

An Evidence Review of the Impact of Participatory Arts on Older People



mental
health
foundation

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Executive summary

The UK has an ageing population. Many older people in the UK experience multiple disadvantages relating to health, deprivation, isolation and ageism. Such disadvantages are not only debilitating in themselves, but can also act as barriers to participating in those social and creative activities that protect good health and wellbeing.

There is a growing evidence base which verifies the positive impact participative arts can have on the health and wellbeing of older people, but to date there is no published review that synthesises evidence of the impact of participatory arts on older people. The Baring Foundation has commissioned this review to address this gap and provide evidence to funders about the benefits accrued through art activities and to support arts organisations to improve their work.

Methodology

The literature search followed a stepwise methodology to identify the highest quality research available (literature reviews and primary research). Searches were made for evidence about the impact of participative art engagement for older people published in English between the years of 2001 and 2011. A total of 511 articles were identified and following a systematic screening and data extraction process, 24 peer reviewed¹ articles (one review and 23 primary studies) were selected for inclusion in this review, including one literature review. In addition a search for good quality grey literature (unpublished and/or non-peer reviewed) to cover identified gaps in the peer reviewed evidence base was also undertaken via an internet search and a request for publications from the Baring Foundation's extensive contacts. Seventy two publications were retrieved through this process, of which seven have been included in the review. All studies selected

for inclusion in the review were subjected to assessments of their quality and relevance to the UK.

Results

This review includes 31 studies and 2,040 participants (based on the 26 of 31 studies that did state the number of participants). Most of the studies were based in the UK (n=17), seven were from USA, three were Australian, and one each from Canada, Spain and Sweden. The literature review did not provide information about the countries of origin of the research articles reviewed. All of the studies were considered to be relevant to the UK context.

The studies all included populations of people over the age of 60 years. The age range for this review is 60 to 96 years. Eleven of the studies included participants that were primarily female the rest were mixed and the gender balance was not reported. Whilst most of the studies were of older people who were in generally good health, six of the studies involved people with dementia, usually in a residential or day care setting. The included studies cover the following art forms:

- Music (n=7)
- Singing (n=7)
- Drama (n=5)
- Visual arts (n=5)
- Dance (n=4)
- Storytelling (n=1)
- Festivals (n=1)
- Mixed art forms (1)

Fifteen of the studies employed qualitative methodologies to research impact (interviews, focus groups, observation etc.), seven quantitative (standardised measures, surveys etc.) and three used both qualitative and quantitative methods.

Most of the studies (n=29) consider the impact of participatory arts at an individual level (for example biological, psychological and behavioural). Mental health and emotional impacts found often included increased self-esteem and confidence. Positive feedback received from family, friends and communities in response to performances, exhibitions and productions appeared to offer a particularly powerful boost to emotional wellbeing. This was a common finding across all the different art forms.

The key impacts that the evidence in this review indicate are summarised below. The strength of the existing evidence should be considered in the context of its many limitations. Participatory art is a new and emerging research field, with little available high quality research to draw evidence from; this makes drawing conclusions from the cumulative effect of a number of studies, or comparing the impacts of one art form against another difficult.

Impact on the Individual

Mental wellbeing

- **Increased confidence and self-esteem** amongst participants were perceived benefits of participatory art engagement.
- There appears to be added value gained from performing to an audience across all art forms in terms of participants' **feelings of accomplishment** and the amount of positive feedback they receive.
- Through participatory art, older adults can **embrace new and positive aspects to their identity and life role**.
- Involvement in community arts initiatives may be particularly important in **counterbalancing the mental wellbeing difficulties associated with periods of loss** which can increase the risk of low mood, anxiety and social isolation.
- For older adults with dementia, participatory art can help **improve cognitive functioning, communication, self-esteem, musical skills, pleasure, enjoyment of life, memory and creative thinking**.
- Becoming involved in art activities can however cause **frustration when individuals find that they are not able to meet their own expectations** (or what they perceive to be others' expectations) of achieving a desired but unobtainable standard of artistic expression or skill.
- Through participatory art **many individuals exceed their personal expectations about what they could achieve**, which enhances their mental wellbeing.

“I really never thought I had any art talent to develop and now I hope to further what I’ve learnt.”

(Harper & Hamblin, 2010)

Physical wellbeing

- Particular art forms may lend themselves more than others to significant **physical health improvements (such as cardiovascular, joint mobility and breathing control)**, including dance, singing and playing musical instruments.
- The absorption of the creative processes involved in engaging with participatory arts that are not obviously physically exerting can lead to an **increase in the levels of general daily activity that older people undertake** which should have a positive effect on their physical wellbeing.

Communities

Some of the studies in this review provided evidence of the impacts that participatory art for older people could have on the wider community.

- There is clear evidence that participatory arts programmes provide **opportunities for meaningful social contact, friendship and support** within the art groups themselves as well as improving relationships between those living in care homes and prisons.
- Altruism, experienced through participatory art when it is used as a means of **'giving something back' to the community can have a positive impact on community beneficiaries as well as for the individuals participating in the art.**
- Participatory art that involves people with dementia accessing their community or interacting with professionals **serves to address age discrimination by raising awareness and expectations within the wider community** and can help to **break down stereotypes and reduce stigmatising attitudes and behaviour.**
- Participatory art that involves those with dementia along with their informal carers has proved to be an effective way of breaking down barriers in the relationship between those two groups. **Increased fellowship and raised expectations about the depth and quality of the care relationship can be achieved** and then reinforced in other areas of life.
- In day and residential care settings participatory art can **foster a better sense of social cohesion and community for those with dementia.**

Society

- Large scale, high profile festivals have the potential to **positively transform attitudes to older people**; particularly when intergenerational events are included in the festival.
- Participatory art is a powerful tool that **can contribute towards challenging and breaking down both the self and external stigmas of being older** that pervade popular societal culture.
- Participatory art can be used to **bring people together in a way that helps individuals in marginalised groups mitigate the negative effects of stigma and self-doubt on their wellbeing.**

Given the above, the studies in this review suggest that it is evident that engaging with participatory art can improve the wellbeing of older people and mediate against the negative effects of becoming older.

Conclusions and recommendations

The beneficial impact of participatory art in terms of mental and physical wellbeing is evident at the individual, community and societal levels. Although the evidence base is relatively weak, it suggests that there is tremendous potential for participatory art to improve the quality of life of older people in general as well as those older people who are most excluded including those with dementia, those who are socially and economically disadvantaged, LGBT groups and prisoners. However, the needs of older people and the potential benefits of participatory art in promoting wellbeing amongst older people continue to be generally overlooked in policy and service provision.

It is recommended that:

- Access to participatory art projects for older people should be more actively supported by local health and mental health improvement agencies and organisations.
- Specialist health and social care planners and providers should consider ways in which they can improve access to participatory arts for more vulnerable older adults. Day and residential care services should explore the skilling up of day and residential care home staff to undertake participatory art with older people.
- To maximise engagement, participatory arts projects need to actively facilitate initial and sustained participation by older people, taking account of the health and social inequalities that older people face and the consequent barriers that later life can impose on their motivation or ability to attend.
- Participatory art projects for older people should challenge the potential for low expectations and over-emphasis of the limitations of old age on the ability of older people to participate and create.
- Local authorities, national government, arts and community commissioners who fund participatory arts projects should ensure that tenders, funding applications, and funding agreements are “age proofed”. This should ensure that they reach out, are accessible, and are used by older people. Commissioners of older people need to take account of older people with mental health problems, long term conditions such as dementia and other disabilities, and older people who are ‘hard to reach’, such as people living alone, living in care homes, and from ‘hard to reach’ groups e.g. Black, Asian and ethnic minorities.
- Those commissioning and funding participatory art projects should recognise the importance of funding evaluation.
- Further good quality research and evaluation of participatory arts activities is needed. Larger samples and longitudinal impact studies are required to provide better strength of evidence. There is also a need for a forum for the sharing of research findings amongst practitioners and policy makers to prevent duplication and promote learning.
- Further research is also required to provide more detail about the key elements of the participatory art activity processes. This would produce a better understanding of what makes the successful projects work well as well as what impedes them and what advances the possibility of replication and the spread of innovations.



Introduction and methods

Background

Over the past 25 years there has been an increasing awareness of the positive impact arts and creativity can have on individuals and society. Theorists have described arts-making as an intrinsic form of behaviour that supports the health or 'wholeness' of individuals², whilst researchers have recognised the positive impact of participating in art activities on individual self-esteem and confidence levels^{3,4}. On a wider level, the role of the arts in terms of creating cohesion within communities and developing public awareness of the experiences of others is also increasingly acknowledged^{5,6}.

Participation in the arts can take many forms. 'Taking Part' is a continuous survey of arts attendance and participation amongst adults in England that has been running since 2005. The 2008/09 survey revealed that an estimated three-fifths (60%) of adults in England had engaged in the arts at least three times in the past 12 months, whether that be attending live music events, exhibitions, carnivals, dance or other art forms. Whilst 'Taking Part' recognised that those aged 45-64 have the highest rates of participation of any age group, those aged 75 and over were found to be significantly less likely to engage in the arts three or more times a year than those in all other age groups⁷. A much smaller Scottish study on the same theme found similarly that participation in the arts is popular amongst all 'older' age groups, particularly up to the age of 75 years old⁸.

These are significant findings in terms of the UK's ageing population. Over the last 25 years the percentage of the population aged 65 and over increased from 15% in 1984 to 16% in 2009, an increase of 1.7 million people. By 2034, 23% of the population is projected to be aged 65 and over compared to 18% aged under 16⁹. However, although people are living longer, older people face a number of particular life challenges that threaten their health and wellbeing.

As individuals age, families change structure and disperse and experiences of bereavement become more common leading to increasing social isolation and loneliness¹⁰. General wellbeing is also likely to deteriorate as people become older and living in poverty is more common¹¹.

Many older people live with multiple long term conditions that can impact negatively on their physical and mental wellbeing¹². There are currently about 750,000 people with dementia in the UK and it is estimated this will have increased to almost a million by 2021 and to 1.7 million by 2051¹³. National statistics¹⁴ demonstrate that healthy life expectancy (how long people are expected to live in a healthy state) is lower for those who live in areas of high deprivation and Scottish healthy life expectancy has one of the lowest levels in Western Europe, particularly for men. Currently, in the UK, more than three-quarters of the population do not have disability-free life expectancy as far as the age of 68¹⁵.

Finally, age discrimination in society tends to play out in services provision¹⁶; there is a real equity issue in terms of choice of service for older people in general. Older people are often not represented in service planning and therefore their needs are often not addressed.

Such disadvantages are not only debilitating in themselves, but can also act as barriers to participating in those social and creative activities that protect good health and wellbeing¹⁷.

The UK and devolved governments have responded to these issues with varying levels of commitment. In England 'Building a society for all ages' (2009) recognises the positive role of culture and leisure in the lives of older people, but does not commit to increasing access to creative activities in its programme of work. In Scotland, 'All Our Futures: Planning for a Scotland with an Ageing Population' (2007) recognises the importance of participation in cultural activities for older people and lists improving access to

participation as one of its six key priorities. 'The Welsh Government's Strategy for Older People in Wales 2008-2013' emphasises the importance of cultural events such as Gwanwyn to improving health and wellbeing and challenging negative stereotypes of ageing. 'Ageing in an Inclusive Society' produced by the Northern Ireland Assembly (2005) likewise recognises that participation in culture, arts and leisure activities can enhance the quality of older persons' lives.

'The Baring Foundation Arts Programme' has taken the arts and older people as its central theme since 2009. The Programme has gathered evidence about the nature and scope of participative art activities for older people in the publication of 'Ageing Artfully: Older People and Professional Participatory Arts in the UK' (Cutler, 2009). However to date, no systematic review of the literature on the individual, community and societal impacts of participatory arts on older people has been published. The Foundation has commissioned this literature review to synthesise evidence of the impact of participatory arts on older people to address this gap and to assist funders, arts organisations and those who commission them to improve their work and focus their future evaluations.

Definitions

The literature concerning the impact of art is complex and wide ranging. Concepts and terms to describe types of art activity, the kinds of impacts that art has on people in general as well as older people are used inconsistently and interchangeably. Therefore we have developed a range of definitions for the purpose of this review to provide focus and consistency to the review. The definitions include concepts and terms that have been used to help express the review's inclusion and exclusion criteria.

Participatory art

Professional artists collaborate with people to create original artistic works that relate to and/or express to others the participants' experience, outlook and/or community context in some way. Participants can be involved in the planning, development and in some cases evaluation of the project along with the project staff. Participatory art will have a high level of meaningful participation which includes the process through which the project develops and outcomes in terms of the benefits experienced by participants. This form of artistic engagement (also sometimes known as community arts) is clearly differentiated from audience participation.

Audience participation

The participants are the audience, not authors, performers or artists. They attend a show or encounter a work of art or literature, theatre or music in any medium. The part of audience members is limited and defined by the authors, performers or artists in different ways in different kinds of art; some events invite overt audience participation and others allowing only modest participation.

Art therapy

Art Therapy is a form of psychotherapy that uses art media as its primary mode of communication.

Older people

For the purposes of this review, older people will be defined as people over the age of 60 years. Older people aged 60 or over are a heterogeneous group, but because of the barriers highlighted above, we have attempted to take a particular interest in research which focuses on older people from disadvantaged backgrounds. We will also look for evidence of impact on the carers and family of older people and the communities in which they live.

Scope of the review

The aim of this review is to bring together the highest quality of evidence available to explore the central research question “In what ways does participating in art impact on the wellbeing of older people and the ways older people are perceived by the communities in which they live and society in general?”

The review is particularly focused on the impact of art activities on older people aged 60 years and over. It is recognised that there is evidence available which reviews the health and wellbeing impacts of arts activities in general, and that some of these may be transferrable to older people, but it is not within the scope of this study to include this evidence. The Centre for Arts and Humanities in Health and Medicine (CAHHM) at the University of Durham Arts and Adult Mental Health Literature Review (2003)¹⁸ summarises some of this evidence, with a focus on the mental health impacts of arts activities.

The review is predominantly concerned with studies from the UK, but also includes research from other countries where the activities and learning are deemed to be transferable.

The central focus for the review is on participatory arts, which have been defined above. It includes all art forms, incorporating music and singing, visual arts, dance, theatre and drama, and storytelling. The review includes evidence about what the various impacts of these activities are, how they arise and within what contexts.

Excluded literatures

The review does not however include all methods of art delivery. The review excludes art therapies, for example, which has its own considerable evidence base. It also excludes audience participation, listening to music or the playing of background music within residential care settings, which do not meet our criteria for “participatory arts”. Finally the review does not include literature on dance-based aerobic exercise, where the artistic input is often minimal.

Whilst such forms of engagement have been excluded this is not to say that they are without value to older people but simply that they fall out with the scope of this review. For those readers interested in the impacts of art therapies, audience participation, listening to music, or dance based exercise on older people, the

following reviews and primary research provide a brief summary of the some of the evidence available.

Art therapies for older adults

Much of the evidence on art therapies for older adults focuses on the impact of music therapies on individuals with dementia. Wall & Duffy (2010)¹⁹ reviewed 13 articles on music therapy interventions for people with dementia and found that the majority of these studies reported that music therapy influenced the behaviour of older people with dementia in a positive way by reducing levels of agitation. The research further identified a positive increase in participants' mood and socialisation skills. The review also demonstrated evidence that carers have a significant role to play in the use of music therapy in care of the elderly. However, methodological limitations were apparent throughout each of the studies reviewed.

Audience participation

One of the few peer reviewed studies we found in our initial searches which looked at the impact of audience participation on older people was MacPherson et al's 2009 study²⁰. This research explored the effect of visits to discuss artworks at the National Gallery of Australia on people with dementia. This small study found that participants with moderate to severe dementia showed greater memory recall, social interaction and motor skills during the visits than were typically observed in their daily interactions. The effects may not have been lasting, but for the period of involvement participants enjoyed and were engaged with what they were doing and showed more capacity and positive affect than usual. The long term benefits of the Art Gallery Access Programme may include increased insight by gallery staff into dementia illnesses, reduced stigma and recognition of the residual personalities and capacities of people diagnosed with dementia.

