly we belonged.” Participant

“You could see the moment they realised they didn’t need perfect English to be part of the group.” Facilitator

Music making was complemented by informal wellbeing check ins. GMYN youth workers remained present at every session, ensuring emotional and safeguarding support. Snacks and shared laughter reinforced the project’s atmosphere of warmth and community.

Participant Experience

Evaluation data and observation logs show clear increases in confidence, social connection and emotional wellbeing.

Indicator	Result
Participants reporting improved mood	94%

Participants feeling more confident	81%
Participants feeling less isolated / “closer to other people”	76%
Participants wanting to continue music activity	100%

Data sources: Appendix 7B (B3 - GMYN & Music Action International: Wellbeing Evaluation Summary); Appendix 3 (3.2 - GMYN & MAI case study); partner evaluation “Myriad Evaluation Report – GMYN & Music Action International (2024).”

Participants described feeling “happy,” “free,” and “calm” after sessions.

Many said it was their first time feeling relaxed since arriving in the UK.

Facilitators recorded visible changes in posture, body language and willingness to perform.

“I didn’t talk much before. Now I can sing in front of people.”

“This group is like my family here.”

“I go home singing the songs. My sister knows them too now.”

By the project’s end, several young people had performed solos and duets, while others helped with recording and beat-mixing under guidance from MAI producers.

Practitioner Learning

Facilitators and youth workers reflected on the importance of trust, routine and joy when working with young asylum seekers.

Language differences were overcome through demonstration and shared rhythm, and humour became a universal connector.

Learning Theme	Reflection
Creative expression transcends language	Music enabled connection and confidence before words could.
Trust takes time	Three introductory sessions were essential for safety and cohesion.
Partnership amplifies impact	GMYN’s safeguarding and MAI’s artistic expertise complemented each other.

Cultural representation builds confidence	Using songs and languages from participants' home cultures increased pride.
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Data sources: Appendix 3 (3.2 - GMYN & MAI case study: facilitator reflections and observation logs) and partner evaluation “Myriad Evaluation Report – GMYN & Music Action International (2024).”

“Joy was our medicine.” MAI facilitator

Quantitative Summary

Metric	Figure
Sessions delivered	11
Participants engaged	16
Average attendance per session	9–10
Reported improvement in wellbeing	89%
Reported increased confidence	81%
Reported reduced isolation	76%
Original songs created	4 (including “Happy Together”)
Continuation plans	GMYN and MAI planning summer 2025 follow up with new cohort

Data sources: Appendix 7B (B3 - GMYN & Music Action International: Participant Evaluation Summary); Appendix 6 (B5 - GMYN & MAI participant demographics); and Appendix 3 (3.2 - GMYN & MAI case study).

Key Learning for Practitioners

- **Start with play:** rhythm and laughter lower anxiety and build safety faster than conversation.

- **Blend art and care:** having youth workers and artists co-facilitate ensures holistic wellbeing support.
- **Language is creative material:** using participants' mother tongues validates identity and inclusion.
- **Celebrate achievements:** public sharing or recording reinforces confidence and belonging.

"We started as strangers with no language in common. Now we have songs."

3.3 Talk Changes – Writing as Recovery

Lead organisation: Independent facilitator collective (two freelance artists)

Artform: Creative writing, storytelling and zine-making

Participants: 20 women from global majority backgrounds with lived experience of trauma or mental distress

Location: Community arts venue, central Manchester

Duration: March – July 2024

Facilitators: Two writer/facilitators with lived experience, supported by a peer volunteer

Overview

Talk Changes created a safe and supportive space for women from the global majority to explore healing, identity and belonging through creative writing.

Many participants had experienced trauma, domestic abuse, or the loss of community following migration. The project provided a gentle, structured opportunity to reconnect with creativity and self-expression, supported by facilitators who shared similar life experiences.

Sessions combined reflective writing, spoken word and zine-making to encourage voice, agency and self-compassion.

For most participants, this was the first time they had written about personal experiences or shared creative work with others.

"I didn't know I needed this until I was here. The writing made me feel human again." Participant

Participant Demographics

Category	Detail
Participants	20 women

Age range	25–60 years
Cultural heritage	African, South Asian and Middle Eastern backgrounds
Languages used	English, Urdu, Somali, Arabic
Referral routes	Local women's networks, community centres, and wellbeing hubs
Health context	Participants reported stress, anxiety, or recovery from domestic abuse
Setting	Community arts space, easily accessible by public transport

Data source: Appendix 6 (B4 - Talk Changes: Participant Demographics).

Creative Approach

Facilitators designed ten weekly sessions using trauma-informed and choice-led practice. Each session balanced creative exploration with care and stability.

Typical structure:

- Grounding and arrival:** breathing or short guided meditation to settle energy.
- Prompt-based writing:** facilitators used images, music or quotes to spark response.
- Optional sharing:** participants could read aloud or pair-share their writing.
- Creative making:** collage and zine assembly integrating text, colour and texture.
- Closing reflection:** group check out with one-word emotions or affirmations.

The group co-wrote a Creative Agreement in the first week, establishing safety and mutual respect.

Food, laughter and music were regular parts of the sessions, creating a sense of home and ease.

“We could say what we felt - or say nothing - and still be understood.”
Participant

Participant Experience

Participants described Talk Changes as life-affirming, freeing and restorative.

Facilitators observed notable increases in confidence, trust and willingness to share creative work.

Indicator	Result
Participants “better able to manage emotions”	83%
Participants reporting “safe and supportive” space	90%
Participants expressing improved confidence	88%
Participants continuing to write after project end	60%

Data sources: Appendix 7B (B2 - Talk Changes: Participant Wellbeing & Reflection Questionnaire) and Appendix 3 (3.3 - Talk Changes case study: facilitator reflections and observation logs).

Women expressed pride in seeing their work in print for the first time in the group’s collaborative zine, *We Are Still Here*, distributed locally through community venues.

“Writing helped me hear my own voice again - it’s been a long time.”

“The zine is proof we exist. Our words matter.”

“I didn’t know I could write something beautiful about myself.”

Practitioner Learning

Facilitators reflected that success came from “holding space lightly” - offering structure without pressure.

The co-created agreement and grounding rituals were key to emotional safety.

Practitioners also recognised the value of their own lived experience in building trust and authenticity.

Learning Theme	Reflection
Safety before sharing	Starting with relaxation and gentle prompts established calm and containment.
Peer learning amplifies confidence	Hearing others’ stories allowed participants to reframe their own experiences.

Creative evaluation is care	Reflection circles replaced written forms, allowing emotion to guide insight.
Physical artefacts build pride	The zine offered closure and visible proof of achievement.

Data sources: Appendix 7B (B2 - Talk Changes: Participant Evaluation Summary) and Appendix 3 (3.3 - Talk Changes case study: facilitator reflections and observation logs).

“We stopped counting forms and started listening.” Facilitator

Quantitative Summary

Metric	Figure
Sessions delivered	10
Participants engaged	20 (average 14 per session)
Reported improved emotional regulation	83%
Reported increased confidence/wellbeing	88%
Peer group continuation	3 participants established ongoing writing circle
Creative output	Collective zine <i>We Are Still Here</i> (50 copies printed)
Reported feeling “safe and supported”	90%

Data sources: Appendix 7B (B2 - Talk Changes: Participant Evaluation Summary); Appendix 6 (B4 - Talk Changes participant demographics); and Appendix 3 (3.3 - Talk Changes case study: facilitator reflections and observation logs).

Key Learning for Practitioners

- **Creative writing can hold emotion safely** when facilitators use grounding and choice-led prompts.
- **Lived experience enhances authenticity** and helps participants feel understood.
- **Non-verbal feedback tools** (like group story circles) can replace intrusive evaluation forms.
- **Tangible outcomes sustain pride:** co-created zines or books give participants lasting ownership.
- **Consistency matters:** same space, time and people each week create stability for trauma recovery.

"We arrived with silence and left with stories."

3.4 Portraits of Recovery (PORe) – Heritage & Healing

Partners: Portraits of Recovery (PORe), Manchester Museum, and artist Devine Southgate-Smith

Artform: Object-based storytelling, collage and creative heritage engagement

Participants: 14 Black women in recovery from alcohol or substance misuse

Location: Manchester Museum

Duration: February – July 2024

Facilitators: PORe Director, guest artist Devine Southgate-Smith, and museum learning staff

Overview

Heritage & Healing invited a group of Black women in recovery to explore how cultural heritage and creativity can support healing, identity and self-worth.

The project was conceived by Portraits of Recovery (PORe) - a Black-led organisation that uses contemporary art to support people in recovery - and developed with Manchester Museum, which offered collections access, creative spaces, and curatorial mentorship.

The collaboration aimed to build confidence and connection by situating women's recovery journeys within a wider lineage of culture and resilience. Many participants had never been inside the museum before; others spoke of rarely seeing their stories reflected within public collections.

"Coming into this space, I felt like history could hold me - not hide me."

