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The Centenary of Caring Project: A Co-Created Public Art Exhibition Expressing How Covid-19 Impacted On Health and Social Care Settings in East Anglia

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ABSTRACT

Background: The centenary of caring was a collaborative arts-based project, that combined university students with community-based practitioners, working during the COVID -19 pandemic, across health and social care settings.

Problem Statement: To co-produce artistic expression of the impact and experience of the government enforced lockdowns, exploring what effect this enforced isolation had on local communities' wellbeing. The proposition was to capture evidence of how creative art engagement can be utilised as a public health strategy, through capturing how those living and working in our care settings had been affected by the pandemic.

Methods: A stakeholder perspective was sought, through including the public, care home residents, health, and social care practitioners, working together with university students and academics, engaged as collaborating partners during early peaks of infection across the UK of the COVID-19 pandemic (i.e., April – July 2020).

Key Findings: Engaging with creative arts enables an inclusive process from which to promote a positive influence on our social and workplace environments. Few studies using co-production activities have attempted to bridge the gap between focused engagement with creative arts and evidencing this approach as a public mental health strategy.

Contributions: The centenary of caring project promoted positive stakeholder engagement in creative arts engagement for improved psychological expression. The work stimulated cross cultural interest for creative arts engagement, as a public health engagement strategy. Policy implications are for a collaborative approach (between health and higher education institutions) to improve investment in coproduction, through collective arts engagement, as a process for sustaining healthy communities.

Keywords: Creative arts engagement, community, collaboration, COVID-19, mental wellbeing.

JEL Classifications: I, I1, I2, O3, O31.

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1. Introduction

Over the past 30 years there has been increased level of interest in the role arts-based engagement has within public health; particularly in terms of effective interventions in aspects of rehabilitation and recovery (Stuckey & Nobel, 2011; Gillam, 2018;). It is argued that expanding the personal creativity of health or social care practitioners, can enhance professional effectiveness in patient care, and a process to nurture innovative, inclusive workplace cultures (Coats et al, 2006). McNiff (2000) states that, *'...art-based research as a method of inquiry which uses the elements of the creative arts therapy experience, including the making of art by the researcher, are ways of understanding the significance of what we do within our practice'* (McNiff, 2000:13).

Creative arts include several different practice disciplines, such as art, dance, music, and drama. Megranahan et al (2018) and Clift (2012) argue this is one reason why undertaking a robust systematic review of evidence related to creative arts activity on health outcomes is problematic. Creative arts-based therapies and their contribution to individual mental health can be traced back to 20th-century psychiatry's fascination with aspects of the unconscious. Much of the existing research on arts-based interventions into mental health has focused on the psychotherapeutically orientated forms of art-based therapies, working from basic assumptions associated with Freudian analysis and verbal psychotherapy (Naumburg, 1996). Heenan, (2006) states that traditional forms of Freudian based creative arts therapy are regarded as the preserve of those with specialist training in the field, with more socially orientated art for health projects providing a more accessible and versatile approach (Argyle, 2003).

Coulson and Stickley (2002) suggest that arts-based activities encourage individuals to 'externalise' and give meaning to inner thoughts and feelings, to express 'out there' what is normally 'hidden' or not openly expressed but felt 'in there'. The use of arts based creative work can also be seen to assist personal expression in communicating feelings that normally may be hard to articulate or verbally describe (Williams 2000). Through exploring arts-based education, it is postulated that engaging in creativity can enable greater emotional intelligence (Coats et al 2006). Boyce et al, (2017) explores the impact of arts in healthcare on patients, or service users, yet very few studies capture the reciprocity of wellbeing outcomes, on both the creative artists and those with whom they engage as a process of coproduction. Daykin et al, (2016) explores the process of coproduction as an opportunity for achieving multiple voices within the evaluation of creative arts engagement and its potential for enhanced health outcomes. They argue this remains a poorly co-ordinated and not well recognised approach, when compared to more conventional health related and established research evidence. The paper concludes by stating that co-production should be identified as a *'genuine way forward in aligning arts perspectives with those of health and wellbeing, with the potential to support innovative, high-quality, cost-effective services'* (Daykin et al; 2016:135).

Despite a growing research interest, there remain few studies that have considered how engaging with creative arts can be used as a co-produced public health intervention for improved community wellbeing. Potential to capture the effectiveness of creative arts engagement, as a key element of innovative health and care delivery was therefore a key focus of the 'centenary of caring' project. Mutibwa, (2022) states that when participating in creative arts, cultural and community engagement as a mutual process of coproduction, there is an extensive and expansive potential for not only positive cultural exchange, but when utilised effectively, active participation and creatively expressive interactions can make a real difference to people's everyday worlds.

