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## **Chapter 5: ‘De-marginalising’ marginalised communities: the case of participatory arts events and the over 70s in rural Hertfordshire, UK**

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*‘Loneliness and the feeling of being unwanted is the most terrible poverty.’*

*Mother Teresa (1910 - 1997)*

### **Abstract**

This chapter presents a snapshot of a much larger longitudinal research project (Stadler, Jepson & Wood, 2018 in press; Wood, Jepson & Stadler, 2018 in press) which investigates the potential of arts events to reduce the psychosocial impacts of ageing in rural areas. Thus, the purpose here is to champion the rich qualitative narratives put forward by the over 70s after engaging with participatory arts events and examine the value of group arts activities. The chapter draws upon the author’s previous research into the use of mixed methods design to investigate the psychosocial impacts faced by the over 70s. It concentrates on the rich qualitative post-experience narrative discussion that demonstrates how the over 70s in rural communities in Hertfordshire are currently marginalised. Interim findings are presented from reminiscence interviews through data captured and co-created in rural Hertfordshire villages (Codicote, Pirton, Stanstead Abbots, Royston and Whitwell): findings are discussed in relation to psychosocial impacts - loneliness, isolation, inclusion, belonging, self-esteem and, self-worth, with a particular focus upon mobility, loss of independence and autonomy. This chapter advocates the use of more ‘natural’ co-creative methods for use in tourism, hospitality and events research, which have the potential to better capture participants’ feelings, memories, behaviours and the meanings they place upon them.

### **Introduction**

This chapter provides an insight into a much larger longitudinal study into the potential benefits of participatory arts events for the over 70s in rural communities in Hertfordshire, UK. In order

to achieve this, the chapter gives an overview of literature into how older communities in the UK (especially in rural areas) are becoming increasingly marginalised. The chapter begins by introducing the reader to the current situation in relation to older people in the UK. Following this, literature is explored in relation to: the particular psychosocial impacts faced by the over 70s, collective bonding and memory creation, and the potential of arts and creative events as critical intervention to degenerative diseases.

Following the review of literature, the chapter explores suitable methodologies and methods to investigate the potential of participatory arts events for the over 70s including using reminiscence interviews and measuring electrodermal activity (EDA). The final sections of the chapter provide some intermediate findings from the case study on participatory arts events in rural areas of Hertfordshire, UK, concluding remarks for policy makers in the UK in respect of the potential of participatory arts events and the over 70s, and a conceptual framework for future projects in this important area of research.

## **Literature review**

It has been well documented that events hold the unique ability to motivate people to come together in order to socialise (Van Zyl & Botha, 2004; Bowen & Daniels, 2005; Li & Petrick, 2006; Syson & Wood, 2006; Kim et al., 2007; Liang, Illum & Cole, 2008; Pegg & Patterson, 2010; Hixson et al, 2011; Kulczynski, Baxter & Young, 2016; Jaimangal-Jones, Fry & Haven-Tang, 2018) and share cultural understanding which bonds and enhances their relationships. Yet in many communities especially in relation to older generations this ability remains largely underutilised. There is currently a paucity of research into how planned festivals and events can potentially enhance the lives of older people - particularly those who have retired from employment and are aged over 70.

Gratton and Scott (2016) concluded that in the developed world, people are living longer than ever before. And furthermore, that over the last two centuries, life expectancy has increased by two years every decade, meaning that half of the people being born in the West today can expect to live to 100 years old. Naturally this will present a notable impact on requirements for public sector spending which is especially relevant in respect to the UK: if one considers that National Health Service (NHS) trusts that care for patients in England are now expected to end

2018-19 around £900m in deficit (Campbell, 2018). As well as the direct increase in public health spending in hospitals there are also much wider psychosocial issues within our communities which are being exacerbated by longevity. The recent Holt-Lunstad et al. (2015) study for example found that actual and perceived loneliness and isolation can both be associated with early mortality, particularly for those living alone and with reduced mobility.

