CULTURE ON PRESCRIPTION

NATIONAL REPORT
IRELAND

Co-funded by the European Union

Authors

Ann Whyte
Age-Friendly University Research Assistant
Dublin City University

Christine O'Kelly
Age-Friendly Coordinator
Dublin City University
christine.okelly@dcu.ie

Credits

We would like to thank all the experts who kindly agreed to share their experiences with us and gave us insights into national characteristics. Their names and some of the features have been partly changed to protect their anonymity.

Copyright (c) Age-Friendly Unit, Dublin City University, Collins Ave, Dublin 11. Ireland

This publication is licensed under a Creative Commons Attribution-ShareAlike 4.0 (CC BY-SA 4.0) International License.

Exception: The quotes of our interviewees are licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 (CC BY-NC-ND 4.0) International License.

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

Co-funded by the European Union

TABLE OF CONTENTS

Introduction 4
Methodology 6
Ageing in Ireland 8
Loneliness and Isolation in Older Irish People 8
Age-Friendly University, DCU 9
Overview of social and/or cultural prescribing in Ireland 11
Examples from the Social Prescribing Process in Ireland 14
Health Service Executive 14
Creative Ireland 15
Empower 16
South Dublin County Partnership 18
Glenview Clinic 20
DCU Art and Culture 22
Recommendations , Tips and Opportunities for Social /Cultural Prescribing 26
Examples of Community Offerings in Ireland 29
Bibliography 33

Introduction

The Culture on Prescription project is the collaborative effort of multiple organisations from Ireland, Portugal, Germany, Netherlands, Belgium, and Romania which aims to identify current best practices in social prescribing and develop solutions combining culture and health promotion to address loneliness and isolation in older people and those with mental health concerns.

This report offers an insight into social prescribing in Ireland through the lens of the Culture on Prescription Europe project, which is co-funded by the Erasmus+ Programme of the European Union. This report was prepared in conjunction with a compendium that offers a European perspective of social and cultural prescription and best practice.

The Culture on Prescription project wants to promote their active involvement in cultural activities, strengthen their social interaction by connecting with the local community, and help to provide older people with the feeling of being more resilient in the challenges of their daily lives.

By implementing the project, we aim to:

- Spread knowledge on a promising, evidence-based approach to addressing loneliness, isolation and mental health challenges through facts, figures and examples of good practice and provide models that can be easily adapted in parts of Europe where practical experiences with Social Prescribing schemes are limited or non-existent.
- Create new concepts for "Culture on Prescription" offerings combining positive impacts on health through cultural activities and learning efforts.
- Provide resources and practical support to facilitators in social and healthcare provision in running non-clinical offerings for persons concerned by or at risk of loneliness or social exclusion.
- Elaborate guidelines for decision-makers in municipalities and associations on how to adopt the approach of Social and Cultural Prescribing in their specific local and organisational setting.
- Create an implementation framework.

We hope to become an example of best practices at a European and international level. We plan to develop solutions that are inclusive, sustainable, and scalable. The consortium members will present the 'Culture on Prescription' offerings, the underlying methodology and project outcomes in terms of accompanying material and feedback from learners and other stakeholders in social and healthcare provision. We also want to strengthen our local, regional, national, and European networks, broaden our portfolios with new and attractive

offers to our primary audiences from the social and healthcare sectors, support the training of staff and volunteers, and provide the opportunity for cross-border knowledge.

Methodology

To gain an insight into current practice, best practice and literature on social and cultural prescribing, each COPE project partner carried out research at a national level to add to current knowledge and to support the development of cultural prescription in later stages of the project.

The study adopted a convergent parallel mixed methods design (Creswell, 2014) using qualitative and quantitative methods of inquiry. The study was framed by the following overarching research questions:

1. *What is required to enable and facilitate social prescribing?*
2. *What are current behaviour and attitudes towards social and cultural prescribing?*
3. *What is considered best practice?*

Within this research methodology, data was collected in a number of different ways from different participant cohorts:

- Project partner observations and logs, and other artefacts designed as part of the project, etc., to be retained and catalogued as data.
- The creation of a database of best practice in social prescribing across Europe to be used for analysis and for open publication following the completion of research. Semi-structured interviews with stakeholders involved in voluntary, health and local government sectors engaging in social prescribing practices and 7 stakeholders were interviewed in total.

In Ireland the following stakeholders were interviewed:

1. Orla Walsh, HSE
2. Keira Brett, Empower
3. Deirdre Ruane, South Dublin County Partnership
4. Dr. Eamonn Kelly, Creative Ireland
5. Margaret Willkie, Glenview Clinic
6. Susan Leen, Professional Artist
7. Elva Mulchrone, Professional Artist

The quantitative and qualitative data was analysed with equal priority. The qualitative data was analysed following a data-led approach (Braun & Clarke, 2006) six phases of thematic analysis. Following the analysis of the qualitative and quantitative data sets, they were then compared using a side-by-side comparison approach (Creswell, 2014).

As there are a variety of levels at which social and/or cultural prescribing is being offered and delivered at a local and national level across COPE partner countries a two-pronged approach was developed for this research.

For partners in countries with social/cultural prescribing already established, their key focus was:

a. Identify current social/cultural prescribing
b. Identify best practice
c. Identify weaknesses/challenges/concerns
d. Identify future potential/trends/recommendations

For partners in countries that recognise the potential of social/cultural prescribing and who are exploring options of how to develop and facilitate cultural prescribing, their key focus was:

e. Identify the need for social/cultural prescribing
f. Identify existing projects that could align with cultural prescribing, and which demonstrate the potential to adapt to applying it in a social/cultural prescribing context.
g. Identify new opportunities for cultural prescribing
h. If they exist, identify current forms of social/cultural prescribing

For the desk research a review of literature and information relating to services, benefits and engagement of social and cultural prescribing was carried out. This included but was not limited to:

- a formal structured process or through an unofficial, organic structure
- community and health service provided events to engage and encourage participation in social and cultural activities in the communities.
- health programmes such as smoking cessation, healthy eating or promoting cultural or social activities
- examples of best practice, and innovations in this emerging area.

The results of this research for Ireland are in the following chapters. For information on other national reports developed as part of the Culture on Prescription project and for other project publications, please visit https://culture-on-prescription.eu/.

Ageing in Ireland

In 2019 circa 14% of the population in the Republic of Ireland was over the age of 65 (Sheehan and O'Sullivan, 2020). By 2030 this is expected to increase to one in every five residents (CSO, 2019) and to one in every four residents by 2051, double the current figure. Life expectancy at birth has consistently risen over the past century with men in Ireland expected to live an average of 80.4 years and women 84 years (Eurostat, 2017). While the increase in longevity can be considered an achievement of the improvement of public health and healthcare provision it is important to consider that people are not just living longer but are doing so as healthy and as happily as possible.

Currently Ireland has a large variety of services for older people from healthcare based services, home support, nursing home support schemes, residential care, community health services to benefits and financial entitlements such as medical cards and grants. In both the National Action Plan for Social Inclusion 2007-2016 and the National Positive Ageing Strategy (2013) and Healthy Ireland (2013) it was recognised that support for older people needed to expand beyond health and focus on wellbeing, housing, transport, community services, employment, and lifelong learning opportunities also.

Ireland has a Minister of State with a responsibility for Mental Health and Older People. Ireland has an Irish Senior Citizens Parliament that identifies concerns of older people and lobbies for solutions at a national level and where relevant aims to inform policy. The WHO Age-Friendly Cities and Communities programmes has been adopted across Ireland with Age Friendly Ireland operating as a national programme offering guidance and support to the 31 local authorities across Ireland. The Older People's Councils are established within local authorities and provide a means for older people to raise concerns and inform decision-making for their city or county. There are a number of community and voluntary based organisations at a local and national level offering activities, supports, advocacy and campaigning for older people. These include but are not limited to Active Retirement Ireland, Age and Opportunity, Third Age Ireland, Age Action Ireland, Age and Opportunity, National Federation of Pensioners' Associations, Retirement Planning Council of Ireland, ALONE, Friends of the Elderly, Family Carers Ireland, Care Alliance Ireland.

