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Singing for Successful Ageing: The Perceived Benefits of Participating in the Golden Oldies Community-Arts Programme

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Abstract

Community-based preventative programmes are increasing in demand as the UK seeks alternative ways of supporting the growing number of older adults. As the use and promotion of preventative programmes increase, so does the need for evidence supporting their effectiveness. Through the use of mixed methods, this study explored a singing community-arts programme, the Golden Oldies, to determine the extent to which the programme contributes to participants' ($n = 120$) sense of health, self-development and social connectedness. Quantitative analyses found that between 73.1 and 98.3 per cent of participants agreed or strongly agreed that the Golden Oldies contributed to their self-development, health and sense of community as well as revealing a statistically significant increase in self-reported health prior to participation in the programme to the time of the study. Qualitative analysis ($n = 5$) revealed three themes—the Golden Oldies as: (i) a reduction in social isolation and increase in social contact; (ii) a therapeutic source; and (iii) a new lease for life. The results provide evidence of the preventative nature of the Golden Oldies programme through self-reported improvements in health and social relationships where social connections appeared to be the important thread that contributed to the perceived benefits. Implications for policy, practice and research are discussed.

Keywords: Successful ageing, older adults, community-arts, prevention, singing

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Introduction

The UK has an increasing ageing population. The number of individuals aged sixty-five and over has increased by nearly 1.7 million between the years 1985 and 2010, with the greatest increase amongst those eighty-five years and over (1.4 million in 2010) ([Office for National Statistics, 2011](#)). Older adults constitute the main users of health and social care services, and the growing ageing population will continue to require a high level of support from these services ([Department of Health, 2001, 2010a](#)). The present demand for services contrasted with the diminishing resources to health and social care providers has prompted the government to explore alternative ways of supporting older adults through innovative and preventative programmes. This reality is coupled with the changing role of the social worker within adult social care where social workers may be required to take on more of an advocacy or brokerage role ([Lymbery and Postle, 2010](#)) where they participate in community development work ([Department of Health, 2010c](#)) and/or prevention and early intervention ([HM Government, 2008](#)).

Preventative programmes have been operating through charitable and community organisations for many years and may be called upon to provide services to the ageing population, particularly those organisations that provide programmes proving to be effective in contributing positively to health and well-being and successful ageing. Therefore, there is an increasing demand to evaluate community programmes to determine the extent to which such programmes are effective in order for social workers, particularly in adult social care, to support and utilise them in providing services to older adults.

Through the use of mixed methods, this study explored a community-arts programme, the Golden Oldies, which provides an opportunity for older adults to gather for one hour a week to sing songs from the fifties, sixties and seventies. The participants tend to be from supported housing communities and have been defined as socially isolated and excluded. The aim of the Golden Oldies programme is to reduce social isolation and exclusion through communal singing and to contribute to successful ageing. This study sought to determine the extent to which the programme contributes to the participants' sense of health, self-development and social connectedness.

Literature review

Preventative programmes and the promotion of successful ageing

Preventative programmes are those that seek to promote independence and well-being reduce the risk of crises and maximise people's functioning ([Department of Health, 2010a](#)). These three aspects of prevention are

congruent with successful ageing, which is characterised by low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life (Rowe and Kahn, 1987, 1997). Active engagement with life consists of interpersonal relationships and social contacts as well as productive activity, which creates a sense of societal value (Rowe and Kahn, 1997). Social isolation occurs when an individual has few social contacts or relationships and few connections or ties within the community, and social isolation has been found to be a risk factor for health and mortality (Berkman *et al.*, 2000; House, 2001; Strike and Steptoe, 2004; Heffner *et al.*, 2011). Alternatively, remaining active and maintaining a social network has been linked to longevity and to positive health-related effects (Cohen, 2004; Uchino, 2004; Cohen and Janicki-Deverts, 2009).

The development of social and active preventative and early intervention programmes is crucial in supporting the success of an increasing ageing population. This is particularly important with the current developments within adult social care where social workers may be integrating more advocacy and brokerage tasks to their roles and linking service users to community, voluntary and charitable organisations to access services (Lymbery and Postle, 2010). Additionally, with the implementation of the personalisation agenda, service users will have more choice and control over services while social workers maintain knowledge on available, appropriate and effective community services and resources. Social workers can provide valuable information to service users about available community services, particularly in regard to eligibility criteria, cost, range of services provided, and quality and effectiveness of services (Rowan *et al.*, 2011).

