Bring on the health economists: time for a rigorous evaluation of senior participative arts

Clair Chapwell

Abstract
Purpose – As our elderly population increases, scheduled to rise by 61 per cent in the next 20 years, a national panic has set in about what to do. Antidepressant use is on the rise, and the figures for loneliness and depression skyrocketing. So far, so normal and so very disheartening. The purpose of this paper is to make a radical plea to change our thinking about how the lives of our senior citizens are lived: bring on the health economists, and let us put some serious funding into studying the effects of participative arts on the lives of older people.

Design/methodology/approach – This year the author was awarded a Winston Churchill Fellowship to study participative arts for older people in the USA. The author interviewed Professor Julene Johnson of University of California San Francisco, about “Community of Voices” an ambitious, well-funded five year programme which is launching 12 one-year choirs with low income, non-singers, after which findings will be rigorously tested.

Findings – In the USA, proper evaluation of participative arts is being taken seriously as a means of whittling down massive Medicare costs. There is evaluation going on in the UK, but much of it is flawed, usually down to cost. Evaluations generally consist of questionnaires filled in by participants. Findings centre around the psychological arena, rather than physical aspects (balance, hospital visits).

Originality/value – It is imperative that one starts thinking about participative arts for seniors in a scientific and serious way. The alternative – roomfuls of elders on antidepressants (the UK’s antidepressant use was up 23 per cent between 2010 and 2011) does not bear thinking about.

Keywords Community building, Older people, Ageing well, Changing attitudes, Age friendly society

Introduction

There is a slightly Groundhog Day feeling to working in the field of participative arts with older people. You run into someone who you know, let us call her Gemma who says “so what are you up to?” and you say “Doing some really nice work with older people. How about you”? Gemma says “No I love your work – tell me all about it!”

And because you are actually so proud of what you do and she does seem interested, you launch in: “Well, I’ve just started a music project in a centre with a group of older people. There was one woman who just sat there on her own and one day we were writing a song and she told us a story about her mother. That was six weeks ago. Now she’s made friends, the centre worker says she’s joining in everything – we’ve got a great song […]”.

I only stop myself from singing the song by the look in Gemma’s eyes. Glazed over. I have done it again. She was just being polite. I quickly say, “So Gemma. How are the kids?”

For a long time I thought it was just me. Maybe it is the way I tell them. But now I am starting to think differently. I think people dismiss the work because it has no value in our society. Participative arts for older people is often seen as one step up from bingo: a kinder way of entertaining the older...
folk in their declining years. It may be fun in the short term, to sing and write songs about your mother, but in the end, it is so much candy floss. It fills in time. It adds up to nothing.

I have spent much of my working life running wonderful, life changing drama and music projects for older people. Arts companies focusing on older people have sprung up all over the country: choirs for older singers, painting and crafts sessions, dance and drama groups. They speak to different aspects of the ageing process. Over time they have become increasingly imaginative and brave and groundbreaking. Practitioners all over this country have used the arts to help older people stretch their own boundaries. And yet, and yet. Wonderful work is going on, and yet projects are being cut, growing shorter, despite evidence from individuals that their lives have been improved beyond measure. Why? In this paper I want to look at the fact that there has been no really rigorous outside evaluation of the effects of the arts on our increasingly ageing population.

I had the great good fortune this year to be awarded a Winston Churchill Travelling Fellowship to explore aspects of participative arts for older people in the USA. I was told frequently that it would be “life-changing”. Since I have also heard claims that Pilates, meditation and the two-fifth diet were life changing I smiled positively but inwardly seriously doubted it. I knew I would see good practice, meet amazing people. But those five weeks did change my life. And since my return I have mostly been talking about a three-hour conversation I had in a coffee shop in San Francisco in May 2013. Meeting Julene Johnson was not only a turning point in my trip but also my thinking about everything I have ever done in community arts with older people.

Professor at the Institute for Health and Aging at University of California San Francisco (UCSF) with degrees in the intriguing combination of Cognitive Neuroscience and Music, I was lucky enough to catch her just as she was beginning an ambitious, radical joint project that looks at the effects of singing in groups on older adults.

In 2011 she won a Fulbright scholarship and spent several months in a small town in Finland, to study how older singers’ quality of life was affected by choral singing in a group. She was attracted by the findings of the Gene Cohan (2006) study. It used the World Health Organisation guidelines, asking how singers rated their overall health and quality of life.

