BRECKLAND ARTS FOR HEALTH 22-24

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"It has been a kick-start for me"

- Wellbeing and Loneliness Outcomes Report

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Cover Images, Credit: Anita Staff

Session Artists: Kay Wheatley, Xenoula Eleftheriades and Abby Page

Foreword

At Breckland Council, we have been investing in Creative Health for over a decade; particularly aiming our investment towards the physical and mental health of older residents across the district.

Since 2021, we have been working to combine delivery into one coherent strand - the Breckland Arts for Health Programme - and resourcing the strategic capacity of our partner, Creative Arts East, to evidence impact and make important connections with the social prescribing agenda locally.

We invest in arts and culture because we believe they are essential to supporting the delivery of our Corporate Plan. Indeed, our Inspiring Communities Programme aims to help residents to live safe and healthy lives. This includes:

- To address vulnerability and care for the most disadvantaged members of our communities to improve their quality of life.

- To work with partners to tackle health inequalities through our Health & Wellbeing Partnership and Integrated Care System.

- To improve the health and wellbeing of Breckland's residents by providing enhanced leisure facilities and wellbeing activities.

- To take a lead role in joining up partners and people to make best use of shared resources.

Our belief in the power of arts to meet this aim is evidenced clearly in this report, proving that participation in music, dance, creative writing and visual arts significantly improves the wellbeing of vulnerable people.

At a time of significant pressure on council resources, this report demonstrates the importance of maintaining our commitment to culture and the instrumental role it plays within our communities.

Not only has our investment in Creative Health brought about improvements in vulnerable residents' lives and increased their access to quality cultural provision in our towns and villages, it has also leveraged considerable external investment into the district to support this activity to continue.

Our strategic delivery partnership with Creative Arts East has been central to this success. The combined expertise, resources and vision is a blueprint for how arts organisations and local authorities can work together to make a real and lasting difference to the people they serve.

Stephen James

Executive Director at Breckland Council

Executive Summary

This report examines the data from the Breckland Arts for Health Programme, commissioned by Breckland Council and delivered by Creative Arts East (CAE) between April 2022 – March 2024.

The findings can be summarised as follows:

GENERAL

- Breckland is a rural area of Norfolk with a growing ageing population.

- Arts for Health is a growing initiative and is especially valuable when working with ageing populations.

- The demographics of the group that took part in Breckland Arts for Health were older (majority 65+) and mostly female.

LONELINESS

- Breckland is an area at particular risk of loneliness and social isolation.

- The data shows that attending the sessions decreased the highest levels of loneliness by **15%** within the participants.

DIGITAL

- **57%** of participants enjoyed using the digital tablets and **31%** of participants increased their confidence using the digital tablets.

WELLBEING

- There is a difference between physical wellbeing and mental wellbeing although the two interact and intersect frequently.

- **87%** of participants reported that attending the sessions supported their mental wellbeing and showed a **30%** decrease in anxiety.

- The quantitative data demonstrates an increase in every positive wellbeing mean score:

    Self-worth mean score:

    Baseline = **7.9** , Follow-up = **8.3**

    Life satisfaction mean score:

    Baseline = **7.3,** Follow-up = **7.8**

    Happiness mean score:

    Baseline = **7.6,** Follow-up = **7.8**

    A**nxiety mean score:**

    Baseline = **3.9,** Follow-up = **3.5**

- Qualitative data around mental wellbeing shows the key themes in this were: meeting new people, trying something new, feeling included, and looking forward to something.

- The data also showed that attending and taking part in sessions supported **57.8%** of participant's physical wellbeing through key themes of exercise, movement, and socialising.

ARTS FOR HEALTH CONTEXT

Arts and Health is a field that has been steadily growing over the last two decades. The arts have begun to be used in healthcare settings in a wide variety of fields including dementia, mental health, and Parkinson's disease to name a few. To give a background to this work, it is helpful to outline this field in a bit more detail.

There is a broad spectrum of arts used in within the umbrella of arts and health; these can be helpfully broken down into **five categories**:

Visual arts, design and craft

(e.g. crafts, design, painting, photography, sculpture and textiles)

Performing arts

(e.g. activities in the genre of music, dance, theatre, singing and film)

Literature

(e.g. writing, reading and attending literary festivals)

Online, digital, and electronic arts

(e.g. animations, filmmaking and computer graphics)

Culture

(e.g. going to museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals and fairs)

(Fancourt & Finn, 2019)

Understanding Arts and Health also involves understanding health. Health is defined by the WHO as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO, 2023). This definition is helpful for drawing our attention to three areas of health: physical, mental, and then the broader category of social wellbeing. Understanding health in this way means looking at the wider influences on whether someone feels they are in a good state of health, taking into account the social, economic and environmental determinants, as well as someone's individual personal experience of ill health.

As Arts and Health activities have become more prevalent so has the evidence basis for this work. In 2019, Fancourt and Finn undertook a scoping review of this evidence and included 900 publications focusing on Arts and Health, and this number will have increased significantly in the years following. Fancourt and Finn argued that the Arts were used in two ways – both for the promotion of good health/prevention of ill health, and for the management and treatment of pre-existing conditions. There is evidence of both of these functions in the data from Breckland Arts for Health.

Within this wider basis of evidence for the effectiveness of arts for health, there is a wealth of literature focusing on the importance of arts for older adults (Chacur et al., 2022).

Currently "the greatest challenges to the health and social care systems are posed by an ageing population and a prevalence of chronic conditions." (Creative Health, APPG Report, 2017). Therefore, arts as a way of managing or improving the health of our aging population should be an important focus for society as a whole.

Image credit: Anita Staff, Session Artist: Rachel Burchell

Breckland Arts For Health Programme

The Breckland Arts for Health Programme uses high-quality arts, including monthly participatory workshops, known as Creative Socials, and bi-monthly Afternoon Events, to engage with people aged 50 and over in Breckland, Norfolk. It was commissioned by Breckland Council and delivered by Creative Arts East. The programme combines a number of complimentary arts for health initiatives running across the district over the last decade – including 'Our Day Out' and 'The Silver Social'.

The aim of these activities is to help support participant's connection within the local community and improve their health and wellbeing. They provide an opportunity to try something new and meet others in a safe and welcoming environment and are inclusive for people living with dementia and those with other long-term health conditions. These events take place across several different locations across Breckland. To date, the programme started in locations showing the highest levels of loneliness in Breckland, followed by touring market towns, villages and hamlets showing a need and interest for this provision, whilst testing demand and accessibility in each area.

Breckland Arts for Health Activities...

Afternoon Events:

Live Performances

Film screenings

Creative Social Workshops:

Creative Writing

Dance and Movement

Pottery

Mosaics

Singing

Image credit: Anita Staff, Session Artist: Kay Wheatley

Method

This report looks at the data collected between May 2022 and July 2023 for the Breckland Arts for Health Programme. Participants were asked to complete 2 questionnaires a minimum of 3 months apart. The first questionnaire served as a baseline questionnaire and the second took place either at the end of the run of sessions attended or around 3 months afterwards (depending on how long the sessions were running in the area). The questionnaires contained a mixture of quantitative and qualitative questions focusing on wellbeing, loneliness, and use of technology.