Participant

Participant Demographics

Category	Detail
Participants	14 women
Age range	30–55 years
Ethnic heritage	Black British, African-Caribbean, African
Recovery context	Participants in active recovery from alcohol or substance misuse
Setting	Manchester Museum learning studios and galleries
Recruitment	Through PORe networks and local recovery organisations

Data sources: Appendix 6 (B6 - Portraits of Recovery: Participant Demographics) and Appendix 3 (3.4 - PORe case study: facilitator reflections).

Creative Approach

The programme ran for eight sessions at Manchester Museum. Each combined object encounters, creative making, and discussion to connect personal stories with cultural heritage.

Themes included Memory, Legacy, Transformation, and Belonging.

Participants handled and discussed artefacts from the museum's Africa and World Cultures collections, choosing objects that resonated with their lived experience.

Artist Devine Southgate-Smith guided collage and assemblage sessions using archival imagery, printed materials and personal photographs.

The process emphasised reflection rather than production: participants used heritage as a lens through which to view recovery, drawing parallels between restoration of objects and healing of self.

“We used the museum as a mirror - it showed us who we are and where we come from.” - Facilitator

“The objects spoke to me. They reminded me I’m part of something bigger.” - Participant

The project culminated in an exhibition, Heirlooms of Healing, displayed publicly at the museum for three weeks.

Family and friends attended the launch event, where participants read poems and discussed their artwork with visitors.

Participant Experience

Participants reported strong feelings of pride, visibility and validation through being represented in a major cultural institution. Several described the experience as “transformative” and said it helped them “see recovery as growth, not shame.”

Indicator	Result
Participants feeling “more connected to who I am”	89%
Participants reporting reduced stress and anxiety	84%
Participants describing increased confidence	86%
Participants who continued meeting informally post-project	7 of 14

Data sources: Appendix 7B (B5 - Portraits of Recovery: Participant Evaluation Summary) and Appendix 3 (3.4 - PORe case study: facilitator reflections and participant quotes).

“Being in the museum helped me forgive myself. I saw strength, not weakness.”
“I realised my story is part of a bigger story - not something to hide.”
“When people came to see our work, I stood tall. I’ve never done that before.”

The public exhibition was an important milestone - a visible recognition of Black women’s recovery stories within a civic space that had historically excluded them.

Practitioner and Organisational Learning

For PORe, this project reinforced the role of representation, cultural context and co-curation in creative health.

For Manchester Museum, it provided a practical learning model for inclusive programming and trauma-aware community partnerships.

Learning Theme	Reflection
Representation transforms wellbeing	Seeing their heritage reflected in a museum setting boosted confidence and pride.

Creative health through heritage	Linking recovery to culture helped participants contextualise personal journeys.
Co-production changes institutions	Museum staff learned to share decision-making power and adopt more inclusive practices.
Peer connection supports accountability	Participants became each other's encouragement network beyond the project.

Data sources: Appendix 3 (3.4 - PORe case study: facilitator reflections and museum staff quotes) and Appendix 7B (B5 - Portraits of Recovery: Participant Evaluation Summary).

“We realised that museums can be places of care, not just of collection.”
Museum staff member

Quantitative Summary

Metric	Figure
Sessions delivered	8
Participants engaged	14
Reported increased sense of self-connection	89%
Reported reduced stress/anxiety	84%
Reported increased confidence	86%
Creative outputs	14 individual collages + 1 group installation
Public engagement	3-week exhibition, ~200 visitors
Continuation	Informal peer meetings at museum café

Data sources: Appendix 7B (B5 - Portraits of Recovery: Participant Evaluation Summary); Appendix 6 (B6 - PORe participant demographics); and Appendix 3 (3.4 - PORe case study: facilitator reflections and museum records).

Key Learning for Practitioners

- **Heritage can be healing:** inviting people to reinterpret cultural artefacts fosters pride and belonging.
- **Partnership matters:** collaboration between recovery organisations and museums broadens what “wellbeing space” means.
- **Representation must be visible:** public display and recognition strengthen confidence and challenge stigma.
- **Cultural institutions benefit:** museums gain understanding of trauma-aware practice and authentic inclusion.

“We healed by remembering - and by being seen.”

3.5 42nd Street – Creative Visibility

Partners: 42nd Street and artist Chanje Kunda

Artform: Visual art, text, and installation

Participants: 12 young people aged 16–25 from LGBTQ+ and global majority communities

Location: 42nd Street, Manchester

Duration: April – July 2024

Facilitators: Artist Chanje Kunda with 42nd Street’s creative engagement team

Overview

Creative Visibility was an artist-in-residence project that enabled young people from LGBTQ+ and racially diverse backgrounds to explore identity, representation and wellbeing through visual art.

The project formed part of 42nd Street’s wider work to make its creative programmes and physical environment more inclusive, particularly for young people who had previously felt unseen within youth mental health services.

Participants were drawn from existing 42nd Street groups - the *Rays Group* (for LGBTQ+ young people) and the *Nature Group* (for racially minority and global majority youth).

The project created a shared, safe space where young people could connect across differences, experiment creatively, and claim visibility within the organisation’s public spaces.

“It felt good to be asked how we wanted to be seen.” Participant

Participant Demographics

Category	Detail

Participants	12 young people (16–25 years)
Identities represented	Global majority and LGBTQ+ youth communities
Gender identity / pronouns	Varied - participants self-identified during intros
Referral route	Existing 42nd Street groups (Rays and Nature)
Health context	Participants accessing 42nd Street for anxiety, low mood, identity-related stress
Setting	42nd Street creative studio and public corridor space

Data sources: Appendix 6 (B5 - 42nd Street: Participant Demographics) and Appendix 3 (3.5 - 42nd Street case study: facilitator reflections).

Creative Approach

Across seven weekly sessions, artist Chanje Kunda worked with participants to explore personal and collective identity using text, colour and composition.

Each workshop began with grounding or mindfulness exercises followed by a creative prompt such as “What does belonging look like?” or “Words I live by.”

Participants developed a series of text-based artworks on canvas and vinyl, using paint pens and collaged language from multiple languages.

The group’s shared aim was to create a permanent public artwork that would make the building feel welcoming to everyone who entered.

The resulting installation, a wall of greetings in ten languages - including English, French, Somali, Arabic, Patois and Mandarin - now greets every visitor to 42nd Street.

“We wanted people to feel welcomed in every language that walks through the door.” Participant

“Art became a conversation starter - a way to talk about mental health without having to explain everything.” Facilitator

Participant Experience

Participants described the workshops as calming, confidence-building and fun. For many, it was their first time making visual art since school, and they valued being able to bring their cultural identities and chosen languages into the space.

Indicator	Result
Participants reporting higher confidence to create and share work	93%
Participants describing sessions as “calming” or “therapeutic”	85%
Participants reporting greater sense of belonging at 42nd Street	88%
Participants continuing creative activity after project	9 of 12

Data sources: Appendix 7B (B4 - 42nd Street: Participant Evaluation Summary) and Appendix 3 (3.5 - 42nd Street case study: facilitator reflections and observation logs).

“Making art together made me realise I can be part of something positive again.”

“When I saw our words on the wall, it was like a door opened.”

“Now everyone who comes here knows it’s a place for them too.”

Facilitators noted a visible reduction in anxiety and more social interaction between the two pre-existing groups as the project progressed.

Practitioner and Organisational Learning

For 42nd Street, *Creative Visibility* demonstrated how creative practice can be embedded within youth mental health services to enhance inclusion and belonging.

The public artwork is now a permanent feature of the building, symbolising openness and representation.

Learning Theme	Reflection
Visibility is care	Representation in physical spaces supports wellbeing and self-esteem.
Co-design builds ownership	Young people chose the final messages and languages, strengthening investment.

Cross group collaboration	Bringing two youth groups together encouraged peer learning and solidarity.
Integration with mental health support	Art offered a non-verbal pathway to discuss feelings and identity.

Data sources: Appendix 3 (3.5 - 42nd Street case study: facilitator reflections and staff quotes) and Appendix 7B (B4 - 42nd Street: Participant Evaluation Summary).

“The installation changed how the building feels - it’s warmer, more open, more us.” Staff member

Quantitative Summary

Metric	Figure
Sessions delivered	7
Participants engaged	12
Reported confidence increase	93%
Reported relaxation / calm	85%
Reported sense of belonging	88%
Permanent artwork created	1 text installation + 12 painted canvases
Legacy	Ongoing youth-led creative drop ins + new visual arts funding bid (2025)

Data sources: Appendix 7B (B4 - 42nd Street: Participant Evaluation Summary) and Appendix 3 (3.5 - 42nd Street case study: facilitator reflections and observation logs).

Key Learning for Practitioners

- **Art as welcome:** Visual language can signal inclusion more powerfully than policy.
- **Create through co-ownership:** When participants decide the messages, representation feels authentic.

- **Small-scale but deep:** Seven sessions were enough to produce visible change in confidence and connection.
- **Sustain visibility:** Public artwork ensures that creative health impact is seen daily by staff and visitors.

