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Experiences of Attending and Delivering Creative Health Programmes Commissioned by a UK Local Authority

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Highlights

Public health relevance—How does this work relate to a public health issue?

- Creative health programmes support people with mental and physical health challenges.
- They are increasingly being used within public health and social prescribing services.

Public health significance—Why is this work of significance to public health?

- This study provides evidence on benefits to health and wellbeing of these programmes.
- Creative engagement facilitated mindfulness, and the group format promoted social connections, suggesting potential mechanisms through which improvements in wellbeing are generated.

Public health implications—What are the key implications or messages for practitioners, policy makers and/or researchers in public health?

- Creative health may offer an approachable form of support, overcoming stigma or barriers to accessing other more formal services so commissioners should consider creative health as part of holistic health and wellbeing support.
- Future programmes should be inclusive, accessible, and evaluated for long-term effectiveness.

Abstract

Creative health interventions have been increasingly embedded in local and national public health strategies. More robust evidence is needed to inform implementation at scale. This study qualitatively explored experiences of attending and delivering a group-based creative programme in the United Kingdom and participant perspectives about the influence on health and wellbeing. A qualitative study of six programmes delivered between 2021 and 2023 was co-developed with researchers, creative health programme deliverers, and public health commissioners. Programmes targeted children with additional needs; adults living with mental health/physical health/other challenges; parents and infants; or adults with dementia and their carers. Interviews and focus groups with 62 participants included 49 programme attendees and 13 creative practitioners who delivered the programmes. Reflexive thematic analysis generated five themes: contributing to a journey of improved health and wellbeing, making connections and sharing experiences, creating conditions to promote engagement, finding enjoyment and opportunity in creativity, and practitioners' experiences of current and future delivery. This qualitative study adds understanding about the holistic benefits and underpinning mechanisms of creative health group-based

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programmes. Findings revealed participant perspectives about how the creative health programmes influenced their health, wellbeing, and social connection in largely positive ways, and that these experiences were supported by skilled practitioners. The evidence was insufficient to assess how successfully the creative health programmes engaged diverse groups living with the greatest health and wellbeing challenges. Future work is needed to understand the acceptability and effectiveness of creative health programmes among diverse groups to ensure that programmes reduce rather than contribute to health inequalities.

Keywords: creative health; wellbeing; mental health; community-based interventions

1. Introduction

Diverse evidence-based interventions are critically needed to tackle population health and wellbeing [1,2]. Such diverse interventions include the use of creative health, which broadly involves activities including crafts, visual arts, performance, and cultural heritage settings [3,4]. Existing evaluations suggest that creative health offers potential to promote health and reduce health inequalities through supporting wellbeing and reducing social isolation, mitigating the compounding effects of health and life stressors [4]. Systematic reviews have indicated benefits in children through to older adults. Positive effects of arts-based activities have been explored [5], including in carers of people with dementia [6], children who have experienced trauma [7], and adults living with mental illness [8]. Physical health benefits of singing interventions have also been reported for people with respiratory diseases [9]. Reviews have observed that the benefits of creative health delivery can be strengthened in group formats [10,11], with social connectedness one possible mechanism for how creative participation promotes wellbeing [12].

Creative health initiatives have been implemented in local, national, and international strategies and integrated into social prescribing, care settings, and arts therapy [5,13,14]. Policy and research advocate for collaboration across local authorities, health services, and the voluntary and community sector to deliver holistic health interventions, and the importance of integrated evaluation [4,15]. There are, however, limitations associated with existing evidence. Namely, studies are often single-site interventions with small samples, and limited focus of the evaluations has explored implementation into existing health and social care pathways [9,16]. A further challenge is evidence-gathering using accepted methods in creative practice [17], though robust evaluation must inform the implementation of creative health strategies at scale [4]. There is expanding interest in implementing creative health programmes, including as part of local public health strategies to tackle health inequalities. Within the creative health field, there is also a need for evidence regarding interventions that target groups with lower levels of baseline wellbeing and diverse needs [18].

In 2021, a United Kingdom local authority commissioned voluntary organisations to deliver six creative health programmes. Commissioning decisions were informed by the local public health strategy to implement creative health initiatives and improve mental health outcomes locally [19]. Prior to the commissioning of these programmes, the local authority also commissioned smaller-scale pilot programmes that were also evaluated by this study team, providing insights for the subsequent commissioning and evaluation objectives and methods. The programmes were intended to recruit and support local residents, including children and adults, living with different additional health and wellbeing challenges to address inequalities in health and wellbeing. The programme evaluation was independently led by a local university team, who also conducted the evaluation of the

pilot programmes, as part of an existing contract arrangement between the university and local authority. This study aimed to answer the following research questions:

- What were peoples' experiences of taking part in a creative health programme, including their perspectives about the influence of a programme on their health and wellbeing?
- What were the experiences and perspectives of the creative practitioners who delivered the creative health programmes?

Insights were gathered to inform local public health decision making about sustaining and developing the programmes locally, and to provide transferable insights to other local authorities exploring similar approaches.

