

Arts Council of Northern Ireland

# Arts and Older People Programme Evaluation

An independent evaluation of the  
2023/24 Arts and Older People  
Programme

April 2024



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# 1 Funding round statistics

## 1.1 Investment

	Organisations funded	Sum of Lottery funding award	Average award	% award v requested
Projects Funded	29	£216,571	£7,467.97	83%
10-year rolling total	242	£2,186,140	£9,033.64	77%

## 1.2 New organisations

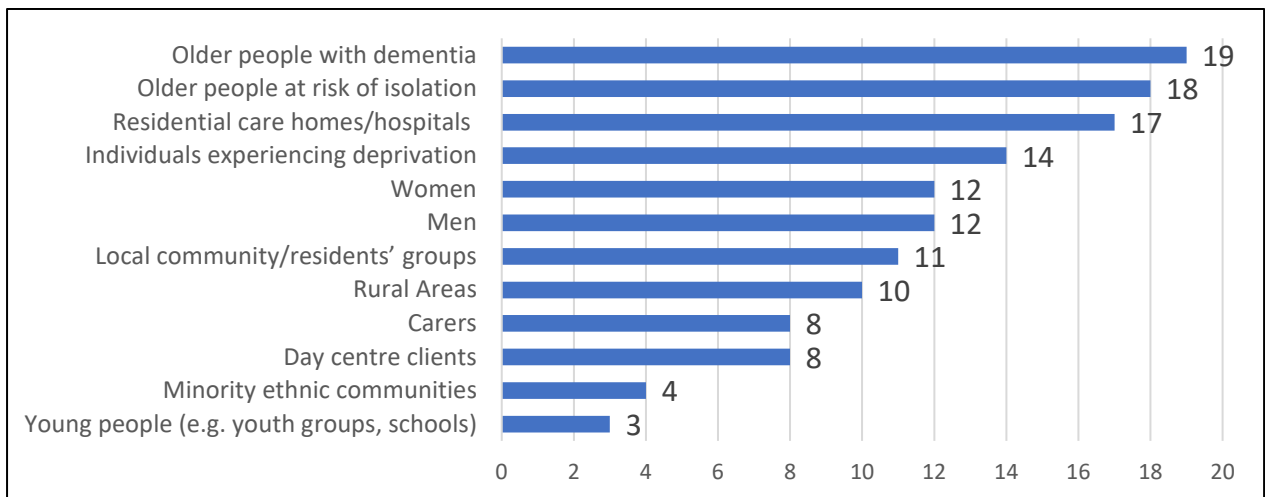
The Council of the Northern Ireland War Memorial (Incorporated) Engage with Age In Your Space Circus Ltd Laurencetown, Lenaderg and Tullylish Community Association New Lodge Arts The Old Library Trust Portadown Wellness Centre	<h1>24%</h1> <p>of organisations funded were new</p>
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## 1.3 Project level outputs

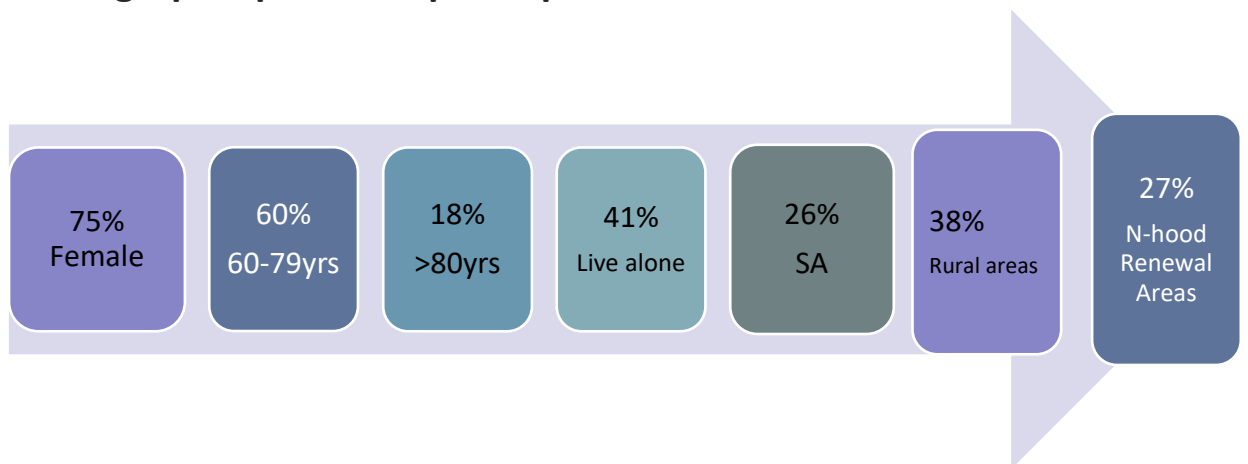
Number of sessions	936
Hours delivered	1,500
Average session (HOURS)	1.6
Number of participants	2,173
Number of volunteers	45
Number of volunteer hours	270
Number of partner organisations engaged	104

Note: based on 19/26 projects (63%)

### 1.4 Target groups

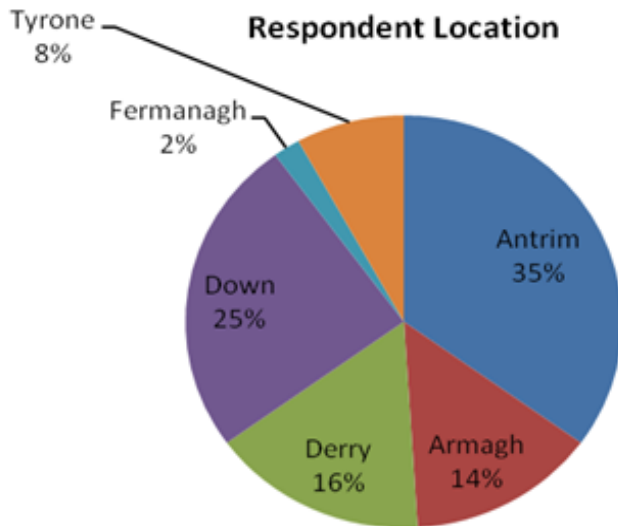


### 1.5 Demographic profile of participants



Note: based on historical programme trends

### 1.6 Geographical spread of participation by County



Note: based on historical programme trends

## 1.7 AOPP High Level Outcomes

- ✓ Attendance at and participation in arts activities increased.
- ✓ Stereotypes of older people were challenged.
- ✓ Challenged perception of the arts.
- ✓ Heightened visibility of older people's issues.
- ✓ Older people part of the community.
- ✓ Personal and organisational benefits for partners.
- ✓ Feel good programme.

Note: based on historical programme trends

## 2 Introduction

The Arts and Older People programme (AOPP) was established in 2010. Since 2013 the AOPP has been funded by Arts Council National Lottery, Public Health Agency, and the Baring Foundation<sup>1</sup>. To date 35,000 people have benefitted from the circa £3million that has been invested in 300 projects across Northern Ireland. The projects funded in 2022/3 and 2023/4 are listed in Appendix 2.

Underpinned by the pursuit of equity and social justice the AOPP aims to promote equitable access to the arts and to amplify the voices of socially excluded older people. Informed by research and responsive to national and regional policy, the AOPP seeks to use the arts as an intervention to alleviate social isolation and promote wellbeing.

In 2022 drawing on data generated through validated tools the AOPP evaluation (Lynch, Hughes & Hadjri, 2022) highlighted how participation in the programme was associated with a reduction in loneliness and improvement in wellbeing.

<sup>1</sup> The Atlantic Philanthropies funded the programme between 2010 and 2013

The ACNI is commended for its pioneering work with AOPP. In 2010 neither the public health impact of social isolation nor the therapeutic benefits of the arts were widely recognised. That landscape has changed significantly and there are now burgeoning bodies of evidence of the serious health consequences of social isolation and the power of the arts to promote health and wellbeing.