2. Study setting

The centenary of caring project was originally planned to coincide with the World health assemblies proclaimed, International year of the nurse and midwife, (WHO, 2020). It aimed to promote and capture evidence from a variety of creative arts engagement strategies, to sustain mental health through enhanced wellbeing activities amongst different communities of health and social care. The World health organisation (WHO) and partners, including the International confederation of midwives (ICM), International council of nurses (ICN), 'Nursing Now' and the United nations population fund (UNFPA), undertook a year-long effort to celebrate the work of nurses and midwives, highlighting their associated challenges and advocating for increased investments in the nursing and midwifery

workforce worldwide. The COVID-19 pandemic however collided with this ambitious initiative, putting nurses, midwives, and other health professionals centre stage due to their substantive efforts to save lives and rehabilitate those effected by the SARS-CoV2 virus.

Being a ‘frontline’ health care worker is highly stressful, whether working in hospitals, community, or residential care home settings, and affects practitioners’ physical and emotional wellbeing (Shreffler et al, 2020). Many sacrificed going home to their own families, to shield them from risk of cross-infection associated with the SARS-CoV2 virus (Ismail et al, 2021). They deliberately isolated from their loved ones to protect others.

Our care professionals worked longer hours, tackling a disease that required new thinking and ways of working (Jackson et al, 2020). The collective grief associating with watching thousands of people lose their lives to COVID-19, being unable to be near, or indeed say goodbye to their loved ones (Kokou-Kpolou et al, 2020), continues to be felt as repercussions of the pandemic continue across the world. Practitioners identified a further sense of isolation, through wearing full body suits that hid all facial features with restrictive personal protective equipment (PPE) that is both uncomfortable to wear for long periods and becomes a barrier to both social and emotional expression (Davey et al, 2021). Ultimately, it was the effect of losing colleagues, who succumbed to the virus, whilst trying to save the lives of others and uphold their commitment to a professional code of conduct that has perhaps caused many practitioners to reconsider their role as compassionate care givers (Bennett et al, 2020; Cimarolli et al, 2022).

In England, there has been a massive outpouring of support for the national health service (NHS) from local communities sharing their appreciation through many different activities (such as weekly clapping for NHS workers, rainbow banners and blue ribbons adorning public spaces), whilst day-to-day people were living with social isolation because of government induced lengthy periods of lockdown. As the consequences of the pandemic continues, there remains a great deal to learn about the longer-term impact on community mental health and associated arts-based wellbeing strategies that can promote resilience and wellbeing of our health care workforce, alongside the communities they live within and serve (Moon, 2023).

3. Methodology: The centenary of caring project

A coproduction approach (Durose et al, 2012) was used to co-create artistic representations of the impact of COVID-19 pandemic. Engaging practitioners in this arts-based project, aimed to provide a supportive intervention for those who needed to nurture their own aesthetic and emotional experiences, (as health and care practitioners) to remain responsive and compassionate during a time of considerable disruption to day-to-day practices. The project aimed to evidence a coproduction approach to using a creative means of expression that captured and explored a collaborative engagement with local community-based residents, and their health and care practitioners.

Table 1.

Centenary of caring project objectives.

Project objectives:

- 1: To facilitate the co-creation of a creative arts endeavour through connecting university arts students with health care students
 - 2: To coproduce a creative response to the COVID 19 pandemic for public display as a collection of artefacts through supported student groupwork activity
 - 3: To explore the utility of engaging with creative arts on mental health literacy of health and arts-based university students
 - 4: To consider potential for widening engagement through a public display, and online gallery space within which to exhibit the final pieces.
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The project participants included front line health and social care practitioners from the Norfolk and Waveney integrated care system, working with fine art students from Norwich university of the arts, (NUA) and nursing students from the university of East Anglia (UEA) school of health sciences. Initially this was intended as a project that would contribute and celebrate the International Year of the nurse and midwife, (WHO, 2020), but the COVID-19 implications of a national lockdown meant these

original plans had to be quickly amended and adapted to minimise risk of infection spread amongst all participants. Therefore, the full implications of how adaptive and responsive our methodology could be, for sustaining coproduction as not an original line of inquiry.

