

Case Study (2)

EastSide Arts- *Artful Ageing*

The Arts Council of Northern Ireland (ACNI)

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Contents

1. Introduction.....	1
2. Context.....	3
3. The Arts Intervention	4
4. Methods	4
5. Case study.....	5
5.1 Introduction	5
5.2 The Typical Day	7
5.3 Glass half full.....	10
5.4 The Arts.....	14
5.5 Social Isolation and Loneliness.....	17
5.6 Health.....	20
6. Discussion	21
Authors.....	23
References	24

1. Introduction

The Arts and Older People's programme (AOP) is an innovative collaboration between the Arts Council of Northern Ireland (ACNI)² the Baring Foundation and the Public Health Agency. The AOP is aimed at harnessing the power of the arts to promote health and wellbeing of older people. Established in 2009 as part of the ACNI five-year strategy *Ambitions for the Arts* the AOP is now in its third phase. Activities and priorities within it are directed at five areas: (1) isolation and loneliness, (2) social inclusion, (3) poverty, (4) health and (5) strengthening the voice of older people. In September 2016 a total of £127,000 of funding was allocated to 20 organisations across Northern Ireland. The value of the grants allocated ranged from £1,025 to £9,055.

In 2016, EastSide Art's received £6,576 from the AOP to deliver its *Artful Ageing* programme. Mother and daughter Margaret and Diane are beneficiaries of that programme. Margaret was diagnosed with dementia in 2011 and Diane cares for her 365 days a year. The transformative impact of *Artful Ageing* on their life is the focus of this case study. Diane's experience is an intimate, revealing and poignant insight into the reality of everyday life of carers and people with dementia. Speaking with humour, honesty and great humility about the life she shares with her mother —social isolation and loneliness are recurring themes and the powerful bond between Diane and Margaret is inspirational. It is evident that Diane draws great strength and resilience from the arts and that EastSide Arts has become a source of great solace, fun and learning for them both. The AOP *Artful Ageing* project has proved to be an effective way for Diane and her mother to connect with other people and for Diane to re-discover the person inside of the carer.

The Arts are depicted in the case study as providing a powerful coping mechanism. The AOP *Artful Ageing* project is considered in terms of how it helps combat social isolation, promote health and wellbeing and gives dignity to the lives of carers and people with dementia. Photography is used throughout the report to illustrate the emotions involved in living with dementia and the joy, happiness and light that the Arts have brought into the lives of Margaret and Diane.

² Big Lottery funding



2. Context

Dementia is an umbrella term that describes symptoms associated with several different conditions including Alzheimer's disease and Vascular Dementia. The symptoms include memory loss and difficulties with thinking, problem-solving or language. Dementia is a progressive condition and can become very debilitating. It is the second most common cause of disability in people aged over 70 years.

There are approximately 60,000 people with dementia currently living in the island of Ireland, by 2050 it is estimated that there will be 60,000 people with dementia in Northern Ireland alone (Casey et al, 2016). Two thirds of people with dementia live in the community (Alzheimer's Society, 2015) and their primary source of care and support is family. The annual contribution, of work by unpaid carers for people with dementia, to the UK economy is approximately £11 billion (Prince et al. 2014).

The negative health impacts of caring for someone with dementia are well documented (La Fontaine et a., 2016). Loneliness and social isolation are common themes in the lives

of people with dementia and their carers. When compared to the general population people with dementia were found to be almost three times as likely not to have a friend to call on for help (Alzheimer's Australia, 2016).

Social isolation is associated with premature mortality (Holt-Lunstad et al., 2015). The risk to health is likened to that of cigarette smoking, hypertension and obesity (Pantell et al., 2013; Steptoe et al. 2012).

The symptoms associated with mild cognitive impairment (MCI) and dementia are exacerbated by social isolation and feelings of loneliness (Holtzman, 2004; Wilson et al. 2007). Into this dark landscape Pantell et al (2013) shine a beacon of hope arguing that social isolation is a potentially modifiable risk. There is also evidence of the protective effects of a rich and large social network on preventing dementia (Wang, et al., 2002) and promoting good cognitive function (Sorman et al. 2017).

The negative health consequences of caring for someone with dementia are well documented (Shim, et al.2012; La Fontaine et a., 2016).

The challenge lies in finding cost effective interventions that are appropriate to a wide range of population groups (Holt-Lundstad and Smith, 2017). There is already a strong body of evidence supporting engagement with the arts.³ The case-study presented here contributes to that by illuminating the impact of the AOP's Eastside Art's *Artful Ageing* project.