The questionnaires utilised questions from the Office of National Statistics (ONS) designed to measure wellbeing and loneliness. These questions were asked alongside specific questions about physical and mental wellbeing and using digital tablets.

By asking questions developed by the ONS it is possible to measure the outcomes of these groups and events against the broader data available for the area. The questionnaires use 4 questions to measure Personal Wellbeing which were developed as part of the Measuring National Wellbeing Programme (MNWP). These questions aim to capture three different types of wellbeing: **evaluative** (evaluating how satisfied someone is with their life overall), **eudemonic** (whether someone feels like they have meaning or purpose in their life), and **affective experience** (the emotions someone has experienced during a specific period of time) (ONS, 2018). Participants were also asked to report on if attending the sessions had affected their mental and physical wellbeing with an opportunity to give a qualitative answer.

Asking qualitative questions gives participants an opportunity to communicate their subjective wellbeing rather than relying on assumptions based on health or social status.

Participants were also asked about their experience of loneliness, specifically the 'direct measure of loneliness' used by the ONS. This is in keeping with the Government's Loneliness Strategy announced in October 2018 (Department for Digital, Culture, Media and Sport UK GOV, 2018).

The questionnaires were administered by workshop assistants through a number of mediums. The majority of participants completed paper forms independently in the sessions, some completed theirs on digital tablets. Some participants needed support (e.g. reading out questions). A smaller number of participants completed theirs over the phone with a member of staff.

The data from these questionnaires was entered into IBM SPSS and the results were analysed by the researcher. The quantitative data was analysed using descriptive statistical analysis. The shorter qualitative answers were coded to look for key themes.
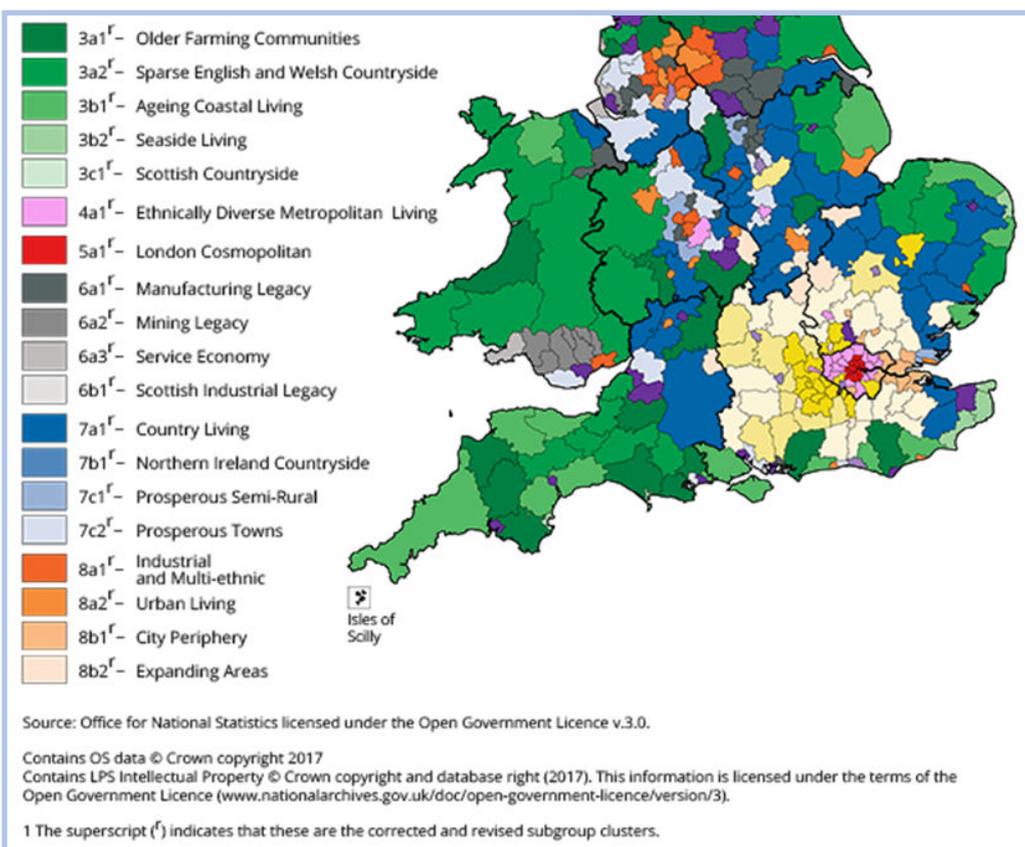
Demographics

The sessions have run in a number of different locations in Breckland:

1. Ashill
2. Attleborough
3. Bawdeswell
4. Brandon
5. Dereham
6. Litcham
7. Swaffham
8. Swanton Morley
9. Thetford
10. Toftwood
11. Watton
12. Weeting

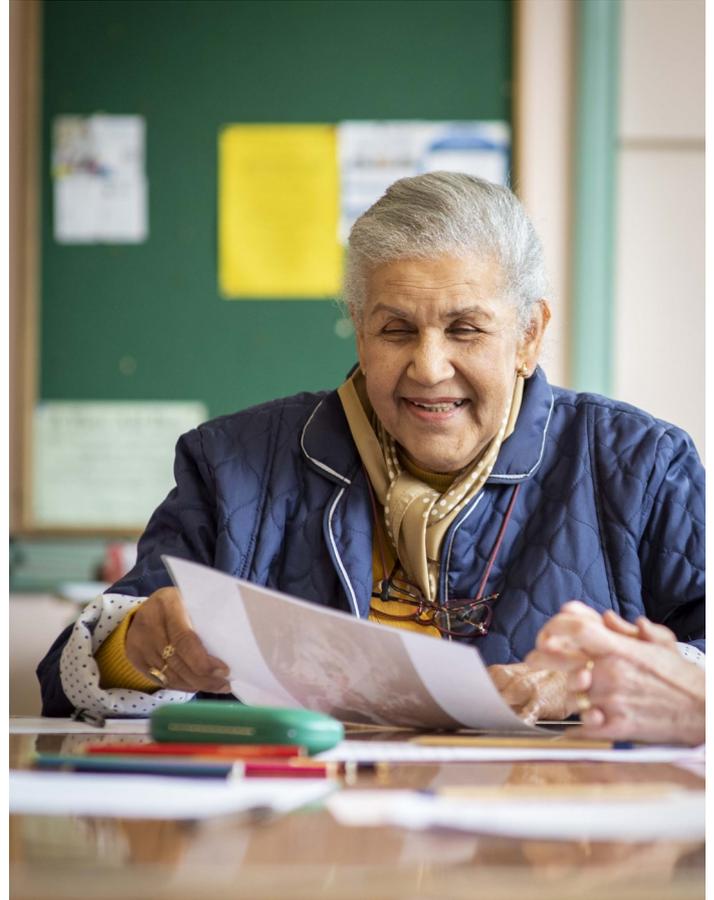In previous Arts for Health impact reports (See: Our Day Out – Connection, Creativity, and Wellbeing in Rural Norfolk, 2022) the rurality of this area in Norfolk has been explored.

