



Evaluation of the Arts and Older People Programme 2021/2

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1. Introduction

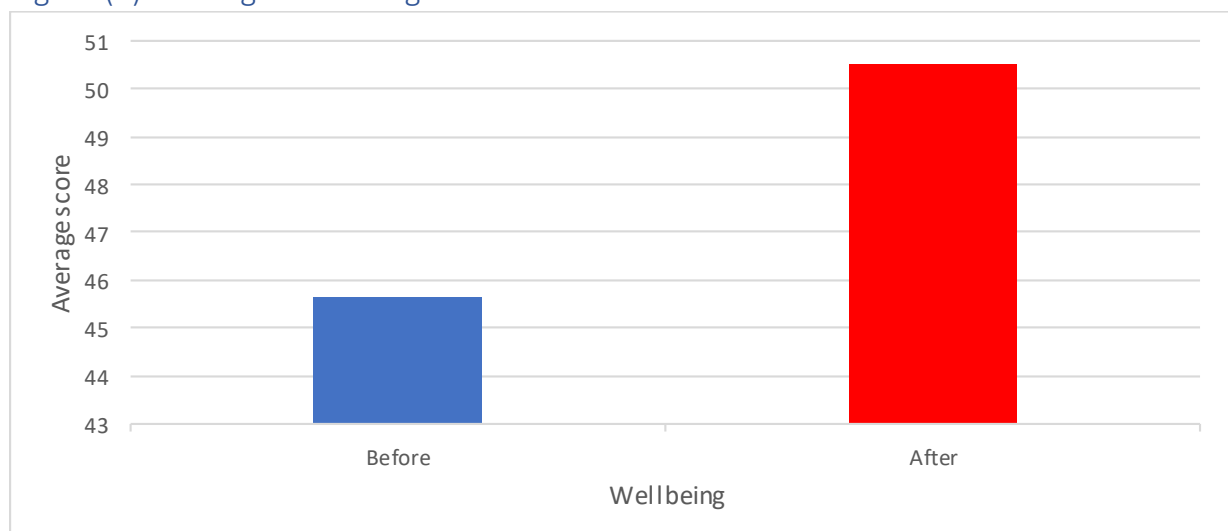
“Without this programme I would never have considered specifically engaging with older people. This project has been one of the most meaningful of my life, and I have learnt more from these participants about creativity and expression than I have from working in the arts professionally for 10 years.”

(Artist, AOPP 2022)

In September 2021 the Arts Council of Northern Ireland (ACNI) launched the sixth round of projects funded through the Arts and Older People Programme (AOPP). The AOPP is a partnership with the Public Health Agency and Baring Foundation, the ACNI contribution is funded through the National Lottery. Reflective of how popular and successful the AOPP has become an unprecedented 27 projects were approved in 2022.

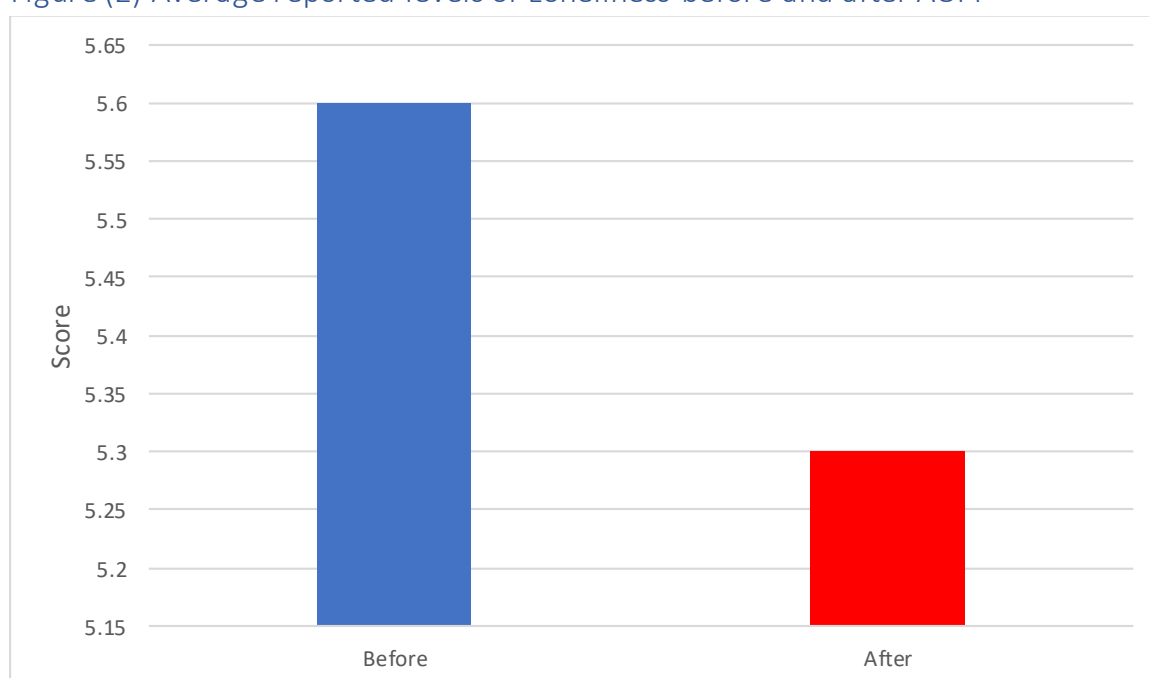
Participants in the AOPP were invited to complete questionnaires about their sense of loneliness and wellbeing at the beginning and end of the programme. Validated screening tools the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) and the University of California Los Angeles (UCLA) three-item loneliness scale were used. A 14 item scale the WEMBS offers five possible responses to each question. The final scores range from 14 to 70. The higher scores indicate greater positive mental wellbeing. The lowest possible combined score on the UCLA loneliness scale is three (indicating less frequent loneliness) and the highest is nine (indicating more frequent loneliness). A score of six or above is indicative of loneliness. The findings yielded positive and promising evidence of how rates of loneliness decreased, and rates of wellbeing increased for participants in the AOPP.

Figure (1): Average Wellbeing scores



There was a very notable improvement in Wellbeing scores. Ten of the 11 projects who provided information showing an increase in average scores. The overall average score (across 11 projects) for wellbeing increased from 45.65 to 50.5 (figure 1). Similarly, the average total scores for loneliness decreased from a baseline of 5.6 before the AOPP to 5.3 on completion (figure 2). This data comes with a caveat that although the average loneliness score decreased overall it increased in 60% of projects. Qualitative interviews would help provide insight into the explanatory factors behind these changes.

Figure (2) Average reported levels of Loneliness before and after AOPP



This report distils findings from the evaluation and draws on information in the end of project reports to make recommendations for the future direction of the AOPP.

2. Context

Launched as a pilot programme in 2009 The Arts and Older People Programme (AOPP) is now integral to the work of the ACNI. Guided since its inception by a focus on alleviating inequity, social isolation, and loneliness amongst older people the AOPP now represents a major element of the Arts Council's core programming. The programme has had more than 28,000 participants and the Arts Council, along with its partners Public Health Agency (PHA), Baring Foundation and (formally) Atlantic Philanthropies have invested over £2m in targeted programme activity. Since 2018, and reflecting changes in the wider

society, dementia has been a core programme theme, with funded arts organisations operating in partnership with care homes across Northern Ireland to deliver bespoke support for this vulnerable age group. Dementia remains a priority for the programme.

In September 2021 the ACNI launched its largest and most ambitious round of AOPP. With 27 projects spread across Northern Ireland there was rich diversity in terms of capacity, art form and model of engagement. Large regional organisations such as the Ulster Orchestra and small community-based groups such as Armstrong Story telling were funded to work with older people and people affected by dementia. Some projects such as Du Dance in Ballycastle and the BEAM creative network in Tyrone worked with groups face-to-face over a period of weeks. Others such as the Strand Arts centre and Kabosh Theatre delivered standalone films and performances. Oh Yeah Music, Streetwise Circus and other AOP projects tapped into technology and used online portals (e.g. Zoom) to augment and support in person programme delivery.

