

# *Summative Evaluation of Hearts and Minds*

A three year pilot  
programme by Age  
Exchange Theatre  
Trust



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## **EVALUATION TEAM**

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## **ACKNOWLEDGEMENTS**

The evaluation team would like to thank everyone who has contributed to the evaluation process. Thanks are due to David Savill, Artistic Director of Age Exchange, Jean Valsler, Health and Wellbeing Co-ordinator for the *Hearts and Minds* Programme in 2011 and to Suzanne Lockett at Age Exchange, who were all instrumental in assisting the evaluation team. We would like to extend a particular thanks to all the project workers, care staff and residents who have welcomed us so generously to observe and discuss their work with such openness. This evaluation is offered in the spirit of professional dialogue.

## EXECUTIVE SUMMARY

This report describes an evaluation of *Hearts and Minds Programme*, funded by the South London and Maudsley Charitable Trust in partnership with Age Exchange Theatre Trust. The evaluation documented a programme of creative workshops in the arts and reminiscence, led by Age Exchange project workers, and undertaken with people living with dementia and related mental health issues in residential care from 2011-2013.

The evaluation addressed three main areas:

- 1) **Concepts and Values:** What does it mean to become an 'informed workforce' in reminiscence and arts practice? What are the key ideas, principles and values that inform the programme?
- 2) **Quality of Participation:** How is the quality of the arts and reminiscence practices demonstrated and defined? How is good quality partnership and collaboration between Age Exchange practitioners and carers/ health professionals recognised and fostered?
- 3) **Strategy and Organisation:** What is the effect of the *Hearts and Minds* programme on Age Exchange as an organisation? How is the culture of care in residential settings changed by participating in the *Hearts and Minds* programme?

The evaluation is focused on the work and working methods of Age Exchange in the *Hearts and Minds* programme. We sought evidence from interviews, participant observation of project workshops, literature review, workshops with key stakeholders, ethnographies of place and space mapping. At each stage in the process there was dialogue with Age Exchange employees and health professionals, which in turn stimulated reflection on partnerships and practice. One of the most significant elements of the evaluation was that it defined key questions, and this provided a systematic framework for reflection in an organisation that had no previous experience of external evaluation.

### OUR MAIN FINDINGS WERE AS FOLLOWS:

#### Concepts and Values

1. The diverse artistic backgrounds of Age Exchange project workers and their empathetic personal qualities and cultural interests contribute to the vibrancy of practice.
2. The work of Age Exchange is considerably enhanced when they understand the context in which they are working, including the pressures on care staff and the rhythms of the care setting and the life-histories of the residents.

3. The values of the programme are informed by an awareness of person-centred care and the benefits of understanding the life-histories of the residents.

### **Quality of Participation**

4. Age Exchange has enhanced the quality of the work by recruiting and retaining a dedicated and increasingly specialist team of practitioners who have become progressively more inventive as the *Hearts and Minds* Programme has progressed.
5. There is considerable evidence that the quality of Age Exchange's practice is enhanced by the participation of health professionals, carers and family/ friends.
6. Increased training for health professionals in the arts and reminiscence has been offered. There is evidence that the training has been well received, though care workers reported that they lack the confidence to put their learning into practice.
7. The introduction of a mentoring programme was well-intentioned but its lack of clear objectives for developing skills in using the arts and reminiscence in everyday interactions was perceived as an obstacle to its success.
8. There are examples of care workers who have found working with Age Exchange stimulating and rewarding. At best, care workers and Age Exchange project workers have shared complementary skills and knowledge, with acting as cultural intermediaries between residents, Age Exchange project workers and professional carers.
9. The lack of involvement of many managers of the residential units in the programme has been a serious problem, leading to misunderstandings, poor communication and a lack of awareness of how aspects of the programme might be integrated into the daily life of the residents.

### **Strategy and Organisation**

11. The *Hearts and Minds* programme has coincided with a period of change at Age Exchange, and the programme represents a strategic decision to work in partnership with the NHS, and to build on their work with people living with dementia and related mental health issues.
12. The support of senior colleagues at SLaM has made a significant difference to Age Exchange as an organisation, encouraging a model of partnership and training with and for health professionals. Partnerships between Age Exchange and health settings have been enhanced by a shift in rhetoric and change of tone from Age Exchange; it was particularly noticeable that there

was a shift from generalised criticisms of NHS care staff to a more supportive vocabulary towards professional carers.

13. Some continuing care residential units have been re-described as 'homes' and that there is increased emphasis on how the whole ecology of care contribute to creating a sense of home. This includes many people with different roles: managers, care staff, residents, activity co-ordinators, companions and family members, cooks and cleaners. Visiting creative practitioners from Age Exchange are contributing to this ecology of care by recognising that they are working as part of the whole culture.
14. Health professionals valued Age Exchange project workers as 'visitors' to the residential settings, recognising that their interventions bring the outside world into the culture of care.
15. The *Hearts and Minds* programme has taken place during a period of radical upheaval for residents living in continuing care and the people who care for them. Age Exchange has often facilitated transitions for residents and staff, particularly on the closure of a care unit, through their one-to-one work with residents and by continuing group projects under complex circumstances.
16. The *Hearts and Minds* programme has demonstrated that Age Exchange is a learning organisation that is flexible and responsive to changing circumstances.

## **RECOMMENDATIONS**

The evaluation of *Hearts and Minds* documents the programme's considerable success. These recommendations are intended to highlight elements relating to the quality of practice, training and partnership that might be developed further.

### **Quality of Practice**

1. There is a need for Age Exchange to define and articulate what they understand by high quality practice in their work. Repetitive 'models' or toolkits are unlikely to capture the range of Age Exchange's practice, nor describe their work at its most creative and effective. This evaluation is intended to contribute to the process, and provides evidence that the quality of practice undertaken by Age Exchange project workers been strengthened during the *Hearts and Minds* programme. Some early work took little account of the diversity of the residents and sometimes lacked creativity and imagination, which Age Exchange management addressed by employing highly specialised creative practitioners. It is recommended that they now document their work

as examples of good practice. This process will enable Age Exchange to develop a set of critical vocabularies that define what quality means in their work, and assist reflection on practice.

2. It is not always clear whether Age Exchange is offering an arts and cultural intervention, led by experienced visiting practitioners, or a model of care that is being taught to professional carers. This is an obstacle to influencing the culture of care, as care staff feel that they lack the specialist expertise of Age Exchange project workers. There need to define the range, scope and focus of the practice that requires specialist skills and knowledge, and to be clear about which aspects of the approach might be integrated into everyday life.
3. Age Exchange might benefit as an organisation from a review around the concepts of person-centred care that have underpinned the project. It is recommended that Age Exchange greater account of relation-centred care in their work, and which more accurately represents the range of creative practice, reciprocal partnerships and cultural models of dementia that informed practice throughout the *Hearts and Minds* programme.
4. Age Exchange's creative practice and ability to influence the culture of care is restricted by a lack of management involvement, regulations in care settings and some inflexibility in the model of the workshops.

### **Quality of Training**

1. It is recommended that a structured and transparent programme of mentoring, undertaken by highly skilled project workers, is used to assist care workers to translate learning on training courses at Age Exchange and on Age Exchange projects to their daily working lives.
2. Many Age Exchange practitioners balanced their roles as trainers and creative practitioners with considerable skills and dexterity. Where care staff and project workers work together, there is a need for time for collaborative planning and reflection time to ensure care staff learning and involvement.
3. Project workers have benefitted from training provided by Age Exchange. This might be enhanced by providing structured emotional support for project workers on the programme, and workshops with highly skilled artists as well as other Age Exchange project workers and health professionals.

## Quality of Partnership

1. Reminiscence and arts practice has not yet become embedded in the culture of care settings. This is due to a number of factors, including the significant period of transition and change in the health service, the limitations of the mentoring programme, the lack of time for shared planning and reflection. The evaluation reveals that success of the intervention relies on high quality partnerships between people with different areas of expertise and roles should be acknowledged and clearly described both in general terms and in each project.
2. The culture of care homes had the potential to change and develop through the *Hearts and Minds* programme, and to assist care settings in meeting the objectives of the National Dementia Strategy (2009) and to respond to the consultation document, *Dignity in Care* (2012). This required management involvement, which was often limited. It is recommended that SLaM and Age Exchange define and share good models of partnership management where it exists.

## EVALUATION OF THE *HEARTS AND MINDS* PROGRAMME

**Age Exchange Theatre Trust** was founded in 1983 in the context of an emerging awareness of the value of reminiscence work, especially in care settings for older people. The *Hearts and Minds Programme* was funded by the South London and Maudsley (SLaM) Charitable Trust in partnership with Age Exchange. Between 2011 and 2013 Age Exchange delivered an arts and reminiscence programme for people who use mental health services in South London. All activities were planned to be relevant to users' needs and interests, and designed to improve mental well-being and physical health. Two thirds of the programme is intended for older adults and one third for younger people with mental health needs. The programme is being delivered to groups of service users at a number of mental health provider units in Croydon, Lewisham, Southwark and Lambeth. In total Age Exchange aimed to deliver five group projects each year, lasting 10 weeks each. The programme provided isolated people with one-to-one sessions in residential care settings. Age Exchange was funded to deliver a total of 35 one-to-one sessions a year for 3 years. *Hearts and Minds* marks the first time Age Exchange have worked in partnership with the NHS.

**The *Hearts and Minds*** programme took place in a context of increased public concern about care for older adults, particularly those living with dementia. The Department of Health publication, *Living well with dementia: A National Dementia Strategy* (2009), provided a strategic quality framework to improve the quality of life and care for people living with dementia. The Strategy identified 17 objectives, of which the following are particularly relevant to the *Hearts and Minds* Programme:

Objective 11: Living well with dementia in care homes.

Objective 13: An informed and effective workforce for people with dementia.

Over a three year period, the *Hearts and Minds* programme provided activities in residential care units for older adults and opportunities for the continuing professional development for care staff. Following the highly critical report, *Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people* in March 2011, the consultation report, *Delivering Dignity: Securing dignity in care for older people in hospitals and care homes* was published in February 2012. The emphasis on creating a positive, caring environment in both reports speaks directly to Age Exchange's *Hearts and Minds* programme.

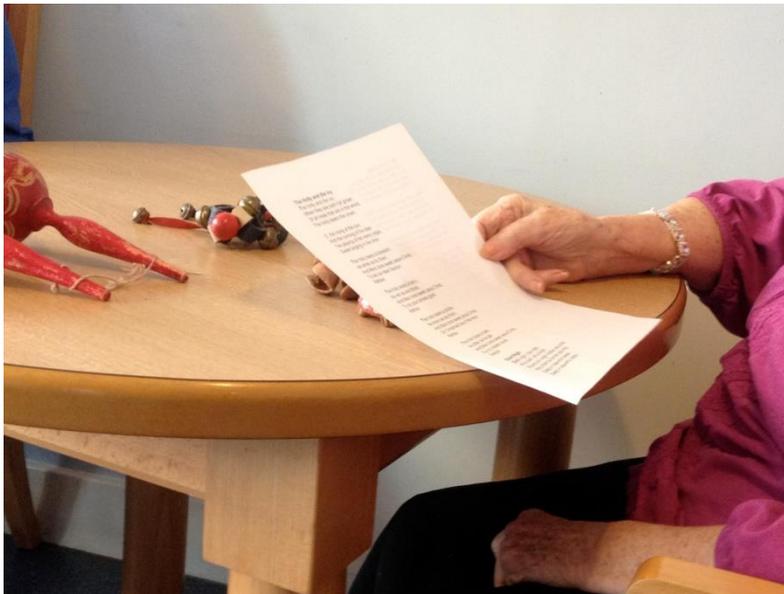
**The evaluation** is led by Professor Helen Nicholson, Royal Holloway, University of London. In response to discussions with Age Exchange, the evaluation addressed the work of Age Exchange practitioners working with older adults living in residential care, many of whom have complex needs including

dementia and other mental health issues. The evaluation is focused on the work of Age Exchange, rather than providing a service evaluation of NHS practices, which are outside the remit of this evaluation.