Community-arts programmes

Community-arts programmes are increasingly found to have positive benefits on health, well-being, social inclusion and social cohesion (Greaves and Farbus, 2006; Staricoff, 2006; Johnson and Stanley, 2007) and can serve as an active type of preventative or early intervention service for older adults. Community-arts programmes are often developed and implemented by voluntary or private organisations who employ professional artists, art education practitioners, teachers or amateurs (Newman *et al.*, 2003) to work with community members who have been identified as experiencing some type of problem or difficulty (i.e. mental health, physical health, social isolation, anti-social behaviour) or are at risk of experiencing such problems or difficulties in the future. The incorporation of arts in the community/group activity promotes an environment that is safe and one that encourages creativity where the individuals are able to express themselves in order to promote self-awareness, insight and self-expression (Quinn *et al.*, 2010).

With regard to older adults, creativity has been argued to be a critical element to the ageing process (Flood, 2006), which is suggested to enhance health and well-being as well as increase and sustain social interactions among older people (Greaves and Farbus, 2006). For example, a small-scale study examining the intervention of compiling a book of wartime experiences with a group of housebound older people found a significant improvement in psychological well-being across the sample (Houston *et al.*, 2000), a quasi-experimental study of older adults enrolled in an autobiographical writing class found statistically significant differences in negative affect, which decreased among the autobiographical class participants versus those enrolled in continuing education liberal arts class (Richeson and Thorson, 2002), and a controlled intervention study with older women in Sweden assessed the link between visual art discussions and social interaction and found the visual arts group had higher self-reported social interactions than the control group (Wikstrom, 2002). Therefore, the use of community-arts programmes that promote creativity could be seen as a useful tool in the promotion of successful ageing and could be utilised as a preventative or engaging activity or resource by adult social care.

Singing as a community-art

Group and choral singing is one type of artistic and creative activity that has demonstrated numerous positive effects on participating individuals (Clift *et al.*, 2008), such as social benefits and cognitive stimulation (Bailey and Davidson, 2002, 2005), spiritual and emotional benefits (Clift and Hancox, 2001), positive effects on mood (Unwin *et al.*, 2002; Kreutz *et al.*, 2004), positive improvements on subjective mental and physical health (Cohen *et al.*, 2006, 2007) and quality of life (Hillman, 2002). Although studies indicate that singing is associated with positive benefits, many low-income and isolated older adults do not have the resources or means to join local choirs, particularly as many require auditions or have limited spaces available and, therefore, research on this specific population is limited. One particular study that reports on a more inclusive community singing programme for older adults is the Call That Singing? (CTS) programme in Glasgow, Scotland, where people from all ages and social and cultural backgrounds are encouraged to participate in a mass singing group (Hillman, 2002). An evaluation of the programme indicated statistically significant improvements from pre CTS to post CTS in perceived quality of life, emotional well-being and understanding of singing, and found that participation in the singing group led to involvement in additional artistic events and activities across the city (Hillman, 2002). The literature indicates there is little research on the extent to which singing through community-arts programmes creates an environment for older adults who might be socially isolated to remain active and socially connected or the

extent to which the individuals perceive their participation to contribute to their health, development and social connectedness. This study seeks to address this gap in the literature by exploring the perceived benefits of older adults who participate in the Golden Oldies community-arts programme. The results of this study can serve as a useful tool for social workers who aim to link service users to effective community-based programmes and can serve as an example programme for social workers who are seeking to access existing or develop new creative and innovative prevention and early intervention programmes.

The Golden Oldies programme

The Golden Oldies is a community-arts programme that provides an environment and resources for older adults to get together and sing songs for one hour a week. The sessions are led by paid session leaders who use an official Golden Oldies songbook. Golden Oldies started in the Bath and North-East Somerset (BANES) area in January of 2008, with sessions now taking place across the west of England and into Wales. The charity works closely with local and unitary authorities and housing associations and is based on the premise that singing is good for you in terms of physical, social and emotional well-being. Golden Oldies has the following three aims: (i) to reduce social isolation and increase social contact; (2) to provide an environment for participants to make new friends; and (3) to encourage participants to have activities and things to look forward to. Since Golden Oldies first began, there have been nearly 4,000 sessions with approximately 1,000 participants, and the programme is estimated to cost £7.82 per individual per session as of January 2011.

