

FINAL EVALUATION REPORT THE POSH CLUB



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EXECUTIVE SUMMARY

The Posh Club: Using an Arts-Based Intervention to Promote Connection, Health and Well-Being, and Engagement

This study was a two-year Arts Council England (ACE) funded research project conducted in collaboration with Duckie and Queen Mary University of London (QMUL). It investigated the experience, perceived benefits and impacts of attending a community-level arts-based intervention for older adults in suburban (Crawley, West Sussex) and urban (Hackney, London) communities in the United Kingdom.

The project used a mixed methods longitudinal research design involving ratings of validated measures to evaluate the impact of The Posh Club on older adults. A mix of ratings and open-ended responses were also obtained from club participants to gain insights into older adults' experience, and perceived benefits, of The Posh Club.

SUMMARY OF KEY FINDINGS

- Older adults loved The Posh Club, especially the entertainment, meeting new people, the staff, and the food.
- At 3 months, over 80% of respondents said The Posh Club helped them to build new social connections.
- At 3 months and 6 months, over 70% of respondents attributed improvements in their mood to The Posh Club.
- Older adults reported increased confidence, self-esteem, and looking forward to things from attending The Posh Club.
- In Crawley, community identification remained stable for club participants but decreased for waitlist participants from baseline to 6 months.
- In Hackney, community identification was stable from 3 months to 6 months for club participants.
- At 6 months, social connections (i.e., less social isolation, more social support, less loneliness) were positively linked to health and well-being.
- At 6 months, sense of community (i.e., more community identification, more community and cultural engagement) was positively linked to health and well-being.

This project provides strong evidence that community-level arts-based group interventions are promising initiatives for older adults. In particular, the qualitative and quantitative data suggest that attending The Posh Club helps to shore up the resources (sense of community, social connections) linked to less loneliness and more positive health and well-being among older adults. This project also highlights important considerations and recommendations for the arts sector to ensure the effectiveness of future community-level arts-based interventions.

ACKNOWLEDGEMENTS

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Thank you to the partner arts organization Duckie: Simon Casson, Dicky Eton, and Emmy Minton, whose dedication to delivering 'working-class entertainment' and evidencing its impacts provided a strong partnership to support the project.

Thank you to The Posh Club staff and volunteers in Crawley (Annette Bowden, Becca Lundberg, Vivienne Evans, Tracy Frake) and Hackney (Tracey Smith, Cyril Abel, Reverend Niall Weir). Your dedication and enthusiasm were appreciated by the team and by participants!

Thank you to the research team at Queen Mary University of London (QMUL): Dr Janelle Jones, Dr Kathleen Bryson and Dr Magda Osman, who designed the research project, collected, analysed and interpreted the results, and completed the report.

Thank you to the QMUL volunteer research assistants and post-doctoral research assistants who helped in various stages of material preparation and data collection including Tatiana Adamczewska, Dr Joseph Buckingham, Dr Sarah Buckingham, Ruibo Dong, Kanisha Edwards-Taylor, Anna Goncharenko, Daiane Piucco, Francesca Emma Procopio, Gurveen Randhawa, Neha Shanbhag, Anahita Shafai, Athana Thangarajah and Dr Urszula Tymoszek.

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LITERATURE REVIEW

Background

Ageing is a growing concern in many countries. In Britain, the number of older adults (aged 65+) is set to rise by 50% over the next 20 years to comprise close to 25% of the population (Age UK, 2013; ONS, 2015). Although people are living longer, they are not necessarily living well. Getting older has been associated with the loss of social connections, which can have a negative impact on older adults' engagement, health and well-being (e.g., feelings of exclusion, loneliness, development of disease; Cacioppo & Patrick, 2008; Perissinotto et al., 2012). Moreover, these social deficits may stretch health services (e.g. hospital admissions, GP calls/visits), social services (e.g. housing, residential and long-term care), and the economy (e.g. pensions, disability benefits) to their limits. Indeed, the ageing population is projected to increase government expenditure in these areas to roughly £36 billion over the next 45 years (Silcock & Sinclair, 2012). Given these projections, solutions are needed to help older adults stay independent and active, and to reduce ageing-related costs for health services and society. Building new social connections, and improving existing connections with other people and one's community, are important considerations in ageing well. One promising avenue for helping older adults to gain and maintain these connections is the provision of arts-based interventions.

Arts-Based Interventions, Health and Well-Being: Participatory Versus Non-Participatory Approaches

There is growing interest in the arts for health and well-being (e.g., All-Party Parliamentary Group on Arts, Health and Well-being, 2017). Across different age groups (e.g., children and adolescents, adults, older adults) and concerns (e.g., social isolation, mental health, long-term conditions) academics, charities, commissioners, government, and a range of organisations are beginning to recognise the value of the arts not only as a vehicle for expression, or as a cultural record, but as a set of experiences that can shape how people feel about themselves, others, and their communities, and which can have a marked impact on people's lives.

Through arts interventions, individuals have opportunities to meet, talk, and share experiences with other people by engaging with artistic practice, whether this is through



viewing a show, singing in a choir, or painting a picture. In evidencing the impacts of the arts on health and well-being the majority of this work has focused on participatory arts interventions, where individuals are actively engaged in producing, presenting and/or performing creative works (e.g., dance, music, poetry, singing, theatre, writing, visual arts). Qualitative and quantitative findings, and reviews of the literature for older adults, suggest that engaging in participatory arts interventions confers a host of social, cognitive, health and well-being benefits, including reduced loneliness, depression and service use, and improved health, well-being and quality of life (e.g., Castora-Binkley et al., 2010; Cohen, 2006; Daykin et al., 2018; McLean et al., 2011; Noice et al., 2014, 2015; Roe et al., 2016; Seymour, & Murray, 2016; Skingley et al., 2016).

Much less work has focused on non-participatory arts interventions, where individuals are arts consumers (e.g., art gallery and museum attendance, music and theatre audiences) even though this is a common way that people engage with the arts. Some evidence for the benefits of non-participatory arts activities come from epidemiological studies which have asked individuals about the frequency of their arts engagement. Findings suggest that there are benefits for sustained engagement in cultural activities (e.g., art exhibitions, live music, theatre performances), with more frequent attendance associated with self-reported health (Johansson et al., 2001; Wilkinson et al., 2007), and with arts engagement of 2 or more hours per week over a year associated with higher well-being (Davies et al., 2016). More recently, research on non-participatory arts and older adults suggests that there are benefits to attendance and engagement over time. In particular, museum attendance was associated with changes in positive emotions, with older adults reporting feeling more absorbed, enlightened and cheerful after a 10-week intervention (Thomson et al., 2018), and frequently attending museums, theatre and the cinema have been associated with a lower risk of depression over a 10-year period (Fancourt & Tymoszyk, 2019).

Although these findings are encouraging, and suggest that arts interventions and engagement can benefit health and well-being, some of the issues of this emerging field are that it is often missing a theoretical framework, fails to consider underlying mechanism(s), does not conduct studies with pre-post designs and controls groups, does not assess long-term effects, and/or has small and homogenous samples (Cann, 2016; Noice et al., 2014). These limitations can impair our understanding of arts impacts. In particular, without these elements it is difficult to fully understand when and why arts-based interventions might impact health and well-being, and when and why they might not. However, by thinking about these issues from a social psychological perspective, existing theory and methodology can be used to address these limitations. Drawing from the social identity approach to health and well-being, we propose that arts-based interventions can reduce loneliness and benefit health and well-being through the social connections and sense of community that they foster.

The Social Identity Approach to Health and Well-Being: Theory and Evidence

Drawing on social identity theory, a new theoretical innovation has been proposed - the social identity approach to health and well-being (e.g., Jetten et al., 2014). This approach states that the identification and support offered by groups can contribute to mental and physical health, in effect comprising a social cure: through groups, individuals have the opportunity to share experiences, gain connections, (re-)define themselves, and access sources of support (e.g., advice, comfort, information) that can help them to fare well in life.

Research using this approach has begun to amass evidence of the benefits of group interventions for older adults. For instance, the provision of a gender-based club for older men living in residential care was associated with higher identification with the residential community and lower levels of depression (Gentleman's clubs; Gleibs et al., 2011a), and an intervention to increase water intake among older adults in residential care was associated with increased feelings of social support and fewer calls to GPs when this intervention was delivered in groups (Water clubs; Gleibs et al., 2011b). It appears that shared experiences with peers can promote connection, engagement, health and well-being among older adults. Critically, the elegance of the social identity approach to health and well-being is that it lends itself to use as a framework for understanding, evaluating and refining interventions that incorporate a range of activities including the arts. In collaboration with Duckie, we incorporated this framework to evaluate an innovative arts-based community-level group intervention designed for older adults, The Posh Club.



