

FULL-LENGTH ARTICLES

'Applied Social Prescribing Practice: A Focused Arts Based Participatory Action Research Study of Military Veteran Transition Into Civilian Life'

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Keywords: Social Prescribing, Transformation, Creative Arts, Wellbeing, Ceramics, Veterans

<https://doi.org/10.35844/001c.37612>

Journal of Participatory Research Methods

Vol. 3, Issue 2, 2022

Experiences of transition into civilian life after active service differs widely for military personnel. For those who experience issues in this process of transition, life can often be characterized by perceptions of loneliness, social isolation, poor mental well-being, and a functional dependency on alcohol, alongside other negative behaviors, for coping with post-traumatic stress disorder. This research employed action research methodology and the implementation of participatory action research methods. Both facilitated a systematic and pragmatic process of revealing new understandings about how social prescribing could act as a driver of transformation for veterans and their families (51 participants engaged across 18 individual workshops). This iterative exploratory process enabled a guided understanding of complex individual and collectively-shared experiences of veterans transitioning from military back to civilian lives. The facilitated collective arts experiences for veterans and their families were undertaken by specialist artists to foster a sense of active citizenship. The study revealed that participants transitioning from military to civilian life reported an increased sense of well-being because of engaging in collective creative practice. Participants attributed this to the opportunity of learning new skills, gaining a sense of creative expression, and engaging in reflection on their military heritage and contribution to service alongside peers. Knowledge gained from this research enables consideration of how principles of participatory action research may have potential transferability to other similar contexts which serve to support veterans in their transition from military to civilian life.

Background

Within the UK, an estimated 20,000 military service personnel leave their active roles each year, with the vast majority qualifying for veteran status (Mental Health Foundation, 2020). Periods of service undertaken by these veterans range anywhere from one day to forty years, and while the majority transition smoothly into civilian life, the published evidence base shows that some develop mental health problems, many of which remain unrecognized and undiagnosed (Iversen et al., 2005). For those who experience issues in this process of transition, life can often be characterized by perceptions of loneliness, social isolation, poor mental well-being, and a functional dependency on alcohol. Some use alcohol, in addition to other negative behaviors, as a coping mechanism for post-traumatic stress disorder (Gordon

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et al., 2020). The dissolution of both individual and collective professional identity can leave veterans feeling a sense of loss and disconnect from the contexts of both the military and wider civilian society (Binks & Cambridge, 2018; Hatch et al., 2013).

Demographic Profiling of Veterans

Demographically, 2.5 million veterans are living in the UK, of which 37% are aged 16–64 years, with 90% identifying as male (MoD, 2019). In terms of formally recorded figures, it is estimated that there are at least 2,500 veterans living in Sunderland. However, the actual number may be as high as 7,000 as, until recently, there was no obligation for people to reveal their veteran status (Burdett et al., 2014). Historically, this has posed ongoing challenges for accessing and reaching out to this group, in order to provide any degree of active support or facilitation for their individual or collective needs, some of which can be complex and multifaceted. In 2021 the UK National Census incorporated a question which specifically asked ex-service personnel to reveal their current veteran status for the first time (ONS, 2021). This will provide a more representative set of demographic figures, which can be used to provide targeted support and directed intervention for those who have struggled to transition back to civilian life.

Peer Group Support Within the Veteran Community

The concept of shared experience and a collective sense of context-specific experiences provide a connected dialogue for veterans in their universal experience of returning and adjusting to new civilian lives (Drebing et al., 2018). These relationships have a potentially positive impact on the well-being of veterans (Caddick et al., 2015; Hundt et al., 2015) and improve veterans' sense of community integration, where they are able to meet and spend time with former military personnel (Drebing et al., 2018).

Participatory Design as a Context for Social Prescribing Practice

Because participatory design strategically integrated the military veterans into all stages of the project, they were far more likely to be accepting of the outcome and stay engaged over time. Whereas traditional social prescribing mechanisms involve minimal choice, this process engaged participants in choosing how and where activities would take place. This authentic, bottom-up approach to the implementation of social prescribing in applied practice also permitted confirmation or refutation of a proof of concept which could then be used to devise subsequent social prescribing intervention strategies.

Social prescribing pertains to the needs-led community referral of people to a range of local, non-clinical services (Polley et al., 2017). Since health and well-being are often determined by complex interrelationships between social, economic, and environmental factors, processes of social prescribing are tailored to holistic needs and facilitate a greater ownership of personal health and well-being (Kings Fund, 2020). There are different models within the current infrastructure for social prescribing that have been designed to meet the specific needs of individual communities and their stages of life. Through

processes of social transformation, social prescribing empowers individuals to build strength and personal resilience rather than focusing on deficits. This increases confidence by introducing and encouraging the building of personal resilience while serving to de-medicalize interventional support for health and well-being (National Academy of Social Prescribing, 2015). Within the UK, NHS stands for the National Health Service, the government-funded medical and health care services that all people in the UK can use for free. Social prescribing's success is reliant on being able to connect the skills and culture of local communities, including the private, public, and voluntary sectors (NHS England & NHS Improvement, 2020). In terms of active policy, the UK's *NHS Long Term Plan* recommends social prescribing as an integral part of the trajectory towards the goal of universal, personalized care planning and implementation (National Health Service, 2019). Specific guidance to integrate social prescribing and peer support in efforts to improve veteran well-being was issued to facilitate and support the provision of personalized care for military veterans (NHS England & NHS Improvement Armed Forces Health Team, 2019).