Set against that backdrop and guided by a logic model this report compliments the 2022 evaluation by delving deeper into the programme to identify the reasons behind the success of AOPP. The informed by a story telling approach the evaluation created case studies of five AOPP projects. The case studies were discussed and analysed at a round table symposium with key stakeholders. The report recommends that evaluation of the 2023/4 projects focuses on capturing the ‘stories’ and ‘experiences’ of participants. Key priorities are finding ways to use the AOPP as a vehicle for advocacy and moving this relatively small initiative to scale whereby the arts are made accessible to all older people irrespective of where they live. Integral to this vision is capacity development of artists, health and social care staff, and family carers.

## 3 Context

### 3.1 Arts Council NI

“Celebrates arts and creativity. Links us to a shared heritage of ideas, words, images, and sound. Helps us to be connected, confident and outward looking.” (ACNI’s strategic framework (2019- 2024).

The AOPP is one of three population focused initiatives within the ACNI. The others being the Rural Engagement Arts Programme (REAP) and the Young people and Wellbeing Arts Programme<sup>2</sup>. This work is all located within the context of the Strategic direction of the Arts Council of NI and the new 10-year strategy (2024 -2034)<sup>3</sup>.

### 3.2 Strategic Themes the Arts and Older People Programme

1. Isolation and loneliness: working with older people to combat feelings of isolation and loneliness.
2. Social inclusion: working to create a more peaceful, fair and inclusive community that doesn’t not discriminate against age and ethnicity.
3. Poverty: working to improve the quality of life of older people living in disadvantaged and deprived areas of Northern Ireland.
4. Health issues/mental Health Issues: working to promote and provide opportunities for active ageing.
5. Strengthening the voice of older people: Working to strengthen and develop the voice of older people.

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<sup>2</sup> <https://artscouncil-ni.org/what-we-do/what-we-support/partnerships>

<sup>3</sup> The draft strategy <https://artscouncil-ni.org/resources/strategy-2024-2034> is currently out for consultation (07/01/24 – 05/04/24)

### 3.3 Social Isolation and Loneliness

Social isolation gained prominence as a public health issue due to the work of Julianne Holt-Lunstad in revealing the link with higher rates of all causes of mortality. (Holt-Lunstad & Smith, 2005, Holt-Lunstad et al., 2010 and Holt-Lunstad et al., 2015). A Systematic Review on the public health consequences of social isolation and loneliness (Leigh-Hunt et al 2017) highlighted the link with worse outcomes for cardiovascular diseases and mental health.

Social isolation is now accepted as a major public health issue that can affect people of all ages; however older people are particularly vulnerable. Physical changes such as decline in vision, hearing, and mobility and diminishing social networks all contribute to this vulnerability.

Morgan et al (2020) argue that there is a deep relationship between the social isolation experienced by older people and experiences of loneliness and depression and anxiety. Drawing on interviews with diverse groups they paint a stark picture of the impact of social isolation on their lives of older people and the associated stigma:

“Participants emphasized the embodied, temporal, situated and moral nature of loneliness and social isolation. They described these concepts in deeply visceral ways: as pain, and as lack, which perhaps explains the difficulty they had articulating such experiences. Participants also very carefully positioned themselves in relation to their narratives about social isolation and loneliness, illustrating their underlying view that these are stigmatized concepts.” (Morgan et al. 2020: 1629)

The stigma associated with social isolation and loneliness and the unwillingness of older people to talk about it is well recognised (Thompson et al 2022). Prevalence of loneliness amongst older care home residents Victor (2012) has been put at being between 22-42% compared to 10% in their community-based peers. With the prevalence of loneliness amongst people given as 30.1%. (Victor and Rippon et al., 2020).

The COVID-19 pandemic took a heavy toll on older people and exacerbated the social isolation and loneliness that people experienced. A recent systematic review of research investigating the impact of the pandemic (Prommas et al., 2023) on public health of older adults revealed several key impacts including decline in cognitive function, deterioration in mental health, decline in health promoting lifestyles (diet and physical activity).

Reflective of the public health imperative for interventions to combat social isolation a recent systematic review evaluated the evidence of effectiveness of 20 interventions. The review concluded that group interventions and person-centred interventions were the most effective and the review highlighted the need for interventions that increase “*individual independence of older persons*”. (Manjunath et al 2021).

### 3.4 The Arts

“The significance of the art programs per se is that they foster sustained involvement because of their beauty' and productivity). They keep the participants involved week after week, compounding positive effects being achieved. Many other types of activities

and physical exercises do not have this highly engaging, and thereby sustaining, quality.” (Gene Cohen, 2006:11)

The AOPP was launched just around the time that Gene Cohen’s seminal work the Creativity and Aging study was gaining traction. With Cohen’s work the arts were becoming recognised as an effective and powerful intervention to promote health and wellbeing of older people. Since that time the arts have become well recognised as a vehicle to promote meaningful social engagement and health and well-being of older people.

Biological processes such as sarcopenia and osteoporosis are associated with ageing, exacerbated by immobility and sedentary lifestyles, and can contribute to frailty and morbidity through falls and fractures. The impact of these biological changes can be reduced and reversed for older people through physical activity and keeping mobile. Dance has proved to be highly effective in promoting balance and improving postural stability (Purkart et al., 2023), improving gait (Granacher, et al., 2012), a recent systematic review and meta-analysis showed that dance reduced falls by 31% amongst older adults (Mattle et al., 2020). Baert, et al (2015) showed that the social element of dance and having an activity partner was a key motivator for people living with osteoporosis. In their RCT Sáez de Asteasu et al (2019) revealed the positive impact of physical activity on cognitive function of older medical patients.

The therapeutic impact of the music on health and wellbeing of older people and those people affected by dementia has been recognised for many years. In their prospective cohort study Takahashi and Matsushita (2006) demonstrated how music sessions with people who had moderate/severe dementia resulted in decreased cortisol level and reductions in systolic blood pressure. A systematic review (Gómez-Romero et al., 2017) pointed to the benefits of music in:

“Improving behaviour problems, anxiety, and agitation in patients with dementia”.  
(p.262)

A recent Australian Randomised Control study examined music Interventions for Dementia and Depression in elderly care (MIDDEL). The researcher examined the impact of two interventions recreation choir singing (RCS) and group music therapy and concluded:

“MIDDEL showed that RCS was beneficial for older care home residents with dementia and depressive symptoms. Group singing led to clinically important improvements in depression, as well as neuropsychiatric symptoms and generic quality of life.” (Baker et al. 2022:e164)

In their Systematic Review examining psychosocial outcomes of arts-based interventions Bourne et al (2021) highlight the importance of:

“considering arts interventions that involve carers together with people with dementia.” (p1633).

The “Visible Voices: seniors connecting Seniors through Expressive Arts” initiative in rural Canada used volunteers to bring arts based interventions to older people living in rurally isolated areas. The programme proved to be highly effective (Wilkinson et al., 2013; MacLeod



et al., 2016). Like the AOPP the “Visible Voices” programme sought to promote a person-centred approach and promote social engagement. As such it was grounded in participatory community arts approach that placed equal emphasis on the creative process and the final outputs.

“The one-on-one, intermodal process at the heart of the program placed as much emphasis on the creative process as the final product.” (Wilkinson et al., 2013:231 ).

### 3.5 Loneliness and Wellbeing

As part of the 2022 AOPP evaluation (Lynch, et al 2022) the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) and the University of California Los Angeles (UCLA) three-item loneliness scale were used to assess impact. Consistent with empirical research on the health promoting impact of the Arts the 2022 evaluation revealed that mean levels of loneliness decreased, and wellbeing increased for AOPP participants.