The first phase of this initiative was to invite university students to co- create an expressive piece on the theme of the ‘centenary of caring’, working as mixed groups of NUA students and health and social care practitioners. The student’s formed cluster groups, focusing on specialist areas of interest, such as older persons, mental health and learning disabilities. Their co-created artefact was to be achieved as a creative expression, facilitated by the NUA and UEA academic partners, for a public exhibition where participants would be invited to explore their emotional response to COVID-19. Working in these cluster groups helped to focus and explore specific health care scenarios. Through consideration of their own personal perspectives and experiences, the aim was to capture the process of engagement, as a coproduced insight into any other aspects of a national lockdown. The overarching intention was to coproduce a piece of work that expressed collective responses, witnessed, and experienced, as a shared collective expression of what they were experiencing during the COVID -19 pandemic.

These online discussion groups were co-facilitated by academics working in pairs, from UEA and NUA, to help focus shared discussion and to achieve collective agreement on how these were to become a final artefact, (such as a film, photograph, painting, poster, placards, illustration, poem, short story) using any medium of their choice. The result was a series of personal and group constructed artefacts, curated to form a remote online gallery exhibition (kunstmatrix.com). This allowed for all the works to be ‘safely’ shared with participating members, the public, and the wider university based community via an online gallery space.

The second phase (identified as Objective 4) and initial project intention was to consider a public display at Norwich cathedral to mark local nurse Edith Cavell’s execution in world war 2, which takes place in October each year. Once again, plans changed, due to the national lockdown restrictions, hence the online exhibition was launched and shared with others. Both a private view, and public exhibition was well received, with a further invitation for the exhibition and participant’s reflective accounts to be included in the regional nurses day celebrations on May 12th, 2021.

4. Capturing the Evidence of Arts Engagement

There were four online discussion groups consisting of a mix of UEA and NUA students, academics and health and social care practitioners. In total 17 participants took part across four mixed cluster groups. The four different areas of health and social care services that the online participant groups were divided into included; *home care settings, learning disability, children’s service, community care and mental health care*. Five academics (two from NUA and three from UEA) were the online group facilitators plus a head of workforce transformation from the clinical commissioning care partnership, who also formed the membership of a project steering group.

The four co-creation themed cluster groups engaged in a facilitated dialogue, undertaken virtually. These interactions were further supplemented with emails, texts, and video recorded group discussions via a secure online platform. Discussions explored a sharing of experiences, and promoted understanding of the emotional response to care scenarios that health students and practitioners were experiencing during the COVID-19 pandemic. These meetings and group discussions were recorded, as a ‘live journal’ of the co-production and exploration experiences. Group meetings were a closed access space, therefore only accessible by project participants. This helped to provide a safe space to share ideas, explore emotions, artistic concepts and compare formulating creative ideas with each other. The NUA artists, were also using these discussions for working up, and sharing their creative processes within these themed genre groupings. Each group was facilitated by a pair of academics from NUA and UEA, who provided supportive direction, facilitative interventions, with the intention of enabling participants to explore their ideas in focused way, moving discussions towards the goal of an agreed creative outcome within the time limitations of the project deadlines.

Groups were also invited to document their personal, as well as group dialogues, either in a written, audio or video format. All collective material was then used to inform creative work in a range of different media, many of which were mimicking the language of mass public gatherings and

proclamations being produced through use of banners, wearing of face masks, and interspersed with very personal narratives, expressed through group discussions and reflections.

Participants were facilitated to co-create work that represented their experience of COVID -19 pandemic. This final piece took many forms; from photographs, embroidery, poetry, posters, video diaries, and an interactive art piece that was repeated (once lock down restrictions were eased) with some of the elderly care home residents and co-workers, who were invited to participate and were filmed enjoying the interactive performance piece.

Academics assigned to act as supervisors monitored the groups' activities via the recorded online group discussions and used this knowledge and insight to curate the final pieces. Interest in the process and outcomes of the project was to consider levels of engagement, the process of social cohesion of the small group work, and an overarching thematic analysis of discussion points, alongside a physical co-construction of the resulting works into an online exhibition.

Students were encouraged to keep reflective journals of their experiences for their own private use to further support their own ability for critical reflection, insights into their own psychological wellbeing and the process of collaborative learning. Discussions were thematically analysed with specific reference to creative arts engagement as a process, alongside participants' emotional expressions of the COVID-19 pandemic. Additional feedback was gathered at the public viewings and invited exhibition events, both at the initial launch and via an open feedback element to the online gallery, where space was identified through inviting comment from visitors and observers.

