



Domain 5: Enabling spiritual expression

Outcome 5.7: *Older people are supported to participate in the arts such as music, singing, dancing, drawing, painting, poetry and story-telling.*

The audiences for this tool include:

Executive	Leaders & managers	Frontline & clinical	Support Services
CEO	Spiritual/pastoral care	Spiritual care	Information Technology
Executive	Lifestyle/activities	Lifestyle	Building & maintenance
	Allied Health	Nursing	
	Clinical	Personal Care	
	Human Resources	Food Services	
	Innovation & strategy	Cleaning & laundry	
	Training & education	Allied Health	
	Research & development	Case managers	
	Hotel services		
	Volunteer coordinator		

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1. Introduction

The arts have a fundamental role in building culture— design, song, dance and storytelling have been the voice of the human soul and experience in all cultures throughout time. Creativity and the arts allows for individual voice, expression, and ultimately a pathway home to who we are.

Creativity is therefore the fundamental key to quality of living in aged care. The arts can facilitate positive adaption to the changes and challenges of ageing in later life. Group activities can also provide social opportunities and build relationship and community (Haertsch, 2016).

MacKinlay (2017) describes the arts as one of four aspects of spirituality, where ultimate meaning is mediated via the domains of 'relationship', 'creation/environment', 'religion' and 'the arts'.



"I had to come to aged care to find I was talented"

"I used to play a little bit [piano] when I was younger, but its only recently I've had time to pick it up again... I think it's the most wonderful thing, its helping my brain come back into action"

"They tell me I've got a flair for it...so I think I might take some lessons"

"I've never known mum to pick up a paint brush, she never done anything like that in her life ...now she tells me sincerely that she should have been selected when she was young to take it up as a career"

(Dementia's Silver Lining, The Feed, SBS2 Australia. Thanks to Maggie Haertsch, Arts Health Institute)

Image: 'Spirituality and Religion: Ways of mediating the spiritual'. MacKinlay (2017, p 113.)

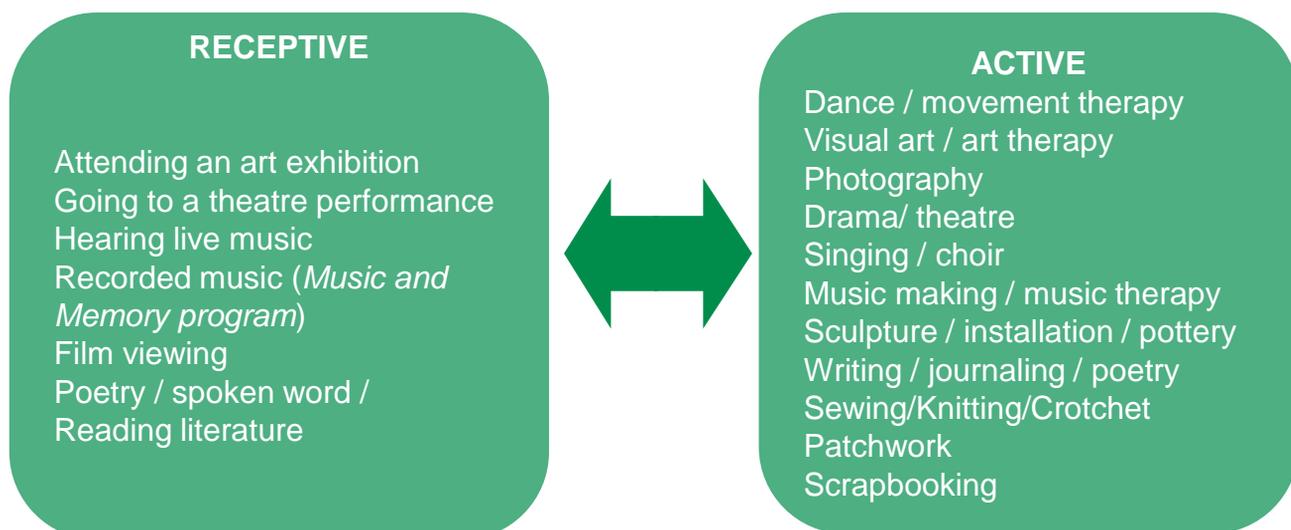
There are a range of health and other benefits from arts participation indicated in the research, including positive effects on general health, reduced medication use, reduced occurrence of falls, improved age-related cognitive functioning, improvement in balance, decrease in anxiety and hostility, decrease in depression, increase in mastery, and increase in well-being (Castora-Binkley, 2010).

