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## Sporting memories & the social inclusion of older people experiencing mental health problems

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# **Sporting memories & the social inclusion of older people experiencing mental health problems**

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## **Abstract**

**Purpose** – Social exclusion and isolation of older people and their mental health are likely to be more significant, interlinked issues for society as we experience a changing demographic profile. We urgently need to identify effective ways of addressing these challenges that can be easily mobilised to meet diverse needs in different settings. This paper explores the impact of sporting memories work as one approach to help meet this need.

**Design/methodology/approach** – The article sets out the sporting memories idea and discusses lessons learnt from case studies of its application to meet the inclusion and mental health needs of different older people in institutional and community settings.

**Findings** – The evidence from the application of sporting memories work to date is that it is an effective and flexible means of engaging people to improve their social inclusion and mental wellbeing. It can be readily deployed in various care and community settings.

**Research limitations** – The evidence to date is of case studies of the use of sporting memories work, and, although these are now extensive case studies, further research is needed on the costs and impacts of sporting memories work.

**Practical implications** – Sporting memories work is a flexible and readily adoptable intervention to engage older people and help improve their social inclusion and mental wellbeing.

**Social implications** – Sporting memories work can be an important part of meeting some of the challenges society faces with an ageing population profile.

**Originality/value** – This is the first paper to set out the sporting memories work.

**Keywords** social inclusion, older people, dementia, reminiscence, sporting memories

**Paper type** conceptual paper and project evaluation

## Introduction

We are living through an era of demographic processes in which our society is developing an older age profile. There are now over 11 million people living in the UK who are aged 65 or over (projected to rise to over 16 million in the next 17 years), 3 million of whom are 80 or older, and there are more pensioners than people aged under 16 (Age UK 2015a). Along with celebrating this fact of greater longevity for many people, we must also be very conscious of the challenges that it can bring for some people and for society as a whole. These include considerations of potentially greater social exclusion, isolation and loneliness for greater numbers of older people and, often interlinked, more challenging mental and physical health needs. In particular, the rise in the population of the oldest-old – the number over 85 in the UK is predicted to double in the next 20 years (Age UK 2015a) – presents challenges for society such as dealing with increasing frailty and more complex, co-morbid and chronic conditions. People living with these conditions can be at greater risk of social exclusion as mental and physical difficulties restrict opportunities for inclusion and/or stigma and other social factors potentially present barriers. In turn, more isolation and loneliness can have adverse impacts on mental and physical health, potentially creating downward spirals for people's wellbeing.

It has been found that depression affects 22% of men and 28% of women aged 65 or over, that it affects 40% of people living in care homes, and that 85% of older people with depression receive no help at all from the NHS (Age UK 2015a). Dementia is one of the main causes of disability in later life, in 2014 it was estimated that nearly 800,000 people in the UK aged 65 have dementia, and it is expected that by 2025 there will be over 1 million people living with dementia (Prince et al 2014). A survey of a sample of people living with dementia found that less than half felt part of their community and 40% have recently felt lonely (Age UK 2015a). The cost to the UK of dementia has been estimated as over £26 billion per year (Prince et al. 2014).

The adverse health effects of loneliness have been compared to those of smoking 15 cigarettes a day (Holt-Lunstad et al 2010). People with high degrees of loneliness are estimated to be twice as likely to develop Alzheimer's disease than those with a low degree (Wilson et al. 2007). Over 1 million older people say they are always or often lonely, 13 per cent of people aged 75 or over said they were always or often lonely and 49% of people aged 65 or over say that television or pets are their main form of company. Nearly half of people aged 75 or over live alone, and 17 per cent of older people have less than weekly contact with family, friends or neighbours (Age UK 2015a).

Coupled with this profile at the older age of the population spectrum is the fact of the declining proportion of young, working age to older age people. This presents challenges for funding welfare systems and delivering care to address these needs.

We need to find means of meeting these challenges that are effective, affordable, easily and flexibly used (including in different settings), and which meet the ethos of how health and social care are developing (especially in terms of addressing prevention and working with communities). There is evidence supporting some interventions, notably Cognitive Stimulation Therapy (Knapp et al 2006), but more approaches are needed to meet the diverse needs and interests of people. This includes recognising the gendered nature of ageing and the different experiences of men and women (Foster & Walker 2013).

In this paper we discuss the use of sporting memories (SM) work as an intervention to help meet this challenge. We will discuss case examples of how SM has been applied in institutional care and in community settings with support of the Sporting Memories Network (SMN) and the lessons learnt from each of these.