Figure 1: Average Wellbeing Scores before and after AOPP (2022)<sup>4</sup>

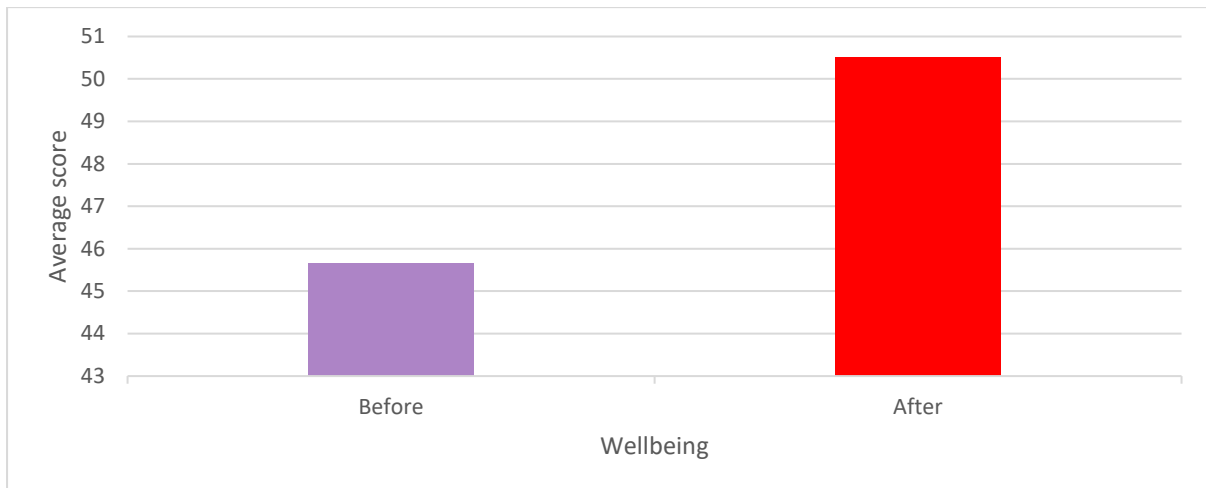
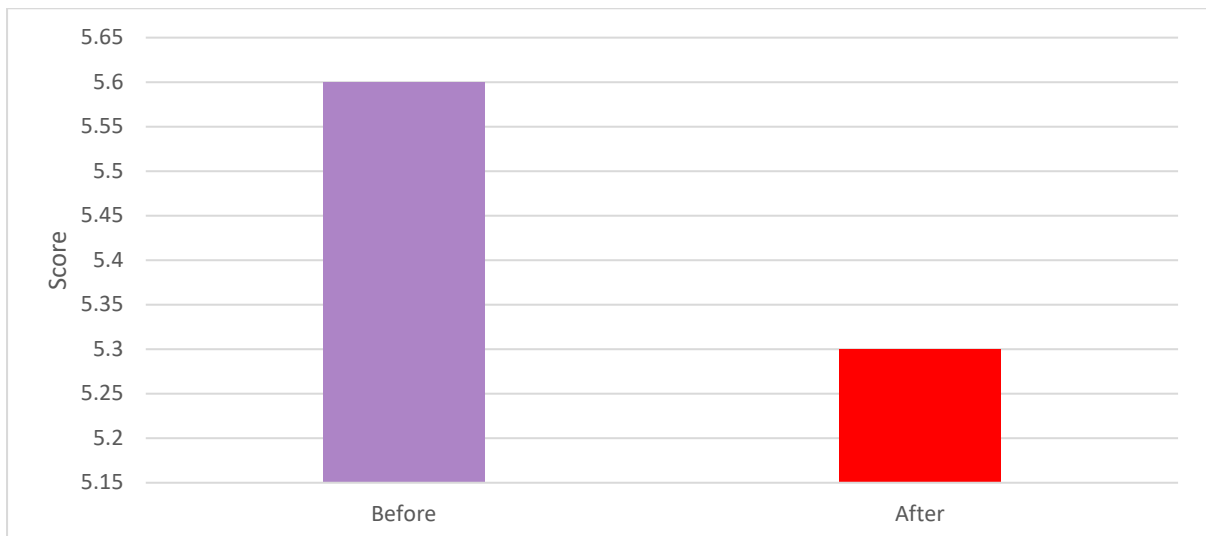


Figure 2: Figure (4) Average reported levels of loneliness before and after AOPP (2022)<sup>5</sup>



<sup>4</sup> A 14 item scale the WEMBS offers five possible responses to each question. The final scores range from 14 to 70. The higher scores indicate greater positive mental wellbeing.

<sup>5</sup> The lowest possible combined score on the UCLA loneliness scale is three (indicating less frequent loneliness) and the highest is nine (indicating more frequent loneliness).

### 3.6 Logic Model

The logic model below, designed in partnership with ACNI, guides the priorities within the AOPP and shapes programme evaluation. The logic model was agreed and approved by participants at the roundtable symposium in November 2023.

Need	Inputs	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	LONGER TERM OUTCOMES	IMPACT
<p>Demographic changes.</p> <p>Older people and those people affected by dementia are at high risk of social isolation.</p> <p>Advocacy: strengthen the voice of older people</p> <p>Artists skilled in working within care homes</p>	<p>Project team</p> <p>Design of AOPP project</p> <p>Partnership working Care Homes and Artists</p> <p>Funding</p>	<p>Workshops</p> <p>Showcases/exhibitions</p> <p>Sharing events</p> <p>Social interaction</p>	<p>Number of projects funded</p> <p>Number of workshops and contact hours</p> <p>Number, profile and location of older people taking part</p>	<p>Participants enjoy taking part in project.</p> <p>Increased arts-based knowledge &amp; skills</p> <p>Development of respectful and constructive relationships between residents, carers, care home staff and artists.</p> <p>Partnerships created and sustained between arts organisations and care homes.</p> <p>Develop skills which will strengthen the voice of older people on issues that affect them</p>	<p>Greater understanding about creative approaches and their value within care home settings</p> <p>Enhanced partnership response (at agency and community level) to meeting the needs of older people</p> <p>A higher level of personal care afforded care home participants</p> <p>Improved participant<sup>6</sup> physical, mental health and social wellbeing</p> <p>Reduced feelings of loneliness and social isolation</p> <p>Creation of a more peaceful, fair and inclusive community that doesn't discriminate on the basis of age and ethnicity.</p> <p>Improved quality of life for older people living in deprived areas of Northern Ireland</p>	<p>Contribution to improved mental health and emotional wellbeing</p> <p>Strengthened voice of older people</p>

<sup>6</sup> Includes care home residents, care home staff and carers.

The logic model is underpinned by the following four assumptions:

1. Involving people in the framing and development of projects/arts activity builds ownership and maximises attendance.
2. Barriers to attendance are often multiple e.g. disability/rurality/social exclusion.
3. Creativity is needed to engage communities and overcome practical barriers to attendance.
4. Outcomes are higher where artistic quality is higher.

## 4 Evaluation

### 4.1 Aim

To identify factors that explain how and why the AOPP works.

### 4.2 Objectives

1. Clearly define programme objectives and agree a logic model in consultation with key partners (including PHA, ACNI and organisations delivering interventions)
2. Design ways of measuring programme outcomes that can be applied across participating organisations / care home settings and include all stakeholders (older people, care homes, artists).
3. Ensure learning is captured to improve the programme, create a sustainable legacy and communicate value to the wider stakeholder group.

### 4.3 Methodology

Aimed at elevating the voice of participants the evaluation trialled a story telling approach. The methodology was agreed in consultation with the ACNI research and policy officer and the AOPP manager. Guided by the AOPP logic model the primary focus of the evaluation was the creation of five qualitative case studies. A storytelling approach was used to illuminate defining aspects of the programme. The five projects chosen for case study were identified by the AOPP manager at ACNI. Data collection was carried out between June and September. Methods used included zoom based individual interviews (N=3), a zoom interview with two participants, in person focus groups (N=2) and observation visits (N=2)

Storytelling focuses on the most significant change (MSC)<sup>7</sup> that people have experienced as result of participation in the programme. Interviewees were guided to 'tell the story' of (1) what they did in the relation to AOPP project, (2) what has changed for them because of participation in the AOPP, (3) how the change happened and (4) why the change is important. The conversations were recorded verbatim and edited down into a one/two-page story. This storytelling approach enabled participants to describe and explain how the AOPP helped alleviate social isolation, improved health, and wellbeing and how the programme impacted on loneliness. The 'stories' were discussed and their relevance to AOPP analysed at a stakeholder symposium.

### 4.4 Symposium

In November 2023 a roundtable symposium was held at the ACNI with experts (Appendix 3) from the community, voluntary, private, and statutory sectors. Located within the context of the ACNI strategic plan, the demographic profile of NI and the associated health and social care needs the aim of the symposium was to identify priorities for future AOPP evaluation

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<sup>7</sup> Storytelling methodology has been used to great effect in evaluating Arts at the Old Fire Station <https://oldfirestation.org.uk/wp-content/uploads/2020/06/Storytelling-Evaluation-Methodology-Guide.pdf>

work. As part of this process the AOPP logic model and Stories generated through case studies were presented and discussed.