When the ACNI launched the AOPP thirteen years ago social isolation and its deleterious effects on health and wellbeing were not understood. The landscape has changed dramatically and there is now a strong body of evidence of the causative relationship between social isolation and premature death. Meta-analysis (Holt-Lunstad & Smith, 2005, Holt-Lunstad et al., 2010 and Holt-Lunstad et al., 2015) revealed that social-isolation was a serious problem and the risk to health exceeds that associated with obesity, diabetes and smoking up to 15 cigarettes per day.

“There is now substantial evidence documenting that being socially connected significantly reduces risk for premature mortality, and lacking social connection significantly increases risk, even more than the risks associated with many factors that currently receive substantial public health attention and resources (e.g., obesity, physical inactivity, air pollution).” (Holt-Lunstad, 2017:129)

A recent study of 1547 people with dementia Victor and Rippon et al., (2020) estimated the prevalence of loneliness to be about 30.1%.

“The majority of respondents, 64.7%, were classified as not lonely, 30.1% as moderately lonely and 5.2% severely lonely. Loneliness was significantly associated with increased age, living alone, widowhood, depression and

isolation, and with lower wellbeing, quality of life and life satisfaction.” (Victor and Rippon et al., 2020:853)

Highlighting the issue of loneliness amongst older care home residents Victor (2012) estimated the prevalence as being between 22-42% compared to 10% in their community-based peers. The COVID-19 pandemic and associated public health measures such as social distancing, PPE and closure of care homes has served to exacerbate the social isolation that care home residents experienced over the past year. It is against this backdrop that AOPP took place.

3. Projects

A rich and diverse range of projects participated in the 2021/22 AOPP. Of the 27 projects that were approved 25 completed. Due to illness and staffing challenges two projects did not commence and withdrew from the programme. Of the 25 that completed there was a rich diversity in art forms that included ceramics, circus skills, cinema, dance, jewellery making, gardening, music and singing, song writing, poetry, comedy and performance art, reminiscence and storytelling, visual arts, and video.

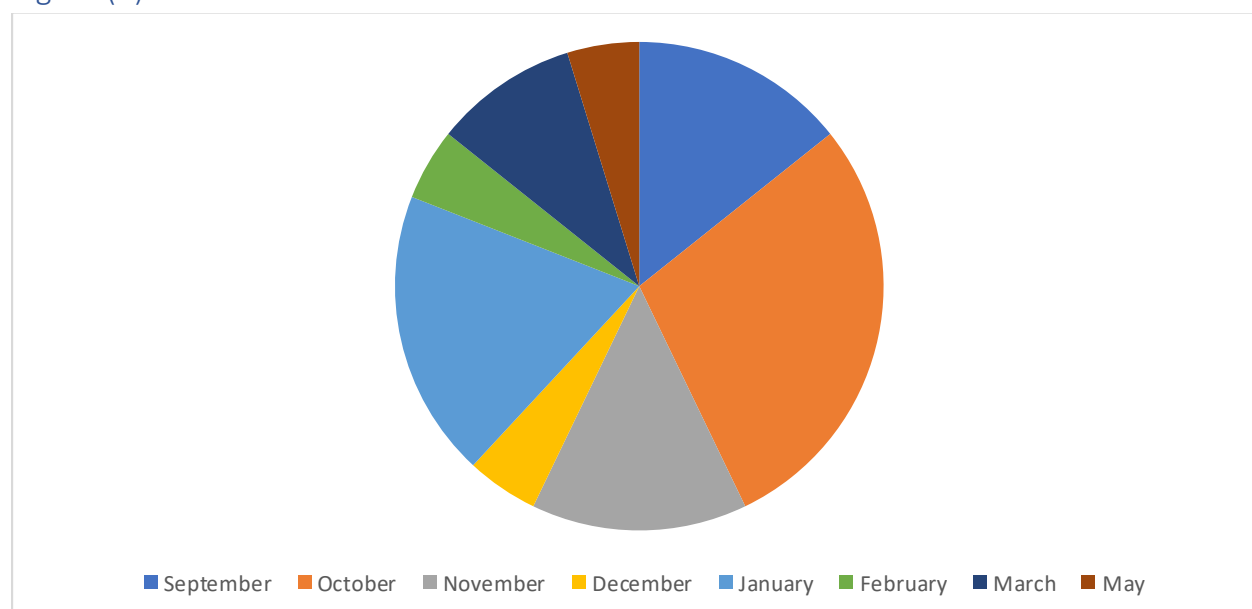
Although the primary focus was on the arts the projects were by their nature directed at alleviating social isolation of older people. Within that target population there was great variety including people living with dementia and people experiencing mental health challenges. Working in partnership with the Men's Shed Action Mental Health project focused on men. With its project 'Never too late' Spark Opera Company worked through Women's Aid to engage with older women experiencing of domestic violence.

The projects were spread across Northern Ireland. With initiatives such as HeART of the Sperrins working with older residents in some of the most rural parts of Derry City and Strabane District Council. Bardic Educational Arts and Media (BEAM) engaged older women in rural mid ulster through the Young at HeART project. Through their 'alternative energies' project Du-Dance brought young and old people in rural Ballycastle together. The Community Arts Partnership (CAP) and Commedia of Errors developed bespoke DVDs and YouTube videos for older people. Streetwise Community Circus used a combination of online and in person sessions to deliver its Age-ility circus workshops. Community centres and day centres were used as venues by groups including Oh Yeah Music Centre and Live Music Now. Reflective of the

focus on making the arts accessible to people with dementia various projects worked directly with and in care homes.

Reflective of the diversity in the arts media used, the location of projects and challenges associated with COVID the timing of projects varied (figure 3). Over half (62%) commenced between September and December 2021 and 81%) had started by January 2022.

Figure (3): Date AOPP commenced



4. Impact evaluation

4.1 Consent and capturing impact

This section reports on the impact of the AOPP on wellbeing and loneliness of participants. The evaluation adhered to best practice standards in working with older and vulnerable groups. All actions were governed by the principles of informed consent, confidentiality, and anonymity. As a service impact evaluation ethics approval was not required¹.

Before commencing the AOPP participants were invited to complete the online consent forms and provide broad demographic information. Consent forms were completed by participants in 16 projects. This data has been used to provide a profile of people who participated in the AOPP. It is important to note that due to the voluntary nature of data completion it is not a complete

¹ Office for Research Ethics Committees Northern Ireland (ORECNI)

description of participants in the AOPP. Data is likely to be skewed in favour of those people who were motivated or able to complete the forms.

Those AOPP participants who gave consent were invited to complete questionnaires to measure the level of loneliness that they were experiencing and to assess their wellbeing. Loneliness was measured using validated measures ONS (2018) and University of California (UCLA). Wellbeing is measured using the Warwick-Edinburgh wellbeing scale (WEWBS). The questionnaires were administered before people started the AOPP and again when they had completed it. The aim of using these tools was being to assess any change between the beginning and the end of the programme. Due to the nature of some of the projects the use of the questionnaires was not appropriate. For example, projects delivered by organisations such as the Ulster Orchestra and the Commedia of Errors Theatre, entailed one-off performances with different audiences. Some of the other projects reported that they found the questions too complex or too intrusive for the client group with whom they were working and as a result opted out.

4.2 Demographic profile of respondents

The demographic data was collected from 313 participants; 90 of whom reported having a disability and 74 of whom said that they had caring responsibilities. Based on the data provided the average age of participants in the AOPP was 71 years. This figure is likely to be skewed in favour of younger participants and not reflective of the 'actual' age profile of people who engaged with the AOPP. Data in the end of project reports revealed that 17 of the AOPP projects were working with people aged over 80 years.²

The gender profile (figure 4) of participants was dominated by women (N= 262); there were 48 men and three participants declined to reveal their gender. With regards to their sexual orientation (figure 5) two people identified as being bisexual, a relatively large number of respondents (N= 39) chose the prefer not to say, 13% of respondents chose the 'other' category. The vast majority (73%) of respondents described themselves as being heterosexual.

² Table one (page 13) draws on end of project evaluation reports to provide an overview of the age cohorts within 23 AOPP projects.