A chief focus of sporting memories work to date has been helping people who live with dementia, especially those in care homes, which has been widely identified as a national priority for societies (e.g. Department of Health 2009, 2012; Welsh Assembly Government 2011; Scottish Government 2010; Department of Health, Social Services and Public Safety 2011). However, SM work is also proving to be of benefit to older people living with other mental health problems, and potentially for more general social inclusion of older people and, hence, addressing and preventing loneliness, isolation and mental health problems.

### Sporting memories work and reminiscence

Reminiscence work has been employed in dementia care for some considerable time (see Woods et al. 2005 for a discussion of the history of this approach) and is now a widely used means of engaging with people with dementia. It entails discussing events from the past and people's lives to stimulate and engage with people. Discussions may be one-to-one or in groups, and the groups may involve various combinations of staff, people living with dementia and their families. Often aids, such as objects and photographs, are used in the conversations. There is some evidence of the benefits of reminiscence work to those participating, though more evidence is needed (Woods et al. 2005).

Reminiscence work can potentially contribute to a balanced bio-psycho-social view of a person's wellbeing even when there is significant biological and/or psychological trauma resulting from conditions like dementia. Reminiscence can be very immersive and multi-sensory, not only functioning as a simple recollection of a memory of an event. Sights, sounds, touch, and smells all can be evoked in reminiscence work. An older person is likely to view his/her wellbeing not only in medical terms but also in terms of, for example, being able to engage with people and maintaining dignity. Participating in reminiscence with someone even with quite advanced dementia, for example, could be a gateway to build a connection that brings its own joy to his/her life, but also brings a sense of connection, being respected and of dignity and, hence, significantly enhances his/her sense of wellbeing and inclusion.

In his Reminiscence Functions Scale Webster (1993) proposes seven functions for reminiscence activity, namely reducing boredom, preparation for death, identity and problem solving, conversation, intimacy maintenance, bitterness revival, and teach/inform. This is a general scale designed to be applicable across all age ranges and impairments, though Webster does indicate that some of the eight functions apply more to older than younger people, e.g. 'teach/inform' and 'intimacy maintenance'. We can see from the list of functions how reminiscence might help address issues of exclusion, loneliness and isolation. The list, though, also helps alert us to some of the potentially sensitive aspects of reminiscence work, such as preparing for death and reviving bitter memories. Those working with reminiscence need to be able to deal with such complex issues.

Bruce and Schweitzer (2008, p171) present a list of 13 reasons for doing reminiscence work with people with dementia. These include 're-experiencing the feeling of happier times in life; being sociable and building relationships; and participating in enjoyable, stimulating and creative activities'. Sierpina and Cole (2004) quote work by Thorsheim and Roberts (2004) that demonstrated positive effects on blood pressure and heart rate of participants engaged in meaningful reminiscence activity.

The sporting memories work is a form of reminiscence focused on individual and shared memories of sports, sports men and women, clubs and events. A founding idea was that men in particular are vulnerable to isolation in later life and especially in care homes, where they may not wish to participate in many of the activities in these institutions. This means that where they have, for example, dementia, they may not be getting the best possible social inclusion and therapeutic engagement and, consequently, their mood could be decreasing.

The SMN promotes SM reminiscence work to those providing care and support to people who could potentially participate in and benefit from this kind of activity. The SMN delivers tailored training on reminiscence and SM work, supported by a comprehensive resource pack that participants can take back to their place of work to assist them in operationalizing SM work. There are also packs of reminiscence photographs of sports personalities, events and scenes that can be used in SM sessions. The SMN also publishes a weekly Sporting Pink, in recognition of the traditional Saturday sports papers that were a feature of many people's lives, and which includes a Spot the Ball competition. Ongoing support to those delivering SM work has also been delivered in some settings, including advice and support, a learning set and networking activities.

### Sporting memories work and institutional care

A key early focus of the SM work was on working with care homes to improve the range of activities available for residents, opportunities for connection and, hence, the lives of people. It is estimated that 405,000 people aged 65 or over live in residential care (Age UK 2015a). There is evidence of the low levels of staff competence in care homes in recognising mental

health problems and concerns about the quality and coverage of mental health care in these settings (Bagley et al 2000; Denning & Baines 2004). There has been a call to see more person- and relationship-centred care in care homes, based on listening to and engaging with people who live in them, yet the criticism is that they offer a Henry Ford-model of care in which one approach is made to fit everyone (Kennedy n.d.).

