

Evaluation of Creative Health Projects During COVID-19

Commissioned by the Creative Health Alliance Coventry and Warwickshire

Evaluation by Coventry University

January 2021

Abstract

Background. In response to COVID-19, eight creative projects were commissioned by the Creative Health Alliance to support Warwickshire residents' health and wellbeing. Whilst the evidence base for creative health has been developed, further research was required particularly due to the novel considerations of COVID-19.

Aims. Two main aims guided this evaluation. The first aim was to examine the **impact** of creative participation on health and wellbeing during COVID-19. Second, this research aimed to explore **issues relating to the mobilisation, delivery, and evaluation of creative projects**.

Methods. A mixed-methods evaluation was conducted with these aims. Participants completed **quantitative surveys** prior to and following projects, to explore associations between engagement and wellbeing. Qualitative data were collated through interviews with project participants and artists who shared in more depth about their experiences.

Findings. Qualitative analysis identified three themes which discussed the benefits of creative participation on wellbeing: ***Creating Connections, Providing Hope and Positivity, and Health Benefits***. However, methodological limitations prevented conclusions from quantitative methods. Regarding project delivery, five themes were identified which were contextualised by COVID-19: *Responding to the Challenges of COVID-19, Collaborative Partnerships, Achieving Accessibility, Lessons and Project Legacy, and Measuring Impact*.

Conclusion. Qualitative findings suggested that the benefits of creative health can be achieved from remote and socially-distanced projects, however there may be additional considerations for recruitment, accessibility, and evaluation. Recommendations for creative health delivery and evaluation are proposed from the findings and limitations presented.

Introduction

As the World Health Organisation (WHO) declared a pandemic of COVID-19 in March 2020 (WHO, 2020), social distancing and other infection-prevention measures were introduced, particularly for those deemed clinically vulnerable (Public Health England, 2020). Though social distancing was essential to decrease infection transmission, concerns arose as to the **impact of isolation on mental and physical wellbeing** (Li & Huynh, 2020). Recent research has indicated **increased loneliness and decreased wellbeing** during COVID-19 (Groarke et al., 2020; Li & Wang, 2020), and a body of previous research has evidenced associations between **social isolation and outcomes** including depressive symptoms, cardiovascular disease, cognitive impairment, and reduced subjective wellbeing (Leigh-Hunt et al., 2017). Consequently, efforts which aimed to reduce the impact of COVID-19 on health and wellbeing were warranted.

Engagement with art is one area of intervention which has been implemented to provide therapeutic benefits and reduce feelings of loneliness (Chia et al., 2018). The field of creative health has developed in recent years, together with the formation of an All-Party Parliamentary Group (APPG; APPG for Arts, Health and Wellbeing, 2017) and recent reports commissioned by the WHO and United Kingdom (UK) Government which evidenced benefits for **social cohesion and psychological wellbeing** (Fancourt et al., 2020; Fancourt & Finn, 2019). Utilised as a social prescribing tool in healthcare, creative health projects have also been devised to promote individual wellbeing, social engagement, and reduce mental health issues such as depression and anxiety (Bungay & Clift, 2010; van de Venter & Buller, 2015; Wang & Li, 2016; Wilson et al., 2017).

Consistent with this evidence, articles published with respect to COVID-19 have also

advocated for the use of creative interventions to support wellbeing. Using evidence acquired during Ebola and SARS, art therapies were posited to facilitate expression of emotion, increase solidarity and connection, and provide hope and motivation during COVID-19 (Potash et al., 2020). Similarly, art engagement was hypothesised as a healthy coping mechanism to support self-compassion and reduce stress among all age groups during this period (Braus & Morton, 2020). However, given that COVID-19 presented challenging and novel contexts, both for daily living and the delivery of creative projects, empirical evidence was also required to explore how creativity could impact health and wellbeing.

Aims and Objectives

In the context of COVID-19, the Coventry and Warwickshire Creative Health Alliance locally commissioned eight projects which aimed to promote wellbeing and social connections through creativity. A mixed-methods evaluation was conducted across the projects and was devised to address two primary aims. First, this research aimed to explore the impact of the creative projects on **participant's psychological wellbeing, health, and loneliness during COVID-19**. Second, this research aimed to explore issues relating to the mobilisation, delivery, and evaluation of creative health projects in the context of COVID-19 and more broadly. In addition, aspects relating to accessibility, inclusivity, and the digital or remote delivery of creative projects, were of contextual interest to both aims. The following objectives were identified:

- 1) To conduct surveys and interviews with project participants to explore how engaging with a creative project during COVID-19 could impact health and wellbeing.

- 2) To conduct interviews with project artists to explore their experiences and reflections about mobilising, delivering, and evaluating creative health projects during COVID-19.

Overview of Creative Health Commissions

The commissions included a variety of art forms, target audiences, and engagement methods, however all aimed to support wellbeing, happiness, and connectedness, and to be widely accessible to participants. Projects were largely delivered between July and October 2020 and included various formats such as online group video calls and the provision of physical resources to participants. A brief overview of each creative project is shown below.

- Armonico Consort: Artists recorded videos of singing workshops which were shared with individuals, residential homes, and care homes to watch and engage with.
- Arts Uplift: Four subprojects, with online and offline aspects, supported groups of people through dance, creative writing, music and song writing, and hand sewing.
- Escape Arts and Sitting Rooms of Culture: Production of a physical booklet and digital resources to facilitate creativity, delivered to participants including hospital patients and staff.
- Live & Local: Ten creative partnerships were facilitated between artists and Warwickshire communities with various creative outputs (e.g. a short film and a book).
- My Voice Lifts My Soul: A series of weekly group online sessions focussed around Singing for Lung Health, attended by participants living with respiratory conditions.
- Open Theatre: A series of weekly group online sessions for young people with learning disabilities focussed around drama and resulting in the creation of a short

film.

- Starfish Collaborative: An online group journaling project for new mothers, online digital media sessions for a group of young people, and an offline collation of community art.
- Sundragon Pottery: Individuals and charity organisations were provided with the resources needed to create with clay, along with provision of a second follow-on box.

Methodology

Participants

Participants in this research were involved with the creative projects in various ways. Participants denoted as “project participants” were attendees of the creative projects who contributed to, or engaged with, creative outputs. These participants were primarily Warwickshire residents, though further eligibility criteria varied between projects. Across projects, participants were diverse in age, including children and older adults, and included individuals with mental health conditions, learning disabilities, substance misuse issues, caring responsibilities, and long-term health conditions.

Participants denoted in this research as “artists” were involved in areas such as submitting the funding application for the creative commission, recruiting partnering organisations and participants, directly delivering the creative activities, or a combination of these roles. These participants were adults ordinarily employed by one of the eight commissions, or were artists recruited by a commissioned project to deliver creative activities with participants.

Prior **ethical approval** was sought from Coventry University for all aspects of the research (P108406, P109261, and P110055). Participants were individuals with capacity to consent to and understand the purpose of this research. Children over the age of 13 years were eligible to consent to the post-project survey, where parent/carer consent was also obtained, though only participants over 18 years were eligible to be interviewed.

Procedure

Project Participants.

Multiple methods of data collection were included to address the research aims, including the use of surveys and interviews. All participants read **participant information sheets, completed prior consent forms**, and were debriefed for each aspect of the research detailed below. Participants could volunteer for any, or all, of these evaluation methods, and completion of an evaluation was not required for participation in the creative project.

The first stage of evaluation was dissemination of a licensed **online survey tool** to measure wellbeing (Happiness Pulse, 2019). The Happiness Pulse was intended as a repeated-measures evaluation of cohort wellbeing at the start and end of the projects. Project-specific links were used so that projects could disseminate surveys, via communications or social media, at timepoints appropriate to the project's specific timeframe. Project participants completed consent forms at both time points via Qualtrics, an online survey platform, and were then diverted to the Happiness Pulse website. These surveys were anonymous, and responses were not linked over time. Project participants may have volunteered for either or both time-points.

Whilst the Happiness Pulse provided an indication of population-level (i.e. project-level) wellbeing, it was recognised that multiple variables such as different samples and

changes to COVID-19 restrictions may contribute to differences across time. Therefore, project participants were invited to complete a post-project survey designed for this research and hosted in Qualtrics. This survey incorporated quantitative measures of demographics, wellbeing, creativity, behavioural and subjective engagement, and the option of providing qualitative feedback.

During the post-project survey, participants could also indicate interest in a follow-up interview by providing contact details. Project artists were also able to share information about the interviews separately, to increase accessibility to participants who did not complete a survey. Participants chose between a telephone or online call (with or without video) to complete interviews with a researcher from Coventry University. Interviews were audio-recorded, transcribed verbatim, and anonymised to remove any personal-identifiers (e.g. names of individuals and projects).

Project Artists.

As projects completed, project artists were invited to take part in an interview with a Coventry University researcher about their experiences of mobilising, delivering, and evaluating the projects, as relevant to their role. Participant information sheets were disseminated to the primary contacts of each commissioned project, and a snowballing approach was used to invite further eligible individuals. Interviews were conducted via online calls (with or without video), and were audio-recorded, transcribed verbatim, and anonymised. Whilst specific names of individuals and projects were redacted, participants were aware that due to the unique nature of projects, some quotes may identify an individual project or subset of projects.

