A Community-Engaged Art Program for Older People: Fostering Social Inclusion

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RÉSUMÉ

L'inclusion sociale est un facteur important pour promouvoir la santé optimale et le bien-être des personnes âgées. Les arts communautaires engagés (ACE) ont été promus comme moyen de soutenir l'inclusion sociale des personnes âgées, mais peu de preuves empiriques ont été rapportées. Le but de cette étude était d'explorer le rôle d'un programme de l'ACE dans la promotion de l'inclusion sociale des personnes âgées résidant dans la communauté. Seize heures d'observation des participants, neuf entretiens et des analyses de documents ont été menées auprès de 20 aînés au programme Arts, Santé et Aînés (ASA) Projet de Vancouver. Les résultats ont indiqué que le programme a soutenu la capacité des personnes âgées à *développer des relations dans la communauté par de nouveaux moyens* en les aidant à nouer des liens au-delà du centre pour personnes âgées. Les participants ont également développé un sentiment plus fort d'appartenance à la communauté grâce à *la collaboration en tant que groupe*, travaillant ensemble sur le projet artistique pour produire une présentation finale à l'ensemble de la communauté. Les résultats suggèrent que l'ACE contribue à l'inclusion sociale des personnes âgées.

ABSTRACT

Social inclusion is an important factor in promoting optimum health and wellness for older adults. Community-engaged arts (CEA) have been promoted as a means to support social inclusion for this population, but little empirical evidence has been reported. The objective of this study was to explore the role of a CEA program in the social inclusion of older, community-dwelling adults. Sixteen hours of participant observation, nine interviews, and document analyses were conducted with 20 older adults participating in the Arts, Health and Seniors (AHS) Program in Vancouver. Results indicated that the program supported seniors' capacity to *connect to community in new ways* by helping them forge connections beyond the seniors centre. Participants also developed a stronger sense of community through *collaboration as a group*, working together on the arts project towards a final demonstration to the larger community. The results suggest that CEA programs contribute to social inclusion for older people.

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The older adult population has unique and complex health needs, many of which are not sufficiently met by the traditional health care system (Parke & Stevenson, 1999; Pringle, 2009). There is increasing recognition in the field of gerontology that it is important for the health and well-being of older adults that they be supported within the context of their communities. With this shift towards what might be called "community gerontology", an issue that has come to the foreground is how to best support social inclusion for older adults. It is generally recognized that older people are at risk for becoming socially isolated and may lack the

opportunity for meaningful social connection and support (Statistics Canada, 2006); moreover, it is well understood that deficiencies in social connections can result in an array of negative health consequences (Berkman, 2000; Ell, 1984). Therefore, the question of how communities can be more inclusive and supportive of their older citizens has become a matter of particular concern.

The Arts, Health and Seniors (AHS) Program was developed in Vancouver, Canada, in 2006 as a three-year demonstration project to address this question. Originating in a partnership between the Regional Health Authority and the City Board of Parks and Recreation, the long-term goal of the AHS program was to contribute to creating strong, healthy communities that engage seniors as full and active members. It proposed to do this by providing community-engaged arts (CEA) programming to support the health and well-being of seniors who could be considered "at risk" due to factors such as low socio-economic status, minority status, sexual/gender orientation, and language barriers. As part of overall program evaluation, the purpose of this study was to explore how the AHS program supports social inclusion of community-dwelling seniors in an effort to provide direction for practitioners working with this population.

Background

Social inclusion is a term that is often used to describe individuals and groups who are involved in society in a meaningful way, who are included in a social network, and who hold a respected place in a community. Social inclusion is important to the health of individuals; when someone is socially included they have social resources that help them solve problems and deal with stressors (Public Health Agency of Canada, 2004). It is a factor that has been pervasive in theories of healthy aging (e.g., Kahana & Kahana, 1996, 2003; Rowe & Kahn, 1987, 1998), and there is strong empirical evidence to support the claim that social inclusion plays a significant role in the health of older adults (e.g., Statistics Canada, 2004).

