

# Arts and Older People's Programme Case Studies

*"my blue sandals"*



**The Arts Council of Northern Ireland (ACNI)**  
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## The Story of the Blue Sandals

*“This is a secret amongst ourselves...*

*I painted a chair. I have a blue cooker and I painted the chair to go beside it. And then I had a white mantlepiece and I painted that. But while I was doing that some paint fell onto my sandals— ancient old flip flops that I have had for years, the most comfortable shoes that I have ever owned. So, I decided why not paint them.*

*And I painted the shoes and they’re beautiful. The children are saying ‘mammy you can’t wear those’. I wear them around the house, yes, but I’m very proud of them. I know the children go on about them and say, ‘mammy don’t be going out in those’. But you wouldn’t know that it was ordinary paint and when the time comes you can lay me out in my blue sandals.”*

(Woman, 80-year-old, AOP —Young At HeART, BEAM, Co Tyrone).

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## 1. Introduction

The Arts Council of Northern Ireland (ACNI) established an innovative Arts and Older People's Programme (AOP) in 2009. A partnership comprised of the ACNI (Big Lottery), Baring Foundation and Public Health Agency, the priorities for the AOP are isolation and loneliness, social inclusion, poverty, health and strengthening the voice of older people.

In 2016 a total of £127,000 worth of funding was allocated by the AOP to 20 organisations across NI. The value of the grants allocated ranged from £1,025 to £9,055.

The projects presented in this report were chosen in consultation with the ACNI on the basis that they illustrate the range in amount of funding granted, the diversity of populations involved, and the variety of interventions used. The first case study Lisnafin/Ardnalee Trust Cross Community Association Strabane highlights the importance of funded Arts programmes for people living in areas of social and economic deprivation. Eastside Arts illuminates the transformative

impact of the Arts on life of people living with dementia. Men are the focus of the Derry City and Strabane council case study and older people in rural areas is the focus in BEAM. Dylan Quinn Dance Theatre (DQDT) examines the challenges and benefits of making contemporary dance available to all older people, including those living in nursing homes.

The AOP case studies build on previous work (Lynch and Alexander, 2016) to reveal the reality of social isolation and loneliness for older people across Northern Ireland (NI) and the potential of the Arts to promote social inclusion, health and wellbeing. Photography is used throughout the report to aid the reader's appreciation of the light that was in people's eyes when they talked about the positive impact of the Arts on their lives and the animated way that they used their hands and bodies as they relived their experience.

This report distils findings from the five studies. Individual reports are available on ACNI website <http://artscouncil-ni.org>.

## 2. Background

### 2.1 Population Ageing

“Centenarians are the fastest growing age group in the UK, with the number of 100-year-olds almost doubling over a 14-year period.”

(The Guardian, 27/09/2017)

The change in shape and characteristics of our population is dramatic. The so-called baby boomers are reaching their 60s and 70s and birth rates are falling. In ten years’ time one in five people in NI will be aged over 65 years. This means that by 2028 the number of people aged over 65 years will be greater than the population aged 15 years or younger. This pattern of an ‘ageing population’ is set to continue and gather momentum. By 2041 the number of people aged 65 years and over in NI is projected to be 491,700; almost one in four people (24.5 per cent) and there will be 82,800 people aged 85 years. (NISRA, 2017)

These developments are cause for celebration and testify to how environment, living standards and health care have improved. An ageing population also brings challenges. The increase in numbers of older people is

paralleled by an increase in age related conditions including for example osteoporosis (Demontiero, et al., 2012) and sarcopenia (Morley, 2016). The biological processes associated with both conditions (loss of bone and loss of muscle mass and strength) are accelerated by the sedentary life styles and inactivity, which tends to be a feature in the life of people in their later years. Inactivity combined with the biological response to ageing results in an increased frailty, risk of falls and fractures.

A consequence of the increasing numbers of older people in the population the number of people living with dementia is also set to increase significantly. As an illustration of what lies ahead it is worthy of note that there are currently about 60,000 people with dementia living on the island of Ireland; by 2050 there will be 60,000 people with dementia in NI alone (Casey et al. 2016). The primary source of care and support for people with dementia is family and symptoms associated with dementia are the primary reason for admission to residential care (Alzheimer’s Society, 2015).

Population ageing does not necessarily mean an increase in health and social care costs (WHO, 2015). People in their seventies and eighties today are much healthier and active than in previous generations. Their ability to remain healthy and well is dependent for as long as possible is dependent on myriad factors including housing, transport and social connectedness.

“As populations grow increasingly aged, it is more important than ever that governments design innovative policies and public services specifically targeted to older persons, including those addressing, *inter alia*, housing, employment, health care, infrastructure and social protection.” (UN, 2015: 99 – 100)

## 2.2 Active Ageing

The impetus for policies that support people in NI to age well and with dignity is reflected in the Active Ageing Strategy (NIE, 2016) and the focus on ‘Ageing Well by being Active Every Day’ advice from the Public Health Agency (PHA, 2017).

The increasing number of active and healthy older people in the population challenges ageist

views of old age as a time to be ‘careful’ and not ‘overdo’ things. It demands that our health system places public health centre stage and that innovative ways are found to enable older people to remain socially engaged and physically active.

Physical activity is widely recognised for its protective role in preventing falls (El-Khoury et al., 2013), prevention of coronary artery disease and promotion of mental health. Traditionally programmes promoting exercise have been targeted at young people. This attitude is changing. The World Health Organisation (WHO) recommended that people aged over 65 years should do at least 150 minutes of moderate or 75 minutes vigorous physical activity each week.

“When people cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow (physical activity)” (WHO, 2011). A systematic review of physical exercise in older people (Sun et al.) revealed the dearth of research in this area. They concluded that robust research examining the impact of physical activity on health and wellbeing

of older people is necessary “to inform public health strategies which could extend the health and quality of life of people into old age.” (2013: 15)

The nonrandom distribution of ill health and premature mortality amongst poor people is well known (Marmot, 2010) and it is worthy of note that life expectancy for people in NI is lower than that of people in England and the South of Ireland. (ONS, 2107) There are also significant disparity in health outcomes within the NI population. A Department of Health monitoring report on health and social care inequalities (DoH, 2015) revealed that life expectancy for women in socially disadvantaged communities was 4.4 years less than that of their more affluent peer and the difference between men was 7.5 years. The umbilical link between poverty and health has been recognised by the NI. Assembly: “The main social determinant of health is poverty.” (NIA, 2013).

The importance of equity focused policy is advocated by Nobel laureate for economics Amartya Sen (2005, 2009) who together with his colleague Martha

Nussbaum (2011) champions the ‘capability approach’ and targeting of resources on those people and populations most in need. The impact of poverty and equitable distribution of resources and opportunities is key to effective public health policies and interventions.

The Active Ageing Strategy (NIE, 2016) is guided by a vision for Northern Ireland (NI) as a place where the rights and dignity of older people are protected. A place where older people are supported to live active lives and achieve their full potential. This vision has been driving the Arts and Older People’s Programme (AOP) for over seven years. The AOP seeks to harness the power of the Arts to enable people to become more active and socially engaged.

### **2.3 Social Isolation and Loneliness**

Falling birth rates, migratory patterns and changes in housing design are combining to radically transform traditional societal structures, networks and supports. A consequence is an increase in social isolation and loneliness.



Loneliness is a subjective feeling that occurs when the number and quality of social contacts that a person has is less than what they desire. It is though that men and women experience loneliness differently, with men placing greater emphasis on quality of relationships and women enjoying wide social networks (Bernard, 2013).

Loneliness in older people is associated with poor physical and mental health outcomes (Luanaigh & Lawlor, 2008; Kearns et al., 2015). In a study that examined the impact of social capital on loneliness Nyqvist et al. (2016) suggest that 'neighbourhood cohesion' may be more significant in preventing loneliness for older people than it is for younger people.