Measures

1. Happiness Pulse (Project Participants).

The Happiness Pulse is an online wellbeing survey which evaluates general wellbeing (2 items), emotional (7 items), behavioural (6 items), and social domains (7 items). For participants, these domains are termed "General Wellbeing", "Be", "Do", and "Connect" (Happiness Pulse, 2019). Participants responded to items (e.g. "Overall, how satisfied are you with your life nowadays" and "I've been feeling close to other people") via relevant Likert scales. Participants also reported their gender, age, ethnicity, and disability, which included "prefer not to say" options. After completing the survey, participants were shown their score in each domain and could access a website with information about their score, and support and ideas to improve wellbeing (Centre for Thriving Places, 2020).

2) Post-Project Survey (Project Participants).

The post-project survey was primarily completed in Qualtrics but was available as a pre-stamped postal version where requested by projects.

Demographics. Participants provided their age, gender, ethnicity, and current living situation at the start of the survey.

Behavioural Engagement. As relevant to each project, participants reported how many online workshops they had attended and/or how many hours they had engaged independently with the project from 1 (*not at all*) to 5 (*more than 10 hours*). Participants also reported over what time period they had been involved, from 1 (*less than one week*) to 5 (*longer than 8 weeks*), and whether they had, or intended to, continue with the creative activities.

Subjective Engagement. Subjective engagement aimed to measure cognitive and emotional engagement with the project. A **modified nine-item version of the User Engagement Scale** (O'Brien et al., 2018) measured focussed attention (feeling absorbed and losing track of time), perceived usability (the level of negative effort or frustration), and a reward factor (how interesting, worthwhile, and rewarding the project was). Participants selected how much they agreed with each statement (e.g. *"I felt interested in this experience"*) from 1 (*strongly disagree*) to 5 (*strongly agree*).

Mental Wellbeing. The **14-item Warwick-Edinburgh Mental Wellbeing Scale** (WEMWBS) was used to measure mental wellbeing (Tennant et al., 2007) and has been validated in settings including health services and community creative projects (Warwick Medical School, 2019). Participants reported about wellbeing over the previous two weeks (e.g. *"I've been feeling relaxed"*) using a 5-point scale from 1 (*none of the time*) to 5 (*all of the time*).

Health-Related Quality of Life. The EQ-5D-5L was included as a self-report measure of health-related quality of life, including mobility, self-care, usual activities, pain/discomfort, and anxiety/depression domains (Herdman et al., 2011). In each domain, participants selected which of 5 statements was most applicable to them (e.g. *"I am [not/ slightly/ moderately/ severely/ extremely] anxious or depressed"*). Participants also rated their health on a visual analogue scale (VAS) between 0 (*the worst health you can imagine*) and 100 (*the best health you can imagine*).

Loneliness. Loneliness was measured consistent with the UK Government's Loneliness Strategy (Office for National Statistics, 2018) The direct measure was chosen to reduce survey length, and participants responded to the question *"how often do you feel*

lonely?” from 1 (never) to 5 (often/always).

Creativity. Creativity was conceptualized as a measure of active engagement with arts activities ordinarily. Participants were asked about the 12 months prior to COVID-19, and how often they engaged with 11 different activities such as “*play an instrument*” or “*paint, draw or sculpt*”. Items were modified from similar surveys (Węziak-Białowolska et al., 2019) and response options were from 1 (*daily*) to 6 (*less than once a year or never*).

Self-Reported Respiratory Outcomes. Participants in the Singing for Lung Health project completed additional questions from the impact component of the **St George’s Respiratory Questionnaire** as a measure of disturbance to psycho-social function (Jones et al., 1991). Participants reported categorically about 20 items, for example “*I am breathless when I talk*” with true or false response options. Impact domain scores were weighted, summed, and transformed according to guidance (Jones & Forde, 2012) and situated on a scale of 0 (*no impairment*) to 100 (*worst possible impairment*).

Qualitative Feedback. Participants could also provide any additional comments about their experiences with the creative project in an open-ended text box for qualitative analysis.

3) Interviews with Project Participants

Online and telephone interviews with participants were conducted according to a semi-structured schedule. Participants were asked how they engaged with the creative project, their experiences engaging remotely or digitally, their feelings and wellbeing during and after the project, aspects of the project which could be improved, and whether and why participants may continue with the activities.

4) Interviews with Project Artists

Within semi-structured interviews, artists were asked about their role, the nature of the creative project(s), and their experiences of delivering the projects remotely or digitally. Artists were also asked about recruitment and accessible they perceived the project to be, along with any resources which would have been beneficial, their experiences working with young people, their experiences with the funder and bidding process, and their reflections on the evaluations.

Analytical Plan

Qualitative Analysis

Interviews with project participants and artists were analysed using inductive Thematic Analysis (Braun & Clarke, 2006). Interviews were conducted with a Coventry University Research Assistant, who transcribed, anonymised, and re-read the interviews to develop familiarity with the data. Transcripts were inductively coded for comments, feelings, and experiences which related to the research aims. These initial codes, along with participant and line numbers, were then combined inductively into broader codes relating to shared underlying features. Broader codes were checked alongside the dataset and then organised into themes, which were discussed and agreed by the research team. Exemplary quotes were chosen to illustrate the meanings and nuances of themes.

Results

The quantitative results reported below are based on analysis from participants who completed each evaluation measure. These results reflect a sample of project participants. Artists also reported the numbers of participants who were involved in the creative projects

to the commissioner, and this information is provided in Appendix A. Taken together, artists reported direct interventions with 485 beneficiaries, an additional 10,000 beneficiaries received activity packs, and at least 5,000 interactions were estimated in relation to online creative outputs.

Repeated-Measure of Population Wellbeing

Participants.

Across both time points, 179 Happiness Pulse responses were received, though the tool cannot identify how many unique participants completed the Happiness Pulse at either or both time points. More responses were received during the first time period ($n = 114$) than the second time period ($n = 65$), and responses were received for seven projects (range 4 - 72 responses). Timelines varied across projects, but for most projects the first time period occurred between July and August 2020, and the second time period occurred between September and October 2020. Five projects received responses during both time periods. Across both time periods and excluding prefer not to say responses, participants were female (85.4%), White (95.4%), aged under 50 years (37.0%), 50 – 74 years (52.6%) or older than 75 years (10.4%), and 15.4% of participants reported having a disability. Participant characteristics reported during each time period are shown in Table 2.

Mental Wellbeing

To explore wellbeing at each time period, mean scores with 95% confidence intervals were observed for each wellbeing domain (see Figure 1), and descriptive statistics are shown in Table 1. Confidence intervals indicated that scores in Be and Do domains were higher at the second time period compared to the first time period. Confidence intervals for

Connect and General domains had some overlap across time periods, providing less evidence for a difference in these wellbeing domains.

Whilst wellbeing scores were higher for Be and Do domains during the second time period, methodological limitations meant that reasons for this change could not be deduced, and confounding variables may have explained or also contributed to change in wellbeing. In particular, the **easing of lockdown restrictions** for the population occurred during this time and could account for an improvement in mood. To explore whether demographics may have contributed to differences (owing to the potential for different samples across time periods), multiple regressions were conducted with each wellbeing domain as an outcome. Time point was entered in the first block of analysis, followed by age (dichotomised to over 65 years/under 65 years), gender (male/female), ethnicity (White/Ethnic Minority), and disability (yes/no) in a second block.

The difference between the first and second time points significantly predicted Be scores ($B = .67, SE = .24, 95\% CI [0.20, 1.14]$), and explained 4.0% of variance, $F(1,160) = 7.79, p = .006$. Demographics did not significantly improve the model in Block 2, nor predict Be scores. Similarly, time period predicted Do scores ($B = .73, SE = .26, 95\% CI [0.21, 1.25]$), though this model explained only 3.9% of variance, ($F(1,160) = 7.62, p = .006$) and was not subsequently improved or associated with any demographics. Time period also predicted general wellbeing scores ($B = .76, SE = .28, 95\% CI [0.21, 1.30]$), and explained 4.0% of variance, $F(1,160) = 7.54, p = .01$; the model was not improved by, or associated with, demographics. Finally, time period did not predict Connect scores ($B = .55, SE = .40, 95\% CI [-0.23, 1.34]$). This model was not significant, $F(1,160) = 1.93, p = .17$) and was not improved or associated with participant demographics.

