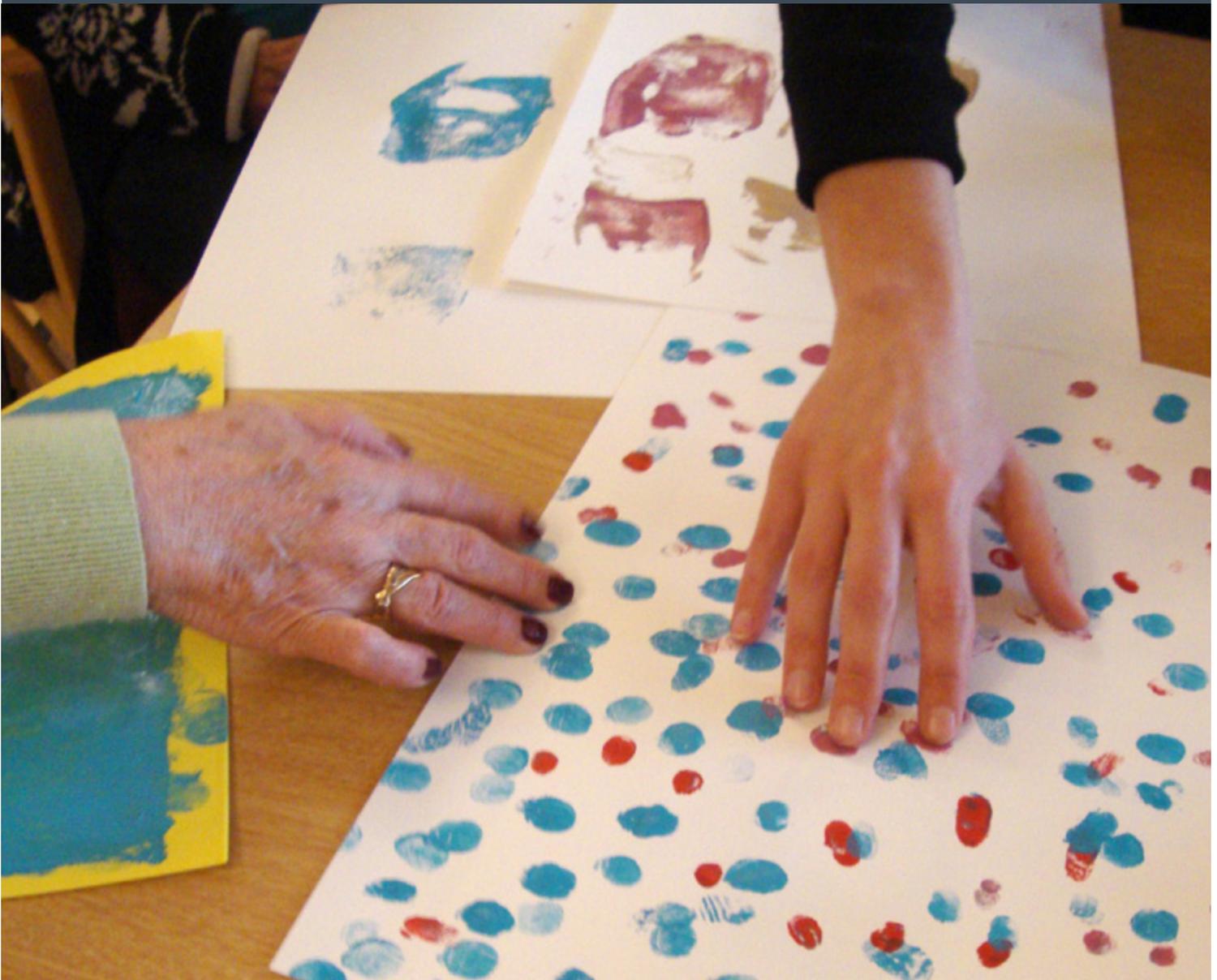


Reminiscence Arts and Dementia Care: Impact on Quality of Life, 2012-2015

A Final Report of the Evaluation, December 2015





Reminiscence Arts is a fusion of different art forms and reminiscence practices that is unique to Age Exchange. It responds to the interests and life-histories, abilities and creativity of people living with dementia.

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INTRODUCTION

This reports documents the activities and findings of an inter-disciplinary evaluation of *Reminiscence Arts and Dementia Care: Impact on Quality of Life* (RADIQL) designed and led by Age Exchange Theatre Trust. The evaluation was conducted by a research team at Royal Holloway University of London. RADIQL is a three-year programme of creative activities funded by Guy's and St. Thomas' Charity Trust, 2012-2015.

The RADIQL programme responds to the challenges presented by the increased number of people living with dementia. The Alzheimer's Society report that 850,000 people live with dementia in the UK, with a cost of £26.3 billion per annum. If no action is taken they predict this number will rise to over two million by 2051.¹ In response, there has been increased interest in the role of creative practice and the participatory arts with and for people living with different forms of dementia.

The RADIQL programme is developing and modelling a range of creative participatory practices which are potentially adaptable for use in other settings. It is clear throughout this report that the value of this work is demonstrable, and there are rich opportunities for collaboration between creative practitioners, artists, care staff and people experiencing dementia and other age-related conditions.

The evaluation findings reported here comprised of two elements. One, the quantitative component that consisted of direct observations of Reminiscence Arts group sessions that were facilitated by Reminiscence Arts Practitioners (RAPs). The aim was to assess to what extent Quality of Life improved during the group sessions. Two, a qualitative component that focused on the embodied experience of participants in the Reminiscence Arts one-to-one and group sessions.

¹ <http://www.alzheimers.org.uk/infographic>



EXECUTIVE SUMMARY

1. Age Exchange as a charity has long sustained a deep commitment to supporting creativity in later life. The ambition of RADIQL reflects the charity's commitment to social justice, community cohesion and individual wellbeing.

RADIQL represents a development of Age Exchange's work in dementia care. The project has enabled Age Exchange to maintain and extend the quality of its artistic provision, and to work effectively within a caring environment. Through RADIQL, Age Exchange has deepened an understanding of the importance of Reminiscence Arts in the lives of people living with dementia.

2. Age Exchange has developed an approach to Reminiscence Arts that is appropriate for people at different stages of dementia, extending new forms of creative participation and relational arts practice.

Throughout RADIQL, it was recognised that reminiscence can encourage people living with dementia to engage with artists and care staff. Researchers working within the arts have questioned creative practices that rely primarily on memory, however, suggesting that reminiscence activities based on cognitive recall alone can re-enforce a sense of failure (Harries et al. 2013; Basting, 2009). The introduction of different art forms into reminiscence practice has developed the practice by supporting diverse ways for participants to reminisce and engage with the sessions. Reminiscence Arts supplement or sometimes replace oral recall, significantly through embodied memory and engaging with sensory experiences and the materiality of objects.

3. During the group Reminiscence Arts sessions our observations showed that the positive behaviour and mood of participating care home residents increased. The residents were observed for a further 30 minutes after the sessions, and there was a sustained positive effect for the full 30 minute period.

This pattern was sustained over the whole study and was found to be statistically significant. In each group session the positive behaviour peaked at 50 minutes. This could be explained by the way sessions were planned. Most of the sessions were very energetic but wound down towards the end with slower less demanding activities. Most sessions did not end abruptly but transitioned back into the daily life of the care home, for example, tea was served at the end of many sessions whilst some residents and the Reminiscence Arts Practitioners began to leave.

4. The positive behaviour of care home residents participating in group Reminiscence Arts sessions increased as the 24 week projects progressed.

We observed at 3 weekly intervals that the participants' mood and behaviour (Quality of Life) was more positive than the previous session. This pattern was sustained

over the period of the study and was statistically significant. However, it has to be noted that at 3 month follow-up the mood and behaviour of participants dropped, but not below the baseline.

5. Relationships within the group developed over time and there was an increased familiarity between all those involved as the project progressed. In the group sessions this included the development of the relationships between the Reminiscence Arts Practitioners who were co-facilitating the sessions as well as between Reminiscence Arts Practitioners, participants and care home staff.

Taking a relational approach to understanding why the participants' well-being rose suggests that it was not just dependent on the participant's increased positive engagement with the project but on the engagement of all those who engaged with them: the Reminiscence Arts Practitioners, the care staff and the other participants.

6. The type of activity, for example, dance, music, visual arts, theatre, oral reminiscence, had less impact on the quality of participants' engagement in the sessions than the ways in which they were supported to interact with the activities. It was observed that the majority of participants could engage meaningfully with a wide range of reminiscence and arts activities when supported by Reminiscence Arts Practitioners.

Findings showed that over a longer timescale, behaviour and Quality of Life of participants increased slowly but steadily from one session to the next. This was achieved through the full range of arts and reminiscence activities suggesting that it is not the type of activity that is the primary influence on the well-being. The way Reminiscence Arts Practitioners engage care home residents in the activities is one of the primary skills involved in delivering Reminiscence Arts Practice.

7. Group and one-to-one sessions provided the most meaningful engagement with participants' interests and reminiscences when opportunities for reciprocal learning were facilitated.

Care home residents have diverse and rich life experiences. Supporting them to share their knowledge and interests with each other, care staff and Reminiscence Arts Practitioners offers access to new experiences and opportunities for them to learn, teach and be experts. It develops a role for reminiscence practice that has relevance to the present.

8. Residents interacted with the Reminiscence Arts Practitioners in one-to-one sessions with increased confidence and expressed interest and sometimes joy in the activities. One-to-one activities were particularly appropriate for participants who did not interact in group sessions or who lacked a strong voice in group situations.

The one-to-one sessions provided a focussed space to develop reciprocal learning, skills and interests to which it was difficult to devote time in the group sessions. The projects lasted for seven to ten weeks, building strong attachments in a short period of time. When they ended, this had an emotional effect on participants. For example, at the end of each session and the end of the project some residents appeared visibly saddened by the Reminiscence Arts Practitioner leaving.

9. Sensory and material engagement in the sessions responded to some of the sensory, material and activity deficits of the care setting.

Experiences of life beyond the walls of the care setting were often evoked in the Reminiscence Arts sessions by introducing sensory stimuli. This responded to the sessions taking place in the care homes and participants not leaving their home to attend the sessions. It further addressed the limited access they had to environments and experiences outside the care home, particularly activities they used to do and places they used to frequent.

10. There is further potential for Reminiscence Arts to impact on the culture of care. From RADIQL, care staff were insufficiently equipped with the skills, knowledge and resources to extend creative approaches to care that built on Age Exchange's sessions.

After the 24 week projects had finished, the effects on the positive behaviour of the participants receded. There was limited evidence that Reminiscence Arts

were continued by care staff beyond Age Exchange's sessions. Three main reasons for this were identified. Firstly, the care staff had other demands on their time. Secondly, the training Age Exchange provided was insufficient to equip them to incorporate creative practices into their caring roles. Third, Reminiscence Arts Practitioners are highly creative and very skilled and, as valued visitors, they were associated only with the Reminiscence Arts sessions and not with the daily life of the care setting. This raises questions about what aspects of Reminiscence Arts practices might be passed on to care staff in training, and how the professional knowledge of carers and Reminiscence Arts Practitioners might further complement each other.

11. Reminiscence Arts practice is better defined by its underlying principles rather than attempting to create replicable models of practice.

