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Title	Well into Older Age Age & Opportunity and the Evidence: what research says about the value of promoting participation of older people
Author(s)	Ní Léime, Áine; O'Shea, Eamon
Publication Date	2010-12
Publication Information	Ní Léime, Á. and O Shea, E., 2010, (2010) Well into Older Age Age & Opportunity and the Evidence: what research says about the value of promoting participation of older people. Age & Opportunity, .
Publisher	Age & Opportunity.
Link to publisher's version	http://www.artsandhealth.ie/wp-content/uploads/2011/09/Well_into_Older_Age.pdf
Item record	http://hdl.handle.net/10379/3203

Downloaded 2024-04-14T08:51:17Z

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WELL INTO OLDER AGE — AGE & OPPORTUNITY AND THE EVIDENCE:

WHAT RESEARCH SAYS ABOUT THE VALUE OF
PROMOTING PARTICIPATION OF OLDER PEOPLE.

Dr. Áine Ní Léime & Professor Eamon O'Shea



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PROMOTING PARTICIPATION OF OLDER PEOPLE.

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December 2010

Acknowledgements

The authors wish to thank Christine De Largy for her invaluable research assistance.

Thanks are also due to colleagues in the ICSG – Dr. Kieran Walsh and Professor Tom Scharf for their comments on drafts of the report. Thanks to Yoshio Oro for providing reference material. Finally, thank you to Age & Opportunity personnel, especially to Louise Halloran, Ann Leahy, Mary Harkin, Ciarán McKinney, Marianna Cullen, John Hynes and Catherine Rose for providing information and clarification.

Published by Age & Opportunity

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ISBN 978-1-900578-72-7

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EXECUTIVE SUMMARY

Background

There has been an increasing recognition, in both policy and research on ageing, of the value of approaches that promote the fullest participation of older people in society. Age & Opportunity has worked over the past 21 years to promote greater engagement by older people in the cultural, political, social and civic life of Ireland.

Objectives

The overall objective of this report is to examine the work of Age & Opportunity within an international context, and to explore its various impacts on age and ageing in Ireland today. The work of Age & Opportunity is assessed in the context of the relevant goals set out by international bodies such as the United Nations and the World Health Organisation (WHO) in order to encourage older people to live their lives as fully as possible. The report provides a concise summary of some of the key findings arising from research in areas relevant to the work of Age & Opportunity, specifically in regard to the promotion of greater participation by older people in physical activity, the arts, politics, advocacy and peer-led community and voluntary activity.

Key findings

The programmes of Age & Opportunity have succeeded in providing older people with increased opportunities to participate in physical and cultural activities and programmes as both organisers and participants. Evaluations (in particular of Go for Life, the Bealtaine festival, Ageing with Confidence and Creative Exchanges) show that participants and organisers perceive health and social gains similar to those identified in the research literature.

Research indicates that:

- Promoting increased physical activity among older people leads to physical and psychological health benefits, and that this can lead to substantial savings in health and long-term care costs
- Engaging in creative arts programmes, both in the community and in care settings, can lead to gains in older people's physical and mental health and may have benefits in terms of social cohesion
- Psycho-social programmes may also lead to psychological and physical benefits to older participants
- Research into anti-ageism and advocacy programmes is less well-developed so it is not yet possible to be definitive as to the impact of these programmes

Assessment of Age & Opportunity's programmes suggests that:

- All Age & Opportunity programmes potentially contribute directly to the goals set out by the World Health Organisation and the recommendations of the United Nations in relation to 'Active Ageing' and 'Healthy Ageing' and to the national goals for health promotion
- Where programmes have been evaluated, it is clear that participants and facilitators have derived physical, psychological and social benefits from taking part (Go for Life, Bealtaine, Creative Exchanges and Ageing with Confidence)
- While evidence is not so conclusive in relation to the impact of anti-ageism and advocacy programmes, participant feedback suggests that these programmes also have a positive impact on participants and on breaking down ageist attitudes in society
- Further research and evaluation needs to be conducted on the impact on older people of the psycho-social programmes delivered by Age & Opportunity. However, participant feedback suggests that these programmes appear to deliver similar benefits to those reported in the research literature

Recommendations

- Specific policies in relation to physical activity for older people and their participation in the arts should be developed and implemented at national and regional level
- The National Positive Ageing Strategy should set out policies specifically geared to promote the health, confidence and social inclusion of older people and to maximise their capabilities in the arts, in physical activity and voluntary activity as demonstrated by Age & Opportunity
- Specific indicators and targets should be developed, in consultation with Age & Opportunity, to facilitate the achievement of the high-level goal for social, cultural and civic participation for older people set out in 'Towards 2016'
- Specific provisions should be included in the National Positive Ageing Strategy to encourage partnership between organisations such as Age & Opportunity, the Government, the private sector and older people in promoting participation by older people in cultural, civic and social life, including sport and physical activity
- Policies on long-term care should include recommendations for staff to promote quality of life, including access to both creative activities and appropriate forms of physical activity, to ensure that residents are enabled to realise their full potential. Training should be provided for long-term care staff to facilitate this
- Public service providers should be encouraged to avail of anti-ageism education and training provided by Age & Opportunity
- The health and social gains associated with Age & Opportunity's physical activity, arts and psycho-social programmes provide a rationale for continued funding for these programmes into the future
- Sustained funding should be provided for the advocacy and anti-ageism programmes
- When new programmes are being implemented, funding for evaluation of the impacts of the programmes should be built in as an integral part of programme costs

PREFACE

Interest in age and ageing in Ireland has never been higher. There are a number of reasons for this, not least worldwide concern about population ageing and the consequences of increasing numbers of older people for pensions and long-stay care costs. The resistance put up by older people in Ireland to changes in welfare payments in recent years has also heightened public awareness of the vulnerability of older people to discriminatory cutbacks and the ability of older people to fight back. Nursing home scandals have also raised awareness of the particular challenges faced by dependent older people living in residential care settings. While all of these concerns are worthy, they do tend to disproportionately link burden and vulnerability with age and ageing. The challenge, therefore, is to create and sustain a vision of older age that links age with opportunity and capabilities. Fortunately, Age & Opportunity was founded to take up this challenge and it is timely now to review its operation, and impact, on this, its twenty-first anniversary.

The work of Age & Opportunity is developmental in nature and is designed to meet the multiple needs of older people, including physical, social, health, cultural and emotional elements. A major part of its brief is to challenge and educate service providers and the general public to recognise and create a society that values older people and enhances their quality of life. Greater choice, autonomy and empowerment for older people demands not just their involvement in shaping conventional health and social care services, but a coming together of all relevant facets of active and inclusive ageing. That means consideration of multiple elements of the self, including work, leisure, place, communication, social networks, advocacy, spirituality and security. If older people are to maximise capabilities and reach their full potential, they need both the confidence to engage in economic, social and cultural life and the availability of multifaceted opportunities to pursue this in their own time and on their own terms. Age & Opportunity provides both confidence and opportunity through five main programmes: Go for Life, the Bealtaine festival, Creative Exchanges, Get Vocal and Ageing with Confidence.

The enhancement of quality of life for older people should be recognised as being an important part of the barometer of success for Age & Opportunity as an organisation. Living at home, connected to family and friends, is seen by the majority of older people as critical for quality of life. Of course, quality of life is something that people of all ages should be thinking about; belonging, personal identity and social connectedness are dynamic concepts that evolve over a lifetime rather than at a point in time. One of the difficulties of preparing for ageing, at any age, is the disjointed nature of much of our thinking about growing old, as something that afflicts rather than evolves. The reality is that 'me now' matters for 'me later' and anything the Government does, or does not do, in the future cannot change this fact. Looking after physical health is so important at any age, and engagement with the arts in all its forms allows older people to be connected with themselves and others. Age & Opportunity facilitates older people to engage with both the physical self and the creative self in many life-enhancing ways.

Overall, it is testimony to the enduring work and influence of Age & Opportunity that the forthcoming National Positive Ageing Strategy will, for the first time, focus as much on the rich potential of our ageing population as on the need to provide care and support for those who are vulnerable. The new emphasis on the richness and variety of the ageing experience in this country is testimony to the ongoing work of Age & Opportunity and its

focus on the celebration of age, achievement and experience. What Age & Opportunity has taught us is that ageing is about maximizing capabilities and enhancing diversity, not creating dependency and encouraging homogeneity. The organisation has been bold and imaginative in terms of both vision and values, while remaining focused on the practicalities of performance in terms of maximising opportunities for as many older people as possible, given their resources.

This report offers further evidence of Age & Opportunity's commitment to reflecting on its relative impact on society in Ireland. The report has five sections. It begins with a discussion of the context of some of the main theoretical frameworks on healthy ageing and introduces the work of Age & Opportunity. It is clear that this work is aligned with an international focus on active and healthy ageing, given its coverage of both physical and psychological domains. Section 2 outlines some of the principles, policies and high-level targets identified by the United Nations and the WHO as well as national policies and targets. Section 3 reviews the international evidence on effectiveness in relation to the areas covered by Age & Opportunity's programmes. Section 4 examines the specific evidence in relation to Age & Opportunity's various activities, concluding with a strong positive statement on the importance and effectiveness of the organisation in meeting its objectives in relation to empowerment, participation and health gain for older people. The report concludes with some key recommendations for the future, mindful of the competing demands on the exchequer for funding. Investment in the areas covered by Age & Opportunity will likely lead to considerable long-term returns for older people in terms of both length of life and quality of life.