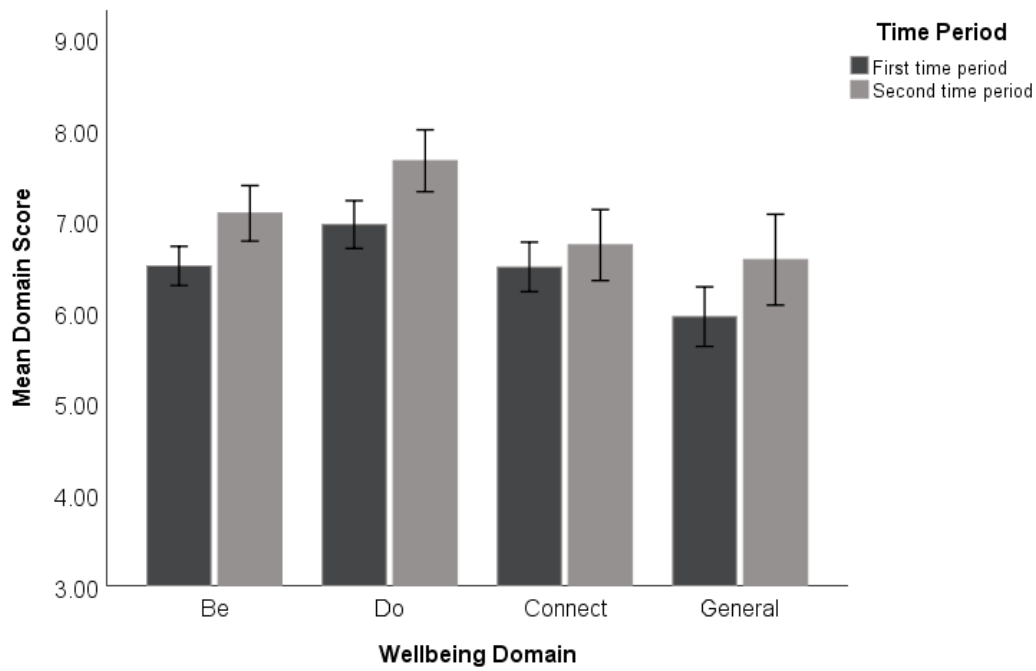


Figure 1. Mean domain wellbeing scores at first and second time periods. Error bars show 95% confidence intervals.

Table 1

Means and standard deviations for wellbeing domains across demographics and time periods

Wellbeing Domain	First time period	Second time period
	<i>M(SD)</i>	<i>M(SD)</i>
Be	5.95 (1.36)	6.69 (1.68)
Do	6.74 (1.73)	7.59 (1.58)
Connect	8.51 (2.50)	9.00 (2.62)
General	5.95 (1.76)	6.57 (2.01)

Table 2

Numbers and percentages of participant characteristics at each time period

Characteristic	First time period <i>n</i> (%)	Second time period <i>n</i> (%)
Age		
Under 16	9 (7.9%)	1 (1.5%)
18 - 25	3 (2.6%)	0 (0.0%)
25 - 34	11 (9.6%)	2 (3.1%)
35 - 49	21 (18.4%)	17 (26.2%)
50 - 64	37 (32.5%)	18 (27.7%)
65 - 74	19 (16.7%)	17 (26.2%)
75+	11 (9.6%)	7 (10.8%)
Prefer not to say	3 (2.6%)	3 (4.6%)
Gender		
Male	18 (15.8%)	7 (10.8%)
Female	92 (80.7%)	54 (83.1%)
Prefer not to say	4 (3.5%)	4 (6.3%)
Ethnicity		
White	106 (93.0%)	59 (90.8%)
Ethnic Minority	4 (3.5%)	4 (6.2%)
Prefer not to say	4 (3.5%)	2 (3.1%)
Disability		
Disability	16 (14.0%)	10 (15.4%)
No Disability	92 (80.7%)	51 (78.5%)
Prefer not to say	6 (5.3%)	4 (6.2%)

Note. The data cannot ascertain how many participants completed the survey during both time points.

Taken together, although most wellbeing scores were indicated as higher during the second time period, a small amount of variance in these outcomes was explained. The Happiness Pulse data also did not include measures relating to participation in the evaluated creative projects (e.g. measures of engagement), and the reasons for this change in wellbeing cannot be established from these data. As described above, reduction of Covid-19 restrictions, participation in unrelated projects, or different participant characteristics may have confounded wellbeing, and the change in wellbeing cannot be attributed to the creative projects based on these data.

Post-Project Survey

Participants

A total of 34 participants completed the post project survey in October and November 2020 with responses from five projects (range 1 - 13 participants per project). All responses were received online. Paper surveys were posted to one group, however a subsequent COVID-19 lockdown may have hindered the group receiving or returning these surveys. Participants were aged 19 to 81 years old ($M = 54.5$ years, $SD = 15.3$ years), and mostly White (88.2%) and female (85.3%). More participants were sharing a home with other people (73.5%) than living alone (26.5%). Due to the sample size obtained, descriptive statistics are collated from participants across projects.

Health and Wellbeing

According to WEMWBS classifications (Warwick Medical School, 2020) participants were categorised as indicating low ($n = 7$), medium ($n = 23$), and high ($n = 4$) mental wellbeing. Overall, participants scored $M = 49.5$, ($SD = 9.3$) with a range of 28 – 70. Self-

reporting about loneliness, a slight majority of participants (55.9%) reported feeling at least occasionally lonely over the previous two weeks. Reporting about overall health on the EQ-5D-5L VAS, participants scored $M = 71.6$, $SD = 22.8$. Self-reported problems in health domains indicated that more participants experienced problems with anxiety/depression and pain/discomfort than with mobility, self-care, and usual activity domains. When coded according to Index Values for England (Devlin et al., 2018), participants scored $M = 0.79$, $SD = 0.25$, range 0.03 – 1.00. Participants who completed the SGRQ impact component about lung health ($n = 9$) scored $M = 23.7$, $SD = 10.0$, range 10.9– 40.3. For comparison, scores in a healthy population have been reported as $M = 4.7$, $SD = 9.9$ (Ferrer et al., 2002) and individuals with Stage 1 COPD have scored $M = 27.8$, $SD=19.8$ (Jones et al., 2011).

Creativity

In the 12 months before COVID-19, reading for pleasure was most often engaged in daily ($n = 16$), and singing ($n = 15$), craftwork ($n = 15$), and photography ($n = 13$) were most often performed at least monthly. In addition, 82.4% of participants engaged in at least one creative activity weekly, which reduced to 64.7% when reading for pleasure was excluded. Participants engaged in an average of 3.3 of the creative activities at least monthly (range 0 – 10).

Subjective Engagement

Mean scores were calculated for each subscale of subjective engagement. Overall, participants highly agreed that the creative project was rewarding ($M = 4.7$, $SD = 0.5$), and focussed attention scores indicated that participants felt absorbed in the projects ($M = 4.0$, $SD = 0.6$). Participants disagreed that projects were confusing, taxing, or frustrating according to the perceived usability subscale ($M = 1.6$, $SD = 0.5$).

Behavioural Engagement and Wellbeing

A majority of participants (58.8%) had engaged with the creative project for longer than 8 weeks, and many participants (70.6%) had attended at least one group workshop as part of the projects ($M = 7$ workshops, range 1 to 12+ workshops). Most participants had already continued (35.3%) or intended to continue (55.9%) with creative activities from the projects. The time period and number of hours participants engaged with the creative projects are shown in Figures 2 and 3, respectively.

Scatterplots were also observed to explore any indications of an association between behavioural engagement and wellbeing. Behavioural engagement was calculated by the addition of the number of workshops attended and the categorical mean of the number of hours participants reported they had engaged independently with projects. As displayed in Figures 4 and 5, scatterplots did not suggest an association between behavioural engagement and mental wellbeing or self-reported health scores in this sample. Multiple regressions also supported this observation. Predictors were also conducted to evaluate whether the number of group workshops, number of independent hours engaged, and length of time of engagement predicted mental wellbeing, loneliness, and health outcomes. No associations were found between these measures of behavioural engagement and health and wellbeing outcomes, and these are reported in Appendix B. Potential limitations of this analysis, such as the limited sample of 34 participants, and the cross-sectional nature of the data are considered in the discussion.

