



Arts and Older People (A&OP) Post-Project Report

Evaluating the Effectiveness of a 12-Week Shared Reading Programme to
Improve Wellbeing in Care Homes Across Northern Ireland

Table of Contents

01

Executive Summary

01

02

Introduction

02

03

Methods

03

04

Results: Participant Overview

07

05

Results: Mental Wellbeing

08

06

Results: Loneliness

09

07

Results: Cognitive Ability

09

08

Discussion

10

09

References

12

Executive Summary

This project was delivered by Verbal with support from the Arts Council of Northern Ireland. Verbal developed a 12-week Shared Reading programme designed to improve mental wellbeing and reduce loneliness for care home residents.

Older adults in Northern Ireland are currently experiencing high rates of poor wellbeing and social isolation (Mental Health Foundation, 2022; NISRA; 2022). For care home residents, feelings of social isolation may be exacerbated during periods of lockdown to protect the health of fellow residents. We aimed to improve wellbeing, reduce social isolation, and reduce the cognitive decline associated with social isolation by delivering an arts-based intervention within care homes to encourage group discussions and establish relationships.

Our Shared Reading intervention was delivered in 12 care homes across Northern Ireland. Sessions were delivered by care home staff members, reaching a total of 144 care home residents.

Mental wellbeing improved in 27% of participants after taking part in the programme. Particular areas of improvement include feeling more useful in their daily lives and feeling more optimistic about the future.

We found that the programme helped people to feel more connected to others emotionally, supporting the role of Shared Reading in forging connections with others and promoting empathy through sharing and listening to stories.

Improvements in cognitive ability were also observed, suggesting that the programme has the potential to offset the decline in cognitive ability associated with social isolation.

The overall findings indicate that Shared Reading is an accessible method of improving mental wellbeing, forging connections with others, and reducing symptoms of cognitive decline in care home residents.

I Introduction

Older adults in Northern Ireland (NI) are at risk of experiencing poor mental wellbeing and loneliness. Rates of poor mental wellbeing are 25% higher in NI than Great Britain (Mental Health Foundation, 2022), and the Wellbeing in Northern Ireland 2021/22 survey (NISRA, 2022) has identified record-high levels of loneliness in older adults.

Loneliness in older adults may be exacerbated by factors such as isolation from the COVID-19 pandemic: increased levels of loneliness have been observed in adults both during and after lockdowns (Heidinger & Richter, 2020; Krendl & Perry, 2021). Care homes continue to enter periods of lockdown to minimise COVID-19 outbreaks and to protect the health and wellbeing of vulnerable residents. However, these lockdowns can exacerbate feelings of isolation by excluding visitors and reducing opportunities for socialisation. It is imperative to minimise these feelings of social isolation due to their association with accelerated cognitive decline in aging populations (Holt-Lunstaad et al., 2010; Luchetti et al., 2020).

The poor wellbeing and social isolation experienced by older adults in NI emphasises the need to deliver interventions to promote positive wellbeing and social connectedness.

Engaging older people with the arts can improve mental health and quality of life while reducing feelings of loneliness and social isolation (Vella-Burrows, 2016; Fancourt & Finn, 2019; Greaves & Farbus, 2006; Wikström, 2002). This is achieved through a number of factors such as fostering social connections and promoting tenets of positive psychology such as life satisfaction, a sense of purpose, autonomy, optimism, resilience, and self-esteem (Fredrickson & Losada, 2005; VanderWeele, 2017).

Facilitating open conversations between care home residents has the potential to improve mental health and wellness by encouraging residents to establish meaningful social relationships that are emotionally fulfilling and supportive (Forsman et al., 2011; Hughes et al., 2004).

The aim of this programme is to improve mental wellbeing and reduce feelings of loneliness for care home residents. We would additionally like to explore whether arts-based interventions can reduce symptoms of cognitive decline by encouraging reflection, discussion and engagement with the arts.

| Methods

The Programme

A 12-session intervention designed to improve mental wellbeing and reduce loneliness was delivered in 12 care homes across Northern Ireland:



Participating Care Homes

Ardlough Care Home; Sanville Care Home; Ratheane Nursing Home; Kintullagh House; Madelayne Court; Clonlee Nursing Home; Meadowview; Milverne Care Home; Rose Court; Weavers Care Home; Carnalea Nursing Home; Trinity House.