Social isolation is more objective than loneliness and is characterised by lack of access to resources and little or no social contacts. Factors such as loss of family, friends and employment and decreased mobility make older people more vulnerable to social isolation. Men who live alone are more likely to experience greater loneliness than women. The reason for this is because men

are more dependent, than women, on their partners for social contact (Bernard, 2013 and Beach and Bamford, 2014).

Echoing earlier work (Ablitt, et al. 2009 and van Vliet, et al. 2010) a study for the Jo Cox Loneliness Commission found that 81% of carers reported that they felt lonely or social isolated because of their role and the loss of reciprocity in the relationship with the person being cared for (Carers UK, 2017). La Fontaine, et al (2016) draw attention to the lack of research on the experience of carers and people with dementia from LGBT communities and argue:

"They are likely to have experience of stigma, discrimination and marginalisation in common, and many older people are likely to have vividly embedded memories of times 'pre Stonewall' when they were compelled to conceal their sexuality with the resultant emotional and psychological stress, which may also have impacted on their engagement with the wider world." (p. 33)

People affected by economic poverty are more susceptible to feelings of loneliness (Kearns et al., 2015) and physical isolation,

including rurality, has been identified as the factor most closely associated with feeling lonely (Pearce and Lillyman, 2015; The Age UK evidence review, 2010).

Social isolation, characterised by the absence of social networks, is a form of poverty and like economic poverty, is also associated with premature mortality. Holt-Lunstad et al. (2015) reported that “Social isolation results in higher likelihood of mortality whether measured objectively or subjectively” (p233). The risk to health is equated with the risk associated with cigarette smoking, hypertension and obesity (Pantell et al., 2013; Steptoe et al. 2012). It is widely recognised that the symptoms associated with mild cognitive impairment (MCI) and dementia are exacerbated by social isolation and feelings of loneliness. Other work has highlighted the causative association between experience of loneliness and increased incidence of Alzheimer’s disease (Wilson et al. 2007 and Kuiper et al. 2015).

In 2016 Alzheimer’s Australia published the results of a survey

examining the experience of loneliness for people with dementia and their carers. The survey concluded that compared to the general population people with dementia were found to be almost three times as likely not to have a friend to call on for help. The negative health consequences of caring for someone with dementia are well documented (Shim, et al.2012; La Fontaine et a., 2016).

Into this dark landscape Pantell et al (2013) shine a beacon of hope arguing that social isolation is a potentially modifiable risk factor. Unlike diabetes, hypertension and heart disease the risk posed by social isolation can be eliminated through social interventions (Pantell, et al., 2013). Moreover, the protective effects of a rich and large social network on preventing dementia (Wang, et al., 2002) and promoting good cognitive function are recognised (Holtzman, 2004 and Sorman et al. 2017).

The challenge in promoting social inclusion lies in finding cost effective interventions that are appropriate to a wide range of population groups (Holt-Lundstad and Smith, 2017). A

forthcoming systematic review (Landeiro, et al., 2017) of interventions aimed at alleviating social isolation and loneliness in older people is likely to make significant contribution to the evidence base informing policy and practice. In the meantime, learning from initiatives such as the AOP with methods that give voice to the experience of older people is vital.

## 2.4 The Arts and Health

The 'Arts' in this report is used in this report to encompass a range of activities that are characterised by creative expression and imagination. As such they include inter-alia music, writing, visual and performing arts, crafts, singing, dance and sculpture.

The positive contribution of the Arts in promoting health and wellbeing has long been recognised. The oft-called 'father of medicine' Hippocrates (460 – 370 BC) is credited with recognising that: "The role of music and theater in the treatment of physical and mental illnesses and the improvement of human behavior was essential (Kleisiaris, 2014)

At the beginning of this millennium a randomised control research study led by Professor Gene Cohen served to bring the benefits of the Arts for older people centre stage. The Creativity and Ageing study, which ran from 2001 until 2006, was focused on 300 older people aged over 65 years (average age 80years). Half of the group participated in weekly community-based Arts programmes for nine months of the year, for two years. The control group participated in cultural and community activities, but not intensive programmes run by professional artists. The results of the study were startling. Older people in the Arts group had fewer falls, used less medication and reported feeling lonely less often than their peers who did not have access to the Arts programmes.

Professor Cohen identified four factors to explain why participation in the Arts had such a positive impact. Improved brain plasticity, increased social engagement, the interconnection between mind and body and a feeling of mastery that came from creating. "The experience of a feeling of mastery also leads to increased feelings of

empowerment, which can play out in interesting ways. Empowerment often influences individuals to reflect that if they have performed well at something they had not realized that they could master, then perhaps they could similarly master other activities that had previously seemed impossible. The sense of control in one area increases the level of comfort with exploring new challenges in general.” (Cohen, 2006:9).

Drawing on evidence from psychoneuroimmunology of the interconnection between mind and body Cohen, argued that the enhanced sense of control and better mental health that people gained from participation in Arts, triggered an enhanced immune response and boost in the production of ‘natural killer’ cells.

The evidence base supporting engagement with the arts continues to grow. Dance for example, long recognised as a fun way to stay fit and to lose weight, is increasingly becoming focus for research on the impact of dance on health and well-being of older people. The results

are impressive with dancing shown to be an effective way of improving brain function (Kshtriya et al., 2015) and memory and balance (Rehfeld et al (2017). In addition, Coupland (2013) suggests that the connection with the body that is intrinsic to dance helps overcome stereotypical notions of ageing and the self-imposed limits that result from ageist attitudes.

In the UK research and practice focused on arts and ageing has been stimulated by the Baring Foundation (AOP partner) <sup>1</sup>

Testimony to the power that the Arts and health evidence base has gained, the report of the All Party Parliamentary Group (APPG) inquiry on Arts, Health and Wellbeing states: “The central premise of this report is that engaging with the arts has a significant part to play in improving physical and mental health and wellbeing”. (2017: .21) And recommendations to advance the use of arts in public health include establishment of a national strategic centre that will use evidence to advance good practice; cross governmental

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<sup>1</sup> Research on the arts and older people  
<http://baringfoundation.org.uk/project/arts-and-older-people/>  
and  
[https://www.alzheimers.org.uk/info/20056/our\\_care\\_and\\_cure\\_res](https://www.alzheimers.org.uk/info/20056/our_care_and_cure_res)

earch\_magazine/449/the\_arts\_can\_help\_people\_living\_with\_dementia

strategies to support delivery. The focus on health and wellbeing in the APPG inquiry dovetails with priorities in the Active Ageing Strategy, NI: “...keeping active, both physically and mentally, as we get older is the most effective way to enable as many of us as possible to enjoy the benefits of living longer and to minimise the problems that some older people face.” (NIE,2016: P.3)

### 3. Methods

A combination of individual and focus group semi-structured interviews were used to examine participants’ experience of the AOP. The interviews also explored people’s motivation for getting involved in the programme, their experience of social isolation and loneliness

and the impact that the AOP had on their health.

Informed consent was obtained from all participants for audio recording of their interview and for the use of the photographs taken in all AOP publications. Where possible anonymity of participants is protected. The nature of case studies two (East side Arts) and five (Dylan Quinn Dance Theatre) is such that anonymity cannot be protected. These participants consented to their identities being revealed. The methodology was reviewed and approved by specialists in dementia at the University of Stirling.

All interviews were carried out and analysed by Una Lynch and photography featured in the report is by Joan Alexander.





## 4. The Case Studies

### 4.1 LisnafinArdnalee Trust Memories in Ceramics

Lisnafin, Ardnalee Trust Cross Community Development Association is based in Lisnafin Park, Strabane. With a long history of economic and social disadvantage the area is one of the most deprived in NI.