5. Ethical considerations

The COVID-19 pandemic has proven to be unprecedented times for health services; therefore, student welfare and mental resilience is and remains paramount. The UEA provides an embedded student support team (ESST), and all the existing supportive programme team infrastructure was available to participants. This offered a routine support service during placement education to students participating on the project. The ESST were informed about the study and its timelines. NUA students were governed by their university ethics procedures and had access to their course staff and other supportive infrastructures. All the students who engaged in the project were also encouraged to use the project process as a means of peer support, under the facilitation of the project team, which resulted in a cluster peer support group mechanism. Many participants, as a result, have gone on to form ongoing lasting social and supportive friendships, having had a facilitated supportive introduction to group functioning.

Additional supervision and input were provided by the study co-ordinators, (SH from UEA, CR and SW from NUA), who acted as gatekeepers, should any additional support be required outside the project team and University processes. Students were also provided with a list of local and national resources, as requested.

All efforts were made to preserve confidentiality, such as referring to people under a gender-neutral pronoun, unless requested as relevant to agreeing how to represent their quote, alongside their preferred pronouns. All participating care home staff sought ethical approval for inclusion of residents, with those captured outside of the direct student participant groups only identified using study pseudonyms. Individual students, and care home residents gave their informed consent for use of their identification, whether this was associated with the final artefacts, or as individual respondents. Consent was captured at the start, closing phase of the project coproduction and again, as the artefacts were being curated for public display. Those participants who were identified individually, for purposes of their contribution, and final artefact production, was captured and achieved in a process used for any art production piece, with the consent of the contributing student/s involved in its co-construction.

Practitioner Participant feedback:

"I found being able to step away from work to talk with the professor and the art student really helpful to process what has and is happening. My creative piece came about after we spent time explaining our work and the impact of Covid. It soon became evident that the big issue had been communication. How we engage and communicate with people safely and effectively so that people understand us and are then able to keep themselves and the rest of their family safe.

"I have never done anything like this before, but I believe that when you get the opportunity to dance you should dance! And if I didn't like it, I could stop or just never do it again. I was hesitant to take part because I am not an artist. I am so, so pleased that I did.

"Since the pandemic work has been very, very different for us, as it has been for many. I work with children and their families. My IT skills have had to improve and things that I would worry about doing, I have had to do. It has been anxiety provoking in so many ways. I have had to learn new skills and adapt my working practice. Unless it is essential, I see children online. We have had to find other ways of communicating that promote safe computer access because for some children we won't have met them before the pandemic and so for them we are strangers. For some children I think they have engaged better whilst others have found this difficult. My table is strewn with puppets, Lego, cuddly toys of Minecraft characters as well as paper and pens."

"I'm very proud of the team that I work with. Colleagues, finding that some families struggled to understand Covid and the rules we have to live by, we set up a weekly newsletter for families to almost interpret some of the information that was being given as well as suggestions of how to manage situations, for example, use of the daisy lanyard. The mental health of the children as well as their parents and carers became even more important. As did the juggling of our work with the needs of our own families. Working online means that our client group are now in our homes, and this needed careful managing. Being able to differentiate between home and work and finding another "drive home" to unwind and process the day in. All major changes. I hope people find it engaging and a little bit of fun. I would definitely do it again."

"The programme brought to the fore the importance of the creative arts in helping front line key workers explore how COVID-19 had touched their lives and the people they both work with and provide care to. It also highlighted how working and learning together can add real value to wellbeing and care."

"For me this project has been an opportunity to reflect on both my own and other people's experiences of the pandemic. At home we have supported my Dad, who works in public health, but I have become more aware of the mental strain working during the pandemic can have on those who don't have the same support. I hope this exhibition acts as a moment to pause and reflect for others too."

An exhibition attendee wrote:

'I just wanted to follow up and say how much we enjoyed the art exhibition we attended. We both found the event very moving. I contacted one of the social care managers that took part with the students, they reported back how this was a great release, to have something new to think about. They also said how the group is planning to meet up once restrictions ease, as they have all become friends. Thank you again for asking us to get involved'.

Contributors from the academics involved offer the following reflections.

"What we originally set out to achieve was purposeful, creative, cathartic dialogue and something quite simple in terms of a physical outcome. We didn't expect art from everyone, because not everyone involved is an artist. But the results are astounding, ranging from performance, film, poetry, infographics, portraiture, drawing, prose, photography, and textiles. All of the resulting artworks reveal an insight into the ravages of the Covid-19 pandemic. To that end, we can say with confidence that art and creative thinking has the power to make at least some sense of the profoundly incomprehensible."