### What is evaluation?

- Evaluation is the art of asking interesting and provocative **questions**.
- Evaluation is about **evidence**.
- Evaluation is about **causation**. It at its best when it is investigating what is achieved, why, how and when.
- Evaluation is about different **perspectives**.
- Evaluation is about **reflection**. It can provide a structure to prompt and record feedback on achievements.
- Evaluation is about **learning**. It is a continual process of questioning, seeking evidence and reflecting on the findings.

(from *Evaluation Toolkit for the Voluntary and Community Arts*, Annabel Jackson Associates, 2004)



## SECTION ONE: STARTING POINTS

### 1.1 THE PROGRAMME OBJECTIVES

The starting point for the evaluation is the objectives of the *Hearts and Minds* programme. The objectives were defined by Age Exchange in the following ways:

- To bring users together and develop group dynamics to reduce users' vulnerability to the effects of isolation, loneliness, and exclusion
- To improve users' ability to communicate with fellow users, relatives and care staff to reduce feelings of unhappiness, frustration, or anger
- To use movement and dance to improve physical capability and expression, helping to generate catharsis
- To use complementary reminiscence, arts, and movement practice to significantly improve users' levels of self-confidence and esteem
- To develop users potential creativity by engaging them in art, drama, dance, new media and film making
- To produce a contemporary dance piece, a feature/documentary film, and a theatre production – all to be given public performances at prestigious London venues raising the profile of mental health users and the contribution that they can make to society and the arts
- To provide carers, community artists and mental health professionals with training in reminiscence work, and specifically tailored training thus providing them with the skills to secure and build on the improvements in the mental well-being and physical health of users achieved by the pilot.

### 1.2 EVALUATION FRAMEWORK AND QUESTIONS

There have been no previous external evaluations of Age Exchange's work, and this meant that some of the first year was spent defining the baseline for the *Hearts and Minds* programme against which success might be assessed. No indicators of success were identified by Age Exchange to demonstrate how they would recognise achievement of their objectives. The evaluation team addressed these objectives by considering the questions that the evaluation – rather than the *Hearts and Minds* programme itself – need to consider. These questions identified the ways in which the programme intended to effect change and generate new knowledge. The following table shows how the evaluation was organised into conceptual questions and values, questions of participation, and strategic questions.

<b>Conceptual Questions and Values</b>
What does it mean to become an 'informed workforce' in reminiscence and arts practice?
What are the key ideas, principles and values that inform the programme?
<b>Questions of Participation</b>
How is the quality of the arts and reminiscence practices demonstrated and defined?
How is good quality partnership and collaboration between Age Exchange practitioners and carers/ health professionals recognised and fostered?
<b>Strategic Questions</b>
What is the effect of the <i>Hearts and Minds</i> programme on Age Exchange as an organisation?
How is the culture of care in residential settings changed by participating in the <i>Hearts and Minds</i> programme?

The triangulation of all three modes of questioning offers insights into the success of the programme. In other words, each is mutually dependent and the quality of *Hearts and Minds* will be limited unless there is productive engagement with each element. The evaluation built incrementally over a three year period, with each year having a different focus, agreed with Age Exchange. A formative evaluation report was offered at the end of years one and two, with a summative report at the end of the final year. Each year there was a detailed case study of at least one project, enabling progress to be documented.

**Stage One** of the Evaluation was undertaken from January to December 2011. This stage of the evaluation aimed to address the evaluation questions by completing:

- Review of Research Literature, Policy and Practice
- A constituent baseline review with Age Exchange project workers and staff, and initial review of four projects in different care settings

- A contextual analysis of two residential care home environments
- Two detailed case studies of ten week projects in contrasting case settings.

Throughout the process of evaluation, researchers seek to reflect on how diversity can be valued, how unexpected outcomes might be recognised and how the process of evaluation might be a positive experience for all participants.

**Stage Two** of the Evaluation was undertaken from January 2012 to January 2013. This stage of the evaluation addressed the following areas:

- Evaluation of the mentoring programme
- Evaluation of one-to-one work between project-workers and residents
- Case Study evaluation of group work in one care setting, in their second year of the *Hearts and Minds* programme.

**Stage Three** of the Evaluation was undertaken between January 2013 and July 2013. It focused on:

- Transition: the contribution Age Exchange has made to care settings and people undergoing a period of transition;
- Sustainability: how far the learning from the mentoring programme in year two has been embedded in the care settings and in Age Exchange; how the project workers describe and define and their practice and their roles;
- Case Study evaluation of a project in one care setting: Detailed and summative evaluation of a care setting in their third year of the *Hearts and Minds* programme, reflecting on the experience of sustained participation in the programme.

### 1.3 EVALUATION ETHICS, EVALUATION METHODS AND DATA ANALYSIS

*Hearts and Minds* is a social and cultural intervention. It is not a medical response to dementia or mental illness in older adults, and ethical standards for social research in this project follow appropriate guidelines set out by the British Sociological Association. Ethical approval was sought from Royal Holloway, University of London which has a policy on good conduct in research available at [www.rhul.ac.uk/For-Staff/Codes-of-practice/Good-Research-Practice.pdf](http://www.rhul.ac.uk/For-Staff/Codes-of-practice/Good-Research-Practice.pdf). The evaluation was commissioned by Age Exchange rather than SLAM, and it is evaluation of Age Exchange, rather than

research as defined by the NHS (<http://www.nres.nhs.uk/applications/is-your-project-research>). These two factors dictated the direction of the evaluation, the work of Age Exchange. Any future inter-agency or inter-disciplinary approach to evaluation will seek approval from the appropriate NHS Research Ethics Committees. Gaining care staff, residents and project workers consent to participate in the evaluation the responsibility of Jean Valsler, Health and Well-being Co-ordinator for the *Heart and Minds* programme during 2011 and included consent for photography and filming. The consent form issued did not include explicit reference to case studies of individuals, which is not the focus of the evaluation. All references to individual care staff and residents in this report have been anonymised.

Evaluation methods used are compatible with the social and cultural dimensions of the project. In common with many NHS Mental Health Trusts, SLAM's delivery of dementia care is framed by biomedical and psychological paradigms that focus on understanding the individual's experience of dementia as a disease (Downs 2000), whilst quality of care is simultaneously regulated by person-centred informed policies (Help the Aged 2007). Researchers used innovative mixed research methods appropriate to the evaluation of the contribution Age Exchange makes to the quality of care. A literature review of cognate research and practices was undertaken to establish the context in which the work was begun. The on-going empirical research includes standard social science qualitative methods such as participant observation, semi-structured interviews, focus groups and diary methods, all familiar data gathering structures for collaborative practices and participatory research (Gallagher 2008). There are regular review meetings between the evaluation lead, Helen Nicholson, and Artistic Director of Age Exchange, David Savill.

The evaluation draws on methods specifically designed for use in dementia care (Innes and McCabe 2007). This awareness of Dementia Care Mapping (DCM), a technique that is consistent with Tom Kitwood's theoretical perspective of person-centred care (Kitwood 1997), and this approach informed the space mapping exercise undertaken in some of the case studies. DCM follows Kitwood's Foucauldian critique of the medicalisation of dementia, and is consistent with understanding the social and cultural implications of the condition (Bartlett and O'Connor 2010). The strength of DMC is that it provides 'an opportunity to reflect on what could be the viewpoint of service users who are unable to participate fully in interviews' (Brooker 2005, 16). The evaluation methods thus take account of the values of the project that operates within a framework of person-centred care.

The evaluation has also broadened models of person-centred care to include methods associated with relationship-centred care (Nolan et al 2006). In line with research into dementia as part of an ecology of

ageing (Lawton and Nahemow 1973; Lawton 1980), the evaluation also draws attention to the relational context of the projects and addresses environmental factors that impact on all participants. This aspect of the evaluation uses phenomenological research methods. Specifically, the research design takes account of the multi-sensory qualities of the projects themselves, and sensory ethnographies of the different care settings informed the contextual study and the case studies (Pink 2009).

The different methodological approaches used in this evaluation are carefully designed to reflect the socio-cultural focus on dementia and residential care (Innes and McCabe 2007; Brooker 2004) and the creativity of the practice (Kershaw and Nicholson 2011; Pink 2009). The analysis of data is similarly multi-dimensional and layered. In this formative evaluation report, modes of analysis include discourse analysis, grounded theory, critical hermeneutics and framework analysis. The framework developed by the Centre for Research on Personhood in Dementia (CRPD) at the University of British Columbia and the Bradford Dementia Group (BDG) is particularly relevant to this evaluation, in that it is specifically directed towards understanding dementia within a broader socio-cultural and relational context of care. It identifies a multi-dimensional model that takes account of subjective experience (SE), interactional environment (IE) and sociocultural context (SCC) (O'Connor et al 2007). This provides an evaluative framework to assess conceptual questions, questions of participation and strategic or organisational questions.

It is important to acknowledge that the evaluation design and modes of analysis also builds on the prior research of the evaluation team. Professor Helen Nicholson has extensive experience of research in community settings, and has published widely on the relationship between the arts and social citizenship (Nicholson 2005), the ecology of learning (Nicholson 2011, 2012) and research methods (Kershaw and Nicholson 2011). Specifically relevant to this evaluation are her publications on reminiscence theatre (Nicholson 2003, 2005, 2009; Govan, Nicholson and Normington 2007) and her research on performance, relationality and dementia care (Nicholson 2011). Dr Sophie Handler completed a practice-led PhD in 2011 *Making Space for Older Age/ Developing An Age-Conscious Spatial Practice*, and has extensive experience of research in architecture for an ageing population; Dr Rebecca Johnson completed an MA in gerontology at the University of Southampton in 2011 and published work on collaborations between theatre-makers and scientists that led to Fevered Sleep's acclaimed and innovative production *On Ageing*, Old Vic Theatre 2010. Jayne Lloyd MA is a visual artist with extensive experience of community-based practice, and began a practice-based PhD on the arts in dementia care in 2012. Rachel Sears MA is a practitioner in applied theatre and is The Wellcome Trust Fellow on The

Clore Leadership Programme 2012/13. Nicola Hatton MA is a theatre practitioner and researcher, awarded a Winston Churchill Travel Fellowship in 2013 to investigate practice in the arts and dementia care in North America.

This evaluation does not privilege one form of knowledge over another, but understands that generating new knowledge about the care of older adults involves rigorous analysis of practice from different perspectives.

*We should question the wider social context of elderly care. The problem is partly that the 'business model' has permeated the health service such that people only value the things that can be counted.*

Professor Raymond Tallis, BBC Radio 4, [www.bbc.co.uk/today. 15.2.2011](http://www.bbc.co.uk/today.15.2.2011)

#### **1.4 LIMITS OF THE EVALUATION**

It is widely acknowledged that qualitative research offers richer data than quantitative studies, and gives valuable insights that might be missed by any other method. Further, recent studies in the social sciences as elsewhere have challenged the subjective/objective divide that was once thought to characterise the distinction between qualitative and quantitative research methods (Gallagher 2008). The evaluation is limited, however, is limited in a number of ways. For ethical reasons the evaluation is focused on the work and working methods of Age Exchange, and this means it is inevitably one-sided.

The evaluation takes account of the perspectives of care staff and managers in relation to individual Age Exchange projects, but does not offer empirical evaluation of other aspects of NHS care or provision that may be pertinent to this programme (baseline assessment of existing NHS provision, staff absence, NHS management structures etc) as this lies outside the ethical remit of the evaluation. Similarly there is no quantitative analysis of drug use or other clinical factors in relation to the time-period during which residents participated in the work, and no control group.

The impact of Age Exchange's work on the care environment, staff development and residents' participation is included in this evaluation. The evaluation team recognise that it is easy to make superficial judgements about the impact of the programme on the everyday lives of participants. We have been careful not to make generalised assumptions about participants' moods or emotional states

(levels of isolation and loneliness, for example<sup>1</sup>), and have restricted our analysis to participation noted within the sessions themselves. To measure the effectiveness of participating in the programme on the older adults outside the sessions would need a more sustained presence of a researcher in the care setting and/ or detailed contributions to the evaluation from clinicians and care staff, undertaken with NRES ethical approval.

It is also limited by the restraints of the budget (£7,000 per annum, 2011-13), which means that the evaluation is based on sampling the work of Age Exchange in the *Hearts and Minds* programme rather than a full survey of practice.