The AOP grant of £1,025 to deliver Memories in Ceramics project. The six-week ceramics class was attended by 17 older people (two men and 15 women) who lived locally. The average age of participants was 58.75 years. Nine of the participants were aged between 60 and 70 years. Over the course of the six weeks each person was supported to create a small ceramic cottage. The class was tailored to meet the needs and ability of each member of the group. A public celebratory event was held at the end of the programme to showcase the ceramic cottages, raise awareness of the reality of community arts programmes and the social benefits to be had from getting involved.

#### 4.1.1 Data collection

A semi-structured focus group interview was carried out with five participants (four women and one man) from the AOP, the artist who delivered it and a member of the management board. The interview was held in the Lisnafin community centre. The manager of the centre was interviewed later by telephone.

#### 4.1.2 Findings

This case study highlights how poverty provides a backdrop to everyday life for people in the area, contributed to apathy in residents and exacerbates the sense of isolation from wider society. Participants in the AOP were very conscious of the impact of cuts in social welfare and the knock-on effect of an increase in pension age for women. The AOP was credited with helping mental health by 'taking people's minds off' worries and increasing motivation to get out. The intricate movements involved in creating the ceramic cottages were credited with relieving pain and improving mobility of hand and wrist joints.

The quality of cottages was so good that the participants are keen to explore business opportunities.

## 4.2 Eastside Arts Re-Generations Artful Ageing

The EastSide Arts initiative seeks to inspire residents of the area, and visitors to it, by celebrating East Belfast, nurturing creative talent and delivering excellent programmes and events. *Artful Ageing* has been designed with the goal of making the arts more accessible to older people resident in East Belfast area. The AOP grant of £6,576 enabled the *Artful Ageing* programme to deliver a variety of weekly Arts-based classes over a six-month period. The classes were accessed by 390 participants.

Mother and daughter Margaret and Diane were beneficiaries of the *Artful Ageing* programme and agreed to be the focus of the AOP case study. Margaret was diagnosed with dementia in 2011 and Diane cares for her 365 days a year.

### 4.2.1 Data collection

The proposal for the case study was reviewed and approved by experts in dementia at the University of Stirling.

Diane's experiences of *Artful Ageing* were captured during a 90-minute semi-structured telephone interview, which was

followed by a two hour visit to the family home, in December 2017. With Diane's consent the interview and conversations during the visit were audio recorded. Margaret's experiences of the Arts were captured through observation and photography.

The Community Arts Officer (CAO) at EastSide Arts was interviewed in January 2018.

### 4.2.3 Findings

Diane's experience is an intimate, revealing and poignant insight into the reality of everyday life of carers and people with dementia. Speaking with humour, honesty and great humility about the life she shares with her mother —social isolation and loneliness are recurring themes and the powerful bond between Diane and Margaret is inspirational. The AOP proved to be an effective way for Diane and her mother to connect with other people and for Diane to re-discover the person inside of the carer. The Arts are depicted in the case study as providing a powerful coping mechanism

## 4.3 Derry City and Strabane District Council: Music to your Ears II

Music to your Ears is a collaboration between Derry City and Strabane District Council and local professional musicians Terry Mc Cafferty and Mickey Harte.

A music-based programme for older people was first introduced to Strabane in 2014. In phase two (2015) it became a men-only programme and was extended to Derry/Londonderry. Recruitment in the city proved to be difficult due to the location in what was perceived to be 'a non-neutral venue.' In 2017 the city library was used and so many men turned up that the group adjourned to the city Museum.

The Music to Your Ears project ran for 16 weeks, in Strabane and Derry/Londonderry. The AOP grant (£8,400) covered the costs of the facilitators, purchase of music stands and some transport; other costs were met by the Council. The project was accessed by 80 men; with up to 30 men attending at any one time in either venue; average age was 66 years. The end of project

concerts had a total audience of 370 people (270 in Strabane and 100 Derry/Londonderry).

### 4.3.1 Data collection

Observation visits to see the project in action took place in December 2017. Joan Alexander took photographs during the visit to Derry/Londonderry. Twenty-nine people were interviewed as part of the study<sup>2</sup>. Interviews with the older men were carried out in parallel to the music sessions and to minimize interruption to the music a combination of individual and small (2- 3 people) group interviews was used.

The facilitators were interviewed by telephone in January 2018 and the project co-ordinator was interviewed at her base in the Council office in the Alley Theatre. The visit to Derry coincided with two students, from South West College, Omagh, who were on a work placement to make a film about the Music to your Ears project. An opportunistic interview captured their perspectives.

An observation visit was made to the end of project concert in Strabane in January 2018.

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<sup>2</sup> Details of all participants in table one of full report of case-study 3



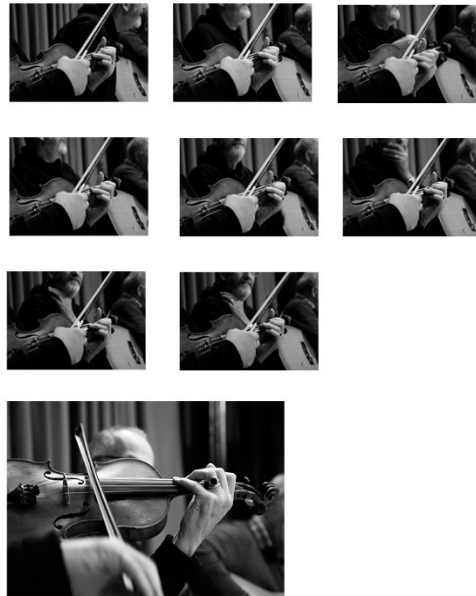
### 4.3.2 Findings

The AOP Music to Your Ears project proved to be highly effective in engaging older men from a wide variety of backgrounds and highlights the powerful role that local councils can play in promoting social inclusion of older people.

Music to Your Ears taps into men's interest in music and the draw of the 'music' was described as overcoming anxieties about going to a group. The project has helped to create new friendships and forge strong connections between members. The men spoke openly the social isolation and loneliness that they had experienced before joining the group. There was a sense of there being life before and after Music to your Ears, with the project proving to be a powerful vehicle in alleviating social isolation and loneliness for them.

The positive impacts were seen in the sense of connection created between the men, the enhanced confidence, sense of purpose and strengthening of voice. The project was credited with encouraging the men to become more physically active, improving flexibility, reducing

pain and improving mental health and wellbeing.



### 4.4 Bardic Educational Arts & Media (BEAM) Young at HeART

The Bardic Educational Arts and Media (BEAM) Creative Network is based in Donnaghmore, Co Tyrone; a rural village on the outskirts of Dungannon.

Established in 2002 BEAM works with people of all ages in pursuit of its vision to foster creativity and excellence through the arts. The AOP grant of £7,500 was used by BEAM to deliver the Young at HeART project for people aged over 60 years. The project consisted of an eight-week furniture upcycling course and an eight-week art class.



#### **4.4.1 Data Collection**

Focus group and individual interviews were used with four older people and the project manager to explore the impact of the creative Arts project on the lives of people in a rural community. The interviews were carried out in the BEAM centre.

#### **4.4.2 Findings**

Young at HeART was found to have a transformative impact on the lives of the older people who participated in it. The Arts classes generating a sense of purpose and lubricated social interactions. The confidence and mastery that resulted from participation in the classes gave a great boost to self-esteem and participants were emboldened to try other new things.

Improvements in flexibility and reduction in pain were attributed to the increase in movement and exercise that resulted from the classes. The creation of a social network was the most important factor in the success of the project. People spoke openly and frankly about how Young at HeART had transformed lonely and isolated lives into lives filled with friends, beautiful pieces of art and ideas for the future.