DUCKIE AND THE POSH CLUB

Duckie is an arts organisation that is at the forefront of arts-based interventions. A National Portfolio Organisation of the Arts Council of England, Duckie is a collective that uses performance to bring members of vulnerable groups together through cultural experiences. Duckie's The Posh Club was the focus of this project. The Posh Club is a weekly afternoon tea party and performance event for working-class older adults (60+), who are at risk of isolation, that runs in several communities across the United Kingdom. The performance (cabaret) emphasises high glamour, popular entertainment (music, comedy, dancing), and intergenerational volunteering. This club provides participants with opportunities to get together and take part in an event that can foster new connections, improve existing connections, and potentially have an impact on social isolation, loneliness, health and well-being. Given what we already know about the benefits of the arts and group-based interventions, The Posh Club may constitute a creative social cure – an arts-based shared experience that allows individuals to access the resources needed (i.e., social connections, sense of community) to benefit their health and well-being.

PROJECT AIM

The aim of this project was to investigate the experience and perceived benefits of The Posh Club and its impact(s) on the social connections, isolation, loneliness, community identification and engagement and mental and physical health and well-being of older adults over time.

RESEARCH QUESTIONS

1. Does The Posh Club promote social connection/a sense of community among older adults?
2. Does The Posh Club promote health and wellbeing through fostering social connections/a sense of community among older adults?



PROJECT METHODOLOGY

We conducted an ambitious series of studies across two sites (Crawley, West Sussex; Hackney, London) between 2017-2019. The project used a mixed methods longitudinal research design involving ratings and open-ended responses from club participants to gain insights into older adults' experience and perceived benefits of The Posh Club (qualitative data), and ratings of validated measures to evaluate the impact of The Posh Club on older adults over time (quantitative data).

WHAT WE DID

Following Noice et al. (2014), the project was designed and carried out to ensure a robust evaluation. In addition to assessing multiple sites, our research questions and hypotheses were based on a strong theoretical framework, the social identity approach to health and well-being (Jetten et al., 2014), which informed the questions asked, the selection of measures, and the relationships that were explored. Using this theoretical framework, we proposed that club attendance would be associated with increases in social connection and/or sense of community, which might, in turn, be positively linked with health and well-being. We employed a longitudinal pre-post design, where all participants provided baseline measurements of social connections, sense of community, and health and well-being before their first club attendance, and were followed up at 3 months, and 6 months after their first participation. In Crawley, the flagship site of the club which had secure funding at the beginning of the research project, we were able to assign participants to the club or a waitlist control group. We were also able to run the research study for longer, which allowed us to obtain a larger number of participants than is usual in this type of research. In Hackney, which had insecure funding at the beginning of the research project, we were unable to run a control group or obtain a large sample, but we were able to obtain a diverse sample.

SITE	Theory	Mechanism(s)	Pre-Post Design	Control Group	Longitudinal (6 months)	Sample > n=30	Diverse Sample
Crawley	x	x	x	x	x	x	
Hackney	x	x	x		x		x

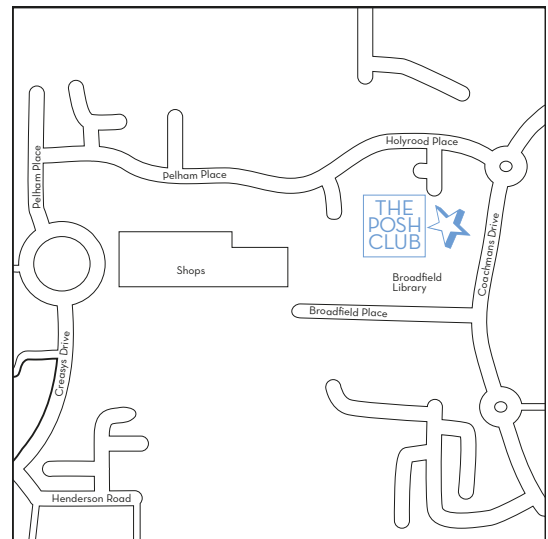
Table 1. Elements included for the robust evaluation of The Posh Club intervention

SITES AND PARTICIPANTS

SITE ONE: Crawley, West Sussex

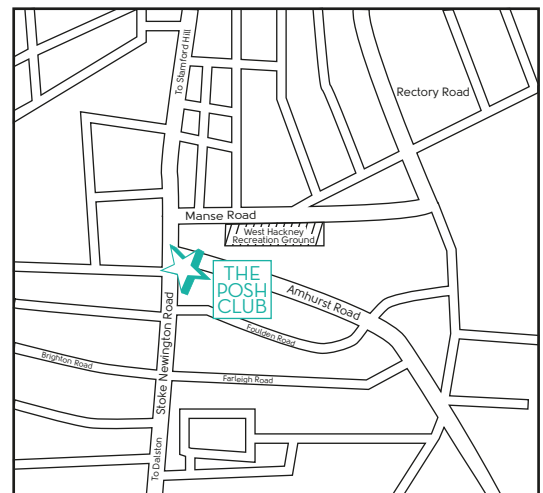
Crawley is a suburban city. In 2015, it had a population of 110,000, 18% of whom were aged 60 or older. The majority of this population is White British, and according to the 2010 Index of Multiple Deprivation, West Sussex ranks quite low for overall deprivation (130 out of 152 local authorities). The Posh Club has been running at the Broadfield Community Centre since 2013 and delivers 38 events a year.

In Crawley, we conducted a randomized control trial, a pre-post design where 63 individuals (average age 72 years old, 89% White British, 65% Female, 70% Longstanding Illness, 49% Solo Attendees) were randomly assigned to attend the club (n=39) or to a waitlist control group (n=24) after completing baseline measures of social connection, isolation and support, loneliness, community identification and engagement, and health and well-being. All participants were followed up at approximately 3 months and 6 months after their baseline questionnaires. At both follow-ups, club participants also answered questions about their experience in The Posh Club. On average participants assigned to the club attended 9 out of 25 performances (i.e., 36%).



SITE TWO: Hackney, London

Hackney is an urban borough located in the North East of London. In 2015, it had a population of 269,000, 10% of whom were aged 60 or older. This population is considerably diverse, with 41% White British, 29% Black or Black British, 14% White Other, and 9% Asian or Asian British. According to the 2010 Index of Multiple Deprivation, Hackney ranked high overall – they were second out of all local authorities – though they improved, moving to eleventh in 2015. The Posh Club has delivered 38 events since 2015 at St Paul's Church, with a target of 30 weeks a year from 2018.



In Hackney, we conducted a pre-post design, where 29 individuals (average age 70 years old, 41% White British, 93% Female, 72% Longstanding Illness, 66% Solo Attendees) were assigned to attend the club after completing baseline measures of community identification and engagement, social connection and support, loneliness, and health and well-being. Participants were followed up at approximately 3 months and 6 months after their baseline questionnaires. At both follow-ups, participants also answered questions about their experience in The Posh Club. On average participants attended 10 out of 25 performances (i.e., 39%).

DATA COLLECTION AND ANALYSIS

In Crawley, data were collected over two 8-month periods, between 2017-2019. This site had two cohorts. Cohort 1 was eligible to attend the club for 25 performances from 26 September – 19 December 2017 and from 23 January – 10 April 2018. Cohort 2 was eligible to attend the club for 25 performances from 12 June 2018 – 4 September 2018 and from 2 October – 18 December 2018.

In Hackney, data were collected over one 8-month period between 2017-2018. This site had one cohort of participants who were eligible to attend the club for 25 performances from 13 September – 20 December 2017 and from 21 February – 25 April 2018.

Quantitative and qualitative data were collected using questionnaires that were administered by The Posh Club and QMUL volunteers and staff.

Quantitative data were collected at three time points – roughly two weeks before people began the club (or were assigned to the waiting list, Crawley only), at 3 months after the clubs had started, and at 6 months after the club had started. At each time point, all participants completed questionnaires to assess social connection, isolation, and support, community identification and engagement, loneliness, and health and well-being.

At 3 months and 6 months, qualitative and descriptive data were also collected from club participants. They described their experience of attending The Posh Club (i.e., likes/needs improvement; perceived changes in mood, relationships, and quality of life; general comments).