The ONS map highlights that Breckland is categorised as sparse 'English and Welsh countryside'.
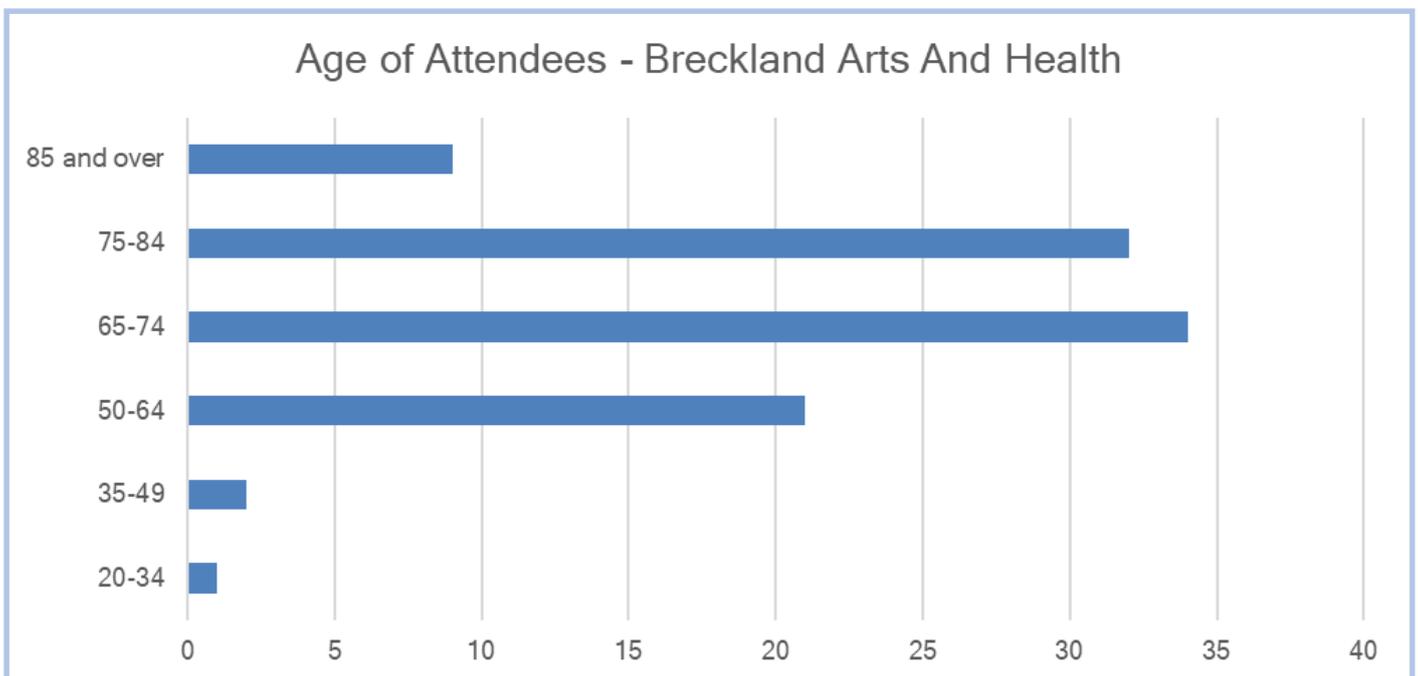
Research indicates that rural areas have a higher proportion of older people compared with urban areas (DEFRA, 2021). There is also a tendency for individuals to be "asset rich" but "cash poor" meaning that there are often issues with fuel poverty. This has been further exacerbated by the 'cost of living' and energy crisis. Rural communities also tend to receive less funding per head than more urban areas (Centre for Ageing Better, 2021). Another key concern for working in rural areas is digital inclusion and due to a "combination of the older demographic and the unavailability of high-speed broadband and mobile phone networks", this has led to an increasing digital gap between urban and rural areas (Local Government Association, 2017). Therefore, the work by Creative Arts East towards increasing the confidence of participants in using digital tablets is very important.

The activities in Breckland are targeted towards older adults. In the 2021 Census there were 10.4 million people aged 65 and over in England, a 52% increase since the 1981 Census. (ONS, 2021) The population in Breckland is also an ageing population. The median age of residents rose between the 2011 and 2021 censuses as well as notable increases in each of the higher age brackets.

The attendees of the Breckland Arts for Health Programme in some ways reflect the percentages of the higher age brackets within Breckland. However, the attendees are highest in the 65-74 bracket and the ONS census shows the highest number of residents in Breckland are aged between 50-64 years.
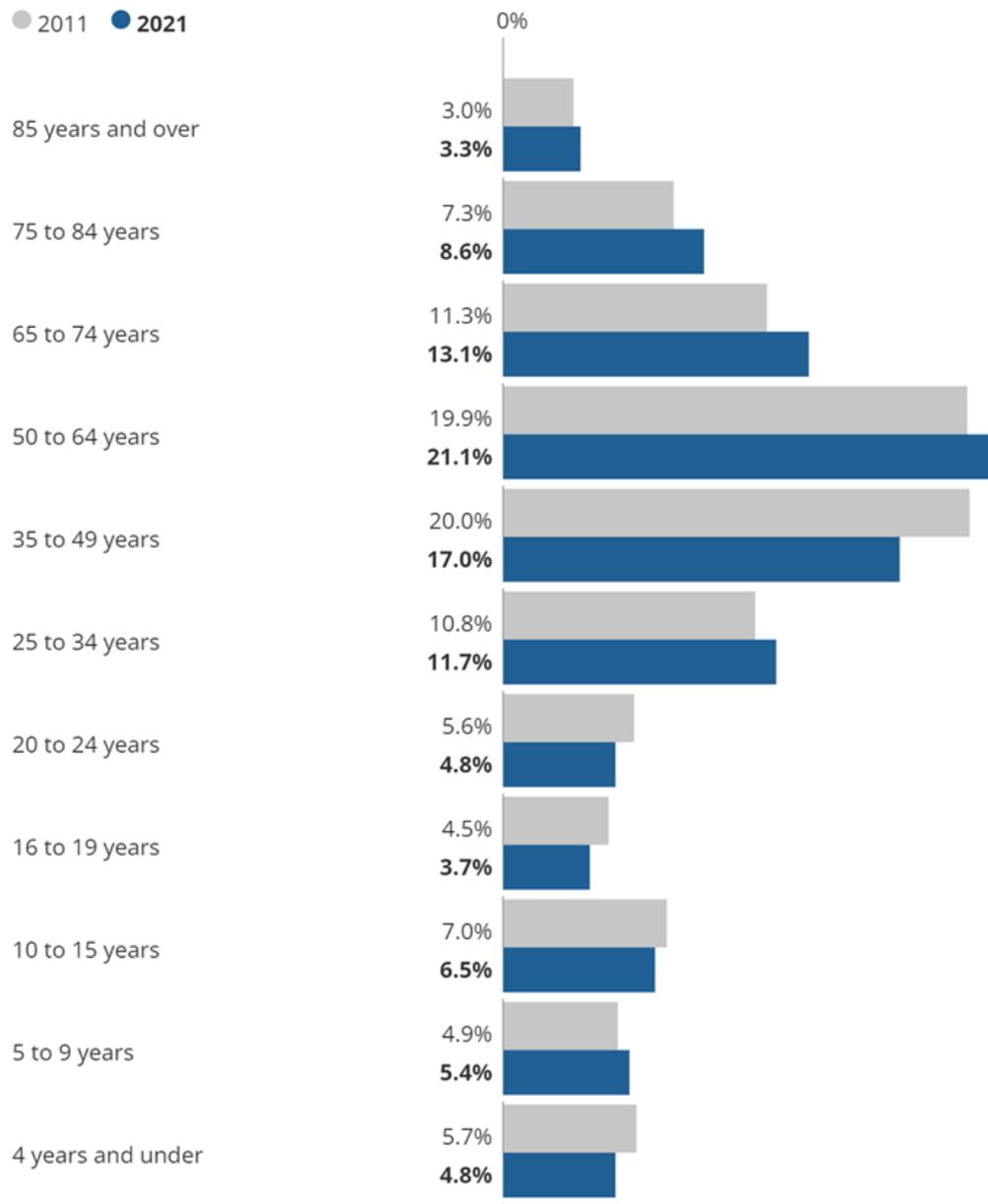