Professor Eamon O'Shea

1 INTRODUCTION

Current policy debates paint scenarios of an increasing proportion of older people in western populations, and the costs associated with that phenomenon. In this context, international bodies highlight the importance of 'active ageing' as a means of reducing health care costs and ensuring that older people lead fulfilling lives and contribute to society. Encouraging older people to be more physically active, to engage with creativity, to cultivate physical and mental health, to tackle ageism and to promote active citizenship and advocacy; these are all of importance as Ireland's population ages and, consequently, underline the key objectives of Age & Opportunity's programmes. Such objectives are vital components to enable the realisation of the United Nations and World Health Organization (WHO) goals for 'active ageing' and 'healthy ageing'. This paper assesses how promoting these objectives increases the participation of older people in Irish society and whether this provides benefit.

What is Age & Opportunity?

Age & Opportunity is a national not-for-profit organisation that promotes opportunities for greater participation by older people in Irish society through partnerships and collaborative programmes. Its vision is of an Ireland where all older people have the opportunity to realise their full potential and to participate in an inclusive society. It promotes creativity, participation, confidence and engagement among older people. Age & Opportunity's practical programmes provide various ways of cultivating involvement by people who are 50 and older. Some programmes aim to activate latent skills, talents and abilities in older people; others tackle attitudes to ageing and discrimination.

Age & Opportunity works in collaboration with public and private organisations to deliver its range of practical programmes. These include the Go for Life sport and physical activity programme, the Bealtaine festival, which celebrates creativity in older age, the anti-ageism AgeWise workshops, which tackle ageism, the Ageing with Confidence programme, which promotes self-confidence and a self-managed approach to maintenance of health and well-being, the Creative Exchanges programme, promoting arts in care, and the Get Vocal programme, which aims to promote advocacy and active citizenship by and for older people.

The work of Age & Opportunity is developmental; it aims to enable older people reached by the programmes to define what quality of life means to them. It is also health-promoting, focusing on developing a self-managed approach to the maintenance and enhancement of health. Simultaneously, the work seeks to challenge and educate service providers to help create a society that values older people and enhances their quality of life. As well as directly promoting the participation of older people and building capacity, Age & Opportunity also aims to affect the practice of those working with older people; it encourages the development of national policy for older people in several areas, including the arts, sport, physical and mental health; its recent submission to the National Positive Ageing Strategy is one example (Age & Opportunity, 2009).

Theoretical frameworks for Active Ageing and Healthy Ageing

The western world's growing population of older people, and the health costs to which this may give rise, has generated a good deal of research interest in ageing. Within research and

policy literature, a number of different approaches have been developed to conceptualise the optimal lifestyles of older people. This is reflected in such concepts as 'successful ageing', 'active ageing' and 'healthy ageing'.

'Successful ageing' is primarily concerned with reducing the economic costs of ageing to society. By contrast, 'active ageing' (and 'healthy ageing' as an important component of 'active ageing') is broader and not so closely identified with labour market participation. The WHO defines 'active ageing' as "the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002). 'Healthy ageing' is defined as "the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination, and to enjoy an independent and good quality of life" (Swedish National Institute of Public Health (SNIPH), 2007). While recognising the limitations with such terms, 'active ageing' and 'healthy ageing' lend themselves well to this review as they are broad enough to encompass the diverse activities that promote participation.

Four key features of policy frameworks related to 'healthy ageing' are:

- 1 The assumption that older people are of intrinsic value, rather than a burden, to society
- 2 The acknowledgement of the need to focus on health inequalities and on heterogeneity of needs
- 3 The belief that it is never too late to promote health
- 4 The belief that healthy ageing policies should rely strongly on prevention (SNIPH, 2007)

These broad theoretical frameworks underpin much of the work of Age & Opportunity. The next section discusses healthy ageing policies and outlines the relevant high-level targets that have been set at international and national levels.

2 POLICIES AND HIGH-LEVEL GOALS AND TARGETS FOR HEALTHY AGEING

In order to contextualise the work of Ireland's age sector, it is useful to outline the general principles, recommendations, guidelines and targets set out by international bodies, such as the United Nations, the OECD and the World Health Organisation (WHO), in relation to older persons in areas relevant to healthy ageing. These areas include quality of life, physical activity, social and cultural participation, empowerment and mutual self-help.

The WHO defines 'quality of life' as:

"individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment"

(WHO, 1997)

In relation to older people, Bond and Corner (2004) have identified the following seven aspects as relevant to their quality of life:

- 1 subjective satisfaction (people's own perception of their satisfaction with life)
- 2 physical environment (including, for example, housing, transport, facilities)
- 3 social environment
- 4 socio-economic factors
- 5 cultural factors
- 6 health status
- 7 personality and personal autonomy¹

Healthy Ageing Policies - In general

With this focus on health promotion, healthy ageing policies characteristically promote healthy lifestyles. The WHO has recognised that implementing policies that support healthy ageing leads to:

- fewer premature deaths in the highly productive stages of life
- fewer disabilities associated with chronic diseases for older people
- more people enjoying a positive quality of life as they grow older

¹ Autonomy is the perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one's own rules and preferences.

- more active participation in society by older people
- reduced healthcare costs
(WHO, 2002, p. 16)

The WHO emphasises that it is poor health that is associated with increased medical spending, not old age itself (WHO, 2002, p. 17).

Healthy Ageing Policies – Physical activity

Healthy ageing policies also tend to focus on physical activity. The importance of physical activity for health is well-documented; evidence shows that it reduces the risk of heart disease, stroke, diabetes type 2 and obesity (Bauman, 2004). Given that older people tend to become less active as they grow older, it is believed that policies that encourage physical activity can help reverse a decline in health. The WHO, in its 'Global Strategy on Diet, Physical Activity and Health', specifically states that programmes aimed at promoting physical activity are key instruments in achieving development goals. It also emphasises the economic gains of increased physical activity:

“Physical activity also has economic benefits especially in terms of reduced health care costs, increased productivity, healthier physical and social environments”

(WHO, 2003)

Healthy Ageing Policies – Psychological well-being and social interaction

Another area of focus for healthy ageing policy is psychological well-being. An OECD working paper (Oxley, 2009) suggested that programmes that educate older people on the effects of adopting healthier lifestyles, and that encourage behaviour change (such as more involvement in volunteering and in educational and group activities), can have a positive effect on psychological well-being (Cattan et al, 2005; Oxley, 2009; Wheeler et al, 1998). It emphasised the relatively low cost and high potential payoffs of such programmes, although it acknowledged that further research on cost-effectiveness is needed (Oxley, 2009, p. 3)².

International guidelines on participation in physical activity

In their policy documents since 2000, the WHO has highlighted the evidence demonstrating the physical and mental health benefits of physical activity for everyone, including older people, in a number of policy documents (WHO, 2002; WHO, 2003; WHO, 2004). They state that:

“maintaining the health and functional capacity of the increasing elderly population will be a crucial factor in reducing the demand for and costs of health services”

(WHO, 2004, p. 3).

2 While the WHO and the OECD are the bodies that are most closely associated with active ageing, another example of a relevant project in Europe is the European Healthy Ageing Project. The aim of this project is to share knowledge and experience regarding health promotion for older people within European countries (SNIPH, 2007). It is part-funded by the European Commission.

Building on this, the WHO developed the 'Global Strategy on Diet, Physical Activity and Health' in which it recommended that individuals engage in adequate levels of physical activity throughout their lives. In particular, they suggested that people should have:

“at least 30 minutes of regular moderate-intensity physical activity on most days”
(WHO, 2004)

The WHO recommended that states should develop national physical activity guidelines. It also emphasised the importance of providing information, and it stressed the role that both government and non-government organisations should play in promoting physical activity (WHO, 2004, p. 3). It recommended that organisations should provide programmes to encourage people to engage in physical activity and to increase people's awareness of the health benefits of physical activity (WHO, 2004, p. 13). The United Nations programme on ageing, the Madrid International Plan of Action on Ageing (MIPAA), made similar general recommendations in relation to physical activity (United Nations, 2002a, No. 67, Objective 2, MIPAA).

International recommendations on participation in cultural and social activity

In the area of participation in the cultural life of society, the 'United Nations Principles for Older Persons' state specifically that:

- older persons should be able to pursue opportunities for the full development of their potential

and that:

- older persons should have access to the educational, cultural, spiritual and recreational resources of society

Although these principles are based on human rights, they are not yet legally binding (Doron and Apter, 2010). In its 'International Plan of Action on Ageing', the United Nations has, however, strongly recommended their implementation in its member states (United Nations, 2002a).

The plan specifically recommends that member states should encourage the following:

- Empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies, including through voluntary work
- Provision of opportunities for individual development, self-fulfilment and well-being throughout life as well as in late life through, for example, access to lifelong learning and participation in the community
- Ensuring the enjoyment of economic, social and cultural rights and civil and political life of persons
(United Nations, 2002a)

As yet, there are no specific quantitative targets set out in relation to older people's social and cultural participation that would equate to the targets set for physical activity. In its objectives, however, the United Nations specifically recommended the following actions to its member states under Objective 21 (Recognition of the social, cultural, economic and

political contribution of older persons):

- Provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political, social life and lifelong learning (United Nations, 2002a, No. 21, Objective 1, Action c, MIPAA)
- Promote civic and cultural participation as strategies to combat social isolation and support empowerment (United Nations, 2002a, No. 21, Objective 1, Action j, MIPAA)

The United Nations also recommended that member states should promote awareness of the contribution that older people make to society and should facilitate older people to engage in mutual self-help and volunteering and promote opportunities to realise their full potential (United Nations, 2002a, MIPAA, see Appendix 1).