Loneliness and Isolation in Older Irish People

In a report carried out during COVID-19 by TILDA it was noted that in those aged 70 or over and living with others, 51% reported experiencing a moderate or greater level of loneliness (Ward et. al., 2019). For the same age cohort living alone this increased to 69%. Overall, 29% of older adults reported feeling lonely some of the time or often. Older men reported being more integrated than women, 24% versus 18.9%, men who lived alone reported being lonelier that their counterpart (Ward et. al., 2019). In 2019, circa 40% of Irish adults over the age of 50 reported experiencing emotional loneliness sometimes or often (Ward et al., 2020).

Loneliness was considered to increase beyond the age of 67 with those over 75 being more lonely than younger people. Those with lower levels of education and living alone reported the highest levels of loneliness (Ward et al., 2020). Social isolation was reported as improving between the ages of 50 and 68 before decreasing over 68, with 38.2% of older adults reporting feeling somewhat or very isolated. Of the remaining participants 39.9% considered themselves only moderately integrated and those who had completed third level education were nearly twice as likely to be more integrated than those with only primary education (Ward et al., 2020).

Across Ireland's population loneliness doubled throughout 2020 as the country experienced the effects of COVID-19 and national lockdowns. According to the Central Statistics Office loneliness increased from 6.8% to 13.7%. Younger adults aged between 18-34 reported the greatest change with one in every four feeling lonely most or all of the time and 8% of you adults reporting a drop in overall life satisfaction (CSO, 2020). Those over 70 reported the same levels of loneliness and isolation before and during the first year of COVID-19 and national lockdowns (CSO, 2020). However, those over 70 reported some to extreme concern about the ability to maintain social ties and expressed concerned about becoming socially isolated as a result of 'cocooning'.

There is a wide variety of community based offerings across Ireland for older people to encourage engagement and address loneliness, isolation, stress, and anxiety. These offerings vary from physical based activities such as walking groups, dancing, yoga, Pilates to cultural based activities such as art, music, writing groups and excursions. There are mental health support, healthy eating, and educational offerings available also. While there are many communities based services and offerings, healthcare provision and local authority services many of these can operate in silos and social prescribing has been successfully trialled and adopted to encourage engagement with existing community based offerings, reduce burden and cost on the healthcare system and provide a social opportunity to combat social isolation and loneliness. Throughout COVID-19 many of these offerings ceased to operate, some moved online and new offerings became available to address growing social isolation, anxiety, and concern in communities as a result of the global pandemic. Social prescribing was and is a key factor in creating links to these community offerings and scoping out new offerings with which people could engage with.

Age-Friendly University, DCU

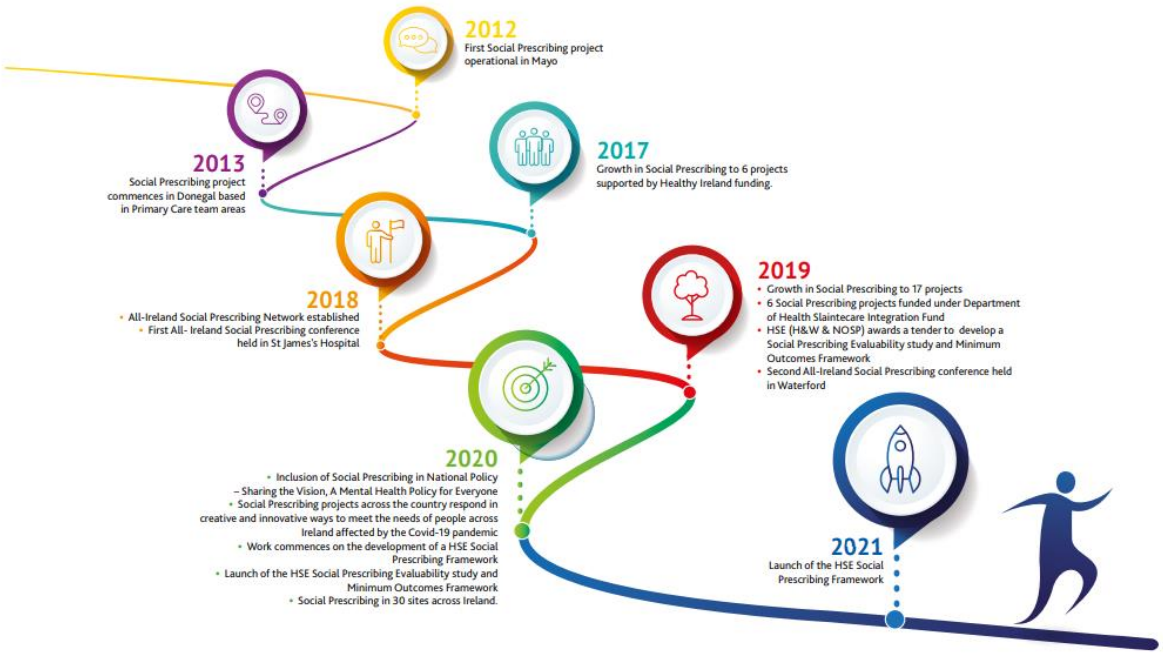
In 2012 Dublin City University (DCU) launched the Age-Friendly University Initiative to highlight the role, impact, and opportunity for higher education institutions to engage with ageing demographics worldwide. DCU leads a global network of over 100 Age-Friendly Universities that have adopted and implemented DCU's 10 principles for an age-friendly University. These are:

1. To encourage the participation of older adults in all the **core activities** of the university, including educational and research programmes.
2. To promote personal and career development in the second half of life and to support those who wish to pursue "**second careers**".
3. To recognise the **range of educational needs** of older adults (from those who were early school-leavers through to those who wish to pursue Master's or PhD qualifications).
4. To promote **intergenerational learning** to facilitate the reciprocal sharing of expertise between learners of all ages.
5. To widen access to **online educational opportunities** for older adults to ensure a diversity of routes to participation.
6. To ensure that the university's **research agenda** is informed by the needs of an ageing society and to promote public discourse on how higher education can better respond to the varied interests and needs of older adults.
7. To increase the understanding of students of the **longevity dividend** and the increasing complexity and richness that ageing brings to our society.
8. To enhance access for older adults to the university's range of **health and wellness** programmes and its **arts** and **cultural activities**.
9. To engage actively with the university's own **retired community**.
10. To ensure regular **dialogue** with organisations representing the interests of the ageing population.

DCU is committed to promoting and enhancing academic discourse on ageing, encouraging active participation of older people, and encouraging collaboration with policy makers, non-governmental organisations, and the global network.

Overview of social and/or cultural prescribing in Ireland

Social prescribing in Ireland started as a grassroots project in Mayo in 2012. In 2013 social prescribing was also adopted in Donegal. By 2020 social prescribing was available in 30 sites across Ireland. In 2021 the Health Service Executive (HSE) and Healthy Ireland (HI) launched the Social Prescribing Framework. The Department of Health has funded the HSE to support the development of community based health and wellbeing initiatives. The Healthy Ireland Strategic Action Plan 2021-2025, Sláintecare and the HSE Corporate Plan 2021-2024 align with and support the development of social prescribing in Ireland. By 2022 social prescribing was expanded to more than 40 local communities around Ireland.

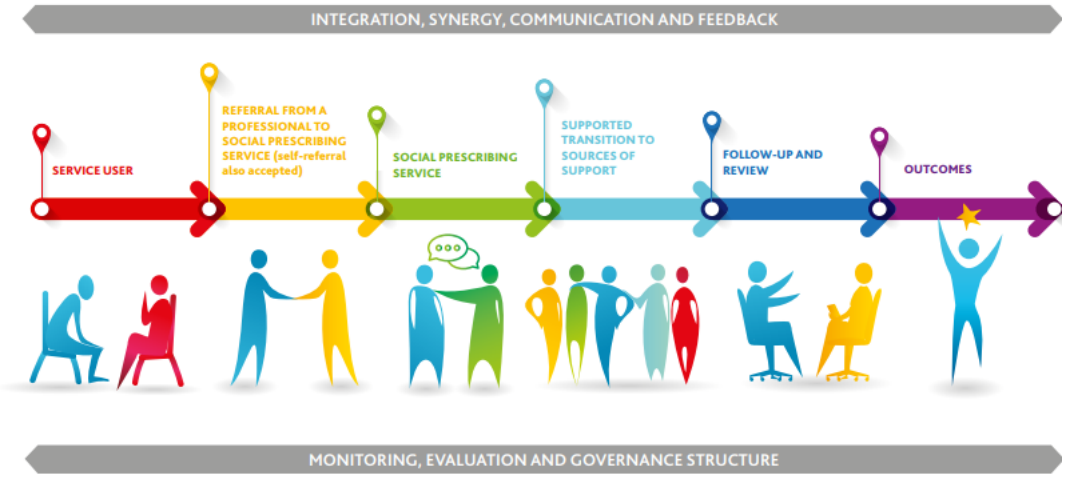


Social prescribing development in Ireland (HSE,2020)

> Social prescribing is a means of enabling healthcare professionals and other professionals to refer people to a range of local, non-clinical services, primarily provided by the voluntary and community sector (HSE, 2021).