“The health and wellbeing of our workforce is a key priority for the Norfolk and Waveney health and care partnership and one of the four objectives in our #WeCareTogether people plan. Focussing on good health and wellbeing has never been more important than now for our people who have all experienced very different ways of working and personal challenges since the start of the pandemic. The opportunity to collaborate with both our health care professionals and local art students to share experiences and gain insights into the impact of the pandemic has been incredible. I have personally been humbled by the honesty, integrity and passion of experience shown through the finished pieces of art. Taking the time to visit a virtual gallery allowed me some time for personal reflection and again be thankful for the amazing NHS, social care, and wider communities we have. We look forward to building on the exhibition with UEA and NUA over the coming months with more artwork and expression as a living history of the pandemic”.

“We have witnessed a massive outpouring of support for the NHS from local communities sharing their appreciation through many different activities such as weekly clapping for NHS workers, rainbow banners and blue ribbons, whilst tolerating social isolation and lockdown. As the pandemic progresses, we have a great deal to learn about the impact on community mental health and wellbeing strategies that promote the resilience of our health care workforce, alongside the communities they serve”.

7. Discussion

The Centenary of caring project was a collaboration between public and community-based health and care practitioners, coming together with creative artists and fine art students across partner institutions in the East of England. The project’s intention was to explore the viability of engaging with creative arts to understand and capture impact of the pandemic on public mental health and wellbeing. The project provides a detailed case study of both the process and evidence sources from which to explore creative arts engagement and wellbeing (Clift, 2012).

How creative artistic expression can be utilised to support inclusion of different groups of people, particularly those in local communities who may not normally have a voice, is an unexpected outcome of this centenary of caring project’s coproduction approach and critical reflective evaluation-based methodology. The care home residents, as active participants provided clear evidence of how engaging in a creative arts-based intervention could be used for building inclusive participation, that has positive impact on workplace culture, despite the health and safety restrictions of a pandemic. Through the project’s inclusion of a wide variety of different contexts and participants, the forming of any creative arts programme going forwards, when facilitated well, with clear expectations and supportive infrastructure can be used to build improved community engagement. This in turn raises implications for supporting the wellbeing of health and social care practitioners across a range of work-based contexts.

Consideration for how to include participation potentials, for both community and/or hospital spaces, in enabling these to become ‘creative convergence points’, for the curation of co-creative critically reflective dialogue is a new and interesting research space. When well facilitated, these ‘creative convergent spaces’ have potential to produce high quality outputs, as our project has shown, have a sustaining influence on connectivity and wellbeing of participants, far beyond the project timelines. Working with creative arts and health students, practitioners, and care home residents, brought an additional element of co-producing a psychological and physically safe environment from which to share, explore and expand on the experiences of social isolation. It would have been an added dimension to measure specific aspects of anxiety, mood, stress or sleep changes over time, from all participants, but the original intention of the project being in person, meant our focus moved to creating a safe remote space to co-exists and then exhibit our findings, and remains a research gap in the creative arts and health outcomes research evidence (Hertrampf & Warja, 2017).

Our project has identified that engaging with creative arts enables and identifies an inclusive process from which to address and promote a positive influence on workplace environment. Creativity offers organisational practices and influences place-based cultures, that in turn have an impact upon health and mental wellbeing of those connected by and participating within that space, as places where people live and work. Education and pedagogy intervention activities, such as creative programmes provide ambitious programmes that are demonstrating a social and emotional wellbeing aspect to

implementing creative arts across different settings (Thomson & Sanders, 2010). According to Bonjer Horwitz, (2017) the inclusion of cultural exchange activities for health care staff may also help to provide an economically viable and therefore sustainable way to receive multiple wellbeing benefits, concluding that of engaging in public focused cultural activities, which may therefore be valuable in strategic planning for interventions that can be readily adopted for the prevention of stress, and in enabling the creation of sustainable healthcare systems (Missimer, Robèrt, Broman, & Sverdrup, 2010).

There is still a great deal to learn about locality based mental health and wellbeing strategies that can promote the necessary aspect of self-care, and compassionate resilience required of our health and social care workforce, alongside the demands and challenges of different populations and communities they serve. Therefore, this novel approach to creative arts collaboration (achieved here between UEA/NUA, practitioners, carers, care home residents, plus arts and health based students) provides a unique opportunity to build upon a realist evaluation (Jackson et al 2020), achieved during first wave of the COVID-19 pandemic, where innovation and newly formed teams were brought together unexpectedly, as services had to realign in order to deal with the disruptive consequences of the pandemic.