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<sup>1</sup> <http://www.communitycare.co.uk/blogs/adult-care-blog/2012/03/how-social-workers-can-combat-loneliness-among-older-people.html>

## SECTION TWO: CONTEXTS AND BASELINE

There are three baseline contexts evaluated, each of which relates to the three modes of evaluation questions: conceptual questions, questions of participation, and strategic questions. The Review of research Literature, Policy and Practice, undertaken by Dr Rebecca Johnson and Professor Helen Nicholson, aims to provide a context for the *Hearts and Minds* programme, as well as a summary of existing research and evaluations in England that demonstrate the impact that the arts and reminiscence can have on the health and wellbeing of older adults with dementia. It is designed to enable Age Exchange to locate *Hearts and Minds* within a set of wider conceptual questions and in relation to similar artistic and/or cultural interventions. It was revised in 2013, in response to further research in the field of dementia care.

The constituents' baseline identifies the beliefs and attitudes of the Age Exchange project workers and staff and their ambitions for *Hearts and Minds* at the beginning of the programme. The Assessment of the Care Home Environment arose from the constituents' baseline evaluation, undertaken in Autumn 2011. It aims to provide clear thematic information that will inform the project workers' interventions and enhance the interactional environment (IE) in which the *Hearts and Minds* work takes place.

### 2.1 RESEARCH LITERATURE, POLICY AND PRACTICE

This review of research literature, policy and practice published between 1990 and 2013 explores some uses of reminiscence and arts activities to improve the mental health and physical wellbeing of people with dementia living in care in England. The bibliography included in this interim report offers a panoramic review of the research literature. Relevant databases have been searched such as AgeInfo; The Cochrane Library; Social Care OnLine; Alzheimer Society; The British Library catalogue and ESTA ejournal database. It includes searches for grey literature (e.g. unpublished studies and work in progress) using the database [www.cultureandwellbeing.org.uk](http://www.cultureandwellbeing.org.uk).

A review of cognate reminiscence and arts practice was undertaken using established search engines and databases and links such as [www.arts4dementia.org.uk](http://www.arts4dementia.org.uk) and the ESRC funded research project <http://nolimitsdementia.com>. The initial search covered the period 1990 – 2011 although the review does also reference studies outside this period which are relevant to the stated areas of interest. It should be noted that the US literature also contains a substantial amount of research on the same area, and that many of the systematic literature reviews compiled by UK authors and cited here include North

American sources. A predetermined set of inclusion/exclusion criteria to the set of references retrieved to ensure only relevant material was included in the review: key words among many used included dementia; activity; reminiscence; therapy and long term care/ homes. All websites were accessed during the period October to December 2012, and the following selection criteria for studies to be reviewed were applied:

- peer-reviewed studies or papers from reputable source;
- studies performed before and after the intervention of the arts and reminiscence activities;
- searches were restricted to studies reported in English. It does not include publications which focus on 'active ageing' arts and reminiscence participation by older adults living at home in their communities, as this would detract from the review's focus on arts participation by older adults with dementia in a care environment;
- It does not include the large number of 'how to' books and guides detailing activities used by professional artists and care workers.

One of the difficulties associated with the literature on uses of arts and reminiscence with older adults with dementia in care is the use of a variety of terms to describe and categorise activities. One reason for this is that the meaning and understanding of activities varies according to stakeholder groups (Phinney, Chaudhury, O'Connor 2007).

Since the first baseline review of literature, policy and practice in 2011-12, public and professional interest in the role of the arts in dementia care has expanded considerably. Funding into ageing and dementia has been a strategic priority for charities and research funding bodies, including The Baring Foundation, the AHRC, ESRC and reflected in the Paul Hamlyn ArtWorks programme. There have been awareness-raising activities (such as the Dementia Friends Initiative). The evaluation team have kept abreast of cognate research, and this is reflected in the on-going doctoral research of Nicola Hatton and Jayne Lloyd.

## **RESEARCH CONTEXT: REMINISCENCE AND ARTS PRACTICES WITH PEOPLE LIVING WITH DEMENTIA**

Practitioners in the dementia care field have long recognised the role that activity and occupation can play in promoting wellbeing for people with dementia (Senior and Croall 1993; Killick and Allan 1999; Brooker and Woolley 2007; Thorgrimsen, Schweitzer, Orrell 2002). In 1997 Downs noted the role of reminiscence activities in validating a sense of self for people with dementia (Downs 1997) and in 1999

Killick and Allan published the first review of published work relating to the use of arts activities with people with dementia in the *Journal of Dementia Care* (Killick and Allan 1999). In those early days systematic review of the benefits of reminiscence and art activities was rare with 'most reports claiming that participation in arts brings benefits of various sorts including apparent gains in confidence, emotional wellbeing, communication and amelioration of challenging behaviours' (Killick and Allan 2000). Recent years have seen a great number of systematic and controlled reviews of the effectiveness of participatory arts and reminiscence on behaviour, health and wellbeing. Reviews of non-pharmacological interventions to prevent wandering and their ethical implications (Robinson 2006); multi-sensory stimulation to improve functional performance in older people with dementia (Collier 2007); a review of the medical literature showing various effects of the arts on clinical outcomes in mental healthcare (Staricoff 2004); music interventions for people with dementia (Sheratt, Thornton and Hatton 2004; Clift et al 2008; Evans 2002; Koger and Brotons 2000) and the function and uses of reminiscence (Hedges 2005; Coleman 2005; Spector et al 2000). At the same time systematic reviews supporting the quality of life agenda suggest that service users with dementia who are stimulated through access to recreational activities in care have a higher quality of life than those that do not (Szczepura and Wilde 2008; Salisbury 2011). In early dementia, there is strong research evidence that arts and reminiscence activities have enabled service users to become advocates championing their rights as persons and adults with dementia to determine their own services (Bartlett and O'Connor 2010; Bartlett 2007).

Many activities undertaken with older adults living with dementia combine arts and reminiscence, and most research reflects this integration. The arts and reminiscence come through strongly as activities with the potential to effect both wellbeing and quality of life, although research into reminiscence suggests that there are occasions to be cautious; not everyone will wish to disclose life stories to a group and some people with advanced dementia may not realise that they are joining in a reminiscence session, which raises obvious ethical issues about consent (Coleman 2005; Mr J 2008; Elford, Wilson and Acker 2005.) In citing the eight different types and functions of reminiscence identified by Webster (1993, 1997), Westerhof et al.(2010) demonstrate that there is no causal relationship between reminiscence and good mental health in older adults. They propose that people designing and delivering interventions should understand the different functions of reminiscence and their effects on people at different stages in dementia and with various mental health issues. They recommend that an informed workforce will understand the relationship between reminiscence activities (simple reminiscence, life review and life review therapy) and their effects. Re-creating a remembered or familiar setting (bridge

game, being at a concert or in a cinema), rather than a reminiscence activity, may be a more effective way of creatively engaging persons with severe dementia who often find direct questions distressing (Mr J 2008). This approach has been used effectively in residential care settings to create a sense of 'home' and a reported reduced dependency on anti-psychotic drugs [www.bbc.co.uk/news/health-11863909](http://www.bbc.co.uk/news/health-11863909).

The growing body of rigorously reviewed and evaluated literature for non clinical as well as clinical uses of reminiscence and arts activities has in no small way contributed to the growing acceptance of such programmes across NHS environments (Robin Phillip 2002; DoH 2006). Whilst the scientific research evidence for the effects of specific activity- based interventions on health is still considered quantitatively weak (Burton 2009; Brooker 2007, Staricoff 2004) there is growing confidence in the effects that activities (including appropriate reminiscence and/or arts activities) can have on quality of life for older people with dementia in care homes and a growing amount of practice literature (Povey and Hayes 2010; Killick and Craig 2011; Hatfield and Innes 2002). This growth in confidence has paralleled the explicit recognition by policy makers over the last ten years that persons with dementia living in care are people entitled to quality care and services which should include opportunities for stimulation through leisure and recreational activities (Audit Commission, 2002; Department of Health 2001). It is important to note that research literature on reminiscence and arts with people living with dementia rarely distinguishes the effects such activities have on people with advanced dementia preferring either to write in more generalised terms about 'people with dementia' or to focus on people with mild to moderate dementia.

In addition to the benefits to service users themselves there is a growing body of evidence suggesting that some activities and models of delivery can benefit healthcare staff. Delivering activities can have positive effects on performance and interaction with patients (Staricoff 2004; Brooker and Woolley 2007) as well as pride in the working environment created (Brooker and Woolley 2007). A number of literature reviews and reports assess the impact of environmental design on the health and well being of patients and champion the involvement of service users in redesigning environments (Dakin et al 2008; Staricoff 2006).

The literature review shows that a large number of activity based interventions have been utilised with people with dementia on both group and individual bases with a wide range of aims. There is significant debate across the literature about what reminiscence and the arts can 'do'; at one end of the spectrum there is the formalised therapy offered by trained practitioners in special art forms - i.e. planned interventions with recognised procedures and classified outcomes for assessment and diagnosis (Hayes

and Povey 2010). At the other, dementia care practitioners welcome any opportunity for activity that can prove diverting and bring transitory relief (Brooker 2007); Killick and Allan 2010).

Most of the research is rich in qualitative data about people's experiences of these activities. Methods used include diaries, drawings and film (Bartlett 2010); observation and interview (Brooker 2007); Magic moment cards and other activity cards (Brooker, 2007; Craig 2002); Talking Mats [www.talkingmats.com](http://www.talkingmats.com). There are also the outputs which people with dementia have produced, often using reminiscence as a focus: drama (Schweitzer 2008; Benson 2009), poetry (Killick 1994, Killick and Craig 2010) art and drawing (Bartlett 2010). Recent evaluations of music (Thorgrimsen 2002) show that conducting a quantitative study of reminiscence is viable – and the results confirm qualitative findings. There is still room for more substantial quantitative and mixed method research.

### **CONTEXT FOR PRACTICE: REMINISCENCE AND THE ARTS IN DEMENTIA CARE**

It is testament to the success of Age Exchange's work in promoting reminiscence and the arts with older people that there now is a wealth of practice in London, across the UK and internationally. Age Exchange pioneered the use of reminiscence in dementia care in the 1990s, developing innovative practice that opened lines of communication between family/ friend carers and the person with dementia (Schweitzer 1998). Due to the success of this work now there are now very many individuals and cultural organisations who apply arts practices and/ or reminiscence activities to older adults, including people with living with dementia.

It is widely acknowledged that reminiscence and the arts are often used interchangeably and inter-dependently with adults with dementia, and that the arts can bring memories alive (Haynes and Povey 2010). The degree and focus of these activities varies; artistic practices almost always involve some kind of engagement with memory, whether embodied or cognitive, whereas reminiscence work is generally focused around verbal interaction, and does not always include the arts.

#### **Definition of reminiscence**

Reminiscence is the volitional or non-volitional act or process of recollecting memories of one's self in the past. It may involve the recall of particular or generic episodes that may or may not have been previously forgotten, and that are accompanied by the sense that the remembered episodes are veridical accounts of the original experiences. This recollection from autobiographical memory may be private or shared with others.

Bluck and Levine (1998: 188).

A survey of activity in London was undertaken in 2011 to ascertain a baseline of provision across the capital. This was undertaken as an internet search (keywords: reminiscence, reminiscence arts, arts and dementia). Selection was confined to cultural organisations working in residential care settings, rather than individual artists or practitioners, activity co-ordinators or care staff, for example, who may use reminiscence and arts practices as part of their work. A small sample of representative activities is offered here rather than a full database, and is designed to provide a baseline overview rather than a guide to best practice. Provision is growing at rapidly, and arts and reminiscence activities are actively promoted by national organisations such as Dementia UK and Arts 4 Dementia, [www.arts4dementia.org.uk](http://www.arts4dementia.org.uk).