Unfortunately, as people age they tend to have fewer social ties and less family interaction than in earlier life (Statistics Canada, 2006). These changing patterns of social inclusion are poorly understood, although it is increasingly recognized that *community* can be a rich resource to support people's capacity to make and maintain social connections as they age (World Health Organization [WHO], 2007). Community refers to a group of relationships that can be relied on to help people meet their social needs, and includes not only family and close friends but also those who have a meaningful role in each other's lives. Moreover,

community is associated with geographic location, which is particularly important within the context of an aging population. There is a considerable body of research exploring the significance of "aging in place" for older adults (Black, 2008; Cutchin, 2003; Gilleard, Hyde, & Higgs, 2007), and the World Health Organization, through its Age Friendly Cities Program, increased awareness that community programming oriented towards older people is one way to foster social inclusion (WHO, 2007).

One area that has received increasing attention as a possible means for communities to foster social inclusion is CEA programming. This type of programming has been developed to create opportunities for people to engage with their communities through participation in art making. CEA programs provide an environment where professional artists collaborate with participants to create an aesthetic product or performance which addresses a relevant community issue. The intent is that a performance or work of art is ultimately presented in a public venue to further engage with, and be appreciated by, the wider community. The skills, abilities, and expertise of the artist, along with the individual knowledge, creativity, and life experience of participants are all valued in the art-making process.

The idea of fostering social inclusion through a community-engaged approach to art making is relatively new, and while there is some anecdotal evidence to support this idea, there has been little formal research in this area (White & Rentschler, 2005). The seminal work comes from Matarasso (1997), who conducted a research project using mixed methods to develop themes describing the social effects of the arts. The findings suggest that involvement in the arts decreased social isolation, developed community networks, and helped to bring groups of people together who otherwise would not have had the opportunity. More recently, a few published case studies have addressed the impact of community arts programs on social factors. Although these studies have been critiqued on the grounds of methodology (Newman, Curtis, & Stephens, 2003), the findings have consistently shown that CEA programs result in positive social outcomes. Similarly, a randomized comparison study recently completed by Cohen et al. (2006, 2007) found that involvement in a professionally led choir resulted in significant health improvements for seniors, especially in the areas of physical and social function.

While no research has examined how CEA programs support these kinds of outcomes, an analysis of two case studies suggests that CEA programs make it easier for people to adapt to changes in health and to support social connection for individuals (White, 2006). Cohen (2009) theorized that the social connections that are

part of community arts programs may play a significant role in how such programs affect health. However, this remains poorly understood.

In summary, although there is some evidence to suggest that CEA programs will support social inclusion, there is a need for further research in this area. Many have noted the significant gap that exists in the evidence base on the social health impacts of CEA programs (Cooley, 2003; Merli, 2002; Newman et al., 2003; White, 2006). Given the focus of the current study, it is important to note also that virtually none of these studies have focused on older adults. Furthermore, much of the research on the role of the arts in a person's experience of community has been done in fields such as art, community development, leisure studies, and others, but little is available from a health perspective.

Methods

We conducted a qualitative study to address the following research question: *How does involvement in the AHS program contribute to the senior participants' experience of community?* We used ethnographic methods including participant observation, informal interviews, and document review, which allowed us to undertake a holistic and contextualized examination of this program, taking into account the contributions of the physical environment, interpersonal relationships, and individual experiences (Hammersley & Atkinson, 2007).

As a demonstration project, the AHS program was offered in four different neighbourhoods, each group operating independently of the others. The site chosen for this study was an existing group of approximately 20 seniors who met on a regular basis at a neighbourhood seniors centre for social and recreational events. They were mainly women (one man) between the ages of 65 and 90, most being of European descent and English-speaking. This group was invited to be part of the AHS program, and starting in September 2007 they met once a week for two and a half hours until the end of June 2008 The study was conducted over a six-week period in the spring, during which time the first author attended every week as a participant observer, helping the artists while observing the activities and interactions of the group and engaging in informal conversations with the participants and staff members. She recorded field notes during the sessions, later expanding them to capture as much rich description as possible (Emerson, Fretz, & Shaw, 1995).