The study included a sample of 117 older adults involved in community arts with an average age of 71. The figures show visits to the doctor were way below the average as were falls. Most interesting is the information about depression. On a scale of 1-15 depression barely registers for this group of seniors in Cohan’s study.

I retreat to my position of on the ground, face-to-face arts worker. All very interesting, but nothing surprises me there. Why do another study? We know that the arts in general make people feel better, more positive, psychologically healthier:

“Yes”, she says, “Of course you and I know that. But THEY don’t know that: the government, health care providers, people in control of the purse strings. We’re in a recession. The study I’m doing now is partly about brass tacks. Money. That’s why there’s a Health Economist on board for the programme”.


“This project is partly about what things really cost”, she repeats. “Our Health Economist will be able to find out: What does a visit to the doctor cost for a senior? How about a fall? What does the medication to treat depression cost? If we can cost the experience of choral singing in a group per person for a year against all the other costs of standard geriatric care, we’ll be onto a winner. Just start adding up all those costs: the medication, ambulances after falls, hospital stays, visits to the doctor [...]”.

It’s fun it is to sing. Singers make friends with each other and are less isolated. But it’s hard to measure that. Also, there’s much more to growing old than just having fun. Therefore in this study we are also measuring a wider sense of the individual: physical function and cognition as well as psychosocial elements. And it’s not just a cost effectiveness analysis. I want to provide more scientific evidence about the effects of participating in community singing. It’s not only cost effective but accessible to anybody from any background.
The penny drops. Someone who is not in the front line, someone who is not a practitioner is taking a cold, hard scientific look at this process and thinking, how can we translate this amazing positive life enhancing fun activity into the language that governments understand? Into cold hard facts? Conclusions reached that can state categorically:

[... our statistics say that including arts and music programmes for seniors within your care will drastically drop your costs.

"I realised the data I’d discovered in Finland had limitations", she said. “Finland is a country where choral singing is popular from cradle to grave, as is the case in most of Scandinavia. So the statistics wouldn’t translate to countries where that wasn’t the case”. Julene’s aim is to make these findings relevant to the USA where the cost of Medicare is massive and the government is constantly on the hunt for new ways to develop more cost effective treatments. She decided that the programme that needed to be run needed to be as rigorous as possible. She decided that before the project started she would stipulate exactly who would be studied, e.g.:

- people who were not currently in a choir; and
- people from diverse or low income communities.

Community of Voices (CoV; Comunidad de Voce) is a joint project between the UCSF, San Francisco’s Community Music Center and 12 senior centers in San Francisco in low income areas. It is funded by the National Institute of Health to the tune of $1.9 million (£1.2 million). Over five years 12 choirs will be created at the 12 centers. Each choir will run for one year. Participants agree to wear Bluetooth-enabled belts that measure their balance. They will participate in memory tests and coordination tests and are paid $105 (£63) to answer questionnaires about their mental wellbeing. They are also invited to perform the songs they have been learning for friends, family and the community.

Buzzing on iced coffee and new ideas I leave Julene but I know the way I think about this work has changed forever.

When I return to the UK and my friends – let us call them all Gemma – when Gemma asks me how my fellowship trip went, here is my short answer:

“I met a woman who went to a tiny town in Finland and found 6 – SIX! senior choirs. And no depression.” And do you know what? When I explained it like that, Gemma got it. Every time.

If Gemma had an attention span longer than the 21 words it took her to absorb that information, I might have tried to tell her about the things I have seen happen in groups I run, the way individual participants lives have changed. Sam, for example, who started coming to a drama and music session I have been running since 2009.

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Case study: Sam Hanrahan

Sam was born in 1932 in a slum tenement in London’s East End, the fourth of five boys. He said “in my neighbourhood you was either a thief or a boxer”. Sam never went to school. Second World War meant school buildings were bombsites. After the war his brothers taught him how to read and to tell the time. He was 13.

In 1951 National Service put him into the army and he was sent to Korea for what would be the most traumatising years of his life until he deserted. He gave himself up, and he has no memory of the time after that for a long time and has never been treated for post-traumatic stress disorder. He still, at age 81, has flashbacks from Korea. The recurring depression which has haunted him all his life, and the shaking, began at that time. He became involved in local gangs, and was in and out of prison.