Whilst many older people still lead culturally enriched and satisfied lives, as we get older our health is determined by income and by previous educational experience (Morris et al., 2007). Our attained educational level predicts our life expectancy (Marmot, 2015), and older people living in deprived neighbourhoods are much more likely to experience mobility difficulties than those in less deprived neighbourhoods (Lang et al., 2008). Marmot's (2015) study found that on average higher-economic status people experience the vitality of people 15 years younger than themselves. A recent report commissioned by the All-Party Parliamentary Group, UK Government (2017) found that 'a lack of mobility exacerbates social isolation has a negative impact upon health and diminishes participation in leisure activities' (p.123).

#### *Defining the creative arts in the UK*

Although many definitions of the creative arts exist most remain, according to Leckey (2011), elusive and vague. In this paper, we advocate Leckey's (2011) research approach, and suggest the adoption of the Arts Council England (2007: p.5) definition of creative arts as encompassing 'literature and writing, theatre and drama, dance, music and visual arts, which include crafts, new media, moving image and combined arts.' Research by Hackling et al. (2006), White (2009) and Holt (2008) found that the highest participation rates in creative arts were within the visual arts which took various forms including; drawing and painting (77 percent), crafts (60 percent), writing (59 percent), visiting exhibitions (55 percent), and photography (53 percent). Their studies also concluded that most activities included more than one creative activity. More recently dance has recognised physical health benefits, including improvements in balance, strength, gait, posture and reaction time with the latter being an important pre-requisite to prevent falls. The alertness required for dancing has been proven to increase mental acuity, and the social aspects of dancing are a preventative for loneliness and isolation which result in an increase in one's subjective wellbeing (The Centre for Policy on Ageing, 2011).

Other studies have focused on the benefits of singing and specifically choral singing. Livesey et al's. (2012) large scale survey of choral singers in England, Austria and Germany confirmed the notion that singing enhanced the wellbeing of participants. A further study by Clift and Hancox (2010) concluded that singing was very good to focus attention and control breathing which offset anxiety and stress. They also found that the group offered each other social support outside of the group which helped to overcome isolation and loneliness. Furthermore, it promoted learning to counteract cognitive decline and provided a regular social commitment which kept people active, raised their spirits and made them happy. So, although the arts are often perceived as an individual journey, the creative arts clearly provide great scope for events where likeminded people with shared interests can come together, create and learn in a social situation.

#### *Psychosocial impacts and the benefits of participatory arts events for the over 70s*

Within published literature, terms such as loneliness, social isolation, self-worth, quality of life, and wellbeing are often used interchangeably and generalised without appreciation of their meaning and appropriateness within research. As a result, there is a clear lack of understanding and consistency in these terminology and definitions which has resulted in a lack of detailed analysis especially with regards to the potential of arts events to reduce negative psychosocial impacts associated with growing older. Figure 5.1 is an adapted version of our previous conceptual framework; it illustrates the role that critical gerontology can play in understanding the potential lasting personal benefits that participatory arts events can have, and in particular people over 70 years old.

<INSERT FIGURE 5.1 HERE>

A brief review of the potential lasting benefits of participatory arts events in relation to loneliness, isolation, inclusion, belonging, self-esteem and self-worth are presented below.

#### *Loneliness*

Loneliness is the result of the perception of having too few social contacts and/or poor-quality contacts (Peplau & Perlman, 1982). Social and psychological issues such as loneliness or the propensity to feel lonely are likely to increase as we get beyond 50 years old and although loneliness has been shown to decline with age it begins to rise again from age 70 onwards

(Tornstram, 2011). In the UK nearly half (49 percent) of all people aged 75 and over live alone (DEFRA, 2011).

