

## Well-being among older people: key obstacles and services that can help

### Executive summary

#### 1. Introduction

1.1 The promotion of well-being has become part of the mainstream of public policy and represents for Arts Together (AT) both an important goal and indicator of the effectiveness of AT's service. Key obstacles to well-being in older people include loneliness, social isolation and social exclusion. This paper reports evidence (mostly from the last 4 or 5 years) both of the harm that these obstacles can cause and the contribution of group-based services in countering them. The contribution of *learning* and *arts activities*, which are both central to AT's methods, is specifically considered.

1.2. The paper aims to offer a resource that:

1. helps to inform AT's fund-raising and project promotion
2. reports the encouraging evidence found, which supports AT and its funders in the service the project offers
3. assists reflection on directions for review, consolidation and development.

#### 2. What are loneliness, isolation and social exclusion?

2.1 Loneliness is not being alone but the subjective experience of isolation. There are two forms of isolation: social and emotional and both can bring a sense of loneliness.

2.2 Loneliness is not inevitable in old age but becomes more common then owing to bereavement, increased ill-health and material hardship and because of the shifting structure of families.

2.3 Social exclusion involves the lack (or denial) of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society.

### **3. The effects of loneliness, isolation and social exclusion: summary of research**

3.1 A review of studies of loneliness and its effects on health among older people, (O’Luanaigh and Lawlor, 2008) found that between 5% and 16% of older people in the UK are lonely. There was a strong association between loneliness and depression and loneliness appeared to be detrimental to physical health, affecting blood pressure levels, sleep, the immune system and cognition.

3.2 Interviews by Golden *et al*, with around 1,300 people over 65 found that loneliness and the quality of social networks each independently affect well-being, underlying a very significant proportion of depressed mood (2009).

3.3 An international review (Holt-Lunstad *et al*, 2010) examined the impact of loneliness on mortality by comparing the likelihood of death between two groups: people with, respectively, stronger and weaker social relationships. The study found increased likelihood of survival for people with stronger social relationships.

3.4 A study of nearly 10,000 people aged over 50 in England examined social exclusion and found that around 7% are multiply excluded (that is on three or more of seven indicators), representing over a million people (Barnes *et al*, 2006). Multiple exclusion was associated with depression, living alone, no living children, low income, transport problems, especially in rural areas, and being over 80 years.

3.5 A further study found that one third of older people in rural areas has a limiting long-term illness, itself a driver of social exclusion (OCSI, 2009).

## **4. Effectiveness of services in reducing loneliness, isolation and exclusion: summary of research**

4.1 The service interventions described in the research reviewed here are not identical to Arts Together's activities but have aspects in common with AT.

4.2 A systematic review of randomised trials of support schemes such as befriending found a modest but significant positive effect in improving depressive symptoms (Mead, 2010).

4.3 An earlier review found less clear evidence than Mead of the effectiveness of one-to-one schemes but found that supportive *group* interventions of different kinds recorded significant reductions in loneliness and social isolation (Cattan *et al*, 2005).

4.4 Findings from research into so-called 'low-level' support schemes such as befriending, creative groups and other social group projects (Greaves, 2006; Knapp and Perkins, 2010; Pitkala, 2009) have found, variously, significant reduction in the number of older people with depression, improved subjective health, and increased alertness, self-worth and optimism. There is also some more limited evidence of reduced health costs.

4.5 Factors that seemed to enhance effectiveness of schemes were individual tailoring of support, positive group identity, building participants' confidence and overcoming practical barriers relating to transport and venues (Greaves, 2006).

4.6 Day care services are an important part of so-called 'low-level' preventive services that are shown to contribute to improved well-being among older people and which older people themselves tend to value (Caiels *et al*, 2010; Holt-Lunstad, 2010; Smith, 2007).

4.10 Successful interventions in promoting well-being in older adults include:

- "Group interventions involving educational and social activity, targeting social isolation and loneliness..."
- Interventions that promote trusting relationships, frequent contacts with friends, and which seek to improve the quality of social relationships."

(Government Office for Science, 2008 pp.34-5)

## **5. The particular contributions to well-being of learning and of arts activities**

### **Learning**

5.1 It is reported that learning can help to promote well-being and protect against age-related cognitive decline and that the effect is enhanced when learning takes place in social settings (Foresight Project, 2008).