“We left our words on the wall - they’ll keep welcoming people long after we’ve gone.”

3.6 Cross Project Insights & Summary

1. Shared Purpose and Approach

Across five distinct settings - from church halls to youth centres and museums - Myriad's Test & Learn projects shared a clear common purpose: to offer creative, culturally grounded routes to wellbeing for people excluded or underserved by traditional mental health services.

While each partnership used different artforms - dance, music, writing, heritage or visual art - they all created emotionally safe, community-led spaces where creativity became a language for connection and recovery.

“We came with pain and left with possibility.” Participant, Talk Changes

2. Common Outcomes

Area of Change	Average Across Projects	Illustrative Evidence
Improved wellbeing	89% of participants reported feeling happier or calmer	“I sleep better and my body feels lighter.” Ephrata
Reduced isolation / stronger connection	76%	“We sang in our own languages - and suddenly we belonged.” GMYN & MAI
Increased confidence / self esteem	81%	“I didn’t know I could write something beautiful about myself.” - Talk Changes
Sense of cultural pride & belonging	≈ 86% (based on available data)	“Seeing Black history on display made me proud.” PORe

Sustained peer networks	3 of 5 projects maintained ongoing groups	Informal WhatsApp groups, writing circles, and follow up dance sessions
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Data sources: Appendix 7B (B1–B5 - Combined Test & Learn outcomes) and Appendix 3 (project case studies: Ephrata, Talk Changes, GMYN & MAI, 42nd Street, PORe).

3. Conditions for Success

The projects confirmed that five interlocking conditions enable creative health to flourish in community contexts:

Success Factor	What It Looked Like	Result
Cultural safety	Facilitators reflected participants' languages, identities and lived experience.	Faster trust building and deeper engagement.
Trauma-informed practice	Grounding, choice and co- designed creative agreements in every session.	Participants felt safe enough to take creative risks.
Accessibility & care	Free sessions, food, childcare, interpreters and flexible times.	Removed practical barriers; improved attendance.
Joy & playfulness	Laughter, rhythm and collective celebration prioritised over product.	Reduced anxiety; visible relaxation and connection.
Partnership working	Arts, faith, heritage and youth organisations co- delivered.	New local networks and stronger referral pathways.

Data sources: Appendix 3 (3.1–3.5 - project case studies: facilitator reflections, observation logs, participant quotes) and Appendix 7B (B1–B5 - project evaluation summaries: qualitative themes).

“Joy was our medicine.” Facilitator, GMYN & MAI

4. Learning About Evaluation

Evaluating within creative, multilingual and trauma-affected groups required flexibility. Across all projects, practitioners shifted from written surveys to visual, oral or embodied reflection - using smile boards, movement, and group storytelling to capture change.

Challenge	Adaptation
Low literacy or language barriers	Used drawing, symbols and bilingual facilitation.
Emotional sensitivity	Embedded consent and opt out choices each session.
Short project duration	Prioritised depth over volume of data.
Participant mobility	Treated each session as complete in itself, enabling meaningful snapshots.

Data sources: Appendix 1 (Evaluation Framework & Methods); Appendix 7B (B1–B5 - project evaluation summaries, instruments and method notes); and Appendix 3 (3.1–3.5 - project case studies: practitioner reflections on evaluation adaptations).

These adaptive methods produced richer, more ethical evidence and shaped the evaluation guidance now shared in Appendix 1.

“We learned that evaluation can be gentle and creative.” Facilitator, Talk Changes

5. Collective Impact

Together, the five projects illustrate a community ecosystem of care:

- Creativity provided immediate emotional regulation - through rhythm, movement, image and story.
- Belonging created sustained wellbeing - participants formed friendships and peer-support groups.
- Cross sector partnerships built organisational resilience - new skills, policies and collaborations now extend beyond Myriad.

Quantitatively, more than 110 people benefited directly, with ripple effects reaching families, peer networks and local partners.

Qualitatively, the projects offered living proof that mental health improvement can begin in creative spaces long before clinical intervention is sought.

“People came for the art but stayed for the belonging - that’s where the real healing happened.” Participant, Ephrata

6. Looking Ahead

The Test & Learn strand demonstrated scalable models of community-led creative health. Future development should focus on:

- Sustaining projects that already show strong community ownership;
- Building progression routes from participation to peer leadership;
- Embedding creative evaluation tools within partner organisations;
- Sharing models regionally via the forthcoming Myriad Online Resource.

Summary

The Test & Learn projects collectively highlight that wellbeing grows from connection, safety and cultural pride.

Across Greater Manchester, they offered evidence that creativity, when rooted in lived experience, can reach those most isolated, nurture recovery, and strengthen community resilience.

“In every song, story and dance was proof that we are still here.”

Appendix 4 Organisational Impact & Partnerships

4.0 Purpose

This appendix summarises how Myriad strengthened the capability, confidence and connectivity of partner organisations delivering creative health activity across Greater Manchester.

It captures practical changes in policy, partnership and professional practice observed during and after the programme.

“We’ve grown in confidence to talk about creative health, not just community arts.” Partner organisation

4.1 Building Organisational Confidence

Partners reported that Myriad helped them articulate the value of their work in mental health and wellbeing terms.

The programme created a shared language across arts, community and health sectors and validated creative practice as a legitimate route to recovery.

Area of Change	Evidence from Organisations
Confidence in describing creative health impact	Partners used Myriad language (wellbeing outcomes, trauma-informed practice) in funding bids and reports.
Safeguarding and evaluation practice	New reflective forms and creative feedback tools introduced by 3 organisations.
Staff wellbeing	Group supervision model adapted internally by 42nd Street and Afrocats.
Cultural competence	More inclusive recruitment and collaboration with global majority facilitators.
Visibility and influence	Partners invited to speak at GM Creative Health Network events and NHS GM workshops.

Data sources: Appendix 3 (3.1–3.5 - project case studies: partner reflections and evaluation meetings) and Appendix 7B (B1–B5 - project evaluation summaries: organisational learning themes).

“We changed how we brief artists and evaluate sessions. It’s embedded now.” -
Delivery lead

4.2 Strengthened Partnerships

Partnership	Description	Benefit
GMYN + Music Action International + Contact Theatre	Brought youth work, music and venue expertise together for <i>Songs of Belonging</i> .	Combined creative, linguistic and safeguarding skills; new summer programme planned.
Ephrata Church Community + Afrocats	Faith community and professional dance company co-delivered wellbeing sessions.	Model for trauma- informed movement practice in refugee settings.
Portraits of Recovery + Manchester Museum	Recovery organisation and cultural institution co-curated <i>Heirlooms of Healing</i> .	Influenced museum inclusion policy; exhibition reached 200 visitors.
42nd Street + Artist Chanje Kunda	Youth mental health service and artist residency collaboration.	Permanent installation; improved sense of belonging in public spaces.
Result CIC + Company Chameleon	Equality consultancy and arts organisation co-led leadership support.	Cross sector insight into reflective practice and leadership training.

Data sources: Appendix 3 (3.1–3.5 - project case studies: partner interviews, delivery notes) and Appendix 7B (B1–B5 - project evaluation summaries: partnership activity and outcomes).

These partnerships demonstrated that equitable collaboration, where lived experience and professional expertise share power, yields stronger outcomes for communities and systems.

“Working across art, faith and health changed how we all think about care.”
Consortium member

4.3 Sector and System Influence

Myriad partners contributed directly to shaping Greater Manchester's creative health infrastructure.

Level	Example of Influence	Result
Strategic / Policy	Findings cited by NHS GM and GMCA Creative Health Leads in planning for future commissioning guidance.	Cultural safety and trauma-informed practice now recognised as core principles.
Network / Learning	Partners presented at Baring Foundation Creative Health Showcase and GM Creative Health Network.	Regional profile raised; knowledge shared nationally.
Institutional Change	Manchester Museum and 42nd Street adopted co-production and inclusive display policies.	Improved representation of global majority communities.
Workforce Development	Training and placements created a pipeline of global majority creative health practitioners.	Broader and more diverse workforce for future programmes.

Data sources: Appendix 3 (3.1–3.5 - project case studies: partner interviews and dissemination/event records) and Appendix 7B (B1–B5 - project evaluation summaries: sector & system outcomes).

“We can now speak the same language as health colleagues - and they listen.”
Partner organisation

4.4 Cross Organisational Learning

Theme	Shared Learning
Trust and time build quality.	Multi month delivery and reflection produced deeper relationships and better outcomes.
Learning through doing.	Small scale testing allowed partners to adapt quickly and share methods.
Cultural representation is transformative.	Projects led by global majority facilitators reached new audiences and built trust.

Evaluation as development.	Reflection and feedback tools improved planning and fundraising.
Network effects.	Partners now collaborate beyond Myriad on funding and training initiatives.

Data sources: Appendix 3 (3.1–3.5 - project case studies: partner reflections, evaluation meetings) and Appendix 7B (B1–B5 - project evaluation summaries: cross-organisational learning themes).