**Green Candle Dance Company** makes work with a range of participants, including older adults. The company provides residencies, workshops and INSET training. Green Candle has a strong relationship with day care centres and hospitals in Tower Hamlets and the surrounding boroughs. The company's work with older people is currently expanding with an emphasis being placed on providing a form of creative release, social interaction and gentle physical exercise to older people. Its work with older people includes Green Candle Senior Dancers. Green Candle is a partner for the *Hearts and Mind's* project, creating a performance with residents in St Peter's care home. [www.greencandle.com](http://www.greencandle.com)

**Ladder to the Moon**, in Camden is a social enterprise company that offers specialist support, training and creativity for care staff working with older adults in residential care. They aim to improve the environment and culture of care by working in close partnership with Activity Co-ordinators and families. The Department of Health have supported the development of *Relationship Theatre*<sup>®</sup> that brings together the arts and the personal memories of older adults living with dementia. [www.laddertothemoon.co.uk](http://www.laddertothemoon.co.uk)

**Live Music Now** delivers concerts in care homes in Westminster and other areas. [www.livemusicnow.org.uk](http://www.livemusicnow.org.uk)

**Magic Me** in Tower Hamlets is an internationally recognised company that specialises in intergenerational arts projects. They run intergenerational projects with multiple partnerships, including intergenerational work in residential care homes for older adults, some of whom live with dementia, and children and young people. This work balances reminiscence activities and sharing new arts skills.

**Music for Life**, North and West London, was founded in 1993, and is a project undertaken by the Wigmore Hall Learning, in partnership with Dementia UK. It includes the work of Julian West, Head of Open Academy, the Royal Academy of Music's creative learning and participation department. Music for Life takes place in a variety of settings, including residential care homes and hospitals. In each session musicians work with carers and residents, and evaluation findings show that memories are often prompted by the music. Partnerships between artists and carers are supported by shared planning and reflection after each session. [www.dementiauk.org/what-we-do/learning-partnerships-and-training/learning-partnerships/music-for-life/](http://www.dementiauk.org/what-we-do/learning-partnerships-and-training/learning-partnerships/music-for-life/)

**Singing for the Brain** is a nationwide programme developed by the Alzheimer's Society that is also evident in London. It encourages people living with dementia and their carers to share their memories of music. This project was the subject of a Radio 4 documentary. [http://alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=760](http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=760)

**Spare Tyre Theatre Company** has developed a programme of workshops for people with dementia using interactive and multisensory storytelling, called *Once Upon a Time*. It involves storytelling accompanied by layering touch, sound, taste, light, smell, to create a safe and beautiful environment. Participants take an active part in the sessions, interacting by shining coloured lights, moving to music, and interacting with multimedia projections that respond to clapping and voice. It takes place in Wandsworth and other parts of London. <http://sparetyre.org/about/news/stories/once-upon-a-time-interactive-storytelling-for-people-with-dementia>

**The Wallace Collection** provides activities and structured tours of the Collection for people with moderate and severe dementia and their carers, in partnership with Arts 4 Dementia.

**Tricycle Theatre** in Kilburn has introduced scriptwriting and Drama for people in the early stages of dementia and carers, which uses life histories and reminiscence.

**Westminster Arts**, in Westminster and Chelsea: *Arts + Minds* was established in 2007 and is now partly funded by the Arts Council. This project provides arts-based activities for older adults with dementia that explore life histories and identity. They also run Resonate, a training programme for artists working with older people including those living with dementia. [www.westminsterarts.org.uk](http://www.westminsterarts.org.uk)

There are many other creative activities provided across London for people living with dementia, including dance with the Royal Ballet and Sadler's Wells, interactive tours of Kenwood House and

reminiscence activities in museums. This wealth and range of provision in London is replicated across the UK. Most companies use both participatory arts and reminiscence practices to stimulate memory and encourage social interaction. The practice of Life Story work in group settings for example has become well established in several nursing homes in England (Brooker, 2007; Thormgrimsen 2002) and has long been embedded in good practice guidance (<http://www.nmhd.org.uk/news/lets-respect-toolkit-for-care-homes-published/>). As part of its commitment to living well with dementia the Department of Health is funding an initiative entitled Your Story Matters ([www.lifestorynetwork.org.uk](http://www.lifestorynetwork.org.uk)). Looking to train 500 health care professionals by 2012 the aim is to create a national network of trainees across the country who can then cascade reminiscence practice into their own health contexts. Films (Great Lives; Switching on a Light, How you look at it) about living with dementia in care and hospital settings as well as adopting the lifestory approach have also been created and can be viewed at the website ([www.lifestorynetwork.org.uk](http://www.lifestorynetwork.org.uk)).

The choice of modes of practice and projects aims depends on 'setting, creative media, individual approach and the aim of the interaction' argues Killick. He also advises caution about the power relations fostered by 'expert/learner model' between the cultural organisation and staff in care settings, suggesting that each can learn from each other (Killick and Craig 2011). Many activities are fixed term, and limited by short-term funding. There are also many different sources of funding, including the Arts Council England, local authorities, charitable trusts, the Department of Health, NHS trusts and individual care settings. Some funding is specifically targeted towards the creativity of older people; the Baring Foundation launched a new Arts Grants Programme in September 2009 to provide £3 million over five years in core costs grants to arts organisations working in a participative way with older people in the UK. Arts Council England continues to foster links between arts humanities and health partnerships. The first Arts and Health Strategy was published in (2006) after extensive consultation with the Department of Health. The Council commits to the arts as a player in contributing to 'the nation's mental health happiness and wellbeing' once more in *Achieving Great Art for Everyone: a strategic framework for the arts* (2010). Implementation of the strategy is supported by a new national resource website; [www.cultureandwellbeing.org.uk](http://www.cultureandwellbeing.org.uk) is a searchable database of reports contacts and project evaluations contributed voluntarily by the arts in health community. An evidence review of participatory arts commissioned by the Baring Foundation is available from the Mental Health Foundation (2011).

Much of this activity includes evaluations, sometimes undertaken by external evaluators and academics, and reports are published on relevant websites. There are two research projects that are directly related

to the *Hearts and Minds* Programme, both of which integrated practice-based research methodologies which means that they are not evaluating existing models of practice, but experimenting with different ways of working as part of the research process. The **Enriched Opportunities Programme** (EOP) was developed by ExtraCare Charitable Trust and Professor Dawn Brooker and her research team as a means of ensuring that people living with dementia in care homes and extra-care housing can continue to enjoy a good quality of life. Key facets of the programs include a specialist staff role ‘the EOP Locksmith’, who leads the programme in each care setting, ‘unlocking’ creative potential of staff and residents; staff training; individualised case work; liaison with health and social care teams; activity and occupation; and leadership. The activities within the Enriched Opportunities Programme included reminiscence, music, drama, creative arts, handicrafts, cooking, outdoor pursuits and sensory stimulation. There was detailed research undertaken of this programme, including a Randomised Control Trial. <http://ihsc.worc.ac.uk/dementia/enriched.html>. This research was funded by The Forte Charitable Trust, The Freemasons' Grand Charity, Garfield Weston Foundation, The Mercers' Company, The Pilkington Charities Fund, Reuben Foundation, The Henry Smith Charity, The John & Margaret Wootton Charitable Trust and anonymous donation.

A highly influential research project **No limits: Reimagining Life with Dementia** was funded by the Economic and Social Research Council with Dr Ruth Barlett, University of Southampton as Principal Investigator. This research, started in 2008, builds on Bartlett’s ground-breaking co-authored book, *Broadening the Dementia Debate: Towards social citizenship*. The project has engaged people with dementia in the research, and has encouraged changing attitudes to people with dementia through arts, creative activities and activism. This research challenges models of person-centred care, and broadens the vision to include more active models of citizenship. <http://nolimitsdementia.com> Funded by the ESRC: £136,234 2009-2011, with a follow-on grant £74,760 in 2011.

#### **SUMMARY: RESEARCH LITERATURE, POLICY AND PRACTICE**

It was clear from this baseline assessment of related research and practice that the *Hearts and Minds* programme is part of a wider ecology of practice across London, the UK and internationally. The findings demonstrated that there is a high level of activity in this area of work, and significant research into reminiscence and the arts in dementia care. At this formative stage in the project, there were questions that the evaluation team, and Age Exchange and SLAM professionals involved in the *Hearts and Minds* programme might productively discuss. These questions relate to the evaluation framework and, when

answered, address subjective experience (SE), interactional environment (IE) and sociocultural context (SCC).

➤ **Conceptual Question:** How are professionals involved in *Hearts and Minds* applying related research into reminiscence and arts practices to their work?

➤ **Questions of Participation:** How is Age Exchange developing new and cutting-edge arts and reminiscence practices that will impact on people living with dementia in the twenty-first century?

What can Age Exchange learn from other arts practitioners and cultural organisations involved in dementia care?

➤ **Strategic Questions:** What is the particular contribution made, locally, nationally and internationally, by Age Exchange and the *Hearts and Minds* programme to reminiscence and arts practice with people living with dementia?

How might the Hearts and Minds programme learn from other organisations who work in close partnership with carers and families, and how might they develop and share good models of partnership?

## 2.2 CONSTITUENTS BASELINE

There were three aspects to the baseline evaluation with Age Exchange, all undertaken by evaluation lead Helen Nicholson.

1) Observation: From February to May she visited four care settings, Beckett, Inglemere, Grenville, Woodlands, to observe at least two sessions in each context. The purpose of visiting this work was to gain an understanding of the process to inform the research process and research questions. Findings and recommendations from these observations are integrated into this report.

2) Semi-structured interview with David Savill, Artistic Director of Age Exchange, and Jean Valsler, Health and Wellbeing Co-ordinator of the *Hearts and Mind* Project 2011. The interview was recorded and transcribed on February 17<sup>th</sup> 2011.

3) Focus Group: All project workers attended a session on practitioner-led evaluation, during which they were invited to reflect on the stated objectives of the *Hearts and Minds* programme.

Data gathered from the interviews and focus group were analysed using discourse analysis and grounded theory, and following thematic areas emerged, each of which respond to the key evaluation questions concerning concepts, participation and strategy.

## RECURRING THEMES

### **Age Exchange's Long Term Strategic Ambition for Dementia Care**

It emerged in the interview with David Savill that the stated objectives of the *Hearts and Minds* programme represent only a small part of ambition for Age Exchange as an organisation. The long term ambition is for an Age Exchange project worker to be employed in NHS residential care homes on a permanent basis in order to raise the quality and culture of care. David Savill's vision is that reminiscence is integrated into the everyday life of the care setting, and that care homes that successfully use a branded model of work will be given an Age Exchange's 'kite mark' as an indicator of quality. He suggested that this requires training and, at the time, was actively seeking diploma status for Age Exchange training in reminiscence and arts practices with people living with dementia.

At the time of interview in February 2011, this strategic vision was built on some very negative views of the quality of care and critical assumptions of the work of carers currently employed by SLaM and the NHS more generally.

The standard of care for people with dementia in this country is appalling. There is a mindset in NHS carers that they are just waiting for people to die. They don't care who the people are and can't be bothered to find out.... We can put that right. David Savill, interview 17.2.11

By the end of the year, this negative attitude towards care staff had softened, and going into year two there was a more productive emphasis on partnership with carers. Nonetheless, this view was repeated often to project workers during the first year and may have had some impact on some project workers' assumptions about the lack of skills of the care staff, evidenced in the Case studies in year one.

In terms of strategy and management, there was a question over whether, or how, the *Hearts and Minds Programme* is encouraging innovation, supporting new and flexible ways of working and inviting creative experimentation, or if the CEO Craig Muir's strategic ambition to brand and market a product is leading to structures that, though tried and tested, risk becoming stale over time. There are advantages to using a consistent model of practice, not least because it is relatively easy to teach to care staff. Conversely, using the same model or pattern for each setting (an hour and a half group session or one-to-one work, with comparable approaches and activities) does not allow for the full creative potential of this work to be developed and understood in NHS settings (Brodzinski, 2009). This question was addressed in the Case Studies in all years of the programme.

### **Quality of the Arts Practice and Person Centred Care**

To gather data about the project workers' attitudes to participation, they were invited in focus groups to put the objectives of the programme in rank order. Analysis of this multiple sort exercise revealed that almost all of the project workers placed a very high value on the aesthetic and quality of the participatory arts work and that this equalled values associated with care. High priority was placed on the affect of the environment and older adults participating in arts practice that is multi-sensory. There was considerable emphasis placed on how participation in the arts encourages affective memory, and interest in the effects of different forms of artistic and creative processes on people living with dementia. They spoke knowledgeably about the effects of different art forms on participant residents, and were keen to share examples of practice.

