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I'm Jayne Howard, founder and Director of Arts Well – a community interest company that champions the role of culture and creativity in health and wellbeing. I'm going to follow Martin and Alex by discussing a particular project which I think illustrates the role that the arts can play in tackling loneliness. Although I am talking mainly about one specific project, I will also be drawing on my observations of over 15 years of working in the field of arts, health and wellbeing on a wide range of projects and activities. I've chosen this project because it was specifically aimed at people who were lonely or isolated. Our aim was to provide a regular creative opportunity for participants to come together and develop social connections, learn new skills and practice existing ones and to build resources and resilience.

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This particular project, Creating Connections, was developed and delivered with two artists, Melanie Young and Laura Menzies. It took place in Helston, a small town on the Lizard peninsula in Cornwall. It has a population of just over eleven thousand people and is the only town in this very rural area, with the next closest towns of Camborne and Falmouth being 10 and 13 miles away, respectively. The project's target group was older adults living alone who were lonely or isolated, and it took place between Autumn 2017 and summer 2018.

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We looked at the neighbourhood profiles in deciding where to site our project and chose Helston because it has a higher proportion of lone households, unpaid carers, people in receipt of Disability Living Allowance or Attendance Allowance and households with no car – a real disadvantage in accessing community activities in this part of Cornwall. Helston also had few community activities and the local GPs reported loneliness as a significant issue for many of their patients.

We had 20 participants – 18 women and 2 men, mostly over 50 and many over 70. We had a few pairs – one husband and wife and two mothers and daughters. The 20 participants attended throughout, 14 of them attending every session, 5 people missing one session for a variety of reasons (transport or ill-health) and 1 person who missed 2 sessions.

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The project, part-funded by the national Lottery Awards for All, consisted of a series of weekly arts and craft sessions in a relatively new venue – a community space which aims to provide a range of activities and service provision for local people. We produced a flier which was circulated widely to potential referrers across the Helston area, including GPs, community mental health teams, district nurses, the library, local shops. We also worked with Inclusion Cornwall – a partnership of organisations committed to social justice and challenging inequality – to identify people who could benefit from the project.

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The activities included collage, clay work, willow work, printmaking and textiles. These were designed to provide opportunities for both individual and collaborative making. The emphasis was on learning and practicing new skills as well as encouraging people to use and share skills they already had. There were a number of skilful embroiderers for example so we looked for ways in which they could bring this into the activities.

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The activities were also carefully thought out so as to provide opportunities for early success, which engenders confidence and motivation, but also to offer stretch and challenge so that participants were in the learning zone and really developing their skills and knowledge.

The facilitators also took opportunities to highlight how craft-making skills and qualities might be transferable to other aspects of life. This was gently done but was in the spirit of encouraging participants to reflect on their experience of the craft group and recognise the wider impact it might have.

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So these included things such as:

- Overcoming problems
- Being 'present' – in the here and now, focusing on that rather than past concerns or future worries
- Staying with 'mess' and trusting it will get better. This was quite a challenge for several members of the group
- Exercising choice and control – many people expressed that these were things that they felt were lacking in their lives
- Trying something new
- Persistence

The comments we had in feedback showed that members of the group had recognised the value of these.

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The circumstances of the participants were varied and included people who had been ill, but were recovering, people with long term health conditions, including mental health conditions, women who had been bereaved within the last two years, people looking after relatives (husband, daughter, granddaughter) and someone who was new to the area and looking to make friends. The stated aim of the project was to build social connections and the sessions were carefully facilitated to do that.

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So some of the strategies included:

- Not having quite enough scissors for everyone, so that there had to be some give and take
- Careful and differing arrangements of tables to encourage talking and sharing and new groupings to form
- Activities which required waiting for use of specialist equipment, providing opportunities for conversations.

Very different from how you might organise a formal craft teaching session, where the individual is made to be as self-sufficient as possible with their own set of tools and materials.

Participants were also encouraged to help manage aspects of the group activity – making drinks, for example, and helping to clear up.

We brought in information about other groups and activities in the area and towards the end of the project held a celebratory event to which we invited local agencies and community development workers

What we saw and heard was people arranging to meet up outside the group for a coffee, giving each other lifts, exchange phone numbers. And in the evaluation people self-reported improved social connections, as well as mood..