In addition to the participant observation, we conducted nine interviews with key informants. This sample included five AHS participants, two artists who were employed by the AHS program, and two staff members who were employed by the seniors centre. The interviews were loosely structured, with some questions outlined ahead of time, but which left room to explore in depth those issues that were most important to the informants. Community was discussed in terms of how it was understood by those being interviewed, and included important social connections with family, friends, neighbours, and others who provided support. It was largely associated with the geographical neighbourhood of the seniors centre. The interviews with AHS participants tended to focus on experiences with the art program and their social connections within and outside the neighbourhood, while the interviews with the staff addressed the broader context of the AHS program, the neighbourhood around the seniors centre, and the seniors' lives. Interviews with AHS participants took place at the seniors centre during those times when there were no other activities scheduled so as not to interrupt their usual routine. Similarly, interviews with staff were conducted outside the program times. The interviews lasted, on average, 45 minutes in length, and were digitally recorded and transcribed.

As a final source of data, publicly accessible documents relating to the community (including demographic reports from the local government and the regional health authority) were also examined so we could gain insight into the social context of the seniors in the neighbourhood, including the resources available to them in their community.

Following principles of concurrent analysis, we analysed data as data collection progressed (Thorne, 2000). As the principal investigator, the first author immersed herself in the data by listening repeatedly to the recorded interviews, reading and re-reading the field notes and transcripts, as well as reviewing the described documents. We coded the data into manageable parts and developed initial interpretations, focusing on similarities across the data and drawing links between common patterns of experience. These interpretations were examined in light of previous theoretical understandings and were taken back to the transcripts and field notes to be reinterpreted and further developed in an ongoing iterative process (Thorne, Reimer-Kirkham, & O'Flynn-Magee, 2004). The result of this analysis is a thematic description that characterizes the experience of community for older adults who participated in the AHS program.

To support the dependability and confirmability of the findings, the first author maintained an audit trail, clearly linking interpretations with data and maintaining a journal documenting all analytic decisions (Lincoln & Guba, 1985). Three techniques were used to support the credibility of the research. These included

(a) using multiple data sources to create a richer data set that provided more points of access to the phenomenon; (b) having the emerging analysis reviewed and challenged by research experts in the fields of gerontology, program evaluation, and community health; and (c) reporting the study findings back to the AHS group, seeking informal feedback about how well the analysis captured their experience. The process of member checking included presenting the findings to the group of seniors and seeking feedback on any aspects of the findings. Finally, we supported the transferability of the research by developing a detailed description of the participants (including demographic factors, living conditions, and their environment) as well as a detailed description of the AHS project including the organizational structure, the personnel involved, and participants' role in the project.

The study received approval from the institutional ethics board prior to initiation of the research, and all participants agreed to their participation in the study and signed consent forms for interviews. To help protect the anonymity of the research participants, we report findings using pseudonyms including the terms *AHS participants*, *AHS staff*, and *seniors centre staff* to differentiate between informants.

Findings

In order to best situate the study findings, we begin with a brief description of the AHS program and the seniors who took part each week. This portrayal will form the context for the description that follows of how the AHS program played a role in the experience of community for the seniors. In particular, we discuss how the program provided opportunities to enrich connections with others in their local community, as well as within the group itself. This enrichment occurred in two ways; we describe how the program enabled the participants to *connect to community in new ways*, and the importance of achieving this through *collaboration as a group*.

The AHS Program

The seniors centre that provided a home for the AHS program was an independent non-profit community-based facility located in the middle of an urban neighbourhood along major public transit routes. Other community resources were nearby, including a community centre offering a variety of recreational and social programming for people of all ages; an indoor pool; a library; a large park; and an elementary school. Senior centre staff included an executive director, two senior workers, a volunteer, and a cook; AHS program staff included two lead artists who were themselves from the local neighbourhood and another volunteer who

was also an artist. In addition to the AHS program, the centre offered a regular schedule of social activities for seniors in the local community.

The routine of the AHS group followed a consistent pattern each week. When the seniors arrived, they had tea and time to socialize with each other as well as with the AHS staff and seniors centre staff. After tea, the seniors gathered together in the area designated for the AHS program. The AHS staff would have the area arranged for the day's artistic work, including having the materials prepared and examples on display. During the session, the artists would lead a discussion about the goals of the day, and together with the volunteer artist, provide demonstrations and help the seniors with individual projects. The seniors sat together at large tables, and as they worked, they chatted with each other and the staff. The AHS session finished when the cook rang a bell to signify that lunch was ready and that the seniors should make their way back to the dining area. AHS staff cleaned up from the art project and often joined the seniors for lunch. The senior workers, volunteer, and executive director for the seniors' centre were not active in leading the AHS program but would periodically walk through the program area to see what the seniors were doing and to ask about the art projects.