Healthcare and other professionals refer patients, where relevant, to social prescribing link workers who work in partnership with the patient to address the concerns for which they were referred. Patients are typically offered a social prescription as part of this process. A social prescription could include activities such as walking groups, yoga classes, reading groups, painting classes, stress or smoking prevention, stress management programmes, adult education, community gardening, arts and cultural opportunities, men's sheds, etc. 'The social prescribing link worker works in true collaboration with a person over a period of time, working together on their needs and goals using a personalised coaching and co-production approach. The social prescribing link worker can motivate and support individuals to achieve the change(s) that they want to achieve.' (HSE, 2021).

The provision of social prescribing from a broader strategic perspective focuses on developing and supporting a network of social prescribing link workers that integrate into communities and receive referrals from a variety of pathways. The link worker works in partnership with existing entities in health and wellbeing provision services, these include healthcare settings, healthcare professionals, local support services and organisations, voluntary and community based offerings and services. The link worker works with each patient on developing an individualised plan that is specific to their needs. They support the patient in realising the plan through follow up and evaluation. The process is outlined in the below model.



Social prescribing referral pathway (HSE,2020)

Social Prescribing is currently available in the following locations:

Current locations of Social Prescribing in Ireland (All Ireland Social Prescribing Network, 2022)

The above map identifies the current locations of social prescribing initiatives in Ireland of which more details can be found here: https://allirelandsocialprescribing.ie/members-map/.

In the next section the process of social prescribing is explained in more detail through living examples. These examples span entities from all stages of the provision of social prescribing.

Examples from the Social Prescribing Process in Ireland

Health Service Executive

The Health Service Executive (HSE) is Ireland's publicly funded healthcare system. The HSE is responsible for providing public health and social care services. Orla Walsh works in Health and Wellbeing within the Health Service Executive (HSE) in Ireland and is a member of the All-Ireland Social Prescribing Network Steering committee. Orla and her colleagues are focused on mainstreaming and integrating social prescribing within the HSE, in collaboration with the Community and Voluntary sector. When describing social prescribing she describes a focus on the 'person-centred' approach. 'It is not what is the matter with you, it is what matters to you'. It is available to anybody over the age of 18 in Ireland and you can self-refer or be referred by a health professional or a community based professional. Orla assures that this is a priority for the HSE and 'the HSE will continue to prioritise this'.

Social prescribing is available in more than 40 local communities across Ireland. Community and voluntary organisations typically offer social prescribing services that are funded by the HSE. Orla identified that some organisations who are already embedded in local communities are a natural fit such as 'family resource centres and local development companies… (as they are) already engaged in the community and have a wide reach'. Through this process the engaged partner hires a social prescriber/link worker. 'The link worker is recruited, hosted, and paid by the community based partner that is chosen by an expression of interest. This and a percentage of overheads are funded by the HSE'. The link worker will engage with local GPs and hospitals and other health and community based professional to receive referrals. They will also engage with community groups, networks, and local and voluntary organisations to become aware of local offerings to which patients can be prescribed. 'Link workers meet with patients for up to or more than 8 sessions on average'. There is a national peer link worker network in Ireland that offers peer to peer support through the All Ireland Social Prescribing Network.

The current social prescribing framework outlines aims to have a social prescribing link worker based in each Community Healthcare Network within the HSE over time. Their role and services should be integrated into local healthcare offerings such as the GP or Primary Care Centre services. To support link workers and assess impact means for evaluation being developed. Tools are in place to assess personal wellbeing and in development for social connectedness. The All Ireland Social Prescribing Network has been established to support education, awareness, and sustainability of social prescribing in both the North and South of Ireland.

There are many challenges and barriers to overcome but solutions are rapidly being identified and progress is being made. Concerns about funding and structure are being addressed through ongoing commitments to funding and the delivery of a national framework to support those involved. Awareness is growing 'to show it is not signposting' but there is a need for more education. In turn this should support more 'buy-in from health professions

and GPs'. Experience has led to the identification of new opportunities also with potential for development of social prescribing to evolve in acute hospital services and for children and young adults.

Creative Ireland

Creative Ireland is an all-of-Government funded programme that enables all people to reach their maximum creative potential. This includes supporting over 6,000 arts and cultural initiatives across 31 local authorities in Ireland. The project aims to enable all people to reach their maximum creative potential. The core proposition of the Creative Ireland Programme is that participation in cultural and creative activity promotes individual, community and national wellbeing. It was established in 2017 and was initially a five year project that has been extended to 2017. The focus for the next five years is to promote understanding, influence policy, establish practice and measure impact under 5 pillars- creative youth, creative communities, creative industries, creative health and wellbeing, creative climate action and sustainability. Dr Eamonn Kelly is a Principal Officer at the Department of Tourism, Culture, Arts, Gaeltacht, Sports, and Media working in the all-of-Government Creative Ireland Programme. Eamonn described social prescribing as something 'new to Creative Ireland that is based in the arts and culture sphere'. The focus is to adopt a holistic perspective to creativity and wellbeing and mainstream this into public policy, this can 'encourage more sustainable deployment of creative arts programmes'. Creative Ireland is 'reimagining the existing arts, culture, heritage, and technology through creative expression of current offerings and existing practices'. The intention is to scale these projects where possible Eamonn explained 'many of these can address socio-economic issues and engage local youth and a variety of ages'. Engagement is not the only intended outcome, support projects often 'offer alternatives and can be valuable for good health and wellbeing'. Creative Ireland works in a very collaborative manner, encouraging partnerships, providing funding, and encouraging networking. 'It is coordinated at a national level but offered on a local level'. Eamonn detailed the Creative Communities structure as 'a coordinator based in each local authority with a budget and support their delivery of services'. He noted that Health Ireland Officials have common ground with social prescribers and Creative Ireland operating within this wellbeing scope.

Eamonn identified a common challenge in the need for more cross-sectoral discussion and collaboration, 'different sectors can use different language or have different understandings of the same concept'. 'There can be a lack of awareness of each other's roles, and this can be strategically challenging'. Eamonn did emphasise that this is new territory for the programme and there is an openness and willingness to engage and collaborate. 'It is important not to work in silos, co-production is key'. This approach directly correlates with that of the All Ireland Social Prescribing Network making both ideal partners. While the art and cultural offerings for social prescribing is still at a pilot stage some success has been experienced and

lessons have been learned. Creative Ireland also recognise the need for greater understanding and broader awareness of the concept of social prescribing'. Artists are 'not in the clinical space but can offer supportive services' as such boundaries need to be established and understood. Support and training for artists regarding GDPR, confidentiality and feedback regarding the referral, where relevant, could be considered. It is important in developing new initiatives that questions are asked and the process is evaluated 'are we spending money? Or are we investing money? What is the lasting impact?'. Eamonn outlined the pilot project experiences as varying based on location. They are using these contexts for comparative learning noting more challenges in some locations over others and vary experiences. Eamonn also described a number of cultural institutions that operate as hubs and provide opportunities for learning, e.g. the Irish Museum of Modern Art (IMMA).

Eamonn highlighted a 2021 study by the Irish Longitudinal Study on Ageing (TILDA) that identified creative activity in older years as positively impacting health and well-being while also reducing loneliness, depression, and stress. Eamonn outlined that over 50% of older people engaged in creative activities and 'those that are engaged report excellent, very good or good health', 'COVID resulted in an increase in engaging with hobbies such as reading, puzzles and crafts'. During COVID many professional artists evolved their offerings and services to comply with guidelines. This was 'richly appreciated by those engaged. We received very good feedback'. One such example was COVID Care Concerts. Eamon illustrated sociable audiences that offered 'hugely positive feedback'. These supported misconceptions such as 'this isn't for me'.