Age Exchange is developing an increasingly clear identity of the potential for Reminiscence Arts through their work on the RADIQL programme. The scope of the Reminiscence Arts intervention and the nature of creative practice, however, means that it is better understood by its underlying principles than by models or toolkits of practice that aim to be replicable. At best, Reminiscence Arts Practitioners combine creative abilities with knowledge and understanding of dementia and dementia care. This combination of skills enables them to develop interventions that are responsive to each care setting and its residents.



ABOUT THE RESEARCHERS

Research at Royal Holloway, University of London in the arts and social care is recognised as world-leading. This evaluation forms one element of Royal Holloway's wider research project into a cultural response to dementia and to the phenomenological and aesthetic qualities of dementia care.

Professor Helen Nicholson is Professor of Applied Performance at Royal Holloway, University of London. The author of several academic books and many peer reviewed articles, her research into the significance of the arts in community settings is widely read across the world.

Dr Frank Keating is Senior Lecturer in Social Work at Royal Holloway, University of London. His research and writing focuses on mental health, ethnicity and gender. Frank is particularly interested in addressing racial disparities in mental health.

The researchers on this project are Jayne Lloyd and Dr Laura Cole. Jayne Lloyd is a fine artist with extensive experience of artistic practice, research and evaluation in care settings and is currently completing her PhD on the role of Reminiscence Arts in dementia care. Dr Laura Cole is a social psychologist with over ten years of experience of working with people with dementia in multiple clinical and care settings. Her research has included evaluating the effectiveness of health and social care services, and investigating patient experiences and satisfaction of statutory services. The statistical analyses were conducted by Robert Grant who is a Senior Lecturer in Health and Social Care Statistics at Centre for Health and Social Care Research, Kingston and St Georges University of London. He is a medical statistician, contributing to a variety of research projects and postgraduate teaching in research methods and statistics.

THE RESEARCH CONTEXT

The evaluation of RADIQL exists in the wider context of several well-funded research projects into the efficacy of cultural participation and creative practice for older adults and people living with dementia. There is already significant evidence that participating in the arts and creative practice has positive benefits (Zeilig et al, 2014). This research falls into three broad categories:

- Analysis of the potential for the arts to deliver health and social care outcomes, often emphasising its cost-effectiveness (Buttrick et al. 2013; Cohen et al. 2006, 2007; Hanna and Perlstein 2008; Noice et al. 2013, Ramsey 2013).
- Analysis of creative approaches to living with dementia and dementia care based on sociological analyses of memory, citizenship, embodiment and selfhood (Katz, 2013; Twigg, 2013; Barlett, 2014; Barlett and O'Connor, 2010)

- Analysis of the effects of the arts on the mood and feelings of social isolation of people living with dementia (Guzmán-Garcia et al. 2013; Eekelaar et al. 2012; McLean 2011; Smith et al. 2012).

Within this burgeoning research field, many studies are relatively small-scale and address specific audiences of funders and stakeholders. Some are written to persuade, and the lack of a major research project that analyses the social experience of dementia is often noted (Zeilig et al, 2014). It is anticipated that the major inter-disciplinary research project at the University of Bangor will address this gap. *Dementia and Imagination* is part of a research programme that has been awarded in excess of £7 million to investigate the ways in which people with dementia experience community engagement. With a budget of £1.2 million dedicated to researching the role of art in the lives of people with dementia, the results are eagerly anticipated.² By comparison the RADIQL evaluation is small in scale (£140,000), whereas the research at Bangor University is exclusively focused on the visual arts, Age Exchange's practice also includes music, drama, dance and creative approaches to reminiscence.

RADIQL takes place in a research context in which models of care are subject to critical scrutiny. Person-centred care for people with dementia was conceived in the 1980s as an alternative to the medicalisation of the condition. Critical dementia researchers have demonstrated that models of research that focus solely on brain function tend to isolate individuals from the wider social environment (Dumit, 2004; Whitehouse and George, 2008). Person-centred care offers an alternative to care that was primarily task-centred, and recognises the social and personal implications of the condition. According to Brooker (2006), person-centred care aims to:

- treat people as individuals;
- look at the world from the perspective of the person with dementia;
- regard 'personhood' as way of informing a moral vision of care in which the person living with dementia can experience relative wellbeing.

More recently, relationship-centred care has also gained currency, as outlined by Michael Nolan (Nolan et al, 2006). Relationship-centred care has many similarities with person-centred care, but stresses the following qualities of caring relationships:

- Sees the care home as a community, where quality of life for everyone in that community is valued, including care staff, family, friends, residents and visitors;
- Values the network of relationships that exist within care environments, and the reciprocity and inter-dependence of caring relationships (Bartlett and O'Connor, 2007)

² <http://dsdc.bangor.ac.uk/di-project.php.en>

- Understands that the body is a source of selfhood that ‘does not derive its agency from a cognitive form of knowledge’ (Kontos, 2004)
- Recognises that everyone involved in care needs to have a sense of security, sense of continuity, sense of belonging, sense of purpose, sense of achievement and sense of significance. This is described by Nolan (2006) as the ‘Six Senses Framework’, and argues that good care will nurture these ‘senses’ with everyone.

The RADIQL evaluation drew on both theories of person-centred care and relationship-centred care. These theories are inter-related with many cross-overs, but differ in that the former places the emphasis on the individual needs of the person being cared for, whereas the latter focuses on the reciprocal relationships involved in the caring process.

The unique perspective that the evaluation of RADIQL brings to the research community lies in its emphasis on defining, developing and modelling the affective and aesthetic qualities of Reminiscence Arts practice. Using this knowledge and quantitative evidence of the effects of Reminiscence Arts, Age Exchange aims to influence the culture of care by training care staff to work creatively with people with dementia, and alongside skilled creative practitioners. The evaluation of RADIQL provides evidence that will lead to an understanding of the relationship between the quality of life and the qualities of Reminiscence Arts.

AIMS OF THE EVALUATION

This report documents findings that address two aims of the RADIQL the evaluation:

1. To define, develop and model Reminiscence Arts

Reminiscence Arts has been developed intuitively by highly skilled creative practitioners. In order for different models of practice to be developed into a pedagogic framework for training purposes, implicit or tacit knowledge needs to be turned into explicit knowledge, skills and understanding (Polanyi, 1998). Royal Holloway researchers are contributing to the programme by providing a strong theoretical underpinning for Reminiscence Arts that is informed by ethnographic and practice-based research. This will provide a clear conceptual framework for Reminiscence Arts that will sustain high quality practice and develop models of training.

2. To provide quantitative evidence for the efficacy and effectiveness of Reminiscence Arts on people living with dementia

The quantitative research measures the improvement RADIQL brings to the quality of life of older people living with dementia against the criteria of a person-centred care approach. Person-centred care is defined as care that ‘respects others as individuals and is organized around their needs’ (Department of Health,

2001). This part of the evaluation, therefore, measures the extent to which Reminiscence Arts practice impacts on individuals’ psychological and emotional well-being.

3. To analyse how the environment and culture of care is affected by the RADIQL programme.

To improve relationships and change the social interactions outside the hour-long weekly Reminiscence Arts sessions RADIQL needs to involve the whole care community. This part of the evaluation identifies the extent to which RADIQL has responded to the culture of care. It primarily focuses on how Reminiscence Arts practice has been passed on to care staff to enable the projects to have an impact outside and beyond Age Exchange’s sessions. The first section draws on the qualitative arts researcher’s observations and interviews to identify how and to what extent the care staff are involved in the Reminiscence Arts sessions and what has been passed on to them from the sessions. The second part of the section focuses on research undertaken by the social science team that identifies challenges in engaging care staff in the research project.

RESEARCH METHODS

The evaluation was undertaken from two distinct academic disciplines: social psychology and the creative arts. These disciplines complement each other. Research methods drawn from the arts provide a context for the quantitative study by critically engaging with the ‘how’ and ‘why’; a process of questioning that clarifies and defines the specific artistic, aesthetic and communitarian qualities of Reminiscence Arts.

The social scientific research provides statistical evidence of the effects of Reminiscence Arts on individuals living with dementia. Importantly, these statistical results demonstrate clearly the effectiveness of Age Exchange’s practice, and document the extent to which individuals are engaged in the activities. The evaluation, therefore, captures robust evidence from multiple perspectives.

QUALITATIVE ARTS EVALUATION

This part of the evaluation acknowledges that the care environment and all those who live and work there have a significant affect on the Reminiscence Arts practice and, in turn, are affected by it. It is, therefore, researched within this relational context.

The qualitative strand of the evaluation used mixed methods, gathering data in different locations. The ethnographic research included observation (Reminiscence Arts Sessions, both group and one-to-one sessions; care staff and RAPs training sessions); conversations, interviews and focus groups with key stakeholders (care staff, RAPs, Age Exchange managers and, where possible, residents and family members). The ethnographic research provided the questions and context for Jayne Lloyd’s practice-based research



(PbR). Practice-based research in the creative arts is a well-established methodology that enables artists to extend understanding of the processes and practices of art-making. Working in similar ways to the sciences, artists develop a hypothesis, experiment and test ideas in practice. The aim is not, however, to develop models that can be replicated, but to identify underlying principles that inform artistic creativity in a given context. Both evaluators have skills in the arts as practitioners, and drew on their knowledge of arts practices to define the qualities of the arts intervention and the processes and principles of Reminiscence Arts.

This strand of the evaluation addresses the following research questions:

- 1) Innovation - How is the practice of Reminiscence Arts artistically innovative as well as socially and personally beneficial?
- 2) Participation - How does the presence of artists encourage social interaction, aesthetic engagement and a culture of participation with older adults?

- 3) Environment - How does the on-going presence of artists transform the social space of care settings?
- 4) Culture of Care - How far has the RADIQL programme introduced creativity into the everyday lives of carers and residents beyond the Reminiscence Arts sessions?

Acknowledging that dementia is a disease that impacts on the whole body, not one that only affects the brain (Phinney and Cesla, 2003), the creative arts research took a phenomenological approach to evaluating the Reminiscence Arts practice. Tim Ingold advocates an approach to anthropological research that acknowledges thinking as an embodied and mobile experience and does not isolate the research site from its surrounds (Ingold, 2011). Drawing on Ingold's approach, the researcher aimed to gain an embodied experience of being in the Reminiscence Arts sessions and of the care homes within in which they took place. To understand the site and context within which the intervention took place, she included in her research her experiences of travelling to the care home and accessing

and walking in the care home prior to the sessions. She participated in Reminiscence Arts projects facilitated by Age Exchange's Reminiscence Arts Practitioners and planned and facilitated her own Reminiscence Arts projects. This enabled her to gain an embodied experience of being a participant and a facilitator in the Reminiscence Arts sessions.

The Reminiscence Arts projects the researcher designed and facilitated enabled her to investigate areas of Age Exchange's Reminiscence Arts practice. One of these projects involved co-facilitating a Reminiscence Arts project with a Reminiscence Arts Practitioner from a dance background to learn about the process of co-planning and co-facilitating sessions and to understand how different arts disciplines, in this case dance and visual arts, could be integrated in the sessions. The other two projects look at how participants' reminiscences could be materially represented in the present and provide opportunities for reciprocal learning between the participant, Reminiscence Arts Practitioner and care staff.