Methods

This study incorporated a mixed-methods approach by gathering data from Golden Oldies participants through survey research and individual interviews in order to answer the following research questions: (i) To what extent does participation in the Golden Oldies contribute to participants' sense of health, self-development and social connectedness? (ii) To what extent has subjective overall health varied from pre to post Golden Oldies? and (iii) What are the experiences of Golden Oldies participants in terms of their health, emotions, social contacts and social activities? The survey research consisted of a seventeen-item questionnaire and the individual interviews were conducted using a fourteen-item semi-structured interview schedule. The research was approved by the Human Subjects Ethics Committee at the University of Bath.

The survey research was conducted by distributing questionnaires to all participants who attend Golden Oldies sessions in one of twenty locations, which were selected based on their variability in location throughout the south-west of England and because the participants are individuals who live within the community. There are an estimated 300 participants who attend these sessions at any one time; therefore, the response rate is estimated to be approximately 40 per cent. There are an estimated 1,000 individuals who have participated in the Golden Oldies programme since January of 2008 across forty-two locations; thus, this survey research consisted of 12 per cent of the total population of Golden Oldies participants.

The participants were approached by their session leader at the end of the one-hour weekly session and asked to complete the questionnaires. Before distributing the questionnaires, the session leader read a consent form to the participants, stating that the completion of the questionnaire was voluntary, confidential and did not affect participation in the Golden Oldies programme in any way. The participants were required to sign a written consent form before completing the questionnaire. The signed consent forms and completed questionnaires were collected by the session leaders and sent to the researchers for data entry and analysis.

The individual interviews took place with five participants of the Golden Oldies programme who had attended Golden Oldies sessions for at least three months. The Golden Oldies project coordinator invited the Golden Oldies participants to volunteer to take part in the interviews, which were conducted by one of the two researchers. The interviews took place either in the participant's home or at the community centre where the Golden Oldies sessions took place and lasted between thirty and sixty minutes. The researcher informed the participant of the nature of the interview and that the participation in the interview was voluntary, all information was confidential, the participant was able to stop the interview at any time and participation in the interview would not affect his/her participation in the Golden Oldies programme. The participants were required to sign a written consent form prior to the interview taking place and gave permission to have the interview audio-taped.

Questionnaire and semi-structured interview schedule construction

The questionnaire consisted of seventeen items that were compiled using questions from the following three indexes: (i) Index of Arts as Self-Health Enhancers; (ii) Index of Arts as Self-Developing Activities; and (iii) Index of Arts as Community Builders (Michalos and Kahlke, 2010). The Index of Arts as Self-Health Enhancers consists of six items that ask questions about the extent to which participation in the arts has a positive effect upon one's life, helps one to relax, relieve stress and stay healthy, and contributes to emotional and overall well-being. The Index of Arts as Self-Developing

Activities consists of six items that ask questions about the extent to which participation in the arts helps one to learn oneself, reveal one's thoughts, feelings or physical skills to others, contributes to self-esteem and confidence, develops social skills and helps one to express his/her personal identity. Lastly, the Index of Arts as Community Builders consists of six items that ask questions about the extent to which participation in the arts contributes to learning about other people, accepting differences among people, feeling connected to the community, helping to build community solidarity, strengthening a community and increasing a community's social capital. The Cronbach's Alpha Coefficient of Reliability for the three indexes is as follows: Index of Arts as Self-Health Enhancers ($\alpha = 0.87$); Index of Arts as Self-Developing Activities ($\alpha = 0.86$); and Index of Arts as Community Builders ($\alpha = 0.82$) (Michalos and Kahlke, 2010).