A report by Taylor Nelson Sofres (TNS) (2014) found that as a direct consequence a million older people (over 65+) in the UK said that they were always or often feel lonely, and within this sample nearly half said that television or pets are their main form of company. Following this a study by Age UK (2016) estimated that 1.2 million older people living in the UK could therefore be defined as chronically lonely. Tornstram's (2011) study found that although loneliness ebbs and flows naturally it tends to rise from age 70 onwards. Further research in the United States by Holt-Lunstad, Smith and Layton (2010) concluded that weak social networks could potentially carry a health risk that is more harmful than not exercising, twice as harmful as obesity, and comparable to smoking 15 cigarettes a day or being an alcoholic.

### *Social isolation*

Social isolation has been defined as 'the distancing of an individual, psychologically, physically or both from his or her network of desired or needed relationships with other people' (Biordi & Nicholson, 2011: p.98). It has also been defined by Cutler (2009) as less than weekly contact with either family, friends, or neighbours. Cutler's (2009) research estimates that more than two million people over 60 in the UK are affected by social isolation; his work and Lang et al's (2008) concludes that those on low incomes are twice as likely to feel trapped and lonely than their more affluent counterparts. Isolation, which accounts for up to a third of UK GP visits, is associated with poor physical and mental health and significantly increases the risk of dementia (Cutler, 2009; Biordi & Nicholson, 2011). While isolation could be a positive choice (i.e. in a seeking of apartness, aloneness or solitude), when imposed by others or society it becomes more akin to social exclusion and clearly has negative implications. Research suggests that a great number of older people feel trapped in their own homes (Davidson & Rossall, 2014), leaving them feeling out of touch with the pace of modern life or cut off from society (TNS, 2014). In the UK, a survey by the Department for Work and Pensions (DWP, 2014) found that 24 percent of pensioners (those over 65 years of age) went out socially less often than once a month.

Holt-Lunstad, Smith and Layton's (2010) study reviewed 148 articles (308,849 respondents) and found that socially isolated people are: 3.4 times more likely to suffer depression, 1.9 times more likely to develop dementia in the following 15 years, and 2 to 3 times more likely to be

physically inactive, which may result in a 7 percent increased likelihood of developing diabetes, an 8 percent increased likelihood of suffering a stroke and a 14 percent likelihood of developing coronary heart disease. A study by Machielse's (2015) found that any intervention, such as a participatory arts event, aimed at reducing social isolation will need to be tailored to the individual (or at least the type) as one size will not fit all. The wide range of activity types and levels available within participatory arts events allows for individualisation whilst also maintaining the all-important social setting.

### *Social inclusion*

There is some evidence (see Thomas et al., 2011) that arts engagement helps the socially excluded or marginalised to participate in their community and therefore to move towards being socially included (as well as encouraging the forming of more positive identities). In considering the potential effects of participatory arts events upon older adults, the potential to effect broader social inclusion is less likely than the potential to reduce loneliness and social isolation. Wood et al. (in press) advocate that assessing the value of creative arts activities on felt loneliness appears to be a more useful focus of event research which they include within their conceptual framework (Figure 5.1).

### *Belonging*

Krause (2007) found that art and craft activities for elderly women connected them with others and allowed them to continue contributing to family and community. Liddle, Parkinson and Sibbritt (2013) found that taking part in creative events enabled one to help others and feel valued as well as a multitude of personal benefits not least of which was the experience of pleasure. Feelings of belonging in social groups can give life meaning in various ways such as: providing stability, helping individuals create a shared social identity, and allowing them to pursue higher order collective goals (Baumeister, Finkenauer & Vohs, 2001; Haslam et al., 2008; Tajfel, 1972 cited in Lambert et al., 2013).

In order for us to feel we belong within society we must experience weak and strong social ties with both being of equal importance. Sandstrom and Dunn's (2014) research for example tested whether subjective wellbeing was related not only to interactions with strong ties (i.e., family and close friends) but also to interactions with weak social ties (i.e., acquaintances). They concluded that we should not underestimate the value of our acquaintances as interactions with weak ties are related to our subjective wellbeing and feelings of belonging. These results are

consistent with the idea that the more peripheral members of our social network shape our day-to-day happiness. For example, a chat with the coffee barista, postman, yoga classmate, or fellow dog owner may contribute meaningfully to our happiness, above and beyond the contribution of interactions with our close friends and family.