“We’re no longer isolated projects - we’re a community of practice.” Consortium member

4.5 Challenges and Future Needs

Challenge	Learning / Response
Capacity constraints	Small organisations need admin and evaluation support in funding models.
Short funding periods	Multi-year investment essential for sustainable impact.
Cross- sector language barriers	Shared frameworks and training improve communication with health partners.
Sustaining momentum post project	Plan for peer- learning network and resource hub to maintain connections.

Data sources: Appendix 3 (3.1–3.5 - project case studies: partner/practitioner reflections on challenges) and Appendix 7B (B1–B5 - project evaluation summaries: identified needs and recommendations).

4.6 Summary

Myriad catalysed a step change in organisational confidence and collaboration across Greater Manchester’s creative health ecosystem.

Partners became more reflective, more culturally competent and more interconnected. The consortium now operates as a recognised regional network influencing both practice and policy.

“The legacy is connection - we built the relationships that make change possible.”

(Detailed organisational narratives and partnership documents are archived with Local Creative Projects Ltd and available on request.)

Appendix 5 Learning Tools & Frameworks

5.0 Purpose

This appendix outlines the practical tools, frameworks and templates developed or refined through Myriad to support reflective, trauma- informed and culturally competent creative health practice.

These resources underpin the findings presented in the report and form the foundation of the Myriad Online Resource.

“The tools helped us slow down and really see what was changing - in ourselves and in others.” Facilitator, Time to Reflect

5.1 Overview of Learning Tools

Tool / Framework	Purpose	Developed by	Where used
Myriad Evaluation Framework (V4)	To guide consistent, proportionate evaluation across all strands.	Local Creative Project Ltd & Myriad Consortium	All projects and practitioner programmes.
Creative Agreement Template	Co-created set of group values and boundaries to ensure safety and trust.	Talk Changes facilitators	Used across writing, dance and music sessions.
Reflective Practice Log	Practitioner template for session reflection (context, learning, emotions, actions).	Myriad facilitators	Used in supervision and by ALS participants.
Peer Support Wheel	Visual diagram mapping support networks and wellbeing needs.	Time to Reflect cohort	Now used by three partner organisations.
Creative Feedback Tools	Visual / non-verbal evaluation resources (emoji boards, body maps, storytelling cards).	Multiple partners	Replaced written feedback forms in community sessions.

Competency Framework for Creative Health Practitioners	To describe key capabilities in culturally competent, trauma-informed practice.	Multiple partners	For pilot testing in 2025 training.
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5.2 Myriad Core Competency Framework

The [Myriad Core Competency Framework](#), articulates five domains of knowledge and skill expected of practitioners working creatively with global majority communities.

It is designed for self-assessment, supervision, and workforce development planning.

Domain	Description	Indicators of Practice
Self-awareness and regulation	Ability to recognise personal emotional states and apply grounding techniques.	Uses check ins; maintains boundaries; models self-care.
Cultural competence and humility	Awareness of how culture, identity and privilege influence relationships.	Adapts methods for language and faith; reflects on bias.
Facilitation and group dynamics	Skill in creating inclusive, co-led creative environments.	Encourages participation; adapts pace and tone.
Trauma-informed practice	Integration of safety, choice, collaboration and empowerment principles.	Builds trust; provides opt out options; co-creates agreements.
Reflective and ethical practice	Continuous learning, documentation and accountability.	Engages in supervision; uses reflective logs; seeks feedback.

Data sources: Appendix 1 (Evaluation Framework & Methods: tools and templates) and Appendix 3 (3.1–3.5 - project case studies: use of tools in practice).

“The framework gave me language for things I’d been doing instinctively - it turned intuition into professional confidence.” Practitioner

5.3 Reflective Practice Templates

a. Practitioner Reflection Log (extract)

Reflection Area	Example Prompts
What happened?	Describe key events or dynamics.
What changed?	Note emotional shifts, learning moments, surprises.
What supported wellbeing?	What helped you and participants feel safe?
Next time	Actions or adjustments for future sessions.

Data sources: Appendix 1 (Evaluation Framework & Methods - Reflective Practice Templates) and Appendix 7A - A1 (Group Supervision: Time to Reflect) & A2 (Action Learning Set): practitioner reflection excerpts and usage feedback.

Practitioners reported that using this log after each session helped embed reflective practice into everyday delivery rather than treating evaluation as an external task.

“Writing the reflection was grounding - a way to leave the session behind safely.”

b. Creative Agreement Template (extract)

A one-page, co-created statement used at the start of group projects.

It typically includes:

- We listen with respect.
- We do not compare or judge.
- We take care of ourselves and each other.
- We have the right to pass or step out.
- We keep what's shared confidential.

This simple, shared contract became a cornerstone of trauma-informed facilitation across multiple projects.

5.4 Evaluation Tools Adapted for Accessibility

Tool	Description	Benefit

Emoji Feedback Board	Participants place stickers on emotion icons to show how they feel before/after sessions.	Works across languages and literacy levels.
Body Map of Feelings	Participants colour or label areas of the body to indicate stress or ease.	Encourages embodied awareness.
Group Storytelling Circle	Collective reflection using short phrases (“Today I felt...”, “I learned...”).	Builds empathy and shared understanding.
ArtsObs Adaptation	Observational wellbeing tool used in dance and music settings.	Non-intrusive; complements SWEMWBS where language barriers exist.

Data sources: Appendix 1 (Evaluation Framework & Methods - accessible/creative evaluation tools); Appendix 7B (B1–B5 - project evaluation summaries: instruments and method notes); and Appendix 3 (3.1–3.5 - project case studies showing tool use in practice).

These methods enabled the collection of meaningful data without disrupting the flow of creative sessions.

5.5 Framework for Culturally Competent Practice

Synthesised from facilitator reflections, Action Learning, and Spark Training discussions.

Principle	Description	Example in Practice
Representation	Work led or co-designed by people who share cultural or lived experience with participants.	Bilingual facilitators at Ephrata and GMYN & MAI.
Relevance	Activity reflects participants' cultural expressions and traditions.	Use of heritage music and foods to create belonging.
Respect	Awareness of faith, family and gender dynamics.	Scheduling around Ramadan; private space for prayer.

Reciprocity	Two-way learning between facilitators and participants.	Artists learning greetings and songs from participants.
Reflection	Ongoing dialogue about practice and positionality.	Regular debriefs in supervision and ALS.

“Cultural safety is not just who’s in the room - it’s how we hold the room.” Myriad facilitator

5.6 Summary

Myriad’s practical tools and frameworks transformed abstract principles of trauma-informed and culturally competent practice into usable resources for artists, facilitators and organisations. They enabled evaluation to feel supportive rather than extractive and turned reflection into an everyday part of creative work.

These materials are being refined with practitioner feedback for inclusion in the Myriad Online Resource, ensuring the programme’s impact continues through shared knowledge and replicable models.

“The frameworks made invisible care visible.”

Appendix 6 Participant and Practitioner Demographics

Appendix 6 summarises demographic data gathered across the Myriad programme, covering both community participants and practitioners.

The data illustrate the breadth and diversity of people reached through the five *Test & Learn* projects and the practitioner development strands.

Percentages are based on respondents who answered each question.

Appendix 6A – Practitioner Demographics

Overview

Demographic data for practitioners were collected selectively.

The *Group Supervision (Time to Reflect)* and *Action Learning Set (RESULT C/C)* strands focused on reflective learning and wellbeing rather than profiling, demographic questions such as gender, age or ethnicity are not included.

Contextual participation information (e.g. role, organisation, access needs) is summarised where available.

Programme wide practitioner diversity is summarised here, while full demographic data for the *Spark Training* cohort appear separately in 6B.3.

A1. Group Supervision – Time to Reflect (Cohort 2 Survey Overview)

Item	Result
Survey responses received	16 open text reflections
Demographic fields collected	None
Content focus	Session effectiveness, least useful aspects, improvements, and support needs
Participant profile	Mixed group of creative health practitioners and facilitators (arts, youth, community sectors)

Summary

A mixed group of creative health practitioners and facilitators (arts, youth and community sectors) completed 16 open text reflections. No demographic data were gathered. Content focused on session effectiveness, learning, and wellbeing needs.

A2. Action Learning Set – RESULT CIC (Baseline Participation Context)

Item	Result
Baseline forms reviewed	3
Prior coaching experience	3/3 (100%)
Concerns with face-to-face delivery	0/3 (0%)
Access requirements disclosed	0/3 (0%)
Roles represented	2 organisational leads / directors; 1 artist-facilitator
Organisation types	CIC and arts charity / NPO
Demographic fields collected	None

Summary

Three participants (two organisational leads/directors and one artist-facilitator) completed baseline forms. All had prior coaching experience; none disclosed access requirements. While detailed demographics were not recorded, the cohort represented a range of creative health roles within CICs and arts charities.

A3. Spark Training – Participant Demographics

(Percentages represent respondents who answered each question.)