The questionnaire for this study incorporated all six items from the Index of Arts as Self-Health Enhancers and the Index of Arts as Self-Developing Activities and only three items from the Index of Arts as Community Builders; three items were not included based on their irrelevance to the research questions or due to the terminology used (i.e. social capital), which may not be familiar to the participants. The fifteen questions were rated on a five-point Likert scale (1 = Strongly disagree to 5 = Strongly agree). The remaining two questions on the questionnaire consisted of asking the participants to rate their level of overall health prior to joining the Golden Oldies and to rate their level of overall health at the time of the questionnaire. These two questions were rated on a five-point Likert scale (1 = Poor; 2 = Fair; 3 = Good; 4 = Very good; 5 = Excellent).

The semi-structured interview schedule was developed by the researchers and consisted of fourteen questions that addressed why and how the participants became involved in the Golden Oldies, how the participants felt prior to attending the Golden Oldies sessions in terms of health and emotions, what their daily routine was like as well as their social contacts and social activities prior to attending the Golden Oldies sessions, and how the participants would describe their lives now in terms of health, emotions, social contacts and social activities. The participants were also asked the following question: 'If you were not going to Golden Oldies, what would you be doing instead?'

Data analysis

Survey research

Basic frequencies were employed to determine the demographics of the sample in terms of age, gender and ethnicity. Descriptive statistics were employed to determine the frequencies and percentages of participants who responded strongly agree, agree, undecided, disagree and strongly

disagree on fifteen items on the questionnaires, and the frequencies and percentages of participants who responded poor, fair, good, very good and excellent on two items of the questionnaire as well as the mean and standard deviation for the each item on the Indexes. A paired-samples *t*-test was employed to determine whether there was a statistically significant difference in the mean scores of responses to the two questions: 'In general how would you rate your overall health before starting the Golden Oldies?' and 'In general how would you rate your overall health now?' Statistical significance was set at a 0.05 level.

Individual interviews

The individual interviews were audio-taped and transcribed verbatim. The data were analysed using content analysis (Krippendorff, 1980; Silverman, 1993) and involved: (i) open coding where each line of text was read and summarised with either one word or phrase (i.e. code) assigned to encapsulate the line of text; and (ii) inference and analysis where the codes were reviewed and combined or collapsed into like codes that formed a coherent and encapsulating theme. The second step was conducted while analysing the frequency of the observed codes within the context of the interview and the knowledge and information that was obtained from the recipient. Trustworthiness strategies (Lincoln and Guba, 1985) were employed to strengthen the rigor of the data collection and analysis stages, which consisted of the following: (i) thick description—each theme was supported by verbatim quotes from the participants as well as a detailed context in which the theme is placed; (ii) internal audit and peer debriefing—the data were analysed by two researchers who met to review and discuss the codes and emergent themes; and (iii) member checking—the themes that emerged from the data analysis were reviewed by staff and participants of the Golden Oldies to ensure that the data were interpreted correctly and in the appropriate context (Lincoln and Guba, 1985).

Results

Survey research

Of the 120 participants who completed questionnaires, 82.5 per cent were female ($N = 94$) and 17.5 per cent were male ($N = 20$), the mean age was seventy-four years, and the majority (98.2 per cent) of participants reported an ethnicity as White British, followed by White Irish (0.9 per cent) and White other (0.9 per cent). Table 1 reports the descriptive statistics for fifteen items of the questionnaire, including the mean and standard deviation for each item. As Table 1 reveals, 0 per cent of participants reported