3. The Arts Intervention

The EastSide Arts initiative seeks to inspire residents of the area and visitors to it by celebrating East Belfast, nurturing creative talent and delivering excellent programmes and events. A core aim is to collaborate with local communities to widen and diversify accessibility to the arts and celebrate the culture and heritage of East Belfast. The AOP *Artful Ageing* project has been designed with the goal of making the arts more accessible to older people resident in East Belfast area. The AOP grant was used to fund the programme to run every week over a six-month period.

4. Methods

The proposal for this case study was reviewed by experts in dementia based at the University of Stirling. Diane's experiences of AOP *Artful Ageing* were captured during a 90-minute telephone interview, which was followed by a two hour visit to the family home, in December 2017. With Diane's consent the interview and conversations during the visit were audio recorded. Margaret's experiences of art and its impacts were captured through observation and photography, which include interactions between Margaret and 17month old Martha. An interview with the Community Arts Officer (CAO) at EastSide Arts was carried out in January 2018.



³ Research on the benefits of the arts for people who have dementia may be found at [http://baringfoundation.org.uk/project/arts-and-older-](http://baringfoundation.org.uk/project/arts-and-older-people/)

[people/](http://www.alzheimers.org.uk/info/20056/our_care_and_cure_research_magazine/449/the_arts_can_help_people_living_with_dementia) and https://www.alzheimers.org.uk/info/20056/our_care_and_cure_research_magazine/449/the_arts_can_help_people_living_with_dementia

5. Case study

5.1 Introduction

Margaret and Diane live together in a comfortable home in the hills of East Belfast. Margaret, a widow was diagnosed with dementia in 2011. Her daughter Diane is a vivacious, active and articulate 55-year-old woman, who had a career and active social life before becoming Margaret's carer. The pair participated in the AOP *Artful Ageing* project and their experience is the focus of this case study. To help create a picture of their life, and the importance of the Arts to it, the

case study begins with a description from Diane of how Margaret's dementia first presented. and this is followed by a brief synopsis of their typical day/week. The case study sheds light on the challenges of living with dementia and how the impact of those challenges can be exacerbated by social isolation and feelings of loneliness. The positive contribution of the AOP and the power of the arts to promote health for people with dementia and their carers are highlighted.



...she was diagnosed with dementia in 2011 at that stage things were happening that you were thinking this is so awful and you couldn't cope with them. Then that sort of progressed on to something else and you look back now and think 'you know that was nothing and why did I let those things annoy me'. It was silly things you know.

She hated changing her clothes and mummy always loved to dress nice and she was very, very clean. My brother would have taken her into town on a Friday morning— cos she loved to go into town — and she'd say, 'oh hold a wee minute my shoes don't match my handbag' – so she had to go and change either her shoes or her handbag. So, she was always very fussy about what she looked like. And she went through this stage where she didn't like getting her clothes washed. If she saw you lifting her clothes to wash them it was the worst thing in the world. It was as if – I can't even explain what it was like but it was one of the worst things. You learnt to sort of sneak them (clothes) out at night and we even started buying her clothes that were all very similar which meant you could put clean clothes over her bed at night because at that stage she was still getting herself washed and dressed and she always hung her clothes over the end of the bed, but she would have put on dirty clothes. And you couldn't have said to her that she couldn't be going out like that because most of your dinner from last night is down the front of that. She would have wanted to wear that, and she couldn't sort of grasp the concept of there's something wrong with it.

And I now look back at that time you would have actually had rows at one stage until I caught on that I was wasting my time fighting with her about going out in dirty clothes and in a way you sort of think now 'if she went out in clothes that weren't that clean what does it matter' – and it doesn't matter. At the time you'd sort of even think to yourself people would be thinking 'why did Diane let her mum go out looking like that?' Now as time has progressed 'I think well if people really want to think like that I really don't care.'

The thing that stands out for me – she made the nicest chicken curry ever. It was a standing joke nobody makes curry like mum. I'd asked her if she'd make chicken curry and she laughed and said yeah, yeah, yeah sure. Then when I went out of the room she said 'is she taking a hand out of me?' cos she didn't know what chicken curry was.

5.2 The Typical Day

“I get up at seven and come down and check on mum and she’s usually sleeping. So, I get her bits and pieces left out for her and the carer comes.”

I: The carer gets your mum ready?

“Yes, washed and dressed it’s great (since June 2017).”