Further, expressive arts activities can help individuals relax, provide a sense of control, assist in socialisation, encourage playfulness and a sense of humour, improve cognition, offer sensory stimulation, foster a stronger sense of identity, increase self-esteem, nurture spirituality, and reduce boredom (Bagan, 2016). Activities that are shared with members of the residential community create opportunities for social support.

2. Arts participation

Participation in the arts exists along a spectrum from *receptive*, or passive consumption, where the person is witnessing, observing or receiving the arts, to *active* participation, where the person is engaging with, enacting, or creatively generating the arts.

During arts sessions, facilitators may invite both active and passive participation according to the needs of the individual or group at the time.



Arts participation may take place individually or in groups, and may be facilitated or self-directed. Visual arts may be encouraged through use of an art trolley, or permanent art space. Regular exercise programs may include dance or creative movement. While participation in the arts has intrinsic benefits in meaning making, these benefits can be further cultivated through explicitly incorporating themes relating to spirituality, meaning, purpose, identity and hope.

In residential aged care facilities, arts programs may be facilitated by lifestyle staff, artists in residence, therapeutic arts practitioners such as music therapists, dance movement therapists or creative arts therapists, or spiritual care practitioners. Community care recipients may access the arts through day programs, local council services, faith communities and spiritual care practitioners.

3. Barriers to participation in the arts

People may experience a range of barriers to participation in the arts. For some, external barriers include cost, available time, living in rural or remote areas or having no one to participate with. For others, the arts don't suit their self image, they would rather spend leisure time engaged in sport activities, or it may be that the arts are perceived as elitist. They might also lack the confidence to try.

Physical ability may also hinder a person's capacity to engage in the arts. For people with disabilities, barriers include costs, not enough opportunities close to home, difficulty accessing the arts, ill health, or feeling uncomfortable or nervous about trying new things (Australia Council, 2014). Further, conditions such as dementia present their own barriers in terms of cognitive impairment and physical capacity (Pappne Demecs, 2015), however these can be mediated by a safe and supportive environment and skilled facilitation.

It is important to note that arts programs in aged care are not just for people who are "good at it". Research suggests that individuals who have Alzheimer's or fronto-temporal dementia exhibit increased creative skills such as painting or singing that they previously didn't have (Midorikawa et al, 2016).

3.1 How to address barriers to participation

In **residential aged care settings**, many of these barriers are addressed through arts activities that are provided as part of a lifestyle or therapeutic program. Ensure that staff have a role in encouraging residents to actively participate in the arts, especially if this is new to the resident. Residents are supported physically and emotionally to attend events and participate. Appropriate transport may be provided to support external activities such as attending a performance or concert. Further, activities are shared with members of the residential community, creating opportunities for social support.

In the **community** setting, transport or location barriers can be addressed through community transport services, online engagement with arts, or services that provide home visit. Attending local arts workshops or performances may be supported by a friend or family member. Where cost is a barrier, elders might access public programs in art galleries, museums, or online. Refer to your organisation's access and inclusion policy for further resources.

Residential aged care facilities may experience barriers in implementing arts activities. These barriers include lack of staff to implement meaningful activities, lack of understanding of dementia or lack of funding. Lack of time and space may also impact (Pappne Demecs, 2015). Following are some practical suggestions to assist your organisation to address some of your barriers.

4. Meaningful Arts Participation - Facilitation

This section supports lifestyle staff and volunteers to deepen their arts program facilitation.

There is a common perception of the arts as either occupation or entertainment, however “when older adults pursue activities that are based in meaning, purpose, and honesty, they can attain the wisdom and integrity about which Erickson writes, rather than experiencing longing and despair. Therapeutic art experiences can supply meaning and purpose to the lives of older adults in supportive, nonthreatening ways” (Bagan, 2016). They can also relieve boredom and ease despair (Baines, 2016).