#### **4.5 Dylan Quinn Dance Theatre, Dance Leaders**

Dylan Quinn Dance Theatre (DQDT) in Enniskillen has a well-established contemporary dance programme for older people. Building on the success and popularity of the existing programme a proposal was developed to use some of the older dancers as leaders of a contemporary dance programme for older people living in residential care. The idea for the intervention was conceived by Dylan Quinn and is part of his vision to make contemporary dance available to all people irrespective of their age, ability and geographical location.

The AOP funding of £6,775 was used to support the delivery of two contemporary dance programmes in three care homes. Two homes were in Enniskillen and the third was in Lisnaskea and each programme ran for six weeks. The director of DQDT and his apprentice accompanied the 'dance leaders' to mentor and guide them. The 'dance leaders' had attended 'contemporary dance' classes at

DQDT for many years.<sup>3</sup>  
Continued participation in these classes was part of their training.

#### 4.5.1 Data Collection

Dylan Quinn was interviewed at his studio in Enniskillen. He was photographed throughout the interview by Joan Alexander. Two of the dance leaders were subsequently interviewed by telephone.

#### 4.5.2 Findings

The DQDT case study presents a vision of contemporary dance that is accessible to all. It highlights the health benefits of

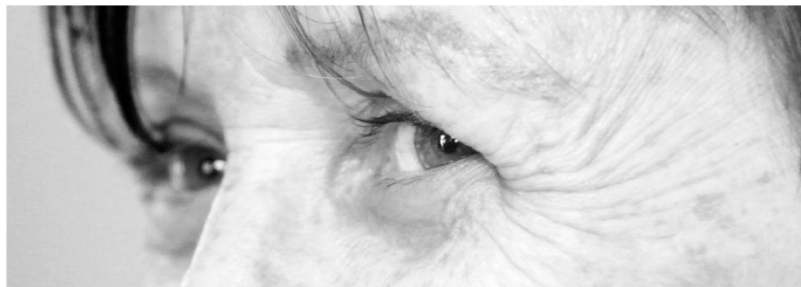
dance for older people in terms of improved balance, flexibility, co-ordination and an improved sense of social-connectedness.

The case study also identifies challenges encountered in establishing a contemporary dance centre in a rural area: a political culture that is rooted in ideological politics; the absence of a regional infrastructure to support contemporary dance; ageist attitudes and a health system that is focused on the treatment of illness.



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<sup>3</sup> A video of older people who participate in contemporary dance with DQDT can be viewed at: <https://vimeo.com/176767084>



## 5. Results

The composite findings from the five case studies are presented in this section. It begins by setting out the defining characteristics of social isolation and loneliness as described by older people. The four explanatory themes associated with how the AOP alleviated social isolation and loneliness are identified. It is worthy of note that the four explanatory factors from the Creativity and Ageing study (Cohen, 2006) are included. Section 5.7 describes how the AOP served to strengthen the voice of older people.

### 5.1 Social Isolation and Loneliness

Social isolation was something that all participants were very aware of. Some people said that they had become isolated through retirement.

*“I took early retirement to look after my father but then he died two years ago.”*

For others caring responsibilities were credited with an ever-decreasing social network

*“You do lose friends and you lose that ability of having friends.”*

Illness and disability were commonly reported as the reason why social contact had become limited.

*“I’d be inclined to be sitting in a corner. I had a stroke six months ago and my wife has Alzheimer’s and is in a nursing home.”*

Older men frequently talked of bereavement and loss of spouse when explaining how they had become isolated and the intense feelings of loneliness that they experienced.

*“My wife passed away five years ago ... it’s not an easy journey. I wasn’t in a great place.”*

People spoke openly and frankly about the stark reality of empty and lonely lives.

*“Mentally I just thought to myself ‘my life is over now’ I’d worked for 40 years and felt a failure.”*

The causative relationship between social isolation, loneliness and poor mental health had manifest in several people’s lives.

*“I’ve played in 27 countries, 12 states in America. I’ve performed to thousands and on TV and radio but the last two years I hadn’t played at all. I went into a deep depression for 18 months.”*

*“If you are sitting in the house all the time you will just get depressed which is what happened to me.”*

Personal experiences or witnessing the impact on other people had resulted in an acute awareness amongst the older people as to why social isolation and loneliness were harmful to health. This knowledge is illustrated in the dialogue between four participants in one of the AOP focus group interviews.

**P4W:** “They say that loneliness is a ...”

**P6M:** “Big killer. Thinking all the time, these people are thinking all the time”.

**P4W:** “Too much time on their hands.”

**P6M:** “Thinking all the time.”

**P2W:** “They’ve maybe had traumatic experiences; they’ve been through the troubles too maybe that has impacted too.”

**P5M:** “It’s a long auld day sitting in the house staring at four walls and it’s the same auld thing day after day after day.”

The legacy of economic and social deprivation in some populations was reported to be creating a culture of ‘apathy’ and lack of motivation. Participants in the AOP expressed concern for

younger people in this situation and the resultant lack of motivation to become social engaged.

*“They don’t seem to have any motivation. They are letting life pass them by and that’s the truth and it’s sad to see”*



## 5.2 Making Connections

Social engagement was one of the four explanatory factors in the creativity and ageing study (Cohen 2006) not surprisingly given the focus of AOP on group activity it emerged as being core to the effectiveness of the programme.



The reasons why people chose to become engaged with the AOP were varied and included advertisement in newspaper, social media, church bulletins, recommendation by GP and encouragement from another person.

It was universally accepted that word of mouth was the most effective way of recruiting older people.

*“word of mouth that’s how most people hear about things.”*

Most people went along because of encouragement from a friend or family member.

*“I was in a Bookies backing horses and a man tapped me on the shoulder and said you wouldn’t be interested in playing a guitar.”*

Significantly many of the men said that their wives or daughters had persuaded them to go.

*“My wife saw it advertised”*

*“My daughter pressed me to come out to an art class.”*

Participants spoke about nervous and reluctance to put themselves forward. Some said that they thought that they wouldn’t have

the skills, talent or ability to cope with the class.

*“G was always saying to me – you must, you must, you must, and I would be saying ‘not at all I can’t do anything with my hands’ because I thought that it was people like WI who could sew and bake and were handy with their hands”*

(Woman aged 73 years)

Drawing on the experience of their initial reluctance to register for the class or go along to the first session participants talked at length about the benefit of personal contact in encouraging people to get involved. The end of project exhibitions and concerts were held up by the Artists as examples of a good way to whet appetites, get other people interested and to help breakdown preconceived ideas about the Arts being for ‘other’ people.

*“Seeing the finished product helps they say I’d like to do that”*

There was a general sense that people just needed encouragement to get beyond the initial inhibitions. To this end it was felt that experimenting with innovative and novel ways to attract and engage socially

isolated and lonely people was important. The Eastside Arts case study provided a particularly novel example of a recruitment strategy. A carer involved with the project there credited Van Morrison with introducing her to the AOP.

*“I’ll give you a laugh. I wanted to go and see Van Morrison playing in Cyprus Avenue and I couldn’t get tickets for it. Then I saw in the wee local paper that East-Side Arts were looking for volunteers and I phoned them up and said that I wanted to volunteer for Van Morrison. They said— ‘well we would want you to do a wee bit more’ and I said, ‘fair enough that I would do that, and I absolutely loved it’.*

For the men involved with Music to your Ears the opportunity to ‘play’ served to counteract apprehension and anxieties about getting meeting with a group of people.

*“I saw it advertised in the local paper, but it was a few weeks before I plucked up the courage to go. I hadn’t drummed in over 20years.” (64-year-old, Strabane)*

*“I was a wee bit apprehensive about going but I just love music”  
(64-year-old Derry)*

The AOP projects created relaxed and welcoming environments that were conducive to making new friends and social networks and provided a welcome relief from the monotony of time spent at home.