The Overcoming Loneliness Programme was designed to facilitate discussions surrounding the following topics related to loneliness and wellbeing:



Creating connections and building trust



Healthy communication and assertiveness



Understanding anxiety and mood management



Self-compassion and self-esteem



Being open to new experiences



Grief and relapse prevention

Shared Reading Model

Verbal's intervention for improving wellbeing in an aging population was developed using Verbal's Shared Reading Model. This model is derived from Affective Bibliotherapy (Shechtman & Nir-Shfir, 2008, Heath et al., 2005), a process involving the guided reading of literature combined with targeted discussions. Shared Reading fosters change and understanding in others by gently breaking through defence mechanisms to help develop insight (Shechtman & Nir-Shfir, 2008). Stories act as an "intermediary object" between the person and their problems (Gray et al., 2016), offering a less direct but appropriate way of discussing their emotions and experiences in a safe and inclusive environment (Detrixhe, 2010).

Programme Development

A combination of poetry and stories was selected by Verbal's Literature Team to align with the mental health themes previously outlined. In the Shared Reading Model, discussions are guided by psychologically-informed annotations written by Verbal's Psychology Team to prompt personal and group growth, healing and understanding. These annotations are guided by key psychological frameworks, including Cognitive Behavioural Therapy to change unhealthy thoughts and behaviours, and Acceptance and Commitment Therapy to accept and/or change emotions and behaviours.

This programme was delivered in care homes by members of staff, most commonly the care home's Wellbeing Scheme Coordinator. Staff members received Shared Reading Training before delivering sessions within care homes.

The Programme

Participants completed a questionnaire before and after taking part in the intervention; these questionnaires contained the same psychological measures to allow direct comparison pre- and post-intervention. These measures are:



Warwick and Edinburgh Mental Wellbeing Scale – Short Form

This is a 7-item measure which uses positively-worded questions to assess mental wellbeing, including facets such as feeling hopeful, relaxed and connected to others (Stewart-Brown et al., 2009). High scores are indicative of participants feeling positive, hopeful and getting along with others.



De Jong Gierveld Loneliness Scale

This scale is designed to measure two separate components of loneliness: emotional isolation and social isolation (De Jong Gierveld & Van Tilburg, 2010). The scale was deliberately chosen for these subscales as while feelings of social isolation can change from the group aspect of the programme, emotional isolation could theoretically change through discussions with others. An overall loneliness score is calculated from these subscales, with low scores indicating positive socialisation and emotional connectedness to others.



AD8 Dementia Screening Interview

This is an 8-item measure designed to measure cognitive ability in relation to dementia symptoms (Galvin et al., 2005). Five questions from this measure were selected to measure signs of declining cognitive ability such as problems with memory and judgement. High scores are indicative of the participant struggling with cognitive difficulties.

Procedure

This programme was developed and delivered in care homes within a six month period in 2023. Participants completed the pre-programme questionnaire before the beginning of the first session.

Each session, care home residents would be read a story pertaining to themes of wellbeing and overcoming loneliness. Stories were selected by Verbal's Literature Team and structured breaks were implemented for discussions. The Psychology Team developed questions for these breaks that would encourage discussion and reflection on the theme. The programme was delivered in 12 sessions by care home staff, typically on a weekly basis where possible. Care home residents completed the post-intervention questionnaire at the end of the programme.

Data Analysis Strategy

Quantitative data were entered, cleaned and statistically analysed by the Verbal Psychology Team using SPSS Version 29.

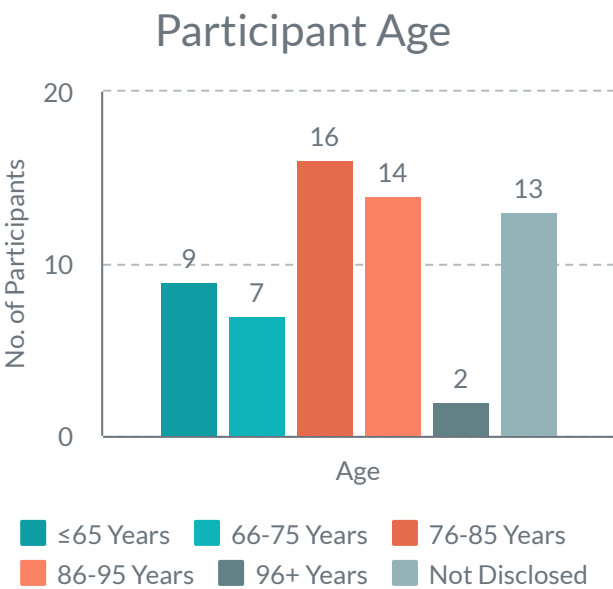
Descriptive statistics such as age and gender were explored. t-tests were used to explore whether scores on psychological measures significantly changed before and after taking part in the intervention.