Figure (4) Gender Profile AOPP Participants

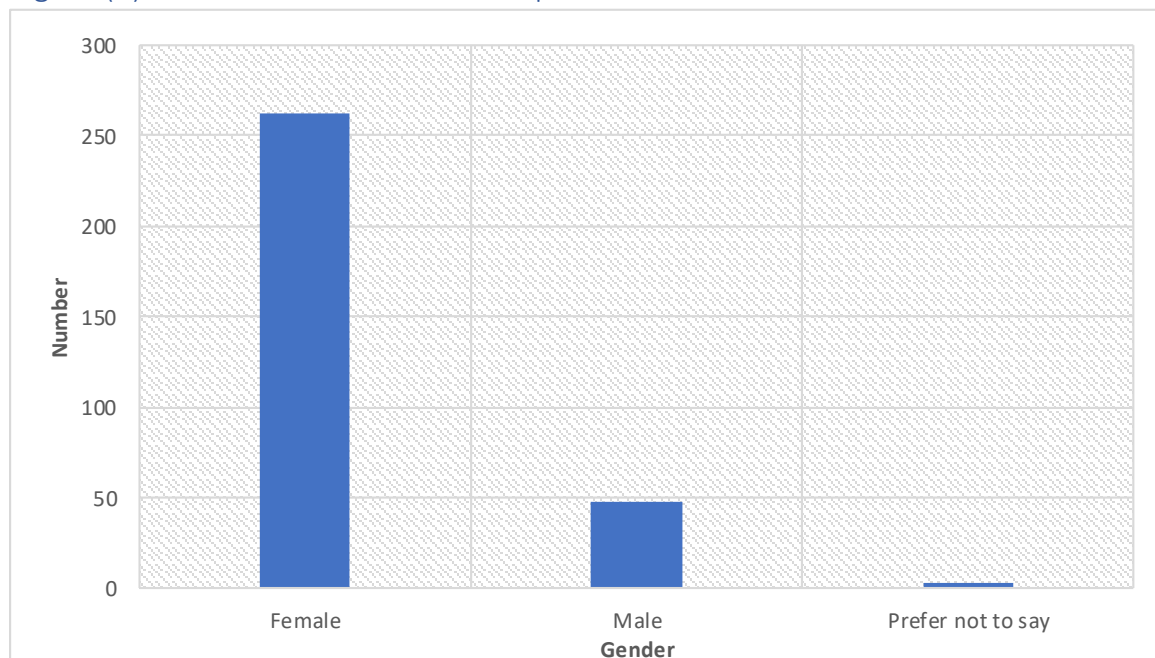
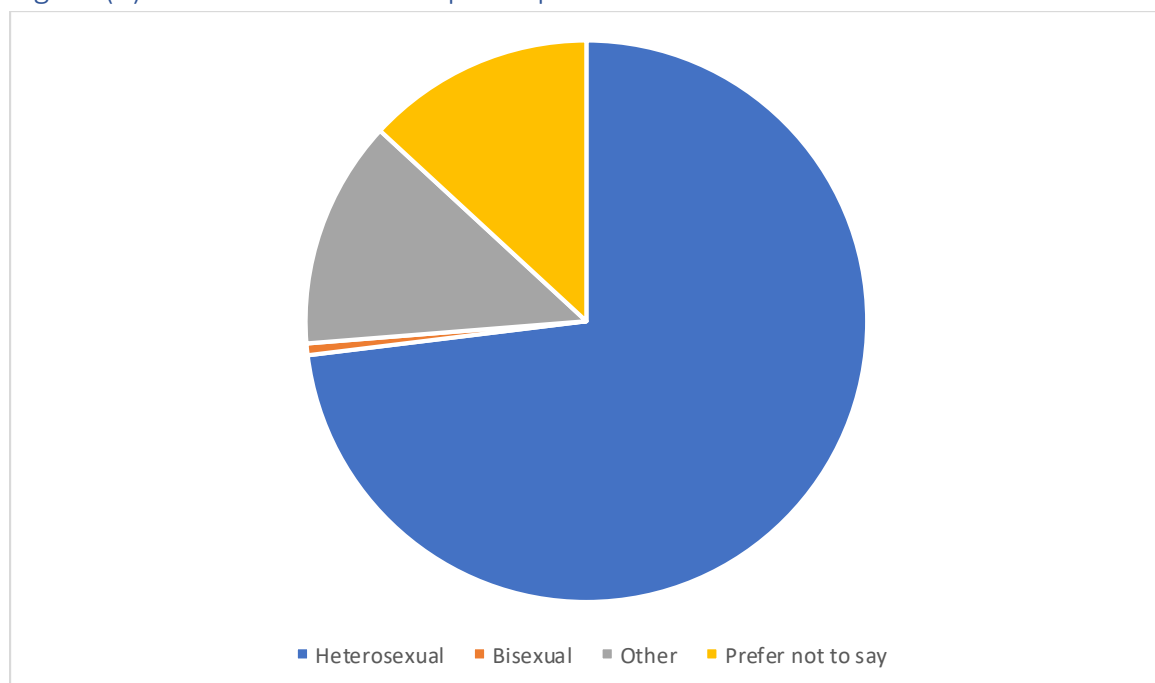


Figure (5) Sexual orientation of participants in AOPP³

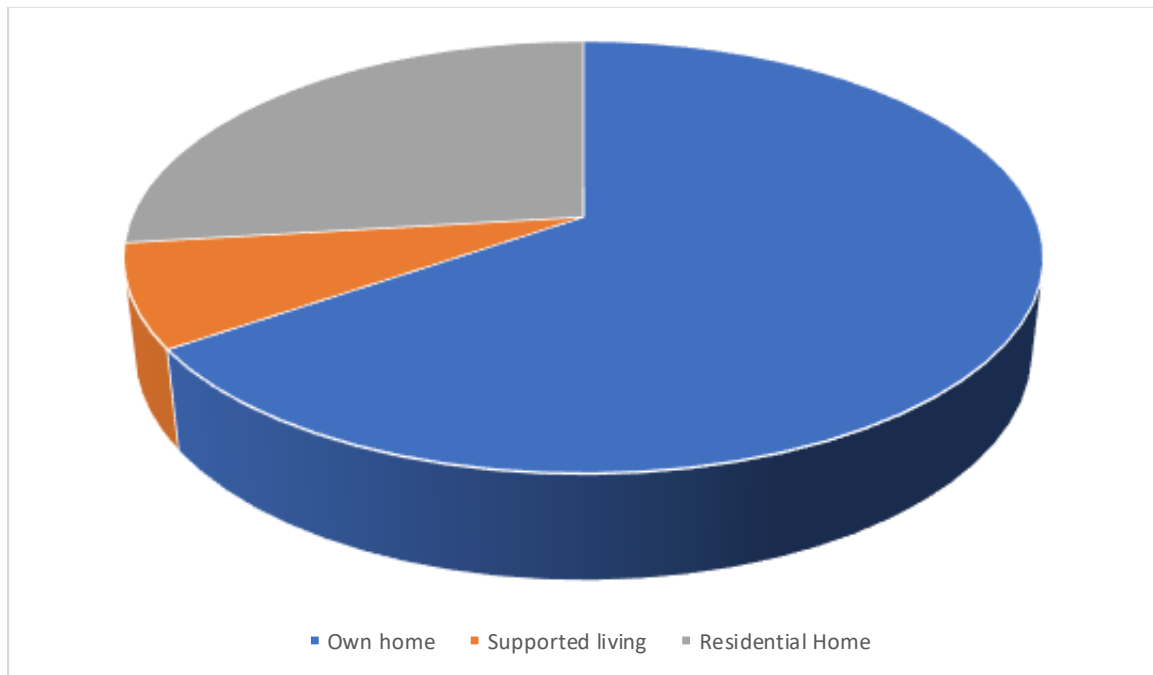


4.3 Where respondents were living

The majority (65%) of respondents were living in their own home, 27% in residential care and 8% in supported living (figure 6).