Listening to music / background music

In 2010, Skingley & Vella-Burrows²¹ published a review on the literature of therapeutic effects of listening to music and caregiver singing to older people. Eighteen studies were included in the review, but the researchers concluded that evidence available on the contribution of singing and music to the health and wellbeing of older people is largely small scale and difficult to synthesise. Most convincing was the research relating to interventions with people with dementia, where one

study found singing by the caregiver to have additional benefits to listening to recorded music. Little specific guidance on implementing music or singing was offered. One unifying factor across studies was the reference to individuals' preferred taste in music or singing in measuring benefits.

Dance based exercise for older adults

A review of the physical benefits of dancing for healthy older adults published in 2009 by Keogh et al²² summarises evidence from 18 studies incorporating elements of dance forms such as Korean, ballroom, Argentine Tango, Turkish Folkloristic, Greek and Caribbean and line dancing. The review found that there is reasonably strong evidence that dancing can significantly improve the aerobic power, muscle endurance, strength and flexibility of the lower body, static and dynamic balance / agility and gait speed

of older adults. However it should also be noted that the number of papers in this review was small, and there was a predominance of female participants in the studies (eight studies included females only) and somewhat conflicting evidence for the effect of dance on muscle strength.

The findings of this study were updated in a grey literature review published by Trinity Laban 'Conservatoire of Music and Dance in 2010'²³. The researchers concluded that dance can impact positively on physical health in areas such as strength, fitness and balance both among healthy participant groups and those with physical impairments such as Parkinson's disease. They recognise that there are considerable limitations to the available evidence on this topic and recommend further research with larger sample sizes and comparing different dance styles.



Methodology summary

The literature search followed a stepwise methodology to identify relevant research evidence (see Figure 1). This approach provides the highest quality of evidence available, grades the quality of research evidence in a systematic way, and avoids duplication of effort.

Figure 1: Step-wise approach to searching for research evidence

- Step 1** Search for high quality reviews
Identify areas where no such evidence exists.
- Step 2** Search for primary studies (databases and Internet search)
Identify areas where no such evidence exists.
- Step 3** Search for other evidence (grey literature)
Identify areas where no such evidence exists.
- Step 4** Map the evidence into categories and select best quality and most recent studies for inclusion.

Inclusion criteria

The review included high quality reviews (systematic reviews and meta-analyses) and primary studies of population groups that were over 60 years of age and which explored the impact of participatory arts activities. To ensure relevance, reviews must have been published in the English language between January 2001 and May 2011. The review included studies from the UK and from other countries where the activities and learning are culturally transferrable, for example, Ireland, New Zealand, Australia, USA, and Canada.

Exclusion criteria

Reviews or studies were excluded if they had the following foci:

- a. studies dated before 2001;
- b. studies reported in languages other than English;
- c. art therapies, audience attendance, listening to music, background music, dance based exercise;
- d. studies where participants were younger than 60 years or where participants' ages were not specified. Studies that include some participants aged under and aged over 60 will be included if the results are presented for different age ranges;
- e. theory papers and reflective articles.

Exclusions c., d. and e. did not easily lend to application at the database search strategy stage and therefore were implemented at the abstract screening or data extraction stages.

Appendix 1 contains a detailed account of the step-wise methodology that was taken to identify evidence in this review.

Results

This chapter begins with an overview of the included papers and then a detailed account of the evidence. The detailed account is structured in accordance with an attempt to set out the evidence of the impact of participatory arts engagement firstly by art form, then by individual and community impact and finally by mental and physical impact. The studies concerned with those with dementia are presented separately. In order to avoid repetition in our summaries of the results, where studies include data relevant to a number of art forms or types of engagement, this is reported briefly under the appropriate headings to avoid repeating the full results more than once.

Overview of included papers

A total of 31 studies were relevant to this review, 24 of these were peer reviewed studies and 7 were non-peer reviewed, grey literature reports. Including the 26 studies that did state the number of participants, this review includes 2040 participants. Most of the studies were based in the UK (n=17), 7 were from USA, 3 were Australian, and one each from Canada, Spain and Sweden. The literature review did not provide information about the countries of origin of the research articles reviewed. All of the studies were relevant to the UK context.

The studies all included populations of people over the age of 60 years. The age range for this review is 60 to 96 years. Eleven of the studies included participants that were primarily female, the rest were mixed and the gender balance was not reported. It could reasonably be assumed that in a significant proportion of the mixed population studies where gender balance was not reported that these were also predominantly female participants. Whilst most of the studies were of older people who were in generally good health, six of the studies involved people with dementia, usually in a residential or day care setting.

The included studies cover the following art forms:

- Music (n=7)
- Singing (n=7)
- Drama (n=5)
- Visual arts (n=5)
- Dance (n=4)
- Storytelling (n=1)
- Festivals (n=1)
- Mixed art forms (1)

Most of the studies (n=29) consider the impact of participatory arts at an individual level (for example biological, psychological and behavioural). The individual impacts that the studies describe include both mental health and physical health. Fourteen studies include evidence of impact on both the individual and on the wider community. Some of the studies also explore the potential for the positive impact of participatory art to mediate against the negative impacts of social circumstances and inequalities such as low income, social isolation, sexuality and ethnicity. Table 2 opposite provides a summary of the characteristics of the studies included in the review.

Presentation of the results

Of the 31 studies included in this review, six explored the impact of art engagement on people with dementia. Because of the significant challenges dementia brings in terms of facilitating art engagement and assessing impact, these studies will be considered separately from the rest of the review at the end of the results chapter. Following a presentation of results from the single review in this paper, the remaining 25 studies will be presented according to art form.

Table 2: Summary of included studies

Author / year	Population details	Life point	Gender	No Participants	UK relevance	Art form	Impacts	Influencing factors
Barnes, 2010	UK	>50	Primarily female	Unclear	Yes	Dance	Physical, mental, social	Rural isolation
Brownell, 2008	Dementia in care Southern USA	>60	90% female	40	Yes	Visual arts	Cognitive, Mood, Levels of engagement	Dementia
Bungay & Skingley, 2008	UK	>60	71% female	17 participants & 48 facilitators, volunteers etc.	Yes	Singing	Mental, physical, social, cognitive	Deprivation
Castora-Binkley, 2010	Systematic review so various	>65	Both	721	Yes	Drama, Music Singing, Visual arts, Dance	Physical and mental health	Dementia
Cohen, 2007	USA mostly white women	>60 (av. age 79)	82% female	128	Yes	Singing	Physical, mental, social activities	Social return on investment
Cooper, 2002	UK	>60	Both	31	Yes	Dance	Social networks, self esteem, physical health	Social class, barriers: disability
Dabback, 2008	USA	>65	Both	22?- Unclear	Yes	Music	Mental, community, social networks	Gender, retirement
De Viggiani, 2010	Older prisoners (from 4 male prisons and 2 female prisons), UK	Older adults	Both	80	Yes	Music	Mental, social, community, societal	Prison setting, stigma
Hafford-Letchfield, 2010	UK, Older people and social work students	>60	Both	Unclear	Yes	Drama	Societal - perceptions of older people	LGBT, power
Harper & Hamblin, 2010	UK	Older adults	Both	Unclear	Yes	Visual arts	Mental, social	Gender
Hays, 2006	Australia	>65	Both	38	Yes	Music	Physical, mental, social	Chronic illness, caring
Hillman, 2002	UK	females aged over 60 and males aged over 65	80% female	75	Yes	Singing	Physical, mental, social	Low income groups

Author / year	Population details	Life point	Gender	No Participants	UK relevance	Art form	Impacts	Influencing factors
Holm, 2003	Dementia patients in a care home in Sweden	>60	Primarily female	122 patients (73-95 years) & 7 caregivers (nursing home staff)	Yes	Drama	Mental, community	Dementia, caregivers
Hui, 2010	UK	>60	Both	Doesn't state	Yes	Dance	Mental, physical, community	BME
Johnson, 2011	UK	Intergenerational	Both	4 older choir members, 3 children, 50 audience members	Yes	Drama	Social, societal - perceptions of older people,	
Kinney, 2005	Dementia attending one of two Adult Day Centres in USA	>65	Both	12 (5 men, 7 women) (5 BME, 7 white)	Yes	Visual arts	Wellbeing	Dementia
Lally, 2009	Australia	51 - 83 (63% aged > 60)	Both	19	Yes	Singing	Mental, physical, social	
Martin, 2004	Dementia in nursing home / day care facility in Canada.	Older Adults (ave. ages 84 / 78)	Both	Client group of 117 but unclear exactly how many of these participated	Yes	Music	Mental, community	Dementia
Murray, 2010	Deprived urban white British origin community in UK	>50 (age range 51-83)	Both	11 (4 male, 7 female)	Yes	Visual arts	Community	Deprivation
Murray, Lamont & Hale, undated	UK	>50	Both	11	Yes	Singing	Mental, physical, social, community	Isolation
Ní Léime, 2008	Bealtaine Festival participants, Ireland	Older adults	Both	253 older festival participants, 103 older audience members	Yes	Festival	Mental, community, societal	Rural isolation
Noice, 2009	USA, Low income	>65 (age range 68-93)	80% women	122	Yes	Drama	Memory, personal growth	Low income groups

Author / year	Population details	Life point	Gender	No Participants	UK relevance	Art form	Impacts	Influencing factors
Phillips, 2010	USA, 56 older people aged 60+ with dementia Control group moderate cognitive impairment.	Older Adults	88% female	56 (28 intervention group, 28 control)	Yes	Storytelling	Cognitive, mood	Dementia
Pynan, 2006	UK Members of amateur community theatre company	>60	Both	8 participants (5 women, 3 men)	Yes	Drama	Mental, community	Bereavement, rural isolation
Reynolds, 2010	UK older women	>60 (age range 60-86)	Female	32	Yes	Visual arts	Mental, community	Women, retirement
Sixsmith, 2007	UK, people with dementia living at home and in residential care	>60	Both	26 (70% women)	Yes	Music	Mental, community	Dementia
Sole, 2010	Spain	>65	83% female	83 - choir (52), music appreciation (19), music therapy (12)	Yes	Singing	Quality of life	
Southcott, 2009	Members of the Happy Wanderers (older people's singing group in Australia)	>60	Both	3	Yes	Singing	Community, mental	Dementia, volunteering
Stacey, 2008	UK, Socially isolated older women	62-93	Primarily female	8 (plus 1 group facilitator)	Yes	Dance	Emotional, confidence, physical, social networks	Social isolation, women, communities
Taylor, 2008	UK Adult learners	>60	Both	8	Yes	Music	Confidence, self esteem	
Taylor, 2010	UK 6 mature amateur pianists (researcher one of participants)	>65	Both	6	Yes	Music	Confidence, self esteem	

Existing reviews

In the one review retrieved for this study, Castora-Binkley (2010) explores the impact of arts participation on the health outcomes of older adults including those with dementia. In the 11 studies included in the review numbers of participants ranged from 12 to 166, with the vast majority (more than 75%) being female. In almost half of the studies (five out of 11) the art form evaluated was drama, followed by chorale (two) and individual studies of visual arts, dance, music, singing and drama. The studies were all published between 1985 and 2007 and were all quantitative in design. Six of these studies compared an intervention group with a control group, whereas five were single group studies. Nine of the studies used pre-intervention and post-intervention measures to assess change. Measures included emotional wellbeing scales, cognitive functioning, balance, physical health and personal growth.

Evidence from the 11 studies reviewed suggests there are a variety of health benefits to be gained for older adults from participating in creative and performing arts programmes. The work of Cohen and his colleagues (2006, 2007) found evidence that creative engagement had positive effects on general health, medication use and the occurrence of falls. Other research documented the positive effects of participation in creative programming on age-related cognitive functioning, improvement in balance, decrease in anxiety and hostility, decrease in depression, increase in mastery and increase in wellbeing. The work of Noice and colleagues (1999, 2004, 2006, 2009) has evidenced improved cognitive skills in several populations of older adults through participation in theatre training.

Castora-Binkley concludes that participatory art programmes involving older adults in a community setting with an evaluative component measuring health outcomes is a relatively new and emerging area of research. Although a number of health benefits were found, the small numbers of studies and the limitations of their designs and methods preclude definitive conclusions about which types of art engagement may have the greatest impact on health outcomes for a particular subject population.

Whilst Castora-Binkley provides a useful overview of some of the literature published in this field, there are several limitations of her study. Firstly, of the 11 articles included in the review, six are by two authors only, thereby limiting the ability to draw general conclusions from the findings. Secondly, as Castora-Binkley recognises herself, the studies included are small in size and have other methodological weaknesses, such as lack of control groups in quantitative studies. Furthermore, because of the limited evidence available from Castora-Binkley in her review, articles by Kinney, Noice and Cohen have been included separately in this review to enable the researchers to discuss these articles in more detail.

Playing music and singing

Ben: Second chance may be the wrong term. It's a whole new ballgame. I would say it's more a life-stage phenomenon because when one has retired and has an identity, whatever he or she was – it's a big let-down to wake up in the morning and you don't have to –

Michelle: Who am I?

Ben: Exactly! And now all of a sudden, I'm a tuba player!

(Participants in Dabback, 2008)

Twelve studies explore the impact of playing music and singing on the health and wellbeing of older people, of which nine are peer reviewed articles (Cohen 2007, Dabback 2008, Hays 2006, Hillman 2002, Lally 2009, Sole 2010, Southcott, 2009, Taylor 2008, Taylor 2010) and three are grey literature reports (Bungay & Skingley 2008, De Viggiani, 2010, Murray, Lamont & Hale, undated).

Eight of these studies are qualitative in nature, using interviews, focus groups and observation, three are quantitative, using a number of validated measures pre and post intervention and one used mixed quantitative and qualitative methods.

One of these studies, Sole, 2010, evaluates and compares the impact of three music programmes (choir, music appreciation and music therapy sessions) on the quality of life of older adults and identifies the motivations and the difficulties that seniors encounter when participating in activities of this type. This is one of only two studies in the review to

compare group based participative art forms with non-participative art forms (the other, Brownell 2008, comparing visual art engagement with simple individual drawing activities).

The study involved 83 older people aged 65 and over in Barcelona, living at home and not having any cognitive impairment. Fifty two of these were members of a choir, nineteen had joined a music appreciation group and twelve were participating in music therapy. Quality of life was evaluated twice (pre and post intervention) using a number of scales including: Quality of Life questionnaire, Rosenberg's Self-concept test, Yesavage Depression Scale, Philadelphia Geriatric Scale. Perception of change after the programme was also measured post intervention.

The study provides no evidence that participative art forms have any greater impact on quality of life or mental health than non-participative art forms. In terms of perception of change after the programme, participants in all three programmes indicated that participation had contributed to making new friends, acquiring new knowledge, feeling more useful and optimism in life. Not having enough musical knowledge was highlighted as a barrier for the choir and music appreciation classes. There was no statistically significant change in self-esteem levels or life satisfaction levels across the three programmes and there were no stated symptoms of depression in the sample either pre or post-test. There were also no statistically

significant changes in quality of life for the participants in any of the three music programmes, although it should be acknowledged that initial quality of life scores pre-test were already very high. That is to say, the subjects that participated in these programmes already had a good quality of life beforehand.

Sole concludes that despite these results, the participants' subjective perception was that being involved in these programmes improved some components of their quality of life, especially in social relationships and in personal development. To test these findings further, more systematic studies are required with larger and more varied samples including individuals with lower initial levels of wellbeing. Semi-structured interviews would give the participants the possibility to express the changes they perceive as a consequence of participating in music activities.