Statistical significance was explored when analysing data. Statistical significance refers to the probability that a finding happened due to a specific cause, most likely the result of the programme. In alignment with established guidelines, results were considered as statistically significant if $p < .05$. This means that we can be at least 95% sure that a finding was not due to chance or coincidence. Statistically significant findings in charts and graphs were denoted using an asterisk (*).

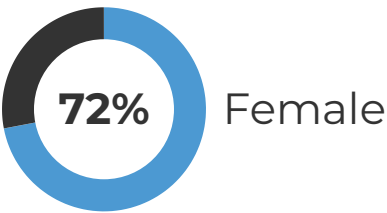


Results: Participant Overview

The Overcoming Loneliness programme was delivered in **12 care homes**, reaching a total of **144 participants**. A consent form, a pre-programme questionnaire, and a post-programme questionnaire were available for 61 participants (42%).



Participants ranged between ages 52-100, with the majority of participants who provided their age being aged 76 and above (mean age=79.69).



The majority of participants who took part were female (72%).

Results: Mental Wellbeing

Programme Results

Mental wellbeing **improved in 27% of participants** after completing the programme. The programme helped **26% of participants** to feel more useful in their daily lives and helped **22% of participants** feel more optimistic about the future.

↑ **27%**

Improved their
wellbeing

↑ **26%**

Felt more useful

↑ **22%**

Felt more optimistic



Results: Loneliness

Programme Results

 **12%**

Felt less lonely

Loneliness reduced in **12% of participants** after taking part in the programme. The programme helped to reduce feelings of emotional isolation and encouraged connections between residents.

Results: Cognitive Ability

Programme Results

 **10%**

Improved cognitive ability

Taking part in the programme led to cognitive ability **improving in 10% of participants**. These symptom improvements include enhanced critical thinking and problem-solving skills.

| Discussion

As care home residents are at risk of poor wellbeing and social isolation, we designed and delivered a programme to improve mental wellbeing and reduce loneliness across care homes in Northern Ireland.

We found that over one in four residents improved their mental wellbeing after taking part. Particular areas of improvement include feeling more useful in their daily lives and feeling more optimistic about the future. These findings provide further evidence that Shared Reading is an invigorating, energising experience for care home residents that can foster hope and optimism (Verbal, 2023).

We also observed reductions in loneliness after taking part in the programme, especially in helping people to feel more connected to others emotionally. This increase may be attributed to the programme encouraging group discussion, leading to people sharing their story and listening to the experiences of others. The open exchange of stories has the potential to foster empathy and understanding as participants can understand the perspectives of others, identify with their hardships, and bond through a shared experience.

Improvements in cognitive ability were observed, particularly for areas such as critical thinking and problem-solving

skills. These findings suggest that Shared Reading has the potential to offset the decline in cognitive ability associated with social isolation (Holt-Lunstaad et al., 2010; Luchetti et al., 2020).

Feedback received from care home staff provided further insight into the programme and where improvements can be made. Staff members described how sessions would encourage residents to sit together and talk even after the story had ended. Along with helping to create connections with fellow care home residents, facilitators shared how it could reignite a love of literature among residents: a facilitator shared how they bought the full book featured in one session and continued to read the story aloud to residents. This feedback demonstrates how Shared Reading can provide opportunities for connection and promote storytelling in all of its forms.

Opportunities for further learning come from residents' feedback on the stories provided. When designing the Overcoming Loneliness programme, the Literature Team selected more traditional stories to allow for residents to reminisce about the past. However, residents expressed a preference to hear more stories set in the modern day. Verbal will incorporate this valuable feedback into revisions of the Overcoming Loneliness programme.

In conclusion, our findings indicate that Shared Reading can be used within care homes to improve mental wellbeing, help residents to feel closer to each other, and reduce symptoms of cognitive decline, demonstrating the benefits of using arts-based interventions to overcome social isolation and poor wellbeing.



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Thank you

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