It is argued in this chapter that the process of making and creating together inherent within a participatory arts event can play a crucial role in developing these all important ‘ties’ and foster a strong sense of belonging. Creativity is an important aspect within participatory arts events there is evidence to show that socialising within a group setting is just as important to older attendees as the activity itself (Bedding & Sadlo, 2008). The being together and the ‘doing’ create a sense of belonging closely related to social identity and self-worth.

### *Self-esteem and self-worth*

Self-esteem and self-worth are the final two potential personal benefits of participatory arts events for the over 70s. Seen as important psychosocial wellbeing concepts, self-worth and self-esteem are often used interchangeably and constitute the key building blocks of self-concept (along with self-image and ideal self). Studies have shown that self-esteem follows a specific pattern as we age, increasing in young and middle adulthood, peaking at about 60 and then declining in older age. This decline in old age is thought largely due to changes in one’s socioeconomic status and physical health (Orth, Trzesniewski & Robins, 2010). Meira et al. (2017) found that both educational level and the quality of interpersonal relationships are significant protective factors for high self-esteem in older people. These studies suggest that although self-esteem is affected by background and health, it is also strongly related to our social connections and our ability to maintain them and make new ones in later life. Participatory arts events therefore would appear to provide the opportunity for self-esteem maintenance and/or strengthening in older age.

Self-worth relates more specifically to how we value ourselves and our role in society (albeit this is also based on how we perceive the extent to which others value us) (Meira et al., 2017). The act of doing or making within a supportive social environment is likely to positively affect self-worth and the sharing of this experience to enhance self-esteem. There is also growing evidence to suggest that creativity and social activities can: reduce loneliness, enhance feelings of belonging, and build self-worth and esteem. What is still lacking is an understanding of the



process through which these benefits are accrued by the older individual. Participatory arts events provide an ideal context in which to study these phenomena.

### **Methods for investigating the marginalisation of older people in the community**

The methods employed here sit within a constructivist approach therefore, need to be more ‘natural’ or ‘humanistic’ for the participants and the context (Denzin & Lincoln, 2000). Humanist approaches to research have been associated more recently with the concept of ‘hopeful tourism scholarship’. Ateljevic, Morgan and Pritchard (2007) and Tribe (2009) present this as an emergent network of tourism enquiry with a fundamental aim to enrol people within ideas and inscriptions. Ren, Pritchard and Morgan (2010) maintain that this type of inquiry is a value-led ‘bottom up’ approach built on partnership and reciprocity. This should be considered vitally important for research settings investigating marginalisation as builds and maintains trust amongst everyone involved within the research. When trust is established and maintained a transformation of relationships between the researcher and the researched, and it is through this transformation that co-creation of research can occur (Richards, Pritchard & Morgan, 2010; Sedgley, Pritchard & Morgan, 2011) leading to an honest and open account of marginalisation.

Methods similar to autobiographical memory interviews aim to discover issues and responses by asking about specific memories or ‘re-interpreted versions of the original experience’ (Kirkegaard Thomsen & Brinkmann, 2009: p.294). A further advantage of this technique is that it recognises that specific memories are not representative of experiences more generally but that they capture the novel, emotionally intense, and/or important aspects of the experience such as the peak experiences that live events aim to create.

Additionally, participant focus groups and semi-structured interviews could also be incorporated into methodological design to build up a holistic picture of how, when and where marginalisation is occurring within communities. The original study by Stadler, Jepson and Wood (2018) which investigated collective memory and experience at arts events for the over 70s incorporated: events observation, photography (using a digital autographer device, capturing Electrodermal Activity Data (EDA), and reminiscence interviews, and the simplified Warwick-Edinburgh mental well-being scale. This chapter presents excerpts and findings from

qualitative (audio recorded) reminiscence interviews conducted in rural villages in Hertfordshire, UK.