Cohen, 2007 presents findings from the largest longitudinal project to date looking at the long term effects of participating in a professionally led art initiative on older people. The research reports on the two year results of a Washington DC based singing programme, one of three professionally led cultural programmes under the auspices of the Creativity and Aging Study. Individuals in the singing programme participated in a professionally conducted chorale which comprised of weekly singing rehearsals for 30 weeks as well as ten public concerts within each intervention period (12 months).

“Being part of CTS helps me to forget all my silly aches and pains when I need to the most. I would miss it very much if I had to give it up. Singing together is very therapeutic for me.”

(older singer, Hillman 2002)

The research involved 128 participants (68 in the singing intervention group and 60 in the control group) who were predominantly white (93%), female (82%), and with an average age of 79. The paper follows up a previous article by Cohen in 2006 which reported on the one year results of the same intervention, but with a larger sample of 166 participants; a 23% drop in participation levels occurred between years one and two.

Three domains of functioning were measured pre-intervention, at one year and at two years:

- 1) General assessment of health and problems across the systems of the body, medication usage and health utilization data,
- 2) Mental health utilising the Geriatric Depression Scale, the UCLA loneliness scale and the Philadelphia Geriatric Center Morale Scale;
- 3) Social activities assessment using a detailed inventory of the subject's activities, with attention to the nature, frequency and duration of the activities

Similar results were found for intervention and control groups in the following outcome areas:

- improvement in self-reported health over the course of the study;
- a decrease in daily activities over time;
- slightly lower morale across time;
- lower risk of depression at first follow up (the control group's drop in risk of depression being less pronounced);
- decreased loneliness from baseline to first follow up, followed by a slight increase in loneliness from the first to second follow up;
- increased medication usage over time in both intervention and control groups, with the control group evidencing a greater increase than intervention group;
- an increase in doctors visits from first to second follow up with the control group reporting, on average, two additional doctors visits than the intervention group.

A key difference between the control and intervention groups was that at second follow up the intervention groups risk of depression was the same (as baseline), where the comparison group showed higher levels of risk of depression (than at baseline).

Cohen concludes that the Chorale group, following the start of the study, showed a trend toward doing better than the comparison group in terms of health, mental health and activity measures that had been matched between the two groups at baseline. The intervention group reported a trend toward sustained overall level of activities two years post baseline. The author argues that with an average age nearing 80, the fact that a decline in activity did not occur illustrates the importance of the intervention in terms of impact on maintaining level of independence, thereby reflecting a reduction of risk factors contributing to greater dependency.

It would appear that in general the positive impacts of the intervention were greater for participants at 12 months than 24 months, although the possible reasons for this are not explored by the author. It should also be acknowledged that there are limitations to this study in terms of how statistical significance has been interpreted, and overall the research found no statistically significant improvement over time in the intervention group across any of the health or wellbeing measures, with the exception of the total number of medicines consumed (both prescription and over-the-counter)²⁴. The findings of this study should therefore be treated with some caution.

More positive impacts attributable to a singing programme are found in Hillman, 2002, which presents the findings from a UK study of a community arts project "Call that singing?" a mass singing group for older people aged 60+ in Glasgow that had been running for 12 years at the time of publication. One hundred members of the group received a postal questionnaire to measure perception of benefit of engagement in six areas: physical health, emotional wellbeing, social life, level of self-confidence, general understanding of singing, and frequency of visits to theatre / concerts / shows. Seventy five usable responses were received, of which 80% were female. 26% lived in rented and council accommodation in poor and disadvantaged areas and 21% were council tenants living in better areas. The majority of respondents (72%) left full time education at 14 or 15.

Respondents retrospectively perceived improvements in most aspects of the six areas covered by this study, resulting in an overall improvement in quality of life. While 76% rated their quality of life as at



least “good” before joining the group, this rose to 94% of respondents after joining. Respondents’ perceptions of physical health were similar (over 70% reported at least “good” physical health). This is despite the fact that almost half of all respondents had experienced personal ill health before or during the last 11 years. Respondents perceived an overall improvement in their attitude to social life, from 65% rating it as good before joining, to 71% doing so afterwards. There was a positive improvement in emotional wellbeing, which achieved statistical significance. It appeared especially important for those who had been widowed.

Hillman concludes that participants are maintaining a positive view of their physical health with some respondents articulating positive improvements to breathing and walking. The most marked improvements are found in perceptions to emotional wellbeing, particularly amongst those who are widowed. The project was successful in supporting socially isolated older people – almost half of respondents were widowed, and just over half lived on their own. The socio-economic breakdown of housing types indicates that the group is attracting a broad range of people, some of whom might not usually be associated with arts projects. The author suggests that this form of activity is breaking down cultural barriers and contributing to the cultural infrastructure of the city.

Lally, 2009 adds further evidence on singing, with an impact evaluation of the 2007 Sweet Tonic - Music for Life workshop series in Sydney, Australia. The programme comprised weekly three hour singing workshops over a 30 week period culminating in a concert. The core of the sessions was learning songs and singing a cappella, with the repertoire ranging from traditional lullabies to musical theatre, jazz and songs from around the world. Nineteen “well” older people aged 51 - 83 (63% aged 60+) participated in the evaluation, out of a group of 26. The evaluation comprised a mixed methodology of observation, focus groups, a short questionnaire and follow up interviews to gather evidence of the outcomes of the programme.

All but one of the 19 participants felt there had been subjective improvement in their level of physical fitness (judged by the distance they could walk easily, or their ability to climb stairs), and all felt that their flexibility and ability to stretch had

improved. Twelve out of 19 respondents reported a large improvement in mood and all others reporting a small improvement. Seven participants (37%) reported a large improvement in relaxation and calmness in the questionnaire, and 6 (32%) reported a large improvement in self-esteem. Case study evidence highlighted that this may have been the case particularly for people following difficult periods, such as divorce.

In the questionnaire, around two-thirds (12 participants) said that they had increased their level of community-based activity since undertaking the programme, and eleven agreed that they had increased their levels of other activity (such as social outings). By the end of the Sweet Tonic programme, all but one of the 19 workshop participants who responded to the questionnaire agreed that they felt more creative as a result of their participation in the programme, with eight people strongly agreeing that this was the case. The small sample size of this study should however be acknowledged.

Southcott, 2009 explores the experiences of singing in a small group, the Happy Wanderers (an older people’s singing group in Victoria, Australia). Three out of ten of the members of the Happy Wanderers participated in a small focus group to explore experiences of participating in this singing group.

The Happy Wanderers are an older people’s singing group (with ten members) who perform in nursing homes, day centres, senior citizens groups and friendship clubs. In 2006 they gave 110 performances; this level of input and commitment meant that attracting new members was difficult. However for those who were part of the group, participation had had a number of positive impacts. Firstly the group provided support and friendship to each other, even when members become too old to sustain performances. Secondly, the feedback and response from audiences brought great reward and sense of purpose to members (particularly in instances where audience members with severe dementia or strokes responded positively to the singing or sang along themselves). Thirdly, membership of the Happy Wanders offered opportunities for continued learning and personal growth (for example, learning new songs).

With a small group of three participants, it is difficult to form conclusions about this study. However, it does confirm some of the known protective factors for good mental health and wellbeing; the importance in successful ageing of actively engaging with others and the role of volunteering in promoting quality of life in later life which provides social contact and sense of purpose.

Dabback, 2008, provides evidence of the impact of a professionally led music programme for older people with an investigation of how members of Rochester, New York, New Horizons Band Programme utilised social interactions and networks within the organisation. Five focus groups with 22 participants from a band of 100 members were used to explore experiences and interactions within the band.

Participating in the band enabled older people to form new positive identities post retirement when established working identities were lost. For New Horizon players, life still held promise and opportunity to explore new paths. It also gave participants the opportunity to regain lost skills (if they had played instruments in childhood for example) or try out new musical identities for the first time. There was a particular emphasis placed in this study on the opportunity the band gave women to move away from traditional "female" instruments such as the flute and piano into more commonly thought of as "male instruments" such as the saxophone.

Study participants identified the camaraderie and communal nature of the ensembles. Communal music-making promoted new friendships and strengthened existing relationships. Being part of the band, with regular rehearsal times, gave structure and routine to members. Participants also cited the spiritual, physical and mental health benefits they gained from participation – this included both cognitive benefits gained from musical activity but also an increased sense of wellbeing. Playing concerts within residential and nursing home settings gave band members the opportunity to contribute to the social capital of their communities.

Dabback concludes that programmes such as New Horizons provide structure and purpose in participants' lives. With a small sample to draw from it is difficult to draw conclusions about how representative they are of the band as a whole. However, it would appear from

these findings that active engagement and communal music making has the potential to enhance physical, mental and social health.

Two small scale qualitative studies by Taylor (2008, 2010) provide evidence of the role of learning a musical instrument in promoting wellbeing in older people. Whilst these studies may be on the boundary of what is considered participative art, they have been included for their qualitative insights on how the appropriate level of challenge can influence how successful participating in artistic activities is for participants.

Taylor, 2008 explores what it meant to be learning the keyboard and the piano with eight older learners through in depth interviews. Playing music was found to be an enjoyable and uplifting experience, which gave some form of companionship to isolated or bereaved participants. Learning to play had increased participants confidence and self-esteem, particularly when positive feedback was received from family and friends. However, not being able to meet all one's expectations about the quality of playing could be a source of frustration and disappointment. Whilst participants appeared to gain satisfaction, relaxation and enjoyment when they engaged privately with their music at home, they also had to overcome frustrations at the difficulties of learning a new language and acquiring new motor skills. The author concludes that this represents a struggle to resolve a tension between the sophistication of a lifetime's engagement with music and the clumsiness of participant's attempts to articulate their musicality as they come face to face with the difficulties of actually playing their instruments. This struggle is something that adult novices seem to experience as part of their learning, and which children do not. It can add to the intensity of learning an instrument, as it can be the realisation of a lifelong dream, but the shift from music listener to music performer can be a struggle.

In Taylor's other study (2010) the author investigates learning in a master class with amateur pianists in order to increase knowledge and understanding about older music learners engaging with musical tuition. Six mature amateur pianists with an average age of 65 participated in the master class (with the researcher among the participants). Semi-structured interviews explored what their participation meant to them.

The six participants prepared pieces and received guidance on them from the professional in front of an audience. Participating in a master class improved participants' confidence in their abilities as musicians, through the feedback and guidance received. Learning in front of an audience could be off putting, but it could also act as a supportive force. All the participants experienced a positive reinforcement of their self-esteem, musical self-efficacy and their musical identity as mature amateur pianists as well as acquiring new musical skills.

Hays, 2006, presents evidence of an empirical study of the personal meaning and importance of music in the lives of older people with a sample of 38 people living in Australia who were interviewed. Again this study may not be strictly participative art, but it provides useful evidence of how engagement with music and playing an instrument may change as individuals get older.

Participants expressed changes in how they had engaged with music over time - as they had aged it had moved from being a participative, group activity (for example, playing and singing round the piano) to a solitary pursuit with more emphasis

on listening to music. Participants identified several physical and mental health benefits associated with playing a musical instrument / singing including: breathing control, improving physical dexterity (in fingers etc.), intellectual stimulation, lifting mood and alleviating depression and pain control. Music had a particular spiritual resonance for some participants. For those participants who had experience of caring for someone with a neurological condition such as dementia or Parkinson's, music offered a means of communication and facilitated connections to the past and present.

Hays concludes that music facilitates the construction of meaning in the participants' lives and is directly related to life experiences and emotional needs. Music can connect older people to others, validate memories and provide meaningful purpose in life. Music can be a type of applied "selftherapy" that some older people use to maintain a "balance" of wellbeing in their lives. However, it remained for the most part a solitary activity for participants despite an expressed desire to return to more communal playing, raising the question of how older individuals can be supported to join together to create music within their communities.

“The team effort that develops is brilliant... in a place like this, anything that can bring together people who've gone astray – especially something as positive as music – has got to be highly advantageous.”

(prisoner, De Viggiani, 2010)

Evidence from the grey literature

A considerable range of grey literature is available on the impact of singing and musical activities for older participants, which complements and adds to that found in the peer reviewed literature search.

An exciting new evaluation (De Viggiani, 2010) reports on the impact of Music in Time on older prisoners. The evaluation participants (n=80) were male and female prisoners who participated in Music in Time where musicians are trained and mentored to work with older people, school children and those in prison. The programme, delivered over six half-day or three full day sessions, aimed to bring a music education programme to older prisoners, to help build self-efficacy, new relationships and new skills. The programme had many beneficial impacts including health benefits (particularly mental and emotional well-being), life skills (self-confidence, self-belief, personal worth, organisational and leadership skills, creativity, concentration, patience and respect for others), social bonding and interaction with peers and staff.

Prisoners' own attitudes and stigmas towards their fellow prisoners were challenged, including a breaking down of barriers between older and younger prisoners.

One particularly useful study, undertaken by the Sidney de Haan Research Centre for Arts and Health in 2008 (Bungay & Skingley), evaluated the impact of the Silver Song Club in South East England. Using a range of qualitative methods (observation, interviews and focus group discussions) it explored the experiences of 17 older participants and 48 volunteers and staff from across six song clubs. Keele University's similar study (Murray, Lamont & Hale, undated) of the benefits of participating in a choir for older people ('Golden Voices') also utilised qualitative methodologies (interviews and a focus group), to explore the experiences of 11 older participants.

Both of these evaluations found similar health and wellbeing impacts to the peer reviewed literature in terms of improved mood, increased social networks, improved breathing control, cognitive stimulation and learning. An important conclusion from the Sidney de Haan evaluation was that outcomes could be different for each participant based on their reasons for attending; for example those who attended primarily for social reasons identified social

interaction and friendship as outcomes, whereas those who attended primarily because of an interest in music were more likely to highlight outcomes associated with cognitive stimulation and learning. The preferences and desires of participants were therefore an important consideration when planning a singing activity such as this, to allow opportunity for social interaction and growth as appropriate.

The Keele study highlighted the important role of having a professional conductor lead the choir in terms of the inspiration and motivation she provided for the group.

Visual arts

"When I came here I was just a little old widow. Right? Nothing ... just a little old widow. And now I'm an artist. And I know it shouldn't make a difference with people...but it does. [They're thinking] 'that helpless little old thing with a quarter of a pound of something in her basket'. Horrible. It quite transforms your sense of yourself"

(older artist, Reynolds 2010)

Three studies look at the impact of visual arts engagement on older participants, of which two are peer reviewed papers (Reynolds 2010, Murray 2010) and one is a grey evaluation report (Harper & Hamblin, 2010). Both peer reviewed studies used qualitative methods and the grey evaluation report used mixed qualitative and quantitative methodologies.

Murray, 2010, describes an evaluation of a community arts initiative with 11 older people (64% female) aged 51 to 83 from deprived urban community in the UK. Ethnographic type data were collected on an on-going basis. The evaluation involved regular conversations with all of the participants, field notes from all meetings, semi-formal interviews with a sub-set of the participants and focus group discussions at the close of the project.

At an individual level, participants indicated that they had gained a sense of achievement through their creations and discovered creative skills and abilities they never knew they had. However it was the social benefits that participants highlighted most often - suggesting that the programme had offered increased opportunities for neighbours getting together and a sense of belonging to

something positive in a community which was perceived as being bereft of social activities and community spirit.

Murray concludes that overall the initial findings from this project centred on the importance of social representations of community. The older people felt ignored and forgotten by outsiders. The arts project not only provided them with an opportunity for social interaction but through working together they felt that they were challenging the negative outsider social representation of their community. Whilst the numbers included in the study are small, these findings about the importance of art in enhancing community esteem do provide useful evidence.

Reynolds, 2010, examines 32 older women's motives for visual art making in the UK using semi-structured interviews. The women were involved in a range of visual art forms in group and individual settings (for example, painting, pottery and textile art). Participating in visual art making was described as contributing to subjective wellbeing in two ways: enriching inner lives and promoting connectivity with the wider world.