Financial Investment in Social Prescribing

Through the creation of the National Academy for Social Prescribing, a £25 million investment was made in 2019 as part of a UK national drive to legitimize and embed the concept of social prescribing alongside routine medical NHS care services (National Academy of Social Prescribing, 2019). By 2023–2024, an estimated 900,000 people will have been referred to social prescribing services (National Academy of Social Prescribing, 2019). The UK has made the biggest investment in social prescribing compared to any other national health system globally, and this shift in holistic approaches to healthcare provision legitimizes the funding of community-based activities and support alongside medical treatment as an integral part of personalized care packages.

Creative Practice

The “arts” is a broad and recognizable term encompassing a diverse range of creative media. Within health studies, engagement with the arts has been defined as consisting of four broad—yet fundamentally distinct—categories, namely:

- Performing Arts (incorporating music, dance, theatre, singing, and film)
- Visual Arts, Design, and Craft (including crafts, design, painting, photography, sculpture, and textiles)
- Literature (incorporating writing and reading as well as culture, such as museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals and fairs)

- Digital and electronic arts (constituting animations, film-making, and computer graphics) (Davies et al., 2012).

The World Health Organization (WHO) recommends strategic collaboration between arts and health agencies to deliver optimal social prescribing, with robust evidence to demonstrate the value of the arts in the prevention of poor health and the active promotion of increased well-being and social inclusion, while simultaneously addressing health-related stigma via the potential to engage with hard-to-reach groups (World Health Organisation, 2019). A commissioned report by the All-Party Parliamentary Group (APPG) on Arts, Health, and Well-being revealed that for some participants the arts can maintain well-being, aid recovery, and support a longer and higher quality of life (APPG, 2017). The arts and creative practice can help meet major health and social challenges such as the care and management of aging populations, the acceptance and empowerment of people living with long-term conditions, and issues of loneliness and social isolation. All of this contributes to potential fiscal savings for health and social care agencies that provide care and community interventions (Jensen & Bonde, 2018). Within veteran populations, mental health and well-being have been identified as priority issues within the health care service provision (Gordon et al., 2020; Hatch et al., 2013).

Needs-Led Social Prescribing

In the UK, the Armed Forces Covenant is a formally-acknowledged pledge that states those who serve or who have served in the armed forces, and their families, ought to be treated with fairness and respect in the communities, economies, and societies they serve or have served with their lives. The covenant is fulfilled by the different groups that have committed to making a difference for service personnel and veterans, including the government, Ministry of Defense, businesses, charities, and community-based settings (Polley et al., 2017).

Collaborative Approaches To Veteran Health And Well-Being

In Sunderland, there is an Armed Forces Covenant Group, managed by Sunderland City Council, that formally convenes on a regular basis to ensure that services for serving Armed Forces members, reservists, and veterans are being optimally provided and managed. Part of the remit of this group is to support collaborative working practices and the co-construction of new knowledge in the active transformation of veteran life in the region.

Interdisciplinary Knowledge Exchange

This work also constitutes an integral part of research and knowledge exchange activity between the University of Sunderland and Sunderland City Council. In terms of stakeholder representation, the University's Veteran Champion (who secured the funding and collaborative working partnership) regularly meets with members of the Armed Forces Covenant Group, including Veterans in Crisis (VICS), a community interest company run by

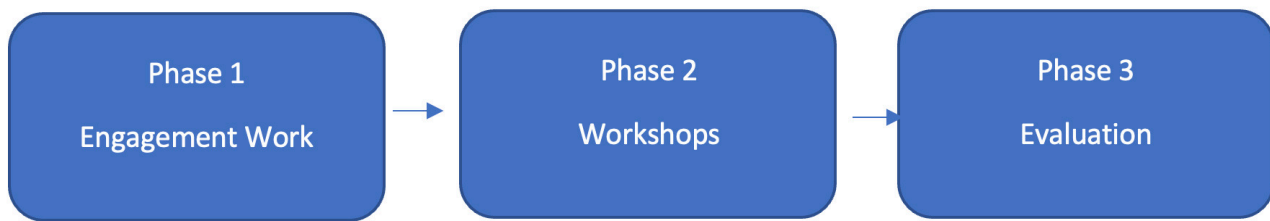


Figure 1. Project Phases

veterans for veterans (which provides needs-led interventions and peer support). Sunderland and South Tyneside Clinical Commissioning Group (CCG) also oversee the delivery of health services for the city and has a specialist military and veteran champion within the CCG who is responsible for the support of this population. The University of Sunderland owns the National Glass Centre, which was used for this project and served as a collaborator. The museum has a designated Learning and Development team with specific expertise in supporting community arts and creative practice projects.