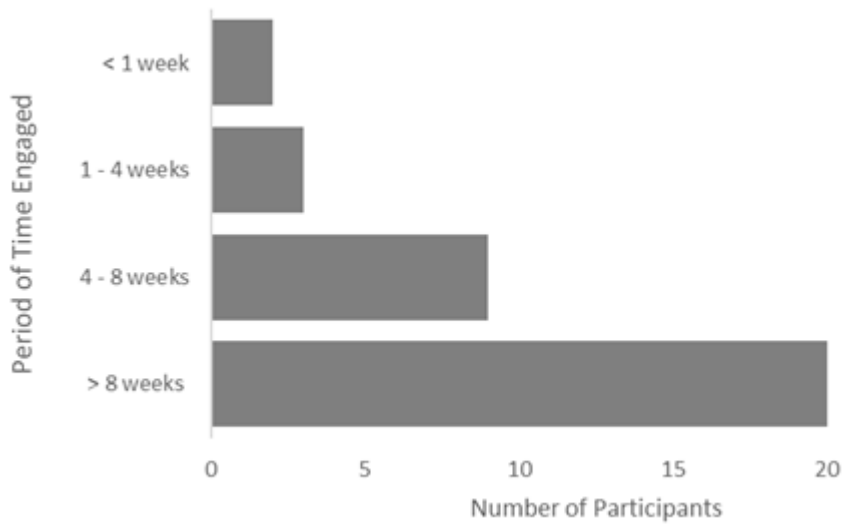


Figure 2. Time period participants engaged with the creative

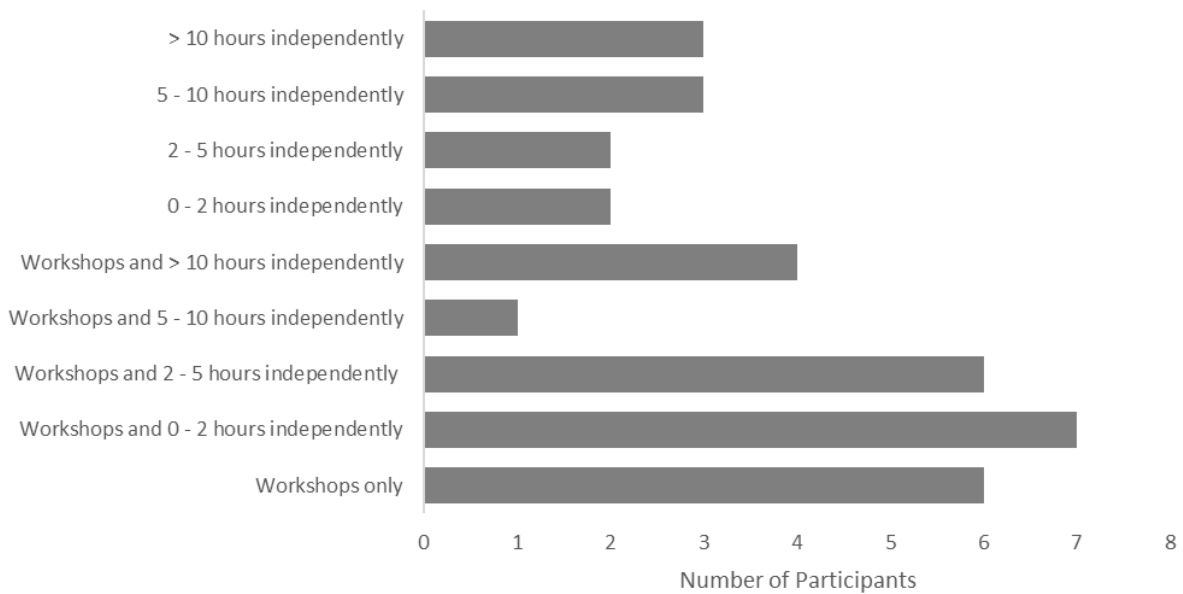


Figure 3. Number of workshops and/or hours participants spent engaging with projects.

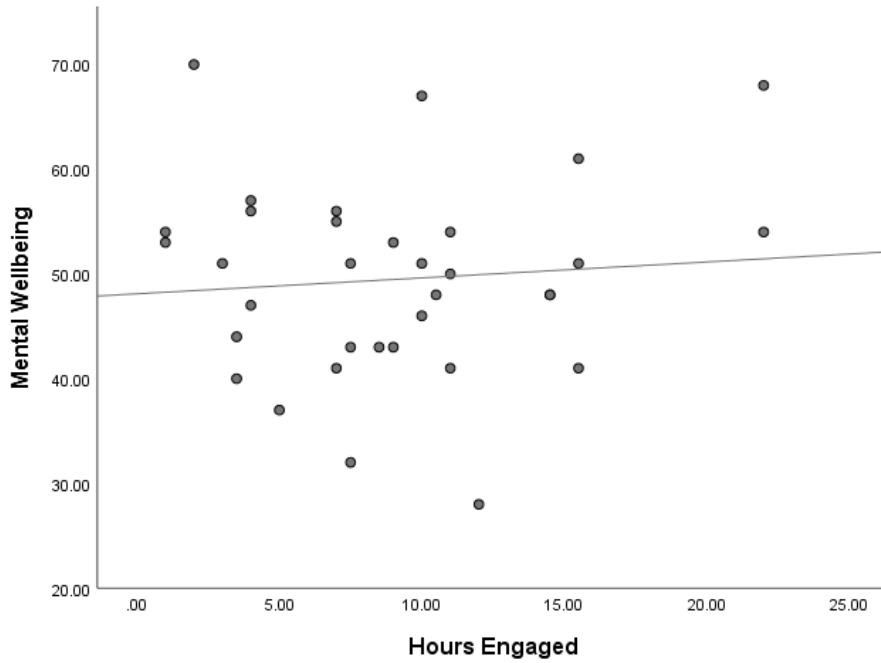


Figure 4. Scatterplot showing the association between mental wellbeing, measured by the WEMWBS, and behavioural engagement, measured by the approximate number of hours engaged.

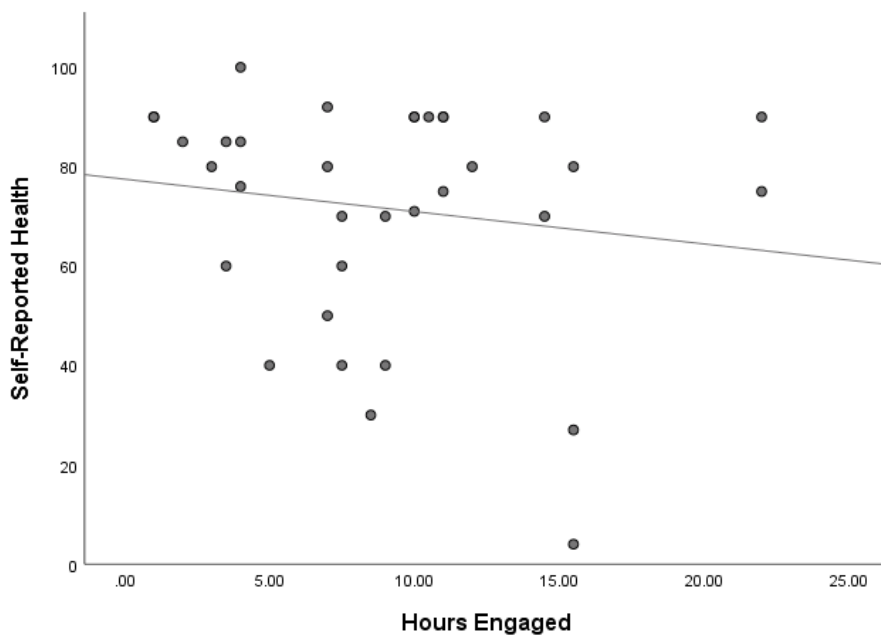


Figure 5. Scatterplot showing the association between self-reported health, measured by the EQ-5D VAS, and behavioural engagement, measured by the approximate number of hours engaged.

Qualitative Findings

Participants

Project participants.

Of participants who completed the survey, 12 (35.3%) were interested in being interviewed, and successful contact was made with 8 participants who were interviewed. An additional participant, who did not complete the survey, was also interviewed. Interviewed project participants ($N = 9$) were 3 males and 6 females, aged 40 to 71 years, who had taken part in one of four of the creative projects. A minority of the participants were also volunteers in the projects, and supported the project artists with activities such as recruitment and dissemination or collation of resources. Interviews were 32 minutes on average (range 24 – 50 minutes) and conducted via telephone ($n = 7$) and Skype ($n = 2$).

Project artists.

A total of 13 project artists were interviewed during October and November 2020 about their experiences of delivering the creative projects, either as projects had completed or were approaching completion. Project artists were represented from all eight creative projects and had various roles and responsibilities in the projects. Some participants managed the project and funding submission, other artists were responsible for delivering the projects with participants, and some participants performed a combination of these roles.

Findings

Whilst project participants and artists were asked different interview questions, shared and complimentary perspectives relating to the research aims were identified from

both groups. The findings are organised into two sections. The first section presents themes which relate to the impact of creativity on health and wellbeing. The second section presents themes relating to the mobilisation, delivery and evaluation of creative health projects during COVID-19. Themes are supported by quotes from project participants and artists, who are represented by pseudonyms. Broader codes obtained for each theme are included in Appendix C.

1) The Impact of Creativity on Health and Wellbeing During COVID-19.

Participants described how the creative projects had impacted health and wellbeing around three main themes: *Creating Connections*, *Providing Hope and Positivity*, and *Health Benefits*. Whilst most findings were identified from project participants, the perceptions, observations, and experiences of artists also contributed to understanding about how creativity can support wellbeing. Taken together, participants described the importance of continuity and access to creative projects to maintain these benefits to health and wellbeing.

Creating Connections.

Social connections were an important and valuable aspect of the project for participants, and these connections reduced the harmful impact of COVID-19 isolation, "*I live alone so I'm used to my own company, but I have a lot of friends and I'm used to socialising, doing things, singing and playing. So, this has been very impactful...I really really loved it*" (Margaret, project participant). Some participants also described that meeting others with similar health conditions contributed to peer support for living with a health condition, "*you meet different people and they're all at different stages of different things, so you can bounce your ideas and complaints off them*" (Barry, project participant). Whilst

many artists and participants were looking forward to in-person activities with body language, physical contact, and casual chat, most participants were positively surprised with how connections developed through remote projects, described as *“a good half-way”* (Heather, project participant).