Data were analysed and are summarised using descriptive and inferential statistics as appropriate (i.e., frequencies, averages, correlations, analysis of covariance). Because some participants did not respond to follow-up questionnaires at 3 months (Club participants - Crawley: n=8, Hackney: n=16) and at 6 months (Club participants - Crawley: n=8, Hackney: n=8), estimation was used to aid in the statistical analyses of the quantitative data.

out the past 4 w
box on each line

Very rarely

How many friends do you have? ("Do you feel close to them? be 'None' for 'No' or 'None')
☐ None ☐ 1

When one of your friends has an accident, how often is one of your friends the first to make a call? (*How often is this friend available?)
☐ Never ☐ Seldom

11. Please indicate for each of the following how you feel now. Please circle the appropriate response.

There is always someone I can talk to

I miss having

I can talk about my problems with my friends with whom I can share

There is a special person in my life with whom I can talk about my problems with my

My family is willing to help me make decisions

I can talk about my problems with my

14. Did you look for other people to help you?
☐ No
☐ Yes

15. Think about the last time you were in the last 2 weeks

In the last 2 weeks

Provider

Pitched done, I

Helped

Told

simi

4. In an average week, how often do you feel the following?
☐ 0 ☐ 1

5. Tick the box beside the statement that best describes how you feel about the following

I feel

☐ Very much indeed ☐ Quite a lot

I look forward with enjoyment to thinking about the future

☐ As much as I ever did ☐ Rather less than I used to

I get sudden feelings of panic:
☐ Very often indeed ☐ Quite often

I can enjoy a good book or radio or TV programme
☐ Often ☐ Sometimes

6. Below are some statements about your experience of each over the last 2 weeks

I've been feeling optimistic about the future

I've been feeling useful

I've been feeling relaxed

I've been feeling interested in other people

WHAT WE MEASURED

Understanding Older Adults' Scores Across Measures

Overall, older adults do not show marked deficits across measures of social connection, sense of community, health, or well-being at baseline, 3 months or 6 months – the older adults have started off well and their scores across these measures look similar over time.



Social Connections

Social connections were assessed using measures of group membership, social isolation, social support, and loneliness.

Group Memberships

Group memberships were assessed by considering the number of groups to which participants belonged, using a measure obtained from the English Longitudinal Survey of Ageing (ELSA; Banks et al., 2019). The groups comprised eight different organisations, clubs, and society memberships (e.g., church or religious group, charity, social club). Participants indicated whether they were a member of the group (i.e., yes/no) and the frequency with which they attended group activities (i.e., almost never, every few months, monthly, weekly, almost daily).

Social Isolation

Social isolation was assessed using the Lubben Social Network Scale (Lubben, 1988; Lubben et al., 2006), an index of the number and frequency of social contacts with friends and family members and the perceived social support received from these sources. Participants completed 6 items related to family (e.g., How many relatives do you see or hear from at least once a month?) and 6 items related to friends (e.g., How many friends do you see or hear from at least once a month?). Items were rated from 0 "None" to 5 "9 or more", from 0 "Never" to 5 "Always", or from 0 "Less than monthly" to 5 "Daily" depending on the question. Scores were summed across items, with lower total scores indicating more social isolation.

"At long last I have people my own age who can I relate to! - good conversation, quality of cabaret, volunteers and staff so nice!"

Respondent 29:
Male, 69, Crawley,
6 months

Social Support

Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1990). The scale comprises of 12 items, which assesses perceived support from a special person, family, and friends. Sample items include: There is a special person in my life that cares about my feelings, My family really tries to help me, I can count on my friends when things go wrong. Items were rated on 7-point scale from 1 "Strongly disagree" to 7 "Strongly agree" and averaged across all items with higher scores indicating more perceived social support from others.

Loneliness

The De Jong Gierveld Loneliness Scale – Short Form (De Jong Gierveld & Van Tilburg, 2006) measures 3 items related to social loneliness (e.g., There are plenty of people I can rely on when I have problems (reverse coded) and 3 items related to emotional loneliness (e.g., I experience a general sense of emptiness). Items are responded to using "No", "More or less" and "Yes" and coded so that answers of "More or less" and "Yes" were scored as 1 and "No" was scored as 0 for negatively worded items, and "More or less" and "No" were scored as 1, and "Yes" was scored as 0 for positively worded items. Scores are then summed across the six items to obtain a total loneliness score, with higher total scores indicating more loneliness.

Sense of Community

Sense of community was assessed using measures of community identification and community and cultural engagement.

Community Identification

Community identification was assessed using a single item adapted from Postmes, Haslam and Jans (2013): "I identify with my community", which was rated from 1 "Strongly disagree" to 7 "Strongly agree".

"[The Posh Club] got me out of my comfort zone"

Respondent 37:
Male, 70, Crawley,
3 months



Community and Cultural Engagement

Community and cultural engagement were assessed using five items from the ELSA study (Banks et al., 2019) which asked participants to indicate the frequency with which they attended different community and cultural activities (i.e., Cinema; Going out to eat; Art gallery, exhibition, or museum; Theatre, concert, musical, or opera; Pub) from 0 "Never", 1 "Less than once a year", 2 "Once or twice a year", 3 "Every few months", 4 "About once a month" to 5 "Twice a month or more".

Health

Physical and mental health were assessed using measures of perceived health, somatic symptoms, depression, and anxiety.

Perceived Health

Perceived general health was assessed using a single item from the ELSA (Banks et al., 2019): "How is your health in general?". The item was rated from 1 "Very good" to 5 "Very bad" with higher scores indicating poorer perceived health.

Somatic Symptoms

Perceived physical health was assessed using the 8-item Somatic Symptoms Scale (Gierk et al., 2014). Items assessed the frequency of experiencing back pains, stomach aches, headaches, pains in legs and joints, chest pains, feelings of dizziness, tiredness and trouble sleeping within the previous week. Items were rated from 0 "Not at all" to 4 "Very much", and summed, with higher total scores indicating more somatic symptoms.

Mental Health

Mental health was measured using the 14-item Hospital Anxiety and Depression Scale (HADS, Zigmond & Snaith, 1983). The measure comprised two sub-scales: Seven items measured depression (e.g., "I have lost interest in my appearance") and seven items measured anxiety (e.g., "I feel tense or wound up"). Items were rated from 0 "Not at all" to 3 "Very often/much", and summed for each subscale with higher total scores indicating more depression and more anxiety respectively.

Well-Being

Well-being was assessed using measures of positive and negative emotions, mental well-being, and life satisfaction.

"I used to be reserved, sit back let things go by, now [I] stand up and [am] in control - More confident"

Respondent 49:
Male, 77, Crawley,
3 months

Affect

Emotions were measured using the 12-item Scale of Positive and Negative Experience (SPANE; Diener et al., 2010). The measure comprised two subscales: 6 items assessed positive emotions (i.e., Positive, Good, Pleasant, Happy, Joyful, Contented) and 6 items assessed negative emotions (i.e., Negative, Bad, Unpleasant, Sad, Afraid, Angry). Items were rated from 1 "Very rarely or never" to 5 "Very often or always" and summed for each subscale to indicate how much participants experienced positive and negative emotions over the past 4 weeks, respectively.

General Well-Being

General well-being was measured using the 14-item Warwick Edinburgh Mental Well-Being Scale (WEMWBS; Tennant et al., 2007). Sample items included "I've been feeling cheerful", "I've been interested in new things". Items were rated from 1 "None of the time" to 5 "All of the time" and summed, with higher sum scores indicating more general well-being.

Life Satisfaction

Life satisfaction was measured using the 5-item Satisfaction with Life Scale (Diener et al, 1985). Sample items included "In most ways my life is close to my ideal". Items were rated from 1 "Strongly disagree" to 7 "Strongly agree" and averaged, with higher scores indicating greater life satisfaction.

"Look forward to it, talk to friends and relatives about it"