The University of Sunderland and Sunderland and South Tyneside CCG have attained the Gold award level for the Armed Forces Covenant Employer Recognition Scheme. All organizations are members of the Sunderland Armed Forces Covenant, which provided a letter of support for the project as part of the funding application. Respective collaborative team members had specific expertise on the health and general mental well-being of veterans as well as the knowledge and skills to facilitate glass blowing and ceramics workshops. These are also supported by expertise in health service development and commissioning, underpinned by an institutional, academic capacity to undertake a methodologically-robust evaluation of the project's perceived impact.

Research Design and Methodology

The project was carried out using an overarching action research methodology. This approach was selected based on its capacity to provide specific insight into how a change in practice can be implemented. This was undertaken by integrating and facilitating the collaborative work of people and organizations. Representatives of these organizations were invested in the process and, as a result, the outcome of new knowledge creation and perspective transformation enabled the possibility of making pragmatic differences to this specific community.

The robust and systematic approach that action research methodology permits and facilitates also provides the opportunity to justify and legitimize where the outcome of new knowledge creation can be purposively used in professional practice for the improvement of veteran lives. Most importantly, it provides a forum for those whose lives are impacted to have an active voice as part of a wider collaborative approach to addressing challenges and focusing on solutions.

As an integral part of an interpretivist paradigm, this facilitates the study of the “how” and “why” of social phenomena (Creswell & Poth, 2016), illuminating subjective participants’ experiences and understanding the underlying meanings and actions (Charmaz, 2014). In contrast to conventional research perspectives on capturing the deep meaning of experience with participants, action research provided a means of combining both action and applied systematic processes of reflection on lives lived and the meaning made.

The focus of this methodology lies not only in the need to create new knowledge but also in the need to address potential mechanisms of positive change for the participating veterans. In this sense, knowledge is both grounded and essentially actionable within the context of developing social prescribing approaches specifically tailored for military service personnel, veterans, and their families at various stages of their transition from active to veteran military members.

Since those holders of the Armed Forces Covenant pledge have a vested interest in the lives of these people, Action Research Methodology also enabled the connection and acknowledgment of the reciprocal impact of these organizations and the veteran population, while at the same time permitting formal boundaries of professional practice and the potential for rich data collection. Stemming from a pragmatist philosophical stance, the opportunity for the research team to work with an emphasis on improving lives, and yet being able to “tell it like it is” from the perspectives of people whose experiences are being gathered, is invaluable in terms of the trustworthiness and authenticity of the research.

As a process of undertaking research with people, as opposed to doing it to them, the perspective also enables people with minimal or no military experience to facilitate veterans in making meaning of their experience and then translating this into a potentially reflexive response. Using focused workshops to drive engagement was a deliberate aspect of the study’s execution to ensure that people were discouraged from adopting a passive approach to the research.

Being aligned with the principles of participatory action research methods made it possible to collect theoretically rich, detailed, and descriptive data via relatively small groups of people from the local veteran community (Robson, 2011). This also facilitated a broader understanding of a situation and contributed towards improvement through actively involving participants in the project (National Academy of Social Prescribing, 2019). Participants are not subjects of research, but rather are active contributors to research who participate in all phases of the research process (MacDonald, 2012). In addition to being an approach to social investigation, participatory action research may be used to take action or to engage in socio-political action (Koch et al., 2002).

Through participatory action research, a democratic process is established, building mutual reciprocity between researcher and participant (Charmaz, 2014; Koch et al., 2002) and may be fulfilling and liberating as participants

Table 1. Inclusion/exclusion criteria

Inclusion	Exclusion
Veterans living in Sunderland Family members of veterans living in Sunderland	Veterans living outside Sunderland Family members of veterans living outside Sunderland

construct meaning in the process of group discussions and play an active role in the research project (MacDonald, 2012). The project manager, artists, and research team could be guided by the veterans and gain insights into their world, resulting in an understanding of veterans' current situations and how to best improve their circumstances (NHS England & NHS Improvement, 2020).

Establishing mutual reciprocity between the artists and veterans would enable social dialogue, the co-design of the project, and their active participation rather than passive recipients of interventions. It was also important to ensure that the veterans would gain a sense of belonging within the exhibition space at the National Glass Centre, the wider university, and the community within Sunderland through participating in the National Glass Centre-based workshops.