Although strong connections were developed through group collaboration, individuals creating independently also connected to their community through learning about their area’s history or sharing their creations with others. However, this was often enhanced by, or reliant on, online technologies.

I'm able to post them myself on to the Facebook page we have, and we get to see what everybody else has been doing as well. And that's nice cause that's where you begin to feel like you're not on your own, you're part of something. (Victoria, project participant)

In this way, it was important that artists purposefully facilitated time and space for social connections aside from the creative activities. One participant offered, *“one of the limitations of Zoom is that you can't have, or it's much more difficult to have, casual chats with people that you would in a real-life setting”* (Heather, project participant). Responding to this issue, some artists carved out social time during the sessions to foster group connections. Quotes such as, *“we had three kind of chat breaks and I think it just gave me an opportunity to get to know everyone on a more personal level”* and *“I didn't know that you could build such a strong bond having never met people in real life”* from Michelle (project artist), suggested that dedicating time in sessions to casual chat could reduce the potential social limitations of online groups.

Similarly, supporting social connections to be self-sustaining after projects end was

recognised as an important aspect to maintain the project's benefits. One artist deliberated, *"how do we offer it to them in a way that says, 'hey I'm the practitioner, I'm not going to be around anymore but you guys are free to meet on'?"* (Ian, project artist). Whilst this reflection could apply to both in-person and remote projects, Ian highlighted how delivering projects during COVID-19 instigated further considerations for how connections could be supported to be maintained remotely or digitally in the longer-term.

Providing Hope and Positivity.

For many project participants, the creative project was *"a light of positivity"* (Robert, project participant) during the challenges and uncertainty of COVID-19, *"you've got to look on the positive side as well, which is what this group give us"* (Barry, project participant). Participants described how partaking in creativity provided learning, enjoyment, and was an escape from the stressors and events of daily life, *"for me it's about taking part and enjoying yourself, and it just makes you feel happy and lifts your spirits and stops you feeling down"* (Linda, project participant).

Participants also valued that projects had been willing, ambitious, and able to adapt to new formats, particularly when other former activities had to pause for the pandemic, *"it's rather a nice feeling, takes away some of the fear of the future, to feel that, [the creative organisation] is thinking ahead and creating something"* (Victoria, project participant). As illustrated here, that participants had successfully enjoyed creating remotely also provided hope and reassurance that creativity could continue through the uncertainty ahead. Several artists also described how this commission had benefitted their own wellbeing.

All of my energy for months had all been going into creating the show, and then

suddenly just bang nothing...what I was feeling was grief...to have an actual creative project to do which was to do with other people...was a complete lifeline. (Lisa, project artist)

As described here, the arts suffered substantial disruption to planned work during the pandemic, which was associated with financial and personal loss. As a result, both project artists and participants valued the hope and positivity of these creative projects being supported to adapt and continue.

Health benefits.

Amidst an uncertain and changing period, participants described how the creative activities benefitted mental and physical health. Specific benefits were to mood and feeling happier, and one participant reported that creating and sharing art was a beneficial form of self-expression, *“low self-esteem is a big problem in mental health I think, and via art you can portray your feelings”* (Robert, project participant). Participants also endorsed that creativity was comparable to more traditional guidance for wellbeing, *“we all do these things that the adverts encourage us to do, but actually doing something where you learn, you meet people, that’s creative, that’s interesting. For me, I think it would improve many people’s lives”* (Heather, project participant). In these ways, many participants were advocates for promoting the benefits of creativity for health and wellbeing.

Artists also recognised these benefits through their experiences and observations of delivering creative projects. However, some artists preferred to avoid language associated with mental health because artists were not professionals in this field.

We've been careful about using the word therapeutic because we don't want to give the

impression that we can offer formalized help and support with it, because we can't. But we often talk about how calming it is...it's a very useful focusing activity. (Elaine, project artist)

Some artists also avoided naming mental health conditions during the project and/or recruitment, so as to include individuals who did not identify with specific diagnoses, but may otherwise benefit, *“a lot of people are not necessarily at a position where they are articulating or identifying that their mental health is necessarily poor”* (Helen, project artist).

Benefits to physical health were also reported by participants attending a singing for lung health project. These participants felt more knowledgeable about, and in control of, their breathing issues, *“when I'm out walking now and get out of breath, there was ideas from this group with the breathing exercises that I use”* (Barry, project participant).

Participants reported using the techniques in their daily life, where the activities were a healthy coping behaviour for the sedentariness associated with shielding, *“gave me such a lift physically helped to strengthen my lungs which had become unfit like the rest of me during Lockdown”* (surveyed participant). Participants further depicted the importance of feeling motivated and supported to continue the activities.

While we're actually doing the program, that's great... the minute you stop doing, or actually physically going to it. You start to pull back again and you forget to do things as often as you should. And that's why I think it's really important to be able to continue this. (Sharon, project participant)

In this way, participants desired external motivation from the group to continue with the exercises. Similarly, many project participants wanted to continue to be able to access creative projects to maintain the benefits to health, wellbeing, and social connections which

they had experienced.

2) Mobilisation, Delivery and Evaluation of Creative Health Projects During COVID-19.

Findings related to the mobilisation, delivery, and evaluation of creative health projects during COVID-19 were organised into five inter-related themes: *Responding to the Challenges of COVID-19, Collaborative Partnerships, Achieving Accessibility, Lessons and Project Legacy, and Measuring Impact*. Whilst most findings were identified from project artists, project participants, including those who performed volunteer roles, also contributed perspectives about how projects could be successfully and accessibly delivered during COVID-19.

Responding to the challenges of COVID-19.

The context of COVID-19 presented numerous changes and challenges for which projects had to continually adapt. A common challenge was recruiting participants, where novel methods of recruitment were often required to respond to the socially-distanced restrictions of COVID-19. Several projects attempted numerous approaches to recruitment, *“all of them were a little delayed ‘cause we didn’t have a lot of time to recruit... it took quite a long time, it sort of trickled in, we couldn’t start straight away”* (Rachel, project artist). Although artists noted the timely response required for COVID-19, artists often described that longer lead-times would have increased participation and the project’s ability to fully prepare and mobilise for delivery.

In addition, creative activities ordinarily delivered face to face had to be adapted for remote or digital delivery, including devising policies for online working and preparing

written or offline materials, *“I’ve never, ever written any content in 17 years...I wrote the content and ended up writing reams, because you don’t realise you’ve become an expert in something!”* (Ian, project artist.) These adjustments were often new ways of working for artists, and whilst resulting in materials transferable to other projects, artists described considerable workloads in adapting to these novel circumstances. In addition, some participants described how delivering projects in an online setting required confidence and a different skillset compared to in-person delivery, *“they [commissioned artists] all found it really difficult to adjust to this new way of working and they’ve got round it, but I think they would prefer to be in person and to get back to actual real life again”* (Alison, project artist). Similarly, many artists described favouring the atmosphere and participant feedback associated with face to face delivery, and adjusting to building rapport and demonstrating enthusiasm online sometimes required skill development.

Problem solving in relation to recruitment, project development and delivery during COVID-19 meant that initial expectations for time requirements, workload, and budgetary plans were often exceeded. One artist commented, *“in the future, we would be able to more successfully gauge, you know, how much time it’s actually going to take to do”* (Elaine, project artist). This quote summarised how artists and projects had navigated through the unprecedented nature of the pandemic, and that delivering the creative projects had required substantial adaptability, hard work, and perseverance.

Collaborative Partnerships.

Partnerships with charities, organisations, and community volunteers. Whilst projects were often delivered by teams of varying roles and responsibilities, engaging with external organisations was highly beneficial to project mobilisation and delivery. Networking

with charities and community organisations was often central to project recruitment, *“in the end it [recruitment] was easy, but it was about finding the right partner organisation to work with”* (Rachel, project artist). Charities and other organisations were well placed to promote the project to their existing beneficiaries and were intermediaries who could disseminate information and physical resources to individuals without internet access in particular. One artist suggested, *“I think sometimes you have to really make those links and build those relationships with organizations that do have access to people that might really benefit from it”* (Michelle, project artist).

In addition to increased accessibility of the creative projects, charities also provided expert knowledge and support throughout delivery.

We had regular meetings with the leaders from [the charity] about how the young people are engaged and because they had the contact details for the young people. So, if we needed to go, ‘Oh you missed this session this week. Is everything alright at home?’” [Kim, project artist].

As described here, continued collaboration with organisations provided an additional layer of support and safeguarding, as charities could offer expert advice and help to project artists and participants. One artist described how learning from knowledgeable professionals provided understanding and confidence for working with a particular group, *“we were like nervous, haven’t worked with folks with alcoholism before, ... [we had] a chat with a guy who’d been working with folks with abuse issues for 20 years, and we felt like we could go ahead”* (Ian, project artist). As indicated here, artists did not always have experience supporting specific needs, and collaborating with charities was an important aspect to devise appropriate and beneficial sessions.