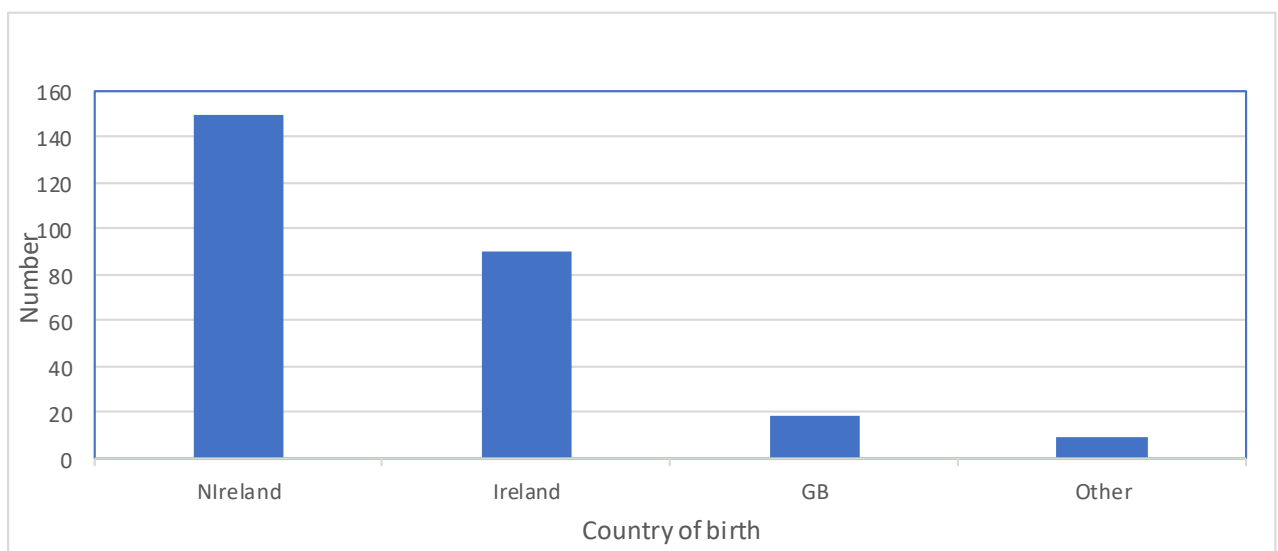
³ 45 people did not respond to this question

Figure (6) Where AOPP participants were living



Not surprisingly most AOPP participants (N=268) who answered the question about place of birth (figure 7) said that they were born in N. Ireland (N=150) or Ireland (N=90). Of the remainder, 19 people reported that they were born in GB, two in New Zealand and one person from each of the following countries Barbados, Germany, Romania, Lithuania, Netherlands, Switzerland and Zambia. Of the 266 participants for whom there is ethnicity data 263 participants were described as white, one person identified as mixed ethnic group, another as black and a third as being an Irish Traveller.

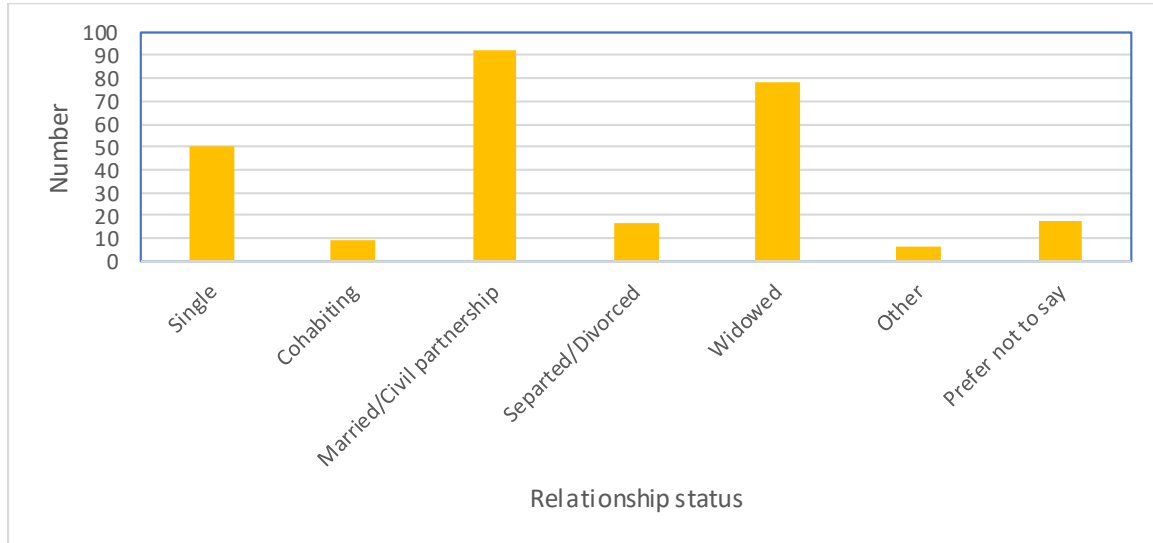
Figure (7) Country of birth



4.4 Relationship status

Most respondents were single, separated/divorced/widowed (N=145) and 94 participants were either married or in a civil partnership (figure 8).

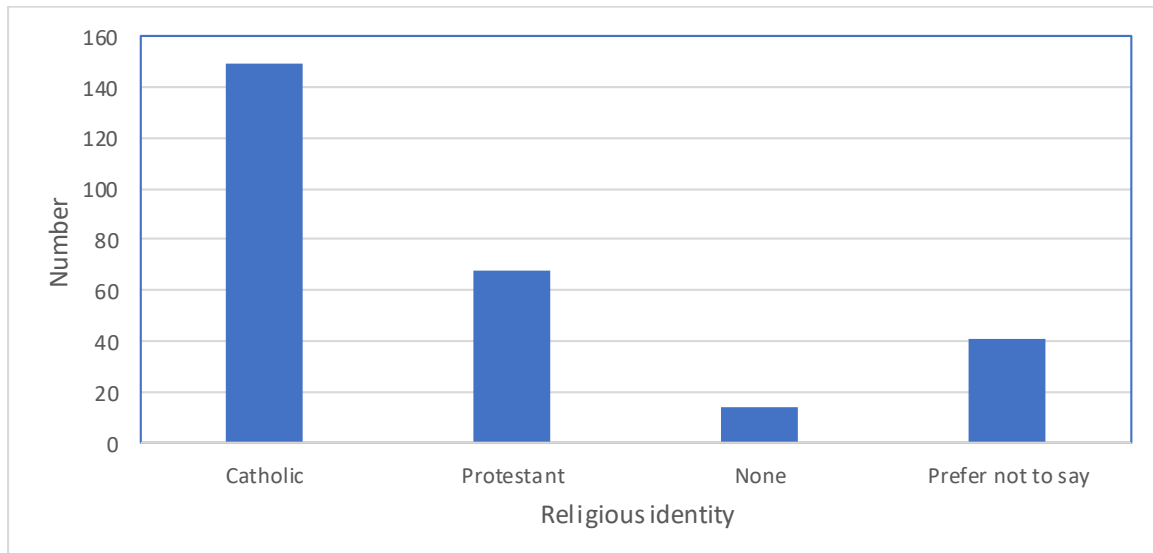
Figure (8): Relationship status of participants in the AOPP