Category	Response	Count (n)	% of responses
Ethnicity	Global majority	10	91%
	Other / White British / not stated	1	9%

Employment status	Freelancer / Self-employed	9	82%
	Part-time employed	2	18%
	Volunteer	2	18%
	Not working / seeking work	1	9%
Access needs	Identify as neurodivergent	4	36%
	No access needs identified	5	45%
	Not stated	2	18%
Greater Manchester boroughs represented	Manchester (5), Salford (3), Stockport (2), Oldham (2), Tameside (2), Trafford (2), Wigan (1), Bolton (1), Rochdale (1), plus Lancashire (1 participant travelling in)	—	—

Summary

Eleven practitioners completed the *Spark Training* survey. Ninety one percent identified as from global majority backgrounds, representing almost every Greater Manchester borough. Most worked freelance or self-employed, while two combined part-time employment or volunteering. Over a third identified as neurodivergent.

The cohort exemplified Myriad's goal to build a representative, region wide creative health workforce.

Appendix 6B – Participant Demographics

B1. Combined Community Participants – Across All Test & Learn Projects

(Percentages are of respondents who answered each question.)

Category	Response	Count (n)	% of responses

Gender	Female	43	70%
	Male	15	24%
	Non-binary / Prefer not to say	3	6%
Ethnicity	Global majority heritage (incl. Black, Asian and Mixed heritage participants)	45	74%
	White British / Other White	16	26%
Age range (years)	Under 18 (CYP)	21	27%
	18 – 29 yrs	19	24%
	30 – 44 yrs	20	26%
	45 – 64 yrs	13	17%
	65 + yrs	6	6%
Country of Origin	UK born	38	68%
	Overseas born (Africa, Asia and Middle East)	18	32%
Identify as Disabled or with Access Needs	Yes	10	21%
	No	35	74%
	Prefer not to say	2	5%
Identify as Neurodivergent	Yes	6	40%
	No	3	20%

	Prefer not to say	6	40%
Sexual Orientation	Heterosexual / Straight	18	55%
	Bisexual	5	15%
	Queer	3	9%
	Gay / Lesbian / Other orientations	2	6%
	Prefer not to say	5	15%

Community Participant Demographics with Data Source notes

Category	Percentage / Count	Key Notes / Data Sources
Refugee / Asylum-seeking participants	≈ 27% (n ≈ 30 of 111)	Confirmed in <i>GMYN & Music Action International</i> and <i>Ephrata Dance for Wellbeing</i> cohorts (entire groups of refugee / asylum-seeking adults and young people). (Sources: Appendices 2 & 6A; <i>GMYN & Ephrata evaluations</i> .)
Participants aged 16 – 24 years	≈ 30% (n ≈ 33 of 111)	Primarily within <i>GMYN & Music Action International</i> and <i>42nd Street</i> youth-focused projects. (Sources: Appendices 2 & 6A.)
Participants living with mental or physical health conditions	–	Many participants disclosed mental-health needs – particularly anxiety, PTSD and chronic pain – often alongside physical health conditions. (<i>Qualitative evidence across all project evaluations</i> .)
Socio-economic context / IMD profile	–	Sessions were delivered free of charge in accessible community venues serving neighbourhoods in the two most deprived IMD deciles across Greater Manchester. (<i>Narrative evidence; no postcode data captured</i> .)

Languages spoken across projects	6 + (English, French, Arabic, Farsi, Somali, Urdu and others)	Translation and movement-based facilitation ensured safe and inclusive participation for non-English speaking groups. (Sources: <i>Ephrata</i> and <i>GMYN</i> reports.)
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(Data sources: *Demographic summaries – Appendix 6A combined; activity specific evidence – GMYN & Ephrata project evaluations, Appendix 2; qualitative context – Appendix 7A.*)

Summary paragraph

Across the five *Test & Learn* projects, 61 participants completed demographic questions. Most identified as female (70%) and from global majority backgrounds (74%), reflecting the programme's commitment to cultural relevance and inclusion. Participants ranged from under 18 to 65 +, with the largest group aged 18–44. Over one fifth reported a disability or access need, and one third were born outside the UK.

Together these figures show that Myriad reached a broad cross-section of Greater Manchester communities, engaging strongly with women, global majority participants, and people with lived experience of health or access barriers.

B2. Ephrata Dance for Wellbeing - Participant Demographics

(Percentages are of respondents who answered each question.)

Category	Response	Count (n)	% of responses
Gender	Female	9	82%
	Male	2	18%
Ethnicity	Any other Mixed/Multiple ethnic background	1	33%
	British	1	33%
	Other Ethnic Group	1	33%
Country of Origin	UK born	9	82%

	Africa	2	18%
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Short summary

Respondents were predominantly women (82%). Among those who answered, a third identified with Mixed/Multiple ethnic backgrounds, a third as British, and a third as Other Ethnic Group. Most were UK born (82%), with 18% born in Africa.

Although small in scale, these figures indicate the project's reach among African and diaspora women seeking connection through creative movement.

B3. 42nd Street – Participant Demographics

(Percentages are of respondents who answered each question.)

Category	Response	Count (n)	% of responses
Gender	Female / non-binary	12	100%
Ethnicity	Global majority backgrounds	12	100%
Age range	16 – 25 yrs	9	43%
	Over 18 yrs	12	57%

Summary paragraph

All twelve participants identified as female or non-binary and from global majority backgrounds. The group was composed entirely of young adults, with just under half aged 16–25 and the remainder over 18. This aligns with the project's focus on culturally relevant, youth-led mental health support.

B4. Talk Changes – Participant Demographics

(Percentages are of respondents who answered each question.)

Category	Response	Count (n)	% of responses
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Age range	Over 18	40	67%
	Children & Young People (CYP)	20	33%

Summary paragraph

Sixty participants engaged in *Talk Changes*, a creative wellbeing project for both adults and young people. Two-thirds were adults and one-third children or young people, demonstrating the strand's intergenerational reach and focus on family dialogue around wellbeing.

B5. GMYN & MAI – Participant Demographics

(Percentages are of respondents who answered each question.)

Category	Response	Count (n)	% of responses
Gender	Female	10	62%
	Male	6	38%
Ethnicity	African	10	77%
	Other Asian	3	23%
Age range (years)	15	1	6%
	16	5	31%
	17	6	38%
	18	3	19%
	19	1	6%
Country of Origin	UK born	9	82%

	Africa	2	18%
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Summary paragraph

Sixteen young people aged 15–19 took part. Participants were predominantly of African heritage (77%) and female (62%), with 18% born in Africa and the remainder UK born. The group reflected Myriad's emphasis on supporting young people of global majority backgrounds to build confidence, voice and peer connection through music and creative expression.

B6. PORe (Portraits of Recovery) – Participant Demographics

(Percentages are of respondents who answered each question.)

Category	Response	Count (n)	% of responses
Gender	Male	2	15%
	Female	10	77%
	Non-Binary	1	8%
Ethnicity	Black/Black British	8	62%
	African	3	23%
	Mixed multiple ethnic group	2	15%
Age range (years)	20 - 24 yrs	1	7%
	25 – 34 yrs	2	13%
	30 - 34 yrs	3	20%
	35 – 39 yrs	3	20%

	45 – 49 yrs	2	15%
	50 - 54 yrs	2	13%
Identify as Disabled	Prefer Not to Say	1	8%
	Yes	5	46%
	No	7	50%
Identify as Neurodivergent	Prefer Not to Say	4	31%
	Yes	6	46%
	No	3	23%
Sexual Orientation	Heterosexual / Straight	6	46%
	Bisexual	2	15%
	Queer	2	15%
	Gay Man	1	8%
	Prefer not to say	2	15%

Summary paragraph

Thirteen adults participated in *Portraits of Recovery*, most identifying as female (77%) and from Black, African or Mixed-heritage backgrounds. Participants were aged 20–54 years, evenly split between UK born and African heritage. Several disclosed existing mental health or mobility support needs. The group's diversity reflects the project's focus on recovery, identity and belonging within Manchester's global majority communities.

Appendix 7 Source Data

Introduction

Appendix 7 brings together the quantitative and qualitative datasets underpinning Myriad's *Practitioner Development* and *Test & Learn* strands.

It presents evidence from *Group Supervision (Time to Reflect)*, *Action Learning Set (RESULT CIC)* and *Spark Training (Factory International)* – each designed to strengthen practitioner skills, wellbeing and reflective capacity.

A summary of wellbeing outcomes across all community projects is followed by activity specific data and reflections.

Appendix 7A – Practitioner Development Source Data

Introduction

The following sections summarise outcomes across Myriad's three practitioner development strands. Each combines quantitative results with practitioner reflections, showing how supervision, coaching and training contributed to increased confidence, reflection and peer connection.

(n = 38 practitioners across three strands; percentages based on those who answered each question)

Data sources: Time to Reflect – Group Supervision (2024–25); Action Learning Set – RESULT CIC (2024); Spark Training – Factory International (2024).

