



# Creative Arts East Our Day Out 2016 - 2022

**Our Day Out – Connection, Creativity, and Wellbeing in Rural Norfolk**

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 **creative**  
ARTS EAST

# TABLE OF CONTENTS

Foreword	3
Executive Summary	4
Context	6
Ageing society	6
Arts, Health, and Creativity	6
Our Day Out	9
What makes Our Day Out unique?	12
The Role of Evaluation	12
Why has this been important?	12
Who has been involved?	12
Rurality	13
Work with Artists	15
Key Outcomes	18
Creativity	18
Wellbeing	20
Connection	23
Diversity, Inclusivity, and Accessibility	26
Covid 19: Creativity during the pandemic	28
How Our Day Out adapted	30
Recommendations for Future Directions	32
The authors	34
References	35

# FOREWORD

Spirit of 2012 is the legacy funder of the London 2012 Olympic and Paralympic Games, and we're passionate believers in the power of the arts to transform lives. We are very proud to have funded the RSPH Award winning Our Day Out from 2016 to 2022.

When Creative Arts East first applied to us for funding in 2016, the need for the project was clear. Norfolk has one of the highest concentrations of elderly people in the country and we know that the experience of living, or caring for a loved one, with dementias can be an isolating experience. This is exacerbated by some of the geographical challenges in Norfolk. Creative Arts East had just completed a successful pilot in the Breckland area of Norfolk to provide cultural participation for people with dementias and their carers' and friends. In their application to us, they articulated a compelling, innovative and credible vision, backed by high levels of artistic quality.

All Spirit grantees are asked to measure the wellbeing impact on their participants and volunteers. This is a particularly challenge for projects working with people living with a progressive illnesses, like dementias, as the usuals sets of wellbeing measures are inappropriate. The work that they have done to focus on wellbeing, rightly recognised by the Royal Society for Public Health and their prestigious Arts and Health award is ground-breaking.

Six years later, having been awarded a second grant to continue the impact of the project in 2019, this final evaluation demonstrates strong impacts on the wellbeing and social connectedness of participants and their carers' and family members. An average increase in wellbeing of 64% and a 10-point decrease in the percentage of people who hardly ever or never feel lonely shows that even with a progressive illness like dementias, high-quality and inclusive participatory activities can lead to significant increases in wellbeing and feeling of connection for both the participant and carer.

I've taken part in Our Day Out sessions and met many of the participants and workshop leaders, and I'm always struck by the sense of belonging to the group – and importantly the balance between developing an approach that reaches, retains and supports people and giving them access to high quality arts and cultural activities, including the opportunity to share their creative outputs. This evaluation is a call to arts organisations and funders of similar programmes to learn from the significant body of evidence CAE has produced.

Huge thanks to all the staff at CAE for their brilliant delivery of Our Day Out, and all the participants and carers that have made it what it is.

**Ruth Hollis**  
**CEO Spirit of 2012**

# EXECUTIVE SUMMARY

This report has been developed by Dr Hannah Zeilig and Millie van der Byl Williams to provide an overview of the main outcomes and unique features of the Our Day Out (ODO) project run by Creative Arts East (CAE). Hannah has been working with CAE for 6 years and Millie for over a year. In this time they have produced a number of reports on the participants, volunteers, and artists involved in ODO. For this final report they have analysed the key findings from these evaluative pieces of work and present these alongside some statistics from the project.

The report is broken down as follows:

- **Context**

- The UK has an ageing population
- The number of people living with dementia in the UK may increase to 1.1 million by 2030
- There is a growing body of evidence showing that arts are beneficial for people living with dementia and older adults.
- The arts also offer opportunities for people with dementia to meet others and improve their wellbeing
- Social prescription offers a new way of engaging arts for health

- **Our Day Out**

- ODO's high quality arts sessions began in 2016 and are delivered in localities across Norfolk
- The sessions are accessible for all older people but focus particularly on engaging community members who face additional barriers to participation, such as those living with a dementia or other long-term health condition, carers, or those experiencing social isolation
- The significance of ODO sessions is not solely in their creative offer but also in providing an opportunity to connect with other older people, alleviate isolation and have fun.

- **What makes ODO unique?**

- **The role of evaluation** – ODO has engaged a number of researchers and over 100 participants in exploring a number of research questions such as:
  - How taking part in the programme has affected the wellbeing of older people, carers, and people with dementia?
  - How can ODO support the professional artists they work with?
  - How did the Covid 19 pandemic affect the participants in ODO?
- **Rurality** – ODO works in a number of rural settings which presents unique challenges.
  - ODO has helped participants feel more connected to their local community

- **Work with Artists** – CAE is committed to hiring professional artists and investing in their practice through running training days, focus groups, and commissioning reports.
- **Key Outcomes** – researchers have examined the previous evaluation reports to identify the key outcomes of the ODO programme
  - **Creativity** - Creativity came in many different forms in the ODO programme. Artists encouraged participants to express their creativity both in and out of the sessions.
  - **Wellbeing** – The ODO sessions resulted in statistically significant increases in wellbeing for participants. Qualitative data also evidences increased wellbeing in diverse ways.
  - **Connection** - There was an increase in social connectivity for participants of the ODO groups and a sense of belonging in the groups.
  - **Diversity, Inclusivity, and Accessibility** – ODO has been inclusive of those living with different disabilities offering access to arts and culture.
- **Covid 19 – Creativity during the pandemic**
  - Unlike many organisations ODO adapted and continued providing essential outreach during the lockdowns and pandemic.
  - People living with dementia and older people were some of the worst affected groups during this time
  - Artists felt their work was important during this time
- **Recommendations for future directions**
  - Continuing to support older people and people with dementia, rural communities, and the artists they work with.
  - Disseminate the model of ODO further and share good practice





## CONTEXT

To introduce this report it is important to provide the context in which ODO took place. Therefore in this section we explore arts, health, and creativity, and the current ageing society.

### Ageing society

We live in a society that is ageing and that contains more older people. This has been termed the demographic transition. The Office for National Statistics states that UK residents aged 65 and over represented 18% of the total population in 2016, and their latest projections show this as rising to 24% in 50 years' time. The fastest growing group is those above the age of 80 years who are expected to reach 434 million in 2050. The global ageing, which started initially in high income countries, is now affecting all countries.

Age remains the largest risk factor for developing dementia, therefore the number of people with dementia is predicted to rise to 1.1 million by 2030, 1.4 million by 2040 and will reach 1.6 million by 2050 (Landeiro et al., 2018).

There will be a predicted  
**1.1 million**  
 people living with dementia  
 in the UK by 2030.

Already the UK's rural communities represent a much older demographic than the national average, and this will continue to grow. The Health and Wellbeing in Rural Areas report, by the Local Government Association and Public Health England, states that in terms of health, older people are worse off and in greater need of health and care services (2017).