Mum and I have our breakfast together. But it’s even getting now that she needs fed. Now sometimes she can do it no bother but there’s other mornings when the concept of lifting a spoon and putting it to your mouth is beyond her. And I be saying to myself ‘oh I should have had my breakfast first’. But we have always had breakfast together so you just sort of carry on. Because it is lonely having your breakfast on your own.

We try to do something every day. Singing for the brain on a Monday with the Alzheimer’s society; Tuesday is our free day and we normally do something like going to IKEA or for a walk or

the museum. Wednesday – I’ve sort of started going out on a Wednesday – that’s the day when R comes to sit with mum...eight hours a week (since June 2017). Thursdays, we go to a memory café with Alzheimer’s Society. It’s very good because it is for the carers and the person with dementia. They have music or singing and somebody coming and talking about something. It is always very interesting. Every other Friday we go to a friendship group again with the Alzheimer’s society. Its circus skills mum loves it. Saturday is another free day, but we are usually out doing something. It’s like ground hog – every week we are doing the same thing.



On Sundays we go to SD Bells on the Newtownards Road for jazz and lunch. We have met the loveliest people at it. There are ones who are regulars, and we are regulars too. It's not always jazz, sometimes it blues or swing - but lovely music.

We're home every day about lunchtime and after our lunch we maybe have a wee snooze. In the afternoon ...I would sometimes just sit and futter about with wee arty things. If mum is getting fed up or restless we go for a drive. We don't go out in the evening –when it is dark –moving around with the zimmer frame or getting the wheelchair out is very difficult. After dinner we would come in (sitting room) and mum would sit and sleep. There's no chance of getting her to bed but she sits and sleeps in the chair and I would do a wee bit of crocheting or sewing or something like that. It sort-of takes the boredom away – because if you were to watch a film or something that you were looking forward to watching you would never get the chance to watch it. I sometimes think she has this extra sense that there is something that I want to watch, and she won't let me. I know that

is not the way of it but you almost feel that is."





5.3 Glass half full

An optimist by nature Diane tends to focus on the positive of every situation. For example, advised to write a journal to help her cope with the challenges of caring she quickly discovered:

“on good days I couldn’t be bothered writing a journal – everything was hunky dory. But you see when everything was rotten it was like I could write volumes. People were saying ‘oh you can read over it and everything and you can look back and think’ – but when I read over it I started thinking ‘I really don’t want to read that I just want to forget the rotten parts of being a carer’.”

For the past six years a solid night’s sleep has become the stuff of dreams for Diane. Sometimes sleep is interrupted because she is now programmed to ‘check’ that her mother is ok.

“if I waken up during the night my first thought is ‘am I awake because mum needs me?’ I go in and check on her and she’s snoring like a wee bull and I go back to bed and at least you know she’s ok.”

On other nights symptoms associated with the dementia means that she is up all night.

“There’s some nights she’ll be up most of the night. She wakes up and she wants up or she wants out.”

In common with other people who have dementia Margaret sometimes experiences visual disturbance and hallucinations. Experience has taught Diane that distraction is the best strategy to deal with the hallucinations. However, in the middle of the night distraction may not work.

“She’ll see something outside and there’s nothing there. I’ve even gone out and shown her that there’s nothing there. You know the way it’s sort of like an oldish hedge with gaps in it, and you will see the bit of sky behind it and she just can’t understand that that’s a bit of sky - she thinks that it is something.”

Six years of caring 24 hour a day is physically and mentally exhausting. Lack of sleep and the feeling of never being ‘off-duty’ takes its toll. Ironically for Diane breaking point came in the guise of a small, half full, glass of water.

“Sometimes with her tablets you can have a lot of problems getting her to take them. So, this day she had taken her tablets and then the next thing she was chewing, and I was like ‘what are you chewing? What have you got in your mouth?’ And when she opened her mouth it was full of you know the wee beads you get when you open a capsule. She had all her tablets in her mouth and she was sitting chewing them. She wouldn’t spit them out. I tried to get her to take a drink and she wouldn’t take it. It was just awful. She wouldn’t take the drink and I don’t know what happened to me - she wouldn’t take the glass of water and I threw it round her, and I was horrified.

Again, it’s not an excuse – it was a small glass of water – but I threw it around mum. I never, ever in my life would have thought that I would have done that to my mum. I rang the doctor and was like ‘she’s chewed all her tablets up – is something awful going to happen?’ and she said, ‘now look Diane she’ll be alright there’s no problem, but I’d advise you to ring the duty social worker’. I didn’t have a social worker, but we got one after that.