The United Nations also advocated that, in order to achieve these goals, there is a role for:

“facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Plan of Action into practical action”

(United Nations, 2002a, MIPAA, No. 12 (i))

This specifically acknowledges the pivotal part that organisations who work in partnership can play in encouraging full societal participation by older people. Many of the principles and recommendations outlined above have not been formulated into specific, quantifiable targets, either at international or at national level. Specific targets have, however, been developed in relation to physical activity.

National guidelines on health promotion

While there has been a major policy focus on physical well-being, it is increasingly recognised that a holistic approach that advocates a multi-faceted approach to promoting the physical, psychological and social well-being of older people is needed. The national policy document that is most relevant to this area is the ‘National Health Promotion Strategy for Older People’ (Brenner and Shelley, 1998)³.

The strategy sets out general health promotion goals and action plans in a number of areas.

In the area of mental health, the general goal is:

“to reduce the prevalence and severity of mental illness in older people and to raise awareness of mental health issues”

(Brenner and Shelley, 1998)

One of their recommended actions to achieve this is:

“wider availability of programmes for older people designed to develop self-esteem, personal relationships and skills to cope with stressful situations”

(Brenner and Shelley, 1998, p. 57)

³ At the time of writing, the National Positive Ageing Strategy is currently being finalised and is due to be published in the next few months. This provides an opportunity to update some of these goals and action plans.

The strategy also articulates a goal for **social interaction** for older people:

“the goal is to help maintain the well-being and autonomy of older people by increasing their involvement in social activities”

(Brenner and Shelley, 1998, p. 69)

The associated recommended actions are:

- To encourage older people to be involved in community activities as participants and organisers
- To recognise the value of intergenerational activities
- To enable older people to develop their creativity as well as to enjoy the arts

(Brenner and Shelley, 1998, p. 69)

The Bealtaine festival, the Go for Life programme and other Age & Opportunity programmes, such as the Get Vocal programme, are aligned to achieving this goal.

Finally, under the heading **social environment**, the goal is:

- to foster and create a positive attitude to ageing and older people throughout society

(Brenner and Shelley, 1998, p. 66)

Identified action plans include:

- Support for Age & Opportunity, and other agencies which address ageism

(Brenner and Shelley, 1998, p. 66)

This provides a rationale for anti-ageism programmes such as AgeWise. AgeWise sets out to dispel myths about ageing and to challenge discriminatory attitudes towards older people among service providers. This work seeks to ensure that older people are not discriminated against in relation to provision of health-related and other services.

A more recent national policy document that sets out a vision for older people is ‘Towards 2016’, the 10-year framework agreed by the social partners that set out a national plan for 2006-2015. One of the high-level goals it sets out is as follows:

“Every older person would be encouraged and supported to participate to the greatest extent possible in social and civic life”

(Department of the Taoiseach, 2006, p. 60)

Again, it appears that the Bealtaine, Go for Life, Creative Exchanges and Get Vocal programmes potentially encourage the fulfilment of this goal.

National Physical Activity Guidelines

The Department of Health and Children recently published guidelines on physical activity for Ireland (Department of Health and Children, 2009). In devising these national guidelines, they consulted with stakeholders, including Age & Opportunity, and consulted the international policy documents mentioned above (WHO, 2003; WHO, 2004). Their specific guidelines for older people are as follows:

“at least 30 minutes a day of moderate intensity activity on five days a week, or 150 minutes a week. Focus on aerobic activity, muscle strengthening and balance.”

(Department of Health and Children, 2009, p. 15)

In the case of older people, this level of activity is designed to maintain current levels of health and function, and also to promote independence.

Participating in the Arts

Even though they are broadly included under the heading of ‘social interaction’ in the national health promotion strategy, there are no specific official targets set out for the participation of older people in the arts in Ireland. Issue 21 of the MIPAA cited above, however, gives a strong basis for the provision of arts programmes and for advocating for the participation of older people in the arts as a human right. This is particularly relevant in Ireland, where a harsh economic climate prevailed when the current generation of older people were young, which meant that only a small minority of people were encouraged to participate in the arts or, indeed, even to complete second-level education. It is against this backdrop of limited opportunity earlier in life for participation in the arts and physical activity that Age & Opportunity began to initiate its programmes for older people.

The National Positive Ageing Strategy is currently being prepared. This provides an opportunity to set out, in that document, specific policies in relation to social, cultural, political and civic participation for older people.

3 REVIEW OF MAIN EMPIRICAL FINDINGS

This section gives a brief overview of some of the main research findings in the areas of research corresponding to Age & Opportunity's programmes. Compared to the well-developed body of research into the impact on health of physical activity and sport, there are relatively few studies on the impact of community arts programmes, festivals, anti-ageism interventions, psycho-social programmes and advocacy. These are relatively new areas for research and there is much debate about how and what to measure; appropriate approaches are only now being developed.

Impact of engagement in physical activities/sport on healthy ageing

There is an increasing amount of compelling evidence that engaging in physical activity is associated with beneficial effects on the physical and psychological health and overall quality of life of older people (WHO, 2002). It is widely accepted in research and policy literature that participation in regular physical activity has physiological benefits for older people in terms of disease prevention, maintenance of health and reduction of health problems such as heart disease, diabetes and osteoporosis (WHO, 2003; Nicholson, 2004; Daugbjerg et al, 2009). It has also been found to reduce falls (Weerdesteyn et al, 2006) and to be associated with lower death rates and improved health status in a Canadian study based on national data (Hubbard et al, 2009).

A major review of 36 studies of community-dwelling adults found that participating in physical activity of a moderate intensity was beneficial to the psychological well-being of older adults in a number of ways (Netz et al, 2005). Such participation increased:

- emotional well-being
- self-perceptions, including self-esteem (feeling good about themselves)
- self-efficacy (the belief that people have the capacity to exert control over their own lives)
- sense of mastery (having the ability or skill to use, understand or control a given activity)

It also increased bodily well-being (i.e. reduced pain and perception of physical symptoms) and global perceptions such as life-satisfaction and overall well-being. The authors found that men and women were similarly affected by participating in physical activity.

Recent evidence suggests that exercise may also reduce depression and may decrease the chances of developing dementia (Callaghan, 2004; Rockwood and Middleton, 2007; Middleton et al, 2008). A recent randomised controlled trial of adults with memory impairment found that participating in a programme of physical activity brought about an improvement in cognition (the way in which people process and structure thoughts and information) over 18 months (Lautenshlager et al, 2008).

Research across several countries suggests that there are potential economic benefits to be derived from increased physical activity. An Australian study estimated that if more people increased their level of physical activity by 30 minutes per day, it could save 1.5 billion

Australian dollars (gross) in costs related to heart disease, stroke, type 2 diabetes, depression and falls (Medibank, 2007). If we look specifically at older people, a UK cost benefit analysis estimated that a publicly-funded programme of regular moderate exercise for 10,000 people aged 65 or over would achieve important health benefits at relatively low cost (Munro et al, 1997, cited in Nicholson, 2004). A WHO publication reports that physical inactivity in a population has enormous direct costs. For example, it has been estimated that in the US, an investment of US\$1 of time and equipment in the promotion of physical activity leads to US\$3.2 in medical cost savings (WHO, 2003, p. 4). There is a high level of health-care costs associated with many of the conditions such as heart disease and Alzheimer's disease that affect older people in Ireland (Gillespie et al, 2010; O'Shea, 2007). A recent OECD report on long-term care, cited projections that there are substantial savings to be made on the costs of long-term care by delaying dependency for even a short period (OECD, 2005). It seems reasonable to expect that programmes that promote increased levels of physical activity and that potentially delay the onset of such conditions among older people in Ireland may also be expected to reduce both health-care costs and long-term care costs in this country.

Impact of engaging in creative activities on healthy ageing

Although this is a relatively new area for research, there is increasing evidence that engagement in creative activities and programmes has a positive effect on the physical and psychological well-being of older people. Some reviewers have suggested that many of the studies conducted to date have methodological limitations in terms of the scope, size and the ability to generalise from the findings (Health Development Agency, 2000). However, some of the most rigorous evidence-based research on the impact of participating in arts programmes comes from controlled studies carried out in the US by Cohen and colleagues. Their community-based study of the impact of professionally conducted cultural programmes on older adults found benefits in relation to the following:

- physical health (fewer doctor visits, less medication use and fewer falls)
- increased self-esteem
- reduced loneliness
- increased activity

(Cohen et al, 2007)

These benefits have been partly attributed to participants achieving a sense of control or mastery over a particular activity (Rodin, 1989; Cohen, 2009). Engaging in creative activity has also been linked to the development of resilience; it is thought that control and mastery⁴ and increased social ties support resilience⁵ (McFadden and Basting, 2010).