The logic model and underpinning assumptions were agreed as being relevant and appropriate to the evaluation and strategic development of the AOPP. There was strong consensus amongst all participants in agreeing the importance of the AOPP in promoting equity of access to the arts, supporting health and wellbeing of older people and as an intervention to combat social isolation. Key findings from the symposium are set out below.

1. There is a strong body of empirical evidence underpinning arts and health. The symposium concluded that dissemination of this evidence and the outcomes from the AOPP outcomes was critical in strengthening policy and practice.
2. Need to define the benefit of our work with older people in terms of longer-term outcomes / impacts. This extends beyond reducing isolation and loneliness and includes the associated economic benefits including savings on medication.
3. Recognizing the power of the Arts as an intervention to alleviate social isolation the symposium advocated that policy makers should consider social prescribing – connecting older people to arts-based activities to improve wellbeing should be.
4. The shortage of activity co-ordinators was recognised as a major impediment/challenge to mainstreaming arts-based approaches. Recognising that there appears to be generalised issues recruiting activity coordinators and many positions go unfilled. The symposium questioned if employers were perhaps not looking in the right areas. There were suggestions/proposals about targeting people with an arts background and piloting ‘artist in residence’ positions. There was universal agreement within symposium that designated people leading on arts-based work was vital in terms of advocating for this activity within the system.
5. The bespoke and personalised approach used withing the AOPP programme was recognised as a major strength. There was recognition within the symposium that activities need to be more tailed to the needs of the participants. Blanket approaches often aren’t as effective and person-centred care required a deeper understanding and knowledge of participants. Symposium emphasised the importance of protecting the ‘personalised’ aspect as the work pioneered through the AOPP is adopted more widely.
6. There was recognition of the challenge in recruiting and engaging men in AOPP. The symposium recommended learning from those projects that had been successful in engaging and retaining men.
7. Intergeneration programmes were recognised as being particularly successful with positive legacies for both older and younger participants.
8. There was recognition of the ingenuity and innovation that artists used to make relatively small budgets go a long way. The level of grant funding awarded was seen as having a big impact on the success of a project. There was recognition that if awards were too small organisations had greater difficulty ‘getting into’ care homes and artists can’t prepare properly. These challenges reduced the potential impact.
9. Project legacy was seen as vital. Legacy was defined as being broader than arts related. Strong legacy was characterised as also building sound connections within local communities and creating relationships that can be built upon.

10. The AOPP storytelling approach highlighted the importance of ‘knowing the person’ in promoting dignity and ‘person centred’ care. The symposium stressed the importance of independent care plans for residents. In addition to supporting ‘person centred care’ the care plans were identified as being an important evaluation tool, providing evidence of outcomes and impacts at a personal level, and changes in medication can also be tracked.
11. The need for change in governance systems within Health and Social Care delivery was highlighted. The example of changes in requirements that have been placed on care providers in Wales was used to argue for reform of the sector in NI.
12. Skilled and competent community artists were recognised as being central to the success of the AOPP. To safe guard programme deliver symposium recommended establishment of a mentoring programme to support early career artists develop skills in this area.
13. Some organisations use more observation-based methodology as an evaluation tool as often other forms of measurement are too intrusive.
14. Reflecting the focus on equity within the AOPP the specific needs of rural communities were highlighted. The need to address the lack of infrastructure in rural areas was recognised as priority to enable people to access sessions.
15. Sustainability of work spawned through the AOPP was identified as a core priority. Recognising the importance of cross sectoral approach and the added strength in numbers the creation of a programme co-delivery group was recognised as vital. The co-delivery group could act as a powerful vehicle to help identify alternative sources and models of funding.

After the symposium the AOPP manager and the programme evaluator met with the Chief Executive from the Office of the Commissioner for Older People. To share the stories generated through the AOPP Cases studies and the outworkings of the symposium. The meeting proved fruitful in terms of identifying shared priorities and opportunities for disseminating learning from the AOPP.

## 5 Story Telling: AOPP Case Studies.

Generated through drawn from the ‘story telling’ approach the case studies below illuminate key elements of the AOPP. The first case study distils learning from the Bon Voyage project to highlight the impact of the AOPP in promoting equity. The Shed Creative Arts illuminates the role of the AOPP in promoting social inclusion and mental health. The occasional gardener demonstrates how the AOPP serves to amplify the voice of care home residents and people with dementia. Plays Aloud makes visible the power of the arts in breaking down prejudices to bring the ‘person’ to the fore. Funded for the first time through the AOPP, Victory Voices is a reminder of the importance of mentoring and support to safeguard that integrity of the AOPP.

## 5.1 Bon Voyage -Golden Thread Gallery: Promoting Equity

Hosted by the Golden Thread Gallery Bon Voyage was a multidisciplinary project (funding £7,615) that used music and visual arts to explore people's memories of day trips and holidays. Participants were recruited from day centres and care homes. Personal memorabilia including souvenirs, trinkets and postcards were used as triggers for reminiscence and sharing stories of adventures and fun times in caravans and foreign holidays. These conversations took place within music based interactive workshops where participants were supported to create collage and bespoke postcards. The artwork was showcased in a musical event which also featured two songs *Amore Italiano* and *I love to get home again*. The songs which have been professionally mixed and recorded retell stories and anecdotes that were shared through the project.

A semi structured interview with a musician who worked on Bon Voyage yielded powerful insights into the role of artists within the AOPP. Reflecting the commitment to equity within the programme and the goal of making the arts accessible to all, the artist characterised his role as democratising the arts.

“I think personally, it's my job to democratise the arts, you know, to take this idea of elitism away.”

Community arts is a dynamic and responsive discipline and to be effective artists need to be skilled in managing and facilitating groups. The Bon Voyage artist talked about this aspect combining musical talent with managing the group, assessing the dynamics and needs to be able to maximise participants capacity to benefit from the programme.

“My role then is almost like a facilitator. It's trying to work out who would maybe be the leader, who has a great story.”

The Bon Voyage programme was built around reminiscence and storytelling and for this to happen effectively people needed to feel safe, secure, and listened to. Working with older people and people living in areas of social and economic deprivation requires sensitive, skilled, and empathetic facilitators. People aged in their 70s, 80s and 90s have lived a wealth of experience. Many of these experiences are positive and funny but others may be sad, traumatic, and difficult. Although the focus of Bon Voyage was holidays and day trips conversations often meandered in directions that haven't been anticipated. The shame of childhood poverty was a recurring theme in discussions. The artist shared an anecdote describing how food scarcity had been a common theme for older people in their childhood. Through the Bon Voyage programme one woman confessed that she had made up stories about the wonderful dinners they had at home ashamed that cabbage was their staple diet. Sharing the story proved to be liberating as she learnt that she wasn't alone, and others experienced the same thing.

“One lady talked about her mum not being able to afford to cook much for dinner - she would have big cabbage all the time. She would have told her friends, ‘oh, we had a beautiful dinner last night. We had roast beef and carrots and gravy’. She had cabbage water.... She was ashamed of this poverty. She was ashamed that she wore her sister's



clothes. And then the glorious thing happened that some of the other people in the room said, we went through that. We kept it quiet, or we didn't tell people about it."

As trust developed in the group and people feel safe, they started to share other stories about difficult home life.

"Some of it was revelatory. People talked about fathers who were alcoholics and spent what little money they earned in the week on drink and there was nothing to eat in the house. Young daughters or young sons going down to the bar to try and get their father out, to get them home."

Recognising the arts as an intervention that promotes social inclusion this sharing of stories was deemed to be important in developing group cohesion. It takes a skilled facilitator to allow the meandering from the 'theme' to sharing pertinent and stories and to recognise how and when to redirect the group to the overall purpose/theme.

"So stories like that, that's where your trust builds up ...once one story is shared, it allows people to share more. Now, sometimes this is where the rabbit hole opens up...it moves away from a holiday to something else and you're very gently trying to bring them back around again. So that's sometimes the challenge."