5.2 The *Learning Lives* research describes how learning can be of value both directly and indirectly in managing significant transitions. Learning can help not only to acquire valuable skills but also to adjust to changed circumstances, modify our self-identity and increase self-confidence (2008).

5.3 A study of recently-housebound older people underlined the importance of identity in older age and people's reluctance to accept services that seemed to confirm an identity of dependency out of keeping with a previous self-image (Baldock, 2002). One implication seems to be that services that promise opportunities for learning, personal competence and positive self-image may have enhanced acceptability. Another implication may be that participating in such a service directly helps in sustaining a sense of identity.

5.4 Growing recognition of the importance of learning in later life was found in the previous Labour Government's policies and also non-government initiatives, including the Association for Education and Ageing (AEA), a new journal, the *International Journal of Education and Ageing* and a website that highlights national and international activities, including European initiatives on 'active ageing'.

5.5 NIACE (2010) responded to the forthcoming public sector cuts by arguing to the Coalition Government that learning for older adults can improve the quality of life, positively impact health and physical well-being and save on health costs.

### **Arts**

5.6 There is a growing field of the arts and well-being: there is a new journal, *Arts and Health* several academic centres for arts and health research in English universities and an active conference programme. Searches show wide use of arts in the two fields of mental health and dementia.

5.7 A national study of mental health, social inclusion and participatory arts was undertaken to develop the evidence base (Secker *et al*, 2007). The research found statistically significant improvements for measures of empowerment, mental health and social inclusion and there was a significant decrease in the extent of regular or frequent service use.

5.8 Case studies in the study above (Secker *et al*) vividly illustrated the ways in which arts participation can decrease social isolation and improve social relations.

5.9 Although the study (Secker *et al*) relates to arts projects involving people with identified mental health needs, some of the key issues, including social isolation and exclusion, also apply to many older people. The focus in these projects was on social therapies and not on medical interventions. The emphasis on purposeful social interaction, the discovery and development of skills, and creative expression clearly provide close parallels with the work being done by AT.

## **6 Conclusion**

6.1 In fund-raising and project promotion, Arts Together can reasonably claim from this review of research evidence that:

- The experience of loneliness, social isolation and social exclusion, which AT seeks to reduce, is actually and potentially harmful to older people's mental and physical well-being, in some cases very seriously so.
- Services, like Arts Together, that are group-based, activity-focused and socially-interactive have been shown to be effective in helping to counter these social harms and are valued by older people in improving their well-being.
- The particular arts-based, informal learning activities of the kind offered by Arts Together have been shown to add further potential benefits, such as renewed sense of purpose, personal self-expression and re-discovered talents, contributing further to a sense of well-being.

6.2 We think that the evidence reported here should provide encouragement to AT and its funders. Studies of services working in similar fields and using similar methods to Arts Together, show real gains in improved well-being among

participants. Add these findings to the feedback provided directly by AT group members and they amount to credible, evidence-based arguments to current and future funders on the benefits and relevance of Arts Together.

6.3 We hope that the full report and the links to other sources that it provides, offer a resource that will in due course assist AT in reviewing its service, in assessing what should be consolidated and in exploring areas for possible development.

6.4 The earlier papers in this series (see below) may also contribute to a development process once there are fewer uncertainties at local, regional and national levels arising from the Coalition Government's reviews of spending and policies. We look forward to discussion with AT of the issues and implications in this and our other papers.

Colin Whittington Margaret Whittington

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[Note: References appear in footnotes and at the conclusion of the full paper]

### **Arts Together Briefing Papers:**

- **Paper 1** Progress report: January to June 2010 (June 2010)
  - Appendix: Analysis of Main Party Manifestos, April 2010 (June 2010)
  - Appendix: A working profile: Arts Together practice and planning (June 2010 revised August 2010)
- **Paper 2** National Policy Context: Labour Government policy to April 2010 (June 2010)
- **Paper 3** The Wiltshire Context: Key strategies (July 2010)
  - Appendix 1: Regional and local structures (July 2010)
  - Appendix 2: (copy of AT working profile above)
  - Appendix 3: Wiltshire community plan 2011-2016
- **Paper 4** Well-being among older people: key obstacles and services that can help (August 2010)
- **Executive summary** of Paper 4 (stand-alone – the present paper)
- **News-piece:** Evidence in support of Arts Together.