Table 1 Frequency of participants' responses by level of agree

Statement	x (sd)	Strongly agree	Disagree	Undecided	Agree	Strongly agree
<i>Index of Arts as Self-Developing Activities:</i>						
My participation with the Golden Oldies ...						
1. ... gives me confidence (<i>N</i> = 119)	4.41 (0.69)	0% (0)	2.5% (3)	4.2% (5)	42.9% (51)	50.4% (60)
2. ... helps me learn about myself (<i>N</i> = 119)	3.92 (0.82)	0% (0)	5.0% (6)	21.8% (26)	48.7% (58)	24.4% (29)
3. ... helps me to reveal my thoughts, feelings or physical skills to others (<i>N</i> = 118)	4.08 (0.78)	0% (0)	3.4% (4)	16.1% (19)	49.2% (58)	31.4% (37)
4. ... contributes to my self-esteem (<i>N</i> = 119)	4.30 (0.79)	0% (0)	4.2% (5)	7.6% (9)	42.0% (50)	46.2% (55)
5. ... helps me to develop my social skills (<i>N</i> = 114)	4.29 (0.78)	0% (0)	4.4% (5)	7.0% (8)	43.9% (50)	44.7% (51)
6. ... helps me to express my personal identity (<i>N</i> = 116)	4.10 (0.91)	0% (0)	7.8% (9)	12.9% (15)	40.5% (47)	38.8% (45)
<i>Index of Arts as Self-Health Enhancers:</i>						
My participation with the Golden Oldies ...						
7. ... has a positive effect upon my life (<i>N</i> = 116)	4.59 (0.65)	0% (0)	1.7% (2)	3.4% (4)	28.4% (33)	66.4% (77)
8. ... helps me to relax (<i>N</i> = 117)	4.62 (0.55)	0% (0)	0.9% (1)	0.9% (1)	33.3% (39)	65.0% (76)
9. ... helps me to relieve stress (<i>N</i> = 119)	4.60 (0.64)	0% (0)	1.7% (2)	3.4% (4)	28.6% (34)	66.4% (79)
10. ... contributes to my emotional well-being (<i>N</i> = 116)	4.44 (0.66)	0% (0)	0.9% (1)	6.9% (8)	39.7% (46)	52.6% (61)
11. ... helps me to stay healthy (<i>N</i> = 118)	4.15 (0.80)	0% (0)	3.4% (4)	15.3% (18)	44.1% (52)	37.3% (44)
12. ... contributes to my overall well-being (<i>N</i> = 117)	4.38 (0.67)	0% (0)	1.7% (2)	5.1% (6)	47.0% (55)	46.2% (54)
<i>Index of Arts as Community Builders:</i>						
My participation with the Golden Oldies ...						
13. ... helps me to learn about other people (<i>N</i> = 117)	4.31 (0.77)	0% (0)	2.6% (3)	11.1% (13)	39.3% (46)	47.0% (55)
14. ... helps me feel connected to this community (<i>N</i> = 117)	4.41 (0.76)	0% (0)	0.9% (1)	13.7% (16)	29.1% (34)	56.4% (66)
15. The Golden Oldies strengthens a community (<i>N</i> = 116)	4.51 (0.69)	0% (0)	0% (0)	11.2% (13)	26.7% (31)	62.1% (72)

strongly disagree in response to any of the statements and only 0–7.4 per cent reported disagree in response to one or more statements. The majority of participants either agreed or strongly agreed that their participation in the Golden Oldies gave them confidence (93 per cent), had a positive effect on their life (95 per cent), helped them to relax (96 per cent), helped them to relieve stress (95 per cent), contributed to their emotional well-being (92 per cent) and contributed to their overall well-being (93 per cent). Between 73 and 89 per cent of participants either agreed or strongly agreed that their participation in the Golden Oldies helped them to learn about themselves (73 per cent), helped them to reveal their thoughts, feelings or physical skills to others (81 per cent), contributed to their self-esteem (88 per cent), helped them to develop their social skills (87 per cent), helped them to express their personal identity (80 per cent), helped them to stay healthy (81 per cent), helped them to learn about other people (86 per cent), helped them to feel connected to the community (86 per cent) and strengthened their community (89 per cent). The mean of the items for the Index of Arts as Self-Developing Activities ranged from 3.92 to 4.41, the mean of the items for the Index of Arts as Self-Health Enhancers ranged from 4.15 to 4.62, and the items for the Index of Arts as Community Builders ranged from 4.31 to 4.51.

Table 2 reveals the participants’ responses to rating their overall health prior to participating in the Golden Oldies and their overall health at the time of the questionnaire. Thirty-one per cent of participants reported that their overall health was either poor or fair before starting the Golden Oldies compared to 10 per cent of participants who reported their health as poor or fair at the time of the questionnaire. Alternatively, there were 69 per cent of participants who reported that their health was good, very good or excellent before their participation in the Golden Oldies compared to 90 per cent of participants who reported their health as good, very good or excellent at the time of the questionnaire. The mean rating of overall health prior to starting Golden Oldies was 2.97, which indicates good health compared to the mean rating of 3.46 for overall health at the time of completing the questionnaire, which indicates good to very good health. A paired-