The Seniors

The AHS program was offered to all seniors who attended the seniors centre as well as to two seniors who came from a nearby assisted living facility. On most days, all of the seniors participated in the arts program for a typical group size of approximately 20 participants. Occasionally, individuals would not participate in the art program but would do other activities available at the centre. Unlike the neighbourhood in general, which had a high level of immigration from Asian countries (Vancouver Coastal Health, 2005), the majority of those who attended the centre were white and spoke English as a first language. There was one person of Chinese background who did not speak English and three other regular attendees who had first languages other than English.

Many of these seniors were referred to the senior centre by health professionals who had noted their risk for social isolation. While most of those who attended the seniors centre lived with family members – including adult children, grandchildren, and spouses – there were also many who experienced the loss of a spouse or other family members who had died or moved away. The participants had often relocated from a home they had lived in for many years, and as a result had experienced significant disruptions in their previous social ties. Moreover, many were dealing with

health and mobility problems and had challenges with transportation because they were unable to drive or use public transit. Each week, a senior worker drove five of the members from their homes to the centre in the centre's bus. Another group of about 10 people used a public transportation service for those with functional disabilities. The remaining participants were brought to the centre by family or walked from their homes.

Connecting to Community in New Ways

Through the AHS program, the participants had the opportunity to build new connections with others in the broader community. For most of the participants, having their own artwork to share with others was a new and significant experience. This meant a great deal to them. As one of the seniors centre staff explained, "[the participants] generally feel a lot better about being contributing members of the centre and the community". They developed different kinds of connections over time, the most important of which were achieved through (a) engaging in public space; (b) making intergenerational connections; and (c) connecting with other artists.

Engaging in Public Space

The AHS program was designed so that the works of art could be shared beyond the walls of the senior centre. The seniors drew on their experience and knowledge to create meaningful works of art that they could take outside the confines of the group, which allowed them to feel that they had something important to contribute to the broader community that was worthy of recognition.

There were opportunities at various times throughout the year for public exhibits of the artwork. For example, shortly before our research study began, the lead artist had negotiated with the local branch of the city library to provide a space where the seniors could display their recent work. People from the neighbourhood as well as family members came to see the exhibit, which was received with much enthusiasm. Linda, a seniors centre staff member, relayed a conversation she had had with one of the attendees:

> There was this young guy taking all these pictures of the [exhibit], and so I said "Oh, do you know somebody there?" and he said, "Oh yes, my grandma, that's my grandma. Oh, I'm so excited she told me about it, and I had to come down and oh, this is amazing", and so he just went on and on about how excited Winnie [his grandmother] was about it and how proud she was to have [her artwork] in the library.

Winnie's involvement with the AHS program was not intended as a private pastime, but rather, the art she helped create brought a kind of public visibility that was important to her and to her family.

Probably the most significant opportunity for the group to engage in public space came through the final performance and exhibition at the conclusion of the year. This event was organized to honour the work of all four of the groups that were part of the overall AHS program. It was held in a busy community centre located in the central downtown region to ensure that as many people as possible could attend. Members of the steering committee, other artists, family members, members of the media, and the general public were all invited. The event provided the opportunity for each group to present the artwork they had created through the year, and examples were on formal display for several days after.

Intergenerational Connections

The AHS provided an opportunity for the seniors to build relationships across generations, making new connections with young people in their neighbourhood and enriching and strengthening their connections with younger family members as well. In fact, one of the more important parts of the group's experience through the year had come through their involvement with children from the local elementary school. Although the seniors' centre was located across the street from the school, the seniors and children rarely met. The AHS program was a unique opportunity for them to work together. The centre had invited a third-grade class to come to the centre and participate in art making with the seniors. One or two students were partnered with each senior to work on the project. Each of the students interviewed a senior about what life was like for them as a child, and created a portrait of the senior. The stories and pictures were then used to make memory boxes that the seniors and students created and decorated together. During this part of the program, the students and seniors shared stories about games they played, their family life, and childhood experiences.

Working with the students was enjoyable for the seniors. Many of them spoke fondly of the children during the sessions, particularly when the memory boxes were available for them to take home, and when asked by the artists what they wanted to do for the AHS program in the next year, the first thing the seniors said was that they would like to have the students return.