In terms of enriching inner lives, the participants highlighted the ways in which art making stimulated the senses and promoted a mental absorption in creativity which helped to alleviate concerns with pain and discomfort. Visual art making also allowed participants to develop new skills, new artistic identities, meet new challenges and take pleasure in play and experimenting.

In terms of connecting with the wider world, participants highlighted that art enabled them to connect with nature and maintain relationships with family and friends and the wider community, through producing art as gifts or for sale and participating in group art activities. Participants described having an "openness" to life, perceiving the later years as providing opportunities for further learning and development, rather than as a time for reflection on the past, or regret. This study shows that older people may derive considerable subjective benefit from leisure activities taken up for the first time after retirement.

Evidence from the grey literature

In 2010 Dulwich Picture Gallery published an evaluation of its Good Times: Art for Older People initiative, a 5 year multi-

faceted programme, designed to engage people aged 65 and over in creative activities and increase their involvement with the gallery (Harper & Hamblin, 2010). Activities included creative workshops, both within the gallery and community settings, some of which were intergenerational, prescription for art, linking in with local GP practices and gallery tours.

The retrospective qualitative evaluation involved a range of methods including post-session questionnaires, diaries, personal testaments, interviews and observation. It is not stated how many individuals were involved in the evaluation.

The evaluation found that the programme had gone some way to combat social isolation and older participants had found new social networks through the programme and positive new identities which helped to improve self-confidence and negate a sense of individual isolation. The art created provided tangible examples of their achievements, which could be shared with family and friends and remind individuals of their own self-worth.

The study, undertaken by the Oxford Institute on Ageing, found that patience and encouragement from professional artists was a key success factor in terms of enabling participants to find the courage to try a new skill. The emphasis was on providing high quality artistic experiences, which in turn was perceived as valuing the participants and further enhancing their self-esteem.

Dance

'I mean we like to be liked and wanted, and we like to be a part of a dancing society. I mean a lot of these ladies live on their own and they've lost their partners, you see, there is a family there where you belong. You belong in a dance hall, you see.'

'People come with their aches and pains to me [and] they say, 'I shouldn't be here. I've got this wrong with me', and then they do two and a half hours of dancing and don't feel a thing. I've seen people in town with walking sticks, and two hours later I've seen them dancing away as if there's nothing wrong with them.'

(older dancers, Cooper 2002)

Four studies on dance programmes for older people are included in this review, of which three are peer reviewed articles (Cooper 2002, Hui 2010, Stacey 2008) and one is a grey evaluation report (Barnes, 2010). The three peer reviewed papers use qualitative methods such as interviews and observation, and the grey report uses a mixed methodology of qualitative and quantitative measures.

Cooper 2002, presents a particularly rich qualitative study exploring the experiences of social dance for 31 older dancers aged 60 years or more from three areas in Southern England – two inner-city south east London boroughs and north Essex who participated in social dance activities in one of six sites. The study focused on the meaning of social dance (primarily modern sequence dancing or ballroom dancing in community settings) to participants and the perceived impact of participating in social dance on their lives.

Using open-ended interviews, the researchers found that social dancing gives participants a sense of continuity and stability in their lives through engagement with familiar cultural touchstones (particular dances and pieces of music etc.). This connection with the sounds and movements from their pasts could be particularly beneficial following significant life events, for example the death of a partner. Social dancing was also found to increase individuals social support networks, regardless of social status but it could sometimes be difficult for new members to break into established dancing communities. Self-esteem was manifested by participants taking pride in one's appearance (dressing up) and dance skill. Social dancing had the potential to confound stereotypes about older people as undesirable and aesthetically unappealing. It was also reported as not only keeping the body fit but also keeping the mind active and working well.

Cooper concluded that social dance provides opportunities for physical exercise and is also a uniquely positive experience which mitigates the public invisibility of older people, creates real and perceived experiences of fitness and fun and provides a sense of continuity when it is most needed. The researchers recognise however that some forms of social dancing explored in this research (sequence and ballroom) may be specific to the current older generation and may not be of interest to future generations.

Hui, 2010 evaluated a culturally-appropriate dance project for older people in Nottingham. Through observation and interviews with programme participants and facilitators, the research explores the impact of participation in the Elders Dance Project, delivered by professional dance facilitators in four care settings for eight week blocks in Nottingham. Two groups were delivered in English (with largely white participants), one in Punjabi and one in Gujarati. No information was given about how many individuals participated or their ages or backgrounds.

The four dance groups operated in different ways, reflecting some of the cultural differences between them. For example, different music and dance styles, were used depending on the language the courses ran in. The personal benefits of participation as identified by the researchers included increased self-awareness and confidence - identified through observed levels of interaction within the groups, engagement, socialisation with others, eye contact and a freer sense of self-expression. A great sense of community spirit was achieved through the dance groups. The cultural appropriateness of the different groups was thought to have enabled minority ethnic participants to better relate to the dances, and engage and express themselves more fully.

Although there is some methodological information missing from this paper relating to sample size, it is the only study in this review which explores the impact of arts participation on older people from minority ethnic groups and therefore worth including. The authors conclude that dance provides multiple benefits over and above socialisation including creativity, individuality, self-expression in a non-verbal form and exercise. Dance could also help to provide a holistic image of an individual: encompassing the person's culture, identity and spirituality.

Stacey, 2008 provides another evaluation of a dance programme for older people in Nottinghamshire, this one aimed at socially isolated older people from one rural community. At the time of publication the Young @ Heart project had been offering a weekly dance class, health information and subsidised meal for up to 28 members, (82% of whom were women) over a five year period. Using a combination of interviews and observation, the researchers explored the benefits of engaging in the programme

with eight participants (all women), who had been members of the group from between six months and four years.

Participants reported increased confidence gained in particular through the group's public performances and the various awards they had won. Opportunities to share stories and reminisce with fellow group members bolstered community spirit and extended social networks within the local rural community. Participating in dance also increased individuals' sense of physical fitness and energy levels.

The authors conclude that the opportunity for older people to express themselves through the medium of dance holds benefits for both emotional and physical wellbeing. This is further enhanced by a growth in confidence, which participants associated with improved physical health. The exploration of sensitive areas of life in a safe environment provides comfort and an opportunity to reminisce and celebrate the lives they have led. The stimulation of dance helps to maintain physical activity and challenges the stereotype of ageing as a period of physical decline and increased dependence. The opportunity the group generates for engagement with others is overwhelmingly valued by the participants. The findings also suggest that participation in the group gives a sense of belonging within a community and the opportunity to address the potential isolation of older age. Again the small sample size of the study makes generalisations difficult.

Evidence from the grey literature

Step Change was a two and a half year dance project for adults and children in Somerset. As part of this project, professional dance artists worked with 349 older adults (aged 50+) in a variety of community settings.

In 2010, Step Change was evaluated using a variety of qualitative (discussions, observation) and quantitative (questionnaires) methodologies with older participants (Barnes, 2010). The evaluation found similar impacts to the peer literature in terms of mental and physical health benefits, such as perceptions of improved mood, fitness, stamina, flexibility, balance and muscle strength. The authors also highlighted the role of the dance classes in terms of reducing rural isolation and social activity, particularly in the winter months where travel was more difficult.

Great emphasis was placed on the value that professional dancers brought to the programme, in terms of promoting safe working practice, which was reassuring to participants, and their ability to respond to the preferences of participants. Older participants were able to bring along their own music and the dance artists developed themes accordingly, for example around the rhythm of a waltz.

Theatre and drama

"I enjoyed the idea of sharing emotional feelings together. It was therapy to me because some of these things being bad memories and the sad thing about it is we cannot change the past. If our individual contributions can change other people's lives in a more positive way, then it will be great"

(older actor, Hafford-Letchfield, 2010)

"It does your ego some good, as well, when people come up to you and say I did enjoy that."

(older performer, Pyman, 2006)

Four studies in this review report on theatre and drama engagement, three of which are peer reviewed (Hafford-Letchfield 2010, Pyman 2006, Noice 2009) and one grey (Johnson, 2011). Two of the studies were qualitative and one was quantitative and one used mixed qualitative and quantitative methods.

Hafford-Letchfield, 2010, reports on an evaluation of an intergenerational drama project to explore older people's sexuality. The RUDE (Rude old People) project involved older people from a local theatre group and social work students from a UK Higher Education institution who worked together in small groups with arts / film directors to write, act and film a series of 17 dramatic interactions based on attitudes to older people's sexuality.

Using a combination of facilitators' notes, blog entries, participant feedback, one focus group and a questionnaire the researchers found that the creative process appeared to stimulate more effective learning in the social work students than traditional educational methods. Drama and role play enabled participants to think outside their established views of older people and their sexuality and encouraged empathy to develop. Feedback from older actor participants indicates that programme whilst they enjoyed sharing their



experiences with the younger students, they felt the programme was not challenging enough. The content was, for example, predominantly heteronormative and participants would have liked it to have reflected Lesbian, Gay, Bisexual and Transgender older peoples' sexuality.

The number of older participants involved in this study is unclear, but the findings on the role of drama in providing a forum for intergenerational learning are useful. The authors conclude that intergenerational drama provides a safe space in which to challenge traditional perceptions of older people and also to break down the power imbalance that exists between professionals (in this case social workers) and older people.

Noice, 2009, is one of the few authors in this review to compare the impact of participating in two different art forms (drama and singing) on the wellbeing of older people. Noice's study recruited 122 community dwelling older people aged 65+ with good vision and from primarily subsidised, low income housing from the Chicago area, who completed either a theatrically based intervention (42 participants) a singing intervention (40 participants) or no-treatment control group (40 participants).

The theatrical course consisted of increasingly demanding exercises designed to have participants experience the essence of acting (i.e., 'to become engrossed in communicating the meaning of the dialogue so that obvious situation-specific cognitive/affective/physiological alterations occurred in their demeanor' Noice, 2009). The singing instruction encouraged the same atmosphere and consisted of teaching proper breathing techniques, supervising vocal exercises, and performing well known songs. All participants were subject to 12 pre-test and post-test scales to measure memory, problem solving, personal growth and lifestyle activities, word list recall, delayed word list recall, category fluency, digit span, East Boston Memory Test, Means-End Problem Solving Procedure, Self Reported Personal Growth Scale, Memory Controllability Inventory, Lifestyles Activity Questionnaire.

The results showed that at post-test the acting group performed significantly better than the no-treatment controls on immediate word recall, problem solving and verbal fluency. When comparing the acting group to the singing group,

acting also scored significantly higher on the same dependent variables. The only exception was the immediate East Boston Memory Test which indicated no differences between the drama and singing interventions. Participants who received either acting or singing training showed higher pre to post-test ratings in personal growth compared to the no-treatment control participants.

Noice concludes that drama is an effective intervention for improving cognitive skills in older people. One reason proposed for the effectiveness of the acting intervention was that it is structured so that passivity is never an option. Each participant has to do each acting exercise in front of all members of the group. Furthermore almost all dramatic situations involve some sort of problem to be solved, which requires a high level of mental-emotional-physiological involvement. Noice suggests that participating in acting classes can add to individuals' cognitive capital or "reserve" even late in life.

Pyman, 2006, explores the impact on older people of participating in community theatrical production (old time music hall). The qualitative study data were collected from eight semi-structured interviews designed to explore participants' unique perceptions of their shared community theatre experience. Five women and three men all aged 60+ were interviewed which included members both from the performers and production crew.

Participants in the theatre production (old time music hall) expressed increased confidence and social connections. Recently-bereaved members of the company identified the opportunity to make friends in a supportive environment, a reason to go out and a welcome when you arrived as being of particular value. The experience that performance affords of 'being someone else' may also have given these individuals some temporary relief from their grief. The development of confidence and sense of individual and collective achievement in staging the performance was reinforced by the audience's appreciation. Participants acknowledged the anxiety that was associated with putting a show on, but were not willing to dwell on any negative aspects of their involvement.

A sense of 'community spirit', found within the group, was valued by all. Participants also indicated that they

felt the performance brought together the village community in which they all lived. Participants saw the benefits of community theatre as raising the profile of the local community, as well as contributing to a sense of belonging and to the unique identity of the community (for example, the performance included scenes from local history and local landmarks). Skills seen by participants to develop as a result included time management, negotiation, people skills, assertion, compromise and listening skills.

The author concludes that far from being a simple staging of old songs and sketches in a recreated historical setting, those who took part saw their experience as an opportunity to developing their knowledge, skills and attitudes, and enrich their lives. Further studies of this kind with a larger sample group would be of benefit.

Evidence from the grey literature

One study by the University of Southampton explores the impact of an intergenerational drama performance, 'On Ageing' supported by Fevered Sleep, a theatre company based at the Young Vic in London (Johnson, 2011). The play was devised jointly by children, older people, with support and input from professional artists, using the experiences of older people to inform the content. The play was performed by children with an older people's choir.

The evaluation utilised mixed methods including observation, audience surveys and interviews with project developer, performers and directors. The findings highlight the value of intergenerational creativity, in terms of creating more positive impressions in children of older people as active and fun. Audience members also highlighted that the play had led them to reassess their attitudes about children, but although feedback about the production was very positive, it did not appear to impact significantly on their attitudes to ageing. Rather, it was an opportunity to reflect and contemplate.

Experiences of those older people who were involved in the choir indicated that those with less musical experience gained more from participation than those with more musical experience. Those involved in the play devising process highlighted the value of having their experiences heard, and the positive social aspects of coming together to create a play.

Festivals

"It makes you reflect on the fact that you think of older people as all being the same and obviously they are no more the same than any other group in society. It's reassuring to think that you can still be sort of creative and feisty and funny at 96."

(Interview with drama facilitator on intergenerational project, Ní Léime, 2008)

"The awareness that older people can be creative is important. It gets away from the notion of just taking classes in crafts, etc. Professional artists come in. Older people see how their work is valued with the festival launch, the time and the attention paid."

(Interview with visual artist working on intergenerational project, Ní Léime, 2008)

No peer reviewed studies on the impact of festivals were found by the authors, but fortunately a comprehensive evaluation by Ní Léime, 2008 of the Irish Bealtaine provides useful evidence on the role of large scale arts festivals in promoting positive images of older people at a societal level.

The Bealtaine festival is a month-long arts festival that takes place throughout Ireland in May every year. The purpose of the festival is to celebrate creativity in older age, highlighting older people's current engagement in the creative arts, and encouraging their continuing and future participation. The inaugural Bealtaine festival was held in May 1996. In 2007, there were over 7000 events across Ireland that came under the umbrella of the Bealtaine, involving approximately 51,000 participants. Events include dance, drama, film, creative writing, storytelling, visual arts and puppetry.

The evaluation of the Bealtaine festival comprised: a survey of organisers (187 responses) on the impact of the festival on perceptions about older people and older people themselves; a survey of older festival participants and performers (253 responses) on the impact of festival on themselves; a survey of older audience members (103) on impact of festival on the two focus groups (nine participants) with a dance and writers group and qualitative data to expand on survey results.

In the survey of 187 organisers, 72% believed Bealtaine to be successful in promoting positive attitudes to ageing in society. 74% of organisers also believed that one of the most important achievements of Bealtaine was that it stimulated older people to participate in the arts. Organisers felt that Bealtaine increased self-esteem through making participants more aware of their own skills and talents.

Most participants (87%) agreed with the statement that participating in Bealtaine programmes had enabled them to express themselves more easily, whether through creative writing workshops, performance or dance. Taster sessions offered through the festival provided an introduction to the arts for some participants, or the opportunity to explore other art mediums for others. 89% of participants agreed that participation in Bealtaine encouraged their personal development in terms of enhanced learning and organisational skills, through running, facilitating and participating in events. For residents of nursing homes, involvement in Bealtaine offered them the opportunity to be active participants rather than passive recipients of entertainment. 86% of participants agreed with the statement, “participation in Bealtaine has improved my quality of life”. They mentioned physical, psychological and social benefits, such as combating loneliness, reducing health anxiety, boosting self-esteem, increasing social networks and involvement in their local communities.