The research acknowledges that it is not possible to completely understand another person's experience and that the participants' dementia and age will inevitably affect their experience in a way that cannot be embodied by the researcher. However, drawing on the work of Judith Okely, sensory ethnographer Sarah Pink argues that although it is impossible to share the same sensory experiences as others because the senses are always mediated, it is possible to find points of connection:

Through being there, we cannot claim to have exactly the same sensory experiences as others, but we can 'creatively construct correspondences between' experiences (Okely 1994: 47). Pink, 2007: 34

Working alongside and experiencing *with* care home residents, care staff and Reminiscence Arts Practitioners gave the researcher some insights into how they could experience both the care home and the Reminiscence Arts practice.

The researcher, Jayne Lloyd, supported a care home resident to stand and walk slowly arm-in-arm with her down the corridor from the lounge to the dining room. She realised that the corridor seemed much longer to her when they walked it together than when she had walked it alone. It was the same distance she had walked to get to the lounge but with the care home resident it took far more time to cover the same ground. This gave her an insight into the resident's pace of walking and her perception of the distance the corridor appeared to cover.

This approach to the research offered the researcher, Jayne Lloyd, an embodied understanding of the culture of care. It was recorded in diaristic reports that focussed on her experience of working with participants and her engagement with the sensory and material qualities of both the care home where the sessions took place and what materials and objects the Reminiscence Arts Practitioners introduced into the setting. These observations were supplemented, confirmed and sometimes challenged by interviews and focus groups conducted with care staff, care home managers and Reminiscence Arts Practitioners and managers from Age Exchange.

This part of the evaluation included the following research activity: weekly participatory observations of four 24 week group Reminiscence Arts projects in residential care settings, monthly observations of two 12 month group Reminiscence Arts projects in Healthy Living Cafes that took place in community settings, five observations of three one-to-one Reminiscence Arts projects in residential care settings, three Reminiscence Arts projects facilitated by the researcher in residential care settings, participation in three care staff training sessions and three training sessions for Reminiscence Arts Practitioners, the design and facilitation of two focus groups for Reminiscence Arts Practitioners, and feedback interviews with care staff, care managers and managers at Age Exchange.

DEMENTIA CARE MAPPING

For the quantitative study, the primary method of data collection was Dementia Care Mapping (Bradford Dementia Group, 2005). Dementia Care Mapping is a quantitative methodological approach that measures a range of types and levels of wellbeing of participants. It is an observational tool that assesses behaviour and well/ill-being. It was used in this study as an indicator of the quality of life of the person with dementia.

Dementia Care Mapping was used to observe participants with dementia and record their behaviour using one of 23 behaviour category codes [BCC], and their mood and engagement in an activity using a mood-engagement [ME] value. Observations were recorded before (30 minutes), during (one hour) and after (30 minutes) each Reminiscence Arts session at three-weekly intervals. The qualitative evaluation used a Person Centred Approach to care (Kitwood, 1997).

Behaviour Category Codes describe the activity in which the participant is taking part (e.g. eating, talking, dancing, praying). Dementia Care Mapping uses a letter of the alphabet to distinguish between the 23 different Behaviour Category Codes.

The mood-state of a participant is determined by observing facial expressions, verbal and non-verbal interactions. Levels of mood are assessed in terms of degrees of happiness, contentment, comfort, relaxation



and pleasure. According to the *Dementia Care Mapping 8 Manual* engagement is 'about how connected a participant is with people, activities or objectives around them' (Bradford Dementia Group, 2005, p. 11). Engagement can be on a sensory, social or occupational level.

Positive mood-engagement (ME) scores are +1, +3, +5 where +5 is recorded for the most engagement or / and positive mood. Negative ME scores are -1, -3 and -5. -5 is recorded for very distressed mood.

This methodology enables researchers to ascertain whether their perception of the participants' engagement in Reminiscence Arts causes a statistically significant difference in their wellbeing. This strand of the evaluation addressed the following questions:

- a) What difference, if any, does Reminiscence Arts practice make to the quality of life and well-being for people living with dementia?
- b) How successfully has Reminiscence Arts practice reached its specific intended outcomes for people living with dementia?

This evaluation report is one of three outcomes to which the research contributes. The other two outcomes are Jayne Lloyd's PhD thesis and an exhibition of artworks that aimed to communicate some of the concepts of the research to an audience of health and social care and arts professionals. The PhD thesis is due to be completed in early 2016 and will be available from Royal Holloway, University of London, Digital Repository.³ It focuses on how Age Exchange's Reminiscence Arts practice represents in the care home experiences its residents might no longer be able to access and questions the specific role artists can play in

care homes and as researchers evaluating arts projects in these settings. It will include chapters on the embodied experience of the care home environment, the role of objects in the care home and in Reminiscence Arts sessions and the interactions between the participants, RAPs and care staff in Reminiscence Arts sessions, including the social space the Reminiscence Arts sessions create.

ETHICS AND REGULATORY APPROVALS

The study protocol and other documentations for the care home observations were submitted to National Health Service [NHS] Research Ethics Committee at Queen Square, London and gained favourable approval on October 23, 2013.

A subsequent amendment to the original application was made and given favourable opinion by the same Ethics Committee on November 6, 2013.

Ethical Approval was also sought from Royal Holloway, University of London's Ethics Committee. Approval for the qualitative arts-based research was given on October 22, 2013.

Royal Holloway's policy on ethical conduct can be found at: www.royalholloway.ac.uk/iquad/collegetpolicies/documents/pdf/research/codeofgoodresearchpractice.pdf

Following the receipt of favourable opinion by the NHS Ethics Committee, Research and Development (R&D) approval was sought for the three NHS care homes in South London and Maudsley NHS Foundation Trust (SLAM) and Guy's and St. Thomas' NHS Foundation Trust (GSTT).

³ <https://repository.royalholloway.ac.uk/access/home.do>

OUR FINDINGS

This section outlines the findings from the quantitative evaluation that uses Dementia Care Mapping to measure participants' well-being and quality of life, and the qualitative arts evaluation that analyses how Reminiscence Arts has developed as an art form and how this affects and is affected by the environment of the care setting and those who live and work there. A joint findings section brings together evaluation findings from questionnaires conducted by the social science team and interviews and observations undertaken as

part of the qualitative arts evaluation. Together, they discuss the impact RADIQL had on the culture of care.

The findings from the Dementia Care Mapping and the qualitative arts evaluations use very different methods and focus on different aspects of the work. Not all the findings speak to each other and the findings are presented as separate studies. However, there are some points of dialogue, particularly where the qualitative arts study offers a context for the Dementia Care Mapping findings. In the qualitative arts evaluation section these areas are discussed as the relevant areas of the study arise.

DEMENTIA CARE MAPPING FINDINGS

Table 1. People with dementia demographics

	Intervention Group N=39	Control Group N=32	Total
Age (years)			
(Range) mean	(69-98) 85	(71-100) 87	(69-100) 86
Gender			
Female	73%	78%	76%
Male	27%	22%	24%
Ethnicity			
White British	50%	47%	49%
White Irish	3%	6%	5%
White Other	3%	16%	8%
Asian Other	3%	3%	3%
Black Caribbean	13%	9%	8%
Black African	5%	0%	3%
Other / missing	25%	19%	
First language (7 missing data)			
Yes	83%	86%	73%
Type of dementia			
AD	36%	16%	29%
VD	18%	16%	18%
Mixed	5%	6%	5%
Unspecified	41%	63%	42%
Participants per home (range) mean			
Baseline	(5-8) 7	(3-8) 6	77
24 weeks	(4-8) 6	(3-8) 6	68
Mobility (2 missing data)			
Walk unaided	38%	30%	35%
Walk assisted	38%	50%	43%
Able to stand	8%	7%	7%
Unable to stand	15%	13%	14%

The only notable difference between the two groups was in the prevalence of recorded Alzheimer's disease as the type of dementia. We do not know if this reflects more thorough diagnosis or a true difference in the groups, and the difference is not large enough to be incompatible with chance variation (it is not statistically significant, $p=0.35$ by chi-squared test).

Key findings from the DCM data are:

- At baseline, the 'control' homes had more positive behaviour and mood codes recorded than the 'intervention' homes, (See figure 5)
- During sessions, positive behaviour increased and peaked at 50 minutes;
- Our observations showed that after sessions, there was a sustained positive effect for 30 minutes,
- Every 3 weeks, the behaviour and mood was more positive than at the start of the previous session – this pattern was statistically significant (see Figures 4 and 5);
- At 3 month follow-up, we found that the behaviour returned almost to baseline, but not below it (see figures 4 and 5).

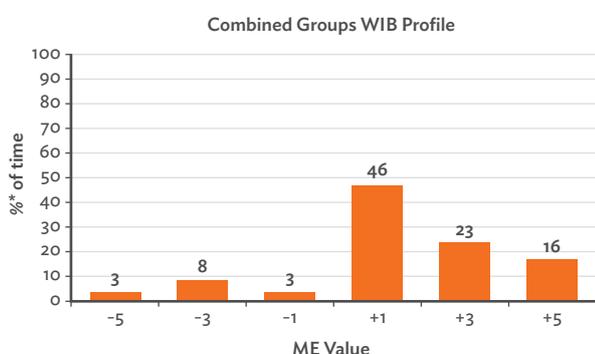
QUANTITATIVE ANALYSIS OF DCM WELL/ILL-BEING SCORES

ANALYSIS OF CARE HOME A'S DCM DATA

The following analysis provides a summary of findings from one of the care homes, (*care home A*), from the intervention group.

Baseline (figure 1.1a): combined mood and engagement (ME) scores for the participants in the study were distributed across the six different scores (i.e. -5, -3, -1, +1, +3, +5). This shows that at baseline participants experienced both ill-being and well-being. Nearly half of the well/ill-being scores were attributed to ME +1. According to the scoring of DCM, +1 is a neutral ME value, which meant that participants were not particularly engaged in activity and were neutral in mood.

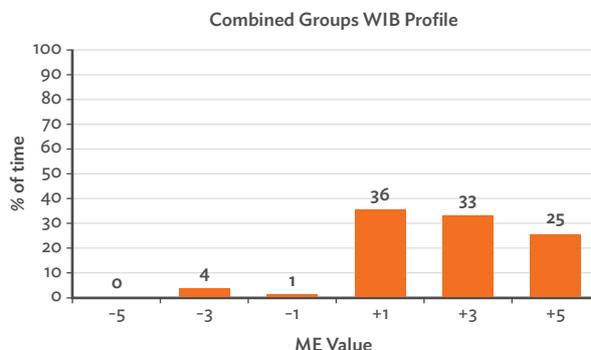
Figure 1a. Care home A at baseline



* % indicates the number of times a particular ME value was observed during a session for all participants in the group, which was aggregated and calculated as a percentage of all the ME values observed during that session.

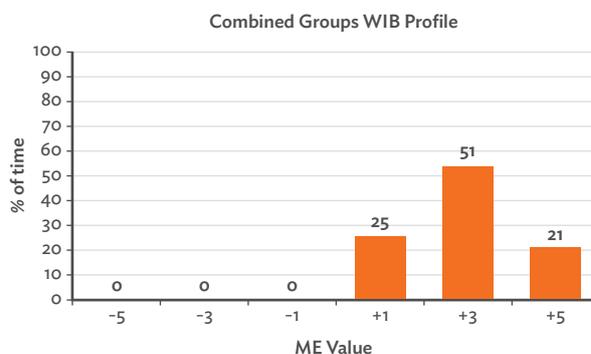
Week 3 (figure 1.1b.): the combined group WIB profile has shifted towards the higher end of the scale. This indicates that during the RA group, participants experienced well-being more often. In addition, negative ME values are fewer than baseline, and higher positive ME values (e.g. +3 and +5) have increased.

