

Loneliness Webinar

Slide 1 Name and contact details

Slide 2 The Context

- **National Loneliness Strategy 2018**
 - **Survey data: 3 out of 4 GPs said 1-5 people a day are experiencing loneliness**

The national loneliness strategy built on the work of the Campaign to End Loneliness and the Jo Cox Commission. The recommendations from the Jo Cox Commission included a Minister responsible for Loneliness and a cross-government strategy. The strategy foregrounds loneliness as a public health issue. This is backed up by a poll of over 1000 GPs, of whom three quarters said they were seeing between one and five lonely people a day and one in ten doctors said they see between six and ten lonely patients a day.

- **Social Prescribing**
 - **All GPs will be able to refer people experiencing loneliness to community activities and services by 2023**

The strategy makes an overt link to social prescribing, which is seen as the best route to non-medical solutions and support for people experiencing loneliness who attend their GP. Following the strategy, in January 2019, the NHS Long Term Plan committed the funding for Social Prescribing Link Workers in every Primary Care Network (clusters of GP practices serving approximately 30-50,000 people).

- **Arts Council England**
 - **Supported by the organisations it funds, ACE will work with public health providers to provide arts and cultural activities as part of expansion of social prescribing.**

The Loneliness Strategy also states a commitment from Arts Council England to work towards the provision of arts and cultural activities as part of the expansion of social prescribing.

- **National Loneliness Measure**
 - **ACE will utilise the national loneliness measure across relevant projects and programmes**

Arts and cultural organisations are encouraged to use the new national loneliness measure in projects and programmes. This measure has been developed by the What Works Centre for Wellbeing. They have published a brief guide to measuring loneliness for charities and social enterprises:

<https://whatworkswellbeing.org/blog/measuring-loneliness-new-guidance/>

It takes a realistic approach to evaluation to avoid overloading people with too many questions and it acknowledges the strengths of small organisations in collecting evidence about people's personal journeys.

Slide 3 Quotes

So the question is – can the arts help?

"I came to the museum today alone, riddled with anxiety. It's been a bad week. Some pieces in this exhibition have brought me great comfort and have made me feel connected to humanity again, at least for a while."

This first quote comes from the evaluation of Alternative Visions, a partnership project between Arts & Health South West, Bristol Museum and Art Gallery, and Outside In, an organisation that works with artists who feel excluded from the mainstream artworld, usually due to mental ill-health or disabilities. The exhibition toured to five museums and art galleries in the south west. This audience member has found solace in the artwork and felt a momentary connection with others.

The second quote is by health researcher, Jeremy Nobel MD, who is based at Harvard Medical School, and is leading an initiative called The UnLonely Project which focuses on creative expression as a means to alleviate loneliness. He writes: *"The creative arts have an almost unparalleled ability to engage us, activate us and ultimately, connect us. The arts give us permission to pause and reflect and take a step back from our hectic and distracted lives. Through the arts, we can be "in the moment" as we experience thoughts and feelings that are then shared with others in transformative ways."*

Slide 3 What is the evidence?

So do we have evidence of the benefits of the arts and culture in combatting loneliness?

Victor, C., Mansfield, L., Kay, T., Daykin, N., Lane, J., et al. (October 2018). An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course. London: What Works Centre for Wellbeing: whatworkswellbeing.org/product/tackling-loneliness-full-review/

The What Works Centre for Wellbeing conducted a review of reviews on the effectiveness of interventions to address loneliness at all stages of the life course. The review covered published literature, which is peer-reviewed, and unpublished 'grey literature', which generally includes evaluations and reports, over a period of ten years and from across the world. They only found studies on older people, which met the inclusion criteria.

In the published literature, loneliness is seldom reported as a primary outcome; it is most often reported alongside other outcomes including related concepts such as social isolation, social support, social networks, and health outcomes including anxiety and depression.

There is no one size fits all for interventions, and authors in the published and unpublished literature suggest that programmes tailored to the circumstances and needs of individuals, specific groups or type of loneliness experienced would be more likely to result in reductions in loneliness. There are several examples of participatory arts programmes included.

As stated, the review of reviews only includes research on older people. We know that loneliness is as much if not more of a challenge for young people. The Office of National Statistics 2018 Children's and young people's experiences of loneliness report provides useful background data on this demographic and includes their views on suggestions to overcome loneliness.

'Not So Cut Off. A Case Study Evidence to Illustrate the Impact of the Arts and Older People's Programme in Alleviating Isolation and Loneliness', (The Arts Council of Northern Ireland 2016)

One evaluation that directly focused on the potential of the arts to combat loneliness was 'Not So Cut Off. A Case Study Evidence to Illustrate the Impact of the Arts and Older People's Programme in Alleviating Isolation and Loneliness', published by the Arts Council of Northern Ireland in 2016. This is a detailed investigation featuring qualitative evidence from six diverse arts initiatives from the Arts and Older People Programme in Northern Ireland. It reports directly from a range of individuals who experienced substantial benefits of social inclusion and contact from their participation.

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There are a larger number of research projects where combatting loneliness and social isolation is one of the identified benefits alongside other outcomes.