Respondent 16:
Female, 89, Hackney,
6 months



MEASURE	SAMPLE	BASELINE	3 MONTHS	6 MONTHS
SOCIAL CONNECTIONS				
Group Memberships	Crawley - Control	1.42 (1.64)	1.08 (1.18)	.88 (.99)
	Crawley - Club	2.13 (2.10)	1.72 (1.99)	2.05 (2.10)
	Hackney Club	1.86 (1.57)	1.28 (1.75)	1.62 (1.63)
Social Isolation	Crawley - Control	35.62 (11.22)	31.37 (11.91)	34.75 (10.39)
	Crawley - Club	32.15 (7.82)	32.07 (10.06)	31.88 (8.81)
	Hackney Club	30.21 (9.53)	32.72 (12.71)	37.66 (10.42)
Social Support	Crawley - Control	6.02 (.75)	6.19 (.71)	6.04 (.83)
	Crawley - Club	6.02 (.94)	6.01 (1.07)	6.05 (.94)
	Hackney Club	5.83 (1.10)	6.01 (.95)	5.88 (1.09)
Loneliness	Crawley - Control	1.84 (1.81)	1.44 (1.73)	1.40 (1.61)
	Crawley - Club	2.21 (1.72)	1.75 (1.72)	2.07 (1.82)
	Hackney Club	2.31 (2.02)	2.61 (1.90)	2.23 (1.64)
SENSE OF COMMUNITY				
Community Identification	Crawley - Control	5.83 (.95)	5.24 (1.62)	5.13 (1.72)
	Crawley - Club	5.38 (1.27)	5.41 (1.12)	5.63 (1.04)
	Hackney Club	6.10 (.94)	5.91 (.83)	5.84 (.88)
Community and Cultural Engagement	Crawley - Control	2.61 (1.02)	2.65 (1.06)	2.69 (.80)
	Crawley - Club	2.65 (.78)	2.79 (.75)	2.84 (.79)
	Hackney Club	1.64 (1.11)	1.64 (.97)	1.99 (1.06)
HEALTH				
Perceived Health	Crawley - Control	2.69 (.98)	2.35 (.83)	2.40 (1.14)
	Crawley - Club	2.16 (.81)	2.20 (.78)	2.16 (.83)
	Hackney Club	2.59 (.83)	2.34 (.62)	2.97 (.97)
Somatic Symptoms	Crawley - Control	8.06 (5.77)	9.21 (7.41)	8.61 (6.76)
	Crawley - Club	6.36 (5.73)	7.51 (5.12)	7.15 (5.03)
	Hackney Club	8.38 (6.45)	8.58 (5.96)	9.27 (6.94)
Depression	Crawley - Control	3.46 (2.02)	3.46 (2.13)	3.66 (2.67)
	Crawley - Club	2.82 (2.35)	3.61 (2.53)	3.60 (2.73)
	Hackney Club	4.65 (3.58)	5.08 (2.82)	5.11 (3.68)
Anxiety	Crawley - Control	5.05 (3.62)	5.25 (2.95)	5.35 (4.51)
	Crawley - Club	4.28 (2.96)	5.11 (2.92)	4.34 (3.11)
	Hackney Club	6.14 (4.32)	6.65 (3.04)	6.80 (4.98)
WELL-BEING				
Positive Affect	Crawley - Control	23.31 (4.25)	22.73 (4.34)	23.68 (4.29)
	Crawley - Club	24.05 (4.07)	24.12 (6.50)	23.49 (4.12)
	Hackney Club	21.86 (4.53)	20.76 (3.18)	20.77 (4.81)
Negative Affect	Crawley - Control	12.71 (5.12)	12.79 (4.27)	12.27 (3.81)
	Crawley - Club	12.59 (4.13)	13.43 (4.74)	12.28 (3.73)
	Hackney Club	14.93 (4.79)	15.92 (3.86)	14.17 (5.07)
General Well-Being	Crawley - Control	54.26 (7.26)	52.00 (7.90)	53.93 (8.41)
	Crawley - Club	54.18 (8.14)	53.15 (7.60)	52.41 (7.72)
	Hackney Club	50.48 (9.25)	52.08 (9.80)	47.68 (9.15)
Life Satisfaction	Crawley - Control	4.90 (1.57)	4.83 (1.52)	4.87 (1.71)
	Crawley - Club	5.37 (1.25)	5.12 (1.40)	5.32 (1.20)
	Hackney Club	4.43 (1.66)	4.55 (1.36)	4.26 (1.25)

Table 2. Means, sums, and standard deviations for measures of social connection, sense of community, and health and well-being across sites (Crawley, Hackney) and times (baseline, 3 months, 6 months).

QUALITATIVE & DESCRIPTIVE FINDINGS

Approximately 3 months and 6 months after baseline data collection, participants assigned to attend the club were asked to list, rate and describe aspects of their experience in The Posh Club. In addition to listing what they liked about the event and what needed improvement, participants also rated whether they perceived changes in their mood, indicated if they perceived changes in their relationships, and were asked to describe changes to their mood, relationships and/or quality of life as a consequence of attending The Posh Club. Participants were also asked to describe anything else they wished to share about their experience in The Posh Club.

WHAT WAS DONE

FINDINGS

Things that were “liked”

In general, older adults enjoyed The Posh Club. On average, participants listed four things that they liked about the club. There was consensus across sites that participants liked meeting people, the entertainment, the staff, and the food. Many people also commented on the friendly and welcoming atmosphere at the club. Participants also used positive descriptors (e.g., It’s great) and comments (e.g., Everything!) when asked what they liked.

The aspects of The Posh Club liked by participants were fairly similar over time with a few exceptions: In Crawley, more participants mentioned liking the social aspects of the club (i.e., meeting new people, socialising), the club’s value for money, and its friendliness at 6 months. Unique to Crawley, participants mentioned that they liked dressing up and the value for money of the event.

In Hackney, there was an increase in the number of participants who mentioned liking the staff, the entertainment, and the food at 6 months. Unique to Hackney, participants mentioned that they liked dancing and the accessibility of the event.

Things that “need improvement”

Overall, there were very few things that needed improvement. On average, participants listed one thing that should be improved. There was discussion across sites that the tables needed to be mixed up, the size of the venue should be increased, and that the food should be changed.

In Crawley, participants also suggested that the acts should be changed and that there should be more funding for the club.

In Hackney, participants also suggested that there should be changes in event timing, changes in music, and an opportunity to meet up after the event.

KEY MESSAGES

The majority of older adults evaluated The Posh Club positively and reported several benefits for their mood, relationships and quality of life as a result of their attendance.

1. Older adults loved The Posh Club. They loved the entertainment, meeting new people, the staff, and the food.
2. The Posh Club helped older adults to make new social connections. At 3 months, over 80% of respondents said they made new friends.
3. Older adults attributed improvements in their mood to The Posh Club. At both time points, over 70% of respondents said that their mood had improved.
4. Older adults attributed personal changes and changes in their lives to The Posh Club. They attributed increased self-esteem, confidence, and agency to their attendance.

FREQUENCIES OF THINGS LIKED ABOUT THE POSH CLUB

Figure 1: Crawley

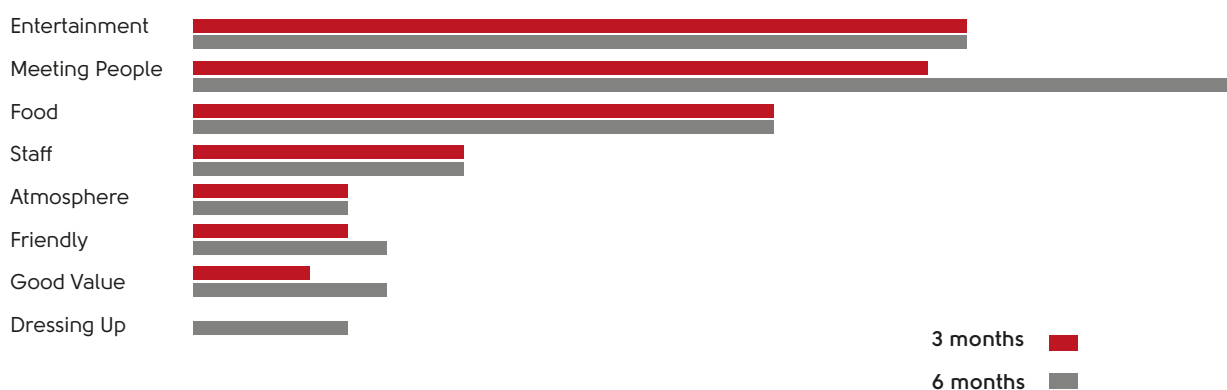
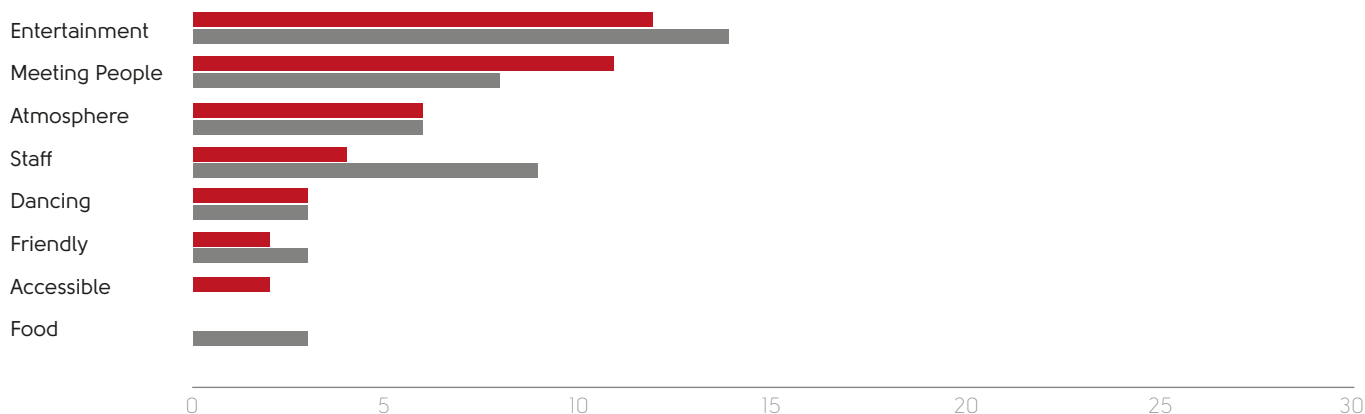


Figure 2: Hackney



PERCEIVED CHANGES IN MOOD, RELATIONSHIPS AND QUALITY OF LIFE

WHAT WAS DONE

Participants were asked to rate the perceived change in their mood (from -3 "Very negative" to +3 "Very positive") and to indicate whether they made new friends from attending The Posh Club (Yes/No). Open-ended question asked participants to provide details about these changes in mood or relationships as well as any changes in their quality of life. Participants were also given the opportunity to mention anything else about their experiences.