Figure 1b. Care home A at 3-weeks



Week 24 (figure 1.1c.): at the end of the intervention the combined groups WIB profile shows that no participants experienced ill-being (poor quality of life) whilst taking part in the RA group. Positive ME scores are observed throughout. In addition, +1 ME values have decreased and +3 values account for over half of all the total ME values recorded for the group. This means that the majority of the participants in the group experienced high well-being (good quality of life) when in the intervention group.

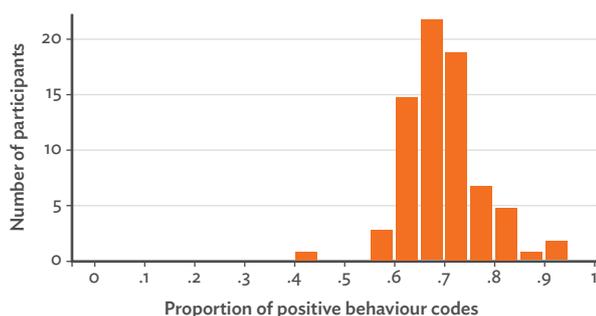
Figure 1c. Care home A at 24 weeks



Seventy-five residents contributed to a total of 385 person-sessions. Measurements on DCC were recorded every five minutes, with a total of 6429 measurements. Quality of life values were missing in 389 measurements but behaviour codes were complete for all.

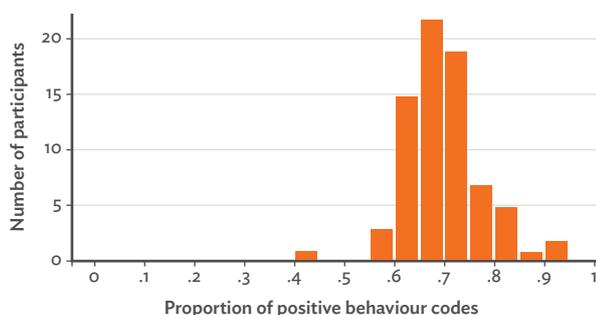
Mean quality of life, averaged over the whole study, for each participant varied from -0.7 to 4.1, and is shown in the histogram below (Figure 2). This distribution among the participants was not evidently different between intervention and control over the whole course of the study, but there were some differences between homes. However, with small numbers per home, the uncertainty outweighs any pattern.

Figure 2: Histogram showing mean quality of life for all participants in the study



The behaviour codes, dichotomised into high (A, D, E, F, G, I, J, K, L, O, P, R, S, T, V, X, Y) and low (B, C, N, U, W), provide us with a proportion of time in positive behaviour codes for each participating resident. The distribution across the participants is shown in Figure 3.

Figure 3: Histogram showing proportion of positive behaviour codes for all participants in the study



REGRESSION MODELS

The multilevel linear regression for ME demonstrated a significant non-linear effect of time within each activity period, but not for longer-term trends over the weeks. The variation (random intercept) between participants was significant, with standard deviation 0.51, 95% CI 0.35 to 0.73.

The control group had a significantly higher quality of life at baseline by a mean of 0.64 points (95% CI 0.28 to 1.00, $p < 0.001$). During each intervention, the quality of life of residents rose and levelled off according to the formula:

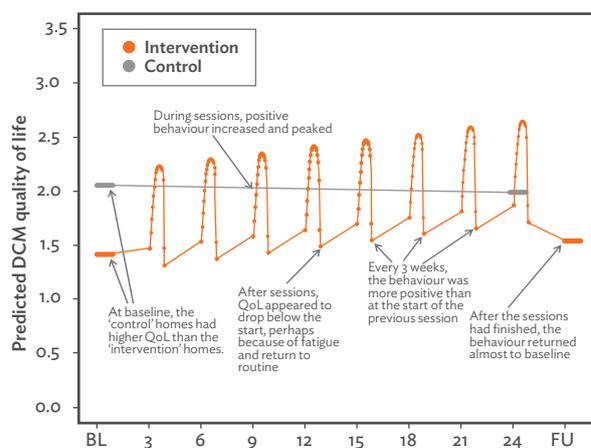
$$0.148t - 0.007t^2$$

where t is the time counted in measurements since the intervention began (5-minute increments). Both coefficients are statistically significant; the linear has 95% CI 0.126 to 0.171, and the quadratic -0.009 to -0.006 , both have $p < 0.001$. This suggests that the benefit peaks after about 50 minutes and perhaps declines, although the exact shape of the curve is not

precisely known. After each activity, the quality of life dropped to 0.157 points below the pre-intervention level on average (95% CI -0.271 to -0.043 , $p = 0.007$).

Each activity (spaced three weeks apart) in the intervention group saw a steady increase of 0.019 points on average (95% CI 0.014 to 0.024, $p < 0.001$). At 24 weeks, the control group were not statistically significantly different to baseline, with an average change of -0.077 (95% CI -0.308 to 0.153 , $p = 0.51$). At follow-up, the intervention group were not significantly different to baseline (mean change 0.130, 95% CI -0.066 to 0.325 , $p = 0.19$). Figure 4 shows the model's predicted values over time.

Figure 4: Graph showing the model's predicted DCM quality of life values over time.

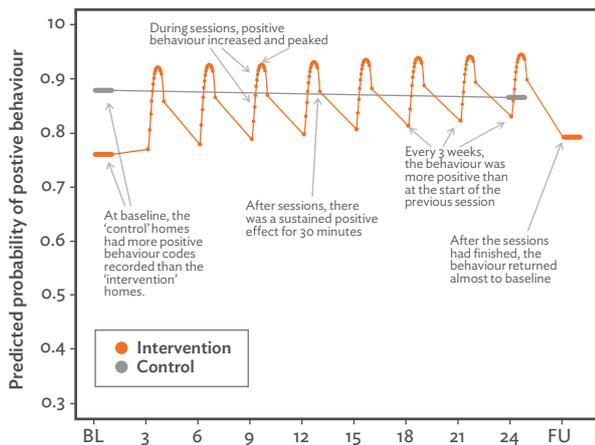


The multilevel logistic regression for positive behavioural codes showed the same pattern of change over time as that for quality of life, with one exception: the behaviour codes after the activity had ended in the intervention homes was significantly higher than prior to the activity (OR 1.84, 95% CI 1.47 to 2.30, $p < 0.001$). The control group had significantly more positive behaviour at baseline (OR 2.32, 95% CI 1.27 to 4.25, $p < 0.001$). Behaviour improved and plateaued within each intervention period with odds ratio relative to the start given by:

$$e^{(0.232t - 0.011t^2)}$$

Both linear and quadratic coefficients are significant with $p < 0.001$. The increase over weeks was significant (OR 1.02, 95% CI 1.01 to 1.03, $p = 0.001$), but the difference between baseline and 24 weeks in the control group, and between baseline and follow-up in the intervention group, was not (respectively, OR 0.88, 95% CI 0.52 to 1.49, $p = 0.63$ and OR 1.20, 95% CI 0.85 to 1.69, $p = 0.29$). The random intercept for inter-participant variability had standard deviation of 1.07 on the log-odds scale (95% CI 0.85 to 1.34).

Figure 5: Graph showing the model's predicted probability of positive behaviour values over time.



The findings from this part of the evaluation show that participants in the intervention benefited by engagement in structured activity such as reminiscence and arts practice regardless of diagnosis, levels of dependency, and impairment. We found that well-being rose incrementally over the course of the intervention. At baseline we noted evidence of ill-being as can be seen in the Fig 4 (page 22), but during the course of the intervention there was an incremental increase in positive well being scores. The hold groups showed more

positive behaviours than the intervention group and the difference was statistically significant. Explanations for this are not clear, but we are aware that there have been other activities taking place in those homes that could partially explain higher levels of engagement in the control groups. We were not able to assess whether the severity of dementia was a predictor for improved well-being given that over half of the intervention group had a diagnosis of unspecified dementia. Given that the age range is small, we were unable to reach conclusions about the possible effect of age on QoL. However, we were interested to see whether the intervention worked for people with dementia in care homes and can conclude that our findings show that QoL of life improved from the start of the session and peaked at 50 minutes and that there was an upward trajectory over time.

The peak can be explained by the fact that sessions would normally start winding down at this point. We have noted that that follow up there was a drop in well-being to near the baseline, but not below it. Even though this was not statistically significant, it is an important finding given that we focused on a degenerative condition and we would have expected to see a decline in overall QoL. Overall, this part of the evaluation supports, builds and strengthens the evidence base for Reminiscence Arts practice for people living with dementia in continuing care homes.



QUALITATIVE ARTS EVALUATION FINDINGS

RESEARCH QUESTION ONE: INNOVATION - HOW IS THE PRACTICE OF REMINISCENCE ARTS ARTISTICALLY INNOVATIVE AS WELL AS SOCIALLY AND PERSONALLY BENEFICIAL?

Age Exchange has developed an approach to Reminiscence Arts that is appropriate for people at different stages of dementia, extending new forms of creative participation and relational arts practice. Throughout RADIQL, reminiscence activities have been used to encourage people living with dementia to engage with artists and care staff. Researchers working within the arts have questioned creative practices that rely primarily on memory, however, suggesting that reminiscence activities based on cognitive recall alone can re-enforce a sense of failure (Harries et al. 2013; Basting, 2009). Reminiscence Arts is a creative practice that integrates different art forms and finds ways to recognise and value embodied and sensory memories as well as verbal or narrative recall. As Stephen Katz points out, 'memory is an act of agency and imagination, not simply a passive cognitive process, and can be expressed through the body' (Katz, 2013: 311).

This area of the evaluation responds to two important developments in the artistic form of Age Exchange's reminiscence practice. Firstly, it includes of diverse range of arts practices. Secondly, it demonstrates how participants with dementia interacted with arts activities and materials and how they were supported to engage in the sessions.

- a. The introduction of different art forms into reminiscence practice has developed the practice by supporting diverse ways for participants to reminisce and engage with the sessions that supplement or sometimes replace oral recall, significantly through embodied memory and engaging with sensory experiences and the materiality of objects.

In Reminiscence Arts creative practitioners trained in different arts disciplines co-facilitate activities with people with dementia. Age Exchange also offers Reminiscence Arts Practitioners training in reminiscence practices and dementia awareness. The combination of a range of arts and reminiscence practices thus enabling participants with complex and diverse abilities to engage imaginatively in their environment in different ways. Reminiscence Arts recognises and values embodied and sensory memories as well as verbal or narrative recall. This creative approach to working with people with dementia is built on Katz' neurocultural analyses of ageing that demonstrate that memory is not only a passive cognitive function but, importantly, a creative act of imagination. The arts activities extend reminiscence practices, which often rely on verbal

discussion, by involving all the senses and enabling participants to communicate non-verbally through mark making and movement. This multi-sensory approach develops a practice that is responsive to the needs of the participants in RADIQL, particularly those with advanced dementia.

Reminiscence Arts is at its most innovative when reminiscence activities are integrated with different art forms. Highly skilled Reminiscence Arts Practitioners find ways to merge or move fluidly between their art forms, and this enables participants to engage in multiple ways. For example, there was a high level of engagement when dancers supported participants to develop movement that was based on verbal reminiscences triggered by reminiscence practices based on narrative re-call.