Drawing on community development skills and knowledge the AOPP artists are supporting people to achieve their goals and create a quality piece of art. The journey to this end happens in a gentle and supportive way that enables people to gain confidence, takes risks and have sense of achievement in what they have created.

"What I see is confidence building. I see people forming communities. I see people doing things they wouldn't maybe have tried before and finding that they can do them. And then the final thing is having a legacy of that... in photography and within the songs."

Reflecting on the Bon Voyage project the artist highlighted how participating in it had helped reinforce people's sense of dignity by enabling them to recognise their self-worth.

"It's allowing people to be themselves. It's allowing people this idea that they can achieve much more than they think they can. That they are valuable. Things that they think are not worth too much are really worthwhile. And, you know, the confidence that you get through these projects means that people are happier. I see people smiling and happier."

The Bon Voyage artist is highly experienced and has worked in community arts for over 20 years. The rewards for this work are not primarily financial. The transformative impact on people's lives was identified as a major motivator.

"I remember hearing this term many years ago called a non-clinical intervention. This (AOPP) is a non-clinical intervention. And, you know for me as an artist, I reciprocate with this because it brings me such joy as well."

## 5.2 The Shed Creative Arts - Bogside and Brandywell Health Forum: Mental health

The Bogside and Brandywell Health Forum in collaboration with DEEDS launched the Shed Creative Arts project (funding £8K). The aim was to use the Men's Shed network to engage with people diagnosed with dementia and people caring for someone with dementia. The Shed Creative Arts project worked in partnership with a range of other organisations including the Gas Yard centre, Pilot's Row, and Peninsula pottery. Participants were aged over fifty years and a variety of art media were used including pottery, textiles, and visual arts. The project concluded with a public exhibition to showcase the work. A site visit to the Shed Creative Arts project (September 2023) yielded opportunity to interview staff and participants and to see the work that had been produced.

The AOPP evaluation interviews were held in the Foyle Valley Railway Museum. A stunning location on the banks of the river Foyle the museum is overlooked by the majestic Craigavon bridge. Romantic notions of the setting were quickly dispelled. Each person interviewed from the Shed Creative Arts project had personal experience/knowledge of someone who had committed or attempted suicide by jumping from the bridge. Responding to the need observed locally promotion of mental health was a key driver for Shed Creative Arts project.

Social isolation exacerbated by the recent experience of the pandemic was a recurring theme in interviews with staff from the Bogside and Brandywell Health Forum and participants in the project. Reflecting on its prevalence and depth the manager of the programme characterised it as 'splendid isolation'.

"We've come out of lockdowns, mental health wise, people are looking for outlets people want to associate. There's a sense of splendid isolation for they feel that there's nothing for them. Worse (after bereavement) because they've lost their best friend, their partner in life, their soul mate. And they just think, well, that's nothing else for me." (Project Manager 2)

In a focus group with participants one woman cited the experience of her mother-in-law to illustrate how more pronounced the social isolation and mental health challenges are for older people. The AOPP was described as being critical in encouraging and enticing older people to leave their homes.

"My mother-in-law. She just won't come out of the house. She's got into a rut. She's well, enough, you know, She's mentally well enough and she's physically well enough, but she just won't come out of the house. And I've tried everything, you know, come down to my house for a wee hour today or we'll take you for lunch. I would say not so much her age group because they can't do a lot but there is a lot of other people around our age and it's just tough, you know they can't move forward [after the pandemic]. Things like this encourage people to get together." (woman in her 60s)

The power of the arts to encourage people to step outside their home was a recurring theme. The dividends to be had by getting out are reflected in the story of one of the women who engaged with the Creative Shed initiative. The health forum manager described meeting the

woman sitting outside the shed on the riverbank painting. Conversation with her revealed that since the COVID-19 pandemic the woman had been too frightened to start socializing again but learning to paint was something that she had always wanted to do.

The manager recounted how the woman had told her:

“I'm sitting out here because I have still a terrible fear of COVID'. For me to actually be here it's such an achievement because this is the first thing I have attended since before COVID. I have a real problem with regards to going out socially. I haven't been to a restaurant. I would love to go to a restaurant, and I just can't muster up the strength of the courage to do it.”

The Bogside and Brandywell Health Forum have a mental health project that the woman because of her social isolation did not know about. The manager explained that she had arranged for her to be seen and was delighted to discover some weeks later the positive and transformative effect that it had.

“We have another project in the Health Forum, which is called the Right Time. It's a mental health project and it's counselling for people. We have CBT therapists who engage with people and try and work on their confidence and change their mindset. I asked her, would you like to go and talk to someone about how you are feeling? The therapist is fantastic she worked with this lady for 12 weeks. And then I met her couple of weeks ago, and she was out with about 50 people out for a dinner.” (Project Manager 1)

One of the men who participated in the project described how he was living with chronic health conditions and constant pain. He was enticed into the programme through an interest in learning about leaded glass.

“I went to pain Management clinic, and I saw (a poster) that they were doing the leaded glass, something I wanted to do.” Man (1)

Prior to the leaded glass workshops this man did not leave his home. He is now a stalwart within the Creative Shed and spends his days thinking about new creations and things that he wants to try. Another man in the same focus group described how having been a carer for his wife for many years when she died he felt lost and lonely with no purpose in life. Persuaded by his daughter to give the creative Shed a go he said that it has become an enormous part of his life – characterizing it as a “*lifeline*” he said: “*If it was open at six in the morning I'd be there.*” (Man 2)

Reflecting on the success of the Creative Shed the AOPP funding was described as critical. The Health Forum received funding on two consecutive years totally £17,000.

“Those two grants of £8000, £9000 helped as a kind of something to stimulate appetite and encourage people to come in. Paid for artist and materials. That's all we needed because we have the building over there. So that was fantastic.”

Learning and evaluation from that initial funding has enabled the project to go to scale.

“We have secured £500,000 from the lottery this year. The creative arts evaluation from the Arts Council helped secure that funding because I used the evidence in the application.” (Manager 1)

### **5.3 The occasional gardener - Kabosh Theatre: Amplifying the voices of residents.**

The occasional gardener used a blend of artistic media including craft, visual arts, and indoor gardening with three care homes in Belfast and another in Magherafelt. Working over a ten-week period the project (funding £8,000) sought to encourage storytelling and reminiscence and concluded with a showcase event.

The artist interviewed for the occasional gardener case study is highly renowned and accomplished in her field. Her motivation for becoming involved with the Kabosh Theatre and the gardening project was personal experience of watching a close friend move into residential care and losing his identity and voice. Spending time with her friend gave the opportunity to observe other residents, their visitors and family carers -gaining insight into how challenging their lives can be. These insights juxtaposed against the backdrop of the beauty of her garden were the catalyst to the constant gardener project.

“I have been working in the arts for 40 years... all I could think about was the husbands at home and them getting no respite. And so, I'm sitting in my lovely garden ... the weather was absolutely beautiful. I just began thinking. I'm gardening. Our main art.”

Combining a rich range of artistic media visual arts, crafts and story telling the *occasional gardener* generated energy, fun and conversation amongst residents, staff, and artists. In the process the project enabled residents to have voice, and reclaim their identity.

“It's very joyful and inspirational. And you forget. That. And that's the thing that really annoys me about age. Those people have lives.”

Although enormously successful, getting the project established was a challenge. The artists faced opposition and scepticism from some staff who believed that residents would not have the capacity to engage with a “*a gardening and arts project*”. Reassured that the artists would be working directly with residents on a one-to-one basis staff acquiesced. Once the project started and staff started to see and understand what was happening interest grew and more residents joined.

“They immediately said: ‘I don't think our people could do that’...and suddenly they had nine and ten people who could.”

Getting the ‘buy-in’ from staff was critical to the impact of the project and central to getting people onboard was understanding that the Occasional Gardener was about quality work creating art of a high standard, something that everyone would be proud of.

“I was talking about quality work working one-to-one and the numbers would be limited so that we would give people the care and attention that they deserved. The manager

would come in every week to see the artwork and the gardening work and say, 'oh my goodness, isn't that absolutely beautiful'."

As the artists settled in and momentum grew staff became noticeable curious, wanted to learn more, and became more involved in design and delivery of the project.