The team of project workers are multi-disciplinary, not all of whom are artists or reminiscence practitioners. Within the team there are trained and skilled social workers, occupational therapists, reminiscence practitioners, actors, visual artists, musicians, film-makers, dance and movement therapists and community artists. Working in inter-disciplinary pairs, the intention is that they are able

to build on each other's strengths and expertise in the projects. In focus groups, project workers appreciated the opportunity to learn from each other, and showed interest in the conceptual basis for describing effective and affective arts practice. Age Exchange described person-centred care as taking priority over the arts work, whereas the project workers almost all regarded them as mutually enriching.

The evaluation has been informed by questions about what it means to be an informed practitioner in the *Hearts and Minds* programme. It is significant in this context that key values of the organisation, as stated by the Artistic Director, are the personal qualities of the project workers, such as empathy and compassion, take priority over the quality of the artistic and creative processes in the practice itself. Given that these qualities might be shown by people and carers in all kinds of ways, and not just through reminiscence and the arts, it is unclear at this stage whether invoking these personal qualities avoids addressing more complex conceptual and strategic questions about the range and quality of the participatory arts and reminiscence work offered by Age Exchange. This hierarchy of priorities differs from the more evenly balanced priorities of the project workers. This difference does not need to be resolved, but it does need to be acknowledged and questioned.

#### **Quality of the Partnership with SLaM: Year One**

Project workers and Age Exchange's directorate were confident that the success of each project and the programme as a whole is dependent on successful organisational partnerships with SLaM and individual care settings. The organisational skills and experience of Jean Valsler, Health and Wellbeing Co-ordinator for *Hearts and Minds* had a major impact on the programme during its first year. Her role included: liaising with care homes; carrying out initial meetings with managers; setting up contracts for the settings; addressing issues that arise from the projects and setting up training. The project workers stated that it was very important to be able to call on a person who was outside the individual project itself and with whom they could communicate directly about any difficulties within the care setting. This work was undertaken with tact and clarity of purpose, and this assisted project workers. In interview, Jean Valsler described the complexity of the process and the need for an 'outside eye' to troubleshoot where necessary in order to maintain good relationships between the project workers and care staff. Jenny Keech, General Manager for Continuing Care at SLaM also provided Age Exchange with expert knowledge of care settings, staffing needs and abilities. From the perspective of Age Exchange directorate, she has provided crucial support by supporting co-ordination of Age Exchange's activity through corresponding with care staff and management where necessary, providing confidential

background information about the current changes within the service in order that project workers are able to respond to the impact that is having on staff and residents.

The success of the project depends on good lines of communication between senior staff at SLaM and the managers of the care setting; between Age Exchange and senior staff; between project leaders and managers of the care settings and between project workers and care staff. At this early stage in the project (4<sup>th</sup> March 2011), there were already some concerns raised about engagement of care staff and care managers in the programme. Further findings and recommendations about partnership are raised by the Case Studies.

### **Sustainability and legacy of the projects**

Many of the project workers commented in focus groups on the need for sustainability and a positive legacy for each project. They commented on the brevity of each project (10 weeks) and the sense that the work was 'only just getting going' when it was time to finish. At this stage in the evaluation process, there was concern about the opportunities for the care staff to participate productively in the work, and in ways that enabled them to sustain the practice after the project workers have left.

Further issues about legacy and sustainability are raised in the Case Studies at each stage in the evaluation. The mentoring programme for care staff, led by Age Exchange, was subject to evaluation in year two of the *Hearts and Minds* programme and revisited in year three.

### **CONSTITUENTS' BASELINE: FURTHER QUESTIONS**

The interviews and focus group activities provided a valuable insight into the aims and ambitions for project. The observation of practice in four care settings was also instructive in offering a context for the evaluation and an overview of the project workers' approaches. It was evident that there is a highly committed and skilled team of practitioners working on the *Hearts and Minds* programme who are open to new ideas and generous in sharing practice. In year one there was, however, no formal supervision or emotional support offered to Age Exchange project workers, and it was recommended that this should be addressed in year two.

The Constituent Baseline evaluation raised a range of issues and questions to address over time, both in the case studies in year one, and in the three year pilot programme. These questions might be summarised as:

- Conceptual Questions: What is the range of arts/ reminiscence activities and how to they relate to different concepts of creative engagement and care?

- Participation: What makes a successful *Hearts and Minds* partnership? What makes a successful workshop and project?
- Strategy: How will Age Exchange and SLaM sustain the work of the projects?

### **2.3 BASELINE ASSESSMENT OF THE CARE HOME ENVIRONMENT**

During the baseline visits to four care settings, it emerged that project workers were very concerned with the environment of the residential care homes. During an interview one project worker described Mr. M, a long-stay resident in one of the homes, who gathers all his belongings each night into a suitcase or pillowcase to prepare to 'go home'.

Many of the project workers expressed interest in how they can make a difference to the environment, and this baseline assessment of the care home environment, undertaken by Dr Sophie Handler, was intended to provide information and insights to inform the creative practice of project workers rather than to make judgements about the current quality of provision. It was clear to the evaluation team that care staff often made considerable effort to provide a comfortable and homely environment for residents. There is increasing research interest in the emotional geography of home with older adults and in care settings, with many recent peer reviewed studies, including work by Hockey, Penhale and Sibley (2007) on the experience of home for bereaved partners; Chaudhury (2008) on home and dementia care; Peace, Holland and Kellaher (2006) on environment in later life, and Helen Nicholson's published research on creative interventions in residential homes (2011). This coincides with an increasing emphasis on site-based participatory arts practices, in which the 'found' space is considered to have creative potential (Pearson 2011).

The evaluation of the environment focused on the study of one specialist care unit (Woodlands) with a single visit to St Peter's, a convent-run care home, recommended by Age Exchange to serve as a useful counterpoint. At the time of the evaluation Woodlands was in a state of transition and building work, with the expectation of receiving an increased number of residents from another care setting. The evaluation was conducted as a series of one-to-one conversational tours of Woodlands guided around the unit in turn by a care unit manager, a care assistant, primary nurse, visiting family and friends, a resident and activity co-ordinator. The evaluation also involved participant observation of one project worker session within Woodlands and observation of a Christmas party organised by staff within the Yorkdale wing of the unit. A seminar on the home environment was also organised with project workers

to learn from their experience of the different environments within the *Hearts and Minds* programme, and included those who have worked both through group work and one-to-one sessions.

The evaluation identifies recurring themes and concepts as opposed to supplying a technical checklist of material, physical 'issues'. The rationale behind this method is to move beyond a focus on what is missing in terms of the physical environment to explore the way it is experienced instead. These themes build up a qualitative picture of how the home is experienced and, ultimately, how project work sessions might be used to re-imagine and restructure the experience of the home environment.

## **RECURRING THEMES**

### **Subtraction**

Initial discussions of the home environment during the conversational tours tended to focus on the physical dimensions of the home environment, pointing out what is missing and the relative scale of provision. The home is, in this way, described in terms of the subtraction of furnishings within the home over time. The removal of net curtains, carpets, plants, bookcases, books, bars of soap in rooms, for instance, and their replacement with more functional items such as reflective film for windows, linoleum tiles on the floor, soap dispensers – or removed altogether, like the bookcase in the living room that is now simply a bare space and wall. A recurring language of subtraction was also used to describe the home environment that is talked about in terms of what's 'missing', 'gone', 'was here' etc. This parallels the 'losses' of personal possessions and the sense of ownership on entering the home.

Each subtraction carries with it its logical rationale such as infection control, health and safety, maintenance issues, or resident welfare, which was used to account for the absence of living plants. But this logical rationale limits, in turn, the palette of more homely, ordinarily domestic objects and furnishings with which to fill the home. These subtractions tend to strip the environment back from a palette of softer to harder surfaces materially, lends a more institutional-looking, more institutional-feel to the environment. A new set of high-backed armchairs, for instance, in the communal lounge area replaces a set of slightly more decorative, softer set of scrolled armchairs, with the replacement chairs being harder, darker, more basic in design.

There is a potential role here for project workers to challenge this sense of subtraction through project work sessions and staff training that might explore compensatory notions of 'adding' or 're

introduction', even if these are only temporary additions that are related to the *Hearts and Minds Programme*.

### **Contraction**

There is a similar way in which the home environment is talked about in terms of a contraction of space. This involves recurring statements of there being either 'not enough' room with descriptions of communal areas, in particular, defined as cramped. In the dining area at Woodlands, for instance, owing to a lack of space residents cannot sit down at their tables at the same time - some residents have to resort to eating meals on their lap in the living room. Similarly, in the living room it becomes difficult to have all residents sitting comfortably all together at any one time. There is no adequately-sized space for hosting larger social gatherings, seasonal events or birthday parties etc. which means that it is not so easy to arrange for the extended 'family' of the home to come together, whether this involves the whole family of the home understood as all of Woodlands with its two separate wings or the residents' own family members and visitors. This, arguably, limits the degree to which the home has a functioning communal area and centre or, as in St Peter's, a defined 'heart' for the whole home.

There is no adequate collective activity area which means having to use spill-over space for group activities that is only temporarily available, e.g. using the office space upstairs for group painting sessions even though the access, size and lighting of the room is not ideal for this kind of activity. There is limited storage space with corridors often being used as temporary storage space for walking frames and wheelchairs. This is in stark contrast to the corridors in St Peter's decorated with floral arrangements and ornaments. Whereas in St Peter's the corridor 'reads' as a decorative avenue, in Woodlands the 'storage corridor' is a reminder both of contracted space (the lack of adequate storage space) and, through the presence of these visible walking frames and wheelchairs, a reminder too of residents' disabilities and limited bodily capacities.

It is worth noting too that this sense of spatial contraction is a common complaint in accommodation designed specifically for older adults. The so-called 'miniaturisation' of space (as observed by Professor Julienne Hanson) is common in the design of homes for older adults where there is a significantly more limited square footage compared with accommodation for the rest of the population. Recent news reports encouraging older adults to downgrade to smaller-sized homes and flats in retirement arguably feed this sense that older people need to take up less space – which is one way of legitimizing the designed-in contraction of space for an older demographic.

The *Hearts and Minds Programme* work might be a useful way to explore this sense of contracted space – and compensate for this effect of ‘miniaturisation’ in some way.

### **The (Un)Homely Environment**

Traditional conceptualizations of the domestic home environment as warm, familiar, cosy spaces do not necessarily match up with the institutional structure of the care home environment. Within a care home context the need to address the complex and, at times, conflicting issues of personal security, privacy, communal living, containment and the regulated provision of care invariably opens up an emotional gap between what an institutional care home feels like and what a conventional, private home means.

There is, in this sense, a recurring pattern to descriptions of the care home environment described that in terms of emptiness and lack, where the *lack* is understood in terms of a relative lack of homeliness rather than simply the physical fabric of the home. The home becomes described as ‘sterile’ – lacking the clutter and messiness of an ordinary home, a place that feels more like a generic space than a more intimate feeling of home. That emptiness can, at times, replay itself in the sterility of relational dynamics – as several project workers point to the difficulty, for instance, of getting through to the homes at all; this suggests that there is an issue of phoning up and never being able to get through to someone that, in turn, feeds a sense of this not being a ‘real’ home (but ‘what if you are calling just to get in touch with Gran?’).

At other times, that lack of homeliness was described by project workers through the discomfoting sensations that the home induces. They described Greenvale as a space that makes you ‘want to scream’ (because of the noise, the artificial lighting, the smell – that is anything but a calming space). Or, the description of Greenvale as a ‘goldfish bowl’ – the lounge within a lounge - that feels like form of entrapment. The homes can also convey the impression that they are in some sort of lockdown. There is a picture of residents framed through the terms of abandonment: project worker Jacqueline Ede, for instance, describes finding ‘lost people’ to come to the session.