*Image credit: Anita Staff, Session Artist: Poppy Stevens*

Age of Attendees - Breckland Arts And Health

Age bracket	Count
85 and over	9
75-84	32
65-74	34
50-64	21
35-49	2
20-34	1

Percentage of usual residents by age group, **Breckland**

● 2011   ● **2021**

0%

Age group	2011	2021
85 years and over	3.0%	**3.3%**
75 to 84 years	7.3%	**8.6%**
65 to 74 years	11.3%	**13.1%**
50 to 64 years	19.9%	**21.1%**
35 to 49 years	20.0%	**17.0%**
25 to 34 years	10.8%	**11.7%**
20 to 24 years	5.6%	**4.8%**
16 to 19 years	4.5%	**3.7%**
10 to 15 years	7.0%	**6.5%**
5 to 9 years	4.9%	**5.4%**
4 years and under	5.7%	**4.8%**

Source: Office for National Statistics – 2011 Census and Census 2021

The attendees to the Breckland activities were overwhelmingly female. This is a common occurrence within arts activities for older people (Mental Health Foundation, 2011). Contributing factors may include women's longer lifespan, the fact that women over 65 are more likely to live alone, but also sociological research reports that "participation in cultural activities often perceived to lack masculinity" meaning that men are less likely to attend (Lehman & Dumais 2017).

Attendees' Gender

■ Female   ■ Male

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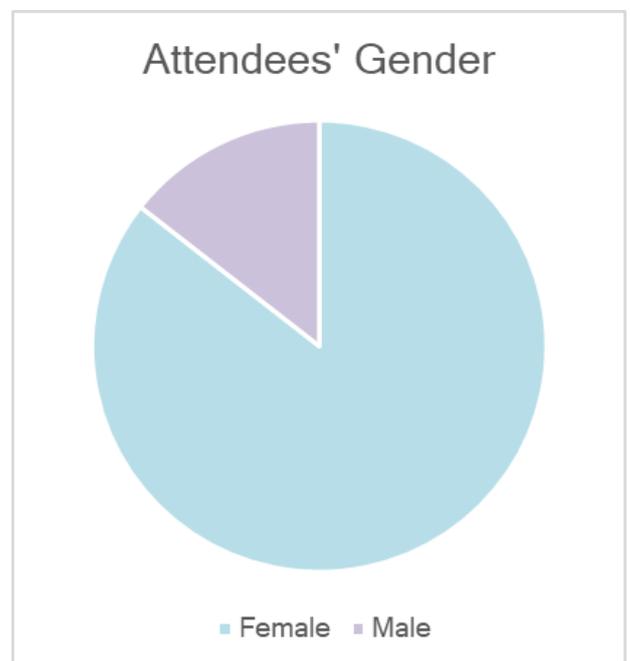
Themes and Findings

Wellbeing

The NICE guidelines define Mental wellbeing as:

"Emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community"

(NICE, 2015)

Physical wellbeing can be understood as:

"Physical well-being consists of the ability to perform physical activities and carry out social roles that are not hindered by physical limitations and experiences of bodily pain, and biological health indicators."
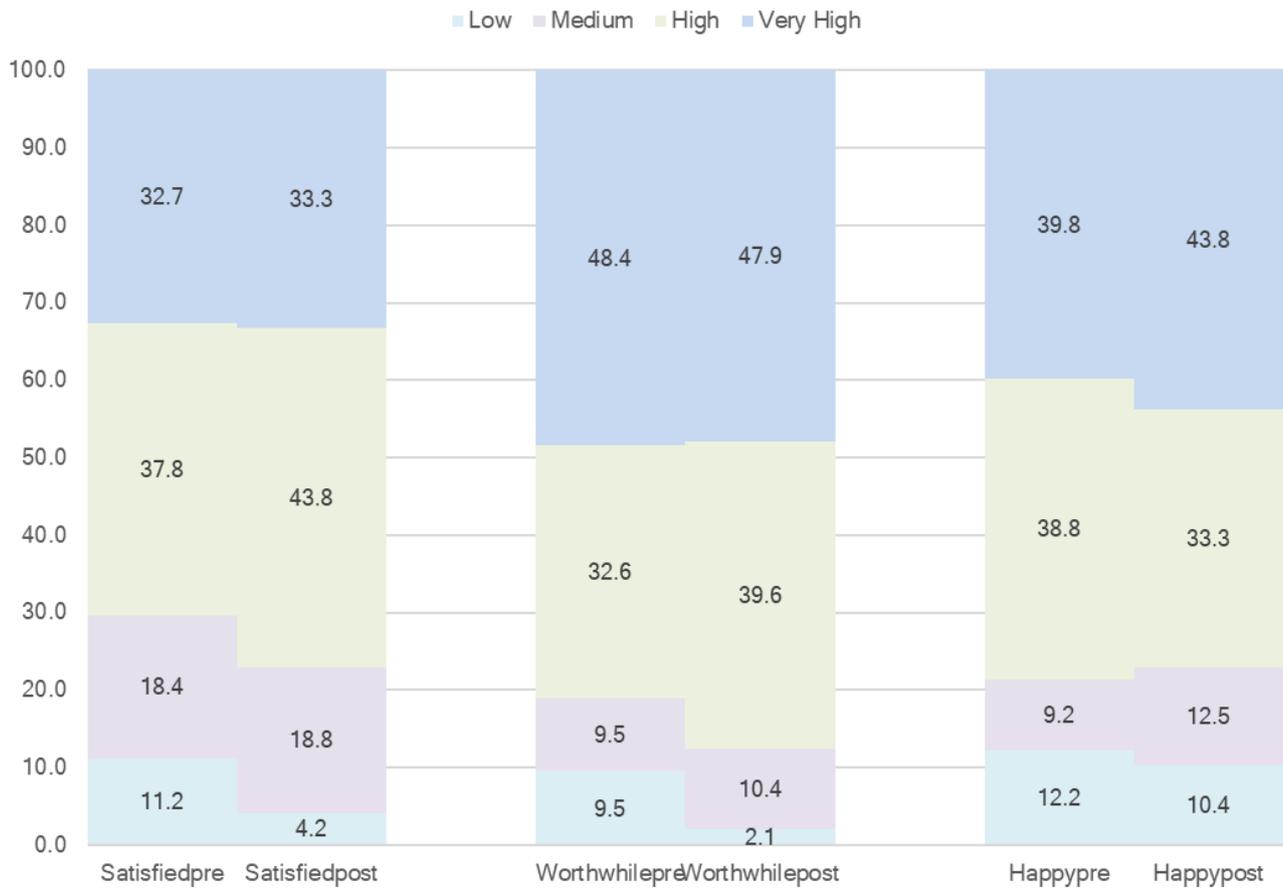
(Capio, Sit & Abernethy, 2014)