Project objectives were:

1. To provide a psychologically safe, non-judgmental environment for veterans and their families to socially engage with others via attendance at a series of arts-based workshops.
2. To improve the veterans' general sense of mental well-being and to positively impact on any sense of social isolation they might perceive they are experiencing.
3. To understand individual and collective veterans' senses of present identity in the creation of new knowledge, from which iterative developments in social prescribing practice may be developed for military veterans and their families.

The workshops were open to veterans and their families living in the City of Sunderland (see [Table 1](#)).

Embedding Reflexivity and Positionality

While participatory action research was a pragmatic approach, adopting the process of reflexivity was pivotal to recognizing and addressing any issues that might arise during the ceramic workshops. This involved due regard for the potential vulnerability of veterans, many of whom were still in the process of transitioning into civilian life. The cyclical nature of participatory action between iterative workshops enabled this, alongside being able to integrate any ethical issues which may have arisen.

The fact that the veterans and their families were working with artists from practice meant we had to consider the role of the artists as people who were essentially guiding the process of activities. In other words, they were. Guiding

the cultural expression and capacity of participants to be able to undertake the ceramic activities. This created a power dynamic that needed to be acknowledged: while the artists were running the workshops, they were also participants in the research. As researchers, the team were also academic members of University of Sunderland staff, so again, these issues were acknowledged within the research process as potentially influencing the results.

Ethical Approval

Full ethical consideration was given to this project and all data was handled in accordance with the guidelines of the 2018 GDPR. The research was pre-approved by the University of Sunderland's Institutional Research Ethics Committee prior to the commencement of the study in November 2019. All participants provided informed consent following detailed information about the nature of the research. No incentives were offered, and all research participants were assured of their individual anonymity with no identifiable data being made available to the public. Respondents who left comments and a contact email address were contacted at a later stage and asked for permission for their direct quotes to be used in the publication of this work. Collected data was kept on a secure Microsoft Office program with offline access only available to three authors. Each copy was individually secured via the use of encrypted passwords. Only these approved quotes have been included in this article. The remainder of the survey data was used to inform the overall thematic qualitative analysis, without the use of direct quotations. No data was available to ascertain the unique visitor or response rate. No cookies were accessible to the authors and no IP checks were performed.

Findings

The project, named "Time for Tea," took place from May 2019–March 2020, with 51 veterans participating in the creative practice workshops.

Phase 1: Engagement work

Contexts of Participation

The National Glass Centre in Sunderland may not be an obvious choice of meeting place for veterans, but the building is a central part of the University of Sunderland, an organization committed to civic impact and community involvement. Running the participant workshops there enabled a degree of encouragement for veterans to feel a sense of belonging to their home city and the prestigious location could potentially serve to build collective and individual esteem regarding their history of active military service. The fact it was run as a social gathering with the opportunity to relax meant that informal interaction could be encouraged.

Participatory Design as Empowerment

Participation drives and ultimately defines and benefits communities. The research was specifically designed to target the veteran community in Sunderland as a means of engendering the links between participatory activity and processes of collective creative practice. As a grassroots intervention with

those who may be potentially vulnerable having transitioned into civilian life from the military, this bottom-up participatory approach was by strategic design both pragmatic and empowering. This is due to its capacity to provide sensitivity to both individual needs and the multi-agency approach required to address the processes of achieving true integration and a sense of belonging. This approach allowed us to move beyond mere tokenism to actively acknowledge, address, and support the distinctive nature of local veterans and their families.

Clarity of the Participatory Arts Practice Process

The process of participation entailed the opportunity to take part in the creation of a shared collective activity, in this case making ceramic objects that could be used as crockery to share a meal for veterans and their families and the researchers. The shared focus on “being a veteran” framed activity that the participants could use as a means of making meaning of their experience. Some participants were initially hesitant to take part due to self-esteem issues and the participatory processes necessitated a degree of sensitivity in permitting them to choose their own objects to make and decorate in a process that actively encouraged their participation and collaboration in the project.

Resources were provided for all activities so that cost did not preclude participation and facilitators explained the overall purpose of the research in conjunction with the aims of the workshops so that all participants could provide informed consent of their involvement. They were freely able to choose the colors and style of the crockery they made, which could reflect their individualities but which were all connected by the military theme of the project.

The process of using the creativity ceramics workshops was that these enabled significant interactions between the military veterans and their families and that this was based on their shared collective experience and the purpose they served within society because of this. The informality of the process and the handling of objects they were creating encouraged them to identify and acknowledge the positivity that creative generativity can elicit. In this sense, their own creativity became tangible through the object they created, and this served to capture a representation of the meaning making of their experiences. This would not have been possible to such an extent with the adoption of alternative methods, such as focus groups or anecdote circles, because dialogue would have been a predominant focus.

To maximize awareness and participation in the workshops, the collaborators developed a formal program of engagement. While the University developed a program of activities for the workshops, research staff engaged with the veterans through their regular meetings and events to raise awareness of the workshops and to encourage participation. This activity took place from May to September 2019.