But it was the most awful thing and there’s times when she would drive you to distraction and I would normally go into the bathroom and scream. That’s my release if things aren’t going well.

I: You would go into the bathroom and scream?

Yes. But that morning because she was chewing the tablets and she wouldn’t take a drink of water and she’s fighting with you. But as I say that’s why we then got the carers to come into us.

People say– ‘don’t you ever tell people that you done that’ – but I did do that. If anyone had ever said to me that one day you are going to throw a glass of water around your mum I would have said ‘there is never a chance.’

I came back in to my mum and I said, ‘I’m so sorry’ and she was sitting there in her wee nightie and her nightie was soaking. And she said, ‘you wouldn’t have thrown a glass of water around me’ and I said, ‘oh but I did’. She couldn’t even remember that I had done that.

I then phoned my brothers to tell them – because I felt so rotten about myself and what I had done – and they said ‘ach love you were pushed to your limits’ and that was sort of it.

But you still feel awful for having done it”

Following the episode with the tablets, six years into their dementia journey, Margaret and Diane were provided with carers twice a day and a sitter for eight hours per week. The carers help by getting Margaret up and dressed in the morning and ready for bed at night. The support, especially in the morning is greatly appreciated. The timing of the evening visit (7.30- 8pm) is far from ideal and the family waits in hopeful expectation of a later 'slot'. In the meantime, conscious of preserving Margaret's dignity Diane is unable to relinquish responsibility.

“Carers come in between. It's too early mum just won't go to bed at that time, sometimes she will let them dress her for bed – but most times she refuses. I don't force it because my mum never sat around in her pyjamas it just wasn't her. She can't make those choices now and you don't want her doing things just because it easier for us.”

The eight hours of freedom every week that comes from having a sitter is beginning to open opportunities for Diane to do the things that she enjoys.

“In the beginning I used the time to clean. It's funny I could always manage to clean downstairs because I could keep nipping in to check on mum and because she could see you she was happy but if you go upstairs that's a different matter. So, our upstairs never

got cleaned. But I have started going to the fab lab⁴ and I have never enjoyed anything so much in all my life.

In common with other people who have a family member with dementia Diane vacillates between believing that it is the worst condition imaginable and thinking that it is not so bad.

“I would actually prefer my mum to have something else – anything else, rather than dementia, so that she would still be my mum rather than this lovely wee woman that's here. It is almost like a long slow death I feel like I lost my mum years ago.”

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*“I took her to her sister's funeral. My other aunt was there and broke her heart. Mum just sat there and said, 'what is she crying for?' And I thought you know dementia is not that bad because anything that is bad or sad just doesn't register”.*



<sup>4</sup> Digital Fabrication Laboratory in North Belfast  
<http://www.fablabni.com/centre/fablab-belfast.html>



## 5.4 The Arts

Diane, credits Van Morrison with bringing her to East-Side Arts and the AOP project.

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

Volunteering with East-Side Arts allowed Diane the freedom to be herself again: “I was meeting people and it was just me that they were meeting, and it was nothing to do with caring. Nobody knew I looked after mum and it was just you were another person. It was just so enjoyable doing something that you don’t normally do. I love meeting people and it was lovely taking tickets and telling people to have a nice time at the event.”

EastSide Arts and AOP opened new doors and opportunities for Diane. Crucially Margaret was also made welcome and encouraged to attend events and participate in activities.

*“They were doing a popup pharmacy last year and they were looking for volunteers to come and help fill the bags of stuff. I said to Jackie I could*

*come but I’d need to bring Margaret with me and she said, ‘we would be delighted to have you both there.’ And even to hear that ‘we’d be delighted to have both of you there’ was lovely. Margaret (mother) went with me and we had a ball. And she (mother) sat and helped away and really enjoyed herself.”*

The warm and inclusive welcome experienced by Diane and Margaret is at the heart of the AOP *Artful Ageing* philosophy. Designed in partnership with a range of care providers and age organisations in the area the programme —

*“is offering a space in east Belfast for all seniors —our oldest participant is 99 years old— they can just come along and try something new. Our Arts for Ageing programme is dementia friendly and all of the artists are trained.”* (CAO)

Through the AOP *Artful Ageing* project older people can experience a range of artistic activities including crafts, dancing, writing and painting. Diane and Margaret have thrown themselves into it, participating in all the workshops, forging new friendships along the way. In this way the AOP has opened doors to other arts related events.