The question that an article about Our Day Out posed was:

'If then, there are more older people living in rural communities than ever before and these older people are at higher risk of experiencing poor health, how can the inherent benefits of arts participation be harnessed to counteract this trend and help our rural population age better?' (Zeilig et al, 2020)

In turn, this is a question that highlights the ethos of Creative Arts East within the Our Day Out programme and underlies the development of their activities.

### Arts, Health, and Creativity

There has been a growing body of evidence in support of the value of the arts for health in both the US and the UK. In particular, the beneficial role of the arts for all older people is increasingly accepted (Camic et al, 2018). Engaging in the arts has been shown to promote healthy ageing. ('Participating in the Arts Creates Paths to Healthy Aging' 2019) And furthermore sustained longitudinal engagement with the arts has been shown with "higher levels of happiness, life satisfaction, self-realization, and

control/autonomy in older adults” (Tymoszuk et al., 2020). Research is also mounting that evidences the potential of the arts to impact positively on the health and wellbeing of people living with dementia (APPG, 2017). Similarly, across Europe, the US and in Japan governments are funding arts based projects for people with dementia. Overall, recent studies (published between 2014-2022) demonstrate that the arts can be transformative in terms of changing perceptions, encouraging communication, promoting creativity and sustaining selfhood and interconnectedness for people with dementia.



There has been a growing recognition that the arts should be an integral part of residential care provision as well as community care (Broome et al, 2019, Tischler & Zeilig, 2022). There are a number of UK based organisations that have found innovative ways to introduce the arts into care homes, including Spare Tyre, Magic Me, Age Cymru in Wales who delivered the cARTrefu project, Ladder to the Moon, Creative Minds, Creative Encounters and others. Other recent arts based approaches for people with dementia and their carers that have also involved a research component, include: the use of theatre (Kontos et al, 2020), the development of a creative toolkit for use in residential care and day care (Robertson & McCall, 2020) and artist residencies in care homes (in the Imagine Arts project described by Broome et al, 2019, and also Magic Me’s Artists Residencies in Care Homes 2017). Ward et al (2021) have conducted a recent scoping review examining the benefits of engaging in community arts for people living with dementia and found “strong evidence in support of using participatory arts for dementia, regardless of art form”.

Above all, the arts offer more flexible and therefore alternative ways of engaging with people with dementia and can help everyone to re-imagine ‘dementia’ (Zeilig et al, 2014). As noted elsewhere (Zeilig & Hughes, 2019) art can help us to engage ‘feelingly’ with dementia and so can help to combat

many of the prejudices we may have about this condition. Importantly, the arts also offer opportunities for people with dementia to interact with others. There has also been an essential growth in the role of the arts for those living with advanced dementias.

The purpose of the majority of participatory arts projects, whether these are in the community or in residential care homes for people with dementia, is predominantly to promote health, wellbeing, cognitive function and communication (Zeilig et al, 2019, Tischler et al, 2022). The wide-spread recognition that arts can be beneficial for health is perhaps best encapsulated in the model of social prescription (see NHS long-term plan 2019 for further details). Social prescribing (also known as community referral) is an attempt to address the understanding that people's health and wellbeing are influenced and affected by a range of social, familial, economic and environmental factors (Buck & Ewbank, 2020). Social prescribing can involve referring people to arts activities that are in their community and there are several studies that attest to the benefits of this model. However, since Covid-19 funding has been scarce and it is unclear whether social prescribing will be now sustainable.



## OUR DAY OUT

Our Day Out (ODO) began as a dementia-focused pilot programme by Breckland Council. ODO is a unique participatory arts programme designed to help vulnerable older people in some of Norfolk's most rurally and/or economically deprived areas engage with high-quality music and movement workshops run by professional artists. ODO's high quality arts sessions began in 2016 and are delivered in localities across Norfolk. Pre covid-19 lockdown measures, ODO sessions were taking place twice a month in each locale, in easily accessible community centres and church halls, and activities included belly dancing and samba as well as more conventional participatory music and dance.

The sessions are accessible for all older people but focus particularly on engaging community members who face additional barriers to participation, such as those living with a dementia or other long-term health condition, carers, or those experiencing social isolation. The programme's primary aims are to improve participants' wellbeing, increase social connections, promote life-long learning and decrease feelings of isolation and loneliness. To date it has achieved impactful results for its 400+ beneficiaries, including statistically significant improvements ( $p < 0.05$ ) in participant wellbeing against the Canterbury Wellbeing Scale), a validated tool developed by Professor Paul Camic at Canterbury Christchurch University.[1] This scale shows that improvement in participant wellbeing is consistently maintained after each session, even for those living with a dementia.

ODO has secured highly competitive investment from the Spirit of 2012 Trust in 2016 and 2019, and until the Covid-19 pandemic was operating in eight locations across rural Norfolk. The programme also won the prestigious Royal Society for Public Health - Arts & Health Award (2019).

ODO sessions run twice a month in each location listed below (apart from our two newest groups who run once a month at the moment), so for the last 3 years when sessions have been running in-person there have been 192 sessions a year, not including any celebration events



**192** in person  
sessions per year



### Locations of sessions

1. Hunstanton
2. Dereham
3. Attleborough
4. Watton
5. Thetford
6. Wells-next-the-sea
7. Great Massingham
8. South Wootton
9. Great Yarmouth
10. North Walsham\*
11. Downham Market\*

\* These two groups were operating for a time but for various reasons weren't sustainable

## What does a typical session look like?

- A CAE facilitator is present at each session. They play an important role at both a practical and emotional level – by helping organise the room, and tea and cake at the end, and also in their knowledge of each participant who was welcomed individually. This ensures a sense of continuity within and between the sessions and helps to validate the participants who are treated as 'invited guests'. The presence of facilitator who took the time to welcome and include participants was one of the distinguishing features of ODO sessions.
- The numbers of participants range from around 8 to 15 people each session. Participants are primarily people living with dementia or other long-term health conditions, their care partners, and older adults from the local community.
- The rooms are carefully organised for each session and the group is encouraged to sit in a circle.
- In each session, the artists had clear ways of signalling the beginning of the activity. So, for instance, Kim started playing her guitar gently to draw people's attention into the circle before offering the group a version of 'That's alright Mama' (Elvis) using everyone's names in turn. Kim and Mary would both ask permission before using people's names and singing them into the song.