2. Materials and Methods

2.1. Study Design

Once the local authority team identified the need for an evaluation to inform longer-term commissioning and service improvements, the qualitative approach was co-designed and appropriate to the breadth and diversity of programmes. The team of researchers, local authority professionals, and the voluntary organisations delivering the programmes worked together on co-designing the approach (e.g., selecting which data to collect, how to collect data during delivery, creation of flyers, topic guide questions). This approach helped to ensure that proposed approaches for promotion, recruitment, consent-gathering and data collection were suitable to implement in practice and with their target groups. Qualitative data were collected directly by Coventry University researchers and written up in accordance with the Big Q Qualitative Reporting Guidelines (BQQRG) [20].

2.2. Overview of the Creative Health Programmes

Creative health programmes were group-based with activities, including singing, object-based reminiscence, nature-based and sensory activities. Activities were often tailored to the needs of people attending (e.g., children, adults with dementia). Whilst some programmes focussed on specific activities (e.g., singing for lung health), other programmes included a range of courses using different creative activities (e.g., Programme 1 included painting, collage, drawing, working with textiles). The activities were often intending to develop calm and social interactions (e.g., Programme 6 targeting parents and their infants). Organisations recruited programme attendees via self-referral or referral from a health professional or support service. Courses ran between 2021 and 2023 and spanned from 3- to 12-week courses. In-person sessions were held in community spaces and venues, and Programmes 1 and 3 also offered online sessions (Table 1).

Table 1. Key characteristics of each programme (including target group, course length, example activities, and number of courses/attendees).

Programme	Target Group	Course Length Mdn (IQR)	Example Activities	Number of Courses Delivered	Number of Unique Attendees Enrolled
1	Adults with mild to moderate mental health challenges	6 (3–6)	Various, including arts-based, craft, and movement activities	98	710

Table 1. *Cont.*

Programme	Target Group	Course Length Mdn (IQR)	Example Activities	Number of Courses Delivered	Number of Unique Attendees Enrolled
2	Adults with mild to moderate mental health challenges	6 (4–6)	Activities in nature or using natural materials	25	255
3	Adults with chronic lung conditions	10 (10–12)	Singing for lung health	5	50
4	Adults with dementia and their carers (family members or professional); adults experiencing loneliness	6	Various, including singing, dance, storytelling and object-based reminiscence	7	225
5	Children, 7 to 18 years, with mild to moderate mental health challenges or additional needs	6 (5–6)	Various, including arts-based, craft and movement activities	11	424
6	Parents with mental health challenges or other stressors, and their infant (s)	6	Various sensory and rhythmic activities	4	66

Abbreviations: Mdn = median. IQR = interquartile range.

2.3. Study Sample

All programme attendees were eligible to participate in an interview or focus group, regardless of how many sessions of a programme they had attended. An exclusion criterion was a lack of informed consent. All creative practitioners delivering the programmes were also eligible. Opportunistic volunteer sampling was adopted. Researchers asked all programmes to disseminate study information widely, regardless of perceived participant engagement or experience. Researchers (ELW and MW) attended multiple sessions to promote study participation, which was observed to noticeably increase participation. Interested individuals contacted the researchers directly to ensure participants remained anonymous to the creative practitioners and delivering programmes, aiming to reduce response bias. All individuals who expressed interest were interviewed. Given the focused study aim, the bounded participant population, and the depth of the interview data, the sample was considered to provide sufficient information power to address the research objectives [21].

2.4. Data Collection

Programmes collected attendance and course information, age, gender, ethnicity, index of multiple deprivation (IMD; via postcode), and any impairment, health condition or learning difference of attendees. Religion and caring responsibilities data were collected by most programmes.

After completing a programme, attendees and creative practitioners were invited to join either interviews or focus groups. Between September 2022–October 2023, interviews and focus groups were conducted by telephone, videocall, or in-person and audio-recorded.

Also for this reason, interviews could be conducted with dyads (e.g., an adult with dementia and their carer). Separate semi-structured schedules were developed (Supplementary Material S1). Recordings were transcribed verbatim, and not returned for comment/correction, with reasons for not participating not captured.

2.5. Data Analysis

Reflexive thematic analysis with an interpretivist lens was employed to code transcripts inductively for relevant comments, feelings and experiences at a semantic level [22,23]. Transcript data were organised into subthemes and themes for each programme (attendees) and across programmes (creative practitioners) using Microsoft Word and NVivo (Version 14). A written report was prepared for the benefit of providers and commissioners (ELW and MW). Findings across all programmes, drawing on both attendee and creative practitioner views, were then thematically triangulated to develop themes using Microsoft Word and Excel (ELW and LB). Themes from each programme were compared and synthesised across datasets. Areas of convergence and divergence were identified, and themes were refined through an iterative process of reviewing programme-level findings alongside the original data extracts [24]. Creative practitioners' perspectives that did not directly triangulate with attendees were included (i.e., focusing on programme delivery). Where a single programme interview was conducted, this transcript was integrated. Throughout analysis, reflexive notes were used to document evolving interpretations and key methodological decisions. Regular team discussions provided opportunities to challenge assumptions, consider alternative explanations, and reflect on how researchers' backgrounds may have shaped interpretation of the data. Quotes from attendees and creative practitioners are indicated by "A" and "CP", respectively, with a participant number and the respective programme. The trustworthiness of the findings was supported through iterative engagement with the data, comparison of themes across participant groups and programmes, and ongoing discussion within the research team. Researchers maintained a reflexive approach, considering how their backgrounds and assumptions may have influenced interpretation throughout data collection and analysis.