- b. The type of activity, for example, dance, music, visual arts, theatre, oral reminiscence, had less impact on the quality of participants' engagement in the sessions than the ways in which they were supported to interact with the activities. It was observed that the majority of participants could engage meaningfully with a wide range of reminiscence and arts activities when supported by Reminiscence Arts Practitioners.

Age Exchange is developing an increasingly clear identity of the potential for Reminiscence Arts through their work on the RADIQL programme. Led by skilled practitioners, Reminiscence Arts encourages improvisation, creativity and engagement in the community of care, and invites people with advanced dementia to draw inspiration from the past, to develop meaningful and reciprocal relationships in the present, and to look to the future.

It was observed that the skill and innovation of the Reminiscence Arts Practitioners was not primarily held in the type of activities that they were facilitating but in the way they facilitated them. The Reminiscence Arts Practitioners worked alongside the participants by positioning themselves physically next to rather than in front of them and by adapting the activity to the ways participants interacted with it. Some of the most important skills were the ability to adjust the pace of the activity to match that of the participant, to break down activities into single tasks that could be remembered and accomplished by participants and to improvise to incorporate participants' embodied and oral reminiscences and representations of self even or especially when they did not follow the theme of the session. Working responsively to the participants enabled them to accomplish in the session and to engage without the need to follow a pre-set plan.

Dementia Care Mapping findings showed that over a longer timescale, behaviour and Quality of Life of participants increased slowly but steadily from one session to the next. This was achieved through the full range of arts and reminiscence activities suggesting that it is not the type of activity that is the primary influence on the well-being scores.

The Reminiscence Arts practice often brought activities that participants used to do in the past into the care setting and recognised them as still forming part of the

person's identity. Often this enabled an engagement with past activities and agency within the setting. However, it sometimes also raised a participant's awareness of what they could no longer do.

The following two case studies illustrate how the findings outlined in this section apply to some of the different combinations of arts and reminiscence activities and to how participants interacted with the Reminiscence Arts activities.

CASE STUDY 1: FLAGS

During a focus group with Age Exchange's Reminiscence Arts Practitioners on the 30th April 2015 they were asked how working with people with dementia had affected their arts practice. A craft practitioner who was new to Age Exchange described her facilitation practice outside dementia care settings to the researcher (Jayne Lloyd) as 'teaching people how to make something' (Gillian Elam, Reminiscence Arts Practitioner). However, she identified a shift in how she had begun to work with people with dementia saying 'it's not we're going to *make* something together, it's we're going to *experience* something together'. She describes her process as tuning into both the person she was working with and the process involved in making a craft object. The making process was substantially slowed down in comparison to how she would usually make objects or teach others to make them, and broken down into the smallest possible steps. Working alongside the participant the actions and the sensory properties of the materials involved in each part of the process were closely explored. Applying these principles to the making process acknowledges each participant's abilities, and where possible their contribution is extended. Most importantly, each step was valued as an event in itself, not primarily as part of a longer process. The aim was not to make an object but to experience the interactions with the materiality of it at each stage of the making process.

This breaking down of a process is exemplified in the Reminiscence Arts Practitioner's facilitation of a flag making session. She modelled how to make the flag demonstrating each step in the process: laying the flag material on the table; moving her hands across it to smooth it out; pulling the end of the double sided tape to unroll a length of it; holding it taut; cutting

it; positioning the tape along one edge of the fabric; patting it down; peeling the paper backing off the tape; selecting colours of ribbon; unrolling the ribbon; cutting lengths of ribbons; laying the ribbons on the tape; pressing them down; placing a stick on top of the tape; pressing it down; rolling the fabric around the stick and finally waving the finished flag. Each step involved an engagement with the material and a corresponding action. Most of the steps could involve two people, for example, one person holding the tape whilst the other cut it encouraging interaction between them. Most importantly, each step was valued as an activity in itself. The aim was not to make the flag but to experience the materials and actions involved in the process.

Once the flags were completed the Reminiscence Arts Practitioner who was co-facilitating the session and was from a reminiscence and music background put some music on and encouraged participants to wave their flags to it. Different types of music were selected to set the scene for different occasions when flags might be waved that related to interests the Reminiscence Arts Practitioners had learnt the participants had, for example, carnival music, theme tunes from sporting shows and patriotic music that might be played at the end of a boat race. Whilst the music was playing the RAPs skilfully elicited oral reminiscences from the participants, for example, a participant who used to live by the sea talked about an annual local boat race he used to enjoy. At the end of the session each participant was invited to hold up their flag to show the group and given a round of applause to celebrate their achievement in creating it. One participant who enjoyed drawing and had carefully decorated her flag with intricate patterns beamed as she held her flag up to show the group.



CASE STUDY 2: CLEANING

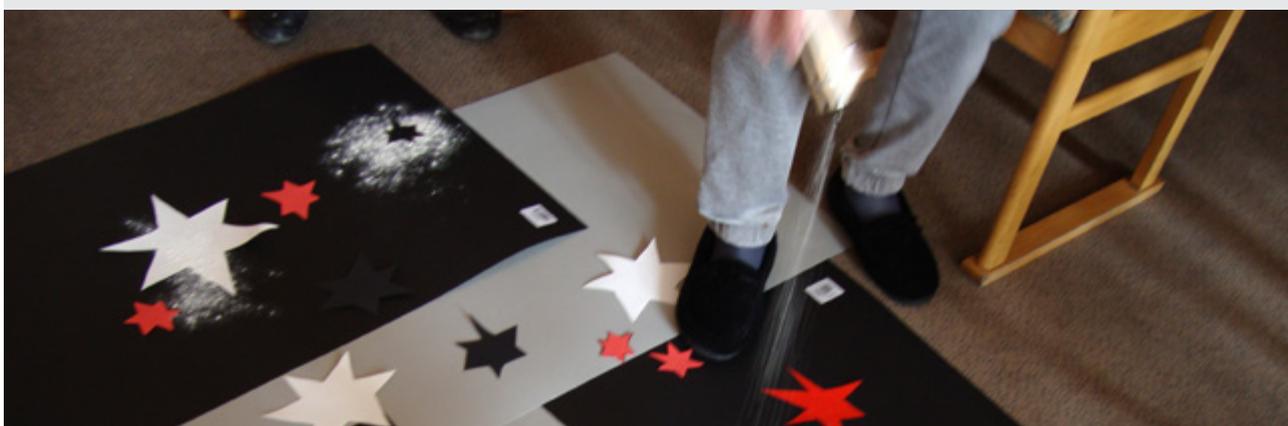
During a focus group with Age Exchange's he following case study is taken from session nine of a ten week project the researcher Jayne Lloyd co-facilitated with Age Exchange Reminiscence Arts Practitioner Christina Argiropoulou. It describes how Betty⁴, one of the participants in the group, engaged with the objects in the session. This example illustrates how a participant might engage in ways that do not fit with the theme of the session, but appear to be an important form of self-representation and way of interacting with the activities. It highlights the importance of the meaning and use of objects being understood in a flexible way.

The theme of the session was night-time, with a particular focus on starry skies. For one of the activities the facilitators covered the carpet in the centre of the circle the group were sat in with large sheets of paper. They placed paper cut outs of stars on the paper, shook flour, rice and glitter over them before removing them to reveal stencilled star shapes. The second part of the activity involved drawing into the flour, rice and glitter using long garden canes with sponge wrapped around one end. The canes enabled participants to draw whilst seated or stood, alleviating the need to bend down to reach the paper.

Betty was a regular participant in the group and always enthusiastically took part. However, she did not place her stars on the paper, instead, almost as soon as other members of the group started to arrange the stars they had been given, Betty began picking them up again. Knowing she had a good sense of humour the Reminiscence Arts Practitioner and the researcher began playfully throwing more stars down and the other participants joined in. After a while they thanked her for collecting the stars she was holding and the researcher asked if she could take them in return for a shaker full on flour. Betty agreed and with support

began shaking its contents onto the paper. Once this was over she immediately returned to collecting the stars. Having observed Betty in previous sessions, it became evident that she was tidying up, however, it also contributed to the aesthetics of the activity and as she collected each star it revealed a star shaped image on the paper. When she was handed a cane, with some encouragement she began to draw. After a while, however, Betty put her cane down, stood up and began to tip all the flour, rice and glitter onto one sheet of paper collecting the empty sheets of paper as she went. She was given a bin bag and supported to tip into it the flour from the remaining sheet of paper. This marked the end of the activity.

Betty cleaned and tidied in most of the sessions, folding sheets the group were waving to music or had hung to create shadow puppetry behind, dusting glitter off umbrellas and using sponges that were intended for painting to clean. This was not, however, a misunderstanding of the activities nor a misinterpretation of the use of the objects, as the focus of the sessions was on the process of making together not on creating a finished piece of art. The flexible process accommodated and encouraged many different interpretations and interactions with the objects. Betty appeared to be drawing on her previous experience to understand how objects should be used, many of which did bore some visual and material resemblance to cleaning products, particularly the painting sponges. Betty's cleaning and tidying set a rhythm for the sessions, punctuating them by letting the group know when an activity was over. It also changed the direction and theme of activities, for example, as the group joined in with her cleaning of the umbrellas or folding of the sheets. Betty had a strong sense of her role in the group. She told an autobiographical story through her interactions with the objects and her confidence with which she enacted it grew as the project progressed.



⁴ The participant's name has been changed to protect her anonymity.

RESEARCH QUESTION TWO PARTICIPATION – HOW DOES THE PRESENCE OF ARTISTS ENCOURAGE SOCIAL INTERACTION, AESTHETIC ENGAGEMENT AND A CULTURE OF PARTICIPATION WITH OLDER ADULTS?

This area of the evaluation develops an understanding of Reminiscence Arts as a practice that is always reciprocal and relational, affecting everyone involved, not just the people living with dementia. Analysis of creative practice is, therefore, best supported by methodological models of relationship-centred care that recognises 'the uniqueness of each individual, but also the interdependence that shapes our lives' McCormack (2001). This area of evaluation identifies how Reminiscence Arts projects create social spaces that are an important response to the residential care setting as a home that houses diverse groups of people who usually do not know each other prior to moving there. Further, it discusses how Reminiscence Arts projects provide a space for professional carers to spend time with those they care for. It identifies how Age Exchange's Reminiscence Arts practice creates and builds on social interactions over time as well as developing a space for participants to express themselves and things about their lives.

At the beginning of each Reminiscence Arts project most of the people involved did not know each other. For many of the Reminiscence Arts Practitioners it was the first time they had worked in the care home to which they were assigned and they were not familiar with the staff or residents. Some Reminiscence Arts Practitioners undertook an introductory visit the week before the first session to meet the residents and staff and were given some background information about the residents during these visits. It takes time to get to know people living with dementia and this process happened as the projects progressed rather than before they started. In a focus group with the Reminiscence Arts Practitioners in January 2014 some reported that they were given little information about the residents before the start of the project and, therefore, were unable to start planning activities in response to their interests and abilities until the project had begun. Further, some RAPs had not worked together before and were building relationships between themselves over the course of the project as well as with the group.

Relationships within the group developed over time and there was an increased familiarity between all those involved as the project progressed. In the group sessions this included the development of the relationships between the Reminiscence Arts Practitioners who were co-facilitating the sessions as well as between Reminiscence Arts Practitioners, participants and care home staff.