The social connectivity associated with these programmes may also have beneficial effects (Glass et al, 1999). Research in the UK also suggests that community arts programmes which promote active social contact, which encourage creativity and use mentoring are likely to positively affect health and well-being. Impacts included:

- reduced depression

4 Mastery: Having the ability or skill to use, understand or control a given activity.

5 Resilience: The ability to recover quickly from illness, change or misfortune.

- increased social support
- increased alertness
- increased social activity
- enhanced self-worth
- increased optimism about life

(Greaves and Farbus, 2006)

Finally, UK research indicates that music programmes that are socially supportive have been found to promote cognitive capacity⁶ (Strumpel and Billings, 2008).

Social impacts of engaging in community arts programmes

As well as the individual effects outlined already, Matarasso has highlighted a number of social impacts associated with participation in community arts programmes. Such programmes can promote social cohesion and can lead to greater community empowerment and self-determination. Local image and identity can also be enhanced (Matarasso, 1997).

Some studies have found that participation can lead to enhanced social cohesion, bringing different groups together and encouraging more cross-cultural community understanding (Newman et al, 2003). Intergenerational programmes may break down barriers between old and young. Research also suggests that participation in the arts encourages social inclusion and breaks down barriers (Lowe, 2000; White and Robson, 2003). These effects arise as a result of the social interaction that occurs during the arts programme. For example, programmes may target audiences who would not traditionally participate in arts events.

Social impacts of festivals

Previous research on festivals has concentrated mainly on their economic impacts on the surrounding region (see, for example, Chhabra, Sills and Cabbage, 2003). However, the limited number of studies that explore the social impacts of festivals identified a range of effects. Participatory festivals can:

- be inclusive and accessible
- foster solidarity, identification and self-esteem among a given group
- encourage advocacy
- encourage skills development
- encourage state bodies, voluntary groups and individuals to work together, building social capital

(Morris Hargreaves McIntyre, 2004)

6 Cognitive capacity: the ability to process and structure thoughts and information.

Impact of arts in care programmes on healthy ageing

A major review of the literature found evidence that participating in arts programmes in care settings can have beneficial impacts on the physical health of patients and on their psychological well-being (Staricoff, 2004). There was evidence of reduced anxiety and depression in patients undergoing chemotherapy, reduced blood pressure, heart rate and demand for oxygen. Such programmes also enabled enhanced communication between patients and medical staff and there was evidence that music enhanced pain management.

There is also evidence that active engagement with the arts has positive effects on patients with mental health difficulties: patients were calmer, more attentive and collaborative; they were better able to express themselves after participating in the creation of work under the guidance of art specialists (Malley, Datillo and Gast, 2002). Drama therapy was found to help patients who had difficulties with communication, cognition and social skills (Snow, Damico and Tanguay, 2003), and to enhance self-expression in people with dementia (Knocker, 2002). There was a reduced need for medication and physical restraint. Those who engaged in music and singing were better able to recall events from their lives and to express themselves, while dance enabled them to increase their range of movement (Staricoff, 2004).

Commentators point out that much of the evidence for the mental health effects of active participation in arts programmes is based on relatively small empirical studies, not from randomised controlled studies (Staricoff, 2004). This is an area of research that could usefully be developed further.

Nevertheless, studies of individual arts projects found that the building of trust, the use of professionally trained artists and the provision of sustained funding and support are important elements in achieving some of the transformative effects described above (Mayo County Council, 2002; Moloney and McCarthy, 2006; Basting, 2006). Beneficial effects have been shown in diverse groups ranging from general patients in psychiatric care to groups of patients with a specific condition such as dementia (Killick, 1999; Korlin, Nyback and Goldberg, 2000; Basting, 2006).

Impact of engagement in psycho-social programmes on healthy ageing

The literature on the impact and outcomes of psycho-social interventions, particularly in relation to older people, is relatively under-developed. However, a recent review has identified specific psychological benefits resulting from social support / psycho-educational groups (such as Ageing with Confidence) (Kropf and Cummings, 2008). The authors found that depression was decreased and that age-specific groups enhanced treatment completion in cases of substance abuse (Kropf and Cummings, 2008, p. 352). Such groups also enhanced social adjustments for bereaved spouses and family caregivers; they:

- reduced depression
- helped with coping
- reduced loneliness
- reduced isolation

(Kropf and Cummings, 2008, p. 353)

A review of the literature on the use of health promotion activities to prevent social isolation and loneliness among older people found that 90% of effective interventions were group activities with an educational or support input (Cattan et al, 2005).

Impact of promoting advocacy

There has been increasing recognition of the important role that advocacy by and for older people can play in ensuring that the social and political environment facilitates their full participation (Sorenson and Black, 2001). The success of the Grey Panthers movement in the US and the impact of the recent protest against the removal of the universal medical card for older people in Ireland shows how effective advocacy can be in preserving the entitlements of older people. Advocacy in ageing is a relatively new area for research.

Much of the previous research on advocacy for ageing has been in the areas of health and long-term care (Sorenson and Black, 2001). Advocacy has been defined as “the application of information and resources to effect systemic changes that shape the way people in a community live” (Christoffel, 2000); it can include influencing, lobbying, campaigning, demonstrating and so on (Chapman, 2002). A number of methodological difficulties have been identified with attempting to assess the outcomes of advocacy and lobbying (Kelly, 2002; Chapman, 2002). For example, the long-term goal of an advocacy project (such as achieving national policy change) may be difficult to attain and be influenced by external factors such as the state of the economy. There may be important smaller achievements such as changes to local policy that may ultimately help to bring about the national policy change. The goal may be intangible or difficult and costly to measure (e.g. bringing about a reduction in ageist attitudes in society). It is important to assess the process involved in an advocacy project, e.g. the level of consultation and empowerment of stakeholders that is involved. In summary, assessing the impact of advocacy has many of the problems that arise when measuring the impact of community programmes.

Summary

Research evidence suggests that increasing the levels of physical activity among older adults results in significant benefits to their physical health in terms of either preventing or delaying the onset of conditions that affect older people such as heart disease, diabetes and osteoporosis, and reducing falls. There is evidence that physical activity also enhances psychological well-being and may reduce depression and help improve cognition. Encouraging regular physical activity among older people should help to reduce the costs of medical and long-term care for older people. Recent evidence also suggests that engaging in creative activities and programmes positively affects physical health and results in psychological benefits and increased social engagement. Although research on the impact of community arts programmes and festivals is less well-developed, certain benefits such as increased social cohesion and social inclusion have been observed. Arts programmes in health-care settings appear to have beneficial physical and psychological effects although again more research is needed. Research on psycho-social health promotion programmes found that depression, loneliness and social isolation were reduced as a result of participation in them. Research on advocacy is at an early stage and it is not yet possible to be conclusive as to its effects.

4 ASSESSING THE WORK OF AGE & OPPORTUNITY IN RELATION TO PREVIOUS RESEARCH FINDINGS AND GOALS

This section provides an outline of the main programmes delivered by Age & Opportunity. The information in the boxes derives from Age & Opportunity's own descriptions of their programmes on their website and programme outlines. The comments that follow relate each programme to the relevant principles, goals and actions set out in Section 2. In each section, this is followed by a summary of the impact of the programmes in terms of the numbers of courses provided, the numbers of participants and the level of dissemination. Where independent evaluations of the programmes have been conducted, a brief summary of some of the main findings is given.

Go for Life

Go for Life is the national programme for sport and physical activity for older people which began in 1994 and is delivered by Age & Opportunity. It has been funded and supported by the Irish Sports Council since 2001 and has a steering committee with representatives from older people's organisations and other interested groups. Working to the strategies of both organisations, the main aim of Go for Life is to involve more older adults in all aspects of sport and physical activity more often. It is based on an ethos of empowerment of older people who participate in workshops to become volunteer Physical Activity Leaders (PALs). The PALs go on to organise and lead sport and physical activity programmes with their peers.

Go for Life is implemented through a number of sub-programmes:

- The **Leadership Programme** which aims to promote greater participation by independent older people in all aspects of health-enhancing physical activity and recreational sport including planning, organising and leading
- The **Targeted Initiatives** which promote greater participation by older people at risk of social exclusion in health-enhancing physical activity and recreational sport
- The **National Grant Scheme** which assists local clubs and organisations for older people to increase physical activity opportunities for their members
- The **Physical Activity Awareness Programme** which aims to increase older people's awareness of the benefits of an active lifestyle and of the wide range of opportunities for involvement in active living and recreational sport

Go for Life attempts to achieve broad levels of participation through the targeted initiatives scheme, thus attempting to be inclusive. It aims for empowerment through the training of older people as PALs and through the National Grant Scheme to older people's organisations, and engages in awareness-raising and education through its Physical Activity Awareness Programme. It appears, therefore, that Go for Life clearly has the potential to contribute to fulfilling the goals relating to empowerment set out by the WHO in its Global Strategy

and to the international and national targets outlined above for physical activity and social interaction (WHO, 2002; WHO, 2004; Department of Health and Children, 2009, p. 15). The next section describes the current extent of the programme and discusses its impact.

Impact of Go for Life

Total participation by older people in Go For Life Programmes in 2009 was 36,000.

It is estimated that, in 2009, the peer leadership programme had well in excess of 1,000 active PALs who, between them, reached an estimated minimum of 10,000 people, involving them in physical activity and sport in an ongoing way.