2.6. Research Team and Reflexivity

Two experienced, female qualitative researchers (ELW and MW) with interests in health inequalities conducted the interviews and focus groups. Neither researcher had any prior relationship with any participant nor attended any programme. Participants were encouraged to consider the interview/focus group as a forum to reflect openly on their experience so that changes could be made to future programmes. The research team included researchers and a local authority professional who share interests in addressing public health inequalities through inclusive and evidence-informed policy and practice.

3. Results

3.1. Programme Attendee Characteristics

One thousand, seven hundred and thirty individuals attended a programme. Briefly, attendees were mostly aged 25–65 years (45.7%), female (84.2%), and reported a white background (83.6%). One in five attendees reported a mental health difficulty (20.5%) or lived in areas with an IMD score of 1 to 3 (most deprived; 20.1%), and half (54.2%) specified no known impairment/health condition/learning difference (Supplementary Material S2).

3.2. Interviewee Participant Characteristics

Sixty-two individuals participated in an interview or focus group. This total included 49 programme attendees, who participated in interviews lasting 6–59 min (M = 26 min)

and a focus group lasted 32 min (n = 6). The remaining 13 participants were creative practitioners responsible for delivering the programmes, including in a "support" role or as a contributing artist, and these interviews lasted 19–52 min (M = 32 min). The number of participants per programme, and participant characteristics, are shown in Table 2. Numbers are not disaggregated further to maintain participant anonymity.

Table 2. Number and characteristics of programme attendee and creative practitioner participants.

Variable	Programme Attendees	Creative Practitioners
N of participants (total)	49	13
Programme 1	13	3
Programme 2	5	3
Programme 3	10	2
Programme 4	20	3
Programme 5	0	2 *
Programme 6	1	1 *
Age range	24–85 years	32–61 years
Gender	77.6% women	84.6% women
Ethnicity	87.8% White British	69.2% White British
Additional health or other challenges	51% caring responsibilities; 73.5% reported an impairment, health condition, or learning difference; 28.6% reported a mental health difficulty	-

* One participant contributed to both Programme 5 and Programme 6.

3.3. Findings

Five themes were generated (Table 3). The fifth theme exclusively focuses on creative practitioners involved with delivering the programmes, with subthemes capture implications for set up, delivery and scalability for future iterations of the programmes.

Table 3. Overview of themes and subthemes.

Themes	Subthemes
Contributing to a journey of improved health and wellbeing	Benefits to mental wellbeing during the sessions Potential pathways to improve physical health Supporting health holistically
Making connections and sharing experiences	Advantages of group delivery Building connections beyond the programme
Creating conditions to promote engagement	Skilled and flexible creative practitioners Feeling comfortable within the sessions Availability of in-person and online delivery
Finding enjoyment and opportunity in creativity	Enjoyment in being creative Opening doors to other opportunities Sustaining the benefits of creative health
Practitioners' experiences of current and future delivery	Role of support for attendees Practical insights into programme delivery

3.3.1. Theme 1: Contributing to a Journey of Improved Health and Wellbeing

Subtheme 1A: Benefits to Mental Wellbeing During the Sessions

Attendees inferred various pathways for how the programme supported their mental wellbeing. Making time to attend was a positive distraction from challenges in daily life, and people felt encouraged to establish a new positive routine. During sessions, attendees could "switch off" and be mindful.

> *"You have to schedule a time, it forces you to stay away from your work, find the time to meditate"* (A3, Programme-2)

Being creative and connecting with others during the sessions also positively influenced participants' mood.

> *"I hoped it might make me happy and it did"* (A2, Programme-4)

Subtheme 1B: Potential Pathways to Improve Physical Health

Programme 2 participants described health benefits from moving more or being in nature, including via the benefits of fresh air, being mindful in nature, and supporting healthy outdoor activity.

> *"For me, it really helped me to think, 'Oh, well actually, I really enjoyed that', you know, 'oh that was really nice, you know, being amongst the trees. I'm going to try and go for a walk in the park tomorrow'"* (A2, Programme-2)

Programme 3 attendees reported improvements to their breathing following singing, alongside unexpected improvements to vision and hearing.

> *"After we did the exercises, it was as if somebody had switched a bright light on and I can see clearly again I've got my normal sight back, it was really shocking…I was managing to get more oxygen into my lungs"* (A3, Programme-3)

Subtheme 1C: Supporting Health Holistically

Reflections were made about the interconnections between mental and physical health, and the holistic benefits of creative participation.