In addition to partnering with external organisations, some projects were also supported by volunteers who were situated within communities to assist the project's development, *"I relied very much on [volunteer contact] in the community. That was her role, really, to engage people and to get them involved"* (Lisa, project artist). Although community volunteers enjoyed being a part of the project, some project participants who performed this role acknowledged the additional demands, *"as a volunteer to sort of manage it, it did take up more time than I kind of had anticipated at the start"* (Jodie, project participant and volunteer). Whilst volunteers could be instrumental in mobilisation and delivery, particularly when COVID-19 restricted direct contact between artists and other participants, the demands associated with this role sometimes exceeded expectations.

Partnership with the Commissioner. Project artists described the relationship with the Creative Health Alliance as *"supportive"*, communicative, and collaborative, *"we had plenty of meetings to update, to discuss things... they introduced me to quite a wide range of organisations that I'd never worked with before"* (Rachel, project artist). The collaborative approach was particularly valued as participants described how traditionally separated health and arts fields may otherwise approach projects with contrasting ideas or language, *"I think it works best where you have arts involvement in the commissioning process... it enabled a bridge between the language of health commissioning and the language of arts commissioning"* (Mark, project artist). However some participants did note how potential differences in the structures of health and art fields could impact creative health collaborations, *"often when you're in an organization, you're being paid to have that meeting 'cause you're salaried, but actually artists or as an organization you may not be"* (Michelle, project artist). Consequently, artists relayed the importance of clear expectations and plans from the offset, so artists can effectively organise multiple organisational projects.

Speaking about the early stages of the funding process, the funding brief was described as “clear” by participants with varying experience of writing funding bids, and the collaborative relationship was appreciated to develop projects at this stage. Extending upon this collaboration, one artist suggested that **future funding commissions could include more explicit discussions around issues such as safeguarding policies and ensuring inclusivity, “I would recommend that there is like a conversation around inclusivity and what that means for people”** (Helen, project artist). In this way, whilst COVID-19 challenges and timelines were perceived to have limited inter-project collaboration in this commission, artists reflected preferences for **transparently sharing knowledge and best practice with the funder and other projects.**

Achieving Accessibility

The requirement for social distancing also provided additional areas of consideration for achieving accessibility of projects. Recruiting from existing creative groups identified that not all participants transferred to remote or online projects during COVID-19, “*there was a lot of people who were eligible who didn't access the project and that would be interesting to know*” (Michelle, project artist). Whilst there are challenges identifying reasons for non-participation through interviewing participants, one participant offered the following insight about peers from an art group, “*it gets a bit more difficult when we have to rely on technology because with this particular group we don't all have the equipment at home or even a familiarity with it, but I'm very lucky that I do*” (Victoria, project participant). Access and confidence with technology was a substantial consideration for achieving accessibility during COVID-19, “*there was a huge amount of our beneficiary population who really needed something physical*” (Nicole, project artist). As demonstrated here, most projects

identified a need for alternative methods of engagement, such as providing physical resources which did not require technology.

In further evaluating the accessibility of online methods of engagement, artists identified several advantages and disadvantages. Some artists observed that online methods could encourage participants to attend in ways which felt comfortable, *“you can have your camera off, you can have your microphone off, you can choose what you want, even your identities... that's actually been really beneficial because actually getting somebody physically into a session at times is really hard”* (Helen, project artist).

These signals also provided means for artists to interpret how participants may be feeling in sessions, akin to reading body language, and the choice to turn off video or microphone was perceived as particularly reassuring for participants who were anxious or uncertain about joining sessions.

For some groups of participants, artists also identified that online sessions could be more accessible than attending projects in-person. Examples included mothers with babies, *“being able for them to just flick the computer on, and whatever context then at that moment, whether they're feeding their baby, trying to get it to sleep”* (Helen, project artist), and young people, *“some of them were so committed to come and they'd be like in the supermarket or in the car joining in”* (Kim, project artist). In this way, **online access removed the barriers associated with physically travelling to locations and increased the likelihood that participants could attend alongside competing demands**. However, another artist learned that online sessions could be more challenging than attending in-person for a group of participants with substance misuse needs, *“if our sessions were offline...what could take an entire day, and be lots of [time] credit, now was 30-40 minutes. And so that they found*

tremendously difficult” (Ian, project artist). To respond to this issue during COVID-19, the artist devised additional offline activities for participants to engage with in-between sessions, highlighting the benefits of multiple methods of engagement.

Taken together, achieving accessibility was found to be a complex consideration where optimally accessible projects differed across individuals. Within the constraints of COVID-19, the provision of online and offline activities was beneficial to include individuals without access to, or confidence with, technology, as well supporting flexibility for individuals with differing mental and physical health needs and caring responsibilities.

Lessons and Project Legacy.

The creative outputs produced by individuals and communities themselves served as an impressive reminder and legacy for the future, *“we’ve all been amazed at what we’ve produced, especially the people in the planning group because suddenly there is this astonishing video that we’ve done”* (Bridget, project artist). The pride and enjoyment from the projects also encouraged individuals and communities to seek further creative opportunities. One project participant described how the community had independently built upon the core project to produce additional creative outputs, *“what we decided to do was to, as a parallel project, invite people to produce a piece of art that we could display on the walls of the library”* (Mick, participant project and volunteer). As exemplified here, many project participants and artists hoped to continue creative activities to maintain the described benefits, and participants were seeking further financially accessible and interesting projects.

Relatedly, project artists reflected that the experiences of adapting their projects for COVID-19 delivery had initiated new and useful ways of working. Many artists had

networked throughout the project and had plans to continue these collaborations, *“it's sort of given us momentum I think, to carry on our work in carehomes...now I've built up this database so we know we've got access to the to the right people”* (Alison, project artist).

Through developing these networks, some artists had also discovered new avenues to deliver projects, *“it sort of opens up a whole new, you know, social prescribing, a whole new world”* (Stacey, project artist). As described here, some artists had increased awareness of the potential for their creative projects to be more formally delivered within the field of health.

Rewarding and successful experiences also supported artists who were developing newer organisations to continue expanding their projects, *“it has given me so much more confidence and I just feel empowered now to crack on and do more fun stuff”* (Donna, project artist). As well as instigating new ideas, confidence and partnerships, delivering remotely also reinforced the importance of in-person delivery for some artists, *“I'm so keen to get back out and do it actually in person and I think it's just shown how important contact is and physical contact and being with people in the flesh”* (Kim, project artist). To summarise, whilst delivering the projects during COVID-19 required hard work for projects to quickly adjust and adapt, the learning, networking, and impressive creative outputs achieved had inspired and motivated artists to continue developing creative health projects.

Measuring impact.

Measuring the holistic impact of creative projects on participants and communities was a notable part of the commission. Artists were familiar with evaluating projects, and often preferred continual evaluation so that projects could be adapted throughout delivery, *“tailoring things where people give responses”* Ian (project artist). However, because the

funded evaluation expanded on initial plans in the funding brief, artists were not aware of the evaluation structure from the beginning, *“I can understand how that sort of evolved in a reaction to the situation. But yes, it certainly would have been great to know that right at the beginning, to put it all in our welcome packs”*. These changes impeded sample recruitment for some projects, along with challenges of disseminating evaluations remotely, *“I’ve always felt throughout the whole thing that we’re a little bit removed from the people taking part in our project”* (Alison, project artist). Many artists described that gaining feedback during COVID-19 was more difficult compared to in-person projects, and these challenges were enhanced due to the short timescales, indirect participant contact, and difficulties implementing more creative evaluation techniques.

Many artists also devised project-specific evaluations alongside the funded evaluation, *“I did my own survey ‘cause I wanted to get some feedback, some more data I suppose. So, I felt it was a bit overkill having another survey to give people”* (Rachel, project artist). The development of the evaluation into multiple surveys contributed to concerns about asking too much from participants, which also reduced promotion of the evaluations. **To prevent these concerns and achieve a more coordinated approach,** artists described that **evaluations co-developed ahead of projects commencing would be beneficial,** *“I would almost like to work with someone who is skilled in the technical aspects of evaluation and what the purpose of evaluation is and what we need”* (Helen, project artist). Expected benefits included increased suitability of the evaluations for different participant groups, appropriate methods of recruitment and data collection, and evaluations relevant for the structure and timelines of projects and subprojects.

In addition, it was also depicted that creative project evaluations should be capable

of flexibility, consistent with the nature of creative development, “*at the beginning, it's all quite nebulous. It's like we're gonna partner this artist with this community, but we don't really know what the outcome of that is going to be...there's no quantifiable target there at the start*” (Mark, project artist). This artist suggested potential differences between traditional health research, where a research design may be structured from the offset, compared to creative evaluations which may be more responsive to the creative journey and outputs. Another artist highlighted an ethical preference for a staged-model of consent for sharing outputs, in respect of the personal or emotive journey participants may experience.