The Go for Life Grant scheme reached some 26,000 people through 743 small grants amounting to a total of €350,000 made to local organisations (source: Age & Opportunity data).

The grants were to enable groups to buy equipment or to encourage older people to try some new physical activity. Age & Opportunity also provides ongoing support to existing PALs.

The programme of targeted initiatives for 2009 involved working with residents in several housing associations, older people with special needs and individual older people not involved in organisations.

A recent survey commissioned by Age & Opportunity and the Irish Sports Council assessed the attitudes to physical activity and sport among older people in Ireland and found that while there have been some improvements in the level of physical activity, 59% of older Irish people are still classified as 'low active', confirming that there is a need for programmes promoting increased physical activity (Ipsos MORI, 2009). A survey of Go for Life PALs, conducted by Age & Opportunity in the summer of 2010, found that 84% had increased their level of activity since completing the PALs workshop. The following quotes from PALs participants give a flavour of how they experienced the course:

"I had a really good time and feel I would have the confidence to help lead a group in exercise."

"Loved every moment and am aware how important it is to keep active."

(Source: Participant Evaluation Sheets - PAL Workshop Larkhill, November 2009)

The survey found that a relatively high proportion (62%) of those who had participated in training were currently still organising or leading workshops; 38% were currently inactive or lapsed. A previous independent evaluation found that PALs were more likely to be middle-class, female, well-educated and from higher Social Classes 1 and 2 (Collier Broderick and Associates, 2002). The report recommended that the programme should target people in lower Social Classes 4 and 5 in the future and the recent targeted initiatives described above form part of an attempt to address this issue.

Given the widespread dissemination of Go for Life and the ethos of empowerment and health promotion involved, this programme appears to contribute directly to WHO goals for healthy ageing as well as UN recommendations on the participation and empowerment of older people. The work is carried out in a collaborative manner; Age & Opportunity works with the HSE, the Irish Sports Council, Local Sports Partnerships, local community groups and older people's groups.

Bealtaine

The Bealtaine festival is an Age & Opportunity initiative that celebrates creativity in older age and is part-funded by the Arts Council and delivered by hundreds of organisations around Ireland. It is an annual national festival celebrating creativity in older age. An estimated 100,000 people now take part in the Bealtaine festival, making it one of Ireland's biggest arts festivals. It encompasses a large variety of arts forms including theatre, music, dance, literary events and intergenerational programmes. Bealtaine showcases the talents and creativity of both first-time and professional older artists.

Each year, Age & Opportunity invites national cultural institutions, local authorities, arts centres, libraries, Active Retirement groups, care settings, community groups and clubs, associations from every part of the country to organise Bealtaine events that celebrate creativity in older age. Age & Opportunity delivers a central Bealtaine programme of high-profile events, provides a theme for the festival and promotes the festival on its website and through the media. It has also produced and published guidelines for organisers of Bealtaine events, to help build capacity among organisers and to try to ensure high standards.

The aims of the festival are:

- To promote recognition of the capacity to grow and be creative in older age and ensure that this is reflected in policy
- To provide meaningful opportunities for older people to participate in the arts as artists, organisers, audiences and critics
- To develop and articulate a national policy for the arts in older age

The second aim set out above resonates with the UN recommendations for actions on cultural participation for older people set out in Appendix 1. It also seeks to address the social interaction goal in the national health promotion strategy. The collaborative approach adopted by Age & Opportunity fits with the UN recommendation 12 (i) MIPAA, (United Nations, 2002a).

Impact of Bealtaine

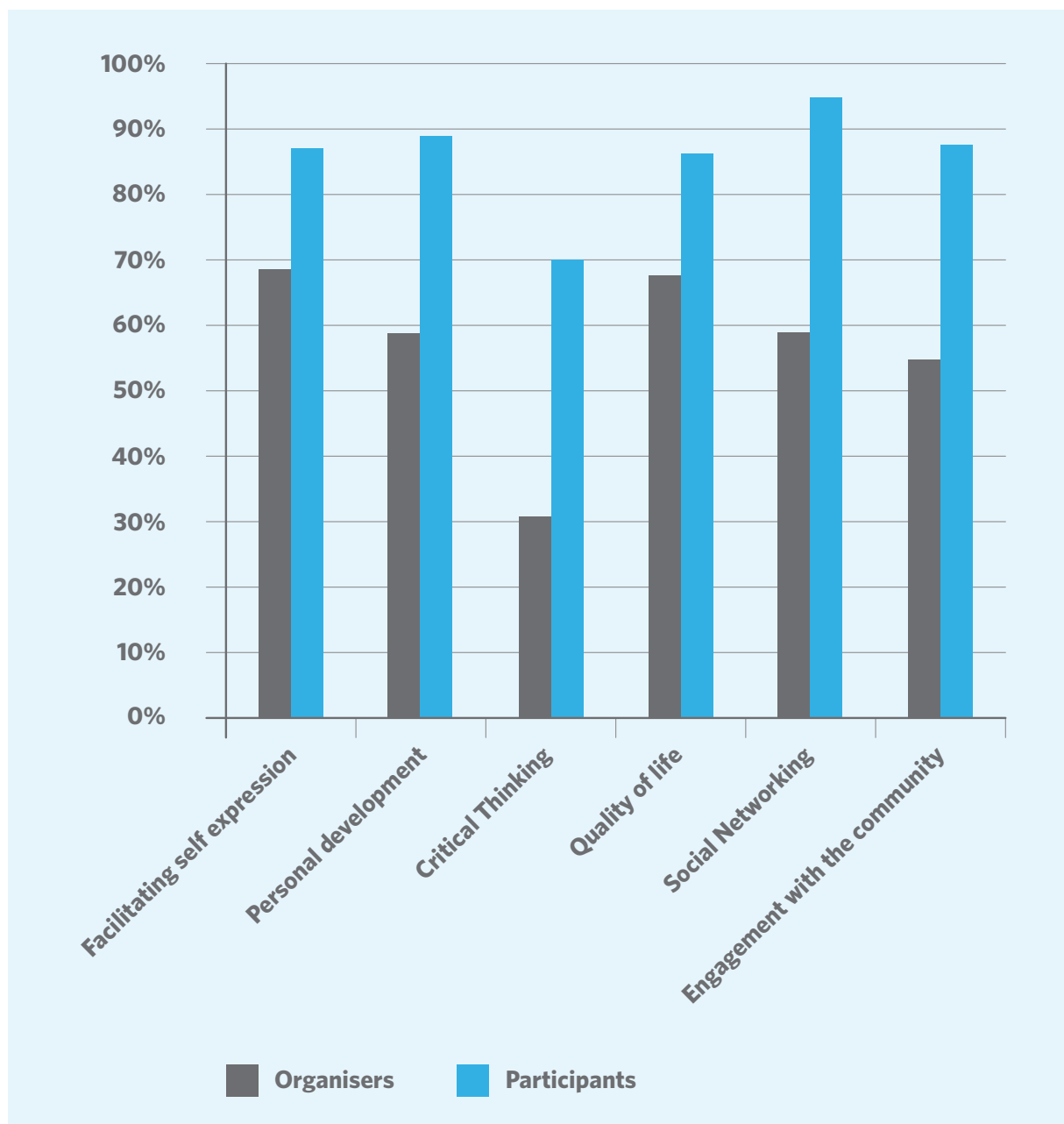
Bealtaine has grown considerably in the period since it began:

- In 2010, the Bealtaine festival had an estimated 100,000 participants, a 14-fold increase since Bealtaine began in 1996
- The festival involved 2,500 events; 38 times more than the original festival which had 52 events and there were 500 partner organisations in 2010 (as opposed to only 36 in 1996) involved in running the festival
- Bealtaine events now take place in all 26 counties as opposed to only 8 originally (Age & Opportunity, 1996; Age & Opportunity Festival Report, 2010)

It appears that in terms of numbers of older participants and the geographical spread of the programme, Bealtaine has achieved its aim of providing many opportunities for older people to participate in the arts throughout Ireland.

A recent evaluation of the Bealtaine festival found that it had strong positive impacts on older people, on communities and on arts practice (Ní Léime and O’Shea, 2008). It found that the festival created meaningful opportunities for participation in the arts for older people in every county in Ireland. Both organisers and older participants felt that the festival had strong impacts on older people in terms of facilitating self-expression, encouraging personal development, improving quality of life, increasing social networking and engaging with the community. Figure 1 shows the percentage of organisers and participants who either agreed or strongly agreed that Bealtaine had positive impacts on older people in these ways.

Figure 1: Perceived positive impact of participation in Bealtaine on older people



Participants said that they experienced benefits such as reduced isolation and less anxiety about their health through their participation in creative programmes associated with Bealtaine.

"I probably think about the art more than I think about my health. If you keep worrying, you're going to get something anyway, so that in itself is a good thing."

(Interview with member of visual arts group)

"It gave me a new lease of life. I'm a widow and I live alone and it was marvellous to have something to get out for – to get involved in and then to forget your pains and aches and get completely immersed in the whole thing."

(Interview with participant in intergenerational project)

It also provided participants with increased opportunities for social engagement; they made new friends and mixed with people who had shared interests. The impacts of Bealtaine on enhanced self-expression and personal development were strongest in professionally-led programmes that were ongoing over time. The evaluation also found that the festival brought about a strong impact on the practice of arts organisers, including librarians and local authority arts officers, many of whom now schedule events for older people annually (Ní Léime and O'Shea, 2008, pp. 98-99). They said that the existence of the festival provided them with an impetus to provide programmes for older people every year.