Although the school is less than a block from the centre, it was only through the AHS program that these two communities were able to come together. The significance of this collaboration was noted by

Susan, one of the AHS staff, who spoke of how the intergenerational interaction affected the seniors:

> It sort of changed [the senior's] attitude and … it's also built … a little bit more trust within the community itself, that people do care and people are not negative; people are willing to help and it's good, it's a good thing.

The intergenerational aspect of this work with the memory boxes may have helped support family connections as well. For example, on the last day of the program, the seniors were able to take some of their artwork home with them, and Vivian (one of the participants) was anxiously looking for her memory box because she knew her grandson "would get a kick out of it". Vivian was able to bring part of the project, something she had been a part of, to her grandson to make a stronger connection with him. In this way, the AHS program provided a kind of bridge between the participants and their families.

Connecting with Other Artists

Another example of the seniors' building broader community ties through their involvement in the AHS program was seen through the connections the seniors made with other artists when they attended the final performance and exhibition. Participants from all four groups had an opportunity to see what each other had done through presentations and a display of the art. The seniors were able to see a presentation by a gay, lesbian, bisexual, and transgender (GLBT) group. While this exhibit was, on the surface, quite different from what the study group presented, it was clear from their comments afterwards that they had connected in an important way with the seniors from the GLBT group through this exhibit. One participant said, "I felt it was courageous of them to put it on for the seniors because I found most of the people around my age are pretty close-minded". Others offered support for how the GLBT seniors incorporated meaning in their art making. The seniors were more likely to identify themselves as artists and therefore to connect with this community. This was evidenced at a meeting of AHS stakeholders comprising steering committee members, artists, funders, seniors, and researchers. When the meeting organizer asked who in the room were artists, the seniors overwhelmingly raised their hands.

In summary, the findings demonstrate how the seniors in the AHS program were able to make new kinds of community connections. This was done through engaging in public spaces where their artwork could gain greater visibility and be appreciated by the broader community; through engaging with young people to make art together in an intergenerational context; and through forging connections with other members of the AHS program, thus becoming part of a larger community of artists.

Collaboration as a Group

The AHS program not only supported connections with the broader community, but it also enabled the seniors to enrich their connections with each other within the group. Unlike many other kinds of arts, as a community-engaged approach the AHS program was designed so that the participants needed to work as a group to complete their artworks. Together, the seniors decided what they would work on and how they would achieve a final artistic work; they sat around tables during the program, engaging each other in easy conversation as they worked, and at the end of the year, they travelled together to the final AHS performance and exhibition to present what they had created. The nature of the group collaboration will be discussed in terms of (a) group ownership; (b) flexible roles; and (c) working towards a shared goal.

Group Ownership

Those who participated in the AHS program became a cohesive group that identified the collaboration inherent in their work. One of the participants articulated the group nature of the AHS program as we were discussing with her the artistic interests she had earlier in her life. As she explained how she had become involved as an artist in her earlier years and had found much gratification in what she did, the researcher asked if her participation in the AHS program was anything like what she had done before. She replied, "No, no, this is a group effort, and I really like it". Unlike what she had done as a younger woman, the AHS program was an opportunity to work with others doing something creative. It was not just a group of people working towards their individual goals, but rather, the AHS program provided an opportunity for the seniors to interact and collaborate to achieve goals they shared as a group.

Another illustration of this was seen in an activity in which they were using stencils and paint on silk scarves. In the field notes, the researcher commented, "The participants didn't necessarily work on one scarf of their own at a time. Rather, a couple people would put down the stencils and then someone else would spray the paint". In the end, the scarves were very much a product of collaboration between the participants with each scarf serving as tangible evidence of the joint effort that had gone into its creation.

The seniors were able to take ownership of the program through their active ongoing conversations and decisions about the art they would make. The lead artists spoke

about involving the seniors in decision making about the direction of the program both on a short-term daily basis and in long-term planning for the next project. One example of this is a conversation between an artist and the group of seniors about the possible projects they could start. One possibility suggested by the lead artists was working on individual sewing projects where each senior would create a work of stitched art. The artist recounted the reaction to this suggestion: "The seniors said, 'We've all sewed enough, we're done sewing!' I love sewing, it's kind of a novel thing to me, but to them it's not so novel". The seniors laughed about how many socks they had darned throughout their lives and made it quite clear they did not want this to be their project.