The initial task entailed working collaboratively over a period of several months to plan, act, and reflect upon the project in relation to how families and friends may benefit from working as a community in the production of

ceramic and glass tableware. We also embedded artists as participants within the study so that the whole process of co-constructing knowledge and understanding of veteran transitions could be captured.

“She [employee] thought this [workshops] would be really interesting for me, because they were trying to get me out of the house so I wasn’t there all the time and thinking about things, because that’s what was happening, having nowhere to go and just staying in the house....it seemed really interesting and I just thought, you know, I would give it a go, to get me out of the house and I knew I would be with other veterans” (Participant)

The engagement work revealed that the veterans were keen to base the projects around the exploration of their military heritage and, together with the learning and development staff of the National Glass Centre, ensured that the Sunderland project focused specifically on the design, craft, and culture categories. This focus engaged the veterans in activities that could potentially enable and facilitate them in making meaning of their lives, and later be shared and articulated with the wider community. Drawing upon Sunderland’s rich industrial history of glassmaking and using other resources (such as ceramics), the artists encouraged the participants to engage and interact with the National Glass Centre to foster a sense of community and inclusion with other veterans and their families.

Phase 2: Workshop Sessions

There were 18 individual workshop sessions held from October 2019–March 2020. Workshops held included: family ceramics (2 sessions); lampworking: knives, forks and glasses (4 sessions); ceramic and slab building (6 sessions); hot glass blown funky tumblers (2 sessions); throwing bowls and cups (2 sessions); and throwing and slab building ceramics (2 sessions). The workshops lasted up to three hours with small groups of up to 7 participants. This allowed the artists to spend more time with individuals and allowed participants to interact with others, this appeared to be a comfortable group size. Veterans in Crisis veterans took part in the project. Participants attended some or all the sessions.

Artists took care to ensure that activities could be completed within the time allocation, which was challenging, but leaders were aware that most participants did not have experience in glassmaking and ceramics:

“I wanted to make sure we were doing something that was easily accessible and that you would get quite quick results from so that it would build enthusiasm and engagement with the materials.”

(Artist)

As an integral part of the participatory action research approach, the artists focused on allowing the workshops to be driven by what the participants wanted to do. So, discussing the available resources available, the veterans adopted the role of co-designers and constructors of the workshops and helped to shape the final agenda:

“Everyone is different and they bring their own unique input into the sessions, no matter what their background, and that’s what makes life so interesting.”

(Artist)

And

Glassmaking means something, my Dad worked for Pyrex®

(Veteran)

The workshops ran until mid-March 2020, when the COVID-19 pandemic necessitated a national lockdown, including social distancing measures and the formal closure of the National Glass Centre. As a direct consequence, further workshops and the planned celebratory event had to be postponed.

Phase 3: Research Evaluation Phase

The evaluation was an integrated final component of each individual workshop with the participants of this research process. The purpose was to provide a space within which the participants and researchers could construct meaning of the event via reflection. We Facilitated this reflexivity by encouraging them to express their experience, its impact on their ability to reflect, and how this will support them in their transition into civilian life.

The formal execution of the evaluation phase consisted of individual, semi-structured interviews with the participants and the artists through video and telephone calls, supplemented by informal discussions and emails with the staff from all organizations who managed the project. The government’s COVID-19 social distancing measures prevented face-to-face interviews as the safety and well-being of everyone involved were paramount.

Each interview was recorded and transcribed verbatim. Data was analyzed using a constant comparative analytic framework (Creswell & Poth, 2016) to identify areas that captured participants’ feelings and experiences. These areas were categorized into three themes. The evaluation phase of the project took place from June–July 2020. The narratives of seven veterans and two artists from the National Glass Centre informed the evaluation.

The analysis of the collected data revealed three themes: creating a sense of community; using arts to project military heritage; and feeling inspired to try something new. These themes are discussed below and illuminated with anonymized, in-vivo quotations.

Theme 1: Creating a Sense of community

The workshops fostered a sense of belonging and the group came together through shared experiences. The artists not only incorporated the military theme that was constructed by the veterans, but they also extended this by bringing in elements that reflected Sunderland's history in glassmaking:

"We used the technique of flame working (melting and sculpting glass in a very hot flame), a technique usually associated with scientific glass lab ware, very relevant to Sunderland, as Pyrex® used to be situated in the City."

(Artist)

The finished glassware then reflected both military and local history, which tacitly created a sense of belonging to Sunderland, a feeling that we planned to reinforce in the final celebration.

The artists observed that the group appeared to come together through the shared experience of attending the workshops:

"The group worked beautifully together, some weeks the techniques were difficult to learn, but the group worked together to help one another. It always felt like a lot of fun getting to our destination."