*“This was a god-send away from the four walls”*



The AOP brought people of all ages together many of them in their 80s and some in their 90s.

*“One of the lads here said to me - You are definitely 55 because I’m two years younger than you.”  
(89-year-old man)*

In applying for the AOP funding the host organisations recognised the value of the Arts in enabling social interactions.

*“Sometimes, if you are active with your hands, it is easier to have a conversation. So, if you are doing art or crafts it opens up a conversation.”*

The lubricating effect of the Arts on social engagement was a recurring theme for older people across the AOP case studies.

*“You were concentrating on it but at the same time you were having conversation with the person on either side of you.”*

The DQDT project worked with nursing home residents. The dance sessions were structured so that residents were grouped tighter in small groups of three or four people with a dance leader. This structure helped to compensate for sensory and cognitive impairments and promoted social engagement between residents and with the dance leader.

*“Normally you would see people just sitting there not reacting or interacting with each other. But when they go to one of these dance classes they are laughing, they are joking, and it gets them moving.”*

The shared interest in the Arts in each of the projects cultivated a sense of belonging, common identity and community.

*“Whenever I had a problem people would come along and say try this or try that or do this and did you think about? The*

*camaraderie between everybody was wonderful.”*

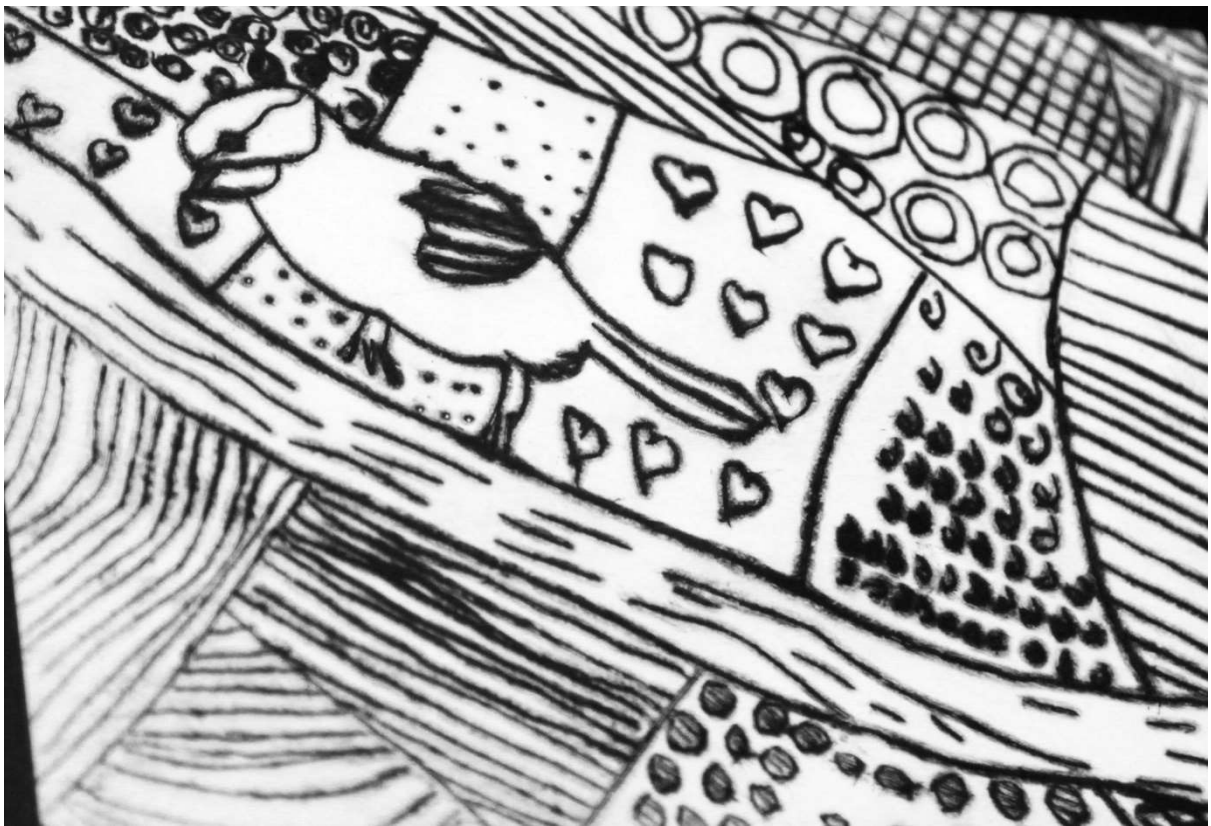
The visual aspect of ‘community’ was very apparent for men in the Music to your Ears project.

*“it is like a swarm of bees you see the guys coming in from all directions towards the Alley theatre. People on rollators and on sticks and all coming with their guitars and people are looking and saying what’s going on there” (Co-ordinator)*



Time can weigh heavy and pass slowly for people who feel lonely. The shared enjoyment inherent in the Arts is reflected in the description from a woman caring for her mother who has dementia.

*“sitting enjoying music with mum. We’re there two and half hours and that time flies in. If we go out for a cup of coffee and say you are there for half an hour – it is the longest half hour that you’ve ever sat.”*



### 5.3 Creativity

The mastery that comes from creating was identified as being core to the success of the creativity and ageing study (Cohen, 2006). Significantly creativity also emerged as fundamental to the success of the AOP in alleviating social isolation and loneliness for older people.

The Arts that featured within the AOP—ceramics, painting, dance, creating writing or music— all encouraged use of imagination.

*“In your own mind you can travel distances, you look at things differently. you’re active, you are keeping brain cells going, your imagination.”*

This new-found or rediscovered freedom resulted in the older people being more adventurous in other aspects of their lives.

*“Look with different eyes – don’t go with the safe option”*

The creative dimension was credited with generating energy, enthusiasm and a new zest for life. The transformation in participants was commented on by family and friends.

*“when I went home they said to me ‘so what did you do?’ and I*

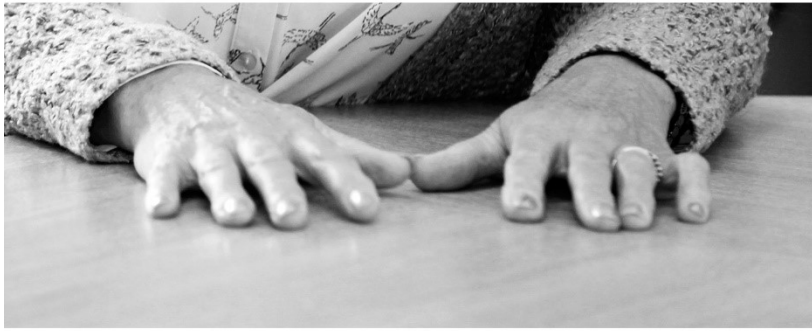
*said, ‘well I was painting, and I met so and so, and this fella wait til you hear what he said about my painting’. And they said, ‘you know you are actually animated’.”*

The importance of having a tangible outcome be it a dance, ceramic cottage, upcycled furniture, a painting, a piece of music was emphasised time and again.

*“I think it was a good thing – at the end everybody brought their piece home with them.”*







## 5.4 Confidence

People described how participation in the creative process had helped them to grow in confidence. Participants across the five projects all told stories about how they had felt nervous and full of trepidation in the beginning and by the end of AOP they were brimming with confidence.

*“The first week C brought in a chair that a pre-schooler would sit in and ... she was doing a whole big sideboard from a tiny chair to that.”*

*“The first day we didn’t come with guitars we left the guitars in the car, but on the second day everybody was walking across the square like Rock stars.”*

*“In the beginning I was nearly about to give it up.” (Woman who became a dance leader)*

Participants in the AOP described how the confidence boost permeated into other elements of their lives.