"Staff want to get tips about, you know. The first year I did a big booklet for them saying we were going to plant in the first year and how they needed to look after each home was given a green light or they could put little seedlings. Both years would have had strawberries and tomato plants in the pot to look after them."

The pace and type of artistic practice was tailored to the needs and capacity of each individual resident.

"Often, they don't have a lot of mobility skills in terms of their hands. It's very much a one-to-one activity. ... What can you do on the table? And with people who can't stand up. So, most of the time was spent on very carefully taking them through all the stages of whatever art project we were doing."

This approach required patience, understanding and innovation on the part of the artists critical in creating a safe and secure environment in which residents could reclaim their identity and voice. Working together in a companionable atmosphere with hands in soil and plants conversation flowed.

"So even though you were working on a plant and plant pot, that was the trigger for conversations. That would go all sorts of directions. And sometimes they might come up with a story. I used to ask them what their gardens are like, what they planted in their garden. So, they might talk about their parents' garden. Or they lived on a farm and there were vegetables. I'd say I'll bet you had a good dinner. Oh, yes, we did have a good dinner. And sometimes we talked about their work life."

The Constant Gardener proved to be a powerful vehicle for inclusion of residents irrespective of ability. This sense of belonging was judged to a high point in the programme.

"They do come together as a group. You know, some of them are quite non-verbal. But when we get a word or a couple of words or a smile out. That that was brilliant. They were still part of the conversation. They were still part of the activity. They could come out to watch."

A labour of love the artist talked about the challenge of innovating on a tight budget. Old handbags, shoes and wellington boots were used as planters and the countryside scoured to rescue plants that might otherwise have been discarded.

"With very small budgets I'd go around the countryside to find the cheapest plants. I would buy sick plants and nurse them back to life."

The constant gardener helped to create an environment in which people's capabilities, identity and voice was nurtured. Reflecting on this the artist pointed to the rights of people in residential care to be seen as individuals, with past lives and need to feel that they belong.

“Well, if that person was in the hospital. The staff do everything they can to improve the person's health and bring them to a point where they can return home. A care setting is no different. There should be an environment there where [they are seen by the people who care for them] as individuals, to see them as people.”

#### **5.4 Plays Aloud - Commedia of Errors Theatre: Person centred care.**

Commedia of Errors theatre brought Plays Aloud into care homes (**funding £8,100**). The team received training from a dementia specialist to ensure that their performances were dementia friendly. Pairs of professional actors visited the care homes to deliver bespoke performances built around music, theatres, and stories from the past.

Three staff from two separate care homes were interviewed to generate the Plays Aloud case study. The defining characteristic of the project that emerged from interviews was the actors' ability to put the person/resident at the centre of performances. In advance of their visit the team at Plays Aloud did research about who was going to be there, gathering information about likes and dislikes and any special anniversaries etc.

“They know their personalities. They know what songs they like singing. They know to do shout outs...They always ask for that stuff before they come and will email me and say, ‘who's going to be attendance today? Is there anyone's birthday? Is there anybody having like a big thing happening?’ (Carer 3)

Plays Aloud have been working with some of the care homes for a few years and have gotten to know residents. They understand the rhythm of the place and have adjusted their pace to meet the needs of the home. Staff described them as being like part of the team.

“One of our wee residents passed away and they remembered that he wasn't there. There's familiarity. They're almost like part of our staff. It's really good. There's no chaos when they come into the building. They are very good, they set up and give the staff time to get everyone down, make sure everybody is seated, everybody is comfortable.” (Carer 1)

The carers reflected on how in the beginning when they heard that actors were coming into the home, they didn't know what to expect.

“we didn't know what to expect. We were, like, really pleasantly surprised. I remember them specifically doing interactive stuff with the residents and they tried to involve some of the staff singing.” (Carer 2)

Such was the positive and unexpected impact of those early sessions that the carers still had powerful memories which they relayed with enthusiasm.

“It was great they did this animals thing with sound effect. I remember it was Benjamin. And the residents just loved it. They were asking, the day after, straight away, they were

like, 'when are they coming back? You know, I'm really excited to have them in again'." (Carer 3)

Dignity of identity emerged as central to the Plays Aloud project. Residents were treated as individuals with unique life stories, interests, and personalities. The actors took time to make contact with each resident individually, helping them feel relaxed and connected.

"...they'll come in and they'll set up in our back lounge, which is a large communal area. They will have their musical instruments; they'll go around and introduce themselves to each person. Once everybody is seated, they'll do like another introduction. Sometimes they have interactive stuff on the screen. Just to have lyrics up behind them." (Carer 1)

Keeping the performance fluid and flexible enabled the artists to adapt and respond to the needs, interests, and capacity of residents.

"It really lifted the residents. They read the group and if the residents were reading along with them. They said, 'Well, would you like to read that again?' And they did it again. All those short bursts were absolutely amazing because it really held the residents' attention, especially because they do have a diagnosis of dementia." (carer 3)

The carers gave numerous examples of how, through tapping into personal interests, Plays Aloud enabled residents to find their voice and let their personalities shine through. In one example an elderly male resident who normally refused to leave his room and who rarely spoke was persuaded by care staff to come into the sitting room when Plays Aloud were visiting. This resident was passionate about Irish literature but had absolutely no interest in musical performance so needed a lot of persuasion.

"They found out that one of our residents is quite theatrical and loves a reading rather than a song. So, one of the plays aloud members did a theatrical reading of a poem. It was an old Irish poem. And he just lit up. He started reciting it with her." (carer 2)

A female resident in another home was very withdrawn, largely 'nonverbal she spent her day huddled over in a chair. By chance during one of the Plays Aloud performances staff noticed her reaction to an Elvis song.

"There was one resident who was always very hunched over and just came to the lounge every day and sat. When the Plays Aloud guys came on board, she was up dancing, and they would have got up and danced with her and she would have sung with them. And she loved Elvis. So, when they were coming back, they always remembered this lady because they knew she would get up and dance with Elvis. We'd never seen that side." (Carer 3)

The ripple effect through the home was palpable. A manager talked about the powerful impact on new staff who through the work of Plays Aloud saw residents in a new light.

"...new staff coming in think that the residents are all just going to sit and be frail and sleep all day. I think they get their eyes open to see that they still do have a bit of fun in them. That we lady who was hunched over ... would have been very jokey and she just

lit up, her personality lit up and you saw things that you would never have seen. She had a bit of a flirt with Benjamin. It really opens their eyes to think 'so this person is not going to sit here, so maybe I can they bring something, I can have a dance and a singsong with them'." (Carer 3)

Even though all three carers recognized the value of the arts in promoting health and wellbeing of residents. Neither of the homes had been able to recruit activity coordinators.

"Unfortunately, the activity coordinator that we had left. The last time we advertised, nobody applied for it." (Carer 2)

In the interim staff interested in the arts were taking a lead but were limited in what they could do due to competing demands with 'hands on caring' role. "we need somebody, you know, with that enthusiasm who has time to just focus on the residents because this girl's doing it while doing her caring job as well. So, it's not ideal." (carer 3)

## **5.5 Victory Voices - NI War Memorial: Sustainability and Capacity Development**

The Victory Voices project was the first time that NI War Memorial had obtained AOPP funding. A relatively small grant (£2,935) Victory Voices delivered four music workshops in two care homes (Coleraine & Garvagh). The workshops were structured around songs with a war time songs and/or gospel theme. The aim was to engage residents to develop a choir. The work culminated in showcase events in the care homes with family and friends as audience. A legacy video was created. Storyteller at events. Legacy video.

Victory Voices was observed in action during an end of project concert at one of the care homes. The case study is based on observation and conversations with residents, staff, relatives, and artists.

On the day of the performance the Care Home was buzzing, the sitting room located just inside the front door was decorated with World War II themed bunting. The performers were dressed in 1940s style and residents were accessorized with scarves and caps. There was a great party atmosphere.

"Arrived 13.25 and the home was buzzing, lounge was being set up – great buzz, lots of people dressed up in 40s style clothes, flat caps and headscarves being distributed."

The Victory Voices performers included a singer/musician, storyteller, and a pianist. They were joined by older people from a local 'singing for health group' and a few residents from the home. The performers had been working together in the home for weeks to prepare for the concert. Various relatives, spouses, daughters, sons, and grandchildren arrived for the event. Twelve of the home's residents were also present. Everyone was seated comfortably in a circle providing a clear view of the singer/musician and storyteller who performed in the centre.