*“with Kirsty we made flowers and beautiful cards. Then we had Jan Carson - learning how to write a short story. Jan wears lovely red lipstick and*

*she wears lovely clothes which attracted mum to her. The two of them became the best of buddies. It got to be that anywhere Jan was doing book readings ... we would have gone, and we always had to sit in the front row. I would be in nerves because mum does tend to doze off at things – but she was wide awake and really, really enjoyed it. Jan dedicated one of her books - postcard story - to us and that was lovely.”*

The Arts tutors employed by Eastside Arts share three characteristics:

*“they have experience working with older people, they enjoy it and they want to do it.” (CAO)*

The artists knowledge of and interest in working with older people created a safe and enabling environment where participants were supported to try new experiences and learn new skills.

*“There are those people who think at their age they can’t and I say, ‘they can’ and that gentleman (99 year old) took up a digital camera and took photos as part of a digital photography programme. It is a fantastic photo it’s on our website.” (CAO)*

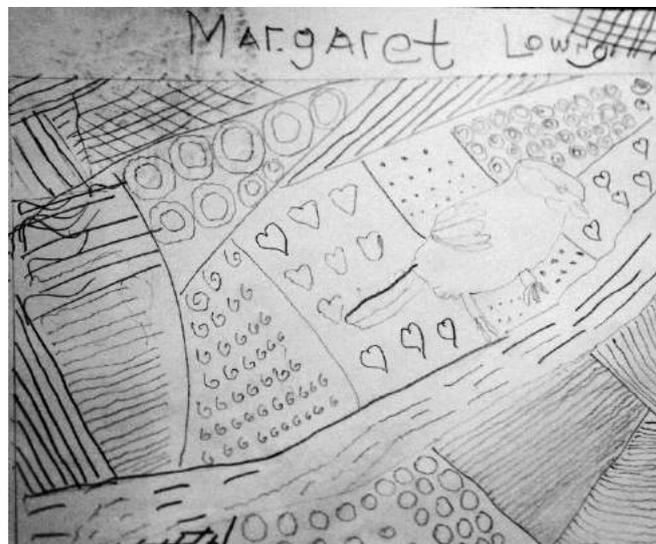
Diane remarked on how lovely it was that through the AOP her mother was getting the opportunity to develop new artistic skills.

*“... mum was brilliant at knitting and sewing but she would never have painted or done anything creative like*

*that until she got dementia. And once she got that wee bit of confidence and not to worry about it being perfect - she loved doing she had the loveliest style to her painting and everything she did was beautiful, and she loved it.”*

This boost to confidence and self-esteem engendered through artistic creativity was a source of great joy and delight, for Diane and Margaret.

*“We went to a candle maker and when the girl was giving them (candles) back to us she kept mum’s back to the end and she said before I give this one out... ‘The candle maker has said that if Margaret ever wanted a job the candle was perfect. She (Margaret) was so chuffed.”*





## 5.5 Social Isolation and Loneliness

“If we go out for a cup of coffee it [time] can drag. I can have mine drunk and mum could sit forever drinking hers. You have to keep saying to her – go on now and drink your coffee, drink your cup of coffee. More times than enough and this is going to sound ridiculous – it is very lonely— because I’m just sitting there with her.

But on a Sunday when we go to SD Bells there’s that bit of music and mum is sitting there enjoying the music. She’s just out enjoying the music. As soon as it starts she’s sitting swaying or whatever and I suddenly realise I’m sitting here and I’m not a carer. I’m just sitting enjoying this music with mum. We’re there two and half hours and that time flies in. If we go out for a cup of coffee and say you are there for half an hour – it is the longest half hour that you’ve ever sat.”

No longer in the world of paid employment and unable to keep up friendships, Diane described how since becoming a carer her social circle has been steadily contracting.

*“You do lose friends and you lose that ability of having friends. I’m not the most reliable and not because of me but if something happens with mum – she is always just going to be my top priority. Before I go out if she was to throw a wobbler I wouldn’t go.”*

Margaret’s diminishing verbal ability means that increasingly conversations between the pair are becoming one-sided. Diane explained that this fact combined

with a dwindling social circle meant that

*“You even lose the ability to have a conversation with somebody about just normal things. Because my life rotates around mum - everything I talk about is about her. You lose your identity and people don’t really understand.”*



The AOP *Artful Ageing* recognises the value of the Arts

as a social lubricant that can enhance social inclusion and alleviate feelings of loneliness for older people in the area.