We aim to achieve greater understanding of what ingredients are required to maximise potentials for engaging with creative arts, as an effective public mental health intervention for improved connectedness and wellbeing across different groups and communities we encounter, at work, and socially. For example, in bringing researchers into the co-creation space provided for rich data sets of dialogue, which was then facilitated towards art-based outcomes, that has gone on to influence and sustain the participants, way beyond the project's deadline. How we continue to support our health students' wellbeing, raises implications for institutions where we could always do more to work collaboratively in safe and creative spaces, from which to gather and gain insights for improved psychological wellbeing. Few studies have attempted to bridge the gap between mental wellbeing and broad, multifaceted stakeholder engagement with the creative arts. By drawing upon broad stakeholder perspective, including the public, health care professionals, students and academic collaborating partners, the centenary of caring has produced some unexpected positive outcomes. It archives a collective response to the COVID-19 pandemic, captured through an exhibition of co-produced art works, curated in a public online exhibition.

8. Contribution and policy implications

Key learning arising from the centenary of caring project is that when promoting a programme of creative collaboration, as a series of activities, potential to engage all aspects of the community can be achieved, even during times of an enforced national lockdown.

Contribution arising from project process and outcomes are therefore identified in terms of:

Public engagement, in exploring engagement with creative arts, through the open access online exhibition, at a time when creative arts has been thwarted, due to lockdown. Public participants can be encouraged, through opportunity for participants and observers to leave their own response to the artefacts of the exhibition, that can then become an additional evaluation data source. Online gallery spaces also offer potential, over time, to become a living museum of COVID-19 in the Eastern Region, as the kunstmatrix site is no longer live. Care staff, alongside care home residents, exhibition viewers were all affected by the project's art works and interactive engagements, as a collective and individual activity. Impact evidence outside of the exhibition space was anecdotally captured, through receiving staff feedback on the noticeable communication changes taking place in the care home that took part in the centenary of caring project, post the creative arts intervention. The reported changes were in terms of observable change to interactions that were considered and heard to be of a more joyful tone, energised through the shared laughter of having undertaken the 'splatter art' compilation activity. This provided a new connectivity, between those residents and care staff who had undertaken the creative activity together. This additional outcome promotes further interest in the potential creative arts-based practices can have to promote older peoples' wellbeing and quality of life (Groot et al, 2021)

Health Care Professional Wellbeing: Continuing to care is the beginnings of a further expansion programme seeking to stimulate professional and informal carers with the resilience to continue to

care with compassion. The inclusion of other collaborating partners, such as the Norwich theatre and the Sainsbury centre for visual arts are being identified as the next phase of creative arts based project reach, through exploring how creativity packs reaching vulnerable groups (e.g. care homes, sheltered housing) can be extended to include health care staff and students across Eastern Region, will all help to provide further evidence from which to explore creative arts as a public mental health intervention strategy across and within the East of England.

Education, training, and learning: Bringing together different communities to identify and strengthen network opportunities to develop collaboration and innovation uptake in the realms of creative arts and community wellbeing initiatives has shown how, despite working remotely, there has been psychological impact through connectivity, shared learning from and with each other. Therefore, this centenary of caring project format could be readily adapted and extended across other HEIs and their partner care and NHS providers.

Policy Implications: Closer collaboration between arts, culture, heritage-based activities, with the more traditional health and social care services and funding model is required, to influence improved and co-ordinated large-scale trials, with an improved understanding of planetary (ecological) and place-based social enhancement activities, as a coproduction approach to sustainable, cost effective, public (mental) health interventions and funding.

9. Conclusion

Our evaluation has further added to the emerging evidence to support the benefits of arts, cultural and creative engagement, as a positive intervention providing long term benefit to psychological wellbeing and mental health through connectivity and emotional expression (Daykin, 2019). Whilst the project had to make adaptations due to the COVID pandemic, the outcomes have shown long term benefits of a facilitated co-produced creative arts project. Improved self-awareness, (from study participants), through finding a means of artistic expression of pent-up emotions, plus having a safe space to discuss, debate and critique each other's ideas, and working these towards an agreed and shared outcome, have all proved useful to participants in furthering their own understanding of what contributes to their sustained mental wellbeing. Remaining connected and engaged with others through this creative arts exploration and public exhibition has continued that potential connectivity, prompting in observers of the exhibition, shared insights, and emotional expression of what has been described as a 'collective trauma', as witnessed, and documented as arising from other natural disasters, war, economic and social tragedies (Hirshberger, 2018; Stanley et al, 2021).