This adds some context to the Dementia Care mapping finding that the quality of life of the participants increased over the course of the project. Taking a relational approach to understanding why the participants' well-being scores rose suggests that it was not just dependent on the participant's increased positive engagement with the project but on the engagement of all those who engaged with them; the Reminiscence Arts Practitioners, the care staff and the other participants.

The social space of the Reminiscence Arts sessions and the ways the Reminiscence Arts practice enabled participants to express themselves and things about their lives were developed in a range of ways during RADIQL. Different art forms supported different types of interaction and created a range of social spaces and interactivity. The following six points identify different ways in which the Reminiscence Arts practice supported the development of the social interactions and forms of self-representation. Each point is followed by one or more example that illustrates how this was achieved.

a. Music, movement and physical games, including throwing a ball or balloon usually engaged the majority of participants as a group creating group interactions.

During the music and movement activities group interaction was highly visible and there were many instances of participants with dementia interacting with each other as well as with Reminiscence Arts Practitioners and staff. An example might help to illustrate this. When participants and Reminiscence Arts Practitioners threw a large balloon to each other, they evoked a lot of laughter and playfulness. Building on this warm-up, when participants mirrored each other's dance movements and gestures the group came together, enabling their actions to be reinforced, shared and celebrated.

Mirroring has formed an important form of non-verbal communication between participants in group movement activities and at times enabled residents to take the lead in activities in a kind of follow my leader role. Through the communication and sharing enabled by mirroring a sense of 'groupness' can often be built. There has been less evidence of mirroring in the visual arts and object based activities than there has in the dance/movement and music activities. The following is a quote from one of the Reminiscence Arts Practitioner's weekly reports that reflects on how mirroring supported interactions between the group and the sharing and reinforcement of participant's embodied reminiscences:

While doing some movement with the hand and arms, [participant] moved her fingers as if playing the piano. We commented on that saying, "let's all play the piano" and all participants did that. There was a lot of mirroring going around. Participants danced, clapped, and improvised movements. All participants knew how to fold their scarves each one of them with their individual way.

b. Arts and craft activities that involved making usually require one-to-one support and, therefore, provided opportunities for one-to-one dialogues, both verbal and non-verbal.

All the arts and craft activities were opportunities for Reminiscence Arts Practitioners and care staff to spend time with the people in their care, where they could learn more about their interests and abilities. For example, one participant in a group Reminiscence Arts session demonstrated how to weave strips of paper to a member of care staff whilst talking about how she used to weave rugs when she lived in India. In some instances the interaction with participants was as simple as choosing colours together or often, as in the example in section one of the flag making, engaging together with the different materiality, sensory experiences and actions involved in the different steps of the making process.

Often the things that were made during these activities were shown to the group and some of the oral reminiscences developed into group conversations, but the interactions during these activities were primarily one-to-one and developed relationships between residents and care staff or residents and Reminiscence Arts Practitioners not between a resident and other residents.

c. One of the skills the Reminiscence Arts Practitioners demonstrated was the ability to move between a more general group activity or theme and identifying and eliciting personal reminiscences.

The following extract from a case study written by one of the Reminiscence Arts Practitioners describes his work with Nora, one of the participants in a Reminiscence Arts project he co-facilitated. It gives one example of how a group movement activity elicited an embodied memory and how this was recognised and nurtured by the Reminiscence Arts Practitioners eventually leading to an oral reminiscence.

Relationships within the group developed over time and there was an increased familiarity between all those involved as the project progressed. In the group sessions this included the development of the relationships between the Reminiscence Arts Practitioners who were co-facilitating the sessions as well as between Reminiscence Arts Practitioners, participants and care home staff.

During musical exercise, Nora started to offer up moves to the group. We began to observe and interact with a capable, rhythmic woman who clearly enjoyed movement and dance. During these moments, I began to notice the lightness of Nora's expression, the smiles and openness of her body. She started to shimmy, she excelled at it, her shoulders moved so freely and

naturally it was a joy to watch. As the project progressed, the shoulder shimmy became Nora's signature move. Just a few weeks ago, whilst exercising to a Glenn Miller song, Nora suddenly connected with the music. Her face lit up and she told the assembled group how she had 'twirled around dance floors throughout the war to this tune'. She seemed genuinely touched by the memory, it was a moving experience to observe.

d. Group and one-to-one sessions provided the most meaningful engagement with participants' interests and reminiscences when opportunities for reciprocal learning were facilitated.

The following observations from a Reminiscence Arts project (facilitated by Jayne Lloyd, as researcher) provide an example of how reciprocal learning can enhance the engagement and value of a resident's reminiscences and give them a role in the present.

Jayne Lloyd had observed John's⁵ contribution in the Reminiscence Arts sessions run by Age Exchange's Reminiscence Arts Practitioners, where he often talked passionately about the meals he enjoyed cooking and eating. He was originally from Jamaica and could give detailed instructions of how to cook numerous Caribbean dishes, communicating memories related to food with a clarity that was rarely evident when he discussed other topics.

⁵ The participant's name has been changed to protect his anonymity.



Once the group sessions had concluded the researcher began running one-to-one sessions with John. Each week she brought in food items or photographs of food she had bought in Brixton Market where John used to shop. John and Gloria, a member of care staff who had grown up in the Caribbean and joined the sessions, would explain what they were and give her a recipe she could cook with them. Following their direction she would source additional ingredients and cook the dishes at home. She would return the following week with photographic documentation of the cooking process and samples for them to taste. They would give her their verdict and tips on how she could improve the dish. For example, John's tip for improving her attempt at ackee and salt fish was to 'add black pepper and more tomatoes and serve yam and banana plantain on the side'. Often an ingredient she had brought would lead to discussions of another dish and ingredients that she would go away and source to bring in the following week.

John recognised her interest in his recipes by saying that 'we could go into business' and telling her that 'it was good that she was interested in them [him and Gloria]'. It was notable that when she returned nearly a year later to visit the home he did not initially recognise her but as soon as she told him he had taught her to cook ackee and salt fish, a smile and look of recognition spread across his face and he said 'that was a good day'. They then proceeded to talk for nearly half an hour about the different Caribbean recipes they had cooked together.⁶

e. Residents interacted with the Reminiscence Arts Practitioners in one-to-one sessions with increased confidence and expressed interest and sometimes joy in the activities. One-to-one activities were particularly appropriate for participants who did not interact in group sessions or who lacked a strong voice in group situations. One-to-one sessions provided a focussed space to develop reciprocal learning, skills and interests to which it was difficult to devote time in the group sessions.

The following are two short descriptions of one-to-one Reminiscence Arts sessions that illustrate how participants interacted differently in the one-to-one sessions than in group sessions. They demonstrate the importance of this space for some participants.

Jean⁷ was often brought into the group Reminiscence Arts sessions but nearly always closed her eyes and often fell asleep. She rarely engaged with the activities or interacted with people in the group. She stopped coming to the group sessions but the activity coordinator at the home suggested that one of the Reminiscence Arts Practitioners might try running one-to-one sessions with her. These sessions took place in a quiet room over a cup of tea. The Reminiscence Arts Practitioner often brought the same visual arts activities that he had facilitated with the group and supplemented them with music he thought she might like or recognise and images and magazines for them to discuss. Jean did still sometimes fall asleep in these sessions, but there were also times when she laughed and joked with the Reminiscence Arts Practitioner, when she told him things about her life and when she showed an interest in drawing. She spoke very softly and there was often several minutes pause between the activity being introduced and her showing any sign of active participation. The sessions seemed to give her space to interact on her own terms with the full attention of the facilitator and without the noise or distraction of the group.

Alice⁸, a participant in a group Reminiscence Arts session in another home was described by the Reminiscence Arts Practitioner as a 'people pleaser'. The Reminiscence Arts Practitioner, who co-facilitated both group and subsequent one-to-one sessions, described how in the group she seemed to want to make others happy by agreeing with them and not expressing an opinion or appearing to do what she wanted. In the one-to-one sessions the Reminiscence Arts Practitioner set up a table each week at which they sat together. In one of the early sessions the Reminiscence Arts Practitioner placed many items that might be found on a dressing table in a bag and asked Alice to pick them out one by one. This took away the pressure of choosing and made it into a game. As the session went on Alice appeared to forget herself and began picking them out with increased confidence and testing the perfumes and colours of lipstick to decide which she would wear on a night out.

⁶ A more detailed account of this research will be in Jayne Lloyd's PhD due for completion in early 2016

⁷ The participant's name has been changed to protect her anonymity.

⁸ The participant's name has been changed to protect her anonymity.



f. One-to-one activities were particularly appropriate for participants who did not interact in group sessions or who lacked a strong voice in group situations. The one-to-one sessions often built strong relationships between the Reminiscence Arts Practitioners and the participants. The projects lasted for seven to ten weeks, and when they ended this seemed to have an emotional effect on participants.

The ending of a one-to-one session or project was upsetting for some participants and they behaved in ways that suggested they did not want the Reminiscence Arts Practitioner to leave. For example, after the one-to-one session with Jean the Reminiscence Arts Practitioner would walk with her back to the lounge wait until she had sat down before saying goodbye and going to leave. Jean would invariably get up from her chair again and follow the Reminiscence Arts Practitioner to the door.

Alice also demonstrated that she did not want the Reminiscence Arts Practitioner to leave. Alice did not show any sign of remembering who the Reminiscence Arts Practitioner was or why she was there at the start of each session. She would often ask why she was there and worry about the time, where she was and if she should be somewhere else. When the Reminiscence Arts Practitioner went to leave, however, she got upset and told her she did not want her to leave shouting after her as she left.

In the last session of one of the one-to-one Reminiscence Arts projects facilitated by Jayne Lloyd she cooked ackee and salt fish with John, the participant. Going to leave at the end of the session she told John that she had put the left overs in the fridge for him so he could eat them later. He replied ‘but where will you be?’.

Projects that aimed to build relationships between family or carers provided potential strategies for closure, and ways to continue the work once the project was over. There was some evidence that this did take place during RADIQL, but in a very limited way. Because some residents became very attached to the RAPs during the process of working together, they became distressed when the project ended. As noted in the Recommendations section of this report, it imperative that care staff are properly trained, involved in the projects and facilitate the projects’ closure with care.

RESEARCH QUESTION THREE: ENVIRONMENT - HOW DOES THE ON-GOING PRESENCE OF ARTISTS TRANSFORM THE SOCIAL SPACE OF CARE SETTINGS?

This section identifies how Reminiscence Arts practice responds to the materiality and sensory experience of being in a care home. The participants did not leave the care home to attend the sessions and they have limited access to environments and experiences outside

the care home, particularly activities they used to do and places they used to frequent in the past. Reminiscence Arts often evokes memories of experiences in places and times outside the care home. It is important to remember, however, that the sessions take place within the physical, social and aesthetic space of the care setting. Reminiscence Arts often aims to enhance participants' lives by improving their connection both to the place they currently reside and to their memories and imaginations.

a. Sensory and material engagement in the sessions responded to some of the sensory and material and activity deficits of the care setting.