A key focus of work within Arts and Health is improving participants' wellbeing. Wellbeing as a concept is complex, diverse, and hugely wide-ranging. The APPG report on Creative Health (See: APPG, Creative Health: The Arts for Health and Wellbeing – Second Edition, 2017) highlights the difficulty of defining wellbeing due to the amount of differing definitions. However, in this report Wellbeing has been separated into physical and mental wellbeing. These components of wellbeing intersect and interact with one another.
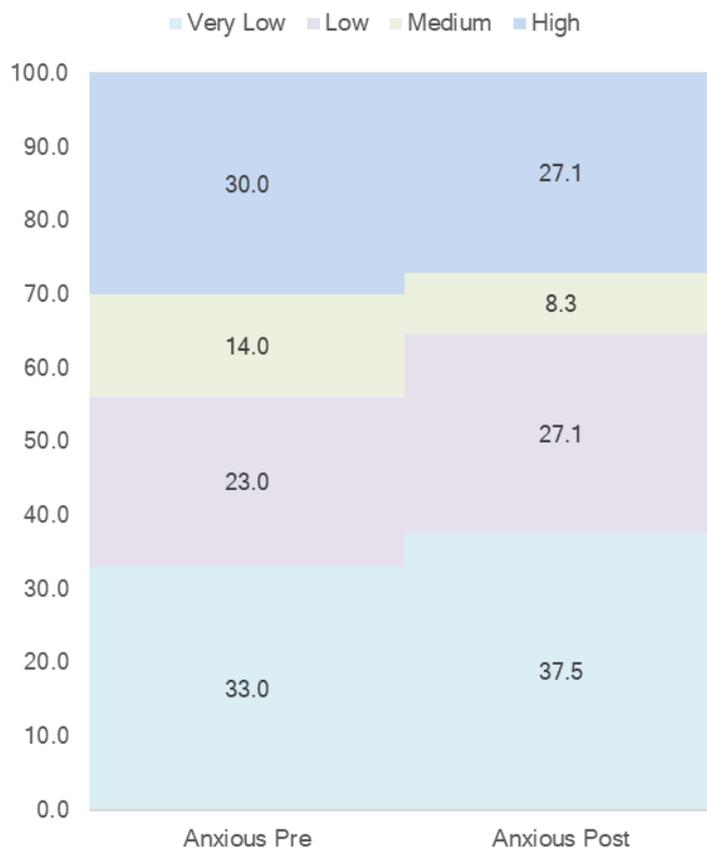
Wellbeing has been explored in previous arts for health impact reports for CAE (See: Our Day Out – Connection, Creativity, and Wellbeing in Rural Norfolk, 2022), and has been shown to be a dynamic and fluctuating state. Wellbeing involves a balance between an individual's assets/ resources and the challenges that they encounter. For example, a lot of individuals who CAE have worked with have long term health conditions which may affect their physical wellbeing with people being 'unwell' but still reporting their general wellbeing as being good. In this report participants described their wellbeing through answering the four MNWP questions. The results are rated according to the table below:

Life satisfaction, worthwhile and happiness scores		Anxiety scores	
Response on an 11 point scale	Label	Response on an 11 point scale	Label
0 to 4	Low	0 to 1	Very low
5 to 6	Medium	2 to 3	Low
7 to 8	High	4 to 5	Medium
9 to 10	Very high	6 to 10	High

Pre & Post Wellbeing Percentages

Legend: ■ Low ■ Medium ■ High ■ Very High

	Satisfiedpre	Satisfiedpost	Worthwhilepre	Worthwhilepost	Happypre	Happypost
Very High	32.7	33.3	48.4	47.9	39.8	43.8
High	37.8	43.8	32.6	39.6	38.8	33.3
Medium	18.4	18.8	9.5	10.4	9.2	12.5
Low	11.2	4.2	9.5	2.1	12.2	10.4

Pre & Post Anxiety Percentages

Legend: ■ Very Low ■ Low ■ Medium ■ High

|	Anxious Pre	Anxious Post
High	30.0	27.1
Medium	14.0	8.3
Low	23.0	27.1
Very Low	33.0	37.5

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The descriptive statistics demonstrate that there was an increase in every measure of positive wellbeing and a decrease in anxiety.

Participants in this group began the sessions with a high level of wellbeing. This may be because participants are 'self-selecting': they already sought out the groups and therefore may already be linked in with their local community, participants may be predisposed to have "higher levels of cultural capital, greater past experience, better previous mental health and open personality types" (Wang et al., 2020). However, these higher wellbeing scores may have also been influenced by another factor, as many participants had already attended Our Day Out sessions in the area (a preceding arts for health programme provided by CAE) which have previously been evidenced to improve wellbeing.

87%

of participants reported that attending the sessions supported their mental wellbeing

Mean Wellbeing Scores
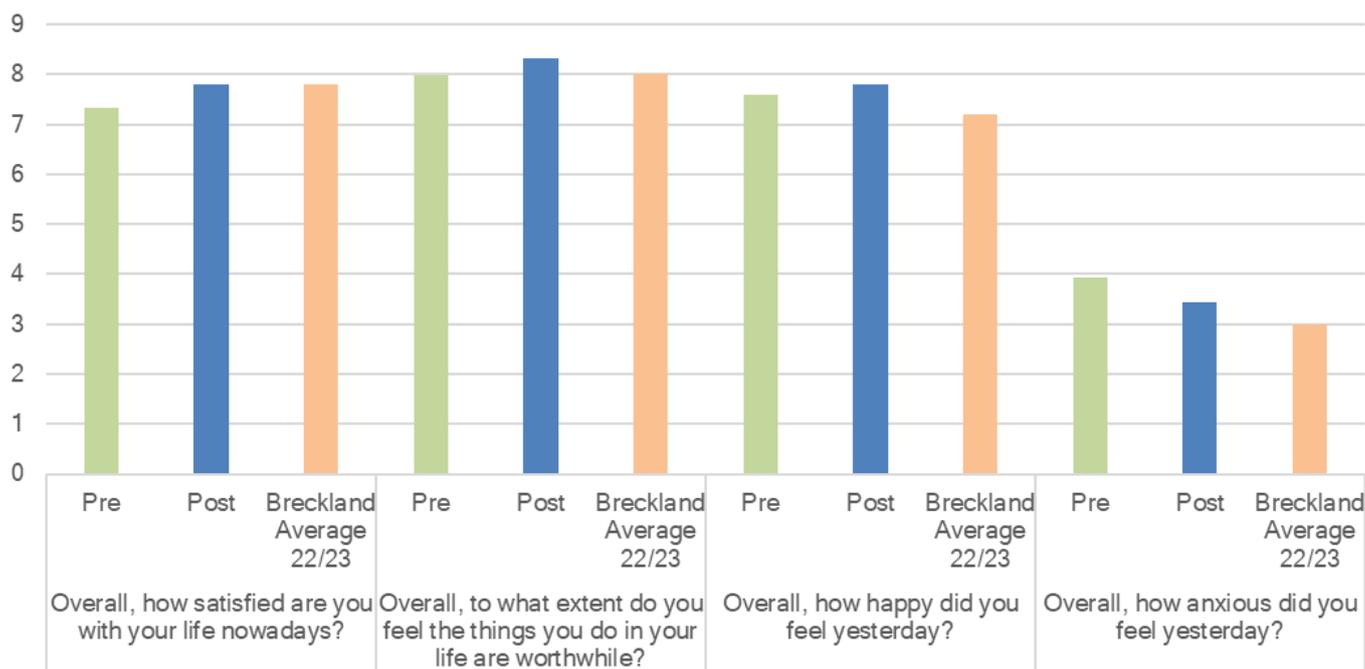
It is interesting to compare the average wellbeing scores for participants to the average for the area. The baseline satisfaction score for Breckland Arts for Health participants' was 0.47 below the average for the area, however the post satisfaction score was equal to the average for the area. In all other areas of positive wellbeing the average score for baseline and post was higher than the average for the area. However, despite a decrease in anxiety, the post score is still higher than the average for the area. This may reflect anxieties connected to ageing, such as care responsibilities and health worries.