(Artist)

Participants felt that having a shared experience was central to getting to know the other veterans in the group and there was a colloquial, jovial nature to the conversations which helped the group to come together:

"It doesn't matter what you served in, it just adds to the banter. Like the Royal Navy is known as the senior service, so I will take the mick out of the Army because the Royal Navy call the Army 'Pongos' because wherever the smell goes, the 'Pongos' are, so we all take the mick out of each other. Some people might think it's offensive, but it's not, it's just the culture that you worked in... sometimes people say things and I think if a civilian was to hear you say it they'd be like 'Oh my,' but we're all sitting laughing... when you are there with other veterans, it's safe, you don't have to worry about other people not getting the jokes and the banter, because everyone gets it and you would get the mick taken out of you even more if you didn't understand the joke the first time."

(Veteran)

Several participants felt the workshops gave them a reason to leave their homes, which they didn't often do:

"I literally had a smile on my face and a spring in my step, I didn't have that before, and it [Time for Tea] was so special. It got me out of the house. After the first session, I would literally watch the clock, I couldn't wait for the next session, they [artists] brought you in, it was so special."

(Veteran)

and

"It wasn't until I started going to the Glass Centre that I actually got to know a couple of people and started talking to them. Until then I was in my shell, not speaking to anyone. I didn't know anyone's name and then I found a small group and started talking a bit more because of it."

(Veteran)

Theme 2: Using arts to project military heritage

The veterans and artists had agreed to frame the workshops around creating artifacts that would reflect their past connection to the Armed Forces. This was important to the participants, and through informal conversations, the artists were able to tailor the sessions to illuminate the military heritage:

"I did a Sunderland bowl, I did Sunderland and the poppies and then I made three little plates; one for the RAF, one for the Army, and one for the Navy."

(Veteran)

The artists involved in the workshops were not familiar with the military culture and the participatory action methods used allowed a deeper understanding to be gained:

"I'm not from a military background so I wasn't sure how they [participants] would want to focus on that, but it was quite clear from the outset that they identified strongly with this, it really made up their identities. They were really keen to commemorate that part of them and to share that experience with others."

(Artist)

Theme 3: Feeling inspired to discover something new

The workshops offered opportunities not only to learn new skills but also to meet new people and spend time in a new environment.

"The good thing about working with clay is the immediacy of it, you come in at the start of a workshop and by the end you have made something that is complete. I think because none of them had

any ceramics experience that they loved learning how these things were made. We did a glazing and decorating session so they saw each process and loved seeing how it was done and how quickly they could make something that was really, really good."

(Artist)

Participants reported feeling comfortable in the workshops and feeling confident with something new:

"There were no expectations of you. They [artists] were quite laid back and they showed you things you could do... and they kept you right."

(Veteran)

For some veterans, the workshops offered a reason to interact in a new environment that they didn't feel they would have done otherwise:

"If it hadn't been for the project, I wouldn't have gone to the Glass Centre, why would I have gone there? Why would I go into the University? When I went to the workshops, I had a look around and found other things in the museum... I didn't know it was free... it opened my eyes."

(Veteran)

Discussion

This project illuminates the collaborative partnerships across academia, NHS, and the Voluntary, Community, and Social Enterprise (VCSE) organizations that have been utilized to benefit the health and well-being of military veterans and their families through the resources of the National Glass Centre.

The mental well-being of veterans has long been acknowledged as an issue and this project ensured that veterans and their families had a safe space to make meaning of their experiences, without necessarily using their voices to articulate this. The production of the artifacts served as a media for reflection both collectively and individually and allowed an outlet for creative expression, with many veterans sharing that they might otherwise never have contemplated arts as something they either had access to or were capable of. This project enabled new knowledge and insights into the lives of veterans. This is one important step in being able to further identify and develop services to support veterans and their families.

As a non-clinical intervention designed to improve health and well-being, social prescribing using arts-based interventions in a museum space was found to be effective; this has been demonstrated in other studies (Thomson et al.,

2018). Art therapy, which may be more prescriptive in its approach, has been found to increase self-awareness and improve communication in veterans with post-traumatic stress disorder (Lobban & Murphy, 2019).

The literature around social prescribing and its impact on well-being is growing, and continued research is needed to strengthen the evidence base (Vidovic et al., 2021). There are currently few published studies exploring social prescribing with veterans, but there is evidence in general populations that shows a positive effect on mental well-being and reduced social isolation (Mann et al., 2017; Mulligan et al., 2020; Nunn, 2020).

The strengths of this project include the involvement and engagement of the veterans, who shaped and influenced the direction of the project and workshops, the collaborative approach of the organizations involved, and the methodological framework to capture the work in this evaluation.

The overarching limitation of the project was the impact of the COVID-19 pandemic, which resulted in the closure of the National Glass Centre in March 2020, meaning further planned workshops, the final celebration event, and the exhibition could not run as planned. These activities will resume as soon as government regulations permit.