The development of social prescribing offerings through Creative Ireland is expanding to 3 local authorities with opportunity to grow further if successful. 'Social prescribing is just one sliver of everything on offer. The impact of art and creativity on health is huge'.

Empower

Empower is a local partnership company for Fingal. Empower offers a variety of educational, training, employment, health and wellbeing, services and courses as well as providing multiple supports for communities. Community supports include services for children and families, early years services, services for new communities, services for the Roma community, services for the Travelling community, services for socio-economic disadvantaged areas and social prescribing. Empower is funded by The Social Inclusion and Community Activation Programme (SICAP) 2018-2022 funded by the Irish Government and the European Social Fund (through PEIL). Empower is also supported by multiple government departments with a focus on community development, integration, and youth.

Social prescribing offers non-medical support to improve people's health and well-being. It is offered by Empower to anyone aged over 18 years of age and who are based in the Dublin 15 area. It links those in the Dublin 15 area with community-based activities, services and

supports to combat loneliness, isolation, anxiety, and stress. Keira Brett is the Health and Wellbeing Coordinator and has worked in a variety of relevant roles through Europe, Australia, and New Zealand. In Dublin 15 Empower have two social prescribers/link workers. One focuses on those aged 18-54 and the other focuses on those aged 55+. These cohorts have been separated both to avail of additional sources of funding and to allow the link workers to develop more expertise that is appropriate and suitable to their audience. Keira described the variety of sources that refer patients including 'GP, Primary Care, Mental Health Services, internal referrals from Empower case workers, TUSLA, self-referrals, Foróige and other organisations that we collaborate with on a variety of programmes or that we've reached out specifically to, to make them aware of the service'. Once a patient is referred, their link workers connect them 'directly to their community offerings or to external offerings'. In the case where there is a need for a particular service or offering 'they will try to provide something relevant for specific needs, work to provide the service/offering through Empower's existing internal programmes or reach out to collaborate with existing community groups/services to highlight the need that has been identified and advocate for it to be filled'.

Keira detailed the process for social prescribing both from the link worker and patient perspective. Social prescribers/link workers receive referrals via referrals forms to a dedicated and secure email address. There is a structure on these that supports the link worker in deciding to accept or reject the referral. In the rare occurrence that a referral is rejected the link worker will communicate this to the person who has referred the proposed client. The link worker has developed a knowledge of their community and local offerings and typically develops a directory of services. Keira identified that 'it is important to be engaged in local groups, understand external services, and have knowledge of referral pathways'.

The link worker is typically engaged for a minimum of 6 months, although this varies from patient to patient. '5-7 sessions are being there in person, filling out paperwork and evaluating the process. This does not include phone calls, drop-ins, etc.' The link worker 'makes a plan with the patient, this is a delicate balancing act as they are a support service but not a counselling service'. Link workers can go with patients to get them settled into their prescription offering. 'They can provide multiple services to offer a more holistic approach'. It is important that patients move on from this process ' a close out form is an important part of the process'. At this stage referrals are 'closed out if patients cannot be contacted, they no longer want to engage, or they have engaged with and benefitted from the service and have chosen to leave the service'. Following this the link worker will 'feedback to the GP/source of referral (if relevant) on progress/lack of engagement/inability to make contact'.

The criteria Keira identified for patients being referred include:

- Must be living in Dublin 15
- Be able to access services
- In agreement with the referral
- In agreement with being contacted by the social prescriber

- Able to identify some of their own strengths and needs
- Provide personal contact details
- Provide Emergency contact details
- The referrer should provide some anticipated outcomes for the person referred

Currently the 'over 55 group is busier, as loneliness and social isolation are proving to be big issues'. Keira expressed shock at a recent in-house survey to which patients responded when they were last out 'for some it was 2 weeks for others it was 2 years'. 'Transport can be a barrier for engagement…(but) group settings are important'. Throughout COVID Keira described their services as being 'completely online'. In addition, referrals were arriving from other areas because of demand, all of these referrals were re-directed to social prescribers in those areas. Keira uses social media, email, flyers, and posters to promote social prescribing and it is also promoted through GPs, attendance of local information days for example at local community centres and at events like Social Inclusion week. The services are also advertised on the All Island Social Prescribing Network website.

Keira identified that social prescribing offers a 'bridge through which clients are connected through the social prescriber to relevant community services and activities, it supports health promotion, provides a person-centred approach, can tackle health inequalities in areas of disadvantage, relieves stress on health services and can offer economic benefits by engaging people with employment and training services (where relevant)'. Keira also noted that GPs who interact with their service are 'very supportive of the process and see the benefits'.

South Dublin County Partnership

South Dublin County Partnership (SDCP) is a local development company in South County Dublin, in Ireland. The organisation works on developing and delivering a number of services and projects to support community development and address social exclusion and poverty. They have teams focused on enterprise and employment, lifelong learning, children and families, community development, local employment services and health and wellbeing. Their activities span a broad spectrum of offerings that include but are not limited to job fairs, family fun days, skills training, study skills courses, industry specific workshops, mentoring, support with grant applications, parenting workshops and social prescribing.

Their organisation works in partnership with the All Ireland Social Prescribing Network, public hospitals in their community, GP practices in their local community, community action groups, local development, community public health officials, voluntary organisations, and any other relevant community groups. While COVID-19 put a halt to many things it did not affect the number of social prescribing referrals. Deirdre Ruane works on the SDCP Health and Wellbeing Team as a social prescribing link worker She receives referrals from The Gerontological Emergency Department Intervention (GEDI) team in Tallaght University Hospital and two General Practitioner Clinics. Her focus is on improving the health and

wellbeing of her clients. Pre-COVID she met with clients in the local community centre, local library, coffee shops or other areas in the locality. This first meeting was based in the community to encourage clients to come out into their own community and commence the process of engagement while also meeting protocols of the organisation. While SDCP always adopted a flexible approach ensuring meetings suited clients and their availability, transport or other constraints, their approach had to pivot to respond to the rapid changes resulting from COVID-19. The method of interacting with clients changed with meetings taking place over Zoom and contact being made through phone calls and an emergency helpline created in response to the pandemic. Some clients wished to make contact via social media and apps such as WhatsApp. SDCP were flexible in their approach and response to COVID-19 in the absence of face-to-face meetings. While some of the community organisations SDCP had been engaged with paused operations or ceased to exist they were quick to recognise new offerings that were able to assist with delivering medicine, books from the local library, online wellbeing groups, lessons on using Zoom and Skype. There was a support phone line to assist the overburdened General Practitioners. There were opportunities to support people with digital literacy which benefited many and for those it didn't there was the option of phone calls. Deirdre noted that many enjoyed phone calls throughout the pandemic and while clients typically have 7-8 meetings over several months with their social prescribing link worker this was extended due to the lack of face to face meetings, however this was not the norm pre-COVID. SDCP receive referrals of social prescribing clients and make initial contact to inform them what social prescribing is, how it works and why they should engage. The client would inform the social prescribing link worker of their concerns, issues, interests, hobbies, and the social prescribing link worker would evaluate these and offer recommendations that are unique to that client. The aim is to empower the client rather than create dependency. There is no typical referral as clients vary in age and socio-economic background and their concerns and issues are unique to them. The recommendation is offered in a 'full wrap around service'. Clients are offered recommendations, they select what is of interest to them. A description of what the offering is, where it is, how to get there, who to meet there is given. At times the social prescribing link worker will attend with the client to support them with initial engagement.

There have been many successes and many challenges to date. COVID-19 has been an obvious challenge in trying to engage clients who had to remain in physical isolation and may or may not have been digitally literate. While many clients 'are open to the social prescribing process because of the gravitas of the referral, some do not engage with the process.' Based on experience, Deirdre found that a phone call was a good way to engage and evaluate if other life distractions were impeding engagement with the process and how to work around this. At times 'confidence can be low and that can be a barrier'. With social prescribing there is 'no limit of a 15 minute appointment and no agenda' which can help overcome barriers, along with the 'significance of follow up' There are many people based within communities with offerings that are unique but somewhat overlap, the need for greater collaboration and awareness on how these services and offerings can collaborate and complement each other was recognised. Deirdre invests a lot of time 'building relationships in the community…and joining multi-disciplinary teams… to allow for greater collaboration'.