Meaningful arts participation moves beyond entertainment or activity through the approach of, and relationship with, skilled facilitators. A skilled facilitator will use a variety of approaches, however at the core of their practice will be a valuing of the person or persons present, attention to process rather than outcome, and an open and curious demeanour.

The way arts practice is presented can make a big difference to it’s meaning. Work out how you will frame the session at the outset. This is not a case of ‘let’s just fill in an hour with some craft’. This is an invitation to reflect meaningfully on, and engage with, life.

To support meaningful arts participation you may integrate the following elements:

- Offer particular themes for an arts session.

For example; identifying inner resources, sources of comfort, strength, support or hope, a happy memory, reminiscence through life review, or asking “what is important to you?”

- Emphasise process rather than outcome

For example; ‘In this art making process we’re going to pay attention to how it is to make, how it is to use the materials, and our own inner responses to the materials. How it comes out isn’t so important. There is no right or wrong here’.

- Maintain a warm, open and curious attitude toward the process, the work and the resident
You might say in the beginning; ‘We invite a judgement-free space so please refrain from interpreting or critiquing your own or other’s work. If something is interesting or stands out for you, rather than saying “Oh, that’s beautiful”, perhaps say “I’m really interested in this section, can you tell me about that?”’

- Incorporate mindfulness by attending to moment-to-moment experiencing. This means asking questions that invite the person to notice what is occurring, or offering descriptive reflections on what you see.

For example; ‘What are you noticing as you use the pastel? How is it to look at this clay sculpture? I can see a puzzled expression right now, is there something you’re unsure about? How does it feel to use the clay?’ Or, ‘I notice you’re moving the brush energetically there’.

- Questions can invite a deeper exploration of the art making process, engagement with materials, and relationships with others in the group. The facilitator might ask for example; 'How is it to engage with the paint/music/movement today? What are you noticing? What is meaningful for you in this image/sculpture/song etc? What does this remind you of? What stands out for you? What do you take from this session? What stays with you from this session?'

4.1 *The part you play*

It might feel difficult or strange at first to use these kinds of questions so perhaps practice with a friend or colleague to begin.

Paying attention to what you're experiencing in your own art making will also assist. If you're uncomfortable with making art it will be difficult to support others, so consider attending an art class or group art therapy session where the focus is on process rather than outcome.

Remember that meaningful art practice is not about producing a perfect or ideal piece – sometimes what seems at first to be a mistake brings it's own gifts.

Also please note that there is a delicate balance between engaging in the arts in a meaningful way, but without going into therapeutic territory that requires specific training. Keep in mind referral possibilities in the case that someone becomes distressed in response to art making.

Arts participation can provide opportunity to engage meaningfully with self, other, and the materials, with benefits for spiritual health.

5. Arts programs and resources

The organisations below offer creative arts participation programs for the elderly and/or supporting research and resources.

Accessible Arts (NSW based)

Disability Artist in Residence programs , grants and conference

<http://www.aarts.net.au>

Ageing Artfully

<http://baringfoundation.org.uk/wp-content/uploads/2009/08/AgeingArtfully.pdf>

Alzheimer's Australia

State branches may be able to point toward dementia support programs engaging the arts.

For example, the community based program *Come Dance with Me:*

<https://qld.fightdementia.org.au/qld/support-us/come-dance-with-me>

Arts Health Institute

Offers a range of programs such as Play Up, Music and Memory, Sing Out Loud, Arts in Hospitals Network.

<http://www.artshealthinstitute.org.au/>

Art Therapy and Dementia

Document-Nurturing the Heart: Creativity, Art Therapy and Dementia

https://fightdementia.org.au/sites/default/files/20070900_Nat_QDC_QDC3NurturingHeart.pdf

Australian Centre for Arts and Health

Advocacy and Networking, particularly focused on creative ageing.