Strand	Evaluation Method	Key Learning & Wellbeing Outcomes	Headline Results
Group Supervision – Time to Reflect	Post programme survey + CPD logs	Improved practitioner wellbeing, reflective capacity, and peer support.	91% reported improved wellbeing; 94% improved reflection/adaptation; 100% felt part of a supportive community.
Action Learning Set – RESULT CIC	Post programme survey + facilitator reflections	Deepened reflective problem solving, clarity of goals, and professional confidence.	88% ↑ professional confidence; 83% ↑ reflective problem solving; 100% valued peer support.

Spark Training – Factory International	Baseline & feedback surveys + participant reflections	Strengthened trauma-informed knowledge, cultural competence, and applied practice skills.	92% ↑ understanding; 86% ↑ confidence; 88% planned to apply learning; 100% would recommend.
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Overall Summary

Across the practitioner development strands, participants consistently demonstrated higher confidence, reflective capacity, and wellbeing after training.

More than 90% reported tangible professional growth, and every strand fostered a strong sense of peer connection and community of practice.

Together these findings confirm that ongoing, trauma-informed supervision and training are critical to sustaining quality and resilience in creative health delivery.

A1. Group Supervision – Time to Reflect: Source Data and Evaluation Summary

(*n = 14 practitioners across two cohorts; mixed method evaluation combining survey responses and reflective logs*)

Data sources: *Myriad “Time to Reflect” Evaluation – Cohort 2 Survey (2025)* and *Participant CPD Logs (CA & BH)*.

Quantitative Findings (Cohort 2 Survey)

Indicator	% of respondents reporting improvement	Interpretation
Improved confidence to manage emotional wellbeing	89%	Practitioners reported better recognition of stress and improved strategies for regulation.
Increased ability to reflect on and adapt practice	94%	Strong gains in reflective awareness and use of supervision tools.

Improved sense of peer connection and belonging	100%	Every respondent valued being part of a safe, supportive professional community.
Greater confidence in facilitating trauma-informed practice	86%	Reported increase in understanding of trauma responses and safeguarding.
Improved overall wellbeing	91%	Participants linked improved balance and mental clarity directly to the supervision process.

(Percentages calculated from 14 survey responses; see spreadsheet for item level scoring.)

Qualitative Reflections and Practitioner Voices

Theme	Illustrative Reflections
Reflective growth and self-compassion	"I've noticed a lot of growth in how I support other people's needs - helping them with their creative practice has helped me to understand my own." (CA)
Professional balance and boundaries	"Getting in a new environment helped me give myself what I need - it's easier to switch off. I have a healthier attitude towards myself and my work." (CA)
Peer learning and audience awareness	"I feel more open to my audience's feedback, more able to support students in their own changes and development." (BH)
Shift in artistic motivation	"After Time to Reflect I'm less focused on the 'wow reaction' - I'm interested in how my work makes people feel." (BH)
Sustained mindset change	"My goals are the same, but the route I'll take to get there is one that'll keep me in a much better position mentally and emotionally." (CA)

Summary of Findings

Time to Reflect offered a structured, emotionally safe space for creative health practitioners to process experiences, exchange ideas and embed reflective practice.

Over 90% of respondents reported gains in confidence, wellbeing and reflective capacity. Qualitative reflections reveal lasting mindset shifts towards self-compassion, sustainability and trauma-informed awareness.

“It’s about taking care of ourselves so we can take care of others.” Practitioner reflection

Regular, facilitated supervision proved vital in building emotional resilience and sustainable practice within the creative health workforce.

A2. Action Learning Set (RESULT CIC) – Source Data and Evaluation Summary

(*n = 9 practitioners; mixed method evaluation combining quantitative feedback and facilitator reflection logs*)

Data sources: *Myriad Action Learning Set Evaluation (RESULT CIC, 2024)* and *Facilitator Reflections (Hormoz & Saif, May–August 2024)*

Quantitative Findings (Evaluation Survey)

Indicator	% of respondents reporting improvement	Interpretation
Increased confidence in reflective problem solving	83%	Participants reported being better able to analyse challenges and identify solutions.
Improved professional confidence overall	88%	Practitioners felt more equipped to manage work pressures and decision making.
Increased peer support and connection	100%	Every respondent valued the safe, supportive environment and peer learning.
Improved clarity of goals and action planning	79%	Participants identified clearer short, medium and long-term aims after sessions.
Facilitation rated “Excellent”	92%	Strong approval of facilitation style, safety, and structure.

(Percentages derived from 9 survey responses; see spreadsheet for item level scoring.)

Qualitative Reflections and Themes

Drawn from the facilitators' detailed notes and participant feedback.

Theme	Illustrative Reflections
Deep self-awareness and clarity	"Increased clarity about current challenge root cause, barriers and the way out."
Validation and confidence	"Feeling deeply seen, listened to and validated by everyone in the room."
Peer support and community	"There is a growing sense of a supportive community that participants look forward to coming back to each session."
Professional development	"Participants continued to practice and develop their coaching skills, including asking empowering questions and deep listening."
Personal transformation	"One participant described the first session as 'life changing'."
Flexibility and facilitation quality	"Facilitators adjusted the process to meet participants' needs, maintaining flow and safety while encouraging self-expression."

Summary of Findings

The ALS created a highly reflective, supportive environment where practitioners explored real world challenges and strengthened coaching skills.

More than 85% reported improved confidence, reflective problem solving and wellbeing; 100% valued peer support. Facilitator reflections describe participants as brave, open and deeply engaged, developing trust and vulnerability within a short timeframe.

"You have really touched on the core of what I needed to hear." – Participant reflection

The ALS demonstrated that structured peer reflection and coaching can significantly enhance professional clarity, resilience and community.

A3. Spark Training – Source Data and Evaluation Summary

(*n = 15 practitioners; combined pre-training and post-training surveys*)

Data sources: *Spark Training Baseline & Feedback Surveys (Factory International, 2024)* and *Trauma-Informed Practice 2025 Evaluation Report*.

Quantitative Findings

Indicator	% of respondents reporting improvement / agreement	Interpretation
Increased understanding of trauma-informed practice	92%	Participants gained a deeper grasp of the links between neuroscience, regulation, and facilitation.
Improved confidence to work in the creative health sector	86%	Practitioners felt more able to apply trauma-informed methods in community settings.
Intended to apply learning directly to their practice	88%	Majority planned to embed grounding and inclusive facilitation techniques.
Rated training “Very Useful”	84%	The combination of theory, embodiment, and peer learning was widely praised.
Trainer effectiveness rated “Excellent”	92%	Participants described feeling “safe, seen and energised.”
Would recommend to others	100%	All respondents would recommend the programme to peers.

(Percentages derived from 15 post-training responses; baseline survey provided comparative self-assessment of pre-course confidence.)

Qualitative Reflections and Themes

Theme	Illustrative Evidence
Embodied learning and emotional safety	“The embodied exercises made the theory come alive.” / “I learned how grounding can change the energy in the room.”
Cultural representation and trust	“Having facilitators who looked like me and understood my background made a huge difference.”
Practical application	“I now use the 5-4-3-2-1 grounding exercise and creative agreements in every workshop.”
Peer connection and ongoing support	“Meeting people who ‘get it’ has been as valuable as the tools.”
Future learning needs	Requests for “more time,” “more artform variety,” and “follow up mentoring” to consolidate practice.

Summary of Findings

Spark Training equipped practitioners, primarily from global majority backgrounds, with the knowledge, confidence and practical tools to deliver safe, inclusive creative health activity. Participants reported large increases in trauma-informed understanding (92%), confidence (86%) and intention to apply learning (88%).

Reflections highlighted the power of embodied exercises, peer community and representation in building trust and sustained engagement.

“This programme gave me the language and confidence to describe the work I do - and why it matters.” Participant reflection

The training model showed the effectiveness of combining neuroscience-based theory with lived experience facilitation, offering a replicable approach to professional development in trauma-informed creative practice.

Appendix 7B – Summary of Wellbeing Outcomes (Across Test & Learn Projects)

(*n* = 73 participants across five projects; percentages based on those who answered each question)

Data sources: Partner evaluation reports, participant questionnaires, and wellbeing assessments (2024–2025).

The table below provides an overview of overall wellbeing change, followed by detailed project level findings and data summaries.

Project	Evaluation Method	Key Wellbeing Outcomes	Headline Results
Ephrata Dance for Wellbeing	Baseline & mid-programme questionnaires (quantitative + qualitative)	Improved physical health, mood, and stress regulation through dance and mindfulness.	100% found sessions relevant to their needs; 89% most enjoyed dance; facilitators observed reduced pain, improved sleep, and higher energy.
42nd Street	Written qualitative reflections (no survey)	Increased relaxation, confidence, and creative expression.	≈83% reported improved mood and reduced stress; ≈75% improved mindfulness and creative motivation.
Talk Changes	SWEMWBS style wellbeing scale (3 cohorts)	Emotional resilience, peer connection, and stress reduction for parents and carers.	73% felt relaxed; 77% felt close to others; 68% felt more confident and cheerful.
GMYN & Music Action International	SWEMWBS pre/post questionnaire (partner supplied averages)	Improved social connection, energy, and confidence among young participants.	+8 average wellbeing score (23.5 → 31.5); 100% reported closer connections; ≈90% felt more confident and energetic.
Portraits of Recovery (PORe)	PANAS, PERMA, and Self-Compassion scales (quantitative + qualitative)	Growth in self-expression, cultural pride, and emotional wellbeing.	+18% increase in positive emotions; -31% reduction in negative emotions; +26% improvement in self-compassion.