In Crawley, 31 participants answered these questions at 3 months and at 6 months.

In Hackney, 13 participants answered these questions at 3 months and 21 participants answered these questions at 6 months.

FINDINGS

Mood

The majority of participants indicated that their mood improved as a result of attending The Posh Club.

In Crawley,

77% of respondents at 3 months, and **68%** of respondents at 6 months, rated their change in mood as "Slightly positive" to "Very positive" from attending the club.

In Hackney,

62% of respondents at 3 months, and **81%** of respondents at 6 months rated the change in mood as "Slightly positive" to "Very positive" from attending the club.

(See graph on page 20)

"Takes you out of everyday life"

Respondent 56:
Male, 72, Crawley,
3 months

"[I am] more relaxed, cheerful, [I] let my hair down"

Respondent 49:
Male, 77, Crawley,
6 months

"[I am] more confident due to the music, good atmosphere"

Respondent 26:
Female, 70, Hackney,
6 months

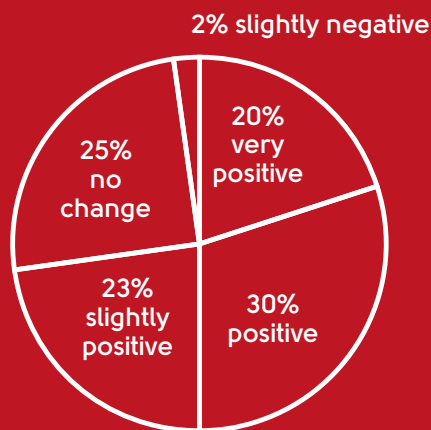


Figure 3.
Percentage of
all respondents
reporting a
change in mood
at 3 months
(n=44)



Figure 4.
Percentage of
all respondents
reporting a
change in mood
at 6 months
(n=51)

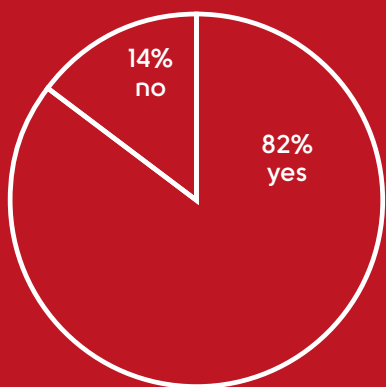


Figure 5.
Percentage of
all respondents
reporting
new social
connections at 3
months (n=44)

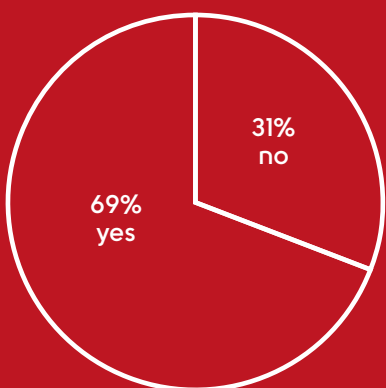


Figure 6.
Percentage of
all respondents
reporting
new social
connections at 6
months (n=52)

Relationships

The Posh Club is an important way for older adults to make social connections. The majority of respondents across sites reported that they made new acquaintances and friends over time.

In Crawley,

81% of
respondents at
3 months, and

71% of
respondents at
6 months indicated that
they made new friends
at the club.

In Hackney,

85% of
respondents at 3
months, and

67% of
respondents at 6 months
indicated that they made
new friends at the club.

Open-ended responses supported these ratings. Older adults felt better, happier, less lonely and more relaxed from attending The Posh Club:

“Atmosphere makes you feel happy and welcomed. [You] feel important. Volunteers remember you and your name”

Respondent 16: Female, 89, Hackney, 3 months

Critically, older adults attributed positive outcomes to these social connections. As a result of attending the club, older adults reported making or renewing connections, which improved their interactions with other people – they become friendlier and more tolerant, and they shared this experience with others.

Quality of Life

Older adults reported that The Posh Club changed aspects of their life. It helped to change their perspectives – they reported more self-esteem, confidence and agency from attending the club. It also challenged them in new ways – it got people out of their comfort zones and allowed them to enjoy more things in life in general.

“Others noticed a change in me! - [There has been a] positive change in self-esteem and [my] appearance... And [I am] talking to people about it – [I] look forward to it!”

Respondent 23: Female, 62, Hackney, 3 months

“[I’m] less lonely – even just for 3 hours – [it’s a] good way to pass time”

Respondent 1: Female, 68, Hackney, 6 months

“[I] encouraged others to come and became friendlier with them”

Respondent 35:
Female, 71, Crawley,
6 months

“I’ve met people that I’ve known from years ago!”

Respondent 40:
Female, 66, Crawley,
6 months

“[I’m] chirpier. [I] firmed up a friendship with a friend”

Respondent 48:
Female, 72, Crawley,
6 months

“I’m friendlier to people I don’t know”

Respondent 13:
Female, 67, Hackney,
6 months

Anything Else?

When asked if they had anything else that they would like to share, older adults made overwhelmingly positive comments about The Posh Club. In particular, respondents praised The Posh Club's organisation, looked forward to the weekly events with anticipation, and noted its importance for themselves and others:

“[I] think it's brilliant! The way Annie organises it, incredible! Good balance of entertainment and eating”

Respondent 37: Male, 70, Crawley, 3 months

Although the majority of older adults were wildly enthusiastic about the club and its importance, some respondents felt that The Posh Club was not for them as they were not yet old enough or the event did not resonate with them:

“Brilliant concept – but not at this stage of your life”

Respondent 27: Female, 63, Crawley, 6 months

“[I] like everything, but [it's] not for me – [I] feel guilty for joining”

Respondent 33: Male, 71, Crawley, 3 months

“Good idea – still feel a bit young for The Posh Club”

Respondent 38: Male, 70, Crawley, 6 months

“Would like to be involved but I feel that people are too old. I would like to volunteer”

Respondent 41: Female, 71, Crawley, 3 months

“I see The Posh Club as a very good meeting place but not for me”

Respondent 46: Male, 84, Crawley, 3 months

“Not for me because it clashes with church/faith – Didn't resonate”

Respondent 9: Female, 68, Hackney, 3 months

“The best thing I've ever joined – a lot of people appreciate what it does for us”

Respondent 50:

Female, 76, Crawley,

3 months

EVALUATING THE POSH CLUB

Quantitative Findings

KEY MESSAGES

Looking at cross-sectional data, we detected associations between key variables for club participants after 6 months in The Posh Club in Crawley and Hackney. Specifically:

1. Social connections (i.e., less social isolation, more social support, less loneliness) are positively linked to health and well-being.

2. Sense of community (i.e., more community identification, more community and cultural engagement) is positively linked to health and well-being.

With the exception of community identification, investigations of longitudinal data do not suggest changes in social connections, a sense of community, or health and well-being over time that are attributable to attendance at The Posh Club. This is likely because participants were already fairly high on these measures to start with, and their ratings remained fairly consistent over time.

“Can’t wait for next week each time”

Respondent 16:
Female, 89, Hackney,
3 months

“[You] go home optimistic and cheerful”

Respondent 8:
Female, 72, Hackney,
3 months

WHAT WAS DONE

We investigated whether club attendance was responsible for long-term changes in older adults’ social connections, sense of community, and health and well-being. Analyses were conducted by site.

In Crawley, we compared individuals who were assigned to the club with individuals who were assigned to a club waiting list. We used a mixed analysis of covariance to look for improvements in patterns between groups (club versus waitlist participants) and over time (baseline, 3 months, 6 months). Analyses accounted for cohort, accompaniment (whether participants were solo attendees), and longstanding illnesses (yes, no). We expected that, relative to waitlist participants, club participants would show improvement in all measures over time.

In Hackney, we examined individuals who attended the club only. We used a repeated measures analysis of covariance to look for improvement over time (baseline, 3 months, 6 months). As there was one cohort analyses accounted for accompaniment (whether participants were solo attendees) and longstanding illnesses (yes, no) only. We expected that participants would show improvement in all measures over time.

For both sites we report whether there were significant changes over time (i.e., from baseline to 3 months to 6 months) and, in Crawley only, whether there were differences between condition (whether club participants differed from waitlist participants overall), and changes over time as a function of condition (i.e., do club participants show a different pattern over time relative to waitlist participants).

FINDINGS

SOCIAL CONNECTIONS

Number of Groups, Social Isolation, Social Support

In Crawley, club participants had an average two group memberships, whereas waitlist participants had an average of one group membership overall. The number of group memberships also decreased over time. However, there were no differences in the number of group memberships over time as a function of condition.

In Crawley, there were no differences between groups, changes over time or changes over time as a function of condition for social isolation or for social support.

In Hackney, there was no change over time for number of groups, social isolation, or social support.