We don't gain consent at the start of anything. We get their consent to say can we take images of you ... we will go back to them and say, 'we've got these particular images or this particular quote...it will go here, here and here. How do you feel about that? (Helen, project artist).

Overall, artists valued the importance of effective evaluations, but it was important that evaluation methods were collaborative, coordinated, and transparent to appropriately measure the holistic impact of creative projects on health and wellbeing.

Discussion

The aims of this research, within the context of COVID-19, were twofold. First, to explore the impact of participating in a creative project on mental wellbeing, health, and loneliness. Second, to explore issues relating to the mobilisation, delivery, and evaluation of creative health projects. Whilst the findings of this research contributed understanding to these research aims, the process of this evaluation also highlighted broader considerations for evaluating creative health projects, which will be further discussed.

With regards to the first research aim, qualitative findings from this research indicated that participating in a creative project during COVID-19 supported the development of **social connections, provided positivity and hope during a period of uncertainty, and improved aspects of mental and physical health**. These findings supported previous research which has found that creative programmes can promote wellbeing and social relationships through facilitating conversation, shared interests, and personal development (Dadswell et al., 2020; Malyn et al., 2020; Pearce & Lillyman, 2015), and through utilising the positive impact of hope (Quaglietti, 2020). Similarly, existing research has established that participation in arts can holistically support individuals with physical illnesses and mental health conditions, with associations to increased self-esteem, reduced anxiety and depression, and improved physical symptoms (Jensen & Bonde, 2018; Redmond et al., 2019).

There is currently less research which has examined the impact of online arts participation, particularly in the context of COVID-19. This research therefore contributed knowledge that the described benefits of creativity can also be experienced in remote, online, and socially distanced projects. However, the importance of dedicating time and means for social connections to develop online was also noted, such as ascribing social time during online workshops or using social media to share outputs. Similarly, previous ethnographic research reported positive impacts to personal and social wellbeing among women who shared craft outputs in a Facebook group (Mayne, 2016). Mixed-methods research into an online creative intervention also found increases in mental wellbeing scores and benefits to social connections of sharing creative outputs online (Tribe & 64 Million Artists, 2018). Recent research has also explored participant's experiences when a Singing for Lung Health group was transferred online during COVID-19 (Philip et al., 2020).

Consistent with the findings in this study, these participants identified benefits to lung health and noted that accessing online was beneficial for days participants did not feel well. However, these participants also reflected that the online format reduced interpersonal interactions compared to the former in-person sessions. Interviewed participants in the current research, however, enthusiastically described forging new and beneficial social relationships online. Further research among a broader participant group would therefore be beneficial to understand preferences and implications of online versus in-person formats, and whether these differences relate to how established groups are before moving online.

The understanding which could be gained from quantitative measures in this research was more limited, and this is further described in the limitations section below. Consequently, the findings from this research are predominantly from those participants who self-selected to be interviewed, who provided a contextualised, holistic, and useful insight into how the creative projects impacted them. The understanding gained around the impact of creativity on wellbeing have contributed to the recommendations for creative health delivery further below. It should also be noted, however, that understanding about the impact on the overall cohort of participants was less established.

Relating to the second research aim, artists often contextualised issues of mobilisation and delivery of the creative projects within the challenges of COVID-19. A vast majority of projects were ordinarily delivered in-person and adjusting recruitment and delivery methods to remote formats required adaptability, problem solving, and perseverance. There were also novel considerations for inclusivity and accessibility. Incorporation of multiple methods of engagement appeared beneficial to increase accessibility to prospective participants with a broad range of needs. Offline methods meant

participants could continue creating independently, as well as being accessible to participants without access to, or confidence with, technology. Online methods were beneficial in fostering group connections, along with providing participants comfort and flexibility in how they chose to engage with, and present in, online sessions. Benefiting recruitment, accessibility, and participant wellbeing, artists also indicated that collaborating with partner organisations was beneficial to reach further participants, provide an additional layer of support, and ensure activities are appropriate to participants' needs. Taken together, responding to these new challenges meant that many artists had extended their networks, and had developed new techniques, skills, or activities to strengthen future projects.

Artists also explained challenges associated with evaluating the projects. Disseminating evaluations and receiving feedback was found to be more difficult compared to in-person projects, and artists identified that a more co-ordinated evaluation, co-designed by project stakeholders, funders, and researchers, would increase the suitability of evaluations for all projects. Proposed benefits of co-designed research include more appropriate research materials, increased understanding about research processes, and stakeholders reporting positive emotional outcomes, which together can increase research recruitment and dissemination (Slattery et al., 2020). However, the potential requirements for increased resources and need to abide by methodological rigour means that the co-design process requires clear expectations and sufficient time ahead of projects commencing (Slattery et al., 2020). These considerations, together with the evaluation limitations previously discussed, have guided the recommendations for creative health evaluations further below.

Strengths and Limitations

This evaluation was devised to incorporate mixed-methods towards the research aims. However, the methodological and sample limitations meant that this evaluation could not form robust conclusions about the wider cohort of participants from quantitative data. The Happiness Pulse was limited to measure population-level wellbeing, and the survey tool is unable to link individual responses over time. The Happiness Pulse data was also unable to be interpreted alongside measures such as engagement with the projects, and therefore the findings from the Happiness Pulse may be confounded by a number of variables such as reduced COVID-19 restrictions and participation in external activities, rather than reflecting the impact of these creative projects. In addition, it is unknown how far different samples, response rates, and responder bias contributed bias to the Happiness Pulse at each period.

The post-project survey aimed to overcome some of the limitations of the Happiness Pulse by incorporating measures of wellbeing, subjective and behavioural engagement, demographics and creativity to allow examination of the associations between these variables. However, a small sample size of 34 participants prevented more robust inferential analyses. Findings are limited to descriptive results, and regression analyses may have been underpowered to identify any associations. Moreover, this survey also relied on participants self-reporting about how much time they spent engaging in projects during workshops or independently, and this retrospective measure may have been a less valid measure than more objective measures such as artist attendance registers. Additionally any indication of association could not be taken as an indicator of causality as the cross-sectional nature of the data cannot give an indication of direction of the association, i.e. if more engagement in activity was associated with higher well-being scores, does that mean more engagement leads to better well-being or better well-being leads to more engagement?

In addition, project artists were gatekeepers for recruitment, and artists disseminated information about the evaluation measures to prospective participants. This process raises the potential for recruitment bias or conflict of interest, for example sharing evaluation materials with participants who were more engaged with the project. The limitations of this approach relate to It should also be considered that this research collected findings soon after project-participation and cannot indicate how wellbeing may have been impacted over subsequent weeks or months. Participants in this study indicated the importance of project continuation to sustain the benefits to wellbeing, and future research may usefully examine the impact on wellbeing over a longer period.

Whilst the qualitative findings provided informative understanding about how the projects impacted these participants' wellbeing, findings from these interviews were not intended to be extrapolated across project participants. Interviewed participants did not represent all creative projects and subprojects, nor all participant groups; for example, the impact of these projects on young people and residents living in care homes was not evidenced in this evaluation. Moreover, responder bias may have meant that participants who appraised the projects more positively were more likely to have participated in the research, and this evaluation was not able to establish reasons for non-participation either in the creative projects or in the evaluation. These limitations do not detract from the impact and experiences reported by interviewed participants, however these findings should be considered in line with the contexts in which the data were collected.

The strengths of this evaluation relate to the understanding gained about delivering creative health projects in the novel contexts of COVID-19. Most projects were not ordinarily delivered remotely or online, and the findings of this research indicated positive

potential in that the creative projects benefitted interviewed participants in this research. Findings relating to mobilisation, delivery and evaluation provided further insight and recommendations for the delivery of creative health projects, particularly as many artists were adjusting to novel contexts during this commission. These findings may also provide a foundation for the development of future creative health projects and research in this area.

Recommendations for Creative Health Delivery

The findings of this evaluation have contributed to recommendations for creative health delivery, including for remote delivery formats, which are summarised below:

- **Social connections were** found to be successfully formed and/or sustained in remote creative projects. However, it appeared beneficial for artists to purposefully provide time and space to develop these social connections, as social chat can otherwise be more limited than face to face sessions. Moreover, projects may consider how to support participants to sustain social connections after projects end to maintain the benefits to social wellbeing.
- Participants identified the **importance of continuation of creative** engagement to maintain benefits to physical health, mental wellbeing, and social connections. Many participants aimed to seek further accessible opportunities and may benefit from signposting or other support to continue with beneficial creative activities.
- **Collaborations between** creative projects and community or charity organisations may increase recruitment, accessibility, and support available to participants. Professional experience and knowledge about participants' needs (e.g. substance misuse or learning disabilities) may also support artists to

appropriately devise activities and support safeguarding and participant wellbeing.

- The incorporation of **multiple methods of engagement** can increase accessibility to participants with different resources and needs. These findings apply beyond the context of COVID-19, as advantages of online methods were also identified (e.g. by reducing physical barriers to attendance and allowing participants to turn off videos to reduce anxiety about joining).