Given such concerns, it is clear that we need to find activities and methods of engagement that members of staff in care homes can easily pick up, feel confident with and quickly adapt to help them connect with a range of residents and diverse interests. We need to also consider that most members of staff in care homes are not professionally qualified, so new methods and means of teaching them to these staff need to suit their levels of ability and experiences of learning and working. Any new approaches to activities in care homes need to be things that connect with the interests of residents, even when some people may be disabled by dementia or other problems. Sporting memories work has the potential to be one such tool to make available in care homes. Similar considerations apply to in-patient mental health units caring for older people with acute mental health problems.

The SMN has worked in over 25 localities in England, Scotland and Wales with those working in institutions, chiefly care homes but also mental health in-patient units caring for older people. This has included working with over 250 organisations and training in excess of 450 staff and volunteers. In this paper we draw on experiences from all this work, but will chiefly focus our discussion on two linked projects with institutional care providers across Leeds. These were a pilot project with a small number of care homes, followed by an extension project with a wider group of care homes, both funded by Skills for Care. In the initial, pilot project members of staff from the participating care homes received a half-day of training in dementia, reminiscence and using sporting memories work. Staff had to have some initial knowledge of dementia and associated care, but no prior knowledge nor experience of reminiscence work or facilitating group discussions. They also received a package of support materials about SM work and a weekly Sporting Pink to use in their care homes.

An issue arising in this pilot project was the challenge of continuing to support the learning and application of SM work after the initial training. Feedback from those undertaking the training was very enthusiastic about the training and high levels of initial motivation to implement the work. However, once faced with the pressures of working in the care home, there was insufficient time to reflect on using SM work. For this reason the extension project included a series of 3 learning set meetings spread over 3 months following the initial training sessions. The project also included members of staff from groups running activities in the community, typically dementia cafes, and an in-patient dementia setting by way of beginning to test the application of SM work in these environment.

In each of the 2 projects project lessons were drawn by reflecting on the training, support and application of SM in the care homes from the perspectives of the SMN. In addition, experiences and lessons were drawn from participating homes and some staff who attended training and support sessions by, in the pilot study, telephone interviews with care home

managers, and, for the extension project, ongoing discussion and reflection with participants in a learning set established to support the use of SM following initial training of staff in care homes.

From these case studies of the use of SM work the key lessons we have drawn out so far are:

1. Sporting memories work is an effective tool for members of staff working in care institutions to have available to them. Members of staff participating in the 2 projects overwhelmingly reported that they could see the benefits of the approach in their institution. They reported experiencing examples of the work helping with, for example, building connections between staff and individual residents and between residents, and strengthening links between residents and relatives in some instances (as they used sporting memories for discussion and bonding). Staff reported seeing examples of SM work having benefits for residents, including lifting some people's mood.
2. SM is helpful in engaging a wide range of people in discussions and reminiscence work. It can be a helpful addition to the repertoire of activities in care institutions, especially to engage men who may feel excluded from more traditional activities. It is not exclusively for men, though, nor only for people with a life-long interest in sports. Those with more of a passing interest in it or even those with little interest can still recall family interests and activities and major sporting events and personalities. Hence, the SM work can be a means of building some connections with and across a wider group of residents than only those with a strong passion for sports.
3. Sporting memories work can be easily learnt and applied by a range of staff in these settings, including care assistants and others without professional qualifications. Often they are a neglected set of staff in terms of training and development but the SMN work to date has largely been about equipping just these staff to do the work, even if they have little experience of group and/or reminiscence work. Some reported initial nervousness (perhaps because they felt they lacked experience or they had little interest in sports) but found it relatively easy to apply. The organisation of the training day means that participants have an opportunity to try doing SM work, which builds confidence and personal experience of how engaging and powerful sporting memories can be, even for those with little routine interest in sports.
4. A significant challenge for members of staff in care homes was finding the time in a hectic schedule in the homes to be able to apply SM work in group sessions. Even where members of staff felt SM work to be valuable, they might still struggle to find time and space for group sessions.
5. SM work and the resource of the SMN offer a flexible package to help engage people in discussion. It can be used in group or one-to-one work, using the sports photographs as a starting point but also bringing in other memorabilia. Some people also reported that they found it helpful to leave SMN materials like the photographs

and the Sporting Pink so that people could pick them up when they wanted to discuss them. This also included family members of residents coming in to visit people and using the materials.