The high profile of the event nationally and intergenerational projects included within the programme also promoted more positive perceptions of ageing for audience members, participants, facilitators and society in general. The event offered an opportunity for collective celebration and for art experimentation and creative risk taking. There was sometimes a need to build up participants’ confidence to get involved in arts events.

Two-thirds of older people’s groups who responded believe that there are categories of older people who are not currently involved in Bealtaine. These include people with no transport, especially those living in rural areas, and those with poor mobility; people who are not involved in Active Age groups who may not be aware that such a festival exists; those unable to leave their home due to illness and those who are in care.

Ní Léime concludes that Bealtaine provides significant health and quality of life gains for participants and people feel better because of Bealtaine. The creative expression associated with Bealtaine fosters feelings of wellbeing that improve psychological outlook and morale among participants and older audiences. Taking part in local arts projects is a popular way of becoming involved in community activities. It also provides an opportunity for enjoyment and celebration of the arts among older people.

Impacts of participatory art for people with dementia

The six studies comprised two music programmes (Martin 2004, Sixsmith, 2007) two visual arts programmes (Brownell 2008, Kinney 2005) one drama intervention (Lepp 2003) and one storytelling programme (Phillips 2010).

Three of the six studies employed qualitative methods, such as focus groups, interviews and observation, and three of the studies used quantitative methods such as validated tools to measure cognitive functioning, agitation and engagement.

Music

“Drum circles are a bonding experience. It gets you in your very soul. It is a really spiritual experience. It brings you up and out of yourself like a bird or eagle soaring above.”

(participant, Martin 2004)

Martin, 2004 describes the experiences felt by nursing home residents and day programme participants taking part in a drum circle programme. The study involved 117 older people in both nursing home and day care facilities in Ontario Canada, approximately half of whom (62, 51%) had been diagnosed with dementia. The mean age for nursing home participants was 84 and for day centre participants was 78. Research methods comprised observation of participants and non participants, real time interviews with participants, a focus group and interviews with drum circle facilitators.

The drum circles took place on an average of twice a week over a five month period. The day programme circles ranged from 13-17 participants. The nursing home circles ranged from eight to 17 participants. Overall the

drum circle experience was a positive one for both the day programme and the nursing home participants. Many of the participants took a leadership role during the drumming circles - it was frequently observed that residents with severe cognitive impairment who would not ordinarily be in a position to lead others in an activity were able to influence the rhythm played in the group. It gave participants with conditions such as aphasia (inability to express thought in words) the opportunity to communicate through rhythm and express themselves. Drum circle sessions appeared to bring participants together on an equal playing field regardless of cognitive function – all could participate. Participation in drum circles promoted mastery, pleasure, spiritual uplift and communication.

Martin recommends that drum circles be incorporated into regular activity programmes in long term care facilities, particularly those which provide services to patients with dementia.

Sixsmith (2007) took a broader approach to understanding the impact of music on older people's lives. Sixsmith's study explored the role of music and music related activities in the everyday lives of 26 people (mainly female) with dementia living at home or in care homes in the UK. The study focused on the meaning and importance of music in the everyday lives of older people and the benefits derived from participation. Open ended interviews were used to explore the various components of the everyday and enjoyable activities that people took part in; the reasons why they enjoyed or did not enjoy activities; the factors enabling and constraining the activities; and the impact of these activities on the everyday lives and wellbeing of the participants.

Many of the music related activities discussed by interviewees involved them singing, playing instruments or dancing as well as listening to music. Amongst some music was an active, enriching and embedded part of their everyday lives and it enhanced their sense of wellbeing. Being involved in music related activities made people feel happy and/or soothed them emotionally (for example, singing hymns in church). For others, music had less significance, and some would lose interest, an outcome possibly associated with their dementia. Others had lost confidence in their singing ability. Even for those with severe dementia however, music sometimes had a communicative and stimulating effect (for example, stimulating memories). For many the

experience was forgotten soon after the music engagement ceased, but this did not seem to qualify the benefits. Music also gave the opportunity for the subjects to be involved in social activities that supported and reinforced positive emotions towards relatives, friends and carers (for example, close physical contact when dancing).

Involvement in music gave people with dementia a degree of empowerment and control over their own lives. Informants who lived at home were more frequently engaged with music than those who lived in residential homes, although more participative forms of engaging with music, for example singing and dancing with others, were more common in residential settings than at home. However, cognitive impairment sometimes meant that individuals forgot that they enjoyed participating in music related activities and needed encouragement from care staff in order to do so.

Sixsmith concludes that music can enable people to participate in activities that are stimulating and personally meaningful. It is a source of social cohesion and social contact, supports participation in various activities within and outside the household and provides people with a degree of empowerment and control in everyday situations. Most importantly, people with dementia, despite their cognitive impairments and other problems, can still enjoy many of the everyday activities that contribute to a good quality of life. Hays argues that music should be recognised as a fundamental aspect of the everyday lives of many people with dementia – not just as a therapeutic device.

Visual arts

Brownell, 2008 evaluated the impact of participation in an intergenerational art programme on the cognitive and emotional responses of adults with dementia on 40 older people (90% female) with dementia living in a care home in a rural community in Southern New York State. Several validated tools were administered at baseline and then at four monthly measurement points, these were the Functional Assessment Staging Tool, Apparent Affect Rating Scale, Level of Engagement and Agitation Behaviour Mapping Instrument.

The art group participants were offered a weekly 45 minute art class over a five month period. A control group did not participate in the structured art activities but were given simple individual art activities to engage with (for example, drawing). A number (unstated) of art students joined the group to help facilitate. There was no statistically significant difference between the residents in the art programme and the control group in terms of levels of engagement displayed. In terms of mood and behaviour measures, residents not participating in the art programme showed significantly higher levels of fear/anxiety and verbal agitation at the third of the four time points. No other statistically significant differences were noted. All five art students who participated in a focus group stated that they felt increased respect for the residents as well as a more positive opinion of nursing homes.

The researcher found that if residents had the cognitive ability to understand and respond to the offer of an activity they were likely to become actively engaged, whether in or out of the structured art programme. The key seems to be providing activities that are appropriate for the functional level of the individual; by doing so, isolation and apathy may decrease. Because of the small sample size, however it is difficult to determine significance of the quantitative data.

Kinney, 2005 describes an evaluation of the impact of visual art programmes for older people with dementia. The evaluation had two objectives, to identify the extent to which participants experienced a sense of well-being when they participated in 'Memories in the Making' and to identify whether individuals experience the same degree of wellbeing during 'Memories in the Making' as they do while participating in different structured activities. The sample was 12 older adults with dementia attending one of two Adult Day Centres in Cincinnati. These participants took part in Memories in the Making sessions on a weekly basis and also took part in other comparative activities (word games, current events, sharing, etc). Their wellbeing was measured using the Greater Cincinnati Chapter Well-being Observational Tool, which was implemented for each participant on multiple occasions. Participants demonstrated significantly higher levels of interest, sustained attention, pleasure, self-esteem and normalcy (derived enjoyment from being in a group activity) during 'Memories in the Making' than during other activities. There was relatively little negative affect (agitation, anger etc) or sadness observed during either activity. Participants demonstrated higher levels of well-being in multiple domains while engaging in 'Memories in the Making' compared to the other activity. Again, a major limitation of this study derives from the small sample size.



Drama

“I think we have better contact now after the programme. We wink to each other and sing even more and give signs to each other”

(caregiver, Lepp 2003)

“They [the older participants] have had such a great amount of knowledge about different things that had not been considered before. Regardless of what theme we talked about, they were very knowledgeable.”

(caregiver, Lepp 2003)

Lepp, 2003 set out to describe how a professionally led drama workshop programme for 12 patients (aged between 73 and 95) with moderate to severe dementia, living in a care home in Sweden with their caregivers impacted on the caregivers. In this pilot study, a focus group was held with seven caregiver participants one month after the workshop programme to explore caregivers' various experiences and conceptions.

Six drama workshops were provided by professionals to patients and caregivers over a two month period. Caregivers perceived that greater “fellowship” was fostered between patients and caregivers through participating in the drama workshops. Spending time together in enjoyable creative activities enhanced the bond between patients and caregivers, which was carried back into everyday life in the care home. Patients' communication skills were observed to have improved over the course of the programme - this change being thought to have occurred due to increased patient self-confidence. Caregivers also observed that the drama workshops helped patients to regain memories and skills it was thought had been lost for good, for example, memory of specific events or the ability to sing. By participating in the programme, therefore, the caregivers learnt new things about their patients, which they could use in other settings in their interaction with them. The caregivers interviewed had become convinced (from an original position of scepticism) that drama had a valuable role to play within care home settings.

Although the effects of the drama workshop appear to be significant to the individuals involved, this was a pilot study based on a very small sample, and so the findings should be treated with caution. Further research with larger samples would be required before this

drama programme could be implemented as a regular alternative treatment method in the caring arena. Having caregivers participate with patients was an interesting dimension to this study, and suggests some additional benefits for patients with dementia in terms of challenging the expectations of those around them. This may overcome some of the barriers found in the art gallery visit research (i.e. low expectations of what patients can / cannot do).

Story telling

Phillips, 2010 carried out an evaluation of the effect of a storytelling programme, 'TimeSlips', on communication, neuro-psychiatric symptoms and quality of life in 56 (mainly women) long term care residents with dementia in the USA. A range of validated rating scales for mental health, cognitive function and quality of life were used, such as the Cumulative Illness Rating Scale, Mini-Mental State Examination, Cornell Scale for Depression in Dementia, Neuropsychiatric Inventory – Nursing Home Version, Quality of Life – Alzheimer's Disease, Functional Assessment of Communication Skills, and Observed Emotion Rating Scale. Information was collected at baseline, one week and four weeks post intervention (emotion was observed at two additional times).

'TimeSlips' is a nationally recognised group storytelling programme for people with dementia that encourages open storytelling by stimulating the imagination rather than relying on reminiscence. The programme was delivered for six consecutive weeks for one hour each time with groups ranging from 6-12 participants in three different facilities. The sessions were conducted by a researcher and one other facilitator. The control group received another activity of their choice. The evaluation findings indicate that participation in TimeSlips was associated with statistically significant increased expressions of pleasure and better communication, compared with the control group. In addition, the pleasure effect persisted at one week post-intervention follow up. No intervention effect was found for depression or behavioural scales. The study findings suggest that the benefits were limited to the duration of the programme. The homogeneity and small size of the sample makes drawing wider conclusions from this study difficult. However, the research recommends training nursing home staff to deliver the programme.



Discussion

This review is an attempt to bolster current knowledge on the benefits for older people of involvement in participatory art through the synthesis of the best available research evidence.

Here the central question, “In what ways does participating in art impact on the wellbeing of older people and the ways older people are perceived by the communities in which they live and society in general?”, is revisited to focus down on the key learning that arises from the evidence base presented in the results section.

Points on the strength of the evidence base

This review has been conducted systematically and 31 studies have been found to match the review criteria, providing some insight into the potential that participatory art has to positively impact on the wellbeing of people aged over 60. However, the strength of the existing evidence should be considered in the context of its many limitations.

Participatory art is a new research field and as such has less of a pool of research studies from which to select; therefore the quality of the research included is not subject to the same rigour as it would be were this a more mature research field. Another pitfall of an emerging evidence base such as this is that it is not possible to demonstrate the strength of the evidence through, for example, the cumulative effect of a number of studies focussed on one art form.

A review such as this which covers all art forms has some limitation in terms of the depth in which it can investigate and meaningfully compare the impacts of different forms of art. The ability to do so was further impeded by the fact that most of the studies in the review were small

scale and/or pilot studies. Clearly further research is required to consolidate the emerging learning about the impact of the participatory art activities included in this review.

There were no examples where a participatory art activity was compared against another non-art activity; consequently using the evidence base to isolate what it is about art that benefits older people is not currently possible. Some studies did compare participatory and non-participatory art activities (Brownell, 2008, Sole, 2010) and compared between art forms (Noice, 2009). However no significant differences were found.

Often the participatory art activities were not described in much detail or explained well, which restricted the capacity of this review to inform practice by spread of innovation through replication. Terminology such as ‘therapy’ is used inconsistently, making it difficult to distinguish between art therapy and other arts based activities.

The quality of the research in this emerging field could also be moderated by an element of bias on the part of authors who were in the main very enthusiastic about (and sometimes had

vested interest in) the projects they were researching. However this is surely a common feature of emerging research fields.

Study participants were predominantly white females, and whilst this reflects the demographic balance of the UK older population in general, it does limit the transferability of the findings to men and non-white ethnic groups.

There is little homogeneity between the studies in terms of method, topic or programme type. Identifying participatory art projects that included professional artists proved to be difficult due to the lack of detail on the art activity itself provided in most papers. Some studies paid attention to the role of the professional artist (e.g. Oxford Institute on Ageing, 2010, Ní Léime, 2008), and cited this as a key success factor.

The studies included in the review used a range of outcome indicators and numerous ways of collecting data to measure experiences against these outcomes to demonstrate success. This reflects the diversity of perspectives on what constitutes a positive outcome for older people, their carers, families and their wider community. Many of the studies have applied simple data collection techniques such as interviews or focus groups and there is a strong focus on involving participants directly through qualitative research techniques. This is a positive attribute in terms of making the evidence base accessible to many and also providing powerful insights into individual stories which have a strong role in influencing policy makers and practitioners. Such studies are also less resource intensive and practical (and therefore, in the short-term, more realistic for most organisations, in terms of building an evidence base) than large scale quantitative experimental research studies.

Clearly this is a new and emerging research field. Participatory art projects in general are under-researched and the lack of high quality quantitative research indicates that the research that does take place is not well funded. This may be symptomatic of the general status quo within research and policy sectors in terms of awareness understanding of the value of the arts in relation to mental and physical wellbeing of older people. Although there is a developing interest in participatory art and an increasing number of projects developing across the country, the lack of research on older

people may indicate that older people do not have equal access to this resource.

The key impacts of participatory art for older people

Despite the limitations of the evidence base, overall, the findings in this review are convincing in that they all suggest that the benefits of participatory art for older people are powerful enough to impact on their mental and physical wellbeing. The studies in this review have two key elements in common; they are about older people and participatory art in the broadest sense. As such, taken together, with a rich range of methodologies, they provide both insights into the forms of engagement that exist and the ways in which art engagement can enhance the quality of life and wellbeing of older people. The studies in this review more commonly reported impacts on social and mental wellbeing than physical health. However it is well known²⁵ that social, mental and physical wellbeing are interdependent.

The evidence in this review indicates that engagement in participatory art has the following key impacts for the mental and physical wellbeing of individuals aged 60 and over:

Mental wellbeing

- Increased confidence and self-esteem amongst participants were perceived benefits of participatory art engagement.
- There appears to be added value gained from performing to an audience across all art forms (drama, dance, singing, playing music) in terms of participants' feelings of accomplishment and the amount of positive feedback they receive.
- Through participatory art, older adults can embrace new and positive aspects to their identity and life role.
- Involvement in community arts initiatives may be particularly important in counterbalancing the mental wellbeing difficulties associated with periods of loss, for example, retirement or widowhood, which can increase the risk of low mood, anxiety and social isolation.
- For older adults with dementia, participatory art can help improve cognitive functioning, communication, self-esteem, musical skills, pleasure, enjoyment of life, memory and creative thinking.

- Becoming involved in art activities can however cause frustration when individuals find that they are not able to meet their own expectations (or what they perceive to be others' expectations) of achieving a desired but unobtainable standard of artistic expression or skill.
- Through participatory art, many individuals exceed their personal expectations about what they could achieve, "I really never thought I had any art talent to develop and now I hope to further what I've learnt," (Harper & Hamblin 2010), which enhances their mental wellbeing.