### *Sample size and methods*

This chapter is focused upon the samples gathered in rural Hertfordshire. Across five locations (Pirton, Codicote, Whiltwell, Stanstead Abbots, Royston), 30 women over the age of 70 took part in the research facilitated by Age UK within either sheltered housing or community centres. Each group participated in a number of different art activities (e.g. bag making, glass painting, model making, origami) over a three-week period with the data gathering taking place weekly over a total of eight months from November 2017 - June 2018 (Figures 5.2 and 5.3).

<INSERT FIGURE 5.2 HERE>

Participants in the study were advised of the purpose of the research through an initial consultation, and given a handout detailing all the information. Following this, respondents signed consent forms and were advised of the right to withdraw at any time.

<INSERT FIGURE 5.3 HERE>

After the second week of arts activities respondents were interviewed to find out their views on the previous art activity they participated in, what they enjoyed and their happiest memories from the activity, how they felt before, during and after the activity, the significance of the activities they participated in and also to talk more generally about being over 70 and living in a rural location post-retirement. It is this breadth and depth of data gathered through the more general qualitative accounts during weeks 2 and 3 (three one-hour discussions for each of the thirty participants) which are used to form the findings and conclusions presented in this chapter.

### **Findings and discussion**

The following coding is applied to participants in the discussions below: R= respondent, number = number in the sample, followed by rural area code: C= Codicote, W= Whitwell, SA= Stanstead Abbots, R= Royston. For example, R1R = respondent 1, Royston.

### *The over 70s in rural Hertfordshire as marginalised communities*

The potential lasting benefits that accrue to those who wish to participate in creative arts events has been discussed previously, but of course the other side to this narrative is that a great many older people living in our communities are marginalised. The marginalisation of older people in our communities happens due to a number of contributing factors which will now be discussed in relation to the previous literature discussions surrounding: loneliness, isolation, inclusion, belonging, self-esteem and, self-worth, with a particular focus upon mobility, loss of independence and autonomy.

Initial findings from our study suggest firstly that a major challenge to the over 70s in four out of the five rural areas investigated (Codicote, Whiltwell, Stanstead Abbots, and Royston) was poor mobility. This was caused by either a lack of public transport in rural areas (cited by 16 respondents), disposable income (being able to afford taxis) or the unavailability of friends or relatives to give lifts to clubs, community centres or sheltered housing, or the unwillingness of respondents to ask for help in getting to venues to participate in clubs, or societies as they felt either uncomfortable or embarrassed:

R4C: ..... ‘well now that I’m you know getting along a bit I don’t like to bother my daughter Nancy as she has two children and she’s got enough on running around after them, it’s just down the hill and I used to walk it but my husband is ill so I have to get back to look after him so I tend not to stay as long at the meadow as I used to.....’

R2W: ... ‘I don’t live in the village anymore, I used to but now I have to get a bus here (Whitwell) and they only run once an hour and are always late so sometimes I don’t bother I just stay at home and watch the television.....after all there’s only so much cleaning and housework you can do and my flat is small.’

There is a clear need for arts intervention within the groups we visited in rural Hertfordshire, and as one can see from the respondent interviews there is a clear relationship with having poor mobility and feeling lonely and isolated (Holt-Lunstad et al., 2015) especially as the majority of respondents interviewed lived alone and therefore are at risk with regard to early mortality. Many respondents talked about the difficulty in attending their favourite groups and many were upset that they could not attend every week, and they felt their relationships with others in the group suffered as a result. A number of respondents commented on how they felt in regard to the lack of attendance at their local groups:

R3W: .... ‘I suppose since I moved out my house after my husband died I felt a bit lonely and on my own, at first, I sort of hid myself away, but I realised .....I needed to meet other people and share my grief or just talk about the news or the weather anything really, I just didn’t want to feel alone anymore so these clubs are important, and I’ve made good friends I feel lonely if I don’t go.’