### **Domestic Activity**

There is the possibility (as the project workers point out) that a more homely environment might be cultivated through creative activity suggesting that ordinary, domestic activity might be a way in which to transform the feel of a given care context and, in the process, transform social relations. The underused area of kitchen corners, for instance, might be used to stimulate the ordinary but neglected experience of using and handling food in different ways without compromising health and safety policy. Familiar domestic activity becomes a way of compensating for residents’ ability to give in a care home

context. But what if, as one project worker points out, the woman who is a former landlady were given more of a domestic role: 'give her a duster and she would have been happy'.

As the project workers pointed out, from an occupational therapy point of view this kind of activity is quite significant as people are often stopped from just doing ordinary things. One of the project workers refers to the notion of 'occupational poverty' the poverty of activity in daily living. This kind of activity, easily devalued, is something that project work might feasibly explore and animate within the care home context. The notion of 'occupational poverty' and the poverty of activity in daily living might be interesting to consider in relation to the promotion of activity for wellbeing via the WHO's 'Active Ageing' agenda – and 2012 as the designated Year for Active Ageing.

This notion of homely activity parallels those activities already observed in St Peter's where a close attention to the small details of the home and the act of maintaining the home, by both residents and staff, create a sense of a cared-for, tended home. There is within St Peter's a noticeable difference in the furnishing of the home that involves the smallest of details which is absent in the communal areas of Woodlands. These include:

- the set table with tablecloth and place mats (often set by residents)
- living flowers in vases
- lace antimacassars on the backs of armchairs
- trinkets on the mantelpiece in public corridor
- views framed by decorative arrangements

These small details and the smallest of interventions carry a decorative, aesthetic function but are a sign of care too as decorating and maintaining these small decorative additions happens on a day-to-day basis.

### **Public and/or Private Space?**

Within Woodlands (as in other homes) the sense of privacy and accompanying sense of ownership and autonomy, of identity within a given space is not always clear or apparent. The distinction between public and private areas is often blurred. There is both a sense in which the home provides the personal space of a private home – but a sense too in which private space is never entirely personal – as the home carries more of a 'dormitory' in feel.

Coded door entry systems between public and residential areas of a given unit, the presence or absence of certain kinds of furnishings – carpets or living flowers – can, at times, signal clear and defined differences between public areas, areas in common and private spaces. But public/private demarcations within the home are not always clear. In this sense some private rooms can take on the character and feel of public areas (being literally more ‘bare’) while others feel more distinctly personal and private, housing personal possessions, framed pictures on the wall with furnishings – a chest of drawers, for instance, brought in from a former home.

There is a similar variation in the language of personal space as ostensibly personal rooms take on a more impersonal character. Project workers have observed the different ways in which the doors to residents’ private rooms are labelled, with often depersonalising effects. Residents’ rooms might, for instance, be represented through simply an identifying room number or in a more subtly impersonal way with a resident’s name written simply in ‘crisp’ office typeface. Residents’ rooms have even been labelled with an image of the resident’s ‘favourite animal’ with potentially infantilizing effect. Project worker’s observation of labelling systems suggests that project work – and project workers – have a potential role to play in questioning the existing (spatial) language of what is private, personal and owned within the institutional care home context.

There is a similar sense in which regulations within the home impact on the relative sense of privacy and personal comfort within the home or, the degree to which a room feels as a (private) room of your own. The removal of net curtains, for instance, in Woodlands, for ‘pollution control’ reasons and their replacement with reflective, one-way viewing film ostensibly protects residents from being seen from the outside. But that protection and screening while is not necessarily felt that way; the seemingly ‘naked’ windows still generate that uneasy sense of being watched from outside. There is also a potential role for project workers to act as facilitators for exploring and exposing policy contradictions. Artists with creative license have more room here for creative manoeuvre among project workers to function as ‘rule-breakers’ of sorts.

Private rooms are important because they function as a space in which to articulate personal identity, make choices – and perhaps, more generally, compensate for the bare minimalism and contraction of space experienced elsewhere. They are important spaces too in which to generate a personal sense of ownership space. The project work of Hearts and Minds might be able to facilitate both within private rooms by conducting focused one-to-one work but also within communal areas where there is, arguably, an equivalent need for residents to feel that they have and ‘own’ enough personal space.

### **Areas in Common and the Heart of the Home**

The familiarity of communal areas within the care home sees residents sitting around a switched-on television set. Communal areas, as described by project workers, becomes a space for 'challenging passivity' but also a space in which to encourage a greater sense of ownership of space which, in turn, becomes a way of questioning how areas in common might be more actively and collectively owned.

Traditional conceptualizations of home environments involve some sort as a centre and focus. Traditionally, the centre takes on the form of the fireplace. From the 1950s onwards that focus increasingly centres around the television set. Across these care homes, the communal areas are often dominated by an animated TV screen with residents seated around the television set. For many project workers, the television is considered a 'competitive distraction'. The dominance of a TV screen within a large common room, that would otherwise be ideal for communal activity, means that project work often ends up competing with the TV. In St Peter's, however, the TV is used as a productive form of social interaction with television sets placed within residents' individual rooms as a way of allowing less mobile residents connect up 'live' with daily mass being conducted (and recorded) in the Chapel, the other heart of the home.

It is easy to frame the communal spaces of the home in negative terms as subtraction, contraction, of an unhomely sense of entrapment and emptiness, or through the competitive distraction of the generic TV set. But there is another way of seeing and re-imagining communal areas in more positive terms – and beyond their mere functional purpose as spaces for eating or as spaces for communication. For instance, the communal space of the corridor might be seen to exist beyond its basic functional purpose (to allow physical communication between rooms), allowing instead small moments of social interaction and engagement. Framed 'reminiscence' images hung on the corridor walls, for instance, function as conversation pieces: props and triggers to engage and reminisce while on the way to the living room. The well-used armchairs in the corridors have the potential to alter the corridor from a space to pass through into a more sociable space with the chairs as a pretext to stop, sit and chat. The sociability of the St Peter's corridors is a case in point where corridors are used as both areas for physical wandering and exercise along the long lengths of its corridors, but also as a space for casual conversation with passers-by.

There is ample potential for project work here to alter the experience of communal areas through the smallest of interventions. In Greenvale the introduction of a gazebo set up within the communal lounge,

playfully subverts the conventional arrangement of a communal space - a creative antidote to that feeling of being 'locked into an environment'.

### **Flexible use of space and the idea of a Home away from Home**

Even in a home like Woodlands that explicitly contains its residents via double-handled doors and coded entry/exit systems, there is still the possibility for 'wandering' within and away from the home in a contained form. This offers residents new possibilities and stimuli, however mundane. In this context it is interesting to note architect Niall Ferguson's concept of 'wandering paths' as a productive design strategy in designing homes for residents with dementia.

Within Woodlands that possibility for wandering already exists in certain forms. There is the possibility, to wander out of the unit temporarily each day to visit the new fish tank housed in the protected reception area. This has become a regular 4pm routine for some residents, venturing out of the contained wings into the reception area - to see the lit-up fish. The project sessions have allowed opportunities for residents to move out of familiar spaces: moving, for instance, upstairs into the borrowed office space for a session where the novelty of the environment and its new set of objects (such as the fan on top of a cabinet) can evoke a particular moment of engagement. In this context, a room described as a 'glorified cupboard' that is only able to accommodate 3 residents turns, accidentally, into a positive space as the constraints of a different setting open up new possibilities for the creative 'misuse' of objects within a session. Here, the original project work plan to use a flipchart is frustrated by the smallness of the room but means that the flipchart paper is torn off and placed flat on the plane of the table, with the paper moved around at eye level, in a way that allows for more engagement with residents. This builds a more intimate environment that ends up being more 'homely' in effect, a space that was described as feeling 'cosier, more intimate like being in someone's living room'.

There is a similar kind of wandering enabled by communal areas. By placing project work sessions within communal areas, there is a heightened possibility that these areas will allow people on the periphery, whether staff or more withdrawn residents/or those not officially participating in a project session, to 'taste it' by wandering into and out of a session. The project workers' description of Inglemere, with its glass wall and hatch in the kitchen providing different viewing points, introduces the idea of borrowed views that allows more diffident, or novice participants, to participate in some form. Similarly, the provision of seating around an activity within a large communal area allows for the temporary

construction of an auditorium of sorts – providing an audience, creating a sense of social theatre and interaction.

### **‘Forget the activity room!’**

The provision of a designated activity space does not in itself automatically imply improved activity levels. As project workers point out, designated activity areas might be used by management as ‘tick box exercise’ in imagined provision. It is interesting to consider, in this context, how the very location of dedicated activity areas within a hierarchy of rooms devalues the whole nature of ‘activity’ below the main functional spaces dedicated to the tasks of sleeping, feeding and washing. As David Savill points out, the dedicated arts ‘reminiscence room’ in Granville is devalued simply by virtue of its location ‘down a darkish corridor, past management’ ; it is neither readily accessible nor given a sense of being a space within and part of the home. Meaningful use of an activity space requires careful consideration of its location – but also a sense of relational animation. David Savill suggests that reminiscence work might not take place within a designated reminiscence room, nor within a communal lounge with two or three people, but while bathing someone who otherwise hates being bathed, with the reminiscence taking the pressure off bathing, with palliative effect.

If the provision of designated activity areas within these homes does not seem to have worked well then it becomes all the more important to consider, seriously the value of flexible models of using space for ‘activities’ in a variety of different ways. That notion of flexibility takes on its most flexible form in the act of leaving, temporarily, the interior of the home altogether whether this involves simply going out onto the garden through an open door or, further afield, taking part in a biannual trip to the local pub.

For project workers that flexibility of space is, in many ways, often crucial. Their practice often relies on the flexible use of space, on the accidental encounter that is often offered by movement into a new environment. But flexibility is not always desirable or welcome as the project workers also point out. A fixed, contained space, as opposed to a more open communal area, may work as a more effective space within which to manage, structure and formally define the beginning and end of a given session. There is, at times, also a very real need for project workers to work within spaces that offer fixed certainties; the movement therapist needs to know that there is covering on the floors and chairs without armrests to allow for dancing, or that there is a sink to enable painting and other activities. For residents, moving from one place to another can be disruptive, as they remember and become familiar with one particular place over time. For staff there needs to be certainty too - staff need to know where project workers are/will be in any given week. Too much moving around, too much flexibility in project work can end up

being difficult for care workers who pointed out that having to shift people about can in itself be demoralizing.

### **The strangely familiar - or the home away from home**

Both St Peter's and Woodlands have areas within the home that invoke the high street, borrowing different 'types' of spaces that would normally exist outside of a home environment: the working hairdressers' furnished as if on the high street at Woodlands, or the local shop, doctor's surgery or the chapel as in St Peter's. The hairdressers is a recurring feature across most homes. They represent, beyond the basic functional service (of being able to have your hair cut), an important social function as a hub of gossip and social centre and is a valuable type of space to bring into a care home for that very reason. It is, also, as a carer points out in St Peter's, a moment to indulge in the pleasures of pampering the self and a pretext for staff and carers to offer welcome compliments to residents. But there is also, in a different sense, a more ordinary function to having a hairdressers within the institutional home, replete with its familiar hair setting machines and stock images of 'model haircuts' hung framed on the wall. Here, the use of a common high street typology (down to the last detail) brings a kind of parallel reality or 'real-world' normality into the home that is strangely familiar.

Within St Peter's that real-world normality is extended further through different real-world models that include the shop, with displays of sweets and common household items displayed as if in a corner shop, through to the particular aesthetic of the padded leather benches placed 'outside' the doctors' surgery in the corridor. There is a way in which the smallest detail recreates a sense of 'real world' normality beyond the home and makes it possible to have that sense of leaving the home while you are actually still within the home. This raises the question, in turn: can a home ever really feel like a home if you never leave it? Or isn't a home only ever a home if it is something you come back to?

There is ample scope for project work to explore this double-edged dynamic behind the meaning and feeling of home.

### **The language of 'home'**

Across these different home environments there are different ways of talking about 'home' – with each of these homes categorized, variously, as 'specialist care units' and 'nursing homes' (according to the different level of identified 'need' among residents, for instance, or according to the anticipated length of 'residents' stay within a home ). But when the language of home applies, equally, to a 'specialist care

unit, 'a 'nursing home' but is still framed under the more generic 'care home' banner – then what is the meaning of home?