To expand on this statistical evidence participants were asked to report if attending the workshops had supported their mental and physical wellbeing.

Mental Wellbeing

When asked if attending the sessions had supported their mental wellbeing, 87% of participants responded yes and 13% responded no. Those who answered yes were prompted to provide their reasons. These short qualitative answers have been coded and 4 key themes were extrapolated.

Meeting New People

The first theme that came from the qualitative responses was that participants valued the opportunity to meet new people:

"I moved to Attleborough just over a year ago and it was one of the first things I did to get out and meet people. It has allowed me to meet new friends who I go out with regularly now."

Not only did the workshops provide an event to make friends but the participants also reported that the session helped to improve their confidence:

"[I] Feel more confident meeting new people"

This ties into the NICE definition of mental wellbeing that highlights the ability to socialise as being an essential component to wellbeing.

Image credit: Anita Staff, Session Artist: Rachel Burchell

Trying Something New

Participants also said that their wellbeing had improved through "Learning new skills" and "Trying something different".

Feeling Included

The most frequently reported influence on people's wellbeing was that of being included and being able to be themselves.

"It was lovely because as a disabled person I could actually join in and felt like a person."

"You were within a variety of people that you didn't know and got to know them and hear what they have to say. You can let it all out."

Looking Forward to Something

Another reflection from participants was that looking forward to the sessions helped to improve their wellbeing:

"It gives me a date to look forward to, to have a laugh and keep boredom at bay"

Finally, one participant reported in more detail about how being included and being around others who are similar to them had enabled them to make friends and be part of a community. This quote further reflects the NICE definition of mental wellbeing, especially the ability to "work productively and creatively, build strong and positive relationships with others and contribute to the community":

"It has helped me a lot, it started to get me out again especially when I was feeling like things were closing in. There are times I can feel cut off and get low and going to these sessions makes me put an effort in to get out there. It helped me get to know people and I have made friends at sessions who I know meet up for coffees with. It helps me see other people have problems too and I'm not the only one, which I am grateful for. It has been very helpful and positive, and that I have achieved something like " I made that!'. It has stopped me focusing on my problems and that I am part of a little community."

Physical Wellbeing

Participants were also asked if the sessions supported their physical wellbeing. 57.8% said yes, 42.2% answered no. Those who answered yes were asked to give qualitative answers as to why. Three key themes can be ascertained from these answers.

OVER HALF

of participants reported that attending the sessions supported their physical wellbeing

Exercise/Movement

Participants reported that the groups helped them "keep active" but also that the activities helped them specifically for their conditions.

For example:

"Good to move, especially for my condition."

"Crafting has helped my stiff fingers"

This ties into the definition of Arts for Health that looks at "the management and treatment of pre-existing conditions."

Socialising

Respondents also made a number of connections between their physical wellbeing and socialising.

"I suffer with my nerves and it has been good for me getting out"

"My physical health is up and down, yes it has helped because by meeting different people and seeing people, I am out walking more and tracking my steps. Not all one thing but a combination of things. It has been a kick start for me."

These reflections demonstrate how physical and mental health and wellbeing are deeply intertwined and by making more social connections, participants were becoming more active.

Participants were also asked if attending the sessions helped them to seek out new opportunities or health services available to them. 42% responded yes and 58% responded no. This may relate to the improved confidence that participants reported or that attending the sessions helped with their 'nerves'. The fact that attending arts events and groups can encourage participants to seek out health services demonstrates the wider effects of arts for health activities beyond that of immediate improvements in wellbeing within the sessions.

42%

of participants reported that attending the sessions helped them seek out new opportunities or health services available to them, either online or in person.

Loneliness

The questionnaires also explored if the Breckland Arts for Health sessions had an effect on participant's feelings of loneliness. Loneliness is recognised to be one of the biggest problems facing the ageing population. As such, it has long been an area of focus for CAE. The topic has been discussed in previous arts for health impact reports. (Our Day Out – Connection, Creativity, and Wellbeing in Rural Norfolk, 2022).

More than 2.1 million men and 2.2 million women aged 45-74 live alone in the UK. The number of men within this age group living alone has increased by 68% since 2000 (ONS, 2021). Therefore, social isolation has become a problem within this demographic. Social isolation is understood to be a lack of social contacts. However, loneliness is not the same as social isolation. Loneliness can be caused by social isolation but not necessarily. Loneliness in this report is understood to be:

"A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want."

This definition was provided by Perlman and Peplau in 1981 and is used in the Loneliness Strategy produced by the UK Government's Department for Digital, Culture, Media and Sport in 2018. The important thing to note in this definition is that it is not only the quantity of social interactions that we have but also the quality that can affect our feeling of loneliness. This definition also draws our attention to the inherently subjective nature of loneliness. One cannot make an objective judgement on someone else's feelings of loneliness based on the number of interactions or relationships that they have. It is possible to be alone and not feel lonely, it is also possible to be with people and still feel lonely. Nonetheless, it is helpful to look at contributing factors to loneliness. Circumstances that can make someone feel more lonely include:

- Living with disability or poor health

- Bereavement (especially being widowed)

- Being a carer

- Being retired (See: Department for Digital, Culture, Media and Sport UK GOV (2018) A connected society: a strategy for tackling loneliness pg. 20)

Beyond the specific circumstances, cultural expectations, environmental conditions, and our individual differing needs for connection will also have an impact on how one experiences loneliness.
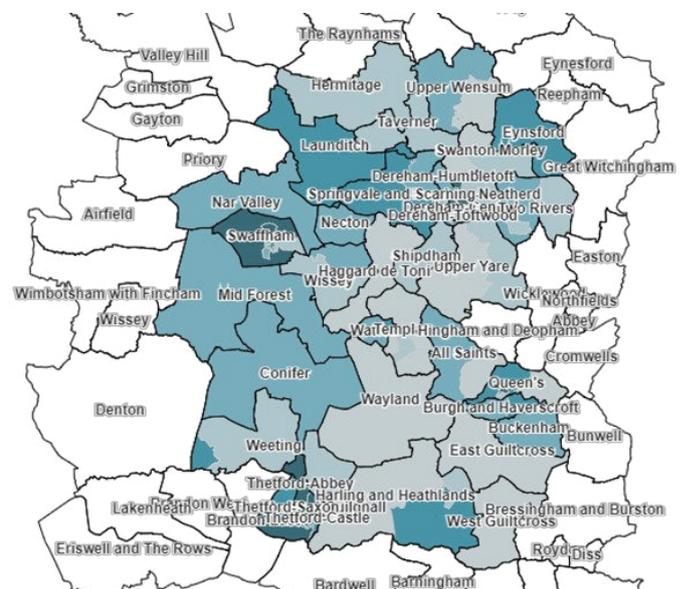
Looking at some of these factors, Age UK developed a map of loneliness. This demonstrates that areas of Breckland show a high risk or very high risk of loneliness.