Finally, organisers also felt that it helped foster social inclusion, particularly for those who may otherwise not have many opportunities to interact with their communities, such as hospital residents. The following quote reflects this:

"I suppose it (Bealtaine) has broken down the walls of the hospital... It has opened it up and it has involved everybody, especially the community."

(Interview with Bealtaine organiser in a hospital)

The existence of Bealtaine, and its numerical and geographical spread, has provided increased opportunities for older Irish people to "participate in cultural, social and economic life...", as recommended in Issue 21, Objective 1, Action c of the MIPAA (United Nations, 2002a). It has also helped to provide more scope for social interaction as recommended in the national health promotion strategy (Brenner and Shelley, 1998, pp. 68-69).

However, there were some areas in which the aims of Bealtaine were not so successfully achieved. For example, there is still no specific national policy articulated for older people and the arts, and only a small number of local authorities have such a written policy. As pointed out in Section 3, influencing policy is notoriously difficult; policy development may be influenced by a variety of variables (Chapman, 2002). Yet, there is evidence that Bealtaine has had a strong impact on arts practice in several settings. Another limitation identified by respondents was the perception that certain categories of older people, such as the very old, men, and those not in organisations, may not be well-represented as participants in Bealtaine (Ní Léime and O'Shea, 2008).

AgeWise

AgeWise is a half-day workshop delivered to staff in workplaces and non-governmental organisations in various locations around Ireland. The aim of AgeWise is to raise awareness of attitudes to ageing and older people among organisations whose work affects the lives of older people. The facilitators encourage participants to act on their awareness in order to counter ageism within organisations and workplaces.

The workshops enable participants to:

- Understand the personal, cultural and structural effects of ageism
- Gain information on facts and figures relating to ageing in Ireland
- Identify instances of discrimination against older people
- Devise strategies to counter age discrimination in their workplace or community

This programme has the potential to help remove barriers to full participation in society and to the realisation of the full potential for older people. It does this by attempting to encourage an environment where older people are not discriminated against in relation to services or employment. This accords with the aims articulated in No. 18 of the 'UN Principles for Older Persons' which states that older people should not be discriminated against on the basis of age (United Nations, 2002b) and anti-ageism actions are recommended in the United Nations International Plan of Action on Ageing (United Nations, 2002a, Issue 21, Objective 1, Action a of the MIPAA). It also attempts to fulfil the national health promotion goal in relation to the social environment and the prevention of ageism.

Impact of AgeWise

- In 2009, AgeWise delivered 26 workshops and three talks in eleven counties to approximately 600 participants in both statutory and voluntary bodies
- In total, during the period from 2003 to 2009, a combined total of 306 workshops and talks have been delivered to 7,169 participants

(Source: Age & Opportunity figures)

There has been no completed external evaluation of the AgeWise programme to date. Therefore, any attempt to estimate its impact must remain speculative. However, it appears that many of the participants in the programme work as service providers for older people (e.g. HSE, education, non-governmental organisations). Therefore, if the participants translate their knowledge into practice, the impact of the workshops may be expected to be felt in a broad range of services, workplaces and non-governmental organisations who deal directly with older people and also with the population generally. It is difficult to measure the societal impact of such a programme without carrying out a population-based survey. However, feedback from course participants (see below) indicates that many of them found the programme to have transformed their way of perceiving and dealing with older people.

"I will definitely show more interest in older customers and endeavour to see the individual person behind the 'old person.'"

“In my everyday work, I could challenge ageism in how I communicate with older people and how I encourage older volunteers to communicate with older people.”

(Quotes from participants in AgeWise workshops in 2009)

If participants are in pivotal roles in their organisations and are service providers, this could induce a change in organisational policy and practice, leading to a more positive experience for older people. It may be expected that it would also lead, ultimately, to more positive societal attitudes towards older people.

Ageing with Confidence

Ageing with Confidence is a psycho-educational programme for older people in the community provided locally by local development organisations, VECs, partnership companies and others.

- The aim of Ageing with Confidence is to enhance the development of older people by providing education for health, by developing life skills and by promoting positive mental health and self-confidence
- The programme is designed to increase participants' self confidence by: facilitating people to explore their own ageing; challenging the myths and stereotyping that lead to ageism; and providing information on the physical, psychological and social aspects of growing older
- Age & Opportunity provides training for facilitators, some of whom are older people, and the facilitators are engaged by the local partners to deliver the programmes using programme materials developed by Age & Opportunity
- Age & Opportunity provides ongoing support for facilitators by holding bi-annual support days

This programme is based on an ethos of empowerment and mutual self-help among older people (United Nations, 2002a, No. 21, Objective 1, Action d, MIPAA). It also promotes physical and mental health and, thus, has the potential to contribute to WHO goals regarding healthy ageing and Irish goals and actions in the area of health promotion (Brenner and Shelley, 1998, pp. 71-72) and social interaction (Brenner and Shelley, 1998, pp. 68-69). The facilitator training specifically fits with the UN recommendation which advocates that member states should:

“provide training and incentives for health and social services and care professionals to counsel and guide persons reaching old age on healthy lifestyles and self-care”

(United Nations, 2002a, No. 67, Objective 2, Action d, MIPAA)

Impact of Ageing with Confidence programme on facilitators

The total number of training courses provided by Age & Opportunity to enable facilitators to deliver the 'Ageing with Confidence' (AwC) courses was seven, and 79 facilitators were trained.

Between 2005 and 2010, the number of training courses provided to older people in the community was 85. These took place in 13 counties and involved 30 different partners who acted as providers. The partners ranged from community development companies to older people's local and national organisations to the HSE and VECs.

An independent evaluation of the Ageing with Confidence facilitators' training programme was conducted in 2006.

- The majority of course participants rated their readiness to deliver the Ageing with Confidence course in terms of their levels of confidence with the skills and knowledge they had acquired as quite high
- Participants indicated that the facilitation training enhanced their own personal development
- Overall, participants were satisfied with the content and presentation of the course material

As yet, there has not been an independent evaluation of the impact of participating in Ageing with Confidence on older people. However, the following quotations (from end-of-programme evaluations) from participants give an indication of their perceptions of the impact of the course on them.

"I got a great insight into how to grow old with confidence from listening to the facilitators and the general group."

The quotations below are illustrative of responses to a question on the changes older people plan to make in their lives as a result of completing the course. They suggest that participants intend to make positive changes in terms of participating more in social and cultural activities, looking after their health, being more assertive and volunteering to help other older people in the community.

- "As already stated, I'm returning to computers. I'm looking to join a drama group; my life's ambition."
- "Have a health check."
- "I shall be more forthcoming in dealing with doctors etc. and the public in general."
- "Make more of an effort to get out more. Changing the way I talk to myself."
- "I plan to get out socially more and check on neighbours who may be more feeble and lonely than myself."

(Feedback from evaluation forms completed by various participants on completion of AwC courses)

Get Vocal

The Get Vocal programme aims to build capacity among older people for collective advocacy and active citizenship. It involves a range of supports targeted in particular areas of the country in any one year. Support includes grants, workshops and outreach working.

The programme aims to facilitate networking with statutory organisations and providers of services, enhancing the capacity of older people to participate in decision-making that affects them and, ultimately, to improve their quality of life.

Get Vocal is particularly focussed on promoting networks of older people in order to build their capacity to have a say in issues such as transport, health services, rights and tackling isolation.

Get Vocal contributes towards fulfilling the UN goal of promoting the empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies and, specifically, seeks to address the actions recommended to achieve this (United Nations, 2002a, No. 21, Objective 1, Action c, MIPAA).

Impact of Get Vocal

Get Vocal is a recent initiative funded by the Atlantic Philanthropies, and projects are growing in number. A pilot programme was conducted in 2008 and the programme itself began in 2009.

In 2009, over €430,000 in grant aid was distributed to eleven groups around the country to develop advocacy among older people. Ten of the funded organisations were local and one was national. Grants were given under the headings of:

- 1 advocacy
- 2 organisational development leading to advocacy
- 3 awareness and education leading to advocacy

For example, one grant supported the Voice of Older People network in Donegal to develop a strategic plan and strengthen their links with statutory organisations (Age & Opportunity, 2009).

Since the initiative is recent, it is a little early to report on the evaluations of the projects. However, an interim evaluation shed light on the community development experience of working with older people and suggested that several Get Vocal projects “have conducted what appear to be impactful campaigns” (Harvey, 2010). Examples of the projects funded include capacity-building among older people’s organisations; this was identified as an appropriate goal for advocacy (Chapman, 2002).

Other grants supported county networks such as South Kerry Development Partnership, Wexford Local Development with Age Equality Network and Breffni Integrated Ltd with O50 Network Cavan; all aimed at developing a network to advocate and lobby for older people. They also include projects with older travellers, projects targeting older men, group advocacy for residents in long-term care and supporting research for older homeless people, as well as older gay and lesbian people. The following quote is taken from an interview with a participant who had completed an advocacy for leadership course in Co. Leitrim. When asked what she had learned from the course, she said:

“To talk less, to listen more and to think before I say something, that’s what I’m working on”

When asked if she felt she now had more confidence to advocate for issues she felt strongly about, she replied:

“Yes, I do – I have talked to several councillors and I feel that I go in there on an equal footing”

This indicates that the participant had put the skills that she had acquired to practical use in advocating for change.