Table 2 Rate of overall health

Question	x(sd)	Poor	Fair	Good	Very good	Excellent
In general ...						
1. ... how would you rate your overall health before starting Golden Oldies? (N = 116)	2.97 (1.06)	9.5% (11)	21.6% (25)	39.7% (46)	21.6% (25)	7.8% (9)
2. ... how would you rate your overall health now? (N = 116)	3.46 (0.77)	0% (0)	10.3% (12)	40.5% (47)	42.2% (49)	6.9% (8)

samples *t*-test was employed to determine whether there was a statistically significant difference in the mean scores of the two questions. The analysis revealed that there was a statistically significant difference between the scores of question one ($M = 2.97$, $SD = 1.06$) and the scores of question two ($M = 3.46$; $SD = 0.77$) condition, $t(115) = -4.96$, $p < 0.001$.

Individual interviews

A total of five interviews were conducted, which consisted of four females and one male. The following results are discussed in relation to the three main themes that emerged from the data analysis: (i) Golden Oldies as reducing social isolation and increasing social contact; (ii) Golden Oldies as a therapeutic source; and (iii) Golden Oldies as a new lease for life.

Golden oldies as reducing social isolation and increasing social contact

Each of the five participants described how their participation in the Golden Oldies has reduced social isolation and has increased their social contact. Several of the participants had described how they had experienced a period of social isolation due to either depression, use of alcohol or merely through the process of gradually spending more time at home alone. Through joining the Golden Oldies, the participants began to break down the social isolation barriers and started to make friends with new people or reconnect with friends and acquaintances from the past. One participant explains: 'I've met people who said they knew me years ago and they've come back into my life.' Another participant described how participating in a Golden Oldies special event, *Time after Time*, in which the Goldies join in activities with young people from local schools, makes her feel: 'We mix with the young children. We love it. They make us feel young again.' The participants also noted that the effect of reducing social isolation was not just for them, but noted in the attitudes of other participants as well. One participant described: 'You go there, you look around and you see other people and you see ailing and suffering but they're enjoying themselves. You look around and you think it's nice to see it.'

The quality of friendships and expansion of social contacts was noted as an important factor, which often consisted of meeting people across the city that the participants were unlikely to have met otherwise. One participant stated:

You meet other people as well from different parts of (city). It was marvelous to see all the other people. It's nice to see different kinds of people that I would never have met if I hadn't been to Golden Oldies.

This experience of expanding social contacts and making new friends was described as a crucial element in some participants continuing to attend the Golden Oldies sessions. One participant commented that 'I've got loads of friends now' and another participant stated she liked attending the Golden Oldies because 'you are meeting different friends and you're singing and that'. Responses to the question of the main reason for attendance confirmed the importance of social contact, as the participants responded with 'you make friends'; 'you get to know people. That's one thing about it. I did get to know more of my neighbours because they come.' The latter response was from a participant who had recently moved house under very unfortunate circumstances and making the new friends through the Golden Oldies programme was extremely important to her in feeling at home and in her new abode.

Golden Oldies as a therapeutic source

The participants described how the Golden Oldies programme was an activity that they looked forward to attending and had helped them in overcoming a difficult time in their lives. All five participants expressed a desire to attend the sessions and rarely missed an opportunity to do so. One participant stated that attending Golden Oldies 'was the start of a new life'. She continues to state 'we went in there and I forgot all about my worries and troubles and had a good sing-along and a few jokes and it was great. And, I looked forward to it every week'. The participants describe how they have joined and engaged in additional activities outside of the Golden Oldies. One participant describes how she and her husband were out for a walk post Golden Oldies and that they went into a club. She said of her husband:

[H]e couldn't get over it. Once I got in there, I started chatting to the people ... and he said, 'you wouldn't have done that years ago.' And, I said, 'no.' That's what it's done for me. It's brought me right out of my shell.

Several of the participants described experiences of 'tough times' in the prior five to ten years, such as health problems, family difficulties or going through close bereavements resulting in serious social isolation and, in one case, a problem with alcohol. One participant describes her experience: 'In the years leading up to it, I had gone right down hill. I was at right rock bottom. I don't mind admitting and it was singing that lifted me.' Once this participant joined the Golden Oldies, she reported that 'I forgot all about my worries and troubles'. The personal satisfaction in being made to feel happy from singing and being amongst friends also had an effect on how the participants felt about themselves. One participant repeated a similar phrase throughout the interview: 'We feel 80 years old when we go in there, but when we leave the room after we've been singing, we feel 21 and a bit.'