4.5 Religious and political background

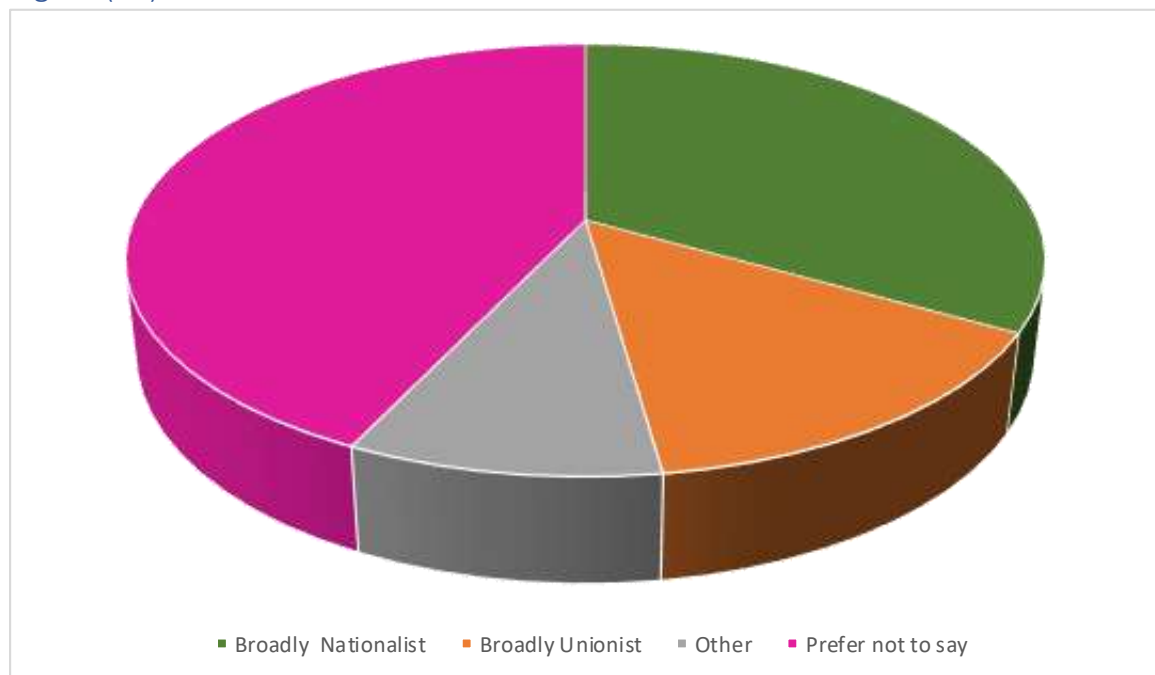
Of those people (N=272) who answered the question about religious identity (figure 9) 149 identified as Catholic, 68 as protestant and 14 people described themselves as having no religious identity.

Figure (9) Participants in AOPP Religious identity



Interestingly with regards to political orientation (figure 10) 43% of those people who answered the question (N=268) chose the prefer not to say option, 33% identified as being broadly nationalist, 15% as being broadly unionist and 9% as other.

Figure (10): Political Orientation



4.6 Loneliness and Wellbeing

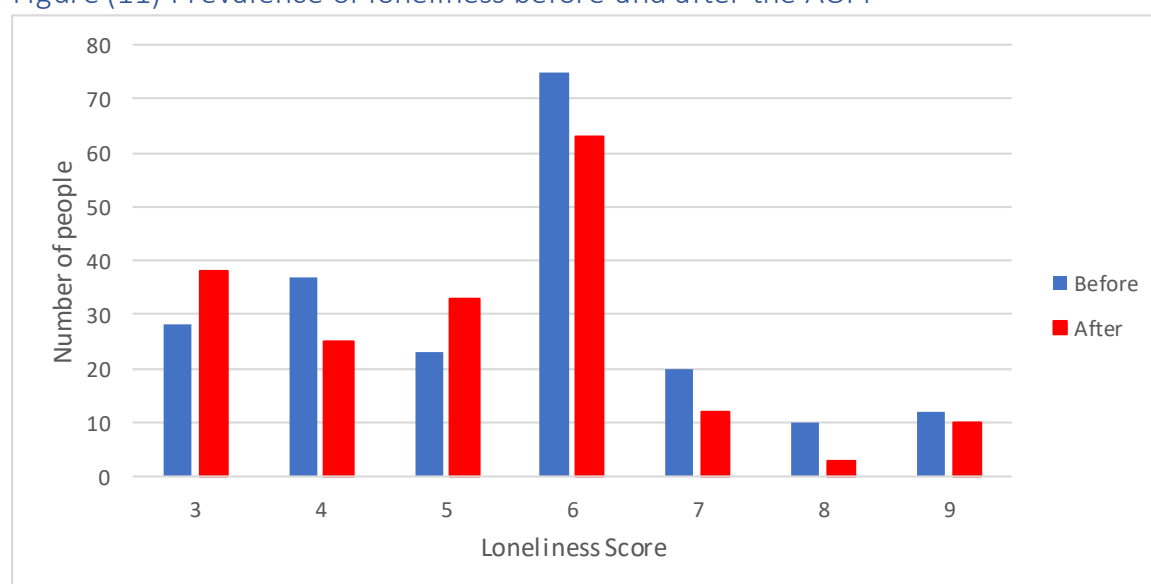
Validated screening tools the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) and the University of California Los Angeles (UCLA) three-item loneliness scale were used to assess impact of the AOPP. The WEMWBS Validated tools were to measure wellbeing. A 14 item scale the WEMBS offers five possible responses to each question. The final scores range from 14 to 70. The higher scores indicate greater positive mental wellbeing. The lowest possible combined score on the UCLA loneliness scale is three (indicating less frequent loneliness) and the highest is nine (indicating more frequent loneliness). A score of six or above is indicative of loneliness. The data on loneliness and wellbeing from all projects was combined and pointed to a positive trend. The overall score for loneliness amongst participants in the AOPP decreased from 5.6 to 5.3 and there was an increase in average score for wellbeing from 45.65 to 50.5.

The questionnaires were converted via Google Forms into digital questionnaires and shared electronically with each of the AOP projects. Completion of the loneliness and wellbeing scales was entirely voluntary, and people could opt out of the process at any time. As all data was anonymous it is not possible to track individuals through the programme. Instead, the individual scores for participants in a project were combined to provide a mean pre and post AOPP score for loneliness and wellbeing for each project.

The data from all projects was subsequently combined to create composite pre and post AOPP scores. Participants in 11 projects completed pre and post testing data for both loneliness and wellbeing. A further three projects Armstrong storytelling, East Erne Partnership and Streetwise completed the pre-AOPP loneliness questionnaire. Participants in Streetwise Age-ility completed Wellbeing questionnaire pre and post the AOPP.

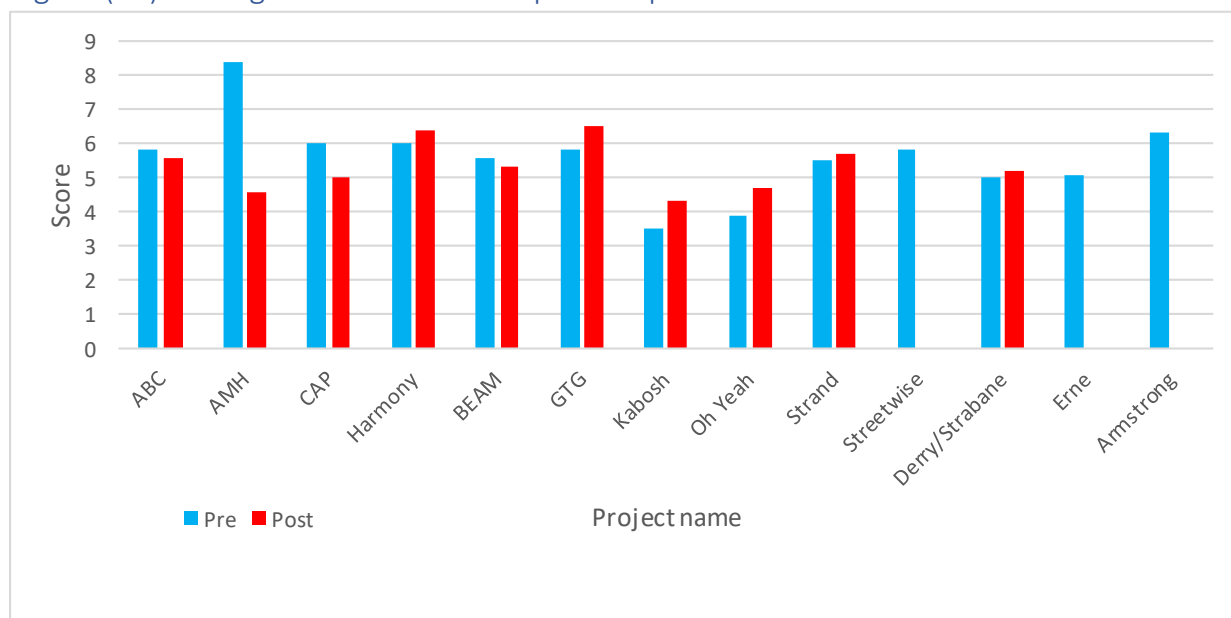
A total of 205 people completed the UCLA loneliness questionnaire before commencing the AOPP and 184 people completed the questionnaire at the end of the programme. A score of six or above on the UCLA scale points to people being lonely and scores between three and five suggest that people are not lonely. The prevalence of loneliness before and after the AOPP is set out in figures 11. The results revealed that 57% of respondents (N=117) had scored six or above, indicative of them being lonely. On completion of the programme the percentage of respondents scoring six or above had decreased to 48% (N= 88).