<http://www.artsandhealth.org.au/#about>

Community Music Victoria

Supports, promotes and facilitates music making in Victorian communities

<https://cmvic.org.au/>

Creative Victoria

State Government body supporting creative industries through funding and research

http://creative.vic.gov.au/Research_Resources/Resources/Arts_Health/Programs_and_Projects

Institute for Creative Health

Research, projects and programs for arts in health

<http://www.instituteforcreativehealth.org.au/>

Links to resources informing the 'National Arts and Health Framework'

<http://www.instituteforcreativehealth.org.au/resources/australian-national-arts-health-framework>

MAC. ART

Art as recreation therapy program – visual art focus in range of settings

<http://www.macart.com.au/>

National Centre for Creative Aging (USA)

Online Training in Creative Aging (free, requires a password)

<http://www.creativeaging.org/programs-people/ncca-online-artist-training-arts-and-aging>

National Gallery of Australia

Art and Dementia program

<http://nga.gov.au/ArtDementia/>

Sing Australia

National choir program – membership based. Rehearsals are weekly in locations across Australia

<http://singaustralia.com.au/>

6. Student Placement

If you have the capacity to provide supervision, you might offer student placement opportunities to music therapy, dance movement therapy or art therapy students. Institutions that train practitioners in the Creative Arts Therapies are listed on the websites below:

Art Therapy: <https://www.anzata.org/Approved-Degrees>

Music Therapy: <http://www.austmta.org.au/about/how-to-become-a-rmt>

Dance Movement Therapy: <http://dtaa.org.au/events/training/>

There are also a number of successful programs engaging students from primary or high schools in creative exploration with elderly residents. These cross-generational programs are enriching for both student and residents, providing opportunities for social support, learning new life skills, and contribution to wider community.

7. Resources

Australia Council for the Arts (2010). *More than bums on seats: Australian participation in the arts*. Australia Council for the Arts, Sydney.

Australia Council for the Arts (2014). *Arts in Daily Life – Australian participation in the arts*. Prepared by Instinct and Reason.

Bagan, B. (2016). Aging. What's Art got to do with it? *Today's Geriatric Medicine*. Retrieved 11th August 2016, http://www.todaysgeriatricmedicine.com/news/ex_082809_03.shtml.

Baines, P. (2016). Personal Communication. Melbourne.

Castora-Binkley, M., Noelker, L., Prohaska, T., & Satariano, W. (2010). Impact of Arts Participation on Health Outcomes for Older Adults *Journal of Aging, Humanities, and the Arts*, 4:352–367

Dementia's Silver Lining, The Feed, SBS2 Australia, Published Oct 13, 2016, www.youtube.com/watch?v=M1GRHPTMV8c

Haertsch, M. (2016). Personal Communication. Melbourne.

Low, L-F., et al. (2016), We think you can dance! A pilot randomised controlled trial of dance for nursing home residents with moderate to severe dementia, *Complementary Therapies in Medicine*, 29, 42–44

Low L-F., et al. (2013), The Sydney multisite inter-vention of laughterbosses and elderclowns (SMILE) study: Cluster randomised trial of humour therapy in nursing homes. *BMJ Open*, 3, 5–8.

Low, L-F., et al. (2014), The effects of humor therapy on nursing home residents measured using observational methods: The SMILE cluster randomized trial. *Journal of the American Medical Directors Association*, 15, 564–569.

Midorikawa, A., et al. (2016). All Is Not Lost: Positive Behaviors in Alzheimer’s Disease and Behavioral-Variant Frontotemporal Dementia with Disease Severity. *Journal of Alzheimer’s Disease*. 54:2 549-558.

Mackinlay (2017). *The Spiritual Dimension of Ageing*. Jessica Kingsley Publishers: London & Philadelphia

Pappne Demecs, I. (2015). *The use of creative activities in dementia in residential aged care facilities in Australia: A cross-sectional descriptive study*. Masters of Applied Health Sciences. University of Queensland.

WA Arts and Health Consortium (2016). *Examination of the use of the arts to improve health and healing in Western Australian hospitals*.

Zeilig, H., Killick, J., & Fox, C. (2014). The participative arts for people living with a dementia: a critical review. [Article]. *International Journal of Ageing & Later Life*, 9(1), 7-34.

We welcome your feedback: admin@meaningfulage.org.au.

Meaningful Ageing Australia offers a consultancy to members to assist you with implementation.

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