Recommendations for Evaluating Creative Health Projects

Findings from artist interviews, limitations of this evaluation, and existing research have guided the below recommendations for evaluating creative health projects.

- **Robust evaluation methods appropriate across project's varying** timelines, engagement methods, and participant groups are important to increase promotion, recruitment, and the validity of collected data. These methods should include validated before and after measures of wellbeing, where participant's individual responses are linked over time. Measures of behavioural engagement appropriate for project structures (e.g. how many workshops participants attended and over what time period) should also be incorporated, and this would support more robust conclusions about the impact of the creative projects. For example, projects with scheduled sessions/workshops may collect attendance registers which can be shared for data analysis purposes. The collection of demographic variables is also required for understanding the participant sample, statistical modelling, and to explore how groups may be differently impacted by the creative projects. Identification of an appropriate control group would also be beneficial to more confidently form

conclusions about the projects, aside from potential confounding factors.

Consideration of the participant group to identify whether online or offline evaluation measures may be more appropriate could also improve recruitment.

- Recruitment methods should also be designed to promote methodological rigour and effective dissemination (e.g. where evaluations are disseminated more independently from those delivering the projects). For example, for some projects it may be feasible and appropriate for researchers to recruit participants directly, rather than reliance on project artists as gatekeepers which could increase recruitment bias. Such recruitment processes should be considered alongside protection and data sharing agreements required to facilitate this.
- A co-created evaluation, including stakeholders from creative projects, researchers, and funders, may support evaluations to be more effectively devised, and this process may also support dissemination and recruitment to the evaluations.
- A co-ordinated evaluation structure should be communicated at any early stage and embedded into the creative project process. This clarity may increase effective dissemination of measures and offer a more streamlined evaluation from the participant's perspective. However, creative projects can also be fluid, and an evaluation design which allows for flexibility (e.g. if the focus of a project or participant group changes) may be beneficial.
- Mixed-methods evaluations may be beneficial to incorporate valid quantitative measures of wellbeing across a larger sample of participants, whilst qualitative measures are suitable to understand the contexts and nuances of experiences at a more individual level.

Conclusion

COVID-19 required creative health projects to adapt to novel methods of mobilisation and delivery. Whilst these changes brought substantial challenges, participants interviewed in this research identified that creative projects positively impacted health, psychological, and social wellbeing during an uncertain period. Research findings and the process of this evaluation identified further important considerations for evaluating creative health projects, particularly with regards to collecting quantitative evaluation measures from a larger sample. These findings have guided recommendations to support the development and evaluation of creative health projects in the context of COVID-19 and beyond.

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Appendices

Appendix A

Number of participants reported by artists to the commissioner.

Project	Number of participants	Details about participant group
Armonico Consort	6 with direct involvement 646 online interactions	Older residents in care homes, older residents in Extra Care housing settings, adults shielding, residents accessing online videos.
Arts Uplift		
Dance project	9 with direct involvement	Adults older than 65 years
Music project	9 with direct involvement	11 – 14 year olds
Creative writing	9 with direct involvement	Partnership with CGL
Hand sewing	11 with direct involvement	Partnership with Asian women’s group
Escape arts	10,000 booklets distributed	Adults shielding, adults and young people in temporary accommodation, adults previously homeless, patients and staff in hospitals, residents in Warwickshire.
Live & Local	250 with direct involvement 4,000 online interactions	Residents and communities across Warwickshire.
My Voice Lifts My Soul	15 with direct involvement	Adults 25 – 80 years old. Included adults living with respiratory conditions, referred through local NHS trust and physiotherapists.
Open Theatre	13 with direct involvement	Young people aged 17 to 19 years.
Starfish Collaborative	40 with direct involvement 544 online interactions	Adults referred via perinatal mental health service, young carers, and Warwickshire residents.

Sundragon Pottery

123 packs distributed

Distributed to children and young people, young adults and adults in supported accommodation, children and young people with learning disabilities, young carer, and individuals shielding.

Appendix B

Multiple regressions exploring engagement measures as predictors of health and wellbeing outcomes

Outcome	Predictor	β	SE	95% CI	R^2
Mental wellbeing					.04
	Group workshops	.15	.37	-0.62, 0.91	
	Independent hours	.99	1.23	-1.50, 3.50	
	Time period	-3.03	3.3	-9.94, 3.88	
					.04
Loneliness					
	Group workshops	-0.05	.05	-0.15, 0.05	
	Independent hours	-0.01	.16	-0.34, 0.32	
	Time period	-0.07	.45	-0.98, 0.84	
Self-reported health					.03
	Group workshops	-0.87	0.91	-2.74, 1.00	.
	Independent hours	-0.59	3.02	-6.76, 5.57	
	Time period	-0.47	8.31	-17.44, 16.5	

Note. CI = Confidence Interval. Independent hours was entered as the original 5-point Likert scale. Time period was entered as a binary variable of less than 8 weeks ($n = 14$) and longer than 8 weeks ($n = 20$)

Appendix C

Broader Codes Identified for Each Theme

Theme	Code
Impact of Creativity on Health and Wellbeing	
Creating Connections	
	Social connections and peer support were boosted through creative activities.
	Social connections were successfully achieved online or remotely.
	Social connections have been sustained after the end of the project.
	Social connections increased confidence accessing creativity or technology.
	Existing support networks were negatively impacted by the lockdown.
	A limit of connecting online is reduced social chat and physical contact.
	Connections between artists and communities or artists and individuals were valued.
	Lack of technology access may limit social connection.
	Artist's initial concerns about building relationships online did not materialise.
	Importance of artists facilitating time and means for social connections.
Providing Hope and Positivity	
	Creativity as a positive activity (during lockdown).
	Project provided hope and reassurance during COVID-19 and an uncertain period.
	Project inspired creativity lost to daily life/adulthood.
	Enjoyed learning something new and positive.
	Creativity as escapism or distraction.
	Participation inspired further creativity.
	Other projects/hobbies had stopped due to COVID-19.
	Project facilitated continuation of creativity despite lockdown.
	Projects supported artist's wellbeing during a challenging period.

Health Benefits

- Creativity was a positive activity for physical health (breathing).
- Importance of project continuity for maintained physical and mental health benefits.
- Lockdown/shielding hindered mental and physical health (sedentariness).
- Creativity boosted mood and self-esteem.
- Creativity facilitated emotional expression.
- Project provided motivation and guidance for activities with health benefits.

Experiences of Mobilising, Delivering, and Evaluating Creative Health Projects

Responding to COVID-19 Challenges

- Barriers to recruitment: competing life demands and social distancing requirements.
- High workloads and time commitments exceeded expectations and budgetary plans.
- Adjusting to new ways of working online: gaining skills, confidence, technical issues.
- Remote/online methods as making the best of Covid-19.
- Adapting guidelines/risk assessments for new projects and online working.
- Time scales were short and hindered recruitment and evaluation.
- Challenges recruiting participants and/or accessing gatekeepers.
- Projects had to modify in relation to challenges (often with recruitment).

Collaborative Partnerships

- Benefits to recruitment working with community volunteers/organisations.
- Increasing inclusivity and accessibility by working with organisations.
- Benefits of working with partners for safeguarding and participant (and artist) support.
- Preference for transparent conversations about inclusivity, accessibility, and policies.
- Clear and flexible funding brief.
- Artists had varied roles and responsibilities (and level of communication with funder).
- Differences between traditional health and art fields.
- Supportive, communicative and collaborative relationship with funder.

Achieving Accessibility

Access means different things for different people.

Lack of technology/confidence as a barrier to online methods.

Online increased reach of creative outputs.

Benefits of multiple methods of engagement (on and offline).

Benefit of not explicitly naming e.g. mental health can increase inclusivity.

Guidelines for accessing zoom/tech may have supported participants to access.

Understanding participants individual needs to devise activities.

Budget may not have allowed for full accessibility (e.g. funding for closed-captioning films).

Online projects can increase accessibility by removing geographical, physical access barriers, and competing demands.

Online/remote could limit how provision of physical support.

Online/remote could facilitate increased confidence with creating (increased privacy).

Face to face was necessary to engage with some participants.

Lessons and Project Legacy

Desire for project or creative continuity to maintain wellbeing benefits.

Project instigated new ways of working or professional networks.

Development of new skills, project formats, or transferable materials.

Impressive creative outputs provide a legacy (for future generations).

Increased ideas and confidence with online delivery.

Motivation and confidence to continue creative projects.

Preference to return to socially distanced face to face methods.

Measuring Impact

Artists received positive feedback from participants.

Challenges with timelines (too short or inappropriate for creative project structure).

Remote evaluation harder than in-person evaluations.

Structure of evaluation not stated from the beginning of projects.

Multiple surveys reduced promotion or engagement in evaluation.

Quantitative data was limited in capturing the journey/community collaboration.

Cocreated evaluation methods would have increased suitability for project structures and participant groups.

Artist familiar with using evaluations (to adapt/tailor sessions).

Ethical considerations for staged consent for sharing outputs.

Hard to establish why people didn't sign up to projects.