“[I] look forward to things more!”

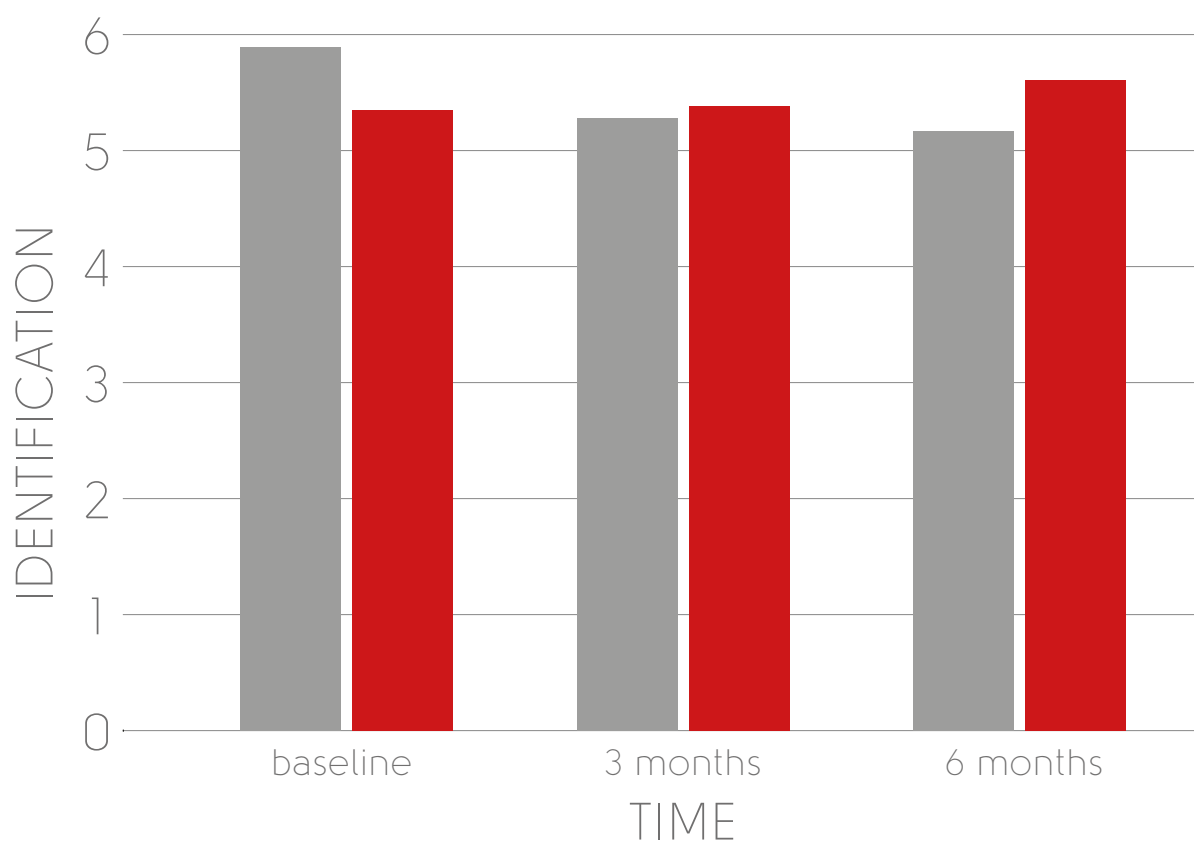
Respondent 54:
Female, 71, Crawley,
6 months

SENSE OF COMMUNITY

Community Identification

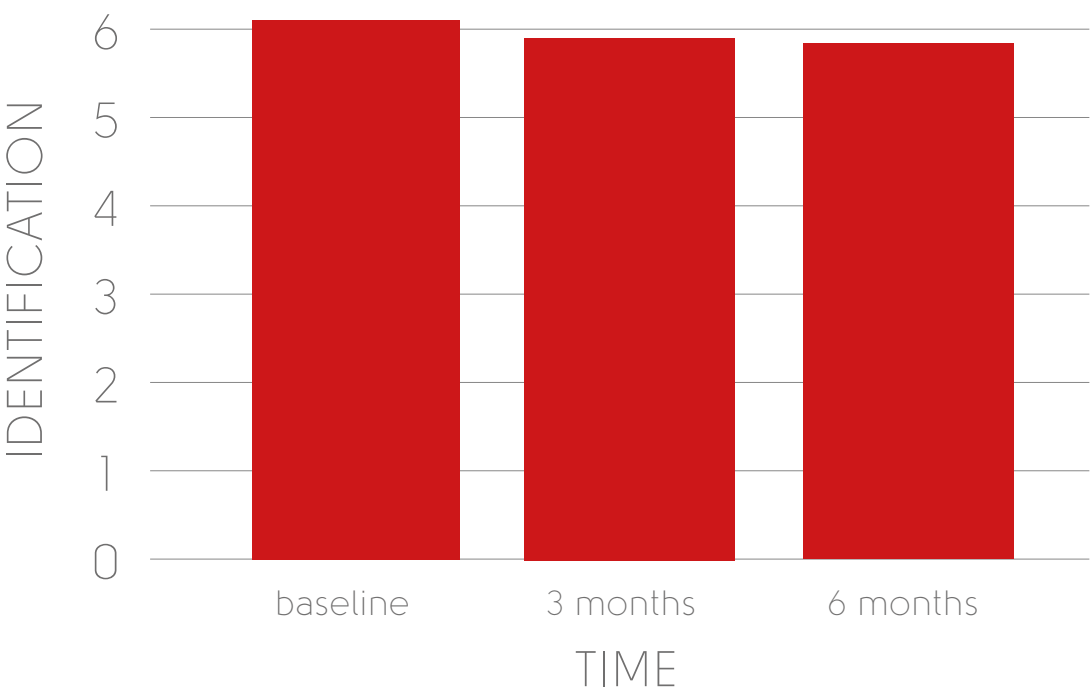
In Crawley, we found that community identification decreased over time for waitlist participants but was stable over time for club participants. This suggests that attending The Posh Club promotes stability in community identification.

Figure 7. Average community identification ratings over time for club and control participants (Crawley)



In Hackney, we found a small decrease in community identification from baseline to 3 months and stability from 3 months to 6 months. Community identification was still quite high overall.

Figure 8. Average community identification ratings over time for club participants (Hackney)



Community and Cultural Engagement

In Crawley, community and cultural engagement did not differ by condition, marginally increased over time, and did not change over time as a function of condition.

In Hackney, there was no change over time for community and cultural engagement.

Health and Well-Being

In Crawley, there were no differences between groups or changes over time on mental health (i.e., depression, anxiety), physical health (i.e., perceived health, somatic symptoms), or well-being (i.e., affect, general well-being, life satisfaction).

In Hackney, there were no changes over time on mental health (i.e., depression, anxiety), physical health (i.e., perceived health, somatic symptoms), or well-being (i.e., affect, general well-being, life satisfaction).

**“[I like]
catching up
with people in
community...
[It is] nice
to mix with
people I don’t
know”**

Respondent 25:
Female, 68, Crawley,
6 months

ADDITIONAL ANALYSES

Investigating Relationships at 6 Months

Although we did not generally observe changes over time, we were interested in the associations between our key variables after 6 months of taking part in the club. Partial bivariate correlations, an index of the relationships between two variables, accounting for cohort (in Crawley only), accompaniment, and longstanding illness, were computed. This allows us to see whether social connections (number of groups, social isolation, social support, loneliness) and sense of community (community identification, community and cultural engagement) are related to health and well-being in expected ways.

SOCIAL CONNECTIONS

Number of Groups

In Crawley, for club and waitlist participants, the number of group memberships was unrelated to sense of community and health and well-being

In Hackney, for club participants, more group memberships were associated with fewer somatic symptoms.

Social Isolation

In Crawley, for club participants, less social isolation was associated with more community identification, less loneliness, more perceived social support, less depression, and more general well-being but was unrelated to mental and physical health. For waitlist participants less social isolation was associated with less loneliness and more perceived support but was unrelated to measures of mental health, physical health, or well-being.

In Hackney, for club participants, less social isolation was associated with less loneliness, and more life satisfaction.

Social Support

In Crawley, for club participants, having more perceived

“I think it relaxed me, going”

Respondent 11:
Female, 74, Hackney,
6 months



“[I am] getting better”

Respondent 45:
Male, 65, Crawley,
6 months

social support was associated with more perceived health, more positive emotions, less negative emotions, less depression, less anxiety, more well-being, and more life satisfaction. For waitlist participants perceived social support was unrelated to mental health, physical health, or well-being.

In Hackney, for club participants, more perceived social support was associated with fewer somatic symptoms, more positive emotions, less anxiety, and more well-being. And marginally less depression and marginally more life satisfaction.