Creative Exchanges

Creative Exchanges is the Arts in Care programme of Age & Opportunity which started in 2000 with the aim of bringing creative programmes to older people in care settings. It seeks to ensure that the opportunity to participate in creative activities becomes an intrinsic part of life in care settings. In order to achieve this aim, Age & Opportunity provides FETAC-accredited training to care staff that work in care settings. The staff can then, in turn, run arts programmes on a regular basis with the older people who are in the care settings where they work.

The training is unique in that it has been tailor-made for staff working with older people in care settings. Workshops aim to enable participants to facilitate creative activity with the older people in their care. Module 1 consists of 15 one-day workshops. So far, the training has involved drama, visual arts and dance. Module 2 has eleven workshops and also involves supervision of participants as they deliver a training session in their own care centres.

This programme is designed to affect practices among staff in care homes in order to provide older residents with the opportunity to fulfil their potential to be creative. This resonates with Issue 21, Objective 1, Action c of the MIPAA (United Nations, 2002a) which urges the following:

“provide opportunities, programmes and support to encourage older persons to participate in cultural, economic, social and political life.”

It also potentially addresses the training of health-care professionals referred to above (United Nations, 2002a, No. 67, Objective 2, Action d, MIPAA).

Impact of Creative Exchanges / Arts in Care

Since the programme was introduced in 2000:

- FETAC-accredited courses in total have been delivered to 98 care staff
- 24 care staff have completed both Modules 1 and 2

As with Age & Opportunity’s other programmes, this involves co-operation between State organisations, non-governmental organisations and older people.

An external evaluation of the Arts in Care settings project⁷ assessed the project from the perspective of the various stakeholders (OCS Consulting, 2004). They found that, firstly, it promoted well-developed facilitation skills, and it visibly increased confidence among staff. Secondly, it provided an opportunity for all residents to be involved in arts and drama activities (although it was more suited to residents with low to medium levels of activity). Thirdly, it facilitated enhanced interaction and easier communication between residents and staff. Finally, it helped to develop awareness among staff that social contact with and among residents is of significant benefit to the residents (OCS Consulting, 2004).

The benefits cited by older participants and by staff running the programmes included: a greater capacity for self-expression; being able to communicate more easily for those who previously had difficulty in communicating; enjoyment leading to enhanced psychological well-being; and increased sociability with staff and other residents (O'Morain and Leahy, 2007).

One resident who participated commented:

"It's the chance to have a bit of fun and get involved in something that little bit active. The days can be very long otherwise."

(O'Morain and Leahy, 2007, p. 20)

The benefits mentioned were similar to those found in previous studies of the impact of arts programmes on older people (Staricoff, 2004).

Summary

It appears that many of Age & Opportunity's programmes do contribute to achieving the general and specific goals articulated by the WHO and the United Nations. Where evaluations have been conducted, the impacts reported by organisers, facilitators and older participants appear to reflect many of those identified in the literature. There are benefits to the physical and mental health of older participants and evidence of increased social engagement. What is more, older people have been empowered to become leaders, organisers and participants in social, physical and creative programmes. The variety of programmes and the dissemination of some (such as Bealtaine) have raised the profile of older people in the arts and sport in Ireland. There is evidence that many diverse types of organisations, including arts practitioners, local development organisations, libraries, local authorities, the HSE and Local Sports Partnerships, have become involved in providing programmes for older people.

7 The Arts in Care project was the title at that time of what later became the Creative Exchanges programme.

5 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

At both an international and a national level, there has been a move towards recognising ageing as a set of experiences that embrace the physical, social and cultural aspects of life. The concepts of 'active ageing' and 'healthy ageing' reflect this. It is clear that Age & Opportunity, through its many programmes, helps to ensure that older people in Ireland participate and engage in society to their fullest potential in line with this holistic approach.

- All programmes potentially contribute directly to the goals set out by the WHO in relation to 'active ageing', to the United Nations recommendations on ageing and to national goals for health promotion
- Where programmes have been evaluated, it is clear that participants and facilitators have derived physical, psychological and social benefits from taking part (Go for Life, Bealtaine, Creative Exchanges and Ageing with Confidence)
- While evidence is not so conclusive in relation to the impact of anti-ageism and advocacy programmes, early indications and participant feedback suggest that these programmes also have a positive impact on participants and on breaking down ageist attitudes in organisations
- Further research and evaluation needs to be conducted on the impact on older people of the psycho-social programmes delivered by Age & Opportunity. However, participant feedback suggests that these programmes appear to deliver similar benefits to those reported in the literature

Recommendations

- A policy for older people and the arts needs to be articulated and implemented at national and regional level
- The National Positive Ageing Strategy should set out policies specifically geared to promote the health, confidence and social inclusion of older people and to maximise their capabilities in the arts, in physical activity and voluntary activity as demonstrated by Age & Opportunity
- Policy on long-term care should include recommendations for staff to promote quality of life (including access to both creative and appropriate forms of physical activity) as well as quality of care to ensure that residents are enabled to realise their full potential. Training should be provided to staff to facilitate them to do this

- Specific provisions should be included in the National Positive Ageing Strategy to encourage partnership between organisations such as Age & Opportunity, the Government, the private sector and older people in promoting participation by older people in cultural, political, civic and social life, including physical activity⁸
- Specific indicators should be developed in consultation with Age & Opportunity to facilitate the achievement of the high-level goal for social and civic participation for older people set out in 'Towards 2016'
- Staff in Government Departments and other service providers should be encouraged to engage in age awareness training provided by Age & Opportunity
- The health and social gains from the physical activity, arts and psycho-social programmes provide a rationale for continued funding for these programmes into the future
- Sustained funding should also be provided for advocacy and anti-ageism programmes as well as funding for the evaluation of these programmes
- Age & Opportunity should be funded to examine the impacts on older people of psycho-social programmes and creative programmes both in care settings and in the community
- When new programmes are being implemented, evaluation studies should be designed and measures assessed before and after the interventions. Funding for evaluation should be built in as an integral part of the programme costs at planning stage

8 As set out in United Nations, 2002a, No. 21, Objective 1, Actions c, d, e, f and j, MIPAA.

BIBLIOGRAPHY

- Age & Opportunity (2008), *Annual Report* (Dublin: Age & Opportunity).
- Age & Opportunity (2009), *Annual Report* (Dublin: Age & Opportunity).
- Age & Opportunity (2009), *Submission to National Positive Ageing Strategy* (Dublin: Age & Opportunity).
- Basting, A. (2006), "Arts in Dementia Care: 'This is not the end....it's the end of this chapter'", *Generations*, 30/1: 16-20.
- Bauman, A.E. (2004), "Updating the evidence that physical activity is good for health: an epidemiological review 2000-2003". *Journal of Science and Medicine in Sport*, 7 (S1): 6-19.
- Bond, J. and Corner, L. (2004), *Quality of Life and Older People* (Maidenhead: Open University Press).
- Brenner, H. and Shelley, E. (1998), *Adding years to life and life to years. A Health Promotion Strategy for Older People* (Dublin: National Council on Ageing and Older People).
- Bygren, L., Konlaan, B., and Johansson, S. (1996), "Attendance at cultural events, reading books or periodicals, and making or singing in a choir as determinants for survival: Swedish interview survey of living conditions", *British Medical Journal*, 313/7072: 1577-1580.
- Callaghan, P. (2004), "Exercise: a neglected intervention in mental health care?", *Journal of Psychiatric and Mental Health Nursing*, 11: 476-483.
- Cattan, M., White, M., Bond, J. and Learmonth, A. (2005), "Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions", *Ageing and Society*, 25: 41-67.
- Chhabra, D., Sills, E. and Cabbage, F. (2003), "The significance of festivals to rural economies: estimating the economic impacts of Scottish Highland games in North Carolina", *Journal of Travel Research*, 41: 421-427.
- Chapman, J. (2002), "Monitoring and evaluating advocacy", *PLA Notes*, 43: 48-52.
- Christoffel, K. (2000), "Public Health Advocacy: Process and product", *American Journal of Public Health*, 90/5: 722-726.
- Cohen, G. (2000), *The Creative Age. Awakening Human Potential in the Second Half of Life* (New York: Harper Collins).
- Cohen, G., Perlstein, S., Chapline, J., Kelly, J., Firth, K. and Simmens, S. (2007), "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 and the Arts*, 1: 5-22.
- Cohen, G. (2009), "New theories and research findings on the positive influence of music and art on health with ageing", *Arts & Health*, 1/ 1: 48-62.
- Collier Broderick and Associates (2002), *Evaluation of Go for Life. The National Programme for Sport and Physical Activity for Older People* (Dublin: Collier Broderick and Associates).
- Daugbjerg, S., Kahlmeier, S., Racioppi, F., Martin-Diener, E., Martin, B., Oja, P., and Bull, F. (2009), "Promotion of Physical Activity in the European Region: Content Analysis of 27 National Policy Documents", *Journal of Physical Activity and Health*, 6: 805-817.
- Department of Health and Children, Health Service Executive (2009), *The National Guidelines on Physical Activity for Ireland* (Dublin: The Department of Health and Children, The Health Service Executive).
- Department of the Taoiseach (2006), *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015* (Dublin: Stationery Office).
- Doron, I. and Apter, I. (2010), "The debate around the need for an international convention on the rights of older persons", *The Gerontologist*, 50/5: 586-593.