This project provides case study evidence, revealing anticipated, and unexpected, outcomes of how a coproduced creative arts engagement project offers an effective strategy to promote mental wellbeing, amongst a variety of community-based citizens. Providing an opportunity for inclusive participating groups to come together, to co-create an expression of a shared experience, in a facilitated, safe space, offers potential to demonstrate a sustainable wellbeing strategic approach, with reciprocity for all involved. This favourable outcome provides further opportunity from which to research how best to utilise an inclusive role of creative arts engagement across in all aspects of university curricula. This is one of the only studies available that has included a mixed participation of student, with practitioners, the public and residential care home citizens, as a collective. The key outcomes has been the implications for what creative arts engagement offers, when facilitated to capture evidence from which to promote effective workplace cultures.

Creative arts engagement, as detailed in this case study approach, provides opportunity for in-depth exploration of how enhanced emotional insight, community cohesion and workplace culture change can be achieved as a public health strategy. The coproduction approach, as a collective activity, is suitable from which to further research sustained mental wellbeing, compassionate care provision, and collective interest in enhancing the lives of others, particularly those in care or institutional settings, can be further stimulated and sustained.

References

- Bennett, P., Noble, S., Johnston, S., Jones, D., & Hunter, R. (2020). COVID-19 confessions: a qualitative exploration of healthcare workers experiences of working with COVID-19. *BMJ open*, 10(12) e043949. <http://dx.doi.org/10.1136/bmjopen-2020-043949>
- Bojner Horwitz, E., Grape Viding, C., Rydwik, E. and Huss, E.,(2017). Arts as an ecological method to enhance quality of work experience of healthcare staff: a phenomenological-hermeneutic study. *International journal of qualitative studies on health and well-being*, 12(1), p.1333898. doi: 10.1080/17482631.2017.1333898
- Cimarolli, V. R., Bryant, N. S., Falzarano, F., & Stone, R. (2022). Job resignation in nursing homes during the COVID-19 pandemic: the role of quality of employer communication. *Journal of applied gerontology*, 41(1), 12–21. DOI: 10.1177/07334648211040509
- Clift, S. (2012). Creative arts as a public health resource: moving from practice-based research to evidence-based practice. *Perspectives in public health*, 132(3), 120-127. DOI: 10.1177/1757913912442269
- Coats E, Dewing J, Titchen A, (2006). *Opening doors on creativity: resources to awaken creative working: A learning resource*, Royal college of nursing institute, London: England: Available at <https://www.fons.org/resources/documents/Project%20Reports/DissSeriesVol5No3.pdf> (last accessed 13.3.2023)
- Coulson P, Stickley T, (2002), Finding a voice – artistic expression and practice development, *Practice Development in Health Care*, 1(2), pp 85-97
- Davey, S. L., Lee, B. J., Robbins, T., Randeve, H., & Thake, C. D. (2021). Heat stress and PPE during COVID-19: impact on healthcare workers' performance, safety, and well-being in NHS settings. *Journal of hospital infection*, 108 pp185-188. doi: 10.1016/j.jhin.2020.11.027
- Daykin, N (2019). *Arts health and wellbeing: A critical perspective on research, policy, and practice*. Routledge.
- Daykin, N., Gray, K., McCree, M. and Willis, J., (2017). Creative and credible evaluation for arts, health, and well-being: opportunities and challenges of co-production. *Arts & health*, 9(2), pp.123-138. <https://www.tandfonline.com/doi/epdf/10.1080/17533015.2016.1206948?needAccess=true&role=button>
- Durose, C., Beenejaun, Y., Rees J., Richardson, J., & Richardson L., (2012). *Towards co-production in research with communities*. Arts and humanities research council https://pure.manchester.ac.uk/ws/portalfiles/portal/33424282/FULL_TEXT.PDF (last accessed 13/3/2023)
- Gillam, T. (2018). Enhancing public mental health and wellbeing through creative arts participation. *Journal of public mental health*. 17 (4) 148-156 DOI 10.1108/JPMH-09-2018-0065
- Groot, B., de Kock, L., Liu, Y., Dedding, C., Schrijver, J., Teunissen, T., van Hartingsveldt, M., Menderink, J., Lengams, Y., Lindenberg, J. and Abma, T., (2021). The value of active arts engagement on health and well-being of older adults: A nation-wide participatory study. *International journal of environmental research and public health*, 18(15), p.8222. <https://doi.org/10.3390/ijerph18158222>
- Heenan, D. (2006). Art as therapy: an effective way of promoting positive mental health? *Disability & society*, 21(2), 179-191. <https://doi.org/10.1080/09687590500498143>
- Hertrampf, R-S., & Warja, M., (2017). The effect of creative arts therapy and arts medicine on psychological outcomes in women with breast or gynaecological cancer: A systematic review of arts-based interventions. *The arts in psychotherapy*. 56; 93-110. <https://doi.org/10.1016/j.aip.2017.08.001>
- Hirschberger, G. (2018). Collective trauma and the social construction of meaning. *Frontiers in psychology*, 9(1441), 1–14. <https://doi.org/10.3389/fpsyg.2018.01441>
- Holt, N. J. (2018). Using the experience-sampling method to examine the psychological mechanisms by which participatory art improves wellbeing. *Perspectives in public health*, 1757913917739041. <https://doi.org/10.1177/1757913917739041>