- The sessions are structured in a way that gives everyone direction but allows flexibility to include all the participants and their contributions. Thus, each session has a clear framework (one that is familiar to participants) and satisfying beginning, middle and end.
- Within the sessions participants may take part in diverse activities including for example: belly dancing, singing, playing samba music. Each session is distinguished by the artists' focus on creating a positive experience, working with participants and building their confidence. The emphasis is on a failure free environment, improvisation and encouraging the ability to play.
- During one session, attended by HZ (March 2019) a participant mentioned that although she had not 'enjoyed' the drumming, it had been good for her mind if not her body. Even those participants who may not enjoy the activity tend to appreciate the sessions which are inclusive and accessible for those who may not be as able as others.
- The artists who lead Our Day Out sessions concentrate on validating participants and use clear gestures and instructions so that everyone present can follow. It is important to note that participants talked to HZ at the end of sessions that she attended about the value of the ODO sessions. One woman noted that they were full of '*camaraderie*' and an older man eloquently outlined the importance of the sessions: '*we like our group, it is such a laugh – I feel better leaving than I did on arriving and that is really something.*'

**The significance of ODO sessions is not solely in their creative offer but also in providing an opportunity to connect with other older people, alleviate isolation and have fun. Many of the participants stressed the joy of being introduced to new experiences.**



# WHAT MAKES OUR DAY OUT UNIQUE?

## The Role of Evaluation

### Why has this been important?

Evaluation has been integrated into the programme from its inception so has been truly collaborative, never regarded as an 'add on', the evaluator (HZ) has been able to attend sessions, meet the artists, get to know the facilitators and staff at CAE and therefore to work responsively with them. The evaluation was undertaken by experienced researchers (who have worked with people with dementia and explored the role of the arts for this group). It was therefore practical: in that the process responded to areas that had been identified by the stakeholders and that concerned funders and simultaneously research / theory led.

The overall aim of this evaluation then, has been to:

- Outline the aims, outcome and values of ODO and to indicate possible future directions for the programme. (practical)
- To explore how the arts and creativity affect those living with dementia (research led)

The objectives associated with this aim included:

- To outline the underlying values of the ODO programme
- To work collaboratively with key stakeholders including participants, artists and CAE staff
- To examine how the ODO programme may have affected wellbeing over a defined period of time
- To explore the role of the artist within the ODO programme
- To disseminate findings from the programme
- To explore how the Covid 19 pandemic affected the participants and artists involved in the ODO programme

### Who has been involved?

#### Researchers

**Dr Hannah Zeilig** – Hannah has explored and written about the role and value of the arts for people with a dementia and the complicated ways in which our culture represents 'dementia'. Hannah's work combines theoretical rigour with real world knowledge of working with people with dementia. Hannah also works with mental health service users, psychiatrists and psychologists to challenge dominant narratives about mental illness. She has been working with Creative Arts East for 6 years and has produced multiple reports on Our Day Out.

**Millie van der Byl Williams** – Millie is a PhD candidate at UAL (London College of Fashion) and UCL (Dementia Research Centre) and has been working with people living with dementia for 10 years. Her research focuses on the idea of agency for people living with dementia. She has worked on a number of evaluative reports for Our Day Out.

**Professor Paul Camic** - Paul is Emeritus Professor of Psychology and Public Health at CCCU and Honorary Professor of Health Psychology, Dementia Research Centre, University College London. Paul is a consultant level clinical health psychologist and has practiced in the USA and UK. He has a particular interest in the arts, health and wellbeing in the dementias and methodological innovation. Paul has been involved in the use and analysis of the Canterbury Wellbeing Scale in the Our Day Our sessions.

**Dr Sarah Strohmaier** – Sarah is a psychology lecturer at CCCU. Her research interests include mindfulness, positive psychology, and how these programs improve mental health and well-being. Sarah has also worked on the quantitative analysis of the Canterbury Wellbeing Scale data.

## Participants

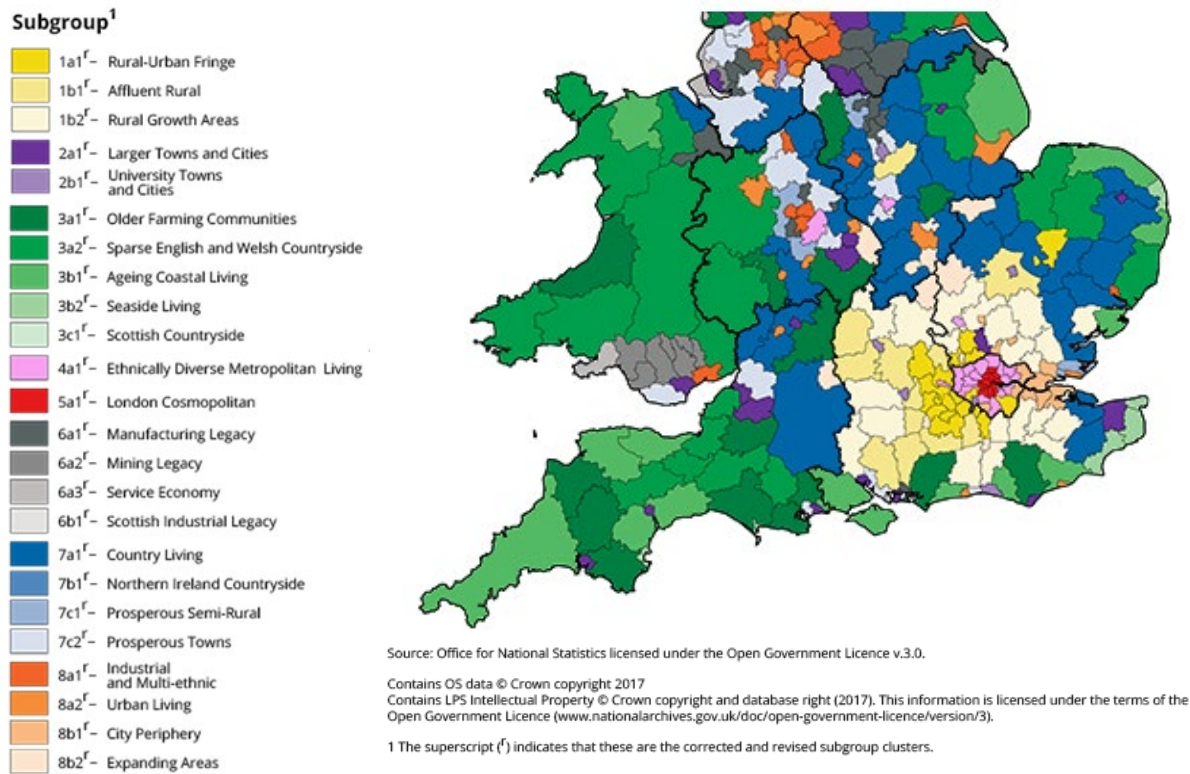
Year	Activity	Number of Participants
2022	Artist focus groups	12 artists
2021	Phone interviews	2 carers 5 older people
2020	Phone interviews	4 carers 3 older people 2 artists
2019	Canterbury wellbeing scales	121 participants in groups
2018	Observations at 3 ODO sessions	27 participants 2 volunteers

## Rurality

The population in rural areas has a higher proportion of older people compared with urban areas (DEFRA, 2021). The map (below) demonstrates that Norfolk is dominated by an ageing population who live in the countryside and / or in coastal regions. The Centre for Ageing Better report on “Ageing in a rural place” (2021) “provides key insight into the unique experiences of getting older living in a more rural setting. Rural life often has an appeal to those in later life, offering peace and quiet, community, and a slower pace of life. As such it has been found that “people living in rural areas have higher life expectancies and report slightly better wellbeing” (Annual Population Survey, 2018). But even though there are higher levels of homeownership in rural communities, there is also a tendency for individuals to be “asset rich” but “cash poor” meaning that there are often issues with fuel poverty. In the current ‘cost of living’ crisis this is likely to be exacerbated. 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, 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). With the so called “move online” that has been happening ever more rapidly since the Covid 19 pandemic this risks this population being further excluded.