- Gillespie, P., O'Shea, E., Murphy, A., Byrne, M., Byrne, M., Smith, S. and Cupples, M. (2010), "The cost-effectiveness of the SPHERE intervention for the secondary prevention of coronary heart disease", *International Journal of Technology Assessment in Health Care*, 26: 263-271.
- Glass, T., de Leon, C., Marrottoli, R. and Berkman, L. (1999), "Population based study of social and productive activities as predictors of survival among elderly Americans", *British Medical Journal*, 319: 478-483.
- Greaves, C.J. and Farbus, L. (2006), "Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study", *The Journal of the Royal Society for the Promotion of Health*, 126/3: 134-142.
- Harvey, B. (2010), *Summary Age & Opportunity Get Vocal! projects mid-point Evaluation* (Unpublished manuscript).
- Health Development Agency (2000), *Art for health: A review of good practice in community-based arts projects and initiatives which impact on health and well-being* (London: Health Development Agency).
- Hubbard, R., Fallah, N., Searle, S., Mitnitski, A. and Rockwood, K. (2009), "Impact of Exercise in Community-Dwelling Older Adults", *PLoS ONE*, 4/7: e6174.
- Ipsos MORI (2009), *Physical Activity and Sport - Participation and Attitudes of Older People in Ireland: Research Report* (Dublin: Ipsos MORI).
- Kelly, L. (2002), "International Advocacy: measuring performance and effectiveness", Paper presented at conference Australasian Evaluation Society International Conference October/November 2002 (Australia: Woolongong).
- Killick, J. (1999), "The arts in dementia care: tapping a rich resource", *Journal of Dementia Care*, 7/4: 35-38.
- Knocker, S. (2002), "Play and metaphor in dementia care and drama therapy", *Journal of Dementia Care*, 10/2: 33-37.
- Korlin, D., Nyback, H., Goldberg, F.S. (2000), "Creative arts in psychiatric care: development and evaluation of a therapeutic alternative", *Nordic Journal of Psychiatry*, 54/5: 333-340.
- Kropf, N. and Cummings, S. (2008), "Evidence-based interventions with older adults: Concluding Thoughts" *Journal of Gerontological Social Work*, 50/S1: 345-355.
- Lautenshlager, N., Cox, K., Flicker, L., Foster, J.K, van Bockxmeer, F.M. et al (2008), "Effect of physical activity on cognitive function in older adults at risk for Alzheimer's disease: a randomized trial", *JAMA (Journal of the American Medical Association)*, 300/9: 1027-1037.
- Lowe, S. (2000), "Creating community: art for community development", *Journal of Contemporary Ethnography*, 29/3: 357-386.
- Malley, S. M., Datillo, J., Gast, D. (2002), "Effects of visual arts instruction on the mental health of adults with mental retardation and mental illness", *Mental Retardation*, 40/4: 278-296.
- Matarasso, F. (1997), *Use or Ornament? The social impact of participation in the arts* (Stroud: Comedia).
- Mayo County Council (2002), *Creative Reverie: meeting the person as an artist* (Castlebar: Mayo County Council).
- McFadden, S. and Basting, A. (2010), "Healthy Aging persons and their brains: promoting resilience through creative engagement", *Clinics in Geriatric Medicine*, 26: 149-161.
- Medibank (2007), *The cost of physical inactivity. What is the lack of participation in physical activity costing Australia?* (Australia: Medibank). Available at <<http://medibank.com.au>> [Accessed on 11 November 2010].
- Middleton, L. E., Mitnitski, A., Fallah, N., Kirkland, S.A. and Rockwood, K. (2008), "Changes in cognition and mortality in relation to exercise in late life: a population based study", *PLoS ONE* 3/9: e3124.

- Moloney, O. and McCarthy, A. (2006), *Between colours: Mayo County Council Artists' Mentoring and Networking Programme* (Castlebar: Mayo County Council).
- Morris Hargreaves McIntyre (2004), *The impact of folk festivals* (The Arts Council of England).
- Netz, Y., Wu, M., Becker, B. and Tenenbaum, G. (2005), "Physical Activity and Psychological Well-being in Advanced Age: A Meta-Analysis of Intervention Studies", *Psychology and Aging*, 20/2: 272-284.
- Newman T., Curtis, K. and Stephens, J. (2003), "Do community-based arts projects result in social gains? A review of the literature", *Oxford University Press and Community Development Journal*, 38/4: 310-322.
- Ní Léime, A. and O'Shea, E. (2008), *An Evaluation: The Bealtaine Festival, A Celebration of older people in the Arts* (Dublin: Age & Opportunity).
- Nicholson, L. (2004), *Older people, sport and physical activity: A review of key issues. Research Report no. 96* (Edinburgh: Sportscotland).
- OCS Consulting (2004), *Age & Opportunity: Evaluation of the Arts in Care Settings Project* (Dublin: OCS Consulting).
- OECD (2005), *Long-term care for older people* (Paris: OECD).
- O'Morain, P., Leahy, A. (2007), *Creative Exchanges. Using the Arts to Transform the Experience of Residents and Staff in Care Centres for Older People. Age & Opportunity's Arts in Care Settings Programme* (Dublin: Age & Opportunity).
- O'Shea, E. (2007), *Implementing policy for dementia care in Ireland. The time for action is now* (Dublin: The Alzheimer Society of Ireland).
- Oxley, H. (2009), *OECD Health Working Papers, No. 42, Policies for Healthy Ageing: An Overview* (Paris: OECD Directorate for Employment, Labour and Social Affairs Health Committee).
- Rockwood, K. and Middleton, L. (2007), "Physical activity and the maintenance of cognitive function", *Alzheimer's and Dementia*, 3: S38-S44.
- Rodin, J. (1989), "Sense of control: Potentials for intervention", *Annals of the American Academy of Policy and Social Science*, 503: 29-42.
- Snow, S., Damico, M. and Tanguay, D. (2003), "Therapeutic theatre and wellbeing", *Arts in Psychotherapy*, 30/2: 73-82.
- Sorenson, H. and Black, B. (2001), "Advocacy and Ageing", *Australasian Journal on Ageing*, 20/3S2: 27-34.
- Staricoff, R. (2004), *Arts in Health: a review of the medical literature* (London: Arts Council of England).
- Strumpel, C. and Billings, J. (2008), *Overview on health promotion for older people. European report* (Vienna: Austrian Red Cross).
- Swedish National Institute of Public Health (SNIPH) (2007), *Healthy Ageing - A Challenge for Europe* (Stockholm: SNIPH).
- The Arts Council (2005a), *Arts and Health, Summary Policy Paper* (Dublin: The Arts Council).
- The Arts Council (2005b), *Participatory Arts Background Discussion Paper* (Dublin: The Arts Council).
- The Arts Council (2005c), *Partnership for the Arts in practice 2006-2008* (Dublin: The Arts Council).
- United Nations (2002a), *Madrid International Plan of Action on Ageing*, (MIPAA, 2002) United Nations Programme on Ageing, Second World Assembly on Ageing, Madrid.
- United Nations (2002b), *United Nations Principles for Older Persons*. Available at <http://www.un.org/ageing/un_principles.html> [Accessed 16 September 2010].
- United Nations (2010), *Strengthening Older People's Rights: Towards a UN Convention. A resource for promoting dialogue on creating a new UN Convention on the Rights of Older Persons*. Available at <<http://www.globalaging.org/.../convention/humanrights/>> [Accessed 16 September 2010].

US Department of Health and Human Services (2008), *2008 Physical Activity Guidelines for Americans* (US Department of Health and Human Services). Available at <<http://www.health.gov/paguidelines>>.

Weerdesteyn, V., Rijken, H., Guerts, A.C., Smits-Engelsman, B.C., Mulder, T. et al (2006), "A five-week exercise program can reduce falls and improve obstacle avoidance in the elderly", *Gerontology*, 52: 131-141.

Wheeler, J. et al (1998), "The beneficial effects of volunteering for older volunteers and the people they serve: a meta-analysis", *International Journal of Ageing and Human Development*, 47/1: 69-79.

White, M. and Robson, M. (2003), "From Ice to Fire - Arts in Health for Social Inclusion", *MAILOUT*, June/July 2003.

World Health Organisation (1997), *WHOQOL: Measuring Quality of Life, Programme on Mental Health, Division of Mental Health and Prevention of Substance Abuse* (Geneva: World Health Organisation).

World Health Organisation (2002), *Active Ageing: A Policy Framework* (Geneva: World Health Organisation).

World Health Organisation (2003), *Health and Development through Physical Activity and Sport* (Geneva: World Health Organisation).

World Health Organisation (2004), *Global Strategy on Diet, Physical Activity and Health* (Geneva: World Health Organisation).

APPENDIX

Extracts from 'Madrid International Plan of Action on Ageing (MIPAA)', 2002:

- **Action d.** Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for realising their full potential
- **Action e.** Create an enabling environment for volunteering at all ages, including through public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering
- **Action f.** Promote a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society, including that of unpaid work



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Images of participants in Carlow's Dawn Chorus
as part of the Bealtaine festival (photos: Jeff Harvey)