Within an institutional (communal) setting the sense of home will invariably carry a different meaning and feelings, depending on who you are. The cultural diversity of residents/patients/clients inevitably means that notions of home will carry their own particular sense of what a home might mean. Moreover, that varied sense of 'home' can be articulated in the subtlest of ways: through the way in which those living in these homes are referred to as, variously: 'resident' 'patients' 'clients' (in a sliding scale of home to institutional to corporate language). There are different ways of thinking about the body of the home itself as a family of care staff and residents with its extended family (of visitors, volunteers, friends and family members). Thinking in this more family and friend-oriented (as opposed to institutional, service-oriented model) might at its most basic involve simply thinking about the pragmatics of being able to get in touch with residents when calling the home or visitors feeling they have a place too within the home (at St Peter's where visitors are provided with rooms to stay over the night if they like). In small ways these the home might start to feel more like a 'real' (welcoming) home.

Within a 'care home' context, home and homeliness are easily recognized as spatial concepts. Thinking about care in the care home in spatial terms is, perhaps, not easy. But it is possible and just as important to think about what the spatial dynamics of care (within a care home) might actually mean. There was a desire among project workers, in their discussions of space and social relations within that space, to think about the spatial dynamics of care.

There were a number of suggestions made by the project workers and the project co-ordinator about how it might be possible to encourage others (care staff, visiting friends and family members etc) to think of this as their home too. These suggestions range from: changing job titles (so that they sound less impersonal); providing more space for staff (and friends/ family members) so that the home feels more inviting to them too and in this way building a sense of attachment to the home among both professional and voluntary carers; through to encouraging staff to think about domestic tasks that might be undertaken with residents, such folding washing, to create that sense of ordinary domesticity that may, in turn, animate a different sense of belonging and connection among residents. This relates to that whole idea of how to create a sense of homeliness within the unhomey home via the introduction of ordinary, domestic activity that is purposeful, familiar and calm.

The idea of skills exchange also implies that project workers might learn from care staff too. If project workers went in for a shift and worked alongside care staff, what would they both learn? As the project workers point out it is already possible to see staff doing creative things 'on-the-hoof' (unconsciously, involuntarily). In this context, it might be valuable to create an inventory of existing 'creative' staff practices as a way of both demystifying what creative practice can mean (within a care home context) and giving value and confidence to staff in their role as caring practitioners.



## SECTION THREE: YEAR ONE CASE STUDIES

### 3.1 EVALUATION ACTIVITY

This section primarily addresses detailed evaluations of two Case Studies. The sample case studies were chosen by Age Exchange to represent care settings at different stages in the *Hearts and Minds* programme. The full summary of activity over the first year is as follows:

#### **Beckett House**

10 sessions  
6-7 residents at each session  
3 care staff attended training 13 May 2011

#### **Granville**

10 sessions  
6-8 residents at each session  
2 care staff attended training 13 May 2011

#### **Woodlands (two projects)**

10 sessions  
8-9 residents at each session  
3 care staff attended training 13 May 2011

#### **Inglemere**

10 session  
6-8 residents at each session  
2 care staff attended training 13 May 2011

#### **Greenvale**

10 sessions  
7-12 residents at each session  
2 care staff attended training 13 May 2011

One case study was Woodlands, undertaken by research assistant Rachel Sears, and was selected as it was the second project in the programme. The other case study is Greenvale, undertaken by research assistance Jayne Lloyd, which was engaging in their first *Hearts and Minds Programme*. The evaluators observed all 10 workshops in each setting, a total of 40 hours of observation. The evaluators also undertook interviews with care staff and other stakeholders involved in the process.

There were a number of recurring themes that emerged. In order to present these findings clearly and sensitively, and where possible the settings have been anonymised. Discussion of the recurring themes

evident in the case studies also draws on Helen Nicholson's observation of two workshops in each of four care settings from February to June 2011: Beckett, Inglemere, Grenville and Woodlands and interviewed some care staff and project workers. She also observed two workshops at Greenvale, a total of 20 hours observation in five settings, providing an overview of the programme.

There were distinct strengths in all the projects. Greenvale was led by Jacqueline Ede, an occupational therapist with project workers Carole Stagg (visual artist) for the first 5 weeks and Christina Argiropoulou (dance and movement therapist) for the last 5 weeks. The Woodlands project was a collaboration between Zoë Gilmour (multi-arts practitioner) and Kathryn Gilfoy (actor, director and practitioner in intergenerational reminiscence and dementia).

The pattern for each session was similar, in that it took place in a separate room with a small group of residents and was scheduled to last about an hour or an hour and a half. It was agreed that care staff would take part in the sessions alongside the project workers to learn techniques and strategies, and training was offered by Age Exchange at their reminiscence centre in Blackheath for participating care staff.

### **3.2 RECURRING PRACTICES AND METHODOLOGIES**

#### **WORKSHOP METHODOLOGIES AND STRATEGIES**

In all observed settings a range of arts and reminiscence practices were used to engage residents, each of which represented the project workers' strengths. The project workers drew on a number of different techniques to enable this practice including:

- Art
- Craft
- Dance
- Movement
- Reminiscence
- Singing and music making/listening

Most workshops were organised around a theme that was designed to prompt reminiscence and memory. Some project workers structured their work around a theme that lasted several weeks (summer holidays, for example) whereas others had a distinct focus that lasted for one or two sessions (e.g. foods from around the world; mapping personal histories). Some workshops were structured

around a multi-sensory process, such as decorating plant pots and planting tomatoes, or making lavender bags, that lasted three or four weeks). This approach enabled project workers to introduce memories gently (such as gardening, keeping allotments) that arose from the activity. The themes helped to link the work both from week to week, and also from person to person.

### **Group Dynamics, Ritual and Community-building**

Creating a positive group dynamic requires considerable skill. Many of the residents involved in the project had complex needs and some communicated primarily non-verbally, and some found sustaining relationships with other residents difficult. One of the successes of the projects was the way in which a sense of companionship developed over the weeks. There were strategies that enabled group identity to build incrementally.

Within the current Age Exchange model of hour-long workshop sessions, the use of ritual, particularly at the start of each the session, was useful for both the care staff and the residents as it marked the beginning of the activity. Within one project the project workers began the first session with a 'Hello' song where everyone welcomed everyone else by name to the session, a practice also used by Music for Life. This worked on many levels: it helped the project workers familiarise themselves with the names of the residents; it facilitated the residents welcoming each other to the space and interacting with one another in a controlled and easy way; it marked the start of the session once everyone had arrived in dribs and drabs. This was an effective but simple way to start the session, including everyone (residents, care staff, evaluation team and project workers) and welcoming them by name to the activity. This ritual was used sporadically within the project, marking the start of the group at times, but not regularly. Using ritual on an ongoing basis, and in more ways than just the 'hello' song by finding ways to link ritual to the theme or creative process, would help the residents to find a routine in the sessions and would also help the care staff to understand the content of the session. Anthropologists Clifford Geertz and Victor Turner famously describe how performative rituals create a sense of community (Geertz 1973; Turner 1982). Perhaps equally important to the *Hearts and Minds* programme is the anthropological perspective that ritual and habit generate a sense of security from which creative improvisation can develop (Ingold and Hallam 2007), and the familiarity of the habitual creates a sense of home (Pink 2004).

Encouraging group activities and shared work between residents was another important way to facilitate group interaction. This often happened incrementally as activities became familiar. An example of this was a ball throwing game, where residents would initially only throw the ball to care staff and to

the project workers, but this began to develop and over the duration of the project they began to throw to each other. This encouraged interaction when they also linked the ritual to other people's experiences, by sharing stories about the beach and commenting on things others had said.

In the other case study, there was a detailed mapping of the interactivity and use of space at each 15 minute interval in the workshop. This methodology, developed from Dementia Care Mapping, provided evidence for the spatial arrangement of the room and the corresponding level of involvement of residents, care staff, project workers and any other visitors. The seating pattern, with a central table and chairs around the room, was appropriate to the activities and very conducive to one-to-one interaction.



Spatial Mapping: Central Table with One-to-One interaction, and people on the periphery.

This approach, however, limited the number of residents that were involved and interacted with at any one time and it did not help to form a group. The size of the core group was limited by the number of people that could fit around the table. This often left people who could not be enticed to sit around the table on the periphery of the room. They were either supported one-to-one outside the main group or did not actively engage at all. There was little movement around the room in these sessions with many residents staying in the same position throughout. People tended to fall into one-to-one conversations often prompted by cues from the images and objects involved in the activity. Later in the project, where

the project workers shared plans and changed the spatial arrangements allowed for much greater social interaction.



Spatial Mapping: Group activity without central table

Some planning around room set up, where people sit when they enter the room and interaction patterns, to ensure people are as integrated as possible would be beneficial.

### **Arts and Crafts**

The arts and crafts sessions have particular strength in enabling residents to be together in a group all working on common tasks. In one care setting the evaluator observed many examples of people showing each other what they were producing, of residents making eye contact with each other and demonstrating awareness of what each other had produced and of them smiling and interacting positively. The process and techniques involved in the activities offered good opportunities for skills sharing between project workers, care staff and between residents. Project workers shared their skills with care staff, showing them the techniques needed to make the items. Care staff in turn worked with the residents to teach and support them in the activity. Care staff brought their knowledge of the

residents to the activities, particularly in adapting the tasks to suit the residents' abilities and needs.

In arts and craft activities residents made choices about colours of paint and shapes of printing blocks and also sometimes personalised activities in more ad-hoc ways - using the plate they had been given as a pallet as a canvas to paint on or taking an object away from the table and carrying it with them around the room. Some residents formed attachments, however brief, to objects they had made in the sessions. One woman would not let go of a lavender bag she had made - even when holding it made it impossible for her to drink the cup of tea she had been brought. Another man talked about where he would display the paintings he had produced.

For one of the projects, both project workers were artists, and referred to themselves as such. They expected to draw on their artistic backgrounds to plan and lead creative and artistic activities for the residents. Their artistic abilities meant that there were some really beautiful moments of creative expression and some clearly demonstrated and inspiring craft activities, but there was also potential to push the creative practice further. They were clearly talented and creative artists but the structure of the sessions did not always allow them to use all of this creative potential. This could be for a number of reasons: the need to demonstrate repeatable craft activities to care workers; a desire to make sure the project is a success; aiming not to alienate the care staff from any of the activity; uncertainty about the scope of the programme and what they should be aiming to achieve within the sessions. The project is clearly achieving both a craft and artistic outcomes but with more clarity in these areas further creative potential could be reached.

An example might clarify this point. There was an exquisite moment in one of the workshops where the residents had used marbling techniques to make origami birds. Encouraged by skilled artists to use them as puppets, two of the residents joined together in a beautiful piece of movement. If the artists were able to take on some of the suggestions about the 'home' environment made within this evaluation, they would have been able to create a whole flock of birds as a temporary installation suspended along a corridor, perhaps with an interactive sound-beam of bird song. The current structure of the workshops, and restrictions on the care home, prevents this kind of creative potential from being realised.



The arts and crafts activities also have the potential to create a legacy through the objects that remain in the home after the sessions have finished. Laminating pictures made in the sessions to use as placemats, for example, was a suggestion made by one of the case staff but they were later told that placemats were not allowed so they had to be wall pictures, which are less tactile and interactive. Planning with care staff and manager around how and when artefacts will be used, and where they will be displayed or stored may create a productive legacy and creating a sense of home.

### **Dance, movement and music**

Dance and music activities often engaged big groups of people. Seating was arranged in large circles around the room and residents who were otherwise on the periphery of the space were incorporated into the activity. The majority of the residents responded positively to this and participated in the group. When music was played it filled the whole room and, whilst it is hard to say for certain, from observation and speaking to care staff it seemed like many of the residents who didn't appear to be actively participating were listening to and enjoying the music. This could be evidenced through the movement of a foot, the fact that they stayed in the room for longer than usual or a contented facial expression. This provides the evidence for the effectiveness of multi-sensory work; a similar affect was achieved with the introduction of lavender to the space, filling the room with its scent.