The findings show that the Sunderland project was a success and was valued and appreciated by the veterans who took part. This project has laid a strong foundation for future work with our veterans, allowing all organizations to actively support the Sunderland Armed Forces Covenant.

"It just felt like we'd become friends within the workshops. We were all just happy making and joking with each other. Everyone was just super content. It felt great knowing that we'd had that connection. It wasn't just teacher and participant anymore, we were friends." (Artist)

The focus of the research was very much around social prescribing for veterans transitioning to civilian life, but this project revealed the significance of using participatory action research in terms of the creation and consolidation of new relationships for those who may feel somewhat detached from their usual daily norms and everyday sense of purpose. The approach enabled a means of fostering a sense of belonging and inclusion for those veterans, who had been experiencing the complex ambiguity of their new sense of community. The approach revealed the sense of belonging experienced by veterans and their families because of these workshops and offered new insights into how participatory action research can facilitate self-expression, reflection, and cultural, ethical, and social aspects of veteran transition. The objects created provided a mechanism to communicate about past experiences and their impact with others from military backgrounds, regardless of which arms of the military they belonged to.

Most importantly, this research provided insight into how transformative participatory action research can be for those who may have previously felt detached from their community. From the standpoint of epistemology, it also

enabled the generation of exceptionally high-quality data, since the environment and context of the research instilled the participants with confidence, allowing them to be their authentic selves and be honest and open. Since military veterans often feel marginalized after they have left their home regiments and continue to feel that belonging even after leaving the military, PAR provides positive reinforcement.

The ceramics workshops also came to create a sense of belonging for the veterans and their families, which in turn provided the potential for transformative possibilities beyond the context of the project. In this sense, building the future that veterans were often still negotiating could be undertaken in a safe and welcoming environment. The creation of knowledge from the events could then be embraced by key stakeholders to iteratively improve support for this group of veterans and potentially others who might experience the same issues upon leaving the military.

Conclusion

This research demonstrates the clear benefits of transitioning from typical top-down approaches to more pragmatic, bottom-up approaches within participatory action research, where strategic interventions can authentically be regarded as research as opposed to “on behalf of” military veterans. The process is important in providing insight as to how using social prescribing with a designated community or practice, such as the military veterans and their families, can become an effective means of channeling shared and collective experience in practice. The collaborative organizations involved with the project identified three central recommendations, which were made to the Sunderland Armed Forces Covenant to inform future work with the veteran population. These were namely: 1) to work collaboratively to build on the success of the project through seeking external funding as a collaborative and to run more arts-focused, social prescribing programs that utilize the cultural and community assets of the University of Sunderland; 2) to explore how veterans might be able to engage with other areas of the University, e.g. potential of new employment, training, and education pathways and how the collaborating organizations might facilitate this to further extend veteran health and well-being; and 3) to undertake focus groups with the veterans, facilitated through VICS and the University, to identify other projects that could be co-created with the veterans based on their self-reported collective needs.

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Acknowledgements

We would like to thank the Sunderland and South Tyneside CCG for funding this work.