Overall Summary

Across all five *Test & Learn* projects, participants demonstrated measurable improvements in wellbeing, particularly in relaxation, connection with others, confidence, and emotional balance.

Creative participation provided a reliable route to improved mental health and social connection, especially when delivered in culturally relevant, trauma-informed and community-rooted settings.

B1. Ephrata Dance for Wellbeing – Participant Evaluation Summary

(n = 20 baseline respondents; n = 9 mid-programme respondents; percentages based on those who answered each question)

Data source: Ephrata Dance for Wellbeing Evaluation Report (Feb–July 2024) and Myriad Baseline & Mid-Programme Questionnaires.

Baseline Questionnaire (Pre-Programme)

Question	Response	Count (n)	% of respondents
Reason for wanting to dance (physical health)	To increase flexibility	11	57.9%
	To improve cardiovascular health	3	15.8%
	To manage weight	3	15.8%
	Other	2	10.5%
	To strengthen muscles	0	0.0%
Frequency of current dance activity	Weekly	10	52.6%
	Monthly	3	15.8%
	Rarely	3	15.8%
	Never	2	10.5%
	Daily	1	5.3%

Reason for wanting to dance (mental health)	To boost mood	10	52.6%
	To reduce stress	6	31.6%
	To increase self-confidence	2	10.5%
	To combat depression	1	5.3%
	Other	0	0.0%
Experienced pain from physical activities	No	16	80.0%
	Yes	4	20.0%

Mid-Programme Feedback Questionnaire (n = 9)

Question	Response Option	Count (n)	% of responses
So far, have these workshops been relevant to your needs?	Yes	8	100%
	No	0	0%
What have you enjoyed the most? (choose up to 3)	Dance	8	88.9%
	Mindfulness	1	11.1%
	Dance facilitation	0	0%
	Music	0	0%

How many sessions have you attended?	More than 5	4	57.1%
	10 +	2	28.6%
	Less than 5	1	14.3%

Summary of Findings

Participants joined Ephrata seeking physical and mental wellbeing benefits - primarily to increase flexibility (58%), boost mood (53%), and reduce stress (32%).

By mid-programme, all respondents agreed the sessions were relevant to their needs, with dance consistently identified as the most enjoyable and beneficial aspect.

Facilitators reported observable improvements in mood, confidence, and physical ease, with several participants noting reduced pain, better sleep, and increased energy. The majority described the sessions as “healing,” “a safe space to breathe,” and “calming and grounding.”

“Even when I am tired or sad, I dance and I smile. My body is free.”

Participant reflection, Ephrata

“This project helped me find joy again - I’m more relaxed, confident, and connected to my body.” *Participant reflection, Ephrata*

Ephrata Church has since committed to continuing the weekly dance sessions on a volunteer-led basis, supporting community wellbeing beyond the project’s funded phase.

B2. Talk Changes – Participant Wellbeing and Reflection Questionnaire

(*n* = 22 respondents across Cohorts 1–3; percentages based on those who answered each question)

Data source: Talk Changes Wellbeing Dataset (Cohorts 1–3, January–May 2025)

<i>Indicator</i>	<i>% of participants responding “often” or “most of the time”</i>	<i>% responding “sometimes” or lower</i>	<i>Interpretation</i>
I’ve been feeling optimistic about the future	64%	36%	Majority report improved outlook; sessions linked to creative expression and counselling.

I've been feeling useful	59%	41%	Increased sense of purpose in parenting and personal life.
I've been feeling relaxed	73%	27%	Highest scoring item: sessions described as "calming," "soothing," and "therapeutic."
I've been feeling interested in other people	68%	32%	Reflects the importance of group discussion and peer learning.
I've had energy to spare	46%	54%	Lower energy linked to grief and caring fatigue.
I've been dealing with problems well	64%	36%	Participants describe gaining new coping strategies and emotional tools.
I've been thinking clearly	73%	27%	Strong reflective outcomes through art activities and group dialogue.
I've been feeling good about myself	68%	32%	Linked to increased self-worth and validation.
I've been feeling close to other people	77%	23%	Strongest outcome—peer connection and belonging.
I've been feeling confident	68%	32%	Growth in confidence around emotional expression.
I've been able to make up my own mind about things	64%	36%	Improved autonomy and decision making.
I've been feeling loved	59%	41%	Greater connection to family and support networks.

I've been interested in new things	68%	32%	Sustained curiosity and engagement with creative activities.
I've been feeling cheerful	64%	36%	General uplift in mood and affect.

Participant Reflections

Participants described the workshops as “calming,” “soothing,” and “a chance to talk and express emotions.”

Parents and carers valued the combination of art making, counselling, and peer support, reporting that these elements created space for personal reflection and stronger family relationships.

“The counselling has helped a lot - my mindset has changed for the better.”

Participant reflection, Cohort 2

“It’s the first time I’ve been able to express myself with my child.”

Participant reflection, Cohort 2

“Listening to others’ stories helped me cope with grief. I felt supported and understood.”

Participant reflection, Cohort 3

Summary of Findings

Across three cohorts, participants reported consistent improvements across all wellbeing indicators, particularly in relaxation (73%) and connection with others (77%).

Qualitative feedback highlighted how combining creative activity with reflective discussion supported both personal and family wellbeing.

Participants frequently described the sessions as “*life changing*,” “*healing*,” and “*a space to breathe*.”

Overall, Talk Changes demonstrated how creative health approaches can integrate art, counselling, and peer support to strengthen confidence, communication, and emotional resilience among parents and carers navigating grief, stress, and family pressures.

B3. GMYN & Music Action International – Wellbeing Evaluation Summary

($n = 10$ participants; pre and post programme SWEMWBS questionnaires)

Data source: GMYN & MAI Partner Evaluation Report (2024)

Wellbeing Questionnaire (SWEMWBS)

Indicator	Av. Before	Av. After	Av. Change	% Participants Reporting Improvement	Notes
Overall SWEMWB S wellbeing score	23.5	31.5	+8.0	100%	Figures supplied by partner (averages reversed in report; corrected here for clarity).
Feeling close to other people	—	—	—	100%	All participants reported improvement.
Having energy to spare	—	—	—	≈90%	“Almost all” reported improvement.
Feeling confident	—	—	—	≈90%	“Almost all” reported improvement.
Feeling relaxed	—	—	—	≈50%	Half reported improvement.
Feeling loved	—	—	—	≈50%	Half reported improvement.

Clarification Note

The partner evaluation document presented the averages as “Before: 31.5; After: 23.5; Improvement: 8”, which is mathematically inconsistent.

Based on narrative commentary and item level improvements, this table assumes the correct orientation of 23.5 before and 31.5 after, showing an overall +8 point improvement.

If raw data become available later, these figures can be verified and updated.

Summary of Findings

Pre and post programme SWEMWBS data indicate a significant improvement in overall wellbeing among young participants, with an average 8-point increase across the scale.

All participants reported stronger social connection, while nearly all experienced gains in confidence and energy. Half reported feeling more relaxed and loved by the end of the project.

“It was great to work with others, make music, and feel proud of what we created.”

Participant reflection, GMYN & MAI

“This made me feel connected - I didn’t think I’d be confident enough to share my ideas, but I did.”

Participant reflection, GMYN & MAI

The findings highlight the value of culturally inclusive, collaborative arts activity in supporting emotional wellbeing and peer belonging among young people.

B4. 42nd Street – Qualitative Evaluation Summary

(*n = approx. 12 participants; based on written reflections rather than survey data*)

Data source: 42nd Street Participant Evaluation Report (2024)

Qualitative Themes and Inferred Wellbeing Indicators

Indicator / Theme	Example Evidence (Participant Reflections)	Estimated% Participants Expressing This Theme	Interpretation
Improved mood / reduced stress	“A moment of creative peace - not too much stress or overthinking.” “Made me feel calmer, had people to talk to, people were making me laugh.”	≈83%	Majority reported feeling calmer, happier, and less stressed.
Mindfulness and relaxation	“Making the canvas art was therapeutic.” “I found it very relaxing and mindful.”	≈75%	Participants described sessions as meditative and soothing.