Eventually he found more settled work. He retired when he discovered he had pancreatic cancer. He was determined to survive and took up marathon running. He then developed prostate cancer. His depression increased massively. He wondered what the point was.
And now

Sam said: “I was having a good day. I read in the paper you was running drama classes. So I thought – ‘why not?’ I wish I’d discovered it years ago. Think where I’d be now!”.

He is truly a very different person to the shaking, unconfident man who entered the room in 2009. He came out to the group in 2011 as a gay man as did Lloyd, 85. Both have used the drama group to explore issues for themselves older gay men and their own feelings about things that happened to them throughout their lives during the many years when homosexuality was illegal in Britain.

Sam used to talk about a voice in his head: “You don’t belong here. You’re not one of these people. Go home, they don’t want you. You’re not like them”. He still comes to the drama class four years later, but he is now involved in other drama projects and he says the voice is growing smaller and he can ignore it.

In his own words

“I forget how old I am. I feel a part of something. I feel it’s a second chance. I grew up to expect to be at the back. Now, what I feel is: put me out in front of all the people. I want that challenge. I love the challenge. I wish I’d walked into this room 20 years ago. I can’t believe what I’ve become, how good my life is”.

“Today I looked at myself in the mirror and I thought: ‘I like you! Warts and all!’”.

Sam Hanrahan’s name has been changed.

Current studies in the UK on projects with arts and older people

Over the years there have been studies of the effects of arts on older people, looking to a time when the arts can be a serious and legitimate part of the care of our growing senior population. There are some studies and evaluations of arts work with older people but they tend to suffer from three main difficulties in terms of giving us any kind of clear and cogent message:

1. the project is too short or underfunded (difficult to gather worthwhile stats as groups may be too small; therefore there is no like to be compared with like);
2. the art takes the lead and is more important than the evaluation (the project invites a general group and ends up evaluating wildly different people with different physical states and emotional capacities and financial capabilities) (again, no like with like); and
3. lack of impartiality (work is evaluated by the practitioner or someone close to the project who believes passionately in the work so lacks the necessary perspective).

An overview of the work in this area was done in the evidence review undertaken by the Baring Foundation. Responsible for having raised the profile of the sector of arts and older people, the Baring investment of £3 million over five years has meant that there has been substantial development in the field.

Baring commissioned the Mental Health Foundation to examine a wide variety of arts projects for older people with a view to synthesise evidence on the impact of participatory arts on older people.

An Evidence Review on the Impact of Participatory Arts on Older People (McLean et al., 2011) undertook the Herculean task of appraising 31 participative arts studies involving 2,040 participants age 60-96. In total, 17 of the studies were from the UK, seven from the USA, three from Australia and one each from Canada, Spain and Sweden). Seven of the studies involved people with dementia. Although the positive effects of participative arts are evident throughout the report, in the summary, the authors observe:

Participatory arts is a new research field and as such has less of a pool of research studies from which to select; therefore the quality of the research included is not subject to the same rigour as it would be in a more mature field […] Another pitfall of an emerging evidence base such as this is that it is not possible to demonstrate the strength of the evidence through the cumulative effect of a number of studies (McLean et al., 2011).
The summary also had comments about other elements of the research:

The quality of the research in this emerging field could also be moderated by an element of bias on the part of the authors who were in the main very enthusiastic about (and sometimes had very vested interest in) the projects they were researching (McLean et al., 2011).

It went on:

Clearly participatory art is an under-researched field of practice; the research that does exist suggests that there is great value in terms of improving individual and community well-being, in particular mental wellbeing. However, the evidence base is relatively weak for such a promising area of practice (McLean et al., 2011).

And finally:

If participatory arts is to be taken seriously as an activity that can improve the mental and physical wellbeing of older people, better quality evaluation needs to take place (McLean et al., 2011).

Where do we go from here?

As the senior population increases, and the legacy of older people’s arts companies continues to be felt, it is clear that some incredible projects have emerged with older people which have been groundbreaking, life enhancing and positive. From what we can glean from the data, there is real promise in this field as a way of supporting older people in old age as part of a health regimen, replacing some of the more chaotic areas of NHS care. “In 2011 the NHS spent £270 million on antidepressants alone, a massive 23% increase from 2010” (Easton, 2012). The current thinking about adult social care is a dangerously narrow model involving ever increasing amounts of medication.