Ada Hui, Theodore Stickley, Michelle Stubley and Francesca Baker (2019) Project eARTH; participatory arts and mental health recovery, a qualitative study, Perspectives in Public Health

This study on Project eARTH found that the importance of meaningful relationships was highlighted as a means of preventing social isolation, particularly in rural locations, and that engagement in artistic group activities enable participants to connect with their communities. Connectedness to people and places were valued by participants as part of their personal growth.
(Perspectives in Public Health, April 5th 2019)

Pearce E, Launay J, Dunbar RIM. 2015 The ice-breaker effect: singing mediates fast social bonding. R. Soc. open sci. 2: 150221. <http://dx.doi.org/10.1098/rsos.150221>

In the research on the ice-breaker effect of singing researchers explored whether bonding arises out of properties intrinsic to singing or whether any social engagement can have a similar effect. The researchers followed newly formed singing and non-singing, such as crafts or creative writing, adult education classes over seven months. Participants rated their closeness to their group, and were given a proxy measure of endorphin release, before and after their class, at three timepoints (months 1, 3 and 7). The results show that although singers and non-singers felt equally connected by timepoint 3, singers experienced much faster bonding: singers demonstrated a significantly greater increase in closeness at timepoint 1, but the more gradual increase shown by non-singers caught up over time. This represents the first evidence for an 'ice-breaker effect' of singing in promoting fast cohesion between unfamiliar individuals, which bypasses the need for personal knowledge of group members gained through prolonged interaction. They argue that singing may have evolved to quickly bond large human groups of relative strangers, potentially through encouraging willingness to coordinate by enhancing positive affect.

Dr Daisy Fancourt will be speaking at AHSW's Annual Conference on 1st November on: "Using the arts to tackle loneliness and mental illness: findings from UK research

and global policy implications" <https://www.ahsw.org.uk/news-events/ahsw-conference/>

At Arts & Health South West's annual conference, you can hear the latest research in the area of loneliness and the arts. Dr Daisy Fancourt will be speaking on the 1st of November and the title of her talk is: "Using the arts to tackle loneliness and mental illness: findings from UK research and global policy implications"

Slide 6 A Regional Perspective

A collaborative regional strategy is being developed to support and encourage arts and cultural providers to engage with health and wellbeing priorities.

In the south west, we have been working on developing a collaborative strategy with colleagues across the region, supported by a public health doctoral student, Julia Puebla Fortier. Public Health England South West has helped us to explore health and wellbeing priorities and through the process of developing the strategy challenges and opportunities have emerged for arts and cultural providers. The regional priorities we are focussing on are: loneliness, mental health and social prescribing. The process itself is 'asset-based' in that we want to build on the strengths and experience of arts and cultural organisations; their and our networks and relationships; and the evidence of what works. Arts & Health South West is a learning, advocacy, networking and development organisation. These webinars and our annual conference are part of our learning programme and we are very pleased to be delivering them in partnership with Public Health England SW. Understanding the available data and evidence can help arts and cultural organisations plan and deliver more effective projects.

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Goal 1 is in response to the identified needs of those involved in providing arts and culture for health and wellbeing. There are many small scale grassroots organisations and individual practitioners with experience in working with the arts and culture for health and wellbeing. We want to develop more collaborative working, particularly in relation to 'place-based' approaches – bringing people together at a locality level that is relevant to them and their organisations.

Cross-sectoral collaboration – we would like to develop more partnership working with health and social care providers. This happens in some places. Building trust and relationships takes time and we want to explore what are the best conditions to encourage successful partnership working. The arts and culture are individual and community assets and can make a significant contribution to our health and wellbeing.

Co-production – part of this is developing our understanding of co-production, whether that is with people with lived experience of ill-health and/or with people from different professional and other backgrounds – finding shared understanding and shared goals

Commissioning support – there is a need to better understand how work can be funded, particularly the delivery of 'social prescriptions'. In some areas, for example Gloucestershire, there is a commitment to funding arts and cultural activities as part of social prescribing by the Gloucestershire Clinical Commissioning Group and their wider partnerships in One Gloucestershire, the Integrated Care System. In other

areas systems are not yet set up. The NHS Social Prescribing Guidance suggests a number of approaches to funding, including shared investment, outcomes based social investment, commissioning existing voluntary community and social enterprise organisations, small grant schemes, personal budgets and micro-commissioning.

Networks and consortia – key to providing a coherent offer from the arts and cultural sector is more networking and consortia development, so that small organisations can work together and bid for funds where appropriate.

Evaluation and evidence – arts and cultural organisations want more support with evaluation and using the evidence that exists.

Quality standards – there is a concern about quality and how quality standards will be established. There is a new guide to Quality Assurance for social prescribing programmes now available, produced by the Conservation Volunteers Green Gym with the support of the Social Prescribing Network.

Increased diversity – a lack of diversity in the arts and cultural workforce is a concern for many organisations. Working with health and social care and looking at pathways to volunteering and working in arts and health for those with lived experience of ill-health, is one way of increasing diversity.

Goal 2 – Priorities

At a locality level, local priorities are the obvious place to start. As mentioned earlier, we have agreed three regional priorities:

Loneliness

Mental Health

Social prescribing

Arts & Health South West is focussed on loneliness this autumn. As well as working with Public Health England South West on these two webinars and our annual conference, we also have a Big Give campaign to raise funds to support work on loneliness through the regional strategy. There is more information on our website <https://www.ahsw.org.uk/regional-strategy/loneliness/>

Slide 8 Learning Points

- In a poll of over 1000 GPs, over ¾ said they were seeing between 1 and 5 lonely people a day and one in ten doctors see between 6 and 10 lonely people a day.
- In the national Loneliness Strategy, social prescribing is seen as the best way for GPs to respond to people who are attending their surgeries due to loneliness.
- The arts and culture can be part of the solution, both through social prescribing and in helping people to stay well and preventing the need to attend the GP in the first place.
- The arts can be effective in helping us to express ourselves and make meaning from our lives, and can help us to forge connections with others through shared experiences. They build on individual and community assets.

- Arts and cultural organisations are keen to collaborate with healthcare providers and others to broaden access to quality experiences of the arts for health and wellbeing.