*“Feel more confident and I feel that I’d be able to try something different again, anything different – aye it wouldn’t bother me now.”*

The facilitators in each of the projects were highly skilled and

professional artists and they were also skilled educators. The success of the programmes was attributed to the combination of these factors.

*“... first-class teachers ... fantastic patience. They encourage everybody, remembering everybody’s name and never putting anyone down.”*

Nurturing confidence appeared to be a *raison d’être* shared by the facilitators and central to it was a belief in the ability of the participants. This approach resulted in participants being encouraged to take risks and to find their own voice.

*“There is no right or wrong. I can be as creative as the next person. It is just a different type of creativity.”*

The commitment to creativity and bringing out the potential of each participant was brought into stark relief in the DQDT project. Despite being of a similar age to them dance leaders were reticent about engaging nursing home residents in some of the dance moves.

*“Some dance leaders would say things like ‘I don’t know if they would be able to do this’ or ‘that it might be too much for them.’”*

This initial reluctance was overcome through gentle encouragement and modelling of facilitation skills on the part of the professional dancers.

*“I’ve noticed, particularly working in the nursing home – Dylan takes no prisoners what-so-ever. He chats to everybody as he would chat to you and to me. I think that is a great help to people who are in nursing homes. Because you tend to come in and say ach are you alright?”*

## 5.5 Sense of purpose

The ‘cup of tea’ and opportunity to ‘chat’ with friends was a valued part of every project but only as part of an Arts project, led by a professional artist.

The importance of a skilled facilitator was stressed in motivating the group and promoting cohesion.

*“The artist was first class and beauty of it is that I did it – (artist) would say ‘try this and try that’ — but I did it.”*

The artists drew on past experiences to highlight that ongoing involvement was important in sustaining the group.

*“I’ve had projects in the past that ran for over a year. Before I left I stocked the place up with materials and everything they would need to continue. I knew some of them were quite artistic. But you see once I left they didn’t continue; they drifted away. Maybe one week one person didn’t come in and the next week someone else didn’t turn up. They need something to focus on every week just to keep them coming and meeting up.”*

All the projects were structured around an end goal. These goals included delivery of a contemporary dance programme in nursing homes, public exhibitions of Art work and public concerts. The facilitators explained that the focus and deadlines gave participants something to strive for and were pivotal to the overall success.

*“I’ve done projects like this before... the one thing that I always found was you needed to have an end product, an end goal – like you know with the show.”*

Engagement with the Arts in this focused way provided participants with a sense of purpose. In a poignant reminder of how lonely and

isolated some older people are for some AOP participants the classes provided a reason to get out of bed.

*“Doing this has definitely helped me emotionally. The motivation to just get up, and to get dressed, and to get out among people again.”*

For others being part of the group unleashed latent talents and gave new meaning to life.

*“It’s a big relief to be able to have something to aim for if you do not have anything to look forward to you don’t have anything. Now I practice the guitar and try and write a few more songs and you can’t wait to get in here on a Tuesday to share with the guys. Everybody needs a pat on the back from time to time – every single person under the sun needs that – and when you do the song for the boys – it feels like your life means something.”*



## 5.6 Health

Participation in the AOP was credited with improvements in physical, mental and cognitive health and wellbeing.

The pleasure that people found in the arts fuelled a sense of belonging and desire to be part of the group. An increase in physical activity was a natural knock on effect. Reflective of the biological processes associated with ageing, some of the participants had underlying physical conditions that impeded mobility. The classes were recognised as boosting motivation to overcome these challenges.

*“Because I have mobility issues it is pushing me to get out and find ways of managing.”*

The enhanced physical activity was acknowledged as having profoundly positive effects on people’s mobility.

*“I have arthritis and that hand was really starting to stiffen up and I found myself walking around with the hand curled. I wasn’t happy, but I was accepting that this was just part of getting old. And now I can move my hand no problem.”*

The dance leaders credited their participation in dance with improvement in flexibility, balance and co-ordination.

*“I realised a few years ago that there was something wrong with me (osteoporosis). I suddenly realised that I couldn’t touch my toes (laughed). But that has gone, and I am much more flexible, and I can touch my toes with ease and I’m able to balance much better.”*

Therapeutic benefits reported in each of the AOP projects were akin to intensive therapy or a medical rehabilitation programme. The essence of these reports is captured in the story of a man recovering from cerebrovascular accident.

*“I had a stroke and discovered afterwards that I couldn’t play the guitar I hadn’t got the strength or the co-ordination. You need the co-ordination for changing the cords and you need the strength to hold the strings down. So, for a long time I just put the guitar away and forgot about it. And then when I saw this advertised and it was pure luck that I did— It has helped me.”*

Improvements in brain plasticity was identified as a one of the



explanatory factors in the Cohen (2006) study. Significantly participants in each of the AOP projects attributed improvements in cognitive function and memory to engagement with the Arts.

*“My memory is fantastic; my memory is a lot better.”*

The Artful Ageing project was successful in attracting people with dementia to its various arts programmes. Some of the people with dementia lived in residential and supportive living settings and there were several anecdotes about the improvement in their mood and of them being more relaxed on the days that they had participated in the project.

The carer who featured in the AOP case study described her mother as being “more content” after the sessions at EastSide and even if unable to do the art she benefitted because “she loves watching people doing things.”

The wide range of ages, abilities and fitness levels within the AOP projects generated a healthy dose of competition and served to motivate participants to push themselves further.

*“in the group there were people older than me and they were able*

*to things no problem and I started wanting to be as good if not better than them.”*  
(woman aged 74 years)

The positive impacts of participation in the AOP on mental health emerged in all the case studies. There was universal feeling that the company, fun and sense of achievement helped to boost resilience and people’s ability to cope with their situation.

*“Mentally it helps – just meeting up with the boys”*

*“There are still bad days, but they are manageable – me and my wife had been together 44 years.”*

The creative processes were depicted as a means of relaxation, an escape mechanism and likened to mindfulness.

*“You are doing something. You are focused on something with all that is going on around you – you are creating something. It’s almost like a meditation or mindfulness. Because you are sitting and the only thing that you are thinking about is what you are doing and nothing else really matters.”*

The health benefits of the Arts project were so obvious to participants that there was a deep and intuitive understanding and awareness of the AOP as a cost effective public health intervention.

*“I know that I am much healthier since joining the programme. If other people were to get the same benefits it would cost the government a whole lot less money— than providing medical help and hospitalisation — if they would help you to keep active.”*



## 5.7A Stronger Voice

The heterogeneity amongst ‘older people’ was evident in the case studies. Participants ranged in age from late 50s to early 90s. They lived in rural and urban areas and in cities. Some were physically active, and others were very frail. There were people from professional backgrounds and others with a history of intermittent employment who were intimately acquainted with the trials of life lived on low income. The arts cut through the differences and acted as a leveller.

*“There is no class barrier – that cements us as a group.”*

The diversity amongst older people connected to the AOP is reflected in the backgrounds and life experiences of two female participants. The first was a volunteer dance leader with the DQDT. Retired for several years, her life experience had led her to believe that having a voice and being heard was the norm.

*“My husband took early retirement and offered to keep me, so I didn’t turn him down. So, I am involved in school boards, drama and you know the normal things.” (Woman aged 67 years)*

The second woman lived in Strabane, one of the most deprived communities in Northern Ireland and her life experience provided a harsh insight into the reality of welfare reform on lives of her peers.

*“... two other women aged 61 and 62 years — they are having to claim unemployment benefit. They should be getting their pension (before age increase). They are getting £73.60 to live on – that’s all.”*



Promoting social justice by targeting areas and populations affected by poverty and strengthening the voice of older people and are priorities within the AOP. The case studies revealed the power of the Arts to help make the voice of older people heard. This louder voice was manifest in the social inclusion and connectedness that was promoted by the AOP projects, the increased visibility and confidence of participants, the creation of high quality Art work and advocacy on the part of others.