Engagement has proved successful when 'there is the ability to rekindle old hobbies and interests or re-establish connections with groups'. Strong relationships with others in the communities has encouraged support of the full wrap around service. Often course facilitators or managers of centres will inform attending clients of alternative or future offerings available to them, 'when (clients) are connected they can remain engaged'. A local peer group was set up 'for mindfulness and have a cup of tea and a chat'. The organisation of this group was 'self-led and came out of (clients) making friendships in other activities that they wanted to continue'. Thanks to the All Ireland Social Prescribing Network and support of the HSE, HI and the Department of Health funding is more secure within the national framework and a pathway forward is recognised by organisations engaging with the process. In addition, being a member of a national network of link workers, Deirdre has the ability to share her knowledge and experience with other link workers while also learning from that of her peers. To see a short video about Deirdre's experience with social prescribing see: https://allirelandsocialprescribing.ie/wp-content/uploads/2021/10/Deirdre_Social-Link-Worker-1.mp4

Glenview Clinic

Glenview Clinic is a General Practice Clinic with two doctors, a nurse and practice manager. The Clinic offers extensive GP services and also engages actively with Social Prescribing. Their practice works in partnership with a Social Prescribing link worker from South Dublin County Partnership. This connects their practice with the All Ireland Social Prescribing Network. The Link worker engages with all staff members where relevant in supporting patients in addressing their needs via locally available social offerings. Their practice offers space for the social prescriber/link worker to meet with patients once a week in the GP practice that is comfortable and familiar to them.

Margaret Willkie is the General Practice Nurse in Glenview for the last 16 years and has been involved in their social prescribing for the last five to six years. When asked how they got involved in social prescribing she explained 'we were chosen as part of a pilot scheme with South Dublin County Partnership'. Margaret explained 'We didn't know a lot about it at the start', but now they are well established. You can see a video of Margaret describing social prescribing in their practice here: https://www.youtube.com/watch?v=3UWhGKucXlw. Social prescribing 'made total sense and we were invested from day one'. Glenview only discusses social prescribing with patients who would benefit from or are interested in social prescribing. This supports the move away from 'focusing on disease management and encourages active and early intervention and prevention'. Margaret said they can 'see a notable improvement in the wellbeing of patients'. They have started the process of receiving feedback form the social prescriber/link worker to create awareness of those that are not engaging and track progress of those that are. As part of their holistic approach to patient care the practice is also focused on encouraging physical activity prescriptions.

Glenview Clinic is ‘really engaged (with social prescribing).. and could really see a benefit to the holistic approach to health’. Margaret described the clinic's devotion to their patients ‘ we know our patients and know who this will work for’. She identified that this mostly works well for older people in particular. ‘When patients are in, we describe social prescribing and would inform them of the link work and refer and connect them with that link worker’. Due to COVID patients had to meet the link worker on Zoom or via a phone call but they are moving back to face-to-face meetings again. Margaret and her colleagues' knowledge of their patients supports the process of referral ‘One patient always has a book in hand but became disengaged during COVID, this has led to a Zoom book club’. This was not limited to one patient with many experiencing difficulties during COVID. Margaret explained that through their social prescriber volunteers were Garda vetted and mobilised to ‘get shopping, prescriptions, mow the lawn, borrow books from libraries, etc.’ Even with society moving on from COVID Margaret noted that some patients are ‘still slow and reluctant to engage and re-engaging is being delayed’. Some are ‘missing out due to mobility or transport issues’ while others have ‘concerns about attending things alone’. All of these were identified as impacting confidence in a negative manner. Margaret explained that the variety of offerings allows for more inclusivity of patients, e.g. Belgard Club offered Olympic Chair Activities for those that are less mobile. Margaret described the greatest benefit of social prescribing as ‘creating independence’. Some patients can be lonely and ‘come for a chat to the GP’. ‘Mostly older patients want to do something and are not aware of what is on offer, where to go and if they can avail of it’. Patients have engaged with everything from volunteering at charity shops, gardening programmes, lifelong learning programmes, historical societies, musical societies, going to see movies, local community art classes, monthly day trips to art galleries to weekends away. ‘It is very popular because it offers an opportunity to meet and chat with others’. Margaret noted there has been no negative feedback since they started to offer social prescribing. ‘We have not experienced any negative impact of feedback. It benefits mental health and we have noted less visits form some patients once they are well and healthy’. Margaret explained that no funding is provided for those referring to social prescribing but the benefits of the offering were worth committing to.

The clinic not only socially prescribes patients, but they also offer a social prescribing offering in the form of a walking group. This group used to meet once a month, with ‘a doctor, practice manager, and a number of patients of all levels of mobility going to the local park and going at their own pace’. This progressed to patients turning up with enough money to go for a coffee after the walk at a local café. This walking group worked as an outlet for physical exercise, social engagement and ‘shared learning patient to patient’. ‘It gives people a great boost, it is something to look forward to, people exchange stories. Our patients are local and enjoy being locally engaged’. This walking group ‘now meets every Friday and patients love it’, in its progression it is now volunteer led. Margaret described the clinic's commitment to their patients ‘ we know our patients and know who this will work for’. She identified that this mostly works well for older people in particular. Margaret tells patients ‘ It’s your time to shine’. She recognises that sometimes ‘people can get left behind.. (but) adopting a holistic approach to health and wellbeing can improve both your mental and physical health’.

To see a video of a patient testimonial of social prescribing through a Glenview Clinic, South Dublin County Partnership and All Ireland Social Prescribing network co-production see Frank's story: https://allirelandsocialprescribing.ie/wp-content/uploads/2021/09/Frank_Social-Prescription-User_ver.2-1.mp4

DCU Art and Culture

Dublin City University (DCU) has a strong link with Art and Culture on campus, in their local community and at a national level. DCU has a number of art, drawing, music and writing courses that are available to the public for audit or for those in pursuit of professional academic accreditations. DCU students have art and culture based clubs and societies ranging from traditional music societies, jazz clubs to national cultural and heritage clubs. Throughout each academic year DCU hosts exhibitions, art and cultural events for students, staff and the general public with a highlight being DCU Culture Night. DCU Culture Night takes place at the beginning of each academic year as part of a national celebration of culture, creativity, and the arts. DCU opens it's doors to offer a variety of experiences for all ages such as choir performances, installation exhibitions, light displays, historical campus tours, traditional music, guerrilla knitting, crafts for children, reading workshops, story writing classes, poetry events, photo exhibitions and much more. Some additional arts and cultural activities of DCU include: DCU Campus Choir; ANAM Festival, DCU Lunchtime Concerts, DCU Virtual Book Club, Age Friendly University art and cultural activities, DCU Art Collection, Fighting Words, ANAM Artist Commissions, ANAM Open Call Grants for Staff and Students; The Mellie Project and DCU Artist in Residence Programmes. In 2021, DCU Cultural Arts Officer carried out research on Arts and Culture at DCU to support the development of an Art and Culture Plan. In addition to identifying key themes and recommendations to support the development of a strategic plan it identified that older staff were more likely to consider themselves and Arts and Culture enthusiasts and that staff under the age of 35 were less likely to engage in such activities. The types of Arts and Culture that appealed to staff varied based on age also, but all ages chose activities that involved socialising or engaging with others as their preferred activities However overall 99% of all staff found Arts and Culture activities some to be enjoyable; 92% felt it improved their sense of well-being; 89% felt is satisfied their curiosity about new things; 83% felt is allowed them to socialise with like-minded people; 82% felt is allowed them to develop their sense of self expression; and 80% felt it made them feel part of a community.

DCU aims to nurture and celebrate arts and culture, provide supports for students and staff, strengthen links with its local community, broaden arts access through collaborations with strategic partners and enhance the University public realm. DCU recognises that arts and culture can enrich the lives of all our communities which also supporting education, mental health and building community spirit. As part of this, DCU supports the in-house residencies of both writers and artists. In the development of our national report, we spoke with two of these artists to get a unique perspective on engaging communities and the general public with

arts and culture. As part of the Culture on Prescription Europe Erasmus+ project DCU will develop cultural courses to be offered as social prescriptions in coordination with local HSE supported social prescribing link workers.