> *"I find it joyful to do and I really enjoy it. But also the breathing element is really, really important in terms of calming myself down"* (A8, Programme-3)

The programmes were sometimes compared with other types of support. Participants in Programme 1, targeted to individuals living with mental health difficulties, particularly described the sessions as a beneficial and supplementary addition to traditional therapies.

> *"It can be quite a non-threatening way to accessing help. You don't have to sit there and dig through all the stuff"* (A3, Programme-1)

One point of constructive feedback was that the sessions could have facilitated more space for attendees to talk about their feelings, and more explicitly integrate creativity in this experience.

> *"It would have been nice to have a bit longer sort of discussing or some kind of creative way of talking about how we feel"* (A1, Programme-6)

However, other participants highlighted the diversity of needs and preferences about the explicit role of creativity as a mental health support tool. One practitioner reported that perceptions of the sessions as a type of therapy was a barrier to engaging some young people in Programme 5.

> *"Often young people, the children, arrived with these attitudes that 'I don't need therapy'... that was again a barrier because none of this was meant to be a therapy session"* (CP5, Programme-5)

3.3.2. Theme 2: Making Connections and Sharing Experiences

Subtheme 2A: Advantages of Group Delivery

Across all programmes, the social connections and peer support facilitated by the group sessions were an integral aspect of positive experiences.

> *"I feel like I'm part of a something, and you make a certain commitment and think, yeah, I want to continue that."* (A2, Programme-3)

For some, meeting others in the group who were living with similar challenges also helped to alleviate isolation or loneliness felt before the programme.

> *"I didn't know there was other people in the same boat…I realize that I wasn't the only one"* (A8, Programme-4)

Individuals connected over shared experiences such as living with a health condition or being a caregiver, as well as via shared interests in the creative activity.

> *"It was quite comforting to kind of be with people who are like minded so, it made me feel less alone. And it was also people who enjoyed art"* (A13, Programme-1)

Subtheme 2B: Building Connections Beyond the Programme

For some attendees, connections initiated by the programme began to develop into more established friendships. Several Programme 4 participants (adults living with dementia and their carers) described growing friendships and intentions to sustain these connections.

> *"He's made friends there and I think it helped him because he knows he's not the only one that's going through this sort of thing."* (A13, Programme-4)

Contact was facilitated by practitioners setting up online group chats in some programmes, which were sometimes still being used beyond the end of the programme.

> *"We've got a WhatsApp group, where we message each other quite a lot"* (A1, Programme-3)

3.3.3. Theme 3: Creating Conditions to Promote Engagement

Subtheme 3A: The Importance of Skilled and Flexible Creative Practitioners

All participants described how practitioners used their experience, skills and knowledge to adapt plans before and during sessions to include individuals and groups with different needs.

> *"I did it [the session] three or four times with the babies. There would be a slightly different approach from me, just kind of exploring what works, what doesn't work for the community"* (CP5, Programme-6)

The creative practitioners therefore played a principal role in the level of engagement among attendees.

> *"She [creative practitioner] is just really good fun…I want to go because of their input"* (A9, Programme-3)

Specific considerations were identified for programmes that needed to include adjustments with practitioners needing to safeguard and include participants with different health needs.

> *"He [member of the group] couldn't move his arms very much. So some, quite a lot of opening up your lungs involves moving your arms about, but they just like give him an alternative".* (A6, Programme-3)

Subtheme 3B: Feeling Part of the Group and Space

Many attendees described sessions as safe and non-judgemental because of the relational approach of the programmes, and because of how online and face-to-face spaces were physically constructed.

> *"With my anxiety I don't feel like eating…a lot of the time [I] would have gone there without breakfast…there'd be like fruit or biscuits [at the session]"* (A2, Programme-2)

As a result, participants engaged in ways that felt meaningful, appropriate, or safe for them.

> *"The first session I'm like no I don't wanna turn the camera on I was that nervous… within a few weeks I was really relaxed…[the tutors] put you at ease"* (A2, Programme-1)

Some practitioners provided examples of where engagement was less successful. This included observations of attendees lacking confidence or enjoyment of the specific creative format on offer through the current programme.

> *"He did stay for a couple of sessions, but it wasn't his thing. But I did give him information about a graffiti art festival"* (CP9, Programme-2)

Subtheme 3C: Availability of In-Person and Online Delivery

Another aspect of delivery influenced by individual preference and accessibility needs related to the sessions being online or in person. For some, online formats increased accessibility via reduced anxiety, mobility challenges, or time requirements.

> *"I'm a busy person, and [online] means that it just eats up that one hour of my day. Also, I don't feel intimidated by other people, I don't feel exposed. I feel safe because, if I want to, I could switch the video off, mute myself"* (A2, Programme-3)

Others, however, described limited social connection or technical barriers when joining online and preferred in-person delivery.

> *"When you're meeting [in-person], you can also speak to the other people on the course. When you're on [online platform] you can't speak to each other"* (A8, Programme-3)

Findings indicated the importance of programme recruitment pathways also inclusive to different needs. Reliance on digital enrolment, for example, could risk being a barrier for people with higher digital exclusion.