Physical wellbeing

- Particular art forms may lend themselves more than others to significant physical health improvements (such as cardio-vascular, joint mobility and breathing control), including dance, singing and playing musical instruments.
- The absorption of the creative processes involved in engaging with participatory arts that are not obviously physically exerting (e.g. visual arts, drama) can lead to an increase in the levels of general daily activity that older people undertake which should have a positive effect on their physical wellbeing.

Communities

Some of the studies in this review provided evidence of the impacts that participatory art for older people could have on the wider community:

- There is clear evidence that participatory arts programmes provide opportunities for meaningful social contact, friendship and support within the art groups themselves as well as improving relationships between those living in care homes and prisons.
- Altruism, experienced through participatory art when it is used as a means of 'giving something back' to the community can have a positive impact on community beneficiaries as well as for the individuals participating in the art.
- Participatory art that involves people with dementia accessing their community, (such as the art works study) or interacting with professionals (for example, social workers, art students) serves to address age discrimination by raising awareness and expectations within the wider community and can help to break down stereotypes and reduce stigmatising attitudes and behaviour.

- Participatory art that involves those with dementia along with their informal carers has proved to be an effective way of breaking down barriers in the relationship between those with dementia and their close family and/or carers. Increased fellowship and raised expectations about the depth and quality of the care relationship can be achieved and then reinforced in other areas of life.
- In day and residential care settings participatory art can foster a better sense of social cohesion and community for those with dementia.

Society

- Large scale, high profile events like the Bealtaine (festival) have the potential to positively transform attitudes towards older people; particularly when intergenerational events are included in the festival.
- Participatory art is a powerful tool that can contribute towards challenging and breaking down both self and external stigmas of being older that pervade popular societal culture.
- Participatory art can be used to bring people together in a way that helps individuals in marginalised groups such as those living in poverty, those identifying as LGBT, prisoners, people living with dementia and their carers, mitigate the negative effects of stigma and self-doubt on their wellbeing.

Given the above, the studies in this review suggest that it is evident that engaging with participatory art can improve the wellbeing of older people and mediate against the negative effects of becoming older.

The current evidence base does not provide sufficient strength for these impacts to be quantified or compared against other social activities that are non-participatory or non-arts based. When considering this evidence, it is important not to think of participatory art as an intervention that should be measured in the same way as a treatment. Old age is not a disease and the arts are not a medicine. So care needs to be taken when considering the values that we place on the different impacts of participatory art and how we judge successful outcomes and consequently how we research them. Some studies in this review referred to impacts such as pleasure, identity, imagination and self-expression, which in themselves are essential aspects of being human right to the end of life and, some would argue, essential to wellbeing. Qualitative

research lends well to gaining insights into the impacts of engagement in art-based activities which may have a deeper or different kind of resonance on an individual's wellbeing than other forms of health improving activities.

Supporting engagement

Economic inequalities can accumulate over time meaning that many older people experience poverty. Equally, older people can find themselves increasingly socially isolated due to changing family structures and bereavement. Added to challenges such as age discrimination and the impact of multiple disadvantages, the life circumstances of older people may also mean that their participation in daily activities and consequently participatory art projects can be sporadic.

It is known²⁶ that over the age of 65 people are less likely to engage in the arts than at any other age due to personal and societal barriers. It is vital that participatory art projects for older people are led by groups taking the initiative to provide a programme or a project which actively facilitates initial and sustained engagement. Projects need to take account and allow for the potential impact of life circumstances on an individual's ability to commit to participation over time by building flexibility into the service models they develop. Such facilitation, flexibility and motivational intervention is especially important in enabling people with dementia to continue to engage.

Participatory art projects can raise self and external expectations of what older people can achieve and what constitutes success. Another way in which the evidence suggests engagement in participatory art can be enhanced is to build in the flexibility and means to find the right level of challenge for different individuals (particularly where learning to play musical instruments is concerned). This approach will lessen the likelihood of people becoming deterred and disheartened if the skill levels they desire or feel are expected of them are not achieved (for example, Taylor, 2008, 2010). Studies have shown that to enhance engagement and positive outcomes, the level of participatory art activity can be tailored to the functional abilities of people with dementia without imposing restrictions by pandering to the common perception that old age places limits on creativity.

Maintaining and measuring positive impacts

Whether the positive impacts gained as a result of participatory art have a lasting effect was an element considered by a number of studies. The findings tended to suggest that the positive impacts of participatory art in general would decline following the end of engagement and/or over time. It is important to interpret this finding in context.

This is an age group where people are experiencing many life transitions, losses and declining health. In general, people's life circumstances and mental and physical health are not linear and are impacted by a large number of social, economic and physical factors. General wellbeing will also increasingly deteriorate as people become older. As Marmot²⁷ states, levels of disability indicate that more than three quarters of the population do not have disability-free life expectancy as far as the age of 68.

Therefore it is reasonable to assume that the initial impact of involvement in participatory art will be strong enough to indicate a significant increase in wellbeing scales (particularly when, for many participants, it is their first involvement with art). However, the idea of engagement in the arts having a lasting change on an older person's wellbeing is not necessarily the purpose of participatory art. The notion of pleasure and fulfilment in the moment as an impact is equally important in terms of quality of life as measuring impact after the moment.

For some participants the initial impact of art engagement may have taken them as far as they can go in terms of life quality given the increasing challenges associated with becoming older that they are coping with. Equally, the impact of participatory art may simply not last. This is something we do not know because there are no longitudinal studies.

It is important to recognise that those particular challenges associated with becoming older may influence scores on wellbeing scales independently of any involvement in participatory art. It is also reasonable to assume that initial positive impacts measured by scales will become less significant as the expectations of participants, in terms of how their lives can be enhanced by art, will have increased and may in turn alter their perception of change and impact. Without

qualitative data to bring context and insight to quantitative data, it is difficult to fully understand its meaning.

Participatory art promotes positive identities

The end art product and its effect on its audiences have not been the object of any of the research included in this review. The key themes emerging from the available evidence base in terms of the unique benefits of participatory art over other art making activities are related to the process of engagement more than the end art product. Through participatory arts older people can actively engage with others in their immediate community, challenging stereotypes that act as barriers to care and social relationships. The evidence

in this review also indicates that participatory art can reinforce positive identities which effectively challenge internal ageism and age discrimination in the wider community (MacPherson et al., 2009, Hafford-Letchfield, 2010).

A key impact of becoming older is the loss of role in society, due to changing life circumstances in terms of work and family but also in terms of negative stereotypes and their embeddedness in our societal structures. This is a crucial area where the evidence demonstrates that participatory art can enable older people to take on positive new attributes in terms of their self-identity and be perceived in a new and positive light by others (Pyman, 2006, Dabback, 2008, Hui, 2010). This is another key area of the strength in participatory art in terms of challenging and overcoming the stigmas associated with older age.



Conclusions and recommendations

Key learning

The beneficial impact of participatory art in terms of mental and physical wellbeing is evident at the individual, community and societal levels. Although the evidence base is relatively weak, it suggests that there is tremendous potential for participatory art to improve the quality of life for older people in general, as well as those older people who are most excluded including those with dementia, those who are socially and economically disadvantaged, LGBT groups and prisoners. However, the needs of older people and the potential benefits of participatory art in promoting wellbeing amongst older people continue to be generally overlooked in policy and service provision.

Implications for policy and practice

A number of implications for policy and practice arise from this review. The lack of research about participatory art for older people suggests that although participatory art as a practice is reasonably well developed, older people are not targeted as beneficiaries as much as they should be. It may also be indicative of the lack of awareness or appreciation by policy makers, health and social care providers and the general public (including older people themselves) of the potential of participatory art to improve the general wellbeing of older people and to mitigate the negative effects of later life on mental and physical health.

This review has implications for policy and practice at the following levels:

Health and social care providers

Access to participatory art projects for older people needs to be supported more actively by local health, social care and mental health improvement agencies and organisations. In particular:

- Community planning and mainstream services aimed at promoting wellbeing amongst the whole population should consider the needs of older people when commissioning participatory arts.
- Health improvement planners and service providers need to ensure that they target participatory arts projects at those older people most disadvantaged in society and most at risk of developing mental health problems. Health improvement service planners should consider ways in which they can engage with arts based organisations and professional artists to work jointly to provide participatory arts projects for older people.
- Specialist health and social care planners and providers should consider ways in which they can improve access to participatory arts for more vulnerable older adults. Day and residential care services should explore the skilling-up of day and residential care home staff to undertake participatory art with older people.
- Regeneration, community development, health improvement and specialist health and social care policies in general need to consider the needs of older people and the role of the arts in promoting wellbeing for older people. Policy makers and providers also need to improve the level of representation of older people in service planning.

Participatory arts organisations

- To maximise engagement, participatory arts projects need to actively facilitate initial and sustained participation, taking account of the health and social inequalities that older people face and the consequent barriers that later life can impose on their motivation or ability to attend.
- Participatory art activities should have flexibility in their approach, enabling adaptation to different levels of social and physical abilities as well as being sensitive to and actively encouraging individual's self-expectations of what they can achieve.

- It is crucial that participatory arts projects for older people challenge the potential for low expectations and over-emphasis of the limitations of old age on the ability of older people to participate and create.
- Local participatory arts organisations and networks should build links with local organisations and networks representing and supporting older people, especially older people with mental health problems, long-term conditions such as dementia and other disabilities, and older people who are 'hard to reach', such as people living alone, living in care homes, and from 'hard to reach' groups such as Black, Asian and ethnic minorities.

Funders and commissioners

Local authorities, national government, and arts and community services funders who fund participatory arts projects should ensure that tenders, funding applications, and funding agreements are "age proofed". This should ensure that they reach out, are accessible, and are used by older people. Funders need to proactively be inclusive of older people with mental health problems, long-term conditions such as dementia and other disabilities, and older people who are 'hard to reach', such as people living alone, living in care homes, and from 'hard to reach' groups such as Black, Asian and ethnic minorities.

A key practice issue is the need to ensure that more participatory art projects have the capacity to use evaluation and research to learn about and improve their work. Those commissioning and funding participatory art projects should recognise the importance of funding evaluation. Most of the participatory arts projects included in this review were short-term. Participatory arts projects in general tend to only be paid for direct arts activity and not for wider project development and management. If this is typical, then it is unlikely that many participatory arts projects have the skills or resources to undertake good quality evaluations. This must limit their potential to share stories of success using evidence based messages to raise the credibility of what they do amongst policy makers, locally and nationally, and promote its expansion. Given the evidence in this review, health and social care planners should recognise the potential of participatory art and invest in the workforce to grow their ability to reflect on their practice.

Further research

Clearly participatory art is an under-researched field of practice; the research that does exist suggests that there is great value in terms of improving individual and community well-being, in particular mental wellbeing. However the evidence base is relatively weak for such a promising area of practice. If participatory art is to be taken seriously as an activity that can improve the mental and physical wellbeing of older people, better quality evaluation needs to take place. Larger samples are required to provide better strength of evidence; this could possibly be achieved through joint studies where different projects are evaluated using the same or similar data collection methods. There is also a need for a forum for the sharing of research findings amongst practitioners and policy makers to prevent duplication and promote learning.

The impacts of participatory art evidence in this review demonstrate that further research should be informative to policy makers in a range of fields including mental and physical health improvement, mental health, community development, criminal justice, housing and regeneration, and social justice. This is an area that deserves more attention from the academic and social research communities and from key funders such as the Arts Council as well as local and national health and social care policy makers and planners. The studies included in this review were funded by a diverse range of organisation including US government departments, national art and humanities research councils and boards, and research trusts such as the Tudor Foundation and the Ohio Fraternal Order of Eagles.

Arts based organisations that currently engage with older people through participatory art techniques need to take more of a lead in building systematic evaluation into their work to both improve their own practice and to actively promote their findings to inspire others and share good practice ideas. Some exciting and complex new studies are up-coming such as the New Dynamics of Ageing²⁸ study on Art and Identity which aims to understand how the lives of older people can be improved by examining their use of contemporary visual art for identity construction practices.

Ideally, longitudinal studies should consider the confounding factors of the constrictions that ageing places on quality of life. Longitudinal studies are needed to explore the lasting effects of participatory art and the factors that contribute to continued engagement and continued positive impact on wellbeing and those which impose barriers. Such, studies should account for and build in controls for the particular life challenges that older people face (socially, physically and mentally) to ensure that any outcomes are measured within the context of these realities. Another key consideration is employing qualitative research techniques as well as validated scales to provide meaningful context to help the interpretation of quantitative data that indicates impacts at different time points and for different individuals and social groups.

A key theme emerging from this review that further research needs to address is the isolation of the unique effects of the arts based activities itself, such as sensory pleasure or self-expression, and the value of these in terms of wellbeing, through comparative studies of art and non-art based activities. The use of moment mapping as a research technique may be beneficial in the exploration of the impact of engagement with art as well as the more commonly used reflective or longitudinal impact measurements.

This review has also highlighted, to a limited extent, the beneficial impacts of participatory arts projects for older people on other people in the community, improving relationships and challenging self and external stigmas. This is an important aspect of participatory art that could be influential in terms of social policy that merits further exploration through research, perhaps focussing on impacts on different groups such as care professionals, relatives or young people.

In general, evaluations of participatory art need to provide more detail about the key elements of the participatory art activity processes. Key examples are whether a professional artist was involved, the role of the professional artist in participatory art, where the activities took place, how resources were accessed and used, the value placed on the activities by other professionals such as in health and social care, the importance or not of the quality of the artistic product of the activity in terms of wellbeing, how sustainable the activity was in terms of funding, engagement and access. This is particularly important if we are to understand more about the need for participatory art involving professional artists through comparative studies between the impacts of participatory and non-participatory art activities. Researchers need to go deeper in their exploration of how different process factors contributed to the success or otherwise of the activity. This would produce a better understanding of what makes the successful projects work well as well as what impedes them and would enhance the possibility of replication and the spread of innovations.

Appendix 1

Methodology

Identifying the evidence: Step 1 (Search for high quality reviews)

Selection of databases

The research team identified the following subject areas as relevant for inclusion in the database search:

Sociology
Arts and Humanities
Economics
Community Development
Psychology
Medicine
Gender and race studies
Urban and rural studies



The search was undertaken using Edinburgh University's EBSCO Discovery Service which enables researchers to search all of an institution's databases simultaneously. This incorporates a wide array of academic databases, including the following:

Arts and Humanities Citation Index
ASSIA: Applied Social Sciences Index and Abstracts
CINAHL Plus
Cochrane Database of Systematic Reviews
EMBASE
IBSS
JSTOR
Medline
PsycINFO
Social Services Abstracts
Social Sciences Citation Index
Sociological Abstracts

Search strategy

Database searching at this stage was concentrated solely on meta-reviews (systematic reviews, meta-analyses, synthesis, literature reviews, etc). The following search strategy was prepared and adapted for use across all databases.

Table A: Step 1 – Search Strategy: Meta-Reviews

#	Search History
1.	TI: (older or elder or senior or "later life" or "third age" or dementia or Alzheimers) Date Range: 1991-2011 Limited to: English Only
2.	TI: (art or arts or artist* or drama* or creativ* or music* or danc* or theatr*) Date Range: 1991-2011 Limited to: English Only
3.	effect* or impact* or outcome* or evaluat* or learn* Date Range: 1991-2011
4.	review* or "meta analys**" or synthes* Date Range: 1991-2011 Limited to: English Only
5.	1 and 2 and 3 and 4

Retrieved: 193

Identifying gaps in the evidence

References were downloaded into bibliographic software (Reference Manager) and abstracts were screened for relevance by two members of the research team. A quality control check was conducted for a random sample (about 5%) of the abstracts and disagreements in selections were then negotiated and a final list of included references agreed. Following this, the full papers of the references selected as a result of the screening were sourced and a final relevance check was made enabling the review team to arrive at a final selection of papers. These references were then mapped into categories using the following mapping table, see below.