R2SA: ..... ‘I don’t really get out much, so I like to go to the ten to three club it gives me something to look forward to I had a fall about 6 weeks ago and I couldn’t walk well so I just stayed in, and I got depressed and felt quite anxious about being on my own.’

The findings from the groups also hold true with the All-Party Parliamentary Group, UK Government (2017) report which found that: ‘a lack of mobility exacerbates social isolation has a negative impact upon health and diminishes participation in leisure activities’ (p.123).

A lack of mobility (caused by poor public transport, disposable income unwillingness/unavailability to get lifts by car to venues) in the over 70s in the areas of rural Hertfordshire therefore had increased people’s loneliness and isolation, and in some cases, it had also lowered a person’s self-worth and self-esteem as a result. This combination of factors resulted in older people in four out of five of the areas sampled (Codicote, Whiltwell, Stanstead Abbots and Royston) not feeling part of the local community and thus being marginalised as a result.

The second finding in our Hertfordshire sample was a loss of independence. Many of the older people interviewed had suffered a loss of independence as a result of having to give up driving:

R4R: .... ‘I used to drive the minibus to bring people to this club, and I had a little car up until recently but my Doctor told me I could no longer drive...it’s my eyes you see I’ve had a cataract removed from this one and now I only have partial sight....and now I’m getting cloudy in this eye as well, it makes me sad .....because..... I used to do everything on my own and now I struggle to watch the tele go shopping and sometimes cooking is difficult, and I burnt myself on the grill ...so I just...well now I just order these meals that come twice a day and put them in the microwave...’

Other respondents had suffered as a result of ill health or a fall at home, which resulted in them moving into warden-managed accommodation or sheltered housing communities:

R6W:... 'I don't really like it here, I mean the people are nice enough but it doesn't feel like my house used to, it feels you know like a surgery it's all clean everywhere and smells of bleach in the toilets...people always knocking at the door are you alright and then the next hour are you alright...well I would be if you leave me alone [laughs].....'

R4SA:..... 'I had a four bedroom house, but after the kids moved on...my son's in London and my daughter works in the hospital at Stevenage ...then my husband had a stroke and after him being assessed we had to move into a bungalow in Stevenage, but I didn't like it I missed my garden and my friends and I didn't go out as much...'

It can be seen from the respondents' views presented here that the loss of independence and autonomy has had a detrimental impact upon the quality and meaningfulness of respondents' social relationships and unless some level of autonomy or independence is realised then this will continue to have a negative impact on an older person's perceived quality of life (WHO, 2004).

A loss of independence in a period of change such as adjusting to retirement, grieving for partners, relatives or close friends, or suffering ill health can be very detrimental to one's psychological as well as physiological health and it could be argued that this is underestimated by care givers and at local, regional and national government level. As such a case by case option is not always applied as a result of a lack of carers in the local community or a lack of nearby suitable sheltered housing options. Perhaps the major concern though is the pace at which this change happens which is potentially the most damaging to older people psychologically. From the sample in Hertfordshire there were examples of older people that had been relocated and were living in rural communities that were previously unknown to them resulting in them feeling isolated, lonely and apprehensive about meeting new people and making friends as well as missing friends from their previous social networks.

Many of the over 70s were angry that there was not enough going on within walking distance and transport/mobility became an issue: where as some of the older people interviewed were

either unhappy with being ‘Nannied over’ (R3C) or they had become institutionalised and bored very quickly as a result of not getting out or engaging in the clubs or activities that they did previously:

R2SA.... ‘As soon as I get here it’s the same old same old, I don’t know why I come, people moaning.....it’s boring...I could tell you now what we will do next Monday because it’s the same, we should go on trips...but I suppose coaches are expensive.....there’s another club in Hitchin that’s supposed to be good but I can’t get there I don’t have anybody to take me and I don’t want to go on my own.....’