Susan Leen is an award winning visual artist whose work reflects the built environment through drawing, installations, and interventions in the public space. Susan has exhibited work across Ireland, France, the UK, Italy, Brazil, and Senegal. Susan's work can be viewed here: https://susanleen.com/

Susan is currently working in residence in DCU in developing a psycho-geography of Dublin that will examine the geography of a place and how it affects your well-being. She has worked on a variety of collaborative community projects throughout her career. She has engaged in projects working with migrant communities, projects for drug and alcohol users availing of the use of controlled environments, projects for those in direct provision, as well as informal integration projects. Her experience has supported her flexible approach, understanding and identification of when to tailor projects for specific groups and how to adapt to suit the audience. 'There is a need to be flexible and to adapt to the individual's needs'. The circumstances of the audiences must be taken into consideration 'going somewhere once a week can be very beneficial but I have worked with some people who were very isolated and have very little money so this was not an option'. Susan has identified engaging with arts and culture as ' a way to switch off'. When engaging with groups 'connections are made' that can support confidence and engagement. As a professional Susan's approach is methodical and strategic in delivering offerings to the public. She examines the profile of her audience assessing ' age, their needs, themes of interest, goals, and aspirations'. She finds the use of a theme ' good to work off as it can narrow the focus and scope of the offering and support the choice of techniques used'. Susan always provides examples, outlines expectations, and offers a clear structure to support inclusion and understanding. ' I make it clear what the facilitator's role is to support building trust as that is important'. Typically, Susan will 'aim to have an exhibition at the end of the course people have a sense of pride upon completion'. From a practical point of view, she ensures all required resources are available from space to materials. While her experiences have been predominantly positive Susan has experienced challenges in projects/classes 'groups often stick together, this can impact integration and inhibit collaboration'. To combat this Susan recommends ice breakers and informal conversations to encourage mixing in a group, she also recommends using the space available in an effective manner for the same purpose. The selection of space/multiple spaces can offer the opportunity to 'encourage engagement, build a rapport, build trust, allow space to show the work, allow space to support people and meet their needs'. 'There is a great sense of community in Ireland and COVID encouraged this'. Many barriers and challenges such as access to arts and culture can be overcome. 'In the past prisoners sent art postcards to the public in a very successful project, there is the opportunity to mail art projects to those with mobility concerns where participants could both send and receive art'. Engaging professional artists can offer creative and unique perspectives to support the development of innovative and sustainable offerings. The greatest challenge and 'what can be missing can be

how to sustain engagement beyond the project'. To build sustainability into her projects Susan often leaves materials behind for the course to be re-run and is happy to remain engaged with local groups.

Elva Mulchrone is an award winning visual artist with experience in painting, video, installations, and sculpture. She has work included in a number of public and private collections across Ireland, the UK, Germany, and the USA. Her work can be viewed here: http://elvamulchrone.com/home

Elva has a variety of experience of working in collaboration with a variety of audiences from teaching art to children to working with those in long term unemployment. Her work is influenced by research, e.g. social mobility, antibiotics as a last resort, etc. In Elva's experience 'opening the door, inviting groups to come to the studio' can be very effective. 'People engage because there is an artist in that location, and they can be very good at adopting informal structures for (arts and cultural) offerings'. Elva is an artist in residence and finds that she associates well with 'DCU opening its doors, encouraging the public to come on campus and engaging the community in innovative ways'. Art and culture can be a 'great way to involve older and younger people who might not feel part of a place …and encourage them to come there'. Elva has included environmentally friendly and sustainable practices into her projects and offerings using 'reclaimed materials from DCU to create new pieces of art from them'. Her approach is strategic yet flexible. She often presents materials and facilitates creativity asking, 'what would you like to do with this?' She identified the need for structure ' some participants want to stay with you for the rest of their lives, but it is important to support people to move to the next stage'. 'Having considered structure and having a clear end point, such as an exhibition of work' can support this. In Elva's experience she and others in her field are very happy to engage with projects and 'just need to be asked, most people are willing to participate'. She enjoys 'doing workshops that get people to broaden beyond their own experience'. 'Art can open minds and help raise questions… it can also be a huge de-stressor. You don't have to understand it or be an instrument playing a part'. 'Art can raise an issue, some will think it is nice to look at others can be inspired to do the same or their own thing'. In considering challenges Elva noted that many can get too involved with technology and 'art can offer the opposite, something to bring you right down to a quiet place'. Another challenge identified was that at times people can 'clog a programme' by repeating the same programme leaving no space available for others to participate. Elva suggested the use of an exit interview as a means to offer a clear end point and support the evaluation and development of the course for future iterations. Following this 'participants can commit to another programme that is similar or try something completely new'. 'The ideal is progress, people, we all need to keep moving even if it is sideways'. Elva also recommended that exit interviews should be with the social prescriber/link worker so 'participants are not tied to that exact offering and can be exposed to more'. Many adults and children already 'self-prescribe' to arts and cultural offerings. There are 'people on every level of a gambit' and as such there is a need to consider how to engage everyone. 'Some people who attend will not participate in work, some will bring objects to draw or paint others won't'. Elva highly recommends coffee breaks. 'The

room set up is important, having tea and coffee available in the room means encouraging mixing and integration of the group in the creative setting'. Having the tea break early encourages this integration early in the day and Elva noted an increase in activity and engagement post tea break. 'Adults really liked the break, it was great to have the chat. It offered an easy environment'. In preparation for her classes or projects she ensures 'all supplies are provided so you don't have to bring anything just yourself, when you arrive you are ready to go'. However, she does encourage people to 'bring an item which can show that you are already engaged'. Elva will always provide objects if they are required for the class but a discussion around objects that participants bring with them can be a 'great ice-breaker'. There is no pressure to create anything in Elva's classes but if you do she tries to create an easy environment that is safe. 'You are given enough direction that you know what is there, what expectations are there and what you need to do'. 'It is very human to want to engage with others and the energy of being with other humans with a shared objective is extraordinary'. 'In a shared space you are all equal, you are all in the same space, you are all doing the same thing.'

Recommendations , Tips and Opportunities for Social /Cultural Prescribing

To date social prescribing in Ireland is available for those over the age of 18. There is the potential to expand the offering to those under 18. As a person centred approach is adopted, the needs of individuals engaging with social prescribing are unique to each individual. However, there are common societal issues and concerns that impact many cohorts and regular evaluation of current practice and impact could support the development of local, regional, or national offerings to address common concerns as well as policy development.

Social Prescribing has experienced rapid growth in recent years. While this is available across the country it is not yet available in every locality. There is opportunity for more information and education on the process to create public awareness and to encourage uptake from GPs.

The offerings to which people are prescribed to is outside the social prescribing framework in Ireland. The Irish Government and health services do support and promote the benefit of cultural and art programmes, however there is opportunity for much growth in this area. Creative Ireland is one way in which this is being achieved and the Government commitment to extend funding recognises the significance in supporting the development and expansion of art and cultural offerings and opportunities in Ireland. Again, there is the potential to create more awareness of this and the expand offerings to all communities around Ireland.