> *"The actual [programme] thing I found that website so difficult to use very difficult especially being on mobile phone"* (A4, Programme-2)

3.3.4. Theme 4: Finding Enjoyment and Opportunity in Creativity

Subtheme 4A: Creativity Enables Freedom from Standards

For many participants, the programme was fun and enjoyable, and they described feeling benefits. The creative and flexible element of the sessions was often important to participants, such not feeling the pressure to, for example, draw or sing to a certain standard.

> *"It's not the quality of the singing its, 'cause you're not worried about that, it's the breathing you're on about."* (A7, Programme-3)

Where relevant to the activity, some participants valued their physical creation or output, and what it represented in terms of their health and wellbeing.

> *"You can look back on everything you've done and it can be really lovely to see that you've done something physical as well in your recovery"* (A2, Programme-1)

Subtheme 4B: Opening Doors to Other Opportunities

After the courses, many participants had chosen to enrol on further courses, returned to previous hobbies, or started new ones. Some described how the programmes had given them new ideas to support their relative's wellbeing.

> *"There was a big electric organ there in the recycle shop…and I thought…'I'll have it for the lounge'…whenever mum fancies me switching the organ on I get the old-time stuff out and I play it…it seems to have made me think about other ways I can stimulate my mum [who has dementia]"* (A14, Programme-4)

One participant suggested that taking part in the programme had increased their interest, knowledge, or confidence in going along to other creative events.

> *"I wouldn't have really discovered, or probably even tried, to be fair, if it hadn't been for the group [programme]."* (A2, Programme-2)

Another participant described how their practitioner had initiated thinking about educational opportunities in the creative space.

> *"One of the coaches has suggested to me…to take the foundation course at [University] in Art and Design…I've started to look a bit longer term"* (A1, Programme-1)

Subtheme 4C: Sustaining the Benefits of Creative Health

Practitioners also sometimes connected participants with further community or creative activities because they felt the length of the programme was too time limited.

> *"We try and signpost people to other things that are going on in the community after the session has finished because we're really conscious that six weeks is such a short space of time"* (CP6, Programme-2)

Across all programmes, attendees and practitioners often expressed strong desires for longer and extended opportunities beyond the current programme. Some participants experienced particularly short programmes. One participant described feeling uncertain about whether early social connections would be sustained longer-term.

> *"With three weeks I would have liked maybe the course to be a bit longer…it felt like you kind of just got to know them [people] and then the course ended"* (A13, Programme-1)

3.3.5. Theme 5: Practitioners Experiences of Current and Future Delivery

Subtheme 5A: Role of Support for Attendees

Embedding opportunities for practitioners to provide tailored and inclusive support ahead of the programme starting was important to develop initial rapport and engagement.

> *"I think our connection before the course starts has been key as well and building relationships with people before they even come on. We have a chat with them and I get to know a little bit about them and ease them in."* (CP1, Programme-1)

There was a recognised need for practitioners to be clear on what the sessions would involve, particularly for Programme 5 targeting children and young people.

> *"I know that she really tried big bold letters in the emails saying that this is a music session, but I think I think that was lost in translation"* (CP5, Programme-5)

Practitioners would also try to keep in touch with attendees between sessions, sending reminders and information to support ongoing engagement, highlighting the importance of their time and skills outside of session delivery.

> *"I'll also send a text reminder to them about half an hour, 45 minutes before the session starts."* (CP3, Programme-1)

Subtheme 5B: Practical Insights into Programme Delivery

Creative practitioners shared how in-person programme delivery venues were carefully chosen (when able to), considering toilet facilities, refreshments, parking, accessibility, and seating.

> *"Having seating that's comfortable for people as well, so having chairs or mats that people can sit either, off the ground if it's cold, or on the ground if they want to."* (CP6, Programme-2)

This appropriate space enabled attendees to connect together.

> *"Those conversations really happened as people were coming in, settling down, you could see dynamics happening when people would be gravitating towards each other."* (CP5, Programme-6)

However, it was not always possible for venues to fulfil every requirement, and some creative practitioners had to adapt to locations that were not so suitable for their planned sessions, for example, when rooms were undersized.

> *"The [size of the] rooms [in a primary school] weren't always suitable for what we were doing."* (CP5, Programme-5)

When delivered online, creative practitioners shared mixed observations.

> *"It is quite amazing that when you are really so engaged in your own space but still online, how you can still feel communities."* (CP2, Programme-1)

> *"We try our best to encourage them [attendees] to turn it [their camera] on, when they're ready, we don't want to put pressure on, but we noticed that it really kind of affects the dynamic of the group."* (CP3, Programme-1)

Programme 3 alternated between in-person and online sessions in response to attendee input.