Flexible Roles

Of course, it was not always the case that all 20 participants were working together at any one time. Even when some of the seniors did not want to participate directly in the art making, they continued to contribute to the group during the sessions. Paula, one of the AHS participants, said that although she did not always participate in the art projects, she thought the artists' "ideas were wonderful". As the researcher observed Paula during the sessions, she did not always physically contribute, but she sat with other members of the group and seemed very engaged in what the artists presented, watching intently, listening, and occasionally offering comments. This was observed for others as well. In field notes, the researcher described how she

> talked to one woman who didn't want to do any of the artwork but she still wanted to be with the others. She said she didn't want another blue scarf because it wouldn't match anything she wore. However, she talked with people about their work and helped them decide what they would do with their scarves.

One of the staff speculated that "even if they're not doing [the art] they're at least being around all the activity and that's part of the stimulation". There was no pressure in the group to adopt defined roles. Clearly, although individuals did not always participate in the arts program in a hands-on way by making art, they continued to have a place in the group, being exposed to and contributing to creative and social experiences.

Working towards a Shared Goal

Collaboration as a group took place in large part because the AHS program served as a structure to encourage the group to work together towards a shared goal. The expectation, as part of the AHS program, was to share the artworks with a larger community in a public performance and exhibition at year's end. The group needed to work together to achieve this. The seniors were expected to compose written work, decide what to use in memory boxes, and choose the design for stamping on the scarves. This creative work was not easy for many of the participants, but they completed their tasks as part of the group. As they were asked to write about their experiences with water, for example, the seniors talked with each other about childhood memories and experiences with water, but were reluctant to write anything down. Some said that they had never been good at writing; others thought their ideas were silly. When the lead artist reminded everyone that the words would be used on the scarves and presented at the end of the year, the researcher observed the participants begin to write a few lines. In the end, most of the seniors put some of their own writing on the scarves, which happened only because there was a level of commitment from the group to have something to present at the end of the year.

In summary, the effect of the group collaboration turned out to be quite unique and profound. The participants of the AHS program deepened their experience of community through working as a group, jointly deciding what projects they would pursue and how. Although some of the participants did not always become involved in making the art, having flexibility in their roles meant that they could remain part of the group that collectively was learning new skills and having new experiences. Unlike the other activities at the seniors centre where interaction between participants was not an intentional part of the programming, the AHS program provided structure and expectations that drew the group together in a different way. The final performance and exhibition for the program meant that the participants were expected to complete a project, and the group shared a commitment to meet those expectations. In this way, the AHS program provided a means for the participants to build connections with each other beyond what was being provided by other programming.

Discussion

The AHS program sought to support engagement of seniors in their community. Our research demonstrated how this was accomplished and provided evidence to support the idea that CEA can promote social inclusion for older adults by offering opportunities to develop and enrich their experience of community. In particular, the findings suggest that the AHS program fostered three important and interconnected social processes that may influence social inclusion: (a) Through the AHS program the participants were able to expand their community connections with various community members including their family and neighbours;

(b) the seniors developed a meaningful role that was important for them, one of contributing to the community through the creation of art; and (c) through working together towards shared goals, the participants became a more cohesive group.

Expanding Community Connections

Through their participation in the AHS program, the seniors in this study were offered the opportunity to engage in new ways with their community. In their interactions with the schoolchildren, for example, the seniors were explicitly not positioned as vulnerable and in need of social stimulation, but rather as artistic collaborators. By providing opportunities for intergenerational involvement, the AHS program created the space for these seniors to be actively shifting perceptions about aging, both their own perceptions and those of the children. This experience echoes findings from other research whereby intergenerational interaction has been used to decrease negative perceptions of aging (Xaverius & Mathews, 2003), and has been shown to provide for seniors a sense of self-worth (Springate, Atkinson, & Martin, 2008) and of being needed by others (Weintraub & Killian, 2007).