Experiences of life beyond the walls of the care setting were often evoked in the Reminiscence Arts sessions by introducing sensory stimuli. The sounds of birds chirping, the crunch of autumn leaves, smell of scented spring flowers and the dance and music heard in dance halls introduce sensory and material experiences into the care setting that are not usually present there. These multi-sensory interventions inspired participants to imagine themselves in a world outside the care setting by triggering a feeling of 'leaving of the home' that was often evidenced by verbal reminiscences, embodied movements or facial expressions. For example, one participant closed her eyes and smiled whilst listening to a soundtrack of bird sounds and another participant looked straight ahead whilst walking on the spot in a purposeful manner that suggested she was imagining going somewhere special. Other times the multi-sensory interventions simply re-engaged participants with sensory and material experiences that the care environment does not usually provide, for example, crunching leaves in their hands or smelling and tasting foods that are not served at meal-times.

b. The role of RAPs as visitors was recognised as important because they were associated only with the Reminiscence Arts sessions and not with the daily life of the care setting (note this is different in community settings where participants were also visitors)

The first session of both the group projects observed in the second year of RADIQL was an informal visit. Reminiscence Arts Practitioners went to meet residents in corridors, their rooms or where they were sitting in the common area. This enabled RAPs to meet the residents they would be working with on a one to one basis and to get a sense of the home as a whole. During one of the visits Reminiscence Arts Practitioners took flowers to offer to the people they met. This multi-sensory object successfully engaged residents in looking, smelling, holding and talking about the flower and gave an indication of the experiences the Reminiscence Arts Practitioners would offer in their sessions. The flowers also functioned as a gift, taking on a similar

role to the type of offering that might be offered as a visitor to any house. There was a real awareness from the Reminiscence Arts Practitioners of going into the participants' home. This is illustrated in the following extract from one of the Reminiscence Arts Practitioner's weekly reports:

We took flowers to hand out to residents, creating a focal point for conversation and connection, to see how people would respond to our presence in their home.

During an interview with one of the management team of a care home, the importance of the role of the Reminiscence Arts Practitioner as a visitor was noted:

David⁹ thoroughly enjoyed the one to one time. This is possibly because it was an experience that did not revolve around care. It was facilitated by a new face belonging to someone who does not deliver other aspects of his care. For staff, they can have a nice one to one time, but then they have to come back and hoist someone to take them to the toilet. This takes away from the experience. David sees the Reminiscence Arts Practitioners coming and knows 'it's time for me'.

**RESEARCH QUESTION FOUR
CULTURE OF CARE - HOW FAR HAS THE
RADIQL PROGRAMME INTRODUCED CREATIVITY
INTO THE EVERYDAY LIVES OF CARERS
AND RESIDENTS BEYOND THE REMINISCENCE
ARTS SESSIONS?**

This section identifies the extent RADIQL has responded to the culture of care. It primarily focuses on how Reminiscence Arts practice has been passed on to care staff to enable the projects to have an impact beyond Age Exchange's sessions.

When Reminiscence Arts involves the whole care community, it has the potential to improve relationships and change the social interactions outside the hour-long weekly sessions. However, overall the evaluation found the care staffs' engagement was limited both in the Reminiscence Arts sessions and in the evaluation process. For example data was collected on staff well-being and only a small number completed the questionnaires at baseline and an even smaller number at follow-up.

The first section draws on the qualitative arts evaluator's observations and interviews to identify how and to what extent the care staff were involved in the Reminiscence Arts sessions and what has been passed on to care staff and how. The second part of the section focuses on research undertaken by the social science team that identifies challenges in engaging care staff and care home managers in the research project.

⁹ The participant's name has been changed to protect his anonymity.

SECTION 1: CARE STAFF INVOLVEMENT WITH REMINISCENCE ARTS PRACTICE

a. Care staff appeared to understand and often led music and dance interactions.

Care staff usually appeared enthusiastic about taking part in music and dance activities in the sessions. Care staff sometimes extended or took the lead on parts of these activities. For example, in one session a participant was about to leave part way through a session and a member of care staff suggested to him 'let's have a dance'. He accepted and they danced in a ballroom style until the song finished. In another session a member of care staff recognised a musical instrument from the country she was from and demonstrated how to play it.

Dancing was also observed happening outside the Reminiscence Arts sessions suggesting it sometimes had a role in the day-to-day life of the care settings. For example, a participant in one of the groups was often found dancing in the lounge before the start of the sessions. Staff joined in and danced with her as they passed her. In another care home a member of care staff and a resident were observed dancing together.

b. Care staff often demonstrated a lack of understanding of the aim of the visual arts and crafts activities. They usually tried to make the product and were concerned with 'getting it right'. This often resulted in them doing the activity for the participant and leaving very limited choices and engagement for the participant. Care staff who did have an interest in visual arts often used the session as a space to draw or make their own art without engaging participants.

The following example from a training session illustrates the difficulty many care staff appeared to have in understanding their role in facilitating of arts and crafts activities.

The training was facilitated by two Reminiscence Arts Practitioners who had run a project in the care home where the training session took place. The Reminiscence Arts Practitioner who had run the flag making session discussed in case study one (see page 15) tried to train the care staff to run similar activities using the flag making as an example. She paired the trainees up and asked one of them to take on the role of the care home resident and the other to take on the role of a member of care staff supporting them with the activity. She demonstrated the steps involved in making the flags and how to engage the participants with each stage.

Jayne Lloyd was paired with a member of care staff. She was given the role of the care home resident and he was asked to support her to make the flag. When the activity started, however, he made a flag for her only consulting and involving her in the activity when prompted. It is possible he would have worked differently if he was supporting an actual care home resident, but the way

he undertook the activity was representative of the way many members of care staff engaged with arts and crafts activities in the sessions. The training did not appear to have developed his understanding of how to work with participants more effectively. Much of the culture of care is task-based, and the flag-making was seen as a task to complete rather than a process of sharing an activity.

c. We observed small-scale shifts in the staffs' practice in the ways in which staff who were already interested in arts and activities worked.

The most common things that care staff said they took away from the sessions were ideas for activities and learning about what residents were interested in and still able to do. The following quotation from a member of care staff who took part in the training and the Reminiscence Arts sessions describes what she took away from it:

The RADIQL training was really good. The equipment that involved the whole group – the textured ribbon thing – was particularly good. I learnt a lot about improvising to make things with materials that I already have or are easy to get hold of. I learnt how easy it is to make a flag and that it doesn't have to cost much money. (member of care staff)

There were some small changes in how activities were run that were acknowledged as important, for example, this activities co-ordinator describes how she learnt to set the room up differently:

I often set the room up in a circle without a table in the middle now because this is good for movement and music activities. Before we always sat round tables. (activities co-ordinator)

The activities coordinator has learnt ways to encourage and support them [residents] to participate. I can see that she has developed new skills that have built on her existing ones and that this learning has been put into practice. For example, she now sets up the music sessions in the round. This is something she has continued from the RADIQL sessions. (Care home deputy manager)

A further influence the Reminiscence Arts sessions had on the care staff in one of the residential care settings was the managers discussed the sessions and what the care staff had learnt from them in supervisions. Through this the managers hoped to develop the way staff delivered activities with residents.

SECTION 2: INVOLVEMENT OF CARE HOME STAFF IN THE RADIQL STUDY

We aimed to collect data from staff to assess General Health and well-being, burnout and their views on the work environment via the General Health Questionnaire, Work Environment Scale, and Maslach Burnout Inventory. Out of 31 respondents, up to 27

provided answers at baseline, but only 11 at follow-up. In both time points, the answers dwindled with progress through the questionnaire. The poor response at follow-up makes any conclusions from those data unreliable and they were not considered further.

The limited presence and involvement of staff in the Reminiscence Arts (RA) groups has already been highlighted in the qualitative part of this evaluation. Consequently, this section will focus on the care staffs' participation in RADIQL in terms of completing staff questionnaires at baseline and at the end of the 24-week intervention or control period.

Engaging staff in RADIQL overall was problematic at times. The aim was to invite keyworkers of the residents involved in the group to take part in the study. However many of the keyworkers were unavailable (e.g. worked nights) or declined to participate. Consequently, any care staff who worked with the participants in the group were approached and invited to take part in the study. Although many care staff returned their signed consent form, some did not complete the four questionnaires.

It became apparent that many of the care staff found the questionnaires difficult to understand, lengthy (and therefore time consuming), and intrusive. Care staff asked what some of the questions meant and had problems with allocating their answer (using the Likert scale provided) to the question. It was evident that some care staff were avoiding completing the questionnaires. Activities coordinators reported that this maybe because some staff did not have English as a first language and others were not confident in their academic abilities. Consequently, the WES (90 statement questionnaire) was not used at follow-up, and some care staff completed the measures with other colleagues or with the assistance of the researcher (and Belinda Sosinowicz, from Age Exchange).

Another issue that was reported were concerns regarding confidentiality. Some of the questions or statements in the staff measures were quite personal and asked recipients to give their views on their work place, environment and supervisors. Unsurprisingly, care staff were concerned about where this information would go, and whether they would be identified. This issue was overcome for those voicing this concern by providing staff with large, stamped addressed envelopes so that they were able to send their questionnaires

directly to the research team, who ensured complete anonymity and confidentiality.

Multi-layers of authority in care homes

The multi-layers of authority within each care home had a great significance for the study. Some managers were very involved in the research and knew a great deal about the study. However, some managers (perhaps due to work pressures) did not wish to be engaged and left their activities coordinators to work exclusively with the researcher and Reminiscence Arts Practitioners (RAPs). However, this meant at times that not everyone in the care home were involved or aware of RADIQL. Some care staff did not know anything about the research and failed to have residents ready (i.e. out of bed and dressed) in time for the groups to start. Some managers did not allocate enough staff to cover a shift, which meant that staff allocated to the Reminiscence Arts (RA) groups were no longer able to join the group.

It was noted that some care staff had come into the care home on their day off or worked overtime to attend the RA group. Care staff voiced their frustrations when they saw the value in the groups and the research but felt unsupported by their managers to effectively facilitate the RAPs.

In addition, even though permission had been gained from the manager of the care home and consent obtained from residents or their consultee, some nursing staff (head of the unit or section that the resident was under) queried the research and the appropriateness of the resident attending such a group and being involved in research.

A lack of understanding of the research was particularly prominent for care staff in the control arm of the study. They seemed to have difficulty with understanding why residents needed to give consent for the group six months in advance. Managing the expectations of care staff played a major part in maintaining their cooperation and assistance with the study.

CHALLENGES FOR THE EVALUATION

One of the challenges of projects such as RADIQL run by small to medium sized charities is that they are often tied into three year funding cycles with the uncertainty of how or if funding will be found to continue the work that has been developed. At a time of significant cuts to arts and health and social care budgets financing projects is increasingly challenging. There have been significant changes in the health and social care sector throughout the duration of RADIQL. Several homes have closed and there have been stresses on the existing homes. There has been a corresponding financial impact on commissioning. RADIQL has not been commissioned and Age Exchange currently has no funding to continue working in the care homes they worked in during RADIQL. Age Exchange are, therefore, currently exploring other funding and commissioning routes.

RADIQL was designed by Age Exchange and the research teams were commissioned to evaluate the project after plans for the Reminiscence Arts interventions had been finalised. This approach created significant challenges for the two strands of the evaluation and their findings. There was an expectation from Age Exchange that the evaluation would produce proof that Reminiscence Arts 'worked'. There is a central tension in measuring an arts intervention in quantitative terms, as artistic practice is, by its very nature, different in each context. Reminiscence Arts is better defined by underlying principles than replicable models. The following sections document the main ways the design of RADIQL impacted on the research:



DIALOGUES BETWEEN THE QUANTITATIVE AND QUALITATIVE ARTS STUDIES

The RADIQL programme was designed by Age Exchange as an intervention rather than a research project. For the qualitative and quantitative researchers this led to logistical challenges in how they conducted their research in the care homes and to difficulties in drawing their findings together. One of the challenges was that the qualitative arts researcher needed to participate in some of the groups that were being observed by the Dementia Care Mapper. This potentially impacted on the measures for those groups because they had an extra person supporting them. The quantitative study limited the residents the qualitative arts researcher could facilitate her sessions with and delayed this part of the research.