Loneliness

In Crawley, for club participants, less loneliness was associated with less social isolation, more perceived support, more community identification, more perceived health, more positive emotions, less negative emotions, less depression, less anxiety, more general well-being, and more life satisfaction. For waitlist participants, less loneliness was associated with less social isolation, more perceived support, more positive emotions, less negative emotions, more general well-being, and more life satisfaction.

In Hackney, for club participants, less loneliness was associated with less social isolation, more perceived support, more community identification, more perceived health, fewer somatic symptoms, more positive emotions, less negative emotions, less depression, less anxiety, more general well-being, and more life satisfaction.

SENSE OF COMMUNITY

Community Identification

In Crawley, for club participants, more community identification was associated with less social isolation, less loneliness, more perceived social support, more balanced emotions, less anxiety, more well-being, and more life satisfaction. For waitlist participants community identification was unrelated to social networks, social support, loneliness, mental health, physical health, or well-being.

When taken together with the longitudinal data, this pattern suggests that stability in community identification is an important consequence of The Posh Club attendance in Crawley. This is because more community identification is positively linked to social connections and health and well-being.

In Hackney, for club participants community identification was unrelated to social isolation, social support, loneliness, mental health, physical health, or well-being.

Community & Cultural Engagement

In Crawley, for club participants, community and cultural engagement was unrelated to social connections, social isolation, social support, loneliness, mental health, perceived health, or well-being. For waitlist participants, more community and cultural engagement was associated with more general well-being but unrelated to any other measures.

In Hackney, for club participants, more community and cultural engagement was associated with more perceived health, less somatic symptoms, more positive affect, less negative affect, less depression, marginally less anxiety, and more general well-being.

INTERPRETATION AND IMPLICATIONS



Taken together, the qualitative and quantitative findings suggest that attending The Posh Club helps to shore up the resources (social connections, sense of community) linked to more health and well-being among older adults.

Older adults at both sites attributed changes in their mood, relationships, and quality of life to club attendance. They explicitly attributed the social connections gained from the club - and improved because of club attendance - with their health and well-being. Statistical analyses suggested that social connections were also positively linked to health and well-being for older adults after attending the club for 6 months.

Statistical analyses also suggested that a sense of community was important for health and well-being although the patterns differed by site. In Crawley, club attendance led to stability in community identification. Community identification, in turn, was positively linked to social connections and health and well-being after 6 months of club attendance. In Hackney, although there was a small decrease in community identification from baseline to 3 months, community identification also remained stable from 3 months to 6 months whilst older adults took part in the club. However here community and cultural engagement rather than identification was positively linked to health and well-being after attending the club for 6 months.

We have strong evidence of The Posh Club's subjective impact and the positive links between social connections, sense of community, and health and well-being for club participants at 6 months, although we were unable to find evidence that the club led to changes in social connections, community and cultural engagement, and health and well-being within this timeframe.

The lack of change over time does not immediately imply that The Posh Club is not having an effect. Rather, it highlights the challenges of demonstrating further benefit when scores are already high. As noted by Daykin et al. (2018), one of the difficulties in assessing the impacts of arts interventions is that it is often difficult to find individuals with meaningfully lower levels of well-being that need to be shifted upwards. Indeed, in the present research, participants in Crawley and Hackney had relatively high and consistent ratings for social connection, sense of community, and health and well-being at each timepoint (see Table 2). In other words, older adults were already doing pretty well. As recommended by Daykin et al. (2018), future evaluations should target older adults with the lowest baseline scores on social connections, sense of community, and health and well-being to determine whether sustained attendance at The Posh Club can improve these outcomes over time. We should be mindful though, that arts interventions might not always produce a lasting change on older adults well-being given the difficulties faced at this life stage and that subjective impacts are equally important to objective indicators where the arts are concerned (see McLean et al., 2011).

**"It's a great
antidote to
loneliness"**

Respondent 37:
Male, 70, Crawley,
3 months

CONSIDERATIONS AND RECOMMENDATIONS

The findings highlighted several considerations and recommendations for the implementation and evaluation of community level arts-based interventions for the arts sector in general. The areas highlighted include attendance, site differences, and the nature of the artistic practice offered.

ATTENDANCE: When considering The Posh Club findings, the lack of change over time might also be linked to the attendance rates across both sites. At 40% attendance on average, older adults may not have received a sufficient dose of The Posh Club for their attendance to have an objective impact on social connections, sense of community, and health and well-being. Indeed, supplemental analyses did not find any relationship between the proportion of attendance and our quantitative measures, likely because it was somewhat low. We were, however, able to gain insight into why some older adults did not attend as much as they would have liked from the qualitative responses. One participant indicated that they did not attend more frequently because, as a participant in the research study, they could not bring their spouse with them. Another participant said that a lack of transportation meant that they could not attend as much as they would have liked.

Consideration 1:

A sufficient dose of an intervention is likely needed to see change over time. Transportation and spaces for all individuals who wish to attend are barriers to attendance for community-level interventions.

Recommendation 1: Additional research is needed with individuals who attend most sessions of an intervention, individuals who dip in and out of interventions, and individuals who stop attending interventions to determine the sufficient dose of the intervention and to identify the factors that may boost attendance and the factors that may act as barriers to attendance. Follow-ups for longer periods of time (e.g., 12 months rather than 6 months) are necessary to gain a fuller understanding of the objective impacts of attendance on older adults' social connections, sense of community, and health and well-being.

SITE DIFFERENCES: The different patterns in quantitative data between club participants in Crawley and Hackney may be due to differences in demographics, baseline measurements, and club delivery between these sites. Hackney participants were more

“Much happier. Look forward to it and seeing new friends”

Respondent 50:
Female, 76, Crawley,
6 months

ethnically diverse, slightly younger, and had more solo attendees than did Crawley. Statistical analyses indicated that participants from these centres also differed on several baseline measurements. Relative to Crawley participants, Hackney participants were more identified with their community, less engaged in community and cultural activities, reported more depression and anxiety, and less general well-being and life satisfaction. Furthermore, during the research project there was a two-month break between the first and second set of performances in Hackney as funding was insecure. This might have impacted the momentum of the club for these participants.

Consideration 2:

Results across sites might not be generalisable, as participants can have different profiles and delivery experiences.

Recommendation 2: Sites should be considered independently to understand their impacts within those communities and more secure funding should be made available to ensure the continuity and potential success of arts-based community-level group interventions.

NATURE OF ARTISTIC PRACTICE: The Posh Club is primarily a non-participatory arts intervention. Older adults are brought together to watch performances and they have opportunities to interact with other older adults, volunteers, and performers, but are not usually actively engaged in the artistic practice (e.g., creating performances). Although there has been some recent evidence that non-participatory arts engagement (i.e., museum attendance) is associated with mental health, there is scant evidence about the health and well-being benefits of non-participatory arts activities in the short and long-term. Given that there is more evidence to support the benefits of participatory arts activities (e.g., singing) for health and well-being, additional research comparing different activities is needed to understand for whom different artistic practices might resonate and promote benefits over time.

Consideration 3:

Artistic practice may not be one-size-fits all.

Recommendation 3: Future research is needed to investigate whether participatory versus non-participatory arts interventions have similar or different impacts on social connections, community and cultural engagement, and health and well-being .

Recommendation 4: Organisations in the sector should be mindful of the differences between arts practices and ensure that they qualify and quantify attendee enjoyment and engagement so they may understand for whom their interventions have the most benefit.

“Nice to see older people enjoying themselves and being happy”

Respondent 38:
Male, 70, Crawley,
3 months

LESSONS LEARNED...

The research team asked Duckie to reflect on the lessons learned through the project. In addition to the challenges faced by participating older adults, Duckie highlighted the support from the staff and venues who championed the intervention. Duckie also became aware of the intricacies of research and its potential to positively impact its practice.

...About participants: A person's general outlook on the particular day that they are interviewed is variable – so many things can affect someone's mood, such as whether they skipped breakfast that day, are in pain, have recently lost someone dear to them or whether they had an easy time getting to the venue.

In an ideal world, we would be able to provide transport for our most vulnerable members. Transport is an issue for older adults and we are so appreciative that - for this study - our participants made extra trips to the Hackney and Crawley venues to be interviewed by the researchers.

...About support: We were bowled over by the extra research help offered by The Posh Club staff and volunteers who continually stepped in when extra support was needed, (e.g. when assistance was required for interviewing or supporting recruitment to the study). The Posh Club Managers Tracey Smith in Hackney and Annie Bowden in Crawley worked incredibly hard provided interviewing rooms and facilities for tea-making. Similarly, The Posh Club venues - St Paul's Church in Hackney and Broadfield Community Centre in Crawley – offered huge amounts of general help and support and were key partners in making this project run as smoothly as possible.

...About recruitment: We started using 'taster days' to introduce potential research project participants, and this was very rewarding. We found that word of mouth was really successful too, from people already trusted, rather than just advertisements in the media. Our best recruitment percentages resulted from in-person The Posh Club tasters, complete with an Elvis impersonator and cakes and sandwiches.