The dance leader quoted earlier learnt much from her engagement with residents in the nursing home and was vociferous in advocating on their behalf:

*“In this day and age, you can’t just shelter people and feed them and say, ‘well there you are now, you are not going to die of starvation and you are not going to die of cold’. You have to feed somebody’s soul. You have to make somebody feel useful in society. And people are useful even if they are in nursing homes.”*

The extreme invisibility, impotence and loneliness that

socially isolated older people feel was evident in the case studies.

*“They [politicians] don’t care about this part of the world.”*

A carer who had been looking after her mother 24 hours a day for seven years described the lack of empathy and understanding that she experienced from a health care provider.

*“He said ‘you’re just going to have to take it easy’ and I said, ‘you are aware that I look after my mum?’. And he said, “well it’s your choice take a step back.” And I sort of thought to myself it’s not my choice, how can I take a step back (emotional) other than putting mum in a home.”*

Engagement with the AOP projects helped challenge people’s perception of themselves as invisible and unimportant. Finding a collective voice in the various groups, gave people confidence to engage in other areas of life.

The carer eloquently how the caring role had silenced her:

*“You even lose the ability to have a conversation with somebody about just normal things. Because my life rotates around*

*mum - everything I talk about is about her. You lose your identity and people don't really understand."*

Since engaging with AOP this woman's life and that of her mother, who has dementia, have been transformed. The Arts has brought fun back into their lives and has enabled them to connect with a rich new network of people, which brings with it a sense of belonging and confidence to speak out.

The experience of the AOP has encouraged the older people in Lisnafin Ardnalee Community Trust to pursue various ideas for income generations and business development in the area.

*"We are part of a group of women and some of them ladies have been bereaved, others and disabilities and it is cross community group women of different religions. So, what we have decided to do is create a wee cottage industry."*

Some of the men involved with the Music to Your Ears project had been actively involved in the music business, but hadn't played in ten, twenty and even thirty years. The experienced had

reignited passions and boosted confidence and some were starting to make inroads back into the world of 'gigging'. Others were channelling their skills in lyric writing to pen songs that raise awareness of social issues including employment and homeless [appendix I].

The confidence and can-do attitude generated through the AOP is encapsulated in 'The story of the blue sandals' at start of this report. People's willingness to take risks, be adventurous and try something new because of their engagement with the AOP was a recurring theme in the case studies.

The inequity of access to the Arts deficits in current governance were recurring themes.

*"Everything is based around young people but for us boys this is just fantastic."*

*"They (politicians) seem to forget there's another generation."*

There was perceived inequity in distribution of resources between rural and urban areas; with the bias being towards the latter.



*“you can see that X has a lot more funding than the Y area, so anything that we get is a bonus.”*

The Arts were universally recognised for their value in promoting the rights of older people and enabling them to age with dignity. The need for a policy and infrastructure to ensure equity of access for all people irrespective of age, ability or physical location was stressed.

*“In NI we need long term vision we have no community dance network at all so if you live in Banbridge, or you live in Limavady, or if you live in Enniskillen or you live in Dungannon it is luck of the draw as to whether there is someone delivering services. There is no structure to that at all.”*

Voice is about expressing oneself and is associated with increased visibility. The visit to the Music to Your Ears project in Derry coincided with the presence of two students (18 and a 19-year-old, both male), who were on placement with the group to make a video. A brief opportunistic interview with the students provides a powerful insight into the power of the Arts to challenge stereotypical ideas of what ageing means.

**A:** *I was expecting very elderly men. I don't mean this in any disrespect but men maybe just past it. But what I noticed today is the men are full of life, full of joy, full of enthusiasm*

**B:** *They've a passion for music. They all seem happy when they get together and play. Their facial expressions, like they're joyful they may be in their 80s and that, but if you heard them they could be in the 20s. And the way they are getting on - the craic*

**A:** *Very young, not in age, but young at heart. I probably don't look at them as elderly men I probably just looking at them as musicians*

**B:** *They are channelling their youth. They are up dancing and all which is good*

**A:** *You get that stereotype of when they get to that age they are not great to approach and all that. But they are fantastic, so they are*

The public exhibitions and concerts at the end of AOP projects served to strengthen the voice of older people. The men from Music to Your Ears played to a full house in the Alley theatre in Strabane in January 2018. A huge success the audience, musicians and facilitators were buzzing with positive energy and talk of 'next year'.

"In this day and age, you can't just shelter people and feed them (...). You have to feed somebody's soul. You have to make somebody feel useful in society. And people are useful even if they are in nursing homes."



"it would cost the government a whole lot less money- than providing medical help and hospitalisation if they would help you to keep active"



"I am much more flexible. I can touch my toes with ease and able to balance much better"

"The camaraderie between everybody was wonderful".  
"Mentally it helps - just meeting up with the boys"



"And they said, 'you know you are actually animated'"

"My memory is fantastic"



"The motivation to just get up, and to get dressed, and to get out among people again"



"I feel that I'd be able to try something different again, anything different this was a god-send away from the four walls"

## 6. Discussion

This report serves to illuminate the transformative impact that the AOP has had on the quality of life for older men and women. It reveals that participation in the Arts based projects was highly effective in alleviating social isolation and loneliness for older people across Northern Ireland.

Myriad of factors, including inter-alia bereavement, loss of employment, deterioration in health, poverty and physical location, combine to make older people susceptible to social isolation. The AOP case studies illustrate the reality of how these factors manifest in people's lives. The BEAM project provides insights into the impact of the physical isolation experienced by older people living in rural areas. Strabane Memories in Ceramics makes visible the loneliness of older people living in areas socially isolated through economic and social deprivation. The loneliness of people who have become socially isolated through dementia is brought to the fore in Artful-Ageing. Men's experience of social isolation is portrayed in the Music to your ears II project. DQDT describes the isolation of people in

residential care and the challenges of establishing a contemporary Arts programme in rural areas.

There was a sense amongst all participants of 'life before the AOP and life after the AOP'. The older people in each of the case studies spoke openly about what the reality of social isolation and loneliness in their lives had been before participating in the programme.

The Art interventions included creative writing, painting, ceramics, upcycling, playing music, dancing and performance. Although distinct art forms they shared much in common in terms of their ability to promote social inclusion and alleviate loneliness. The social lubricant effect of the Arts emerged in all case studies as a major benefit. Participants talked about how the shared interest created connections and working together side by side helped conversations flow. All the projects were focused on an end goal for example making a ceramic cottage, completing a painting or upcycling a piece of furniture. This was an important aspect in the programme and was seen to instil a sense of purpose in participants and

nurtured confidence. Participants could see progress from week to week and revelled in the end of project exhibition or performance.

The impact of social isolation on health is multifactorial. People who are socially isolated are less likely to engage in health promoting activities such as exercise and healthy eating and they are more likely to drink alcohol to excess. The loneliness associated with social isolation is detrimental to mental and cognitive health. The evidence of the risk to health is so strong that Holt-Lundstad and Smith (2016) recommend screening for social isolation and loneliness in patients seen in hospitals and primary care.

In his pioneering work on the Arts and Ageing the late Professor Gene Cohen (2006) identified four factors which explained why creative expression contributed to health and wellbeing mastery, influence of the mind on the body, social engagement and brain plasticity. Significantly all four are evident in the findings of the case studies.

The importance of keeping physically and mentally engaged is the central message in the Active Ageing Strategy for NI

(NIE,2016). The AOP Art interventions were all credited with an increase in physical activity. The increased activity included the exercise involved in getting out of the house and to the class, walking around in the classes and fine and gross motor movements that were required in the various art activities. It is noteworthy that enhanced flexibility and reduction in pain was reported by participants across all case studies.