All of these circumstances have been exacerbated by the Covid-19 pandemic. (See: Our Day Out – Connection, Creativity, and Wellbeing in Rural Norfolk, 2022).

Also, the intersection between rural living and the pandemic can further complicate feelings of social isolation and loneliness. For example, older adults living in rural settings "who were already experiencing Si/L [Social Isolation/ Loneliness] prior to the pandemic and subsequent lockdowns became extremely isolated, and often lonely" (Pickering et al., 2023).

Loneliness is not only a distressing feeling but can have further consequences for an individual. Loneliness in older people has been shown to result in increased risks for a number of physical and mental conditions including: "high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death." (National Institute on Ageing, 2019).

Age UK loneliness heat map (2016) Age UK.

Risk within this authority

- Very low risk
- Low risk
- Medium risk
- High risk
- Very high risk

LONELINESS IN BRECKLAND ARTS FOR HEALTH ACTIVITIES

Participants were asked how often they felt lonely: Often/always, Some of the time/ occasionally or Hardly ever/never. The percentage of people who answered often/ always halved after attending the sessions (from 8.4% to 4.2%). This is notable considering the high level of intersecting risk factors for loneliness in Breckland. However, a large proportion of participants began the session reporting very low levels of loneliness, which could be due to the fact that participants are self-selecting (as discussed previously). But these figures may also be influenced by a recognised underreporting in loneliness (Borys, 1985).

After attending the sessions, the percentage of participants who felt lonely often/always

HALVED

Loneliness Pre and Post percentages

	Pre	Post
Often/always	8.4	4.2
Some of the time/occasionally	50.5	54.2
Hardly ever/never	41.1	41.7

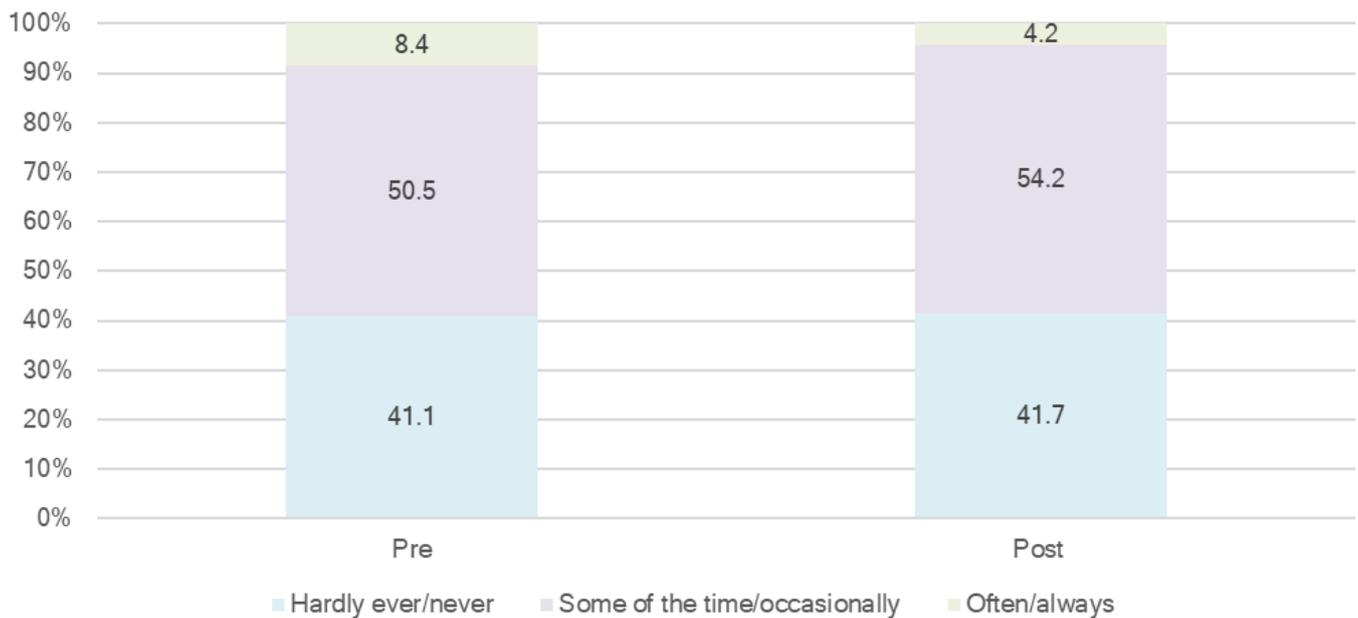■ Hardly ever/never   ■ Some of the time/occasionally   ■ Often/always

Image credit: Anita Staff, Session Artist: Rachel Burchell

Digital Inclusion, Confidence & Competence

In these sessions participants were encouraged to use digital tablets with support from artists and workshop assistants. Previous projects for older audiences provided by CAE showed that many participants hadn't accessed or experienced using a digital tablet before. With an apparent digital gap in rural areas, it was important to offer the right amount of 1-1 support to use the tablets to access creative activities in these sessions.

In the baseline survey, and then in the follow up survey, participants were asked about their confidence in using digital tablets and to rate this on a scale of 1-10. In the baseline survey the average response was 7.3, a relatively high number. However, there were a lower number of respondents to this question, so this may not accurately represent those who took part in the evaluation.

Not all participants used the tablets and staff members reported a resistance to technology from some participants. This would align with research in this area. In 2018, Age UK found that some of the key reasons for older adults not using technology/internet were:

- Lack of skills, knowledge, and experience with the internet

- Lack of belief in/understanding of the value of being online

- Not for them at their life stage

- Outside their comfort zone

- The internet is 'unsafe'

- Perception of high cost of equipment and internet connection

- Worry about loss of face-to-face interactions, or talking on the phone, or need/motivation to get out of the house

- Use by proxy through family

(Davidson, 2018)

In the post questionnaire the average score for confidence in using the tablets was 6.4 which is a lower score than the baseline. However, this could be explained by a number of factors. The first being that not everyone who gave a score in the post survey also gave one in baseline survey (and vice versa). When we look at only those who gave a score for both surveys the pre score is: 6.2 and the post is 6.9. 5 participants (31%) recorded an increase in their confidence, 3 gave the same the score, and 3 reported a decrease in their confidence. This decrease in confidence may be due to the fact that participants were being asked to use digital tablets in a way they hadn't before, so in being required to learn these new skills, their confidence may have dipped. This could be connected to the Dunning-Kruger effect: known as "the confidence competence curve", by which one may feel 'over' confident in their knowledge of an area before experiencing a dip in confidence as they learn more about the subject and realise they know less than they thought. It is difficult to make any firm conclusions on this due to the gaps in the data, however the quantitative data is helpfully illuminated by the qualitative answers from participants.