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

The enabling effect of the arts was true for Diane who found that the Arts gave common ground and enabled conversations with new people:

*“because they are also interested in Art things”.*

The Community Arts Officer reported how she had noticed friendships develop between participants on *Artful Ageing*. These friendships were seen to be opening new doors, experiences and opportunities for older people to engage with other arts and cultural activities.

*“Four ladies who came to the arts and ageing workshop who didn’t know each other became friends.*

*And then in our EastSide Arts Festival I spotted all three of them attending one of our events together. It’s an event that maybe they wouldn’t have gone to before. So, the project has also over a period of time created a*

*group of people who are also attending other arts events.”*

(CAO)





## 5.6 Health

The reported health benefits of the Artful Ageing programme were largely associated with mental and emotional health and wellbeing. People with dementia participating in the AOP were generally living in residential or supportive living facilities:

*“Some of the care workers will comment that they (resident) may not remember exactly what they have done but their mood changes more positively.” (CAO)*

Margaret was described by Diane as being “more content” after the sessions at AOP or other arts related events. Even if unable to do the art Margaret benefitted—

*“she loves watching people doing things.”*

During the interview Margaret said few words, communicating primarily through smiles, gestures and touch. At the end of the visit however she launched into a beautiful rendition of ‘It’s a long way to Tipperary.’

Stalwarts of many years standing at the Alzheimer’s Society’s ‘Singing for the brain’ Diane and Margaret have extensive experience of the positive effects

of singing on people with dementia.

*“I’m very lucky with mum because she’s very happy. But there are some people who come and they are very cross looking - it’s part of their illness. But as soon as the singing starts they are different people – you can almost see the aggression melting out of them; it’s just like their old self coming back with a smile on their face and they are happy. And when they start singing the songs they know all the words—yet these are people if you asked them where they lived they couldn’t answer you.”*

Diane’s own health has deteriorated over the past six years and she says:

*“one thing I’ve learnt – that when you’re a carer and there’s anything wrong with you –it’s like you must be stressed or depressed”.*

A back injury sustained whilst helping her mother to stand up serves to highlighted how generic training on important issues such as moving, and handling are not appropriate to the needs of a person with dementia.

*“I did get sent on a moving and handling course which was*

*brilliant - if the person concerned was just old and still understood what to do. But with mum I would be doing all the right things but by the time she is standing up she would have put her foot out and you end up holding her full weight, or you have her nearly standing up and she'll decide to throw herself back down and again and you end up holding the weight of her."*

Caring for her own health in an environment with limited scope for exercise is a challenge for Diane. Grazing on biscuits has become a way to pass the time as she waits endlessly for Margaret to finish drinking coffee etc. The lack of understanding and empathy she experienced in a recent consultation about a health problem caused her to feel upset.

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

Diane is frank and honest in her depiction of the daily trials and

difficulties that being a carer involves:

*"there is no way on earth I could do what I am doing if it wasn't my mum that I am looking after."*

The Arts have proved to be a lifeline for her by acting as a source of relaxation, enjoyment and achievement.

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

## **6. Discussion**

The global cost of dementia is estimated at US\$818 billion a year (Alzheimer's Society, 2015) and in the UK £26 billion (Alzheimer's Society, 2014).

These figures fail to take account of the personal and financial cost to unpaid carers.

This AOP case study provides a powerful insight into the social isolation and loneliness that is associated with dementia.

Diane's frank and honest account it a potent reminder of the

importance of early intervention in terms of respite and community care.

Community care has been identified as a key driver for health and social care policy in NI for many years. Participation in the Arts is a right and part of what it means to live in a civilised society. The vision of community focus health system would be well served by investing in arts-based projects for older people, carers and people with dementia. This case study has illustrated how the AOP and the Arts had a transformative impact on quality of life for Diane and her mother. The AOP at EastSide Arts has been an oasis for Diane and

Margaret. A place where they can have fun, learn new skills and meet colourful and interesting people of all ages. In the process Diane's resilience and capacity to care for her mother is strengthened.

The Active Ageing Strategy (NIE, 2016) is guided by a vision for Northern Ireland as a place where the rights and dignity of older people are protected. A place where older people are supported to live active lives and achieve their full potential. The potential of this vision being realised would be greatly enhanced if the AOP was mainstreamed and implemented across Northern Ireland.



## Authors

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

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

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