The ways the findings from the two strands of the evaluation could be brought together was limited because the research included different combinations of care homes with findings recorded using very different methods at different intervals: the Dementia Care Mapping observations of the Reminiscence Arts sessions were completed every three weeks in the six care homes that took part in the first year of RADIQL with measures recorded at five minute intervals; the qualitative arts evaluation researched projects in two care homes in the first and second year of RADIQL as well as one-to-one sessions, sessions in community settings and projects facilitated by the researcher.

The research methods and findings were constrained by the timescale needed for ethical approval, and the urgency of producing results in time to attract further funding. Time was a significant concern for the evaluation of the RADIQL study, particularly in the start-up of the study. The following section documents some of the contributing factors.

NHS ETHICS

Gaining NHS ethical approval for RADIQL took a considerable amount of time to obtain. In addition to completing the lengthy online form through the Integrated Research Application System [IRAS], additional multiple research documents (e.g. participant information sheets and consent forms) were submitted in accordance with NRES guidance.

RESEARCH GOVERNANCE

Following the receipt of favourable opinion by the NHS Ethics Committee, Research and Development (R&D) approval was sought for the three NHS care homes in South London and Maudsley NHS Foundation Trust (SLAM) and Guy's and St. Thomas' NHS Foundation Trust (GSTT).

ENGAGING CARE HOMES IN THE SET-UP OF RADIQL

Changes in the structure of care homes: Restructuring of management, and care staff having to reapplying for their existing jobs, brought instability to some work places.

IDENTIFICATION OF RESIDENTS FOR THE STUDY

Whilst working with care staff to gain consent from residents, it became apparent that the researcher was in fact identifying potential participants for the RA groups. Consequently, the referral process of residents to Age Exchange did not appear to work adequately, as care staff were bypassing this route and using the researcher as the referrer. Some residents had not been approached by care staff about the study in advance of speaking with the researcher. This resulted in multiple visits to the care home to speak with the residents about the RA groups before embarking on gaining their consent to participate in the evaluating research.

DIAGNOSIS OF DEMENTIA

Some care staff did not know whether the resident they had suggested to join RADIQL had a diagnosis of dementia to be included in the study. Two residents were inappropriately referred to RADIQL; one in the control arm and one in the intervention arm. The participant in the intervention arm had already participated in a few RA groups and appeared to be gaining a lot from the experience. This caused an ethical dilemma for the research and RAPs. For this resident it was decided that they should continue to join the study, and his data for the study was excluded; the participant was informed and content with this decision. However, to help clarify the appropriateness of including further residents to the study who did not have a formal diagnosis of dementia, a short assessment was used (i.e. ICD-10).

CONSENT ISSUES FOR RESIDENTS IN CARE HOMES

In line with guidance by the Mental Capacity Act (MCA), it was assumed that residents had the capacity to make an informed decision about whether they wanted to take part RADIQL, unless it was demonstrated that they did not have mental capacity to do so.

Many people with dementia did not have mental capacity to make a decision about whether they would like to take part in the study. Consequently, their next of kin were asked to act as their consultee to sign a declaration form. Although time consuming, the consent process took a person-centred approach, and aimed to be as inclusive as possible within the limits of MCA.

Some residents did have the mental capacity but required time and support to decide whether to take part in the research or not. Others wanted time to think about the information that had been provided, and to discuss it with a relative or friend before making a decision. We found that devoting additional time to gaining consent yielded positive results. For example, with one resident it took over an hour to explain the study, ascertain their mental capacity, answer their questions and gain their consent. At the end of this process, the participant said how she had appreciated the researcher spending time with her to explain the study and answer her questions so that she was able to decide what to do.

RECOMMENDATIONS

Age Exchange as a charity has long sustained a deep commitment to supporting creativity in later life. The ambition of RADIQL reflects the charity's commitment to social justice, community cohesion and individual wellbeing. As part of its priorities, Age Exchange has an ambition to change the culture of care by adapting and embedding aspects of Reminiscence Arts practice into the daily life of care settings. There is further potential for Reminiscence Arts to impact on the culture of care. The underlying principles of Reminiscence Arts practice have the potential to affect care positively, they prioritise the creative process of art-making and relationship-building over task-orientated ways of working that often dominate daily life in care settings. However, a creative approach to care can only be achieved if care staff are properly equipped and supported to embed it into their roles.

From RADIQL, care staff were insufficiently equipped with the skills, knowledge and resources to extend creative approaches to care that built on Age Exchange's sessions. There was limited evidence that care staff continued Age Exchange's work beyond the Reminiscence Arts sessions. Three main reasons for this were identified. Firstly, the care staff had other demands on their time. Secondly, the training Age Exchange provided was insufficient to equip them to incorporate creative practices into their caring roles. Third, Reminiscence Arts Practitioners are highly creative and very skilled and, as valued visitors, they were associated only with the Reminiscence Arts sessions and not with the daily life of the care setting. This raises questions about what aspects of Reminiscence Arts practices might be passed on to care staff in training, and how the professional knowledge of carers and Reminiscence Arts Practitioners might further complement each other.

The following recommendations identify how Reminiscence Arts may be adapted and embedded into care practices.

1. COMMUNICATE THE PRINCIPLES OF REMINISCENCE ARTS

It was clear throughout the evaluation that there are principles that define and underpin the practice of Reminiscence Arts. These combine creative abilities with knowledge and understanding of dementia and dementia care. Drawing on the learning from RADIQL, the definitions offered in this report and Jayne Lloyd's PhD need to be communicated by Age Exchange as a working document. This will support the charity to continue to develop their practice in care settings and will inform their training programmes.

2. TRAINING: PLACE-BASED TRAINING, CLEAR PROGRAMME

Training sessions were provided for care staff, and many people involved in the project attended at least one training session. The training introduced Reminiscence Arts and gave care staff ideas for different Reminiscence

Arts activities. It was less successful at communicating the underlying principles of the Reminiscence Arts Practice and how they could be adapted by care staff and incorporated into their daily work. As was exemplified on page (please add page no. of flag making example – currently page 19), many care staff took a task based approach to supporting Reminiscence Arts activities which failed to engage the residents fully.

A clear training programme with defined learning objectives, outcomes and structured progression was missing from RADIQL. There is a need for a bespoke training programme for care staff, where they can understand the principles of Reminiscence Arts and learn how to adapt some activities and apply creativity to care provision. We recommend that some of this training is undertaken in the care home as place-based training, with structured support and mentoring from experienced Age Exchange practitioners.

3. DEFINE THE ROLE OF CARE STAFF IN REMINISCENCE ARTS SESSIONS

There was a missed opportunity to support care staff during the Reminiscence Arts sessions themselves. Attending the sessions did not always equate to meaningful participation. Most care staff took part enthusiastically in some of the activities, but there were also sessions where they spent a significant amount of the time standing at the edge of the room or sitting in the group but not actively participating. One of the Reminiscence Arts Practitioners wrote in her weekly report that '[g]enerally care staff support felt more at arm's reach today.' This comment illustrates a wider concern with the inconsistent levels of engagement observed throughout RADIQL.

During RADIQL Reminiscence Arts Practitioners were centrally focused on the residents, which was entirely appropriate. Reminiscence Arts Practitioners adopted a friendly and welcoming approach, and encouraged care staff to take part in the sessions. If they are to undertake training for care staff, they will need to develop additional skills as trainers and acquire an understanding of appropriate place-based training methods, including shared planning and structured support in order to facilitate their learning effectively.

4. DIFFERENTIATE BETWEEN THE KNOWLEDGE, SKILLS AND UNDERSTANDING OF REMINISCENCE ARTS PRACTITIONERS AND THOSE REQUIRED BY CARE STAFF TO INTEGRATE EVERYDAY CREATIVITY INTO CARE SETTINGS

The skills, knowledge and understanding required by care staff to integrate everyday creativity into care settings are not identical to the artistic skills of Reminiscence Arts Practitioners. The care staff and Reminiscence Arts Practitioners have different roles in care settings, and their complementary approaches to care need to be developed accordingly.

Reminiscence Arts Practitioners are highly creative and, as valued visitors, they were associated with the Reminiscence Arts sessions and not with the routines and daily life of the care setting. Their skills, knowledge and understanding of creative practice have been developed over time and cannot be passed on wholesale to care home staff.

Care staff do not usually have advanced artistic skills nor training in the arts. They are responsible for the day-to-day running of the care home and the needs and personal care of those who live there. The aim of developing the practice of care staff needs to be balanced with an understanding of what is compatible with their care role and existing skills. Throughout RADIQL, care staff had many other demands of their time, and this impacted on their ability to participate in Reminiscence Arts sessions. They often left Reminiscence Arts sessions to attend to personal care responsibilities. In a follow-up interview, an activities co-ordinator who attended all the sessions explains why no care staff were present in any of the Age Exchange's Reminiscence Arts sessions in that care home:

Care staff are busy. They sometimes join in but can be called away at any moment. (Activities Co-ordinator)

Age exchange should focus on equipping care staff to take a creative approach to everyday dementia care that can be integrated into their caring roles, not to emulate Reminiscence Arts Practitioners and deliver Reminiscence Arts sessions.

5. INVOLVE THE WHOLE CARE COMMUNITY IN DEVELOPING A CREATIVE APPROACH TO CARE.

The culture of care cannot change without the support of the management of the care settings. In many care homes there were multiple layers of management. Without their investment, no programme will have a lasting or significant impact. RADIQL had the most effect when

managers supported its implementation. This happened in small ways throughout RADIQL and could be extended in future projects. It is recommended that the demands on care provision need to be understood when the scope of any intervention is designed.

Throughout RADIQL different members of staff in the care home became involved in Reminiscence Arts activities, including cooks, cleaners and maintenance workers. This involvement could be developed further to widen the scope of the project. In one residential care setting different care staff attended each week, rather than two care members of the staff attending for the duration of the project. This limited the extent individuals learnt from the project, but it did have the advantage of most of the staff in the home gaining some knowledge of the project.

6. MANAGE CLOSURE AND ENDINGS

The one-to-one sessions provided a focussed space to develop reciprocal learning, skills and interests to which it was difficult to devote time in the group sessions. The projects lasted for seven to ten weeks, building strong attachments in a short period of time. When they ended, this had an emotional effect on participants. For example, at the end of each session and the end of the project some residents appeared visibly saddened by the Reminiscence Arts Practitioner leaving.

One-to-one sessions should involve family or carers who will provide potential exit strategies and ways of continuing the work once the project is over. A clear goal and exit strategy should be developed with family or carers and, where possible, the participant at the start of the project and reviewed throughout the project.

One-to-one projects have the potential to be further developed to meet a growing need for meaningful social interactions for older adults living with dementia in their own homes/the community.



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Royal Holloway, University of London
Egham, Surrey, TW20 0EX
T: +44 (0)1784 434455
royalholloway.ac.uk