Figure (11) Prevalence of loneliness before and after the AOPP



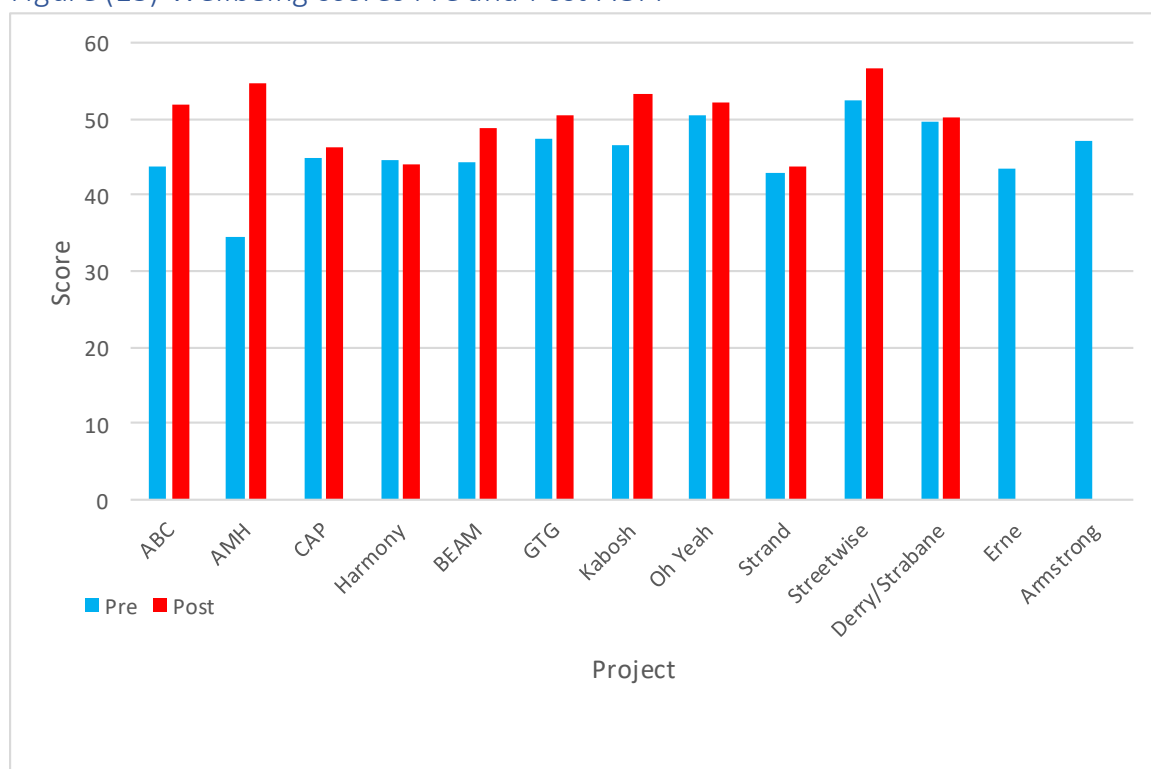
Although the overall mean score decreased from 5.6 to 5.3 there was an increase in loneliness post AOPP in six projects (figure 12): Harmony, Golden Thread Gallery and Kabosh, oh Yeah, Strand and Derry/Strabane Council. Of the four projects that demonstrated reduction in loneliness the most striking example was the Action Mental Health project “Connecting after Covid”. This project saw the average score decrease from 8.4 at the beginning of the project to 4.6 at the end.

Figure (12) Average loneliness scores pre and post AOPP



The WEMWBS wellbeing questionnaire was completed by 204 people at the beginning of the AOPP and 136 people at the end of the programme. Eleven Projects provided data. The improvement in Wellbeing scores at the end of the AOPP was reflected across 10 projects (figure 13). One project Harmony showed a slight decrease in wellbeing score from 44.59 before the AOPP to 44 after it.

Figure (13) Wellbeing scores Pre and Post AOPP



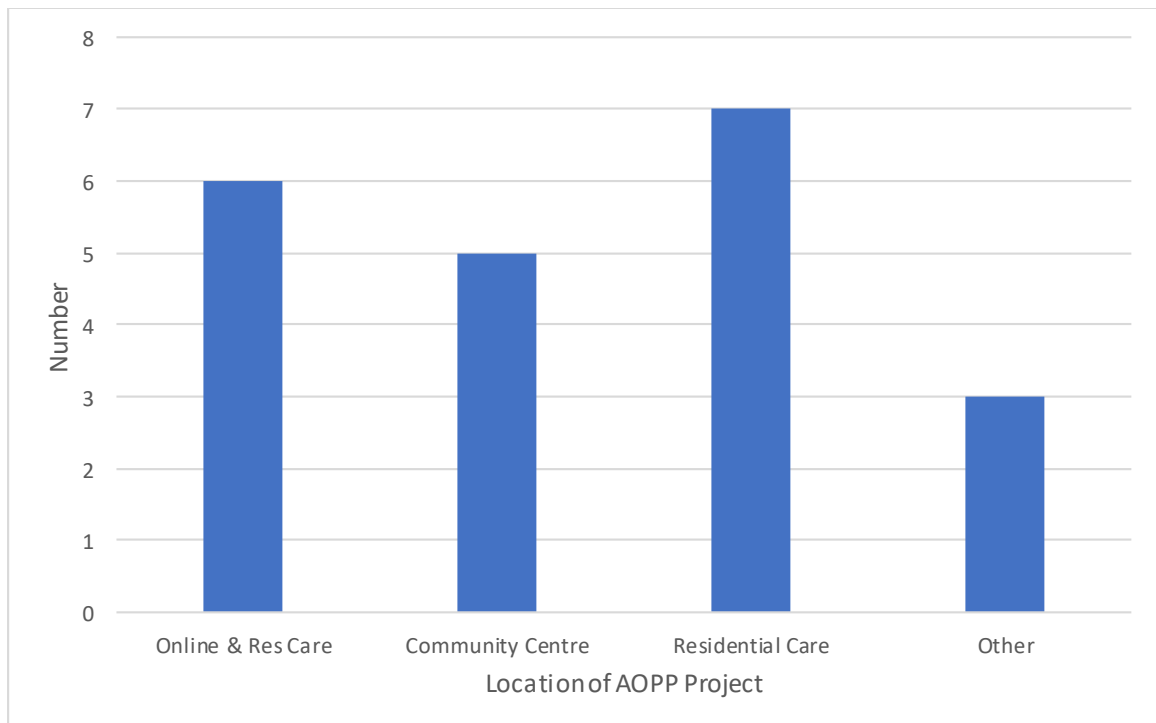
5. End of project reports

This section summarises key highlights in the end of project reports submitted by 23 AOP projects.

5.1 Location and age groups

The AOP projects were delivered across a wide and diverse range of settings including schools, shopping centres, cinema, theatres, parish centres and art galleries. The primary location for project delivery is set out in figure 14. Fourteen of the 23 projects brought their initiatives directly into residential care settings, with six of these projects using a combination of in person events and online or video work. Community and day Centres were the venue for five AOP projects. One project (Harmony) worked with people in a sheltered housing premise Glebe House, Action Mental Health brought their initiative to the Men's Shed and Sticky Fingers used the Imaginarium Arts and Story centre. This data serves to highlight how the AOPP has worked to make the arts accessible to some of the most isolated older people in Northern Ireland.

Figure (14) Primary location for delivery of AOPP Projects 2021/2



The focus on residential care settings as the primary setting for project delivery is reflected in the age profile of participants in the AOPP. People aged 70-80 years or over 80 years were the focus of work within 20 AOPP projects [table 1]. People with dementia were included in 18 projects.