The positive impact of the AOP on mental health was frequently reported. People credited the Arts with helping to occupy their mind, bringing fun and laughter back into their lives and giving a great boost to confidence and self-worth.

Improvements in memory and cognitive function were reported by Men in the Music to Your Ears project; the dance leaders said that they felt stronger, more flexible and had a greater sense balance. The Artful-Ageing project was reported to have a positive impact on the mood of participants who had dementia.

The evidence of the effectiveness of arts-based initiatives such as those funded through the AOP in alleviating

social isolation and loneliness would be more impactful if there was an economic or cost benefit dimension to the evaluation. McDaid et al (2017) recommend that such evaluations be extended to capture and quantify the benefits and savings for other sectors including health and social care.

An Age Friendly Northern Ireland (NI) a place where the rights and dignity of older people are protected and where older people are supported to live active lives and achieve their full potential is the vision behind the Active Ageing Strategy. (NIE, 2016). This imperative has been driving the AOP for over seven years and echoes of it can be seen in each of the aims<sup>4</sup> underpinning the Active Ageing Strategy. The focus on social inclusion is explicit: “to achieve the active participation of older people in all aspects of life” (NIE, 2016, Strategic aim (2), p7).

The case studies have demonstrated how bringing the Arts to socially isolated populations the AOP has contributed to equity of

opportunity and social justice for participants.

Older people cannot participate in or influence policy if they are invisible and voiceless. The importance of finding a voice and meeting others with similar experiences was a recurring theme within the case-studies. People talked about how empowering it was to discover that they were ‘not the only one to feel alone’ and how being part of the AOP opened new doors and opportunities. The carer involved with Artful Ageing described how her life and social network had been contracting until she became involved with the AOP. Since engaging with the group, she has met other carers, made new friends and developed greater resilience. Music to Your Ears has united men across the community aged from 55 to over 90 years and they are beginning to use their collective voice to highlight social issues. By bringing contemporary dance into residential care settings in rural, the dance leaders at DQDT helped to make visible and give voice to some of the most vulnerable people in our

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<sup>4</sup> (1) Strategic aims within the Active Ageing Strategy: (1) Independence; (2) Participation; (3) Care; (4) Self-fulfilment and (5) Dignity



society. The experience also sought to challenge their own stereotypical notions of old age and frailty.

The proliferation of loneliness in modern society has been called a social epidemic by Rachel Reeves, Chair of The Jo-Cox Commission. The work of the Commission has been the catalyst for the Prime Minister's appointment in January 2018 of the Minister for Sport and Civil Society to lead on national response to loneliness.

Loneliness thrives in populations and people who are socially isolated. People who are lonely are not always socially isolated; but people who are socially isolated are at much greater risk of being lonely and more likely to die prematurely (Holt-Lunstad et al., 2015). The risk to health is equated with cigarette smoking, diabetes and obesity (Pantell et al., 2013; Steptoe et al. 2012).

An absence of social networks, a lack of voice within society and poor access to resources, are some of the defining factors associated with social isolation. Social isolation is therefore a form of poverty and older people are particularly susceptible to it. Social isolation contributes to

and exacerbates feelings of loneliness but placing the focus on interventions that target loneliness is akin to treating the disease and forgetting about the cause. The protective effects of a rich and large social network on physical, mental and cognitive health have been highlighted (Pantell, et al., 2013; Sorman et al. 2017; Wang, et al., 2002). Initiatives such as the AOP, which place social isolation centre stage are vital in ensuring a public health approach and interventions that promote social inclusion to tackle the loneliness epidemic.

The AOP is an innovative programme and partnership with the Public Health Agency and Baring Foundation. The AOP mobilises resources and expertise (Lynch and Alexander, 2016) from each partner organisation to harness the power of the Arts to promote health and wellbeing of older people. Now in its eighth year the AOP has contributed to the development of a dynamic and skilled community of artists and organisations that understand the potential of the arts to combat social isolation and loneliness for older people. The experience of the AOP also serves to combat

arguments that cost is the prohibitive factor for investment in the Arts. In September 2016 a total of £127,000 of funding was allocated to 20 organisations across Northern Ireland. The value of the grants allocated were all less than £10,000 and ranged from £1,025 to £9,055.

The Active Ageing Strategy is commended for its inclusive vision and commitment to the rights of older people to age with dignity. Fulfilment of this goal would be well served by mainstreaming Arts based initiatives for older people.



## 7. Recommendations

There is a robust body of research pointing to the role of the arts in alleviating isolation and loneliness. The compelling evidence generated through the AOP case studies contributes to this evidence base. The AOP also highlights the strength of partnership approaches in mobilising the Arts for public health. Continuation of the partnership model, between the ACNI, PHA and philanthropic organisations<sup>5</sup> that has been at the core of AOP since 2009, is vital in promoting equitable access to the Arts.

Over the past eight years the AOP has provided powerful insights into the power of the Arts to alleviate social isolation and loneliness. The mechanisms behind the therapeutic outcomes are however not fully understood and contributions to the local economy have not been measured. Investment in a major research study that would build on work of the late Gene Cohen would yield important insights into the interaction between mind and body and the ways in which

the Arts may impact on enhanced physical health via psychoneuroimmunology. The evidence base for the Arts in public health could be even more impactful if a comprehensive economic evaluation of projects was carried out. Such work would serve to quantify the savings to health and social care and society.

People with dementia are some of the most social isolated and lonely people in society. Future case study work on the impact of the Arts should focus more explicitly on the 'person with dementia', to ensure that voice is heard loudly.

The artistic talents, skills and confidence that emerged through the AOP could in many instances be used for the development of small business. The likelihood of this happening would be enhanced through brokerage of introductions between AOP projects and people or organisations who could offer business mentoring, support and investment. Such an approach would strengthen sustainability of Arts for Older people.

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<sup>5</sup> The Baring Foundation, *The Atlantic Philanthropies* and Big Lottery have all contributed to the AOP

## The Authors

**Dr Una Lynch** (D.Gov, MSc (Community Health), RGN, RM, RPHN), Director of Sonrisa Solutions Ltd. A career in public health for over 30 years, she has worked in practice, education, research and policy across the island of Ireland, in Latin America, Australia, and Ghana and with the World Health Organisation. Her doctoral research (2007) was a case study of Public Health governance in Cuba. She is currently a board member for two international research projects on active ageing led by National University of Ireland, Galway and the University of Sheffield; and is a Senior Associate with the Dementia Services Development Centre in University of Stirling. A focus on ageing with dignity across the lifespan, stakeholder engagement and the translation of research into policy and practice informs her work. She led the ACNI study 'Not so cut off' (Lynch & Alexander, 2016). This case study work used qualitative interviews in conjunction with shadow casting and shadow mapping to illuminate the impact of the Arts in alleviating isolation and loneliness for older people.

**Ms Joan Alexander** is an innovative and award-winning photographer whose accolades include the University of Brighton Bright Spark award, the Santander Innovation award; the Danny Wilson Memorial Award for most outstanding emerging photographer in Brighton Photo Fringe. Her work has been showcased by contemporary arts organisations including Fabrica and Night Contact. In 2015 she was nominated for the prestigious Drawing Rooms London Bursary Award for creating innovative and ambitious work during Dear Serge series at the De La Warr Pavillion. An associate with Sonrisa Solutions Ltd she combines a degree in Scholastic Philosophy (QUB 2001) with an MA Photography (Brighton, 2011) and a wealth of experience photographing older people. She contributed innovative shadow to the ACNI publication 'Not so Cut Off' (Lynch & Alexander, 2016). More recently she has been developing her 'shadow boxes' as bespoke arts education package, Shadow Studio.

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