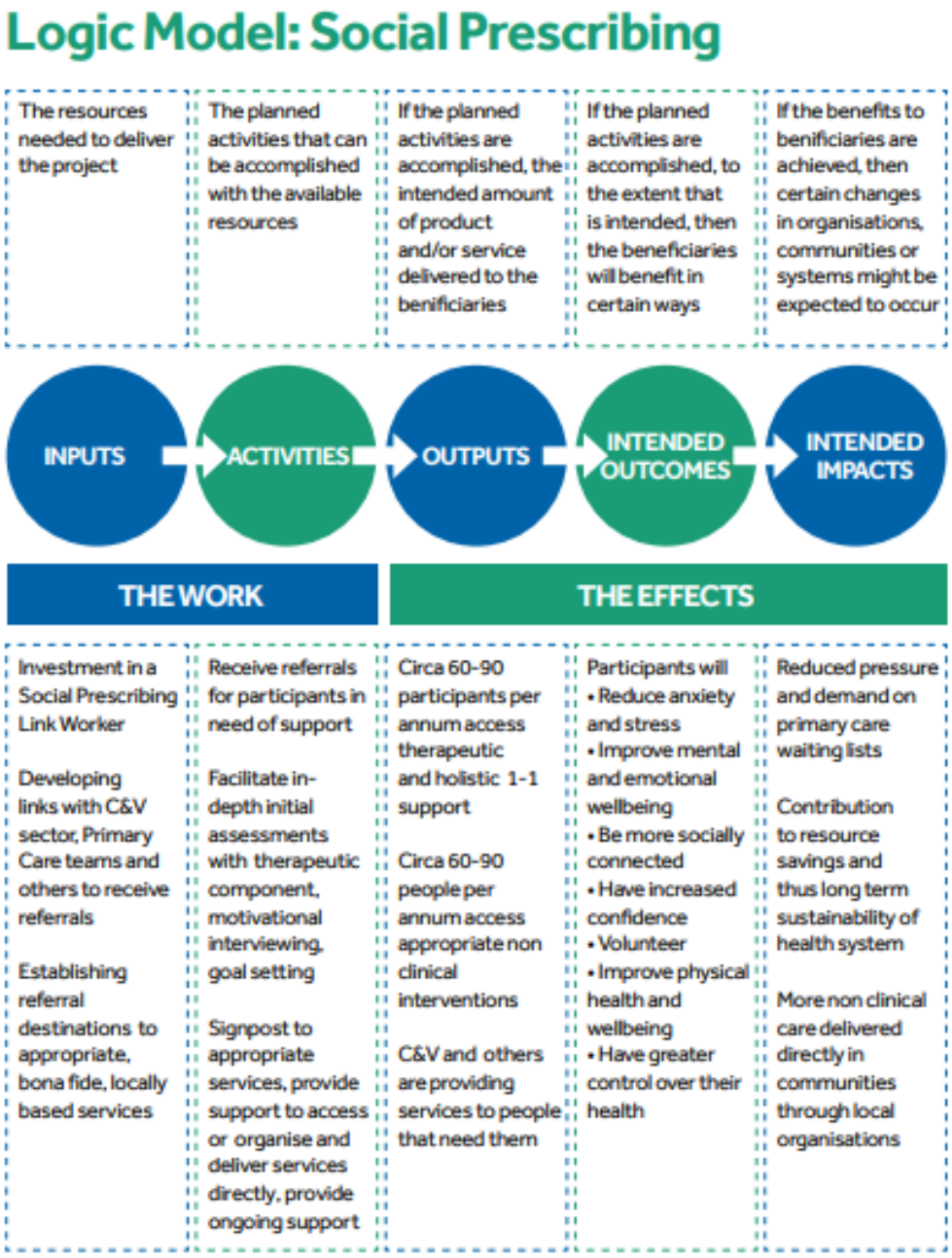
The following recommendations were made by experts involved in the social prescribing process in Ireland for those who wish to adopt social and/or cultural prescribing:

- It is recommended that an organisation that wishes to offer social prescribing decides their own baseline and what service they will work with and how they will evaluate.
- It is important to look beyond internal evaluation in social and/or cultural prescribing provision and examine progress and action plans.
- Consider spending time shadowing or learning from people/organisations that already provide social and/or cultural prescribing.
- There is single approach. Consider the needs of your community and avail of shared learning opportunities.
- Need for skilled social prescribing link workers who can manage the process and do not take on something outside the remit of social prescribing.
- Need for training for the social prescribing link worker in identifying concerns, how to deal with them and who to engage with. Some programmes identified that compliment this role are the WRAP programme (Wellness Recovery Action Programme) and ASIST safe talk training.
- Need to ensure the patient has an opportunity to be heard, to know they are safe, and to know they have been heard.
- Need for the approach to be patient focused. This is about them and their needs.
- Need for support for social prescribing link workers and their wellbeing and to ensure the social prescriber is safe from what they have heard.

- Need for the social prescribing link worker to build relationships and networks within their community and to remain informed on changes and updates to community development and activity.
- Need for the social prescribing link worker and social prescribing referral pathways (Hospitals, GPs, etc.) to be aware of the socio-economic and demographic needs of their local area.
- Be aware that there is no 'one size fits all' model.
- Educating and empowering clients on how to help themselves, how to access more tools, education and offerings is essential so they can benefit from the process without becoming dependant on it.
- For patients who lack confidence or do not wish to attend alone the Social Prescriber/Link Worker can attend with the patient in the first instance or identify a contact person at the offering to meet them on arrival.
- Mobility and transport can limit patient engagement and needs to be considered at a community level
- Need to explore, encourage and support more cultural and art offerings in local communities of these as they are proven to have a positive impact on health and wellbeing.
- Be aware that not all art/ cultural programmes are suitable to be rolled on mass. Experience has informed that programmes that work in one community might not be suitable/applicable to another. There are many variables that can impact uptake of programmes within a community and there is the opportunity to explore this further. It is recommended that offerings are targeted at specific audiences as they may be easier to duplicate for the same target audience in another location.
- Need to engage professionals in the process be it psychiatrists, artists, etc. as they will be familiar will addressing requirements under their remit appropriately and professionally as part of the process.
- To support sustainability of art/cultural offerings professional facilitators can train local people to continue courses/projects in a less formal manner and can leave materials for this purpose.
- Professional Artists can be and are willing to be employed/engaged to support the development of offerings where a need/gap has been identified.
- It was recommended that working with paper can be an easy and familiar medium to start with, with the opportunity to progress to other mediums
- Encouraging people to practice or engage with the medium or art or cultural offering at home can boost confidence and support positive mental well being
- Don't just consider the offering but also the space and how best to use the space available
- Showcasing work from art and cultural offering can offer a definite end point and a real sense of pride in those that participated.

- Need to evaluate impact from a patient, cost, and health service perspective as there is limited available data. This can be difficult to monitor if dealing with vulnerable patients and when the priority of the process is to address patient needs.

The following model was developed while evaluated the early progression of social prescribing in Ireland and could be used to support the development of social and/or cultural prescribing in other regions.



Social Prescribing Logic Model (HSE, National Office for Suicide Prevention, Department of Health, 2020)

Examples of Community Offerings in Ireland

The list of unique, innovative community based offerings and initiatives around Ireland is extensive. This vast and varied list is delivered by public, private and voluntary sectors. Initiatives and offerings that have proved successful have often been creative and flexible in delivery and development of their offering, e.g. public libraries expanded the variety of medias being offered on loan, mobile libraries were deployed, communities were invited into libraries to participate in group activities, community information events are hosted at libraries, student supports are offered, community collaborations and initiatives such as the rental of home radon monitors are offered, throughout COVID libraries collaborated with other organisations to support the delivery of services to the homes of local residents and in particular those that are considered vulnerable, etc. A short list has been compiled to identify examples of what patients might be socially or culturally prescribed to in their local communities as the breadth of offerings are too vast to include.

Women Together Tallaght Network

https://womenscollective.ie/

Women Together Tallaght Network is part of Women's Collective Ireland, a network which encourages women and women's groups from Tallaght and surrounding areas and around Ireland to come together to support, share information and skills in order to empower women to have a voice on women's issues and policy. The activities of Women Together Tallaght Network include Open Meetings, Courses, Information Seminars and Group Management Support.

Age and Opportunity -

https://ageandopportunity.ie/

Age & Opportunity is a national development organisation who strive to offer the best possible quality of life for all through:

1. "Championing the creativity and value of older people.
2. Combating stereotypes and negative views of ageing.
3. Developing inclusive and engaging experiences which respond to the interests and needs of the diverse older adult population.
4. Developing, testing, and measuring the impact of pioneering programmes and approaches.

5. Making evidence available to policymakers and service providers.
6. Working with partners and stakeholders to ensure that Ireland's policies, strategies, and programmes are directly informed by the needs and experiences of older people." (Age and Opportunity, 2022)

Programmes include their:

Arts

- Creative Exchanges: is a training course designed for people from an arts background to plan and facilitate arts activities in care settings.
- Arts and Creative Charter for older people aims to raise the standard of arts practice in relation to older people and to create confidence amongst older people in relation to participating in the arts in Ireland.
- Creative Supports for Care Homes: developing creative supports for care settings in order to ensure easier access to the arts for the residents and visitors of those settings.
- Cultural Companions: The scheme creates local and voluntary networks of older people interested in the arts and culture in order that they may accompany each other to arts events.