Table B: Mapping tool

Intervention type	Author	Year	Details (Title)	Type of Impact (physical / mental / community / social)	Participants (general / condition specific / gender specific etc)	Art form	Research type (review / primary (qualitative/ quantitative)/ grey)	Action: Include (I) Exclude (E) Not sure (NS)
Professionally led participative art / Amateur & Voluntary art								
Audience Participation								
Dance As Exercise								
Art therapy								
Background Music								

Identifying the evidence: Step 2 (Search for primary studies)

The results of Step 1 indicated that only one review of sufficient quality was identified. It was inferred from this that there were clear gaps in the review literature. Therefore a search of the primary literature was conducted.

Search strategy

A similar search strategy, below, to that used in Step 1 was adopted. Particular attention was paid in this step to evidence in areas of particular interest to the review such as marginalised groups.

Table C: Step 2 – Peer reviewed primary research search

#	Search History
1.	TI: (older or elder or senior or “later life” or “third age” or dementia or Alzheimers) Date Range: 1991-2011 Limited to: English Only
2.	TI: (art or arts or artist* or drama* or creativ* or music* or danc* or theatr*) Date Range: 1991-2011 Limited to: English Only
3.	TI: effect* or impact* or outcome* or evaluat* or learn* or participa* or “artist led” Date Range: 1991-2011 Limited to: English Only
4.	1 and 2 and 3

Retrieved: 252

Table D: Step 2 – Peer reviewed primary research search

#	Search History
1.	SU: (older or elder or senior or “later life” or “third age” or dementia or Alzheimers) Date Range: 1991-2011 Limited to: English Only
2.	SU: (art or arts or artist* or drama* or creativ* or music* or danc* or theatr*) Date Range: 1991-2011 Limited to: English Only
3.	SU: effect* or impact* or outcome* or evaluat* or learn* or participa* or “artist led” Date Range: 1991-2011 Limited to: English Only
4.	1 and 2 and 3

Retrieved: 161

Identifying gaps in the evidence

The procedure for identifying gaps in the evidence in Step 1 was applied.

Identifying the evidence: Step 3 (search for other evidence)

In addition to searching for academic literature, the research team searched for grey evidence using the Internet and by requesting grey literature from arts organisations on the Baring Foundation's contact lists. Ideally this search would have focussed on gap areas in the peer literature. However, due to time constraints, the grey literature search was run alongside Step 2.

Internet search

Step1: Free text search

The research team performed a free text Internet search for grey literature using the Google search engine. Individual searches using combinations of terms relating to the arts and older people were used to recover reports and documents relating to art activities and organisations working in this area. Because of the large number of likely returns using this approach, only the first 5 pages of each search were scanned for relevant documents / organisations.

Ten unique searches were executed to identify relevant grey literature. For each search the first five results pages were scanned and appropriate publications retrieved. The 10 searches are presented below:

Search 1: art older

Search 2: art ageing

Search 3: art aging

Search 4: creativity older

Search 5: music "older people"

Search 6: drama "older people"

Search 7: arts participation "older people"

Search 8: arts participation "older people" evaluation

Search 9: arts participation "older people" impact

Search 10: creativity ageing impact

Step 2: Search of relevant websites

The websites of 12 key organisations / websites identified in Step 1 on the Internet search were scanned for relevant publications / reports. The following websites, identified through Baring Foundation contacts, reference lists and Step 1 results were searched for relevant publications:

<http://www.cultureandwellbeing.org.uk/cadn>

<http://www.dur.ac.uk/cmh/reports/>

<http://www.artsforhealthcornwall.org.uk/>

<http://www.artscouncil.org.uk>

<http://www.canterbury.ac.uk/Research/Centres/SDHR/Home.aspx>

<http://www.artsforhealth.org/>

<http://www.changingageing.org/>

<http://www.newdynamics.group.shef.ac.uk/>

<http://www.keele.ac.uk/artsandhealth/>

<http://www.creativeaging.org/>

<http://www.creativescotland.com>

<http://www.ageuk.org.uk>

Step 3: Expert consultation

A contact list of 200 arts organisations and experts with an interest in older people's participation was provided by the Baring Foundation and a request for grey literature was issued through this network.

Selection process

The following documents were excluded from the grey literature search: opinion pieces, power-point presentations, and workshop notes.

The grey literature was then screened first for relevance in terms of the reports being based on impact data and secondly focussing down on the gap areas in the primary literature namely festivals and story-telling.

A very large proportion of the grey literature sourced via the Internet search and/or sent to the review team by those on the Baring Foundation's contact list was excluded from the review because it was not relevant (either to topic or in terms of not including impact data) or of sufficient quality. Only those relevant grey literature reports which then added new findings to those already found in the peer reviewed literature were included.

However, the excluded grey literature itself provides a great potential resource for further reading. Therefore the full list of references of the grey literature collected in the review process but not included in the final selection is provided in Appendix 3.

Data extraction

Following the completion of the search phase, the full papers of the references selected for inclusion were reviewed and data were extracted into a database specifically tailored for this review. The database fields used are in Table E.

Quality assessment strategy

Internal validity

During the data extraction process, the literature was subjected to a robust quality assessment, appraising both methodological quality and the plausibility of the studies. The appraisal drew on a generic checklist (Table F) which was adapted from previous studies conducted by the research team for the Scottish Government and NHS Health Scotland and was relevant to the mainly qualitative studies included in the review. These criteria were included in the data extraction database.

Table E: Data extraction database (list of fields)

Field Label	Data Collected
ID (Name, year)	Free text
Status	Completed To be checked To photocopy Contacted Author To order ILL Waiting for ILL
Title	Free text
Data extracted by?	Initials of who conducted the data extraction
Date of extraction	Select date
Relevance to topic? (CAT)	Yes No Unsure
Continue? (CAT)	Yes No Unsure
Clear focus? (CAT)	Yes No Unsure
Objectives	Free text
Report population? (CAT)	Yes No Unsure
Population details	Free text
Combination study - details	Free text
Gender	Male Female Both
Funder?	Free text
Discuss outcomes? (CAT)	Yes No Unsure
Study outcomes/measurements	Free text
Discuss types of studies? (CAT)	Yes No Unsure
Describe study	Systematic review (RCT) Systematic review (non-RCT) Other
Other study - describe	Free text
Discuss inclusion & exclusion criteria? (CAT)	Yes No Unsure
Inclusion/selection criteria	Free text
Exclusion criteria	Free text
Setting (country/region)	Free text
Details of databases? (CAT)	Yes No Unsure
Years searched? (CAT)	Yes No Unsure
List databases & years searched	Free text
Refs follow up? (CAT)	Yes No Unsure
Experts consulted? (CAT)	Yes No Unsure

Grey literature searched? (CAT)	Yes No Unsure
Specify search terms? (CAT)	Yes No Unsure
Adequate search strategy? (CAT)	Yes No Unsure
English only? (CAT)	Yes No Unsure
Quality assessed? (CAT)	Yes No Unsure
Rating system? (CAT)	Yes No Unsure
More than one assessor? (CAT)	Yes No Unsure
No. studies	Numerical
No. participants	Numerical
Analysis	Meta-analysis Narrative synthesis Both Other
Were variations discussed? (CAT)	Yes No Unsure
How were variations investigated?	Free text
Results clearly displayed? (CAT)	Yes No Unsure
Studies similar design? (CAT)	Yes No Unsure
Results	Free text
Conclusions	Free text
Sufficient data to support conclusions? (CAT)	Yes No Unsure
UK relevance? (CAT)	Yes No Unsure
Why results generalisable to UK?	Free text
Differences in health care from UK? (CAT)	Yes No Unsure
Discuss inequalities? CAT)	Yes No Unsure
Recommendations for future research	Free text
Policy & practice implications	Free text
Quality of the evidence	Excellent Good Poor
Refer to other reviewer?	Yes No
Reason referred	Free text
Further comments	Free text

Table F: Checklist of criteria used to determine quality and risk of bias

Criteria	Yes	No	Not stated
1. Was there a focused aim or research question?			
2. Explicit inclusion / exclusion criteria			
3. More than 1 assessor / selector			
4. Provided details of databases searched			
5. Lists years searched			
6. Followed up references in bibliographies			
7. Experts consulted for further sources			
8. Grey literature included / searched			
9. Specified search terms / strategy			
10. Not restricted to English language papers only			
11. Used quality assessment			
12. Data supports conclusions			

External validity

Although the focus of the review was the UK, current literature from other countries (for example, Ireland, New Zealand, Australia, United States of America, Canada) was also included. A further assessment of external validity was developed to help assess the transferability of findings to the UK context. This involved assessing whether and how the findings were relevant to the UK, that is, did the contextual circumstances and factors relevant to the paper exist in UK society. Table G below (used by McLean et al, 2007)²⁹ illustrates the criteria used for the scoring system.

Table G: Relevance to the UK scoring

Score (A-D)	Description
A (directly relevant)	Includes UK studies
B (probably relevant)	Includes non-UK studies but the context/population group would apply equally to UK settings
C (possibly relevant)	Includes non-UK studies that may have some application to UK settings but should be interpreted with caution. There may be strong cultural or institutional differences that would have limited applicability in the UK
D (not relevant)	Includes non-UK studies that are clearly irrelevant to UK settings

Final selection

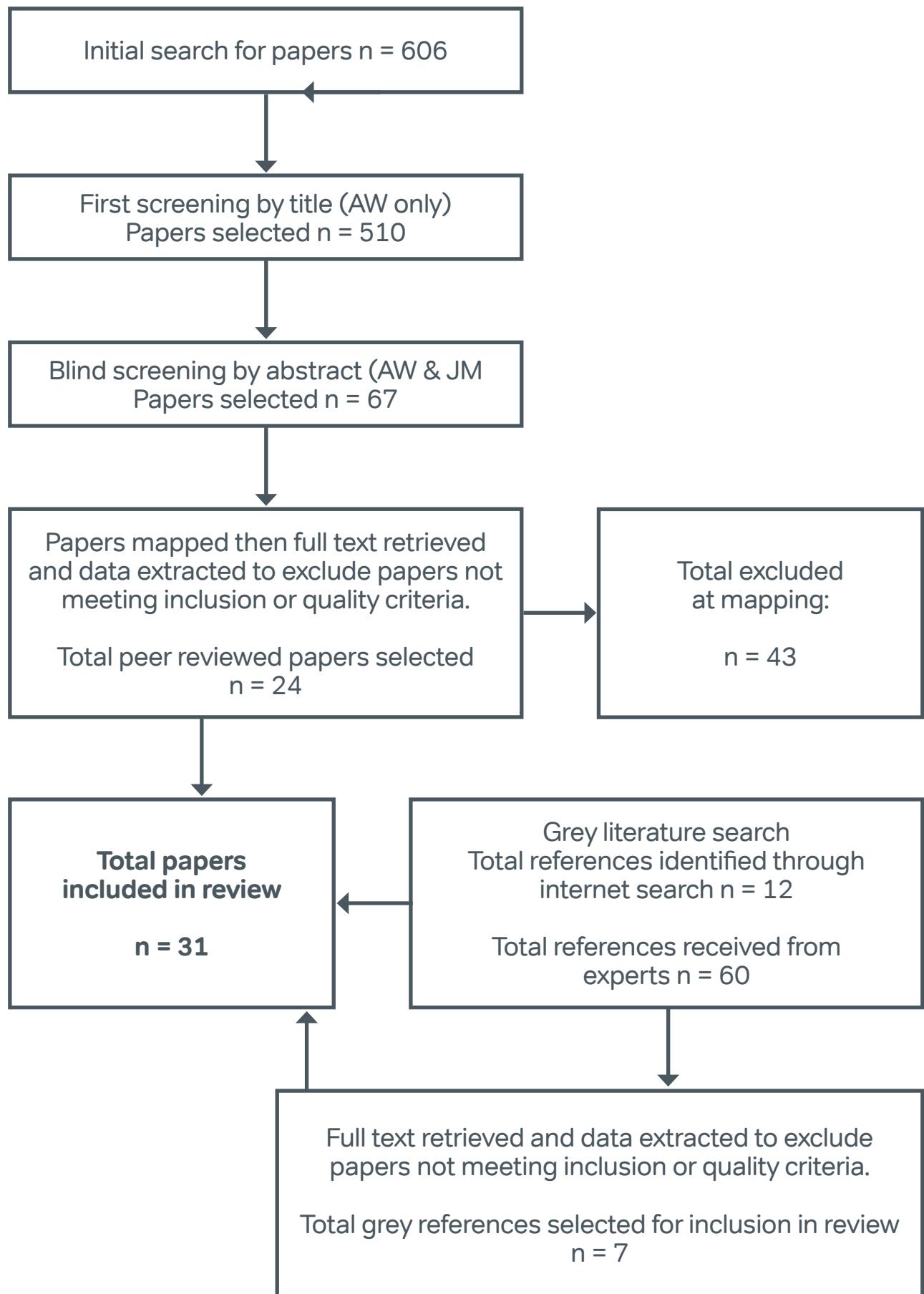
In order to produce a high quality review of this complex area, it was necessary to take a pragmatic approach to the synthesis of the results of our searches. There were more than a manageable number of primary studies identified in the first screening of abstracts. These were mapped into categories based on topic areas of evidence and where there were several papers related to the same topic, only the most recent and highest quality studies were selected for final inclusion in the review.

At the end of the selection process, 31 studies were included in the review; the references for these are given in Appendix 3.

Quorum statement

The progress of the step-wise methodology is summarised in the Quorum statement opposite.

Figure 1 Quorum Statement



Analysis

The analysis and synthesis of findings brought both quantitative and qualitative findings together drawing on a meta-narrative approach (Greenhalgh et al, 2005)³⁰. A meta-analysis was not appropriate because this is only possible (and indeed informative) in a review of studies with homogenous research design.

The meta-narrative approach enabled the review to provide a comprehensive overview of the range of literature and a detailed analysis of current knowledge of the effectiveness of arts activities in improving the wellbeing of older people, their families, friends and the communities in which they live.

Particular attention was paid to:

- How success of these types of activities was measured, identifying the types of evidence that are useful in demonstrating success;
- Assessing the relevance of key conclusions, lessons learned and recommendations made to the UK context and any issues this raised for the transferability of evidence;
- Identifying perspectives on what constitutes a positive outcome for older people, their family and friends and their communities, and the factors that contribute to these positive outcomes and those which hinder progress;
- Analysing conceptual debates in the literature;
- Describing areas where there are gaps in knowledge and those for which further research may be of value.

Reading Group

A small reading group, comprising experts in the field of participative arts and older people, was convened by the Baring Foundation to provide constructive feedback into the draft version of this report. Membership of the reading group was as follows:

David Cutler, Director, Baring Foundation
Kate Organ, Arts Advisor, Baring Foundation
David Slater, Director, Entelechy Arts
Jayne Howard, Arts for Health Cornwall & Isles of Scilly
Paul McGarry, Manchester Valuing Older People Unit
Jenny Secker, Professor of Mental Health, Anglia Ruskin University

Appendix 2

Additional grey literature

The following references are for grey literature reports on the impact of the arts on older people that were not included in the review, but may be of interest for further reading.

Andrews N, (2010) Active Aging Evaluation report, National Museums Liverpool.

Art Shape (2001) *Inspirations*, Art Shape Limited.

Arts and Minds (2007) Arts and Health Programme, Arts and Minds Network.

Attic Theatre Company (date unknown) Going For a Song Singing workshops: Case Study: Annie Smallridge, Attic Theatre Company.

Baker S (2002) STAA Evaluation: The Treasure Chest Project, Sandwell Third Age Arts.

Bennett S, Bastin J (2009) Arts in the Third Age: A Study of Arts for Health and Older People in Cornwall, Cornwall Health Research Unit.

Bertram G, Stickley T (date unknown) An Evaluation of the Young@Heart Dance Project for Older People, University of Nottingham.

Brett J & Lane K (2010) The Quality of Life Project: Abbeyfield Nursing Home, Taunton, Live Music Now.