The geography of rural places can also mean that accessing healthcare, social care (such as domiciliary care), and getting deliveries of food and other essentials can be more difficult. Many older people rely on good public transport links to be able to maintain social connections and attend appointments. This has previously been an issue in rural Norfolk. However, the local council have recently revealed the “Norfolk’s Bus Service Improvement Plan”, which promises to improve affordable transport network options in Norfolk.

It has been found that people living in rural communities are typically more likely to engage in creative activities than those in urban areas (Art’s Council England, 2018). Yet there has been a widely acknowledged lack of funding and investment in the arts in rural communities. Perhaps in response to this, in 2022 there has been a significant move to invest more in arts and culture in rural areas by the government (Department for Digital, Culture, Media & Sport and Arts Council England, 2022). Included in the list of the “100 places to see improved access to culture and arts across England” are: Kings Lynn and West Norfolk, Great Yarmouth, Breckland, and North Norfolk. These are precisely the areas in which Our Day Out has been working. These regions have been lacking arts and cultural engagement



funding, hence the outputs and groups Our Day Out have provided since 2016 have been crucially important to these communities. A focus on rural outreach makes ODO unique in relation to many other arts and cultural organisations.

Participants in ODO have reported how living in a rural area can provide benefits, for example the familiarity of neighbours and local people:

*“being a small place and knowing a few people you always meet somebody”*

*“I’m very friendly with my neighbours and they would help me, straightaway.”*

However those living in seaside areas found the last year particularly difficult as many of the houses are used primarily as holiday homes:

*“I have found it very quiet this last year, I mean I live on my own, and I don’t have, round about the holiday home”*

They also reflected on the fact that many people living in their community were also older adults:

*“I mean the lady next door is in her 80s, and further down they’re in their 90s, and if you see a car there, or if you saw an ambulance you’d offer to see if there’s anything you could do.”*

ODO also facilitated participants to feel more connected to their communities. When asked if they felt more connected with their community due to ODO this participant responded:

*“Yeah, definitely. Yes. Especially when we meet at the community centre, yes. Something really nice to look forward to.”*

## Work with Artists

One unique feature of ODO is their commitment to hiring professional artists and their investment in their practice. This is in contrast to initiatives within care homes which are mostly led by activities coordinators and the majority of community projects that take place on a ‘one off’ basis.

The role of the professional artist who is immersed in their artform and also has experience performing has a positive impact on the aesthetic quality of ODO in-person sessions. Professional artists are able to deploy a wide range of skills (including the ability to improvise, encourage connections with the art form and communicate through their art) in ways that are quite different from arts therapists or activity coordinators. Indeed, the wider literature shows that the professional artist can open pathways to communication, via their expertise (Dunn et al, 2013). In addition, professionals are likely to have

artistic standards and technical proficiency that can be positively applied when working with those who live with dementia.

ODO have hired a variety of artists from different backgrounds to work with the groups and brought these artists together through networking days and training days. At the training day in 2018 91.67% found the training useful in their continuing professional development.

**Artists stated that through attending the training day they had: “connected with inspirational people and can carry this forward” and had “discovered so much new information and confidence in developing new activities”.**

In 2022 there were 2 focus groups for the artists in which the artists reflected on working with ODO throughout the pandemic. The key themes from these discussions are outlined in the table below:

Theme	Code
<b>Ways of working</b>	Accessibility
	Artist experience with CAE
	Experiences of working in covid
	Ways of working
<b>Supporting the artist</b>	Artist wellbeing
	Freelance work // Finance and Pay
	Freelance work // Flexibility
	Freelance work // Precarity
	Suggestions for organisations
	Training
<b>Role of the artist</b>	Trust
	Connection
	Participant wellbeing
	Product vs Process
<b>Legacy</b>	Special skills of artists
	Coming back to in person work
	Legacy
	Loss
	Positives and lessons

The 2022 report found positive practice by CAE included:

- Continued engagement with artists throughout the pandemic
- Ability to listen to needs of artists that they work with
- Support for artists to use innovative and creative methods of engagement, including video, use of unusual materials
- Trusting artists by allowing them to have flexible briefs
- Regular and personal enquiries into artists' wellbeing – connected with this the 'personal touch' was repeatedly noted as important



## KEY OUTCOMES

In order to write this report the researchers read over all the previous reports, coded the key outcomes and features of the ODO sessions. These findings are outlined below:

### Creativity

One of the most important elements of ODO sessions is creativity, and this creativity came in many different forms. As mentioned elsewhere in the report, ODO sessions offered a variety of creative activities, working with mediums such as dance, poetry, music, and visual arts.

There is a persistent tendency to overlook the purely creative possibilities of the arts for those with a dementia. This is connected with entrenched ideas about what creativity is, where it is located and how it is manifested (Henley, 2018). Indeed, the terms “creativity” and “dementia” are not two words that are often linked. The extent to which people living with dementia might contribute to a fuller and deeper understanding of our shared creativity is mostly overlooked, as are the social, relational and emotional features of creative activity (Camic et al., 2018). Recent research has begun to reconceptualize creativity, whereas before the focus has been on an individual gifted creative genius, now researchers have started to look at artistic creativity across different mental and physical health conditions and everyday creativity (Camic et al., 2018). Multiple studies and projects have proven that people living with dementia retain creative abilities even into the later stages of the disease. Studies have also shown that “Creative expression in artistic activities such as painting or making music, for example, has been found to be an important way for people with a dementia to express and access emotions even when cognitive abilities are diminishing” (Camic et al., 2018).