Submitted: March 18, 2022 EDT, Accepted: July 21, 2022 EDT



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References

- APPG on Arts Health and Well-being. (2017). *Creative Health: The arts for health and well-being*. APPG on Arts, Health and Well-being.
- Binks, E., & Cambridge, S. (2018). The transition experiences of British military veterans. *Political Psychology*, 39(1), 125–142. <https://doi.org/10.1111/pops.12399>
- Burdett, H., Greenberg, N., Fear, N. T., & Jones, N. (2014). The mental health of military veterans in the UK. *International Psychiatry*, 11(4), 88–89. <https://doi.org/10.1192/s1749367600004665>
- Caddick, N., Phoenix, C., & Smith, B. (2015). Collective stories and well-being: Using a dialogical narrative approach to understand peer relationships among combat veterans experiencing post-traumatic stress disorder. *Journal of Health Psychology*, 20(3), 286–299. <https://doi.org/10.1177/1359105314566612>
- Charmaz, K. (2014). *Constructing grounded theory*. Sage.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- Davies, C. R., Rosenberg, M., Knuiman, M., Ferguson, R., Pikora, T., & Slatter, N. (2012). Defining arts engagement for population-based health research: Art forms, activities and level of engagement. *Arts & Health*, 4(3), 203–216. <https://doi.org/10.1080/17533015.2012.656201>
- Drebing, C. E., Reilly, E., Henze, K. T., Kelly, M., Russo, A., Smolinsky, J., Gorman, J., & Penk, W. E. (2018). Using peer support groups to enhance community integration of veterans in transition. *Psychological Services*, 15(2), 135–145. <https://doi.org/10.1037/ser0000178>
- Gordon, K., Burnell, K., & Wilson, C. (2020). Outside the military “bubble”: Life after service for UK ex-armed forces personnel. *Frontiers in Public Health*, 8, 50. <https://doi.org/10.3389/fpubh.2020.00050>
- Hatch, S. L., Harvey, S. B., Dandeker, C., Burdett, H., Greenberg, N., Fear, N. T., & Wessely, S. (2013). Life in and after the Armed Forces: Social networks and mental health in the UK military. *Sociology of Health & Illness*, 35(7), 1045–1064. <https://doi.org/10.1111/1467-9566.12022>
- Hundt, N. E., Robinson, A., Arney, J., Stanley, M. A., & Cully, J. A. (2015). Veterans’ perspectives on benefits and drawbacks of peer support for posttraumatic stress disorder. *Military Medicine*, 180(8), 851–856. <https://doi.org/10.7205/milmed-d-14-00536>
- Iversen, A., Nikolaou, V., Greenberg, N., Unwin, C., Hull, L., Hotopf, M., Dandeker, C., Ross, J., & Wessely, S. (2005). What happens to British veterans when they leave the armed forces? *European Journal of Public Health*, 15(2), 175–184. <https://doi.org/10.1093/eurpub/cki128>
- Jensen, A., & Bonde, L. O. (2018). The use of arts interventions for mental health and wellbeing in health settings. *Perspectives in Public Health*, 138(4), 209–214. <https://doi.org/10.1177/1757913918772602>
- Kings Fund. (2020). *What is social prescribing?* The King’s Fund. <https://www.kingsfund.org.uk/publications/social-prescribing>
- Koch, T., Selim, P., & Kralik, D. (2002). Enhancing lives through the development of a community-based participatory action research programme. *Journal of Clinical Nursing*, 11(1), 109–117. <https://doi.org/10.1046/j.1365-2702.2002.00563.x>
- Lobban, J., & Murphy, D. (2019). Understanding the role art therapy can take in treating veterans with chronic post-traumatic stress disorder. *The Arts in Psychotherapy*, 62, 37–44. <https://doi.org/10.1016/j.aip.2018.11.011>

- MacDonald, C. (2012). Understanding participatory action research: A qualitative research methodology option. *The Canadian Journal of Action Research*, 13(2), 34–50. <https://doi.org/10.33524/cjar.v13i2.37>
- Mann, F., Bone, J. K., Lloyd-Evans, B., Frerichs, J., Pinfold, V., Ma, R., Wang, J., & Johnson, S. (2017). A life less lonely: The state of the art in interventions to reduce loneliness in people with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 52(6), 627–638. <https://doi.org/10.1007/s00127-017-1392-y>
- Mental Health Foundation. (2020). *Armed Forces and mental health*. Mental Health Foundation. <https://www.mentalhealth.org.uk/a-to-z/a/armed-forces-and-mental-health>
- Ministry of Defence. (2019). *Population projections: UK Armed Forces veterans residing in Great Britain 2016 to 2028*. Defence Statistics Health.
- Mulligan, K., Bhatti, S., Rayner, J., & Hsiung, S. (2020). Social prescribing: Creating pathways towards better health and wellness. *Journal of the American Geriatrics Society*, 68(2), 426–428. <https://doi.org/10.1111/jgs.16249>
- National Academy of Social Prescribing. (2019). *A social revolution in well-being: Strategic Plan 2020-2023*. National Academy of Social Prescribing.
- National Health Service. (2019). *The NHS Long Term Plan*. National Health Service.
- NHS England & NHS Improvement. (2020). *Social prescribing and community-based support: Summary guide*. NHS England and NHS Improvement.
- NHS England & NHS Improvement Armed Forces Health Team. (2019). *Personalised care for veterans in England*. NHS England and NHS Improvement.
- Nunn, S. (2020). Psychological well-being, physical health and social prescribing in the context of social research. *Thorax*, 75(7), 536. <https://doi.org/10.1136/thoraxjnl-2020-214873>
- Office for National Statistics. (2021). *Armed forces veterans to be counted in Census 2021*. Office for National Statistics. <https://census.gov.uk/news/armed-forces-veterans-to-be-counted-in-census-2021>
- Polley, M. J., Fleming, J., Anfilogoff, T., & Carpenter, A. (2017). *Making sense of social prescribing*. University of Westminster.
- Robson, C. (2011). *Real World Research* (3rd ed.). Oxford.
- Thomson, L. J., Lockyer, B., Camic, P. M., & Chatterjee, H. J. (2018). Effects of a museum-based social prescription intervention on quantitative measures of psychological wellbeing in older adults. *Perspectives in Public Health*, 138(1), 28–38. <https://doi.org/10.1177/1757913917737563>
- Vidovic, D., Reinhardt, G. Y., & Hammerton, C. (2021). Can social prescribing foster individual and community well-being? A systematic review of the evidence. *International Journal of Environmental Research and Public Health*, 18(10), 5276. <https://doi.org/10.3390/ijerph18105276>
- World Health Organisation. (2019). *Intersectional action: The arts, health and well-being*. Geneva.