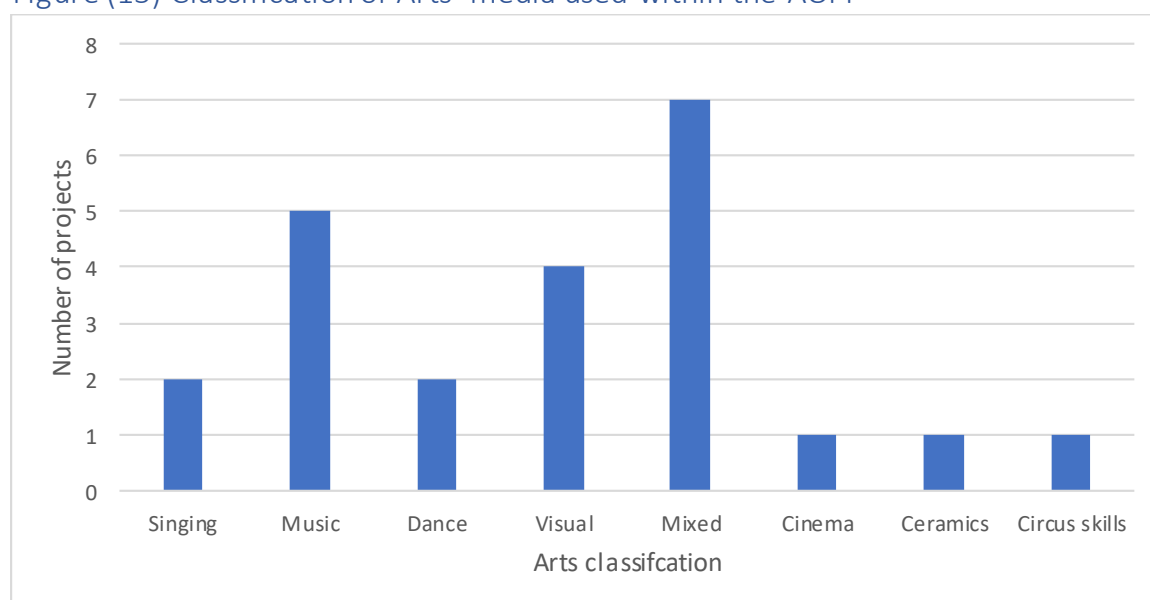
Table (1) Age profile of AOPP participants

Age of AOPP participants	Number of Projects
Over 80 years	1
Over 80 years, 70 - 80 years	1
Over 80 years, 70 - 80 years, 50 - 69 years	12
Over 80 years, 70 - 80 years, 50 - 69 years, Under 50 years	3
70 - 80 years	1
70 - 80 years, 50 - 69 years	2
50 - 69 years	1
Under 50 years	1

5.2 Arts media used

Most projects adopted a mixed media approach and used a wide variety of art form with their groups (figure 15). Kabosh theatre for example used movement, song, drama and gardening. Participants in the Harmony Trust project enjoyed pottery, photography, ceramic and drawing classes. The Bogside and Brandywell RECONNECT project facilitated sessions on mosaic tiling, basket weaving, painting, pottery and computers. Music was the primary focus for five projects including the an Gaeláras Meadows of Music and Dance project, Intergeneration Music Making, and Beyond Skin's Mindharp project. Open Arts used music in conjunction with dance. Singing and song writing was the focus of Commedia of Errors' Plays Aloud at Home and the Oh Yeah music centre's Keep on the Sunny side. Cinema was the focus the Strand Arts Centre, Ceramics for Arts Ekta and Circus skills for Streetwise community circus.

Figure (15) Classification of Arts' media used within the AOPP



5.3 Qualitative observations from the end of project reports

5.3.1 AOPP in action

Set against the backdrop of the pandemic and the critical situation created by the Omicron variant in the winter of 2021 it is not surprising that COVID-19 emerged as major challenge for AOP projects. Challenges related to risk of COVID infection including closure of care homes and other facilities.

“The Omicron variant around Christmas 2021 presented many challenges to getting staff and residents to leave the nursing homes. Audience numbers dropped considerably at this time.”

Close physical contact is normally integral to community arts practice. Working with people designated as high risk of developing serious illness from COVID and adhering to public health measures placed additional demands on the artists. For those artists who were working across different care homes there were evident disparities with regards to COVID safe environments and this made delivery challenging and stressful. COVID related absences within AOPP teams and within care homes and other facilities presented significant challenges for project delivery.

“Our main challenges were to do with staff shortages and the consequential additional pressures on staff.”

Improvising to overcome the challenges of staff shortages and not being able to get into homes some of the projects adopted a hybrid model of delivery. In person events were replaced or augmented by bespoke videos or online sessions. The passion and commitment that projects had to deliver their programmes was palpable in the end of projects reports. The source of this motivation was the belief in the importance contribution that were making to people’s lives.

“We are making a huge difference to people's lives, whilst it can be difficult to give tangible outcomes, working for over 15 weeks with people we can see real improvements in simply seeing smiles on people's faces, their commitment to the project, their care for their peers, their enjoyment and laughter.”

The people involved in delivery of the AOP projects within care homes were also acutely aware of the social isolation and loneliness that residents experience.

“I learned that the participants can spend a lot of time on their own during the day, I felt saddened by this and I hope I can make the concerts as participative and worthwhile as possible.” (Artist AOP, 2022)

Three words fun, laughter and enjoyment dominated the feedback in the end of project reports with regards to impact of the AOPP. Recognising the value of their work and how engagement with it improved quality of life AOPP described how they encouraged participants to:

“to actively engage with life”.

The focus on wellbeing and improved quality of life was evident for all. A quotation from one of the AOPP artists served to highlight the arts enabled people to feel better.

“I have long covid and the art class helps me relax and forget about my illness.”

The focus on equity and overcoming barriers to participation was evident in the innovative work in rural areas.

“AOPP has been very supportive in creating an opportunity, where older people and in our context from rural communities can come together in a creative and fun atmosphere, to try something new or enhance existing skills or make new friends and as a consequence improving health and wellbeing.”

Promoting dignity and strengthening the voice of participants is at the core of the AOPP. Adopting bespoke, person centred approaches the artists described how when projects became established that staff often commented on how they were seeing residents in a different way. Typically, they commented on how the arts helped reveal hidden capacities and talents.

“Care home staff were often surprised at how capable and creative participants became when engrossed in activities.”

The power of the arts to release hidden abilities and challenge stereotypical thinking and prejudices was an impact commonly reported across AOP projects.

“We felt really proud of the work the ladies were involved in and were pleasantly surprised at how our perceptions of who might fully engage were blown away.”

The importance of partnership working between AOP projects and care homes, housing associations and community centres etc was highlighted as being vital. Working with people who have dementia requires specialist skills and understanding of the needs of individual participants.

“The greatest success came from the challenges we had and how our artists adapted the program to ensure our participants felt comfortable. We could see their confidence building week by week as they were able to create beautiful pieces of art.”

Family members and care staff played a vital role in ensuring effective delivery and sense of enjoyment.

“Staff were helpful. They brought good energy, plenty of applause etc.”
and were commended for the regard.”

The respect and value that care homes gave to the arts sessions and events was commented on time and again by the AOP projects.

“The staff went out of their way to make the performances something special for the residents, providing tea in ‘the good China cups’, cream scones, ice cream, and soft drinks.”

5.3.2 Impact on the artists

It was evident that artists took enormous satisfaction in the knowledge that their work was contributing to improved quality life for socially isolated older people.

“we're thrilled with the results and legacy it will have within care homes.”

At a very basic level the AOPP funding also enabled artists to keep working at a time when opportunities were scarce.

“It provided secure employment during a time when most performances were being cancelled.”

Having the opportunity to reflect on their practice and learn new skills appropriate for work with older people and people living with dementia was recognised as a major benefit for artists working with the AOPP. This observation was a recurring theme in end of project reports and illustrated in feedback from an artist to one of the AOPP grantees.