The importance of creative expression for people living with dementia and older people who are socially isolated was a key driver in Our Day Out sessions and as such the facilitators and artists were sure to empower participants to create and be artistic in whichever way suited them best. In the in person sessions Hannah observed in her field notes “In all the sessions, the intention was clearly to include everyone and to celebrate their achievements”. And when speaking about the creative packs one participant reflected that the activities were not prescriptive but allowed for individual interpretation:

*“I might decide to try out the music that is accompanying ... I'll listen to a description of it while I'm doing the dishes, washing up that morning which takes a while in my case. I also enjoy cooking, and I get an impression and I don't engage with all of the activities, but I sort of have the things that I keep for me, if you know what I mean.”*

ODO has inspired participants to embrace their creativity within the sessions and outside of the sessions. The participants reported that the sessions had “encouraged” and “inspired” them and given them a “push” to be more creative in their day to day lives. However, the essential role of creating in a group was also noted:

*“Achieving something as a group, even if it’s a Zoom group, leads you on to having a go at it I think on your own, but I don’t know if when you were just on your own and you create something.”*

Being creative also offered a chance for participants to focus on something else and take a break from their other worries:

*“We could use our own imagination and make a photograph with coloured stones. I’ve got one here still at the moment which I made, which I’m going to give away to somebody. But when we had the meetings, take your mind off yourself, so you’re not thinking about yourself so much. You’re thinking more about other people. I mean the week when we were doing, creative, making things, well you take your mind off yourself, which I find was a good thing. You’re not thinking about yourself.”*

Participants feeling able to express their creativity was not only an outcome in and of itself, but it also served as a way of connecting people and improving their wellbeing. For example one of the artists observed that it was not about creating a musically perfect experience but rather enabling people to be together stating: *‘I am not a teacher but a sharer’* and *‘If Harriet is going to stamp her legs, then I will do so too!’*.



## Wellbeing

Wellbeing has been a core concern for ODO since the programme began in 2016. However, the focus on wellbeing is not only for older adults or participants with dementia, the wellbeing of carers, volunteers, and artists has also been a key focus and a subsequent outcome of the groups.

The average increase in individual wellbeing after 9-12 months of participation was

**64%**

ODO has produced some interesting insights into the nature of wellbeing that extend beyond accepted ideas that wellbeing is straightforwardly associated with good health or happiness. For instance, wellbeing has been illuminated as it is an ever fluctuating and dynamic state, and a balance between an individual's assets / resources and the challenges that they encounter (for further details see: Dodge et al 2012.). Through programmes such as ODO and others we are beginning to understand wellbeing as nuanced and complex - affected by delicate exchanges of interpersonal and individual resources and also as it is both an individual and relational phenomenon.

Wellbeing has been explored in a number of different ways during the ODO programme. The Canterbury Wellbeing Scale (CWS) was administered by the workshop assistants immediately at the beginning and end of sessions every 3 months. The CWS is designed to measure in the moment wellbeing for people living with dementia. It is an accessible analogue visual scale that instructs an individual to rate different aspects of their wellbeing between 0-100. The aspects of wellbeing measured by this scale are: Sad/Happy, Unwell/Well, Bored/Interested, Not Confident/Confident, and Not Optimistic/Optimistic. This quantitative data has been analysed by Professor Paul Camic and Sarah Strohmaier to demonstrate how the ODO sessions affected participants' wellbeing:

**“The results of this evaluation provide important evidence that even within a progressive disease, such as any type of dementia is, wellbeing can be enhanced after relatively short-term activities such as offered by Creative Arts East for the participants in this evaluation. Across 7 sessions, wellbeing increased at a statistically significant level (comparing pre and post scores) for each session. Although whether attending 1 - 2 sessions versus attending 5 -8 did not statistically differ in overall (composite) wellbeing changes, the results confirm the ongoing wellbeing benefits of attending 7 out of 8 sessions based on the Canterbury Wellbeing Scale measure.”** (Camic and Strohmaier, 2019).



Session	Average increase on CWS from pre to post	Significance (p- value)	Number of participants
Before and after session 1	<b>79.89</b>	<b>&lt;.0001</b>	<b>121</b>
Before and after session 2	<b>65.61</b>	<b>&lt;.0001</b>	<b>90</b>
Before and after session 3	<b>61.48</b>	<b>&lt;.0001</b>	<b>54</b>
Before and after session 4	<b>46.36</b>	<b>&lt;.0001</b>	<b>44</b>
Before and after session 5	<b>67.76</b>	<b>&lt;.0001</b>	<b>29</b>
Before and after session 6	<b>73.85</b>	<b>.004</b>	<b>13</b>
Before and after session 7	<b>95.63</b>	<b>.013</b>	<b>8</b>
Before and after session 8	20	.183	3

Significant results in bold (  $p < 0.05$ ).

The statistical data plays an important role in understanding the effect of ODO on wellbeing however this data is best understood in conjunction with the reflections of participants and artists who have been involved in ODO. As discussed earlier, wellbeing can mean very different things to each individual and as such attending the ODO sessions has affected participants' wellbeing in a variety of ways.

During the interviews conducted in 2021, participants described wellbeing in a number of ways, some of the most frequently words used in relation to wellbeing are presented below:



Wellbeing for the participants was a complicated issue as many people who attend the sessions also live with long term health conditions such as dementia or arthritis. Living with these conditions means that participants can be “unwell” whilst also reporting that their general wellbeing is good. In interviews carers indicated that for them, wellbeing is a multifaceted concept that is less associated with physical health but that is connected with psychological resources (keeping mentally alert / having focus /peace of mind) and that can be supported by daily routines and interactions with others.

One participant reflected on the way in which attending the sessions had helped them overcome the effects of her health condition:

*“Because it’s really helped me begin a process of recovering from the effects of these horrible wounds on my hands, and restoring my sense of esteem. And it has been the most positive experience in a very long time, it’s wonderful”*

Although there has been a long acknowledged connection between creativity and wellbeing the causal relationship is not always examined in depth. However, in ODO sessions and the consequent interviews the way in which creativity affected the participants wellbeing was discussed and explored.

For example when discussing wellbeing one participant reported:

*“Wellbeing, [pause], I smile, I’m with people and I have a sense of agency that I can create things that are good for myself in life.”*

This emphasises that creativity offers a feeling of control and authorship and attending the sessions give participants a chance to connect with others.

Another way in which the ODO sessions affected participants’ wellbeing was by giving people something to structure their day around and a reason to go out and meet others:

*“It gave me something to get out for, because you know it can be so easy to shut yourself away, and you know not bother to do anything. You know you have got to have something to live for which I think is why these groups have been so, so brilliant. I can’t really say much more than that, because it’s, you know it’s true it’s meant an awful lot to my life.”*

One participant reported when talking about the sessions that:

*“they’ve given me new confidence, they’ve given me friendships, they’ve given me more interest”*

Put simply when asked what they had gained from taking part in ODO one participant just responded “Happiness.”