Several of the participants reported improvements in their physical and emotional health once they started attending the Golden Oldies sessions. One participant reported that his general practitioner (GP) was pleased that he was attending the sessions: 'They're very happy that I'm involved with something. They all praise me for getting on with it . . . because it was rather awkward when my wife died a couple of years ago—a terrible situation.' Another participant described experiencing considerable health problems as well as a double bereavement and said 'to be honest with you, I feel like I just didn't want to go on . . . and the doctor put me on anti-depressants'. The same participant is now saying that she has a:

[D]ifferent attitude. I don't have time to think about it now. I just get up and get on with life. Even my doctor said, 'you've got a different attitude in life.' And, I said 'yes, I have.' It's given me an insight, a different scene. Just because you're ill or depressed or anything, you don't need to be—singing actually makes you feel better. . . . Golden Oldies is good medicine!

Golden Oldies as a new lease for life

Participation in the Golden Oldies was described by one participant as 'the start of a new lease of life'. The suicidal feelings of one participant had disappeared as a result of attending Golden Oldies, which is considered to be of great value to her. Another participant reports gaining a great satisfaction from the combination of his role as an organiser of community events and an attendee of Golden Oldies because it makes him feel important when he attends and people ask him questions relating to his other role: 'They're always asking me questions and I can pass it on.' When asked what he might be doing if not attending Golden Oldies, he responded 'Not a blooming lot, I don't think. With the Golden Oldies I'm very pleased with it and I enjoy going. Most of them enjoy it and would hate it if it wasn't here now'. Another participant, who said she was a 'drunkard' pre Golden Oldies, said that she has not 'touched a drink since' as a result of the combination of her son throwing away all her bottles and attending Golden Oldies. Getting away from this addiction was clearly very important to her.

Discussion

This study has sought to determine the extent to which the Golden Oldies programme contributes to the participants' sense of health, self-development and social connectedness through the use of a mixed-methods approach. The results from the questionnaires indicated that the participants found the Golden Oldies to contribute to their self-development, health and assisted in building a sense of community as the majority of the participants reported either agree or strongly agree on all the items. The Index of Arts as

Self-Health Enhancers reported three items where over 90 per cent of participants reported either agree or strongly agree, indicating that their participation in the Golden Oldies has a positive effect upon their life, helped them to relax, contributed to their emotional well-being and contributed to their overall well-being. Additionally, the results indicated that the participants reported a statistically significant improvement in self-reported overall health from before their participation in the Golden Oldies to the time of filling out the questionnaire. Clearly, the participants believe their participation in the Golden Oldies contributed positively to their health and well-being.

Although the Index of Arts as Community Builders reported the smallest percentage of participants who reported with agree or strongly agree on the items (85.5–88.8 per cent), the individual interviews found the participants to describe their social isolation as a critical factor that has improved for them and, based on these advances in social contact and reduction in social isolation, they feel as if they have a ‘new lease on life’. The results are somewhat surprising in that the main reason for attending the sessions was not to sing songs, but rather to connect with others in a social situation. These findings are congruent with other community-arts programmes where singing is involved, such as the reported increase in participation in arts outside of singing among the Call That Singing? group in Glasgow (Hillman, 2002) and the reported importance the participants of the Silver Song Club placed on interacting with others over singing alone or participating in a social activity (Bungay and Skingley, 2008). Social connections appeared to be the thread that ran through all the responses from the participants of the Golden Oldies and singing served as the catalyst for making this happen. The results of this study have implications for policy, practice and future research.

First, the results of this study should be considered in light of several limitations. The sample for this study consisted of a convenience sample whereby the questionnaires were distributed to those participants who were able and willing to complete them and the individual interviews took place with those who volunteered to participate. Therefore, the results of this study cannot be generalised to the whole of the Golden Oldies population, but rather only to those that participated in the study. Despite this limitation, the individual interviews consisted of common themes across the five participants, with no new themes emerging. An additional limitation is that the participants of the Golden Oldies are self-selecting with regard to attending the programme and, if they are not satisfied with the programme, then one would assume that they would no longer attend and, thus, not have filled out the questionnaire. Despite the fact that those who are unhappy with the programme would most likely not attend, there is no denying that participants of this study have considered themselves to be socially isolated and excluded and believe that their participation in the programme greatly benefited them and enhanced their social

networks. The Golden Oldies programme is currently expanding and, although the programme may not be appropriate for all older adults, the results of this study indicate that it is making a truly positive impact on those that are attending.