> *"The hybrid model really actually emerged as a response to the fact that a lot of people were saying to us 'actually if this goes fully in-person I'm gonna have to stop'."* (CP12, Programme-3)

4. Discussion

This study evaluated six creative health programmes commissioned to promote health and wellbeing among people living with mental or physical health problems or other challenges and those involved with delivering/commissioning these programmes. Participants described how the creative health programmes influenced their health, wellbeing, and social connection in largely positive ways, and that these experiences were supported and enabled by skilled practitioners. Consistent with wider evidence, improved mood, health symptoms, and enhanced social connections were emphasised [4,9,12]. Creative practitioners played a significant role in tailoring sessions, embedding relational approaches, facilitating connections, and delivering enjoyable activities. Providing non-judgemental spaces supported engagement [8,25], and evidenced the importance of delivery by skilled practitioners. Participants described how creative engagement facilitated mindfulness and positively distracted from life stressors suggesting a potential mechanism through which improvements in wellbeing are generated via engagement with creative health initiatives. Enhanced wellbeing was also facilitated by the group format promoting social connections [12]. Evidence from multiple programmes described how participants connected over shared experiences, such as being a carer or living with a health condition, emphasising value in group delivery [11].

For some programmes, participants described benefits related to the type of creative activity delivered. Programme 2 centred nature within activities, through using natural materials for arts or activities delivered in natural settings such as woods. Participants described how exposure to nature promoted mental wellbeing, social connections, and mindfulness [26]. Early motivations to spend more time being active in nature beyond the programme were also indicated. Greater evidence is required as to the longer-term physical health benefits of creative health, offering opportunities for further study [10]. Contributing to the growing evidence base for singing for lung health [27,28], participants in Programme 3 were surprised to experience improvements in their breathing capacity and physical health. The important role of trained practitioners in singing for lung health delivery has also previously been highlighted [29].

For public health practice, creative health may offer an approachable form of support, overcoming stigma or barriers to accessing other more formal services [4]. This study contributes to the growing body of evidence, with much further study required to understand the implications for population health [30]. The insights shared can be considered by commissioners planning to develop and implement creative health programmes, particularly within a local authority footprint. The importance of flexible, diverse and person-centred approaches was often indicated in the findings, supporting wider evidence relevant to commissioners to support inclusion and engagement [28,31,32]. Contrasting preferences and accessibility needs relating to online and offline formats, for example, were highlighted. For participants in this study, group sessions often facilitated social connections and were positively experienced as supporting wellbeing. These programmes were commissioned to target local residents experiencing additional health or wellbeing challenges. Programme attendee characteristics suggested that the programmes may not have engaged as diverse a target group as planned. Wider evidence also suggests that creative arts disproportionately engage higher income groups [17]. Proposed policy actions to mitigate inequalities in creative health accessibility and engagement include inclusive strategies, sufficient investment, proportionate universalism approaches, culturally relevant recruitment and delivery approaches, and robust monitoring disaggregated by characteristics [18].

In this study, some participants predicted they would continue engaging with other activities independently. Researchers and commissioners may consider follow-up data collection to explore longer-term ripple effects and sustainability of behaviours and out-

comes following involvement in structured programmes. Both attendees and practitioners strongly advocated for longer programmes to maximise and sustain desired outcomes [16]. Future evaluation should focus on the economic and health benefits gained of longer-term provisions to strengthen delivery and commissioning decisions at scale. The wider evidence base reports challenges with data gathering in arts and creative contexts [33], with greater understanding required as to the influence of community- and policy-level factors that affect creative health engagement and outcomes [33]. In this study, insights on creative health receipt and delivery to influence health and wellbeing, provide deeper insights and subjective experiences recommended following previous evidence review [24].

Strengths and Limitations

This qualitative study explored the experiences and perspectives of 62 participants who chose to take part in the evaluation. Opportunistic sampling was undertaken, and the self-selecting sample of participants may not reflect the full breadth of experiences among programme attendees. Insights were gathered following participation and may have been influenced by participant recall. In addition, reasons for declining participation in the evaluation were not collected, limiting the potential to understand non-participation bias. Participants who were themselves experiencing wellbeing benefits from the programmes may have been more likely to accept taking part. Higher numbers of participants were achieved for some programme compared with others, and programmes with higher participant numbers may have been weighted greater during analysis, theme development, and in the narrative findings. Despite efforts to recruit young people from Programme 5, no young people participated. Subsequently, insights as to the observed influence of creative health programmes on young people experiencing mental health challenges or additional needs were only shared through the perspectives of creative practitioners, and acceptability of the programmes to young people is less certain. Each programme also sought to recruit different population groups and included a variety of course and session types and delivery formats, limiting opportunities for integrated evaluation insights. However, the qualitative approach undertaken enabled nuanced insights about these varied aspects of the programmes. Programme enrolment and attendance data was insufficient to assess how successfully the programmes engaged diverse groups, and this limitation extended to recruitment to interviews and focus groups.

5. Conclusions

This qualitative study evaluated six programmes delivering creative activities to groups of individuals living with health- and non-health-related challenges. Findings revealed how the creative health programmes often influenced health and wellbeing in largely positive ways, and how these experiences were supported by skilled and adaptable practitioners. Future work must understand acceptability and effectiveness of creative health among more diverse groups, among children and young people, and embed more longitudinal methods.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/ijerph23111348/s1, Supplementary S1: Interview schedules; Supplementary S2: Programme attendee characteristics.