Our Day Out also helped the participants’ physical well-being with a number of participants In terms of the effect of the activities for the participants, reflected that they prompted them to exercise by the creative packs:

*“I’ll sit down and learn this little part of the movement that uses my upper body, so I’m not getting up and down. And I make my own. It was a time when I really needed to be finding other ways to move my body, and it generates heat and keeps you warm as well.”*

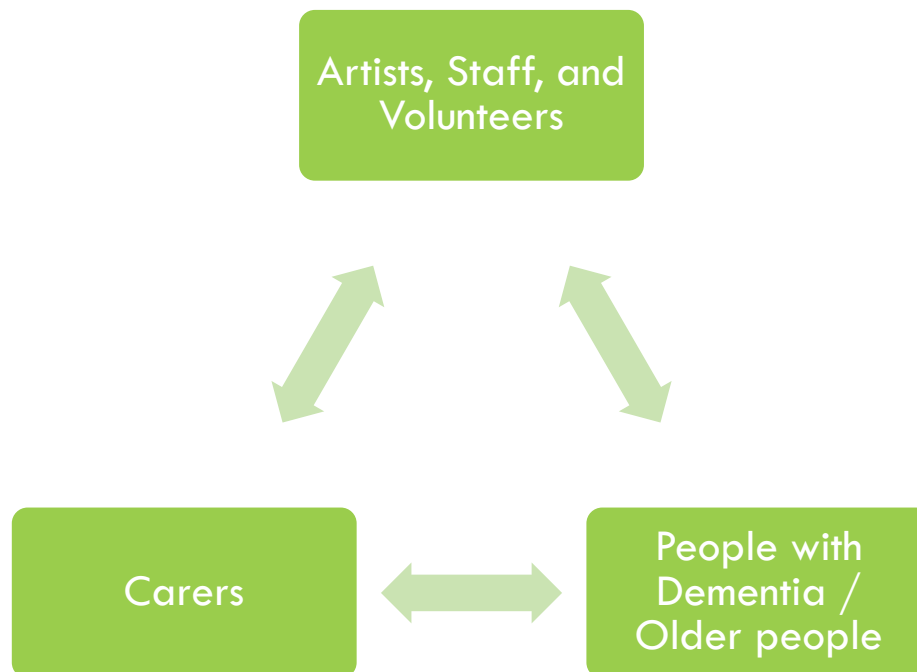
Similarly, another participant observed that she enjoyed the 'Good exercise', and that she was glad to do different sorts of exercise:

*“not just bending down to gardening or standing back up again, particularly in the heat and moving the whole body really, moving those muscles that don't get used and that.”*

## Connection

As mentioned in the previous section one way in which the ODO sessions influenced participant's wellbeing was through social connection. The NHS' Clinical Director for Older People (Prof Vernon) describes the quality of an individual's social connections as being the biggest determinant of their mental health. Social connection comprises many separate (albeit interlinked) components:

- Between artists and people with dementia
- Between people with dementia and others with dementia (network building)
- Between people with dementia and their spouses / carers
- Community connections



In 2018 **97% of participants reported that they felt their involvement in the Our Day Out programme had helped them make social connections.** A recurring theme in the interviews with participants was how important the sessions were for meeting others and building friendship. Social connections are essential for combating social isolation and loneliness. Social isolation refers to the

amount of social contact someone has, whereas loneliness refers to a subjective feeling of a lack of meaningful social connection.

## Connections between carers

Caring can be a lonely experience, in one study more than 8 in 10 unpaid carers described themselves as “lonely or socially isolated” due to their caring responsibilities (Carers UK, 2017). Therefore carers reported that they found it especially valuable to meet other carers at the ODO sessions.

**8 in 10** carers describe themselves as “lonely or socially isolated”

*“It’s not just been for P [person living with dementia], I’ve enjoyed it very much indeed. And you know, when we go in there, they say hiya P, and they hi C, how are you as well. So, you know, it is a ... being a part of ... it’s almost like a second family.”*

## Connections between carers and their loved ones

The sessions also offered a chance for spouses and carers to be more connected with their loved ones who they care for. Our evaluations found a renewed sense of connection [between spouses] and 'in all cases, the interviewees expressed their appreciation that sessions involved their partners, who can still participate, thus maintaining their ability to retain some independence.

## Connections with people living with dementia

People living with dementia felt valued and connected to others. One participant with dementia reported:

*“They help me feel that I’m ... I may be old and I may be infirm at times and I may be a bit crotechty at times and I may be a disagreeable, old, grumpy old git at times, but most of the time I’m a happy, jolly well connected old fool.”*

One participant who lives with dementia was particularly eloquent about the importance of the inclusive nature of the ODO sessions, which have been able to successfully include people with dementia alongside others. He mentioned that this sense that ‘we have got the same things in common’ has had a direct impact on reducing his sense of social isolation

*“You don’t feel so isolated especially if you meet people with the same illness yourself, or with the same problems.... Like memory loss and arthritis and things like that.”*

## Connections between artists and participants

In focus groups the artists have reflected on how valuable it was to feel connected to the participants, especially during the pandemic. One of the artists reflected that:

*“I saw one lady and she was talking about the CD that she’s had and she put it on every day in the morning and listened to it. There’s a nice connection”*

The need for continuity of contact and practice between the artists and the participants of ODO was cited as an important factor if there is to be a meaningful and ongoing legacy:

*“I also feel a duty of care to keep the connections with those people that we have reached out to.”*

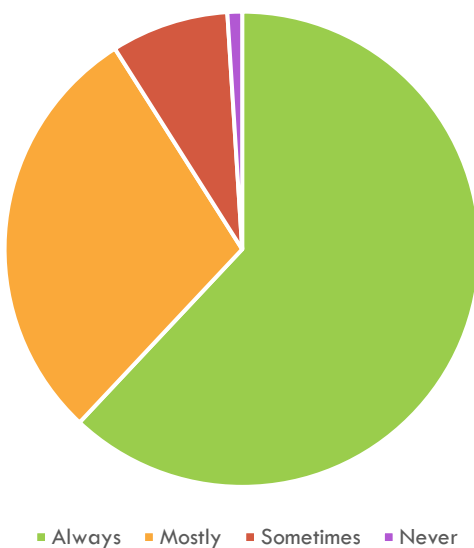
## A sense of belonging in the group

As a result of feeling connected to others in the group many participants reflected on the sense of belonging they felt in the groups. In response to the question 'Please rate the following statement, in relation to your personal experience: I feel like I belong at the 'Our Day Out' sessions show 62% always, 29% mostly, 8% sometimes and 1% never.

In interviews participants also reported:

*“I mean it has made me uplifted and I really have felt ...I felt part of it all.”*

I feel like I belong at the 'Our Day Out' sessions



The volunteers and workshop assistants played an essential role in facilitating the connections between participants and creating a friendly accepting atmosphere.