Beyond the opportunity to interact in new ways across generations, the artwork itself provided a tangible artifact that was used by the seniors to engage in public space, providing for them an increased level of social visibility. With these opportunities to exhibit and share their work with others, the seniors were arguably less isolated and separated from the broader community. Like other community arts programs that have been shown to influence social connections beyond the group itself (Lally, 2009), the AHS program broadened the range of possible roles seniors might play in their community. Of particular note is the role of artist, which for most of the participants was quite unexpected at this stage in their lives, and was highly valued. Drawing on theoretical work emphasizing the importance of continuity in aging (Atchley, 1989), most research has emphasized older people's preference for stability in their patterns of activity. However, the findings of our study are closer to those of Nimrod and Kleiber (2007) who had proposed the idea of innovation and novelty as an important aspect of active involvement in aging. Learning new skills not only provides personal fulfillment, but also allows seniors to take on new social roles and contribute to their communities in new ways.

Developing a Meaningful Role

While changing perceptions and new roles were important to the seniors' experience of community, what was perhaps more significant was the fact that they were being recognized and valued for their contributions, both by those with whom they had existing relationships (e.g., family and friends), and by those they had not previously encountered (e.g., local schoolchildren, attendees at public exhibits). The seniors were not working in isolation for their own gratification but were creating art for others to witness and appreciate. This fact relates to how the AHS program may have impacted people's health and well-being. Current theorizing about healthy aging recognizes the importance of participation in meaningful activity for people as they age. Activity in this context is most rewarding when it occurs within a rich social network and is recognized as meaningful to others or to society (Rowe & Kahn, 1987, 1998; Vaillant, 2002). Moreover, it has been shown that experiences of reciprocity within a community are important to the health and well-being of older adults (Craig, 1994). Being able to contribute to a community in a meaningful way may make it easier for seniors to accept help and support from the community in a reciprocal manner. It is likely that the AHS program was helping to support healthy aging precisely because it was engaging participants in a process that was respected by those outside the group, therefore allowing them to contribute in a meaningful way to the larger community.

Working Together

While engagement with the broader community was a critical component of the seniors' experience with the AHS program, it should not be overlooked that they also felt a strong sense of connection within the group itself. This could be in part because the seniors already knew each other from their previous involvement at the senior centre and were continuing to benefit from the opportunity to socialize together in a positive group environment. Certainly the social benefits of leisure activity are well recognized (Iso-Ahola & Park, 1996; Iwasaki, 2007; Phinney & Moody, 2011). However, the findings of this current study indicate that the AHS program was successful in developing a sense of community in large part because participants worked together towards a common goal, sharing in a commitment to complete the artwork for the exhibit at the end of a year's time. This kind of involvement brings to mind the concept of "serious leisure" as a substantial activity that requires personal effort and perseverance to learn the required knowledge and skills (Stebbins, 1982). It stands in contrast to "casual leisure" which might include such activities as going for a walk or watching television. Involvement in serious leisure offers entry into a unique social world, providing for participants a sense of belonging and collective identity. This kind of benefit has been observed in other arts programs (e.g., Bedding & Sadlo, 2008; Lally, 2009; Lowe, 2000) and is a very direct way by

which engagement in creative activity can contribute to social inclusion.

Implications and Summary

Taken together, these three interrelated processes – expanding community connections, developing a meaningful role through art, and working together towards shared goals – demonstrate how community-engaged arts can play a distinctive role in supporting social inclusion for community-dwelling seniors. One limitation of this study was the short period of field-work, leading to the possibility that some important aspects of the program's role in the seniors community may have been missed. While it would be premature to recommend policy solely on the basis of findings from this one study, taken within the context of other research on CEA and aging, there is good reason to consider how such programs can be further developed and implemented. This is not a large body of evidence, but the findings have been remarkably consistent, showing that CEA programs help to build and strengthen meaningful social connections, often in a more profound way than existing community programs (Jermyn, 2004; Matarasso, 1997; Mulligan, Scanlon, & Welch, 2008). Of course, most of this research has been qualitative in nature. To further build the evidence base to support CEA as a means to promote healthy aging, it is important to examine the health benefits of such programs using a variety of methodologies. This might include using established quantitative measures to explore social benefits over time, or using arts-based methodologies to better understand the links between the creative and social aspects of CEA.

Finally, this study contributes to the growing body of knowledge on how community-engaged arts can contribute to the social inclusion of older adults. By supporting older adults to be contributing members of their community, working together as a group towards shared artistic goals, CEA programs may play an important role in supporting a healthy aging population.

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