Bungay H, Skingley A (2008) The Silver Song Club Project: A Formative Evaluation, Sidney De Haan Research Centre for Arts and Health.

Burgess S (2010) Music in Care Homes in North East Derbyshire: Evaluation Report, North East Derbyshire District Council.

Chichester Festival Theatre (2011) Evaluation of the Reminiscence Project 2010/2011, Chichester Festival Theatre.

Clift S, Hancox G, Staricoff R, Whitmore C, (2008) Singing and Health: A Systematic Mapping and Review of Non-Clinical Research Sidney de Haan Research Centre for Arts and Health.

Cohen GD (2006) The Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults Final Report, National Endowment for the Arts.

Creative Arts East (2008) Out of the Box Project Report, Creative Arts East and Norfolk Arts Partnership.

Creative Arts East (date unknown) 'Out of the Box' Developing creative activities for older people: Project Report, Creative Arts East.

Crosbie B, Stickley T (2006) Involve - An evaluation of four Nottinghamshire County Council arts projects with older people and adults with learning disabilities, Nottinghamshire County Council.

Cultural Intelligence Ltd (2003) New Audiences Programme 2000 – 2002, Overview Evaluation of Gateway 4: New Approaches to Presentation, Arts Council England.

Darts (2011) Report on our work in Dementia cafes in Doncaster, Doncaster Arts.

Elliott J, Grant D, Morison S (2010) 'Creative Ageing' A Practical Exploration of the Arts in the Healthcare of Older People, Institute of Governance, School of Law, Queen's University Belfast.

Entelechy Arts (2007) Seven ages: one to one conversations, Entelechy Arts.

Entelechy Arts (2001) '89, but still 14', The voices of older Londoners talking about Culture, Entelechy Arts Consultation with older people in London for The Greater London Authority Strategy Group.

Equal Arts (2011) Carers Cultural Adventures Evaluation Report, Equal Arts.

Frearson A, Akerman J (2009) Live Music Now: Meaningful Moments Evaluation, Platform 3.

Galloway S, Bell D (2005) Well-Being and Quality of Life: Measuring the Benefits of Culture and Sport: A literature review and thinkpiece, Scottish Executive Social Research.

Gilfoyle K, McAvinchey C (2009) Our Generations: Report on a three year programme of intergenerational arts projects in Tower Hamlets, East London.

Hui A & Stickley T (date unknown) Guidelines to Art: Making art available to all: executive summary, University of Nottingham.

Invest to Save (2004) Invest to Save Quantitative Data.

Jermyn H (2006) Dance Included: dance in social exclusion contexts, Arts Council England.

Johnson R (2011) On Ageing Case Study: Evaluation Report, Fevered Sleep.

Jolley D, Read K (2004) Evaluation of Sandwell Third Age Arts Dementia Plus

Joyce C (2005) 'City Memories' Project Evaluation Report, National Museums Liverpool.

Live Music Now (2010) The Rhythm of Life Resource Pack, Live Music Now.

Loewenberger A (2008) Arts and Minds 2007: Arts and Health Programme, Arts and Minds Network.

Malin E (2011) The Quality of Silence: Galleries engaging with older people Phase 2, focus on dementia - Evaluation Report, Engage.

Margrave P (2009) Towards the Big Chair 2010: Final Report, Capital Age Festival.

Murray M, Lamont A, Hale B (2011) The benefits of being in a choir: Report on research conducted with Golden Voices, Manchester City Council Valuing Older People.

Owen L (date unknown) George, Entelechy Arts.

Oxford Concert Party (2010) Food for Thought Evaluation Report, Oxford Concert Party.

Oxford Concert Party (2009) Evaluation Report: Music with older people in Harborough, Leicestershire, Oxford Concert Party.

Oxford Concert Party (date unknown) Music Projects with Older People, Oxford Concert Party.

Pirhasan, E (2011) Healthy Connections: Older people, creativity and well-being in the Deptford area. Entelechy Arts.

Powell H (2011) "Listening and Responding" A Music Therapy and Care Staff CPD Project: Project Report and Evaluation, Nordoff Robbins Research Department.

Richard Gerald Associates (2002) Research into Lifelong Learning, the Arts and Older People, Scottish Arts Council.

STAA (2010) Sandwell Third Age Arts Annual Report 2009-2010.

Staricoff R (2004) Arts in Health: A Review of the Medical Literature, Arts Council England.

Staricoff R, Duncan JP, Wright M (date unknown) A study of the effects of visual and performing arts in health care, Chelsea and Westminster Hospital Arts.

Tyne & Wear Museums (2010) Ageing, Vitality & Health Project: Themes and Analysis, Tyne & Wear Museums.

Vo T, Baker S (Date Unknown) Pilot Project Evaluation: Using museum artefacts and arts activities to improve the well being and quality of life of elders with mental health needs, Wolverhampton Arts and Heritage.

Westbrook C, (2002) Wavelength: Real People Real Lives Evaluation Report, Arts Council of England.

Whittington, C, (2002) Arts Together, an arts project with older people living in Wiltshire, Focused Review Information for Wiltshire Social Services Department & other Partner Agencies, Artspark.

Appendix 3

List of references included in the review

1. Barnes C. Step Change: Full Evaluation Report. 2010. Take Art.
2. Brownell CA. An intergenerational art program as a means to decrease passive behaviors in patients with dementia. *AMERICAN JOURNAL OF RECREATION THERAPY* 2008;5-12.
3. Bungay H & Skingley A. The Silver Song Club Project: A Formative Evaluation. 2008. Sidney de Haan Research Centre for Arts and Health.
4. Castora-Binkley Meli, Noelker Lind, Prohaska Thom, Satariano Will. Impact of Arts Participation on Health Outcomes for Older Adults. *Journal of Aging, Humanities & the Arts* 2010; 4(4):352-367.
5. Cohen GD, Perlstein S, Chapline J, Kelly J, Firth KM, Simmens S. The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults - 2-Year Results. *Journal of Aging, Humanities & the Arts* 2007; 1(1-2):5-22.
6. Cooper L, Thomas H. Growing old gracefully: Social dance in the third age. *Ageing & Society* 2002; 22(6):689-708.
7. Dabback WM. Identity Formation through Participation in the Rochester New Horizons Band Programme. *International Journal of Community Music* 2008; 1(2):267-286.
8. De Viggiani N, Mackintosh S & Lang P. Music in Time: An evaluation of a participatory creative music programme for older prisoners. University of the West of England.
9. Hafford-Letchfield T, Couchman W, Webster M, Avery P. A Drama Project about Older People's Intimacy and Sexuality. *Educational Gerontology* 2010; 36(7):604-621.
10. Harper S & Hamblin K. 'This is Living' Good Times: Art for Older People at Dulwich Picture Gallery. 2010. Oxford Institute of Ageing.
11. Hays T. Facilitating well-being through music for older people with special needs. *Home Health Care Serv Q* 2006; 25(3-4):55-73.
12. Hillman S. Participatory singing for older people: A perception of benefit. *Health Education* 2002; 102(4):163-171.
13. Hui E, Chui BK, Woo J. Effects of dance on physical and psychological well-being in older persons. *Archives of gerontology and geriatrics* 2009; 49:e45-e50.
14. Johnson R. On Ageing Case Study: Evaluation Report. 2011. Fevered Sleep.
15. Kinney JM, Rentz CA. Observed well-being among individuals with dementia: Memories in the Making, an art program, versus other structured activity. *Am J Alzheimers Dis Other Demen* 2005; 20(4):220-227.
16. Lally E. 'The power to heal us with a smile and a song': Senior Well-being, Music-based Participatory Arts and the Value of Qualitative Evidence. *Journal of Arts & Communities* 2009; 1(1):25.
17. Lepp M, Ringsberg KC, Holm AK, Sellersjo G. Dementia – involving patients and their caregivers in a drama programme: the caregivers' experiences. *Journal of Clinical Nursing* 2003; 12(6):873-81.
18. Martin LS, McDowell S, O'Leary J, Hagens C, Bonas B, Waxman S et al. An Observational Study of the Impact of Vibrotactile Rhythm Playing on Seniors in Long Term Care. *Activities, Adaptation & Aging* 2004; 28(2):57-71.
19. Murray M, Crummett A. 'I don't think they knew we could do these sorts of things': social representations of community and participation in community arts by older people. *J HEALTH PSYCHOL* 2010; 15(5):777-785.
20. Murray M, Lamont A & Hale B. The benefits of being in a choir: report on research conducted with Golden Voices. Keele University.
21. Ni Léime A & O'Shea E. The Bealtaine Festival: A Celebration of Older People in the Arts. *Age and Opportunity* 2008.
22. Noice H, Noice T. An arts intervention for older adults living in subsidized retirement homes. *Neuropsychology, development, and cognition Section B, Aging, neuropsychology and cognition* 2009; 16:56-79.
23. Phillips, Lorraine J, Reid A, Stephanie A, Pak, Youngju. Effects of a Creative Expression Intervention on Emotions, Communication, and Quality of Life in Persons with Dementia. *Source Nursing Research*, vol 59 , no 6 , pp 417 425 , Nov Dec 2010 2010.
24. Pyman T, Rugg S. Participating in a community theatre production: A dramatherapeutic perspective. *International Journal of Therapy & Rehabilitation* 2006; 13(12):562-571.
25. Reynolds F. 'Colour and communion': Exploring the influences of visual art-making as a leisure activity on older women's subjective well-being. *JOURNAL OF AGING STUDIES* 2010; 24(2):135-143.
26. Sixsmith, Andrew, Gibson, Grant. Music and the Wellbeing of People with Dementia. *Source Ageing & Society*, vol 27 , no 1, pp 127 145 , Jan 2007 2007.
27. Sole C, Mercadal-Brotos M, Gallego S, Riera M. Contributions of Music to Aging Adults' Quality of Life. *Journal of Music Therapy* 2010; 47(3):264-281.
28. Southcott JE. "And as I Go, I Love to Sing": The Happy Wanderers, Music and Positive Aging. *International Journal of Community Music* 2009; 2(2-3):143-156.
29. Stacey G, Stickley T. Dancing to keep young heart. *Mental Health Practice* 2008; 11(6):34-38.
30. Taylor A, Hallam S. Understanding what it means for older students to learn basic musical skills on a keyboard instrument. *Music Education Research* 2008; 10(2):285-306.
31. Taylor A. Participation in a Master Class: Experiences of Older Amateur Pianists. *Music Education Research* 2010; 12(2):199-217.

1. Peer review is the process of subjecting an author's research to the scrutiny of others who are experts in the same field, before a paper describing this work is published in a journal. Peer reviewed articles are generally assumed to demonstrate a certain level of rigorously in their approach that cannot necessarily be presumed with other forms of research.
2. Dissanayake E. *What is Art For?* University of Washington Press 1988. Seattle.
3. White M, Angus J. *Arts and Adult Mental Health Literature Review*. Centre for Arts and Humanities in Health and Medicine, University of Durham, 2003. Durham.
4. Secker J, Hacking S, Spandler H, Kent L, Shenton J. *Mental Health, Social Inclusion and Arts: developing the evidence base*. The Anglia Ruskin/ UCLan Research Team, 2007. Anglia.
5. VicHealth. *Creative Connections: Promoting Health & Wellbeing through Community Arts Participation*. Mental Health Promotion Plan. 1999-2002. Victorian Health Promotion Foundation 2002. Victoria.
6. Matarasso F. *Use or Ornament The Social Impact of Participation in the Arts*. Comedia 1997. Stroud, UK.
7. Martin V, Bunting C & Oskala, A (2010) *Arts Engagement in England 2008/09: Findings from the Taking Part Survey*, Arts Council England.
8. Richard Gerald Associates Ltd (2002) *Research into Lifelong Learning, the Arts and Older People*, Scottish Arts Council.
9. Source: Mid-year population estimates, Office for National Statistics; General Register Office for Scotland; Northern Ireland Statistics and Research Agency.
10. Institute of Fiscal Studies (2010) *Financial circumstances, health and well-being of the older population in England*.
11. Age UK (2008) *Debt and Older People*.
12. Maxwell M, Donaghy E, Woodhouse A, Mercer S, Lawton K, Wallace R & Bailey E (2011) *The Living Better Project: Addressing the mental health needs of people with long term conditions*, RCGP Scotland
13. Dementia UK, Alzheimer's Society, 2007.
14. Scottish Public Health Observatory (2011) http://www.scotpho.org.uk/home/Populationdynamics/hle/hle_policy.asp
15. Marmot M (2007) *Fair Society, Healthy Lives: the Marmot Review – Strategic Review of Health Inequalities in England post-2010* (online) www.ucl.ac.uk/marmotreview
16. Government Equalities Office (2010) *Equality Bill: Making it work Ending age discrimination in services and public functions Policy Statement*.
17. Goldie I (2007) *Arts, Creativity and Mental Health Initiative: Participatory Arts Self Evaluation Approach Project Report*, Mental Health Foundation.
18. CAHMH (2003) *Arts and Adult Mental Health Literature Review*.
19. Wall M & Duff A (2010) *The effects of music therapy for older people with dementia*, *British Journal of Nursing*, 2010, Vol 19, No 2 pp 108-113.
20. MacPherson S, Bird M, Anderson K, Davis T & Blair A (2009) *An Art Gallery Access Programme for people with dementia: 'You do it for the moment'*, *Aging & Mental Health* Vol. 13, No. 5, September 2009, 744-752.
21. Skingley A & Vella-Burrows T (2010) *Therapeutic effects of music and singing for older people*. *Nursing Standard*. 24, 19, 35-41.
22. Keogh JW, Kilding A, Pidgeon P, Ashley L & Gillis D (2009) *Physical benefits of dancing for healthy older adults: a review*, *Journal of Aging and Physical Activity*, 2009, 17, 479-500.
23. Trinity Laban Conservatoire of Music and Dance (2010) *Dancing towards well-being in the Third Age: Literature review on the impact of dance on health and well-being among older people*, Trinity Laban Conservatoire of Music and Dance.
24. For a very useful and detailed analysis of Cohen's 2007 paper amongst others, see Clift et al (2008) *Singing and Health: A Systematic and Mapping and Review of Non-Clinical Research*, Sidney De Haan Research Centre for Arts and Health.
25. Maxwell M, Donaghy E, Woodhouse A, Mercer S, Lawton K, Wallace R & Bailey E (2011) *The Living Better Project: Addressing the mental health needs of people with long term conditions*, RCGP Scotland.
26. Martin V, Bunting C & Oskala, A (2010) *Arts Engagement in England 2008/09: Findings from the Taking Part Survey*, Arts Council England.
27. Marmot M (2007) *Fair Society, Healthy Lives: the Marmot Review – Strategic Review of Health Inequalities in England post-2010* (online) www.ucl.ac.uk/marmotreview.
28. <http://www.newdynamics.group.shef.ac.uk/art-and-identity.html>
29. McLean et al, *Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review*, Scottish Government. <http://www.scotland.gov.uk/Publications/2008/11/28141444/4>
30. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O, Peacock R. *Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review*. *Soc Sci Med*. 2005 Jul;61(2):417-30.

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The Mental Health Foundation (MHF) is the leading UK research and development charity working in mental health, learning disabilities and dementia. The Foundation is unique in bringing teams that undertake research, develop services, design training, influence policy, and raise public awareness within one organisation.

MHF works across the UK and Europe, with a wide variety of partners including the voluntary sector, businesses, local authorities, health boards, national bodies and networks. This breadth means that we are ideally placed to bring a vision of the 'bigger picture' of wellbeing to inform everything we do.

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The Baring Foundation is an independent grant maker set up in 1969 which since then has given over £100 million. Its purpose is to improve the quality of life of people suffering disadvantage and discrimination and it seeks to do this through strengthening the voluntary sector organisations that serve them. In September 2009 the Foundation launched a fund of at least £3 million to be spent over five years to support arts for older people.

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