- Ismail, S. A., Saliba, V., Bernal, J. L., Ramsay, M. E., & Ladhani, S. N. (2021). SARS-CoV-2 infection and transmission in educational settings: a prospective, cross-sectional analysis of infection clusters and outbreaks in England. *The Lancet infectious diseases*, 21(3), 344-353. [https://doi.org/10.1016/S1473-3099\(20\)30882-3](https://doi.org/10.1016/S1473-3099(20)30882-3)
- Jackson C, Manley K, Webster J, Hardy S. (2020). System wide learning from first wave Covid 19: A realist synthesis of what works? *Research square*; 2020. DOI: 10.21203/rs.3.rs-115647/v1.
- Kokou-Kpolou, C. K., Fernández-Alcántara, M., & Cénat, J. M. (2020). Prolonged grief related to COVID-19 deaths: Do we have to fear a steep rise in traumatic and disenfranchised griefs? *Psychological trauma: Theory, research, practice, and policy*, 12(1), 94 - 95 <https://doi.org/10.1037/tra0000798>
- McNiff, J. (2000). *Art Based Research*, Jessica Kingsley Publishers: London
- Megranahan, K., & Lynskey, M. T. (2018). Do creative arts therapies reduce substance misuse? A systematic review. *The arts in psychotherapy*, 57, 50-58. <https://doi.org/10.1016/j.aip.2017.10.005>
- Moon, C. H. (2023). The art studio as public health practice: Mitigating the negative impacts of social inequality through community care. In *Using Art for Social Transformation* (pp. 156-166). Routledge.
- Mutibwa, D.H. (2022). The (un) changing political economy of arts, cultural and community engagement, the creative economy and place-based development during austere times. *Societies* 12(5) 135 <https://doi.org/10.3390/soc12050135>
- Saavedra, J., Pérez, E., Crawford, P., & Arias, S. (2018). Recovery and creative practices in people with severe mental illness: evaluating well-being and social inclusion. *Disability and rehabilitation*, 40(8), 905-911. <https://doi.org/10.1080/09638288.2017.1278797>
- Shreffler, J., Petrey, J., & Huecker, M. (2020). The impact of COVID-19 on healthcare worker wellness: A scoping review. *Western journal of emergency medicine*, 21(5), 1059. doi: 10.5811/westjem.2020.7.48684
- Stanley, B. L., Zanin, A. C., Avalos, B. L., Tracy, S. J., & Town, S. (2021). Collective emotion during collective trauma: A metaphor analysis of the COVID-19 pandemic. *Qualitative health research*, 31(10), 1890-1903. <https://doi.org/10.1177/10497323211011589>
- Stickley, T., Parr, H., Atkinson, S., Daykin, N., Clift, S., De Nora, T., Hacking, S., Camic, P.M., Joss, T., White, M. and Hogan, S.J., (2017). Arts, health & wellbeing: reflections on a national seminar series and building a UK research network. *Arts & health*, 9(1), pp.14-25. <https://doi.org/10.1080/17533015.2016.1166142>
- Stuckey, H.L., & Nobel, J (2011). The connection between art, healing and public health: A review of the current literature. *American journal of public health* 100 (2) 196-381 <https://ajph.aphapublications.org/doi/epub/10.2105/AJPH.2008.156497>
- Williams, B., (2000). College work as a medium for guided reflection in the clinical supervision relationship, *Nurse education today*, 20 (4) pp 273-278 <https://doi.org/10.1054/nedt.1999.0393>