### **Conclusion: over 70s arts events as critical intervention: de-marginalising the marginalised**

Our sample of rural villages in Hertfordshire demonstrates there is a clear need for critical intervention in rural communities to reduce the negative and potentially damaging psychosocial and physiological impacts faced and felt more consciously by older generations. There is clear evidence from this research that engaging older generations in creative arts activities is vital, as it often involves social interaction which helps older people form new relationships and networks to supplement the ones that may have gone, which further helps them to feel included (Thomas et al., 2011). Social interaction with the arts can work on many different levels and even if a participant is engaged in an individual activity there is still interaction in regards the creative decisions made and then comparative discourse on what the individual has produced as an artefact. Put another way, participatory arts activities are co-creative and they create thick sociality, bonding and ‘we-relationships’ through the personal and collective experience, which once shared becomes very powerful for one’s self-esteem. And the more this memory is discussed the stronger the bonds will exist between members, it matters not if the narrative of the memory changes or distorts over time it is the sociality of the memory that is important.

Participatory arts events therefore have a unique ability to de-marginalise marginalised older communities particularly within rural areas where opportunities to engage in arts activities might be far and few between. There is a great need for further research in this area especially with regard to over 70 males and their engagement with the arts as so far this has been very

limited. There is also a clear need to assess the potential of different forms of participatory arts events (i.e. dance, drama, painting, music, choral/singing groups, museums and concerts) as critical intervention to reduce loneliness, isolation and delay the onset of degenerative disease and forms of dementia. It is estimated that 850,000 older people in the UK have been diagnosed with dementia, which is predicted to rise to one million by 2021 and two million by 2051, and with-it treatment costs are estimated to rise from £26.3 billion (2017) to £50 billion by 2047 (All-Party Parliamentary Group, UK Government, 2017).

The most commonly diagnosed form of dementia in the UK is Alzheimer's (62 percent of dementias in the UK). The Department of Health (2015) reported that if the onset of Alzheimer's disease could be delayed by five years then as well as a person's longevity and quality of life savings to the National Health Service (NHS) in the UK between 2020 and 2035 could be as high as £100 billion. The Alzheimer's Society (2017) further concluded in its report that for every person with dementia living at home rather than in a residential care home, savings of £941 per month (or £11,296 per year) could be made; if five percent of admissions could be delayed by a year, £55 million would be saved (Department of Health, 2015).

Finally, there is an untapped research opportunity to bring all of the popular art forms mentioned here and connect them under the foci of a community festival for the benefit of older people. One project that has achieved this with some success is the 'Here and Now Festival' which is run over seven months in Northern Ireland. The festival's goal is to enhance the wellbeing and quality of life of people over 60 through participatory arts workshops which included: music composition and singing, contemporary/modern dance, visual art, drama, film-making/photography, and creative writing. For example, in 2014 the Here and Now Festival delivered 343 workshops over 7 months and across 84 host organisations with a focus on health, social care, and community well-being. The intention was to increase arts access to older people in rural areas to reduce isolation and improve their quality of life and levels of social interaction (Arts Care, 2015).

It is well known that arts engagement can boost brain function and improve the recall of personal memories; yet the potential of arts-based community festivals remains underutilised there are numerous opportunities to give older people the opportunity to learn and build new creative skills. Community arts festivals aimed at older people could also: highlight the issues faced by older people such as loneliness, isolation, belonging, or self-esteem to younger

generations within the community, they could also be used to inform the community that older people suffer from many different forms of dementia and promote understanding into how the community can be more dementia friendly. Arts-based community festivals can also foster social integration, reduce loneliness, increase self-esteem and give older people a sense of belonging, they can give older people the opportunity to engage with a wide range of arts activities and introduce them to new ones, allow older people to learn about their community and connect to arts groups or social clubs nearby.

The current and future challenge is for local governments to be brave and take the initiative to lead and develop partnerships with public, private and voluntary stakeholders within their communities so that the documented physiological, psychosocial and socio-economic benefits that arts events and community festivals can be realised.



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