As the concert got underway the music, singing, buzz of conversation, laughter and applause filtered around the front reception area and into the sitting room across the hall. As a result,



even those residents and visitors who had chosen not to participate could feel the atmosphere. Staff and some residents naturally gravitated to the door of the sitting room to watch what was going on.

One of the residents inside at the concert was sitting in a Buxton chair. He had a stroke many years ago and was in the home due to the associated disabilities. His wife had visited daily but had died recently and since then he had become very withdrawn. As the performance progressed, the man became noticeably relaxed and when the singer was performing the 1940 Fats Domino hit Blueberry Hill<sup>8</sup> he smiled contentedly.

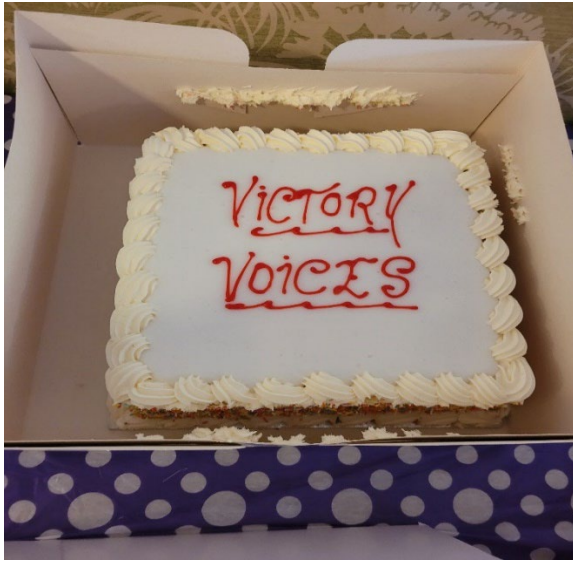
“That’s the first time that I’ve seen him smile in a very long time.” (care home worker)

The concert was followed by an elaborate afternoon tea with sandwiches, scones and two beautiful cakes that had been baked specially for the occasion.

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<sup>8</sup> The refrain in Blueberry Hill is “Though we’re apart, you’re part of me still.”

Figure 3: Cakes at the Victory Voices Concert



## 6 Discussion

“The optimal treatment of the patient focuses not just on clinical problems but also on the individual potential of that person. It is only when problems and potential are considered together that health is best promoted and illness best cared for.” (Cohen, 2006:14)

An innovative and radical initiative when launched in 2010 The Arts and Older People’s Programme has come of age. Investment of £3million in over 300 community arts projects has enabled 35,000 older people across NI to engage with the arts. The positive impact of this investment has been gathered using a range of qualitative and quantitative methodologies.

When the programme began there was scant empirical research about the impact of the arts on health, the evidence is now growing exponentially. Thirteen years ago, the health consequences of social isolation were not well recognised. Today the evidence is unequivocal, social isolation results in higher levels of mortality across all causes of death. The evidence is also clear that social isolation can be counteracted by interventions that enable people to connect with each other and in turn with wider society. It could be argued that social inclusion and equitable access to the arts is the ACNI’s *raison d’être*. A flagship initiative with the ACNI the AOPP has shown itself to be a powerful intervention in combatting social isolation. All the initiatives supported through the AOPP are explicitly focused on alleviating social isolation. Set within this context through storytelling the five case studies serve to illustrate other defining features of the programme.

The Golden Thread Gallery project *Bon Voyage* highlights how the AOPP works with older people living in areas of economic and social deprivation. It demonstrates the skills needed by community artists to facilitate discussion, support people to try new things and help build confidence. The AOPP is not about passive entertainment of older people by professional artists. It is about professional artists enabling older people to gain skills, confidence and build social networks. The *Bon Voyage* artist talked about their role in ‘democratising the arts’. This is a vital component of the AOPP and something that needs to be protected. As more policy makers and managers become aware of the therapeutic potential of the arts there is likely to be an increased use of the arts. For this expansion to maximum impact, it will need to be informed and shaped by the sophisticated and skilled techniques that have been developed by experienced community artists through the AOPP.

The 2022 evaluation (Lynch, Hughes & Hadjri, 2022) demonstrates how participants in the AOPP experienced less loneliness and greater sense of wellbeing at the end of the projects. These are important indicators given NI’s unenviable position as having the “*highest prevalence of mental health problems in the UK.*” (DOH, 2021:12). In 2022 the suicide rate in NI was 12.3 per 100,000, although slightly lower than the rate in Scotland (13.9 per 100,00) it is notably greater than the suicide rate in England and Wales (10.7 per 100,000). Last year 203 people committed suicide in NI (NISRA, 2023). It is worthy of note that suicide rate is much higher amongst people living in areas of economic and social deprivation. (NISRA, 2023)

“The percentage of suicide in 2022 from Northern Ireland’s most deprived areas (31%) was over three times that of the least deprived areas (9.4%). (NISRA, 2023)

The Bogside and Brandywell Health Forum creative shed project illustrated how the arts were harnessed to promote mental health. People became involved with the project because of an interest in learning how to paint or how to make leaded glass. In addition to the fun and enjoyment they experienced by engaging with the AOPP Creative Shed participants also became connected with other services and broadened their social networks. Combatting social isolation and loneliness these are exactly the type of initiatives that are advocated the NI Mental Health Strategy (DOH, 2021).

“Loneliness is both a cause and contributor to depression and can lead to increased mortality. People who are lonely are more likely to develop mental ill health than those with strong social connections. We also know that loneliness is associated with an increased risk of dementia.” (2021:14)

The AOPP project the Occasional Gardener delivered by the Kabosh Theatre used the arts to combat the stereotypical image of care home resident. Inspired and influenced by personal experience of a friend who moved to live in residential care the artist described the importance of ‘seeing the individual’ and giving residents back their voice. Overcoming initial resistance and scepticism amongst staff the Occasional Gardener helped care home staff to see the potential, capacity, and personhood amongst residents. In so doing the AOPP is tackling head on the stereotyping, discrimination and prejudice that is ageism.

“Ageism was found to negatively impact a broad range of health outcomes among older persons: 95.5% of the 422 studies and 74.0% of the 1,159 associations between ageism and health showed evidence of the adverse effects of ageism.” (Chang et al 2020:6/7)

Interventions such as the occasional gardener that increased social support for care home residents have been shown to combat ageism and result in better health outcomes.

“Higher levels of social support are significantly associated with lower levels of ageism.” (Xu, et al., 2022:7)

Person centred care is a key indicator of quality health and social care delivery.

“Providers must take to make sure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.” (CQC, 2023)

A recurring motif in the AOPP is the ability of the artist to use their craft to bring out the often hidden/invisible personalities, capacities, and voices in care home residents and in people who have dementia. Commedia of Errors has through their care home theatrical project Plays Aloud placed the concept of personal centred care centre stage. Working in a very personal and bespoke way professional artists have succeeded in revealing the person being cared for 24/7 by staff in care homes. Staff in the care homes have spoken about the enormous benefit of this work in promoting good practice and combating stereotypical images amongst new recruits.

In its minimum standards for residential care home the Department of Health, Social Services and Public Safety NI (DHSSPS) views person centred care through the lens of dignity and respect.

“The uniqueness and intrinsic value of individual residents is acknowledged and each person is treated with respect.” (DHSSPS, 2022:7)

If this vision of respect and dignity in care homes is to become more than words on a page investment in arts-based initiatives such as those funded through the AOPP is crucial.

The Northern Ireland war memorial project Victory Voices was a small-scale project. Funded for the first time through AOPP. The artists put together a lovely afternoon of entertainment for some care home residents and their family. The concert brought great buzz into the home and was transformative for participants. This experience has helped forge relationships between artists, care home residents and staff. In so doing it lays the foundation on which to build a more bespoke and interactive programme that will amplify the voices and make visible the personalities of residents.