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References

1. Clift, S. Creative Arts as a Public Health Resource: Moving from Practice-Based Research to Evidence-Based Practice. *Perspect. Public Health* **2012**, *132*, 120–127. [CrossRef] [PubMed]
2. Brownson, R.C.; Fielding, J.E.; Maylahn, C.M. Evidence-Based Public Health: A Fundamental Concept for Public Health Practice. *Annu. Rev. Public Health* **2009**, *30*, 175–201. [CrossRef] [PubMed]
3. Fancourt, D.; Finn, S. *What Is the Evidence on the Role of the Arts in Improving Health and Well-Being? A Scoping Review*; HO Regional Office for Europe: Copenhagen, Denmark, 2019.
4. The All-Party Parliamentary Group on Arts Health and Wellbeing, National Centre for Creative Health. *Creative Health Review: How Policy Can Embrace Creative Health*; National Centre for Creative Health: London, UK, 2023.
5. The All-Party Parliamentary Group on Arts Health and Wellbeing. *Creative Health: The Arts for Health and Wellbeing*; All-Party Parliamentary Group on Arts, Health and Wellbeing: London, UK, 2017.
6. Bourne, P.; Camic, P.M.; Crutch, S.J. Psychosocial Outcomes of Dyadic Arts Interventions for People with a Dementia and Their Informal Caregivers: A Systematic Review. *Health Soc. Care Community* **2021**, *29*, 1632–1649. [CrossRef] [PubMed]
7. Morison, L.; Simonds, L.; Stewart, S.-J.F. Effectiveness of Creative Arts-Based Interventions for Treating Children and Adolescents Exposed to Traumatic Events: A Systematic Review of the Quantitative Evidence and Meta-Analysis. *Arts Health* **2022**, *14*, 237–262. [CrossRef] [PubMed]
8. Tomlinson, A.; Lane, J.; Julier, G.; Grigsby Duffy, L.; Payne, A.; Mansfield, L.; Kay, T.; John, A.; Meads, C.; Daykin, N.; et al. *A Systematic Review of the Subjective Wellbeing Outcomes of Engaging with Visual Arts for Adults ("Working-Age", 15–64 Years) with Diagnosed Mental Health Conditions*; What Works Centre for Wellbeing: London, UK, 2018.
9. Lewis, A.; Philip, K.E.J.; Lound, A.; Cave, P.; Russell, J.; Hopkinson, N.S. The Physiology of Singing and Implications for 'Singing for Lung Health' as a Therapy for Individuals with Chronic Obstructive Pulmonary Disease. *BMJ Open Respir. Res.* **2021**, *8*, e000996. [CrossRef] [PubMed]
10. Coventry, P.A.; Brown, J.; Pervin, J.; Brabyn, S.; Pateman, R.; Breedvelt, J.; Gilbody, S.; Stancliffe, R.; McEachan, R.; White, P. Nature-Based Outdoor Activities for Mental and Physical Health: Systematic Review and Meta-Analysis. *SSM—Popul. Health* **2021**, *16*, 100934. [CrossRef] [PubMed]
11. Irons, J.Y.; Garip, G.; Cross, A.J.; Sheffield, D.; Bird, J. An Integrative Systematic Review of Creative Arts Interventions for Older Informal Caregivers of People with Neurological Conditions. *PLoS ONE* **2020**, *15*, e0243461. [CrossRef] [PubMed]
12. O'Donnell, S.; Lohan, M.; Oliffe, J.L.; Grant, D.; Galway, K. The Acceptability, Effectiveness and Gender Responsiveness of Participatory Arts Interventions in Promoting Mental Health and Wellbeing: A Systematic Review. *Arts Health* **2022**, *14*, 186–203. [CrossRef] [PubMed]
13. Gordon-Nesbitt, R. *The Greater Manchester Creative Health Strategy*; Greater Manchester Integrated Care Partnership: Manchester, UK, 2022.
14. Dow, R.; Warran, K.; Letrondo, P.; Fancourt, D. The Arts in Public Health Policy: Progress and Opportunities. *Lancet Public Health* **2023**, *8*, e155–e160. [CrossRef] [PubMed]
15. Puebla Fortier, J.; Coulter, A. Creative Cross-Sectoral Collaboration: A Conceptual Framework of Factors Influencing Partnerships for Arts, Health and Wellbeing. *Public Health* **2021**, *196*, 146–149. [CrossRef] [PubMed]
16. Dunphy, K.; Baker, F.A.; Dumaresq, E.; Carroll-Haskins, K.; Eickholt, J.; Ercole, M.; Kaimal, G.; Meyer, K.; Sajnani, N.; Shamir, O.Y.; et al. Creative Arts Interventions to Address Depression in Older Adults: A Systematic Review of Outcomes, Processes, and Mechanisms. *Front. Psychol.* **2019**, *9*, 2655. [CrossRef] [PubMed]
17. Daykin, N.; Gray, K.; McCree, M.; Willis, J. Creative and Credible Evaluation for Arts, Health and Well-Being: Opportunities and Challenges of Co-Production. *Arts Health* **2017**, *9*, 123–138. [CrossRef]