Active

- FitLine: a volunteer-led telephone-based motivation line which encourages callers to get more active
- CarePALs: Physical Activity Leaders (PALs) who have been trained to lead physical activities specifically in day and residential care settings.
- Go for Life Games: a national day of sport when teams from all over the country come together for one day in June to take part in a festival of physical activity and a celebration of sport
- Physical Activity Leaders: trains older people on how to lead sport and activity sessions in their local groups and communities.

Engage – Workshops and Training Courses

- AgeWise: a workshop designed to create awareness of attitudes to ageing and older people which is suitable for employers and people delivering services to older people.
- Training Courses such as - "Get Engaged" which helps participants to make a difference within their local community organisations by teaching them skills on lobbying, research and working with the media.
- "Changing Gears" – which supports people with various lifestyle changes in later life. Designed for people in mid- career or anticipating retirement – the courses

focuses on how we can build resilience - take stock, make changes, bounce back, and move on in life.

- "Ageing with Confidence" - This initiative increase confidence, encourages reflection and the sharing of experiences, it is based on an ethos of empowerment and mutual self-help among older people as well as promoting physical and mental health and social interaction.

Age Friendly Ireland

https://agefriendlyireland.ie/

In the 31 local authority areas of Ireland, an Age Friendly Alliance is established, involving senior decision-makers from public office, commercial and not-for-profit organisations. A multitude of practical steps and supports have been taken at local level under the technical guidance of these Alliances to prepare towns and cities for the rapid ageing of the population.

Working in collaboration with Creative Ireland the following projects have been developed as community offerings:

- *A River Flows Through it: Creative Engagement with My Place*

A project from the Southeast region of Ireland which will investigate the impact of the "Three Sisters rivers" (the Barrow, the Nore and the Suir) on the landscape and cultural heritage of the region. Older people in the area will discuss how their lives have been shaped by the rivers in their neighbourhood and express this relationship in a creative way.

- *Creative Lives: A series of outdoor creative events in public parks*

Creative Lives will deliver a series of events in the Eastern Region of Ireland which will offer creative activities such as music, film, local history, and walking routes in outdoor settings specially designed for older people.

https://www.creative-lives.org/

- *Creative happenings celebrating cultural lore related to St Brigid*

Creative events in the Northeast will celebrate cultural lore related to Brigit/St Brigid; collectively sharing older people's knowledge and celebrating active customs, folklore, and traditions particularly the cloak 'brat Bhríde', the cross and the Brideóg, though craft-making workshops.

- *Midlands Region – Music teaching residency for older people*

Through this music residency series, older lapsed musicians in the Midlands Region will be offered support to return to playing instruments and new older learners will have opportunities to learn how to play an instrument.

"A diverse range of creative initiatives will be open to all older people in the community"

- *West Region – The Road to Life*

The Road to Life is a travelling roadshow of workshops that will offer older people taster music and song writing sessions inspired by their own memories, shared stories, and imaginations.

- *Dublin City Region – Dance train the trainer initiative with end of project public performance*

Older people in Dublin City will be offered the opportunity to train as dance trainers. Older dance leaders will be identified to take part in eight céilí dance workshops, and in turn these leaders will train older people in their local communities. The initiative will include an end of project performance event

Irish Men's' Sheds Association

https://menssheds.ie/

The Men's Shed offers a holistic non-clinical resource to support positive physical, mental, social, and spiritual health. Men's Shed engage with local men in a welcoming, supportive, purposeful manner. This has developed in an organic way with popularity of the Men's Sheds attracting more communities to offer their own. The Men's Shed is an informal environment that is unique to its community. Some have social gatherings, others offer sports programmes, others offer the opportunity to develop a new skill e.g. one shed built a boat, another did photography classes, art classes, digital skills, furniture repairs, metalwork, woodwork, walking groups, etc. There are over 360 Men's' Sheds in the Republic of Ireland and over 450 on the island of Ireland with over 12,000 men attending weekly.

Bibliography

Age and Opportunity (2022). Available at: https://ageandopportunity.ie/ (Assessed: 10 July 2022)

Age Friendly Ireland (2022). Available at: https://agefriendlyireland.ie/ (Assessed: 15 July 2022)

All Ireland Social Prescribing Network (2022). Available at: https://allirelandsocialprescribing.ie/ (Assessed: 16 July 2022)

Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

Central Statistics Office (2019). Population and Migration Estimates April 2019. Cork: CSO.

Central Statistics Office (CSO) (2020). Social Impact of COVID-19 by Age Group https://www.cso.ie/en/releasesandpublications/br/b-csi/socialimpactofcovid-19byagegroupapril2020/ (Accessed 20 July 2020)

Creative Ireland (2022). Available at: https://www.creativeireland.gov.ie/en/ (Assessed: 28 July 2022)

Creative Lives (2022). Available at: https://www.creative-lives.org/ (Assessed: 18 July 2022)

Creswell, J.W. (2014). Research Design: Qualitative, Quantitative and Mixed Methods Approaches. London: Sage.

DCU (2022). DCU Arts and Culture. Available at: https://www.dcu.ie/dcuartsandculture (Assessed: 18 July 2022)

Department of Health (2013). National Positive Ageing Strategy- Positive Ageing- Starts Now! Dublin: Stationary Office

Department of Health (2013). Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025. Dublin: Department of Health

Department of Health (2021). Healthy Ireland Strategic Action Plan 2021–2025. Dublin : Government of Ireland.

Department of Health and Children (2007). National Plan for Social Inclusion 2007-2016. Dublin: Stationary Office

Empower (2022). Available at: https://www.empower.ie/ (Assessed: 20 July 2022)

Eurostat (2017). Life expectancy by age and sex and Healthy Life years statistics – tepsr_sp320. Data relates to 2017. https:// ec.europa.eu/eurostat/databrowser/ view/tepsr_sp320/default/table?lang=en. (Accessed 13 June 2022).

HSE (2020). Building Capacity for the Evaluation of Social Prescribing. Ireland: HSE. Available from https://www.hse.ie/eng/services/list/4/mental-health-services/ connecting-for-life/publications/social-prescribing-evaluability-assessment.html (Assessed: 20 July 2022)

HSE (2021). Social Prescribing. Ireland Framework : HSE. Available from:https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-social-prescribing-framework.pdf (Assessed: 20 July 2022)

HSE (2022) Social Prescribing Available from: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/social-prescribing/?gclid=Cj0KCQjw1vSZBhDuARIsAKZlijSlWnzMRHdewfdwcMwQYD3zxUvz9cAge7OjpjM5D_1Pgt2nEmbTazwaAhMxEALw_wcB&gclsrc=aw.ds (Assessed: 20 July 2022)

Irish Men's Sheds Association (2022). Available at: https://menssheds.ie/ (Assessed: 18 August 2022)

Leen, S. (2022). Available at: https://susanleen.com/ (Assessed: 10 September 2022)

Mulchrone, E.(2022). Available at: http://elvamulchrone.com/ (Assessed: 11 September 2022)

Sheehan, A. and O'Sullivan, R., (2020) Ageing and Public Health – an overview of key statistics in Ireland and Northern Ireland. Dublin: Institute of Public Health.

South Dublin County Partnership (2022). Available at: https://sdcpartnership.ie/ (Assessed: 18 July 2022)

Ward, M McGarrigle, C. Hever, A. O'Mahoney, P. Moynihan, S. Loughran, G. Kenny, RA. (2020). Loneliness and social isolation in the COVID-19 Pandemic among the over 70s: Data from The Irish Longitudinal Study on Ageing (TILDA) and ALONE. Dublin: Trinity College Dublin. Available from: https://tilda.tcd.ie/publications/reports/pdf/Report_Covid19SocialIsolation.pdf (Assessed: 20 July 2022)

Ward, M. Layte, R. Kenny, RA. (2019). Loneliness , social isolation , and their discordance among older adults Findings from The Irish Longitudinal Study on Ageing (TILDA). Dublin: Trinity College Dublin. Available from: https://tilda.tcd.ie/publications/reports/pdf/Report_Loneliness.pdf (Assessed: 20 July 2022)

Women's Collective Ireland (2022). Available at: https://womenscollective.ie/ (Assessed: 18 July 2022)

Co-funded by
the European Union