*“Yes, just the looking forward to it, you know, it’s on the calendar, yes, the looking forward to something social and funny, and belonging, like everyone likes to belong don’t they? They go oh hello M, they call me M, hello, come in, come in A, yes, the belonging, definitely.”*

## Social connections outside of the group

The sessions and especially the creative packs helped to foster social connection in more unexpected ways as well. Participants spoke about the ways in which they have shared the packs with others. Examples of this included one participant who was keeping some of the resources “nice and neat” in a dedicated plastic folder in order to share these with her grandchildren when they visit. And another participant taking the Christmas decorations she made to the care home where her husband was living. One member also reflected that:

*“During the time that I’ve been doing the packs, I have certainly made huge leaps and bounds in terms of my social connectiveness. So I’ve gone from very little contact with family, to having contact with my, nine out of ten of my nieces, for example.”*

This goes to show the remarkable ways in which the social connections formed within the group have not only affected the individuals within the sessions but have also spread out to others in the community.

## Diversity, Inclusivity, and Accessibility

Diversity, inclusivity, and accessibility had a role to play in the unique blueprint and success of the programme. These values were nurtured in a multitude of ways in the sessions.

In terms of ethnic diversity in the sessions the ODO groups were less ethnically diverse than creative groups in more urban areas. This is because in 2020, “the ‘white ethnic’ group accounted for 96.8 percent of the rural population, compared with 81.7 per cent in urban areas” (DEFRA, 2021). Nevertheless, the ODO sessions sought to represent cultural diversity in a variety of ways. For example, sessions included exploring arts and dance from different cultures such as belly dancing.





Dementia is increasingly being recognised as a disability (APPG on Dementia 2019) (Shakespeare, 2022) and as such the rights and entitlements of those living with dementia are becoming more widely acknowledged. One of these rights is a right to access arts and culture (Think Tank European Parliament, 2019) ODO provides an essential opportunity for people living with dementia and other disabilities to access and take part in a variety of high quality artistic and creative activities. Unlike most other arts and health interventions that are designed to work with a particular user group with a specific health issue (depression, hip replacement, Parkinson's), ODO focuses on the creative endeavour and enables inclusivity by ensuring that the endeavour is dementia friendly and suitable for a wide range of participants. Whilst ODO has strong dementia-inclusive credentials, Creative Arts East is committed to ensuring that the programme be open to all older people, including those who face additional barriers to participation. Other arts interventions are often designed to work solely with a particular user group and whilst there is an important place for these projects, opening up our sessions to all-comers helps challenge perceptions of disability, age and health, and this is central to fostering the kind of atmosphere the programme thrives on.

Artist facilitators design the sessions to cater for all abilities, which adheres to the guidelines in the NICE report "Older People: Independence and Mental Wellbeing" and the All-Party Parliamentary Group's Creative Health report, which emphasises the importance of person-centred provision and enablement for independent creativity. In keeping with this, ODO-commissioned artists are passionate that the participants feel they have "permission" to be dancers or musicians in their own right and interact with them as such, rather than as people limited by age or disability.

Participants, especially those who were carers, appreciated the ways in which the ODO sessions had been able to encompass their needs as well as the needs of the person that they were caring for. This was associated with the important role played by the artists and CAE staff. As noted by one participant:

*"the girls are very patient, if there's someone who can't play an instrument or bang it even and they sit next to them and help them, it's lovely yes"*

The multitude of offerings involved in the sessions are not only entertaining but also ensure that people can be included at a variety of levels. This is clearly articulated by one participant, who commented on how the artists didn't rush through. She talked specifically about a violin session:

*"what was good was that we made lots of things up organically, you didn't have to actually be a professional, in order to benefit from the sessions."*

## COVID 19: CREATIVITY DURING THE PANDEMIC

The global pandemic and associated restrictions (lockdowns etc) that began in the UK in March 2020 had a profound effect on older people and especially those living with dementia that we are still only beginning to understand. However, it has been abundantly clear that people with dementia were among the worst effected by the pandemic. The office of National Statistics figures show dementia is the main underlying condition for COVID-19 deaths (Alzheimer's Society, 2020) and one in five people who died from COVID-19 during 2020 and 2021 had dementia (Alzheimer's Research UK, 2022). Other effects of the pandemic on older adults (over the age of 65) include deconditioning due to physical inactivity and increased likelihood of falls (110,000 more older people (an increase of 3.9%) are projected to have at least one fall per year as a result of reduced strength and balance activity during the pandemic (Public Health England, 2021). Age UK also found that after the pandemic one in three older people have less energy, one in four older people are unable to walk as far as before and one in five feel less steady on their feet (Age UK, 2020). The effects of the lockdowns also means that one in three older people are more lonely in wake of Covid-19 (Elder, 2022). Social isolation and restrictions had a devastating effect on those with dementia, exacerbating neuropsychiatric symptoms and also affecting caregivers, as noted by Emmerton and Abdelhafiz during the height of the pandemic (2021)

*“With increasing social isolation, people with dementia and living alone (had) less carer input which may aggravate their isolation, increasing their loneliness and risk of depression and anxiety.”*

Research has shown that the lockdown also resulted in increased anxiety, depression, and a decreased quality of life for older adults in the UK (Zaninotto et al., 2021). The proportion of over 70s experiencing depression has doubled since the start of the pandemic (Age UK, 2020). Moreover, there has been increasing concern about the longer-term effects of social isolation and loneliness as a result of the pandemic (Manca et al, 2020). It has also been noted that “women and non-partnered people experienced greater deterioration in all mental health outcomes” (Zaninotto et al., 2021) which is notable when considering the demographics of those that participated in ODO. All of these issues worsened under the unique challenges brought by the second lockdown over winter (Fancourt et al, 2021).

Although alternative and additional support for people with dementia was urgently needed at this time, it was largely absent and studies have found that this cohort's multifaceted health needs became increasingly challenging. Subsequently, it has been noted that services and community activities for people living with dementia and their companions have been reduced (Liu et al, 2021). The persistent

and enduringly negative impact that covid-19 has had on the lives, health and wellbeing of people with dementia has been acknowledged in a multitude of studies (for example: Research Projects on COVID-19 and Long-Term Care. LTCcovid; 2020, Age UK. 2020; Alzheimer's Society, 2020).