Implications for policy, practice and research

The UK's population is ageing, older adults constitute the main users of health and social care services and there is a decrease in resources provided to health and social care providers. Social work practice within adult social care is often characterised by and criticised for high caseloads, limited resources, reactive versus preventative or therapeutic practice, and high levels of proceduralism and managerialism where targets and budgets drive practice (Dickens, 2010). Given this current situation, social services must begin to look to alternative resources to assist in providing support to older adults to contribute to successful ageing and enhance health and well-being. Health and social care services are being encouraged to break down boundaries and begin to work more closely to combat these current and ongoing difficulties in an effort to enhance efficiency and work towards the best outcomes for older adults (Department of Health, 2009b, 2009c). The government is arguing that the sustainability of health and social care services is threatened if the services do not focus on 'Quality, Innovation, Productivity and Prevention (QIPP)' and begin to explore and implement prevention and early intervention programmes that 'can produce better outcomes and greater efficiency for health and social care systems' (Department of Health, 2010a, p. 3).

The government's beginning acknowledgement of the importance of and emphasis on preventative services may lead to social workers taking a more advocacy and brokerage role. This could include utilising existing community-based services when working with adults (Department of Health, 2010c), and when implementing the personalisation agenda in an attempt to support independent living and shift the power and control to local communities and individuals (Dickens, 2010). This is a difficult task given the current tensions with adult social care where social workers are working with the eligibility criteria, often referred to as Fair Access to Care Services (FACS) (Department of Health, 2010b), yet are also to support personalisation, which includes self-assessment requiring social workers to reduce their time on assessment and increase their time supporting brokerage and advocacy (HM Government, 2007; Lymbery and Postle, 2010). Despite these current tensions, adult social care does appear to be making advancements towards the use and incorporation of preventative and community-based programmes. For example, the Department of Health (2009a) paper, *Working to Put People First: The Strategy for the Adult Social Care Workforce in England*, highlights the needs for social

workers to be involved in early intervention and prevention and the Department of Health have recently funded seven pilot social work with adults practices that will operate independently from local authorities in providing, in particular, preventative and early intervention services. Such advances and current debates within adult social care require social workers to begin to look past the usual ways of providing services to older adults and begin to think creatively about how to provide or signpost service users to services. Looking to existing community-based programmes, particularly those demonstrating effectiveness, is a potential solution.

Preventative programmes have a history with community and voluntary organisations that provide services to individuals who may be at risk of receiving health and social care services. Such programmes, including community-arts programmes delivered by community and voluntary organisations, are argued to be a useful resource to health and social care services in that they have a growing body of evidence in enhancing health and well-being. The first step in creating and strengthening these resourceful relationships is to continue to build the evidence of effectiveness and cost-effectiveness of such programmes, ensure the government values such programmes and supplies a steady funding stream for services through either local authorities or the Arts Council, and communicate such programmes and their effectiveness to social care providers to encourage collaborations and partnerships to utilise such preventative resources.

This study provides evidence of the effectiveness of one community-arts programme, as perceived by the participants. A limitation of this study could also be the fact that the results are based on the subjective experience of the participants versus through the use of objective measures of health and well-being. Despite the findings that people do give accurate accounts of their health and well-being (Diener and Lucas, 2000), future research should consider strengthening the research through the use of more objective measures or through pure or quasi-experiments. Skingley *et al.* (2011) are currently conducting an effectiveness and cost-effectiveness randomised controlled trial of the Silver Jubilee Club for older adults in the south-east of England, examining the effects of singing on quality of life and well-being. Similar research is needed on the effects of community-arts programmes on social isolation and exclusion, which is the factor found to be most critical for the participants of the Golden Oldies. Although we are calling for more rigorous future research, there is no denying the lived experiences of those who attended the Golden Oldies and how they believe the programme has personally affected them.

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