6. SM work is not only about memories of specific sports people, clubs or events but instead offers a way in to a more general social history that can help to engage with a broader group of people. Reminiscences, for example, of childhood and family life, communities, transport, foods, and holidays were all reported as being discussed during a session that started off being about sports memories. Reminiscence was also supported in many cases with aids such as sports equipment and clothing and memorabilia documents such as photos, newspaper clippings, and old match programmes.
7. SM work potentially offers a way to connect to the life of a care institution people other than the residents and members of staff. Some institutions reported that family members of residents have found sporting memories as a helpful means to engage with their relatives with, for example, dementia, sometimes when they would have otherwise struggled to make a connection together. People have been known to bring in sports memorabilia for the care institution to use. Other institutions explored using SM to organise trips out for residents and to create links with local clubs. These developments are something to be explored and developed further.

#### Sporting memories and community support

Building community capacity to better support people who need some assistance is far a new theme in social policy, but it received new emphasis under the Labour Governments of 1997-2010, and remained an espoused goal under the Coalition Government of 2010-15 (Knapp et al. 2010). Such a focus has specifically been present in mental health policy across these governments. More recently, there has been growing interest in working in and with communities to make them more 'dementia friendly' (see for example, Crampton, Dean & Eley 2012).

Whilst evidence of impact in this area of community capacity is limited, largely due to practical and methodological challenges of developing it, there is some evidence that, for example, befriending schemes can produce positive outputs for people, such as in terms of improving their wellbeing and reducing their loneliness/isolation, and that they can have significant economic returns for the financial investment to run them (Knapp et al. 2010). Given the challenges presented to society discussed above, we need to find as many effective means of engaging with and supporting people in their communities as possible, and ones that are relatively easy to start up and economical to run. Sports are often a significant feature of people's communities, so it seems sensible to explore the potential for SM work to be a part of this offer to meet the social needs.

The SMN has now led projects working in many local communities, including East Lothian, Bristol and South Gloucestershire, and Leeds. In North East Lincolnshire a grant from the Health and Wellbeing Board provided funding to implement sporting memories activities in care homes, hospitals and day centres but also to build on work initiated in East Lothian,



establishing weekly sporting memories groups in libraries. These groups are co-facilitated by library staff and volunteers, staff and volunteers from the Alzheimer's Society and sports coaches from Lincs Inspire, the local county sports partnership. A similar approach is being implemented across Tyne & Wear, Teesside and North Yorkshire.

Grant funding from the Premier League Charitable Trust & Professional Footballers' Association has initiated community-based projects with Manchester City, Newcastle United, Queens Park Rangers and Sunderland. The Spirit of 2012 Trust and England Rugby provided grant funding to initiate volunteer-led, inter-generational projects with schools and youth organisations, using sports reminiscence as the medium to connect generations through a common interest in sport.

In Scotland, a grant from The Life Changes Trust Dementia Friendly Communities Programm has provided funding to establish fifty-five new weekly sporting memories groups across the central belt. These groups will be established over a three-year period, with the majority based in libraries and at housing association schemes.

In SM work in community settings the original focus was engaging with people living with dementia, and their families as best for individuals. An example has been working with Dementia Cafes to support them to run sporting memories groups as part of their programmes of activities. As the work has evolved it has become more apparent that SM work could have potential benefit in addressing a wider range of needs and people. These are being explored further in the work, but some preliminary evidence is that:

- SM work can be applied in a range of community settings, and by a diversity of staff and volunteers. It can be used flexibly to fit a number of community settings and modes of organising sessions.
- SM work can be used with and have benefit for people experiencing other mental health problems, such as depression.
- SM work has been useful in helping to address the social isolation of some people by bringing them in to enjoyable groups.
- It may be helpful in connecting with others in the community and reducing some of the stigma associated with dementia and other mental health conditions. Potentially SM work can complement Neighbourhood approaches to addressing loneliness and improving well-being (Collins & Wrigley 2014).
- It can be used to bring together a range of organisations beyond the usual statutory and third sector ones already working to support older people, to build a broader coalition and sense of social responsibility to ensuring that older people, and especially those who are isolated and/or are living with mental health problems. Examples are sporting clubs and associations, the media, and other commercial organisations working in sports. SM work has the potential to be an element in building dementia friendly communities.
- There is value in exploring the use of SM work to build intergenerational understanding and connection.

## Conclusion

The way society is demographically changing brings several challenges for society and people. Working in care institutions and in communities to address these challenges we will need to develop a range of means of working with people, communities and organisations. As we look to the future of what our society can and ought to be like to ensure that it is a good place to grow older (Age UK 2015b), we can see sporting memories work would be highly complementary to arguments for better neighbourhoods, local wellbeing networks to support older people in communities, for social prescribing and prevention work and for high quality health and social care services to meet needs.

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