...About research: We have learned how complex data collection is for this type of longitudinal study and how important university-led research is to make arguments for investment in services such as The Posh Club that may not look or feel like traditional public health services. In retrospect, with more resources there would have been a longer time period during which we could have studied participants – for example, observing a club right from its launch in a location and its first The Posh Club event, and then measuring those results and after-effects.

Taking part in this project has been a learning curve for us and has ultimately led to better networks across all sectors, better relationships with public health commissioners, and a better understanding of how impact can be measured and why it is important to invest in high standards of evidence.

“[I am] more tolerant toward other people”

Respondent 34:
Male, 74, Crawley,
6 months

CONCLUDING MESSAGE

This project provides strong evidence that community-level arts-based group interventions are promising initiatives for older adults. In particular, the qualitative and quantitative data suggest that attending The Posh Club helps to shore up the resources (social connections, sense of community) linked to less loneliness and more positive health and well-being among older adults. In the future, to increase the effectiveness of arts-based interventions, the sector should ensure that it considers the needs of attendees and organisations, and the interaction between attendees and organisations. For potential attendees, barriers to attendance should be addressed where possible. For organisations, consistent funding to enable long-term delivery of programs that can be evaluated over time is crucial. The sector should be mindful of the needs and preferences of attendees, and the ways in which different arts practices might engage different individuals, to fully understand how the arts can impact social connections, sense of community, and health and well-being.



REFERENCES

- Age UK. (2013). Later life in the United Kingdom: Factsheet. Retrieved online: http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_fact_sheet.pdf?dtrk=true
- All-Party Parliamentary Group on Arts, Health and Well-being (2017). *Creative Health: The Arts for Health and Wellbeing* (second edition); Retrieved online: https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf
- Banks, J., Batty, G.D., Coughlin, K., Deepchand, K., Marmot, M., Nazroo, J., Oldfield, Z., Steel, N., Steptoe, W., Wood, M., & Zaninotto, P. (2019). *English Longitudinal Study of Ageing: Waves 0-8, 1998-2017*. [data collection]. 29th Edition. UK Data Service. SN: 5050, <http://doi.org/10.5255/UKDA-SN-5050-16>
- Bjelland, I., Dahl, A. A., Haug, T. T., & Neckelmann, D. (2002). The validity of the Hospital Anxiety and Depression Scale: an updated literature review. *Journal of Psychosomatic Research*, 52, 69-77.
- Cacioppo, J. T., & Patrick, B. (2008). *Loneliness: Human nature and the need for social connection*. New York, NY: W. W. Norton.
- Cann, P. (2016). Something to get out of bed for: Creative arts for a happily ageing population. *Working with Older People*, 20(4), 190-194; doi:10.1108/WWOP-09-2016-0025
- Castora-Binkley, M., Noelker, L., Prohaska, T., Satariano, W. (2010). Impact of arts participation on health outcomes for older adults. *Journal of Aging, Humanities, and the Arts*, 4, 352-367.
- Cohen, G. D. (2006). Research on creativity and aging: The positive impact of the arts on health and illness. *Generations*, 30, 7-15.
- Daykin, N., Mansfield, L., Meads, C., Julier, G., Tomlinson, A., Payne, A. et al., (2018). What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults. *Perspectives in Public Health*, 138, 39-46.
- Davies, C., Knuiman, M. & Rosenberg, M. (2016). The art of being mentally healthy: A study to quantify the relationship between recreational arts engagement and mental well-being in the general population. *BMC Public Health*, 16: <https://doi.org/10.1186/s12889-015-2672-7>
- De Jong Gierveld, J. & van Tilburg, T. (2006). 6-Item Scale for Overall, Emotional, and Social Loneliness: Confirmatory Tests on Survey Data. *Research on Ageing*, 2, 582-598.
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75.
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, 97, 143-156.
- Fancourt, D. & Tymoszuk, U. (2019). Cultural engagement and incident depression in older adults: evidence from the English Longitudinal Study of Ageing. DOI: <https://doi.org/10.1192/bjp.2018.267>
- Gierk, B., Kohlmann, S., Kroenke, K., Spangenberg, L., Zenger, M., Brähler, E., & Löwe, B. (2014). The somatic symptom scale-8 (SSS-8): a brief measure of somatic symptom burden. *JAMA Internal Medicine*, 174, 399-407.
- Gleibs, I. H., Haslam, C., Haslam, S. A., & Jones, J. M. (2011b). Water clubs in residential care: Is it the water or the club that enhances health and well-being? *Psychology & Health*, 26, 1361-1377.
- Gleibs, I. H., Haslam, C., Jones, J. M., Haslam, S. A., McNeill, J. & Connolly, H. (2011a). No country for old men? The role of a 'Gentlemen's Club' in promoting social engagement and psychological well-being in residential care. *Aging and Mental Health*, 15, 456-467.
- Jetten, J., Haslam, S. A., Haslam, C., Dingle, G., & Jones, J. M. (2014). How groups affect our health and well-being: The path from theory to policy. *Social Issues and Policy Research*, 8, 103-130.
- Johansson, S.E., Konlaan, B.B., Bygren, L. O. (2001). Sustaining habits of attending cultural events and maintenance of health: A longitudinal study. *Health Promotion International*, 16, 229-234.

- Lubben, J. E. (1988).** Assessing social networks among elderly populations. *Family & Community Health: The Journal of Health Promotion & Maintenance*, 11(3), 42-52.
<http://dx.doi.org/10.1097/00003727-198811000-00008>
- Lubben, J. E., Blozik, E., Gillmann, G., Iliffe, S., von Renteln, W., Kruse, J. C., Beck, A. E. (2006).** Stuck, Performance of an Abbreviated Version of the Lubben Social Network Scale Among Three European Community-Dwelling Older Adult Populations, *The Gerontologist*, 46, 503–513; <https://doi.org/10.1093/geront/46.4.503>
- McLean, J., Woodhouse, A., Goldie, I., Chylarova, E., & Williamson, T. (2011).** An Evidence Review of the Impact of Participatory Arts on Older People. Retrieved online: <https://www.mentalhealth.org.uk/publications/evidence-review-impact-participatory-arts-older-people>
- Noice, T., Noice, H., & Kramer, A. F. (2014).** Participatory arts for older adults: A review of benefits and challenges. *The Gerontologist*, 54, 741–753. doi:10.1093/geront/gnt138
- Noice, T., Noice, H., & Kramer, A. F. (2015).** Theatre Arts for Improving Cognitive and Affective Health. *Activities, Adaptation & Aging*, 39, 19-31.
- Office of National Statistics (ONS; 2015).** National Population Projections: 2014-based Statistical Bulletin. Retrieved online: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2015-10-29>
- Perissinotto, C. M., Stijacic, C. I., & Covinsky, K. E. (2012).** Loneliness in older persons: A predictor of functional decline and death. *Archives of Internal Medicine*, 172, 1078-1083.
- Postmes, T., Haslam, S. A., & Jans, L. (2013).** A single item measure of social identification: Reliability, validity, and utility. *British Journal of Social Psychology*, 52, 597-617.
- Roe, B. McCormick, S., Lucas, T., Gallagher, W., Winn, A., & Elkin, S. (2016).** Coffee, Cake, & Culture: Evaluation of an art for health programme for older people in the community. *Dementia*, 15, 539-559.
- Seymour, R. & Murray, M. (2016).** "When I am old I shall wear purple": A qualitative study of the effect of group poetry sessions on the well-being of older adults", *Working with Older People*, 20, 195-198
- Silcock, D., & Sinclair, D. (2012).** The cost of our aging society. *The International Longevity Centre, London*.
http://www.ilcuk.org.uk/files/The_cost_of_our_ageing_society.pdf
- Skingley, A., Martin, A., & Clift, S. (2016).** The contribution of community singing groups to the well-being of older people: Participant perspectives from the United Kingdom. *Journal of Applied Gerontology*, 35, 1302-1324.
- Stephoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013).** Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110, 5797-5801.
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J. & Stewart-Brown, S. (2007).** The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63. <https://doi.org/10.1186/1477-7525-5-63>
- Thomson, L. J., Lockyer, B., Camic, P. M., & Chatterjee, H. J. (2018).** Effects of a museum-based social prescription intervention on quantitative measures of psychological wellbeing in older adults. *Perspectives in Public Health*, 138, 28-38.
- Wilkinson, A.V., Waters, A.J., Bygren, L.O., & Tarlov, A.R. (2007).** Are variations in rates of attending cultural activities associated with population health in the United States. *BMC Public Health*, 7, 226. DOI: 10.1186/1471-2458-7-226
- Zigmond, A. S., & Snaith, R. P. (1983).** The hospital anxiety and depression scale. *Acta Psychiatrica Scandinavica*, 67, 361-370.
- Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., & Berkoff, K. A. (1990).** Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of Personality Assessment*, 55(3-4), 610-617.

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