Since the AOPP launched in 2010 the number of artists working with older people appears to be increasing<sup>9</sup>. Some of these artists will work through projects funded by the AOPP and many others will likely work freelance with older people’s groups and residential homes etc. This expansion is welcome but brings with it the risk that the model developed through the AOPP becomes diluted. Working with older people requires understanding of their needs and learning styles. The AOPP uses high quality art as vehicle to promote social inclusion, empowerment of participants and create high quality art. This is highly skilled work that requires professional artists with expertise in facilitation and understanding of ageing. The AOPP is successful because the artists understand the vulnerabilities and needs of the people that they are working with and tweak their craft to accommodate physical and cognitive challenges.

In 2023/4 29 projects have been funded. A new internal interim and end of project evaluation tool has been developed by the ACNI to capture project outcomes. This internal monitoring tool will collect demographic details of participants and other quantitative and qualitative data. Parallel to this the focus of the external evaluation for the coming year will be capturing stories of individual participants and artists. This will require visiting projects as they running to see them in action and capture stories and experiences of participants. The evaluation will be guided by focus on the short and longer-term outcomes in the logic model. Key to this work will be exploring ways in which learning from the AOPP, with regards to person centred care for example, could be strengthened and used to influence service delivery. Supporting projects to use the ‘storytelling’ approach to capture learning and illuminate impact of their work would be advantageous in enabling them to advocate for core funding.

On February 3rd, 2024, after an absence of two years, the NI Assembly resumed business. In the period of abeyance funding to the Arts has been reduced significantly and need for it has

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<sup>9</sup> This assumption is based on anecdotal reports of artists saying that they have only recently started working with older people and is an area worthy of investigation.

grown. Learning gleaned from 2002/3 and 2023/4 evaluations of the AOPP can be used to advocate for investment to make the arts available to all older people, carers and people affected by dementia. Considering the powerful empirical evidence of the effectiveness of the arts as an intervention to alleviate social isolation and promote health and wellbeing investment in the arts will be best met through a cross departmental approach. Using existing structures including the All-Party Group on Older People and Loneliness, the assembly health committee and meetings of the NI Councils' Age Friendly Officers could prove invaluable in disseminating learning and identifying ways in which the AOPP initiatives could be taken to scale.

## 7 Recommendations

1. The AOPP is set against a powerful research and policy context. Combatting social isolation is a major public priority. The evidence from empirical research is unequivocal the arts are an effective vehicle to promote inclusion and health and wellbeing. To help shape policy and service delivery the AOPP needs to tell the story of how participation in the programme has impacted on the lives of individual people.
2. The October 2023 roundtable symposium and subsequent meetings with office of COP resulted in very productive discussions and information exchange. Sharing learning from the AOPP on an annual basis through these fora could be beneficial and enhance dissemination of learning from the programme.
3. Reconvening the AOPP steering group could also help to shape the programme and focus for evaluations.
4. Identify ways in which the learning from AOPP could be taken to scale. how the arts might be harnessed to ensure that person centred care becomes the norm. An investment in communication and a proactive approach to 'sharing the learning' through the AOPP partners and extended networks could galvanise this process.
5. The AOPP has been successful in enabling participants to become social included. Greater emphasis on elevating those voices through perhaps an initiative like AOPP champions.
6. The success of the AOPP is dependent on the highly skilled artists that have been involved with it. To ensure that the richness of the AOPP model continues capacity development of artists across NI is vital. This could include formal training on issues such as ageing, dementia, person centred care. It could also include shadowing of or mentoring by established AOPP artists. The piloting of 'an artist in residence' could provide powerful learning.
7. The AOPP is a public health intervention the is focused primary and secondary prevention of ill-health. As such the total impact is likely underestimated. A cost benefit analysis could yield powerful evidence of the far-reaching impact of the arts in alleviating social isolation and loneliness, supporting cognitive health and wellbeing, and combatting frailty. This information could strengthen advocacy for investment in the arts as being financially expedient.

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## Appendix 2: AOPP Grantees 2022/23

Organisation Name	Grant Award	Project Title	Local Authority	Primary Artform
ALLY Foyle	£4,280	The Treasure Box Project	Derry and Strabane	Other
An Gaelaras Ltd	£7,720	Meadows of Song and Dance (2)	Derry and Strabane	Music
Ards and North Down Borough Council	£8,600	AND Age Friendly Creative Programme	North Down and Ards	Combined
BEAM Creative Network	£6,874	Young at heART	Mid Ulster	Combined
Beth Johnson Foundation	£7,788	LinkAge & Art	North Down and Ards	Visual Arts
Bogside and Brandywell Health Forum	£8,000	The Shed - Creative Arts	Derry and Strabane	Combined
Commedia of Errors Theatre Company	£8,100	Plays Aloud	Belfast	Drama
Derry City and Strabane District Council	£8,000	HeArt of the Sperrins (2nd round)	Derry and Strabane	Combined
Derry Theatre Trust Ltd (The Millennium Forum)	£7,709	Dementia Tea Dances and Moves and Melodies	Derry and Strabane	Other
DU Dance (NI)	£7,810	Alternative Energies	Belfast	Dance
Echo Echo Dance Theatre Company	£8,000	Body Wisdom in the Community	Derry and Strabane	Dance
Engage with Age	£8,572	Dementia Friendly Artist in Residence	Belfast	Craft
Golden Thread Gallery	£7,615	Bon Voyage	Belfast	Visual Arts Circus/Street
In Your Space Circus Ltd	£8,208	Silver Circus	Derry and Strabane	Theatre/Carnival
Kabosh Theatre Ltd	£8,000	The Occasional Gardener Revisited	Belfast	Drama
Lisnafin/Ardnalee/Trust CCDA	£7,540	Young at heART	Derry and Strabane	Visual Arts
Live Music Now (LMN)	£8,016	Bringing live music back to Limavady	Causeway Coast and Glens	Music
Laurencetown, Lenaderg and Tullylish Community Association	£6,860	Inside & Out	Armagh, Banbridge and Craigavon	Literature
Community Arts Partnership	£2,910	Building Creative Legacy	Belfast	Combined
New Lodge Arts	£6,973	A Night on the Tiles	Belfast	Visual Arts
Oh Yeah Music Centre	£7,660	Needle Drop - Random Access Memories	Belfast	Music
Portadown Wellness Centre	£8,400	Inspiring Carers and Older People	Armagh, Banbridge and Craigavon	Craft
Prime Cut Productions Ltd	£8,000	Starlite Stories 2	Belfast	Drama

Sticky Fingers Arts	£7,840	SENIOR MOMENTS	Newry, Mourne and Down	Other
Streetwise Community Circus	£8,000	Streetwise AOP Programme 2022	Belfast	Circus/Street
War Memorial (Incorporated)	£2,935	Victory Voices	Belfast	Theatre/Carnival
The Old Library Trust	£7,067	Treasured Possessions, The People's Artefacts	Derry and Strabane	Traditional Arts
Verbal Arts Centre NI Limited	£4,493	Verbal Wellbeing - Overcoming Loneliness	Derry and Strabane	Combined
Waterside Theatre Company Ltd	£7,773	Don't forget to remember	Derry and Strabane	Literature
				Other

## Appendix 3 AOPP Symposium Participants

Lorraine Calderwood	Arts Council NI (AOP Programme Manager, Development Officer)
Eamon Quinn	Engage with Age (Director)
Mary Breslin	Bogside and Brandywell Health Forum
Alison Patterson	Public Health Agency (Frailty Network Coordinator)
Julianne Skillen	Arts Care (Projects officer)
Paula McHugh	Belfast Health & Social Care Trust (Arts in Health Manager)
Caroline Mc Williams	Clanmil Housing Group (Older Peoples Transformation Manager)
Jean Smyth	Derry City and Strabane District Council (Arts Officer)
Jeff Scroggy	Public Health Agency (Health & Social Wellbeing Improvement Manager)
Una McDonald	Department for Communities
Melanie Rintoul	Radius Housing (Senior Communities Officer)
Vicki Titterington	Linking Generations NI (Director)
Graeme Stevenson	Arts Council NI (Research and Policy Officer)
Patricia Lavery	Arts Council NI (Head of Community Arts)
Louise Hyland	Department for Communities
Karly Greene	Arts Council NI (Director Strategic Development & Partnerships)
Una Lynch	Sonrisa Solutions Ltd (External evaluator)

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