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It was clear to see from the work that people made that they had learned new skills; it was extremely rewarding to see people who initially expressed huge doubts about their ability to be creative then going on to make beautiful pieces of art work, of which they were hugely proud.

The fact that participants continued to attend week after week demonstrated that they were finding the course valuable; although some had to miss the odd session, all of them stayed with the course right to the end and many have continued to meet informally since then.

It was also clear that the group quickly became very sociable and supportive. The community centre manager, whose office joined on to the space we used, commented that she could 'hear the group gelling' as they got more chatty and there was more laughter each week. Participants took on informal roles in the group – making tea for others, clearing spaces, giving out materials – and the final event was a real celebration.

After the project ended, some members – about half – continued to meet as a self-facilitated group in the local museum, which provided them some space for free.

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Some points I want to raise arising from the project:

Firstly, the low number of men. This is typical of arts and health projects over the years, despite best efforts to target men. I think there is a strong case for 'men only' groups – in Cornwall a men only suicide prevention project is attracting large numbers. And the success of the I Men's Sheds movement too is another example of this.

Secondly the challenge of 'scaling up'. Helston is not dissimilar to many small towns in Cornwall and loneliness and isolation are highlighted as one of the major factors for people being referred to activities through social prescribing. The geography of the county means that we would need something like 15 to 20 of these groups across the county just to get anywhere near a decent spread and that is resource intensive and more costly.

This project was one which allowed for self-referrals as well as referrals from local agencies (Inclusion Cornwall, Community Mental Health Teams, Primary Care professionals), and we had about half of each. The challenge with this is to make sure that, whilst keeping the group inclusive and allowing for people to come along without having to be referred and all that that entails, it is still reaching the people whom it is aiming at. This requires careful wording and targeted marketing and communications. I felt that we achieved this – and there are many people who benefitted who would not have come to the group through a referral—only route. A woman who had been widowed the previous year, for example, had not seen her GP or any other health professional and said she felt slightly ashamed because 'other people had much bigger problems' came along having picked up a flier in the library – she would not have been identified by a referrer but felt that the group had given her a new lease of life and helped her to connect up with others with similar interests.

A further challenge in rolling out or scaling up this work is the emphasis within the social prescribing model of place and asset -based approaches to community activities. Whilst it is desirable that activities are developed locally and build on existing assets of people and other resources, rather than being parachuted in, there is a problem in that that in areas where needs may be greatest, the assets may be more limited. One of the concerns that I have about social prescribing is how to make sure that we don't have a 'postcode lottery' of provision. Some strategic oversight is needed, I suggest, to identify where there are gaps and to seek to address these.

One of the ways in which we might do that is to look at the role of our public cultural organisations – our museums, libraries, performance spaces – in ensuring that their 'offer' is extended to all in the community and is targeted at people who could most benefit so that they take on a more significant role within their local community.

These last two issues are ones which I will be speaking more about on the first day of Arts and Health South West's Annual Conference in Plymouth, where I will be presenting with Cornwall's Director of Public Health on recent local strategic developments.

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Finally, what is it about the particular contribution of the arts that makes it different from any other social groups?

What I have observed is that there is something about the intimacy that is generated when people are making their very personal, individual creative choices. This is not so much the case in, for example, a gardening group, where the activities may be more generic and prescribed. And in a visual arts group particularly, those choices and decisions are visible to others; participants are opening up something about themselves to others and this starts new and different types of conversations.

There is also something about being immersed in a creative activity, alongside others, which enables people to talk and listen freely, without expecting or needing to offer answers and without having to make eye contact. This seems to invite new ways of talking and thinking about difficult issues. People can throw a comment or observation into the group and see how it lands.

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Learning and discovering together engenders feelings of comradeship as well as compassion for others. And finally the act of appreciation, of admiring each other's work and acknowledging the individual's creative expression, encourages a sense of common humanity and connectedness between people with different experiences and challenges, reducing feelings of loneliness.

Can the arts help with loneliness? On the evidence of this and similar projects I would say yes, if it is facilitated with that in mind. There are of course many other group activities which can also have a similar impact, but there does seem to be something particularly special about creative opportunities which accelerates that sense of connection with others.

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If you would like to find out more, please get in touch. Thank you.