“ it stretched my skill base... I searched for new crafts/arts, taught myself and practiced which enabled me to demonstrate and support others to learn.”

Working with new populations and partners through the AOPP helped artists to creating new professional networks. This aspect was valued greatly for the career advancement and enhanced employment opportunities.

“... a new avenue for getting craft teaching to the public, building audience and awareness of her presence within the market.”

The opportunity to work with people who have dementia was seen as a major benefit for artists.

“It has expanded their skills and experience of working with people with dementia.”

The AOPP was also acting as leverage and a springboard in helping organisations source other funds.

“We were able to secure an even greater level of match funding from Belfast Health and Social Care Trust to increase our delivery.”

5.3.3 Engagement

Overcoming physical and psychological barriers to engagement was identified as a significant challenge.

“Engagement with the care homes, as they have many barriers to participation.”

These barriers related to people’s understanding of community arts and underestimating their own capacity or the capacity of others to participate. Artists described how care home staff and residents expected the arts to be a ‘passive’ experience and that they would just be an audience.

“.. often there is the immediate assumption that we are all going to sit around and either listen to music or sing along. In the case of this project the intention was to ‘persuade’ people to actively engage with music.”

Transport was a significant challenge for AOPP projects in rural areas. The experience of HeART of the Sperrins served to highlight the lack of wheelchair accessible vehicles or taxis in rural communities and how the additional costs can be prohibitive for small organisations.

“Where we wanted to bring a group of residents to the Tower Museum we had to seek the assistance of another care facility to allow us use their fully fitted transport and cover those costs.”

Working with older people many of whom may have underlying health conditions, mental health challenges, disabilities, dementia or living with the trauma of domestic violence there were inevitably challenges with attendance.

“We knew going into the programme that we were likely to be 'drop-outs', as we were targeting a vulnerable group in complicated circumstances.”

“Despite the excellent and supportive efforts of care home staff. Working with people living with dementia, there are some barriers to access that are difficult to overcome. Even the slightest change in routine can upset or distress and discourage participants from being as involved.”

5.4 How the AOPP could be improved

Suggestions as to how the AOPP could be improved related primarily to increasing the duration of the project funding to two or three years. This proposal was common across most projects.

The stipulated rates of pay and travel mileage for artists were also highlighted as being insufficient. *“The artists we work with are experts in their field and deserve to be paid as such. Similarly, the mileage rate of £0.28 per mile is less than we would pay our own core staff (£0.45). It would be good to see a re-evaluation of these stipulations going forward.”*

6. Discussion

The work of the Arts Council of Northern Ireland is guided by a vision that—

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

Informed by that vision in 2021/2 through the AOPP the ACNI has delivered a dynamic series of 25 projects across Northern Ireland. Focused on some of the most vulnerable and socially isolated people in our society. The artists are commended for their innovation, stamina and resilience in delivering dynamic person-centred projects. Designed to alleviate social isolation and promote

equity by making the arts accessible to everyone the AOPP has used resources in innovative and flexible ways. Working against the backdrop and inherent challenges of the COVID-19 pandemic the artists and their partners have brought the arts to people in living in rural and isolated areas, to people living in residential homes, carers and people living with dementia. The enthusiasm and passion with which grantees embraced these challenges has been inspirational.

The impact evaluation used validated questionnaires to measure wellbeing (The Warwick–Edinburgh Mental Well-being Scale) and loneliness (University of California Los Angeles (UCLA) three-item loneliness scale). The questionnaires were completed by 11 of the 25 projects. The resulting data provides some insights into the positive impact of the programme on promoting wellbeing and alleviating loneliness of participants. Amalgamating data from all the project provides a powerful insight into both the prevalence of loneliness amongst older people and the power of the arts to alleviate it. The impact evaluation was skewed by a focus on younger AOPP participants and findings are likely to be an underestimate of the beneficial impact of the programme.

In addition, although positive the quantitative data does not capture the reasons behind the success of the AOPP. It is likely that the focus on social inclusion, learning new skills and the innate therapeutic essence of the arts are all likely contributors. Observation of the projects in action and interviews with participants would help tease out the explanatory factors and prove useful in informing future work.

Overall, the loneliness scores were more variable than the trend seen in wellbeing. Wellbeing scores improved across 10 of the 11 projects that provided data. Loneliness appeared to decrease across 40 % of projects but increased in 60%. Qualitative interviews could help provide understanding of the causative factors behind these statistics.

The evaluation also serves to the high prevalence of loneliness generally experiences by older people. Almost 60% of the AOP participants identified as lonely before the commencing the project and 48% as lonely at the end of the programme. Previous work (Devine and Lloyd, 2019) evaluating impact of the AOPP found a very different trend. In the 2019 paper 66% of participants scored three or less on the UCLA loneliness scale, indicative that they were not lonely. The reasons behind these stark differences cannot be determined from

the data available. Some likely factors are the legacy and impact of the pandemic and the focus in the 2021/2 AOPP on people living with dementia. Although the average age of respondents to the loneliness is likely to have been younger than the norm across the AOPP. A recent systematic review (2021) estimates prevalence of loneliness amongst people aged over 60 years as being one in four. Elaborating the authors also observed that:

“There was no suggestion that loneliness is more common in people age over 75 than in those age 65–75.” (Chawla et al., 2021:9)

The Chawla et al. study was interested primarily in the prevalence of loneliness amongst older people. As a result, the findings do not take account of the additional impact of dementia and should be treated with caution. Victor et al., (2020) identified the prevalence of loneliness amongst people with dementia as 30.1% and findings highlighted the strong association between social isolation and loneliness. Previous work (2012) by Victor had focused on care home residents and estimated prevalence of loneliness amongst that population to be as high as 42%.

Although the AOPP evaluation points to a decrease in total loneliness score it also revealed that some participants felt lonelier at the end of the AOP than they did at the beginning. The reasons behind the increase in feelings of loneliness amongst some AOPP participants cannot be determined from the quantitative data. Although closely related to social isolation loneliness is a subjective feeling and it is likely that there were myriad factors at play. It may be that being part of the AOP and being engaged with other people served to highlight loneliness in other aspects of daily life; in the absence of hard evidence this suggestion is only conjecture. Semi-structured interviews with participants could prove useful in helping to understand the reasons for the increase in loneliness. The learning could inform future interventions and initiatives.

AOPP funding is for one year. This is a very short period to establish programmes, build relationship and develop skills. It is evident that some of the projects were applying for funding in 2022/3. If the duration of some projects were funded for a two- or three-year programme this would provide rich learning opportunity and yield models of work that could be mainstreamed.

Measuring loneliness and wellbeing although interesting and useful in demonstrating the impact of the programme put a heavy administrative

burden on projects. It is important to note that there is huge variation in capacity across the projects with small community and voluntary groups and public bodies all involved in the AOPP. The additional administrative load incurred through rigorous evaluation creates disparity and undue pressure for the smaller organisations. There are also ethical questions about using the loneliness and wellbeing scales with the vulnerable populations on the whom the AOPP is focused. This fact is reflected in the fact that the questionnaires were completed by less than 50% of the 2021/2 projects.

As the AOPP launches a new round of funding and projects the number of artists with skills, experience and networks within the ageing and care sector is increasing. Due to the pressures that the artistic community and care sector are currently dealing with there is a risk that this valuable resource could be missed or lost. It is evident from the evaluation that artists helped socially excluded older people find their voice. The reports from artists about how the arts enabled care workers to see those that they were caring for in a more rounded and dignified way are both welcome and a cause for concern. These reports beggar the question how the arts might be harnessed to ensure that person centred care becomes the norm. An investment in communication and a proactive approach to 'sharing the learning' through the AOPP partners and extended networks could galvanise this process.

7. Recommendations

- (1) Pilot two/three-year funding for some projects
- (2) Continue with the electronic end of project evaluation.
- (3) Focus on the 'why' and 'how' in evaluation of the AOPP. Qualitative data would provide richer insights into the explanatory factors behind the success of the programme.
- (4) Training of artists and host organisations with regards to working with people who have dementia.
- (5) Sharing learning with care organisations to raise awareness and understanding of the arts as means to promote the wellbeing and dignity of older people.

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