What is also clear is that the evaluation of such arts projects is in its very infant stages. As we can see from the Baring evidence review, like is not being compared with like and too often evaluation is overseen by the person who facilitated the project, someone who will have not have the necessary sense of perspective to contextualise the event. Equally, too often the benchmark for judging the project remains an emotional one: does the participant feel better, happier, more confident? Yes, the participant does feel better, happier, more confident. However, many things can improve mood: a nice bath, a win at bingo, a good film.

In these evaluations too often the tail is wagging the dog. The evaluation from the beginning is being dictated by who is in the group. The randomness of these groups is part of their charm. However, it makes it less easy to use any kind of definitive evaluative technique that has any meaning. For the future of this work to develop beyond the “ten weeks of this” and “two hours once a week” model, the sector will not be able to go on relying on trusts and foundations in the current financial climate. Some of the work that is happening belongs squarely in the field of health and social care and deserves to be funded accordingly.

What is needed?

A proper scientific well-funded study. We need a study of the kind of weight of that mentioned earlier in this paper, Professor Johnson’s CoV. Evaluation in this country is generally about looking at existing groups over a given period of time, studying participants’ sense of wellbeing, their social interaction, and how the activity has changed them. All studies cited above are of this type and look at “feeling better” rather than actually “being better” – positively seeking evidence of physical improvement of health, visits to doctors, psychomotor ability, falls, etc.

Cold? Clinical? To decide on a target group and art form and then to set it up and evaluate it afterward? And then to set up another 11 on the same model? It seems to go against the very grain of the community arts group.

The San Francisco CoVs project’s first choir has completed its first public singing event. I enclose below feedback from music director, Martha Rodriguez-Salazar, who I also met during my Churchill Fellowship trip and who assesses the mood of her group after this first event:

Community of Voices had their first performance on July 26 and we performed seven songs for a 50+ audience. We had a wonderful response from the audience as well as a great potluck afterwards.
The singers were all very excited to perform and they all expressed how satisfying the experience was for them. We had one of our singers arriving to the performance feeling out of breath and tired from trying to be on time for the performance so we offered him a chair to sit and perform. After the concert he was feeling so much better and when I asked him how he felt he said: “how would it be possible not to feel better after singing?”. Another member said she was feeling pretty nervous and couldn’t stop her knees from shaking and the only way to make it stop was to dance with the music. The performance brought everyone an important sense of community and the change of before and after was pretty evident, almost impossible to believe (e-mail from Martha Rodriguez-Salazar, 21 August 2013).

This feedback could have come from any participatory art group: The nervousness, the fear and the ecstasy are present for those participants as for every participant who steps out of the comfort zone and does a sharing or performance for the first time. CoV may be set up scientifically with a strategically defined client group, but Martha is a skilled community musician who know how to work with fears and get the best out of her group. CoV client groups, with their specific requisite that they be from a low income/ethnic minority background and not currently singing in a choir meant that there is a significantly level playing field. Therefore with the 12 choirs in the study, like will be – as nearly as possible – compared with like.

Clearly the £1.2 needed to fund a rigorous study like CoV is not going to come from the pharmaceutical industry. But equally clearly such a study is needed in this county to validate this crucial work that takes place all over the UK and give it its rightful place in the care and lives of the older population. According to the US Census, the US population projected to more than double between 2010 and 2050, from 40.2 to 88.5 million, a major impetus behind their imaginative undertaking. And the UK is not far behind.

### Implications for practice

- Policy makers need to start thinking outside the box and to begin to take the participative arts seriously in the future care of older people.
- A task force needs to be set up among relevant partners to set up a meaningful evaluation process of this work and its place in the lives of our ageing population.

### References


### About the author

Clair Chapwell was the Artistic Director for the Spare Tyre Theatre 1979-2007. She now works in partnership with groups such as Age UK Camden, Loud Minority and Elders Voice. Her collaborations with community groups use song and drama to bring issues of importance to participants onto the stage or screen. She directs Bolder Voices, singers age 65+ who perform original material about the experience of being old. Clair is currently a Churchill Fellow 2013 and the Chair of Capital Age Festival, celebrating the work of older artists (www.clairchapwell.co.uk; www.wcmt.org.uk). Clair Chapwell can be contacted at: chapwell@blueyonder.co.uk

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