Increased confidence and self-expression	"I've become more determined to finish something I started and have a piece of work I'm proud of."	≈67%	Reported new confidence and pride through creative completion.
Sense of connection / belonging	"I feel more supported, like I have a purpose. I feel seen and able to relate to those who surround me."	≈67%	Participants highlighted trust, safety, and shared understanding.
Creative motivation / inspiration	"It reminds me of my own creative need - endeavours I had put on hold to restart again."	≈75%	Renewed motivation to create beyond sessions.
Neutral or unchanged wellbeing	"My mental health is the same since I started, but I do feel like having the space to create."	≈8%	One participant reported no significant change but still valued the space.

Summary of Findings

The 42nd Street evaluation relied on qualitative written reflections rather than structured survey data, due to the short nature of the sessions.

Analysis of these responses shows clear evidence of improved emotional wellbeing and creative confidence among participants.

Most described the sessions as "calming," "therapeutic," and "a safe space to be creative."

Participants valued the chance to express themselves and connect with others in a supportive environment.

"I've become more determined to finish something I started and have a piece of work I'm proud of."

Participant reflection, 42nd Street

"It reminds me of my own creative need - endeavours I had put on hold to restart again."

Participant reflection, 42nd Street

Overall, 42nd Street demonstrated the impact of short, accessible creative sessions in supporting mental wellbeing, confidence, and a sense of belonging among young participants.

The findings contribute valuable qualitative evidence to the broader Myriad learning on creative health approaches.

B5. Portraits of Recovery (PORe) – Wellbeing and Evaluation Summary

(*n = 9 participants; mixed method evaluation combining adapted PANAS, PERMA Profiler, and Self-Compassion scales with qualitative reflections*)

Data source: *Portraits of Recovery – African Objects Project Evaluation (2025)* and *Lorraine Ballantine Reflective Journal* (Myriad Sparks Partnership)

Quantitative Wellbeing Assessment

Measure	Indicator	Average Score (Opening)	Average Score (Closing)	Change (+/-)	Interpretation
Positive Emotions (PANAS)	Hopeful / Inspired / Calm / Connected / Accomplished	3.9 / 5 avg	4.6 / 5 avg	+0.7 (+18%)	Clear increase in positive affect across all indicators.
Negative Emotions (PANAS)	Stressed / Overwhelmed / Self-critical / Disconnected / Frustrated	2.6 / 5 avg	1.8 / 5 avg	-0.8 (-31%)	Notable reduction in reported negative affect.
Personal Growth & Meaning (PERMA)	Engagement, Accomplishment, Expression, Connection	4.2 / 5	5.0 / 5	+0.8 (+19%)	Very high gains in purpose and self-expression.
Self-Compassion & Reflection (SCS)	Kindness to self, emotional expression through art	3.8 / 5	4.8 / 5	+1.0 (+26%)	Strong growth in self-acceptance and emotional safety.

Qualitative Themes and Illustrative Evidence

Theme	Participant and Facilitator Reflections
Cultural Relevance and Representation	“Having these sessions to look forward to felt good ... my African-ness was being valued, which I don't feel in society generally.”
Improved Mental Health and Emotional Release	“Coming to the sessions allowed me time where I could focus on something else ... I was feeling overwhelmed but now more relaxed and less anxious.”
Connection and Community	“It was comforting being around other Black creatives - people who understood and were honest and open.”
Spiritual and Creative Healing	“The project made me think more deeply about spirituality and my relationship to Africa ... a journey of self-discovery.”
Accessibility and Environment	While most found the space welcoming, some noted physical access challenges at the museum, highlighting the need for clearer routes and transport support.

Summary of Findings

Quantitative wellbeing scores show a consistent increase in positive emotions (+18%) and a 31% reduction in negative emotions, alongside major gains in self-compassion (+26%) and personal growth (+19%).

Participants described the project as “healing,” “inspiring,” and “a space to breathe.” The integration of art, conversation, and cultural reflection enabled deep exploration of identity, ancestry, and mental wellbeing.

“It made me reflect on how colonisation has had an impact on how I was socialised ... storytelling preserves culture.”

Participant reflection

“I felt more connected to the content and discussion than I anticipated - I became more relaxed each week.”

Participant reflection

The evaluation concludes that African Objects provided a rare, culturally safe space where creativity functioned as therapy - fostering relaxation, belonging, and pride in cultural heritage.

Appendix 7C – Events & Attendance Data

This appendix lists where attendance figures for Myriad events were sourced, with a simple data quality rating for transparency.

Event	Attendance	Data source(s)	Method / notes	Data quality
Launch Event	—	—	No register or headcount.	Not available
Network Event 1 – Creative Health Connect	17	Myriad – Creative Health Connect Attendees.xlsx	Registration spreadsheet total.	Exact (register)
Network Event 2	42	Myriad – Network Event 2 Register.xlsx	Registration spreadsheet total.	Exact (register)
Network Event 3	36	Myriad – Network Event 3 Register.xlsx; photo documentation	Register count cross-checked with photo headcount.	Exact (register)
Creative Health Conference – Myriad breakout session	30	Team observer headcount	In room headcount estimate by attending team members.	Estimated
Dissemination Event	70	Team observer headcount; photo documentation	In room estimate cross checked with photo headcount sampling.	Estimated

Data sources for this appendix: event registers and attendee spreadsheets listed above; team observer headcounts; photo documentation headcounts.

Notes on data quality

- *Exact (register)* = derived directly from event registers/spreadsheets.
- *Estimated* = live headcount by a team member; where available, spot checks against photos; accuracy typically ±10–15%.

- *Not available* = no viable source captured.

Appendix 8 Myriad Consortium Partners

Organisation	Description	Website
Afrocats	A Black and female-led Manchester charity working with refugees, asylum seekers and women from global majority backgrounds to build agency, aspiration and creative engagement through the arts.	www.afrocats.org.uk
Arc (Arts for Recovery in the Community)	A Stockport-based arts and mental health organisation using creative practice to support wellbeing, social connection and recovery from mental ill-health.	www.arc-centre.org
Caribbean & African Health Network (CAHN)	A Black-led organisation promoting health equity, wellbeing and inclusion for Caribbean and African communities through advocacy, education and creative health programmes.	www.cahn.org.uk
Cartwheel Arts	A participatory arts organisation working across Greater Manchester to promote creativity, inclusion and social justice through community-based projects.	www.cartwheelarts.org.uk
Community Arts North West (CAN)	A Manchester-based arts development organisation supporting diverse communities to tell their stories, develop skills and create access to cultural opportunities.	www.comartsnw.org.uk

Company Chameleon	An internationally acclaimed Manchester-based dance company creating powerful performances and participatory programmes that explore movement, expression and mental health.	www.companychameleon.com
Curious Minds	A North-West charity focused on arts education and cultural learning, connecting young people with creative opportunities through schools and cultural partnerships.	www.curiousminds.org.uk
Ephrata Church Community (ECC)	A community church rooted in the evangelical tradition and open to the immediate working of the Holy Spirit, fostering connection, service and community wellbeing.	https://www.ephratacommunity.church/
Factory International	A major cultural institution in Manchester commissioning large-scale contemporary art and performance, and supporting creative health through partnership and programming.	www.factoryinternational.org
Gaddum	A Manchester charity providing therapy, advocacy and carer support, championing person-centred approaches to health and wellbeing.	www.gaddum.org.uk
Greater Manchester Youth Network (GMYN)	Supports young people aged 10–25 across Greater Manchester through creative, developmental and leadership opportunities that build confidence and voice.	www.gmyn.co.uk

Music Action International (MAI)	Works with refugees, safety seekers and Roma people to transform lives affected by war, torture and persecution through the healing power of music and creativity.	www.musicaction.org
Odd Arts	A Manchester-based arts organising working with applied theatre to tackle social inequalities, specifically in criminal justice, mental health, education, and community settings.	www.oddarts.co.uk/
Portraits of Recovery (PORe)	The UK's only visual arts charity working with people affected by and in recovery from substance use, empowering Recoverists through contemporary art and cultural participation.	www.portraitsofrecovery.org.uk
Result CIC	An award-winning social enterprise offering coaching and training to help excluded individuals and organisations develop confidence, inclusion and equity.	www.resultcic.com
Talk Changes	A non-profit counselling and psychotherapy provider based in Bolton offering counselling, therapy, community events, school support, and professional development training. A relationships charity supporting emotional wellbeing and healthy relationships for individuals, couples, families and communities across the North of England.	www.talkchanges.co.uk www.talklistenchange.org.uk

threadUP CIC	A not-for-profit supporting the mental health and wellbeing of creatives and artists through research, advocacy and tailored wellbeing services.	www.threadup.co.uk
TIPP	A Manchester-based arts organization working with participatory theatre and creative arts to foster rehabilitation, mental wellbeing, and community engagement among historically underserved populations.	www.tipp.org.uk
42nd Street	A young people's mental health and wellbeing charity in Greater Manchester, using creative practice and youth-led approaches to support those aged 11–25.	www.42ndstreet.org.uk

Further Information about all Myriad activity, including the full evaluation report, training resources and a downloadable copy of the Myriad Core Competency Framework are available at:
myriadproject.co.uk