ENJOYED USING TABLETS

■ Yes ■ No ■ Other

11

6

22

ENJOYMENT

Participants were asked whether they enjoyed using the tablets and their reasons for their answer.

57% of participants stated that they did enjoy using the tablets. Some were already familiar with using technology, but still enjoyed learning new skills:

"Yes, I am computer literate. It was nice to learn how to draw on them and do sound editing."

Others also reported enjoying learning new things and experimenting:

"Yes it has taught me a lot of new skills and about new things such as digital art which I hadn't heard of before. I really enjoyed experimenting with them".

Some stated that their enjoyment came from being supported in using the tablets:

"Yes because there was someone to show me what to do. It was very interesting and helped my confidence."

Those who answered 'No' described that they had difficulties in general with using technology:

"Not good with computers, they're hard to understand".

"Not that much, I have one of my own but do worry about doing something wrong on it".

This shows that there is still further work that can be done in this area to increase participant's confidence in using the tablets. However, overall the majority of participants did enjoy the tablets in the sessions.

Image: Digital artwork created by Thetford participant

Conclusion

01 This report has evidenced that the Breckland Arts for Health Programme has:

- **Improved** physical and mental wellbeing

- **Reduced** anxiety

- **Reduced** loneliness

- Encouraged participants to **seek out new opportunities or health services**

02 The connection between **socialising and improved physical wellbeing** was noted by participants.

03 The sessions have supported participants to **learn new skills** and **meet new people**.

04 Many participants have shown to have benefitted from **increased digital interactivity**.

05 By working in Breckland, Creative Arts East has targeted this programme towards a rural, ageing population at a **higher risk of loneliness**.

AREAS FOR DEVELOPMENT

- The data shows that there is still room for improvement in working with participants to improve confidence in digital inclusion. This could be achieved through more dedicated time in the sessions to work with the tablets and more one to one support.

- There could be further outreach to populations experiencing higher levels of loneliness (those who aren't as connected to their local communities)

About

About The Author

Millie van der Byl Williams

Millie has been working with people living with dementia for the past 10 years in a variety of research and creative settings. Millie has an MA in Health Humanities and is studying for her PhD in Arts and Dementia at the University of the Arts London and the Dementia Research Centre (UCL), her research focuses on the agency of people with dementia. Millie also runs arts groups for people living with dementia in Kent.

About Creative Arts East

Creative Arts East works to improve the quality of life for people living in rural and/or under-served communities across Norfolk, Suffolk, and Cambridgeshire by providing a range of culturally enriching experiences relevant to need and place which strengthen positive personal and social outcomes.

We achieve this by working with voluntary, public, and private partners to position professional live performance and cinema events in spaces such as village halls, schools and libraries. This rolling provision of improved cultural access is supported by a portfolio of time-limited development projects that reach some of the most vulnerable or under-engaged residents across the region and serve to reduce the health inequalities they face.

Creative Arts East is a charitable company limited by guarantee, incorporated on 20th July 1994 and registered as a charity on 23rd August 1994.

www.creativeartseast.co.uk

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Appendix

Surveys

Baseline Survey

1. How often do you feel lonely? (Often/always = 3, Some of the time/occasionally = 2, Hardly ever/never = 1)

2. Overall, how satisfied are you with your life nowadays? 1 – 10

3. Overall, to what extent do you feel the things you do in your life are worthwhile? 1 – 10

4. Overall, how happy did you feel yesterday? 1-10

5. Overall, how anxious did you feel yesterday? 1-10

6. How confident do you feel using a digital tablet? 1-10

Follow up Survey

1. How often do you feel lonely? (Often/always = 3, Some of the time/occasionally = 2, Hardly ever/never = 1)

2. Overall, how satisfied are you with your life nowadays? 1-10

3. Overall, to what extent do you feel the things you do in your life are worthwhile? 1-10

4. Overall, how happy did you feel yesterday? 1-10

5. Overall, how anxious did you feel yesterday? 1-10

6. How confident do you feel using a digital tablet? 1-10

7. Have you enjoyed using the tablets? – [TEXT]

8. Has attending the Silver Social sessions supported your mental wellbeing? Yes/No

9. If yes, please tell us how: [TEXT]

10. Has attending the Silver Social sessions had a positive impact on your physical health? Yes/No

11. If yes, please tell us how: [TEXT]

12. Have the sessions helped you to seek out new opportunities or health services available to you, either online or in person? Yes/No

Descriptive Statistics Tables

Baseline Wellbeing data

	N	Minimum	Maximum	Mean	Std. Deviation
1 - Overall, how satisfied are you with your life nowadays?	98	1	10	7.33	2.080

	N	Minimum	Maximum	Mean	Std. Deviation
1 - Overall, to what extent do you feel the things you do in your life are worthwhile?	95	1	10	7.98	2.016
1 - Overall, how happy did you feel yesterday?	98	1	10	7.59	2.301
1 - Overall, how anxious did you feel yesterday?	100	1	10	3.94	3.025
Valid N (listwise)	94				

Post Wellbeing data

	N	Minimum	Maximum	Mean	Std. Deviation
2 - Overall, how satisfied are you with your life nowadays?	48	3	10	7.79	1.786
2 - Overall, to what extent do you feel the things you do in your life are worthwhile?	48	3	10	8.33	1.534
2 - Overall, how happy did you feel yesterday?	48	3	10	7.79	2.010
2 - Overall, how anxious did you feel yesterday?	48	0	10	3.44	2.895
Valid N (listwise)	48				

Baseline Loneliness score

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hardly ever/never	39	37.5	41.1	41.1
	Some of the time/ occasionally	48	46.2	50.5	91.6
	Often/always	8	7.7	8.4	100.0
	Total	95	91.3	100.0	
Missing		9	8.7		
Total		104	100.0		

Post Loneliness score

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hardly ever/never	20	19.2	41.7	41.7
	Some of the time/ occasionally	26	25.0	54.2	95.8
	Often/always	2	1.9	4.2	100.0
	Total	48	46.2	100.0	
Missing		56	53.8		
Total		104	100.0		

Have the sessions helped you to seek out new opportunities or health services available to you, either online or in person?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	18.3	42.2	42.2
	No	26	25.0	57.8	100.0
	Total	45	43.3	100.0	
Missing		59	56.7		
Total		104	100.0		

Has attending the Silver Social sessions supported your mental wellbeing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	39	37.5	86.7	86.7
	No	6	5.8	13.3	100.0
	Total	45	43.3	100.0	
Missing		59	56.7		
Total		104	100.0		

Has attending the Silver Social sessions had a positive impact on your physical health?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	25.0	57.8	57.8
	No	19	18.3	42.2	100.0
	Total	45	43.3	100.0	
Missing		59	56.7		
Total		104	100.0		