Participants reported how many of the previously available groups and activities closed and withdrew their services:

*“However, over the period 2019 to 2020 I established quite a few local groups that I like to attend, one of which was in the library, for example. And on my calendar of this is what I'm doing next for the weeks ahead, for the month of March in that year, I am ... had all these things to look forward to.*

*And then suddenly, one by one, I would receive emails or messages to say that this had been cancelled, and so across my planner I wrote, cancelled, cancelled. And it just felt like such ... I just felt such a strong impact of that change, I felt quite, well uncertain and lost, sometimes even lost myself, as a result of these things disappearing out of my life. They'd become meaningful.”*

Participants in ODO reflected on the “miseries” and the “sadness” of living through the pandemic and the monotony that resulted from the lockdowns. One participant stated:

*“Well to be honest I've found it quite depressing. What I find is too, because you don't spend much time talking to people like you used to, I don't talk to people so much now as I used to. But with the shutdown you don't have a normal life. You've got the same routine every day. I know it's like it for everybody, we all have the same routine every day, there's no relief to it, it's so routine so to speak.”*

The artists working with ODO also spoke about the loss they felt at losing their work and not being in a group with others. They also reflected on how challenging it was to be creative and continue working during this time:

*“The irony was as I was trying to reduce something that would keep the Our Day In participants creatively motivated and doing something, my own mental health was crashing and I found that to try and balance the I need to do this because it's really important because it will help people and yes it was helping me, but at the same time I was on a completely downward slide”*

## How Our Day Out adapted

In 2021 Creative Arts East  
sent out **1620**  
Creative Wellbeing packs

Unlike many other services Our Day Out adapted and continued to offer essential support and social connection to older people and people living with dementia. During the lockdown of 2021, CAE sent out 1620 Creative Wellbeing packs to 120 ODO participants and have engaged with a further 187 people who have never attended an ODO session before, sending them regular packs. CAE also kept in touch with the ODO

participants once a month for a catchup, sharing good news stories and listening to their feedback on the packs. The packs being a physical object coming through the post was very important for this demographic. Some individuals were not technologically literate and unable to confidently attend online groups however there were a number who had learnt these new skills over the lockdowns and had been able to attend the online offerings too.

Packs featured activities from a different artist each month and covered a variety of activities, a selection of which are included in the table below:

• Opera	• Christmas textile decoration making	• Mindful colouring
• Jazz	• Folk wassailing	• Collective poetry making
• Belly dance	• Postcards for a window exhibition	• Music making with drums and wooden spoons
• Hip-hop dance	• Music and movement activities	• Lyric writing
• Creative writing	• Recipes	• South African/Zulu singing
• CD's – music for inspiration and artists describing activities	• Mindful walks (inside and outside)	• 'Good News' newsletter sharing pictures from participants and updates from team

Describing the feeling of receiving the packs one participant described:

*“Oh when I see them arrive through the door, I'm instantly happy and I get to them quickly, and explore the contents. So, for example, the most recent book as soon as you opened the pack you're aware of this nice aroma coming from it. And I had the prior question, are you able to access ... can you use CDs in your home? I said, yes, I think in every room I've got something that will ... so I was sort of expecting a CD, and there was a CD. And, of course it was let's try this out then.”*

Not only were the creative activities incredibly important to those who received the packs it was also the feeling of being connected to someone else during a time of isolation and loneliness.

*“what’s nice about the pack, it’s the contact with someone isn’t it?”*

All the participants that were interviewed spoke about how the creative packs had improved their wellbeing in a variety of ways.

*“Along came the packs and it’s just like the joy pack, it’s the joy event, it’s the enjoying this film, and laugh, as much as you like because it’s funny and serious at the same time. It has ... I think from someone who is self-isolating and highly clinically vulnerable, it’s just a game changer”*

Doing the physical dance and movement activities as part of ODO was also very important in guarding against the physical deconditioning experienced by many older adults as a result of the lockdowns.

As has been noted by Kapoor and Kaufman (2020), the significance of creativity came to the fore during the covid 19 pandemic. In particular, the value of the creative economy and cultural industries were evident and many people turned to the creative arts to seek solace and make sense of the ongoing crisis. Moreover, the concerns of those in creative occupations, although longstanding, became much more visible owing to the COVID-19 outbreak. One of the artists reflected:

*“It was a kind of frustration and also at that time people were saying the arts were brilliant, they’re saving us, people are reading books and they’re drawing and it’s all amazing and, yay, for artists. The artist are like, ‘how can be creative when I’m feeling literally like someone’s ripped me open and gone, by the way, can you do something nice?’”*

Nonetheless the artists who took part in the focus groups reported that their work felt “important” during this period and many relished in the opportunity to learn new skills (such as working on video) and falling in love with their craft again.

*“All of this was very new for me, I had never made videos or anything like that before, but I actually loved it. I felt quite conscious of being on the video but I actually felt that the thing that made me persevere was the fact that this would be going into somebody’s house, who might be having a really, really bad day. Even if they don’t listen to all of it, there might be just a micro minute of something that would cheer them up. I felt like that was quite important.”*

# RECOMMENDATIONS FOR FUTURE DIRECTIONS

## How ODO can continue to support People with Dementia and Older People

- Evidence from multiple evaluative reports show that ODO has had a positive impact of the wellbeing of people living with dementia and older people providing an essential lifeline to those who may otherwise become socially isolated. On this strong evidence basis there is a case for ODO to be integrated into local social prescription networks.
- ODO has been shown to be successful in supporting people living with dementia living in the community but the success of the remote programme shows that ODO can start to expand on this to support people at later stages of their lives who are unable to leave their homes
- ODO could include more people with dementia and other participants in planning activities or develop a steering group formed of older people and people living with dementia.
- ODO could host larger sharing events at bigger venues occasionally. This might be an effective way of highlighting the sessions and encouraging others to join.

## How ODO can continue to support communities

- ODO has supported arts and culture in rural communities and made use of underused spaces. Thereby connecting those in the community to their local spaces and amenities. Continuing this in person work will be essential as the ageing population increases in these areas.
- Connecting with other local organisations and social prescription networks to make sure socially isolated adults can access creative activities will be essential in continuing to support these communities.

## Support for artists

- Artists discussed that there is more that organisations, such as CAE, can do in order to support and invest in artists. They discussed how having “more training opportunities”, “more connections with other artists... to be able to learn from each other” and more “peer supervision” would be helpful.
- The feedback from the training days shows how useful these have been for artists and evidences the need for more of these events
- It is important to acknowledge that artists have faced a multitude of challenges to their mental health throughout the pandemic. Including loss of employment or precarity of employment, and a loss of being with others. Organisations should acknowledge the effects that this may have on



practice and creativity, and support artists in working through this traumatic experience creatively with the support of their peers.

### **Importance of continuing to integrate evaluation and research**

- CAE now has a wealth of data about their work with people with dementia in Norfolk, this could form part of a dataset for further research (secondary data analysis). Ongoing work could help illuminate the particular needs of older people with dementia who live in rural locations as well as exploring the complexity of 'wellbeing' and 'creativity' for this cohort.

### **Wider Dissemination of ODO**

- This report has shows that ODO is a strong and effective model and how it works could be shared with other organisations



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Millie has been working with people living with dementia for the past 10 years in a variety of research and creative settings. Millie 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 works for Rare Dementia Support (UCL).

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