18. Fancourt, D.; Bradt, J.; Fietje, N.; Tan, M.K.B.; Campbell, D.; Ibanez, A.; Sonke, J.; Patel, V.; Abdulla, S.; Mak, H.W.; et al. Developing roadmaps for advancing practice, research, and policy in the arts and health. *Lancet* **2026**, *408*, P1499–P1517. [CrossRef] [PubMed]
19. Warwickshire County Council. *Warwickshire Health and Wellbeing Strategy 2021–2026*; Warwickshire County Council: Warwickshire, UK, 2021.
20. Braun, V.; Clarke, V. Reporting Guidelines for Qualitative Research: A Values-Based Approach. *Qual. Res. Psychol.* **2025**, *22*, 399–438. [CrossRef]
21. Malterud, K.; Dirk Siersma, V.; Dorrit Guassora, A. Sample Size in Qualitative Interview Studies: Guided by Information Power. *Qual. Health Res.* **2016**, *26*, 1753–1760. [CrossRef] [PubMed]
22. Braun, V.; Clarke, V.; Hayfield, N.; Davey, L.; Jenkinson, E. Doing Reflexive Thematic Analysis. In *Supporting Research in Counselling and Psychotherapy: Qualitative, Quantitative, and Mixed Methods Research*; Bager-Charleson, S., McBeath, A., Eds.; Springer International Publishing: Cham, Switzerland, 2022; pp. 19–38.
23. Braun, V.; Clarke, V. Reflecting on Reflexive Thematic Analysis. *Qual. Res. Sport Exerc. Health* **2019**, *11*, 589–597. [CrossRef]
24. Flemming, K.; Noyes, J. Qualitative Evidence Synthesis: Where Are We At? *Int. J. Qual. Methods* **2021**, *20*, 1609406921993276. [CrossRef]
25. Perkins, R.; Yorke, S.; Fancourt, D. Learning to Facilitate Arts-in-Health Programmes: A Case Study of Musicians Facilitating Creative Interventions for Mothers with Symptoms of Postnatal Depression. *Int. J. Music Educ.* **2018**, *36*, 644–658. [CrossRef]
26. Jessen, N.H.; Løvschall, C.; Skejø, S.D.; Madsen, L.S.S.; Corazon, S.S.; Maribo, T.; Poulsen, D.V. Effect of Nature-Based Health Interventions for Individuals Diagnosed with Anxiety, Depression and/or Experiencing Stress—A Systematic Review and Meta-Analysis. *BMJ Open* **2025**, *15*, e098598. [CrossRef] [PubMed]
27. Fang, X.; Qiao, Z.; Yu, X.; Tian, R.; Liu, K.; Han, W. Effect of Singing on Symptoms in Stable COPD: A Systematic Review and Meta-Analysis. *Int. J. Chron. Obstruct. Pulmon. Dis.* **2022**, *17*, 2893–2904. [CrossRef] [PubMed]
28. Kim, S.J.; Yeo, M.S.; Kim, S.Y. Singing Interventions in Pulmonary Rehabilitation: A Scoping Review. *Int. J. Environ. Res. Public Health* **2023**, *20*, 1383. [CrossRef] [PubMed]
29. Lewis, A.; Cave, P.; Stern, M.; Welch, L.; Taylor, K.; Russell, J.; Doyle, A.; Russell, A.; McKee, H.; Clift, S.; et al. Singing for Lung Health—A Systematic Review of the Literature and Consensus Statement. *Prim. Care Respir. Med.* **2016**, *26*, 16080. [CrossRef] [PubMed]
30. Clift, S.; McCrary, M.; Kaasgaard, M.; Kreutz, G.; Musgrave, G.; Danso, A.; Bamford, J.S.; Pelowski, M.; Davies, C.; Schurig, E.; et al. Arts, cultural engagement and health inequalities: Critical reflections on the UK *Creative Health Review* (2023). *Cult. Trends* **2026**, *4*. [CrossRef]
31. Skingley, A.; Clift, S.; Hurley, S.; Price, S.; Stephens, L. Community Singing Groups for People with Chronic Obstructive Pulmonary Disease: Participant Perspectives. *Perspect. Public Health* **2018**, *138*, 66–75. [CrossRef] [PubMed]
32. Philip, K.E.; Lewis, A.; Jeffery, E.; Buttery, S.; Cave, P.; Cristiano, D.; Lound, A.; Taylor, K.; Man, W.D.-C.; Fancourt, D.; et al. Moving Singing for Lung Health Online in Response to COVID-19: Experience from a Randomised Controlled Trial. *BMJ Open Respir. Res.* **2020**, *7*, e000737. [CrossRef] [PubMed]
33. Daykin, N. Creativity, Health and Wellbeing: Challenges of Research and Evidence. *Musiikki* **2021**, *51*, 50–61. [CrossRef]

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