There were several examples of residents making choices and taking the lead in movement and music activities. Music was often selected on the recommendation of residents, and they residents

encouraged each other to join in and asked each one another to dance. One resident insisted that, as the man, he lead the project worker in a dance. Residents often showed surprising agility during dance and movement and in throwing and catching activities, displaying coordination and dexterity often not evident at other times. Movement and engagement with these activities seemed very instinctive for the majority of the residents. There was a clear enjoyment from nearly all the residents that often carried on after this session had finished, with people still singing, tapping hands and feet and smiling as we left up to quarter of an hour after the session had concluded.

The dance and movement work at times showed evidence of embodied memory, particularly in people who communicated non-verbally. In this situation, residents were often able to make contact with other people in dance in ways that were otherwise unavailable to them. This evidences the power of the aesthetic, which is always an embodied affect, and has specific relevance to people with dementia, and perhaps particularly those living with advanced dementia and limited cognitive function.

### **Reminiscence**

There was less evidence of reminiscence activity in the workshops than arts and crafts activities, music and dance. The reminiscence work, although at times clearly linked to the thematic approach, was not always the most successful way to uncover creativity in the residents. It often relied quite heavily on verbal communication, not used by all the residents, and although it did allow for some opportunities for individual showcase of talents, in neither of the two case studies did it lead to the group creative moments, which other activities enabled.

The thematic approach, where everyone in the group was following the same theme, sometimes generated a good sense of group identity, through singing shared songs, for example. But there were some reminiscence sessions where the approach did not value the diversity of the residents. For example, a reminiscence session on childhood seaside holidays that uses British sensory stimuli (such as fish and chips) excluded someone who is non-verbal and grew up outside the UK. On one occasion a resident became visibly withdrawn and upset during a session on weddings when a project worker asked her directly across a table if she had ever married. There was, however, some excellent practice where the project workers had taken real trouble to learn about the backgrounds and life histories of the residents, and went to considerable lengths to find artefacts that reflected their life histories. The pleasure at seeing familiar artefacts, tasting spices from 'home' and so on was very obvious. This work, which also linked to a shared theme for the session, was an excellent example of how cultural diversity can be valued. It also suggests that all reminiscence work that is undertaken within an ethic of care will

use knowledge of the residents' autobiographies and multi-sensory stimuli, and it is best carried out in partnership with care staff (or family and friends) who can offer valuable information about the residents' lives and recognise and anticipate sources of distress. The evidence of this evaluation suggests that diversity training for project workers would be beneficial, both to raise awareness about LGBT issues and ways of living that do not conform to family norms, and to share good practice in respect of cultural diversity.<sup>2</sup>

It is well documented that cognition defines only one aspect of the person's experience; creating workshop activities that depend on cognitive and linguistic functions can be confusing and distressing, particularly for people living with advanced dementia. Barlett and O'Connor's research into creative practice with people living with dementia is worth quoting at length:

A conventional focus on cognition is delimiting. It considers only cranial powers (such as thought, memory, intellect) and forces attention on loss and decline. The personhood literature attempts to soften this by stressing how interpersonal environments might facilitate the retention of a sense of self, often by highlighting the importance of 'knowing' the person through their historical preferences, experiences and relationships. However, although promoting a more positive perspective, 'change' is still implicitly perceived in a pejorative way, as something to be feared and avoided. Specifically, the focus, even in the personhood literature, is on 'maintaining' or 'preserving', leaving little room for seeing the dementia experience as a source of growth and development. (2010:75)

There are significant issues here that might be productively read in conjunction with disability arts, in which there is considerable debate about how far looking for the person 'behind' the disability is to attempt to 'normalise' in ways that are actually prejudicial. This is not, of course, to suggest that memory and life histories are unimportant. Rather, it suggests that one of the challenges of the *Hearts and Minds* programme is to value the person as he or she is now by finding productive and creative ways to engage with non-cognitive forms of knowing, as well as introducing cognitive forms of recollection and reminiscence where this is appropriate.

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<sup>2</sup> Good models of practice exist both within and without Age Exchange. External advice might draw on [www.scie.org.uk/publications/dementia/innovation.asp](http://www.scie.org.uk/publications/dementia/innovation.asp) and <http://gatewaytoheaven.co.uk>.

With this in mind, and coupled with the evidence of the workshops, it is clear that finding ways to connect with people living with dementia in the here-and-now is perhaps most productively undertaken through embodied memory and sensory memory affect. There were many examples when residents shared memories arising from the activities (planting seeds, for example, or cooking) or showed memory non-verbally. Reminiscence as storytelling works well for those who are able to recall cognitively without distress and who are able to communicate linguistically in English (some participants in the programme were speaking only in their mother tongue, even if they had once had good use of English language). There was also considerable evidence of a high level of expertise amongst care staff and managers in 'reading' residents' embodied memories. For example, one manager spoke at length and with real care about the way in which one resident, for whom no life history records exist, clearly feels comfortable in an office environment, implying her previous employment. This is one example where the knowledge and insights of care staff might usefully inform the creative practices of *Hearts and Minds*.

It was also evident that the presence of family members in the sessions enabled residents to engage increasingly actively in the activities, particularly those who communicate non-verbally. In part this was due to partners or friends being able to connect with the creativity of the person living with dementia and encouraging them to use their embodied memories of craft skills. This suggests that it may be highly appropriate for families and close friends of people living with dementia to undertake reminiscence sessions with volunteers and care staff, with or without the resident themselves. This approach might link community and care setting productively, and enable families and friends of residents who communicate without language to share their memories of the residents' lives in ways that would inform their care.

### **Encouraging Creativity**

The observation revealed different ways in which the project workers structured activities to allow for creativity. There is a substantial research-base that illuminates creative processes, often from different perspectives (Csikszentmihalyi 1996; Boden 1990; Bilton 2007.) In practice, project workers demonstrated varying levels of understanding about how to create the conditions in which creativity flourishes. It was noticeable, but perhaps not surprising, that projects led by artists took more creative risks and were able to respond most successfully to residents in ways that encouraged their creativity. This sometimes appears to happen intuitively, but it actually depends on their experience as artists and

understanding of how to work creatively. Some practices and strategies were particularly successful, documented here.

Creativity benefits from a balance of structure and spontaneity. The music, movement and visual art activities were generally led by the project leaders and they skilfully allowed space and opportunity for the residents' own creativity to emerge. The moments during one project that seemed to capture the creative potential in the room were when shared creativity, enabled by the artistic practice, and resulted in organic moments of creative expression and sometimes performance. It seemed that by being a creative person (the project leaders), working alongside others (the residents and care staff) the project uncovered the creative side of the residents and care staff. At best, the sessions could sometimes simply become one creative person working alongside another.

Creativity requires improvisation. The element of improvisation that involves making up or 'improvising' while performing or presenting is a great skill to employ when running a workshop as it enables the facilitator to adapt and cope with changes in space, equipment and participants. When studying improvisation as an actor the most important rule for successful delivery is to accept everything your fellow actors suggest. 'Blocking' or rejecting an idea or direction presented by another actor ruins the flow of improvisation. It is this rule of acceptance within the Age Exchange sessions that seems to encourage participation and creativity from the residents. This aspect of the work benefitted from project leaders who were artists, who freely accepted anything that a resident proposes within the arts activities and found ways to adapt the process to incorporate their ideas. All project workers were sensitive to the residents' suggestions and points of resistance, and were happy for the direction of their session to be changed and led by the responses and direction of the participants. To a workshop leader this may seem obvious but to medical care staff, who operate often within set rules and criteria, the ability to feel comfortable to go wherever the residents want to go with an idea may be daunting.

Creativity involves taking risks. This focus on risk-taking stems from confidence in improvising and not being afraid to fail. This is such an important element of the artistic practice of the Age Exchange project workers. At the beginning of some of the most successful and wonderful sessions observed the project worker artists would often say to each other, 'I don't really know if this is going to work' or 'I'm not sure where this will go', this combination of structure, improvisation and risk-taking inevitably led to some of the most exciting and creative work. Sometimes within a session this meant just waiting and seeing what happens, letting the residents lead them; it can feel very risky to just be silent.

Creative engagement is enhanced by modelling activities and playing the fool. Modelling ways of working, where the project workers work together to demonstrate activities and communicate with each other clearly can invite residents to participate without the necessity for direct questioning, which can be distressing for some participants. One approach to this was when project workers (sometimes helped by the evaluators) were able to play the fool. One resident particularly enjoyed seeing the evaluator and project worker dance the hornpipe. This enjoyment and laughter helps creativity and decreases with anxiety as the residents cannot be more silly or forgetful than the project workers.

Creativity benefits from time, space and a creative environment. The standard weekly hour session is inflexible, and it would be interesting to explore how the work could be extended outside the one hour sessions and integrated into more areas of the home. Could the work be developed to transform or enhance daily routines or the use and aesthetics of the space? There were considerable issues surrounding space in both case studies, particularly in one setting where building work and alterations to the space inevitably led to disruption. It is testament to the creativity of the project workers (in this case two artists) that they found ways to work productively in spaces that were not obviously conducive to creative activity. There are considerable recommendations elsewhere in this evaluation about the creative use of space and the contribution project workers can make to a sense of home, all of which are possible if there is greater flexibility about how existing space is used. But it should also be stressed that the decision of Age Exchange to work in contexts where space was unavoidably and temporarily problematic is to be commended. When project workers understand the problems that care staff and managers face in their daily working lives, and are willing to be flexible and appreciative of the constraints of space, there is more likely to be positive partnerships with professionals in the care sector.

### **3.3 PARTICIPATION IN WORKSHOPS**

One of the limits of this evaluation is that observation took place only during the *Hearts and Minds* workshops. A more extensive evaluation would allow for detailed observation of the residents' daily lives, and make judgements about the impact of the project on the everyday life of the care setting. This evaluation of this aspect of the work is focused on evidence of participation within the sessions themselves. This section will add to the picture by summarising the participation of groups and individuals.

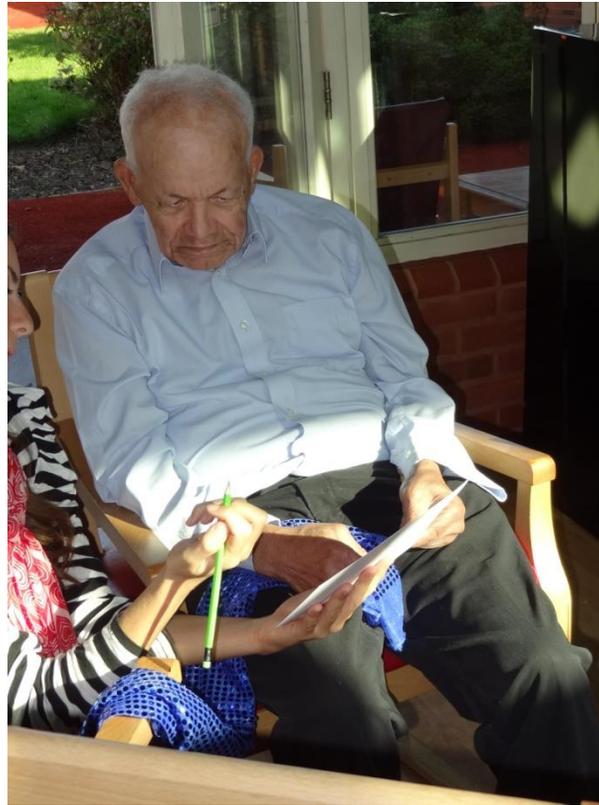
It was striking that one of the major successes of the project lay in the ability of the project workers to foster and nurture a positive group dynamic. This not only supported the residents in their creative activities, at best it also valued their diversity and different abilities. Project workers showed a combination of compassion and relational skills in structuring group work, and there was often a visible difference in the level and quality of communication and interaction from the beginning of the project to the end. This built incrementally over time, often using the strategies outlined above. Enhanced interaction between residents was often most obvious when it appeared to arise out of the activities themselves – helping each other with craft activities, sharing craft materials, dancing together and participating in reminiscence. The shared themes helped this process, particularly when they were a stimulus for other activities (craft work etc) rather than the focus of the workshop.

Moods are catching, and this often meant that group dynamics were altered by someone in visible (or audible) distress. Residents regularly commented, in negative terms, on the behaviour of others. By modelling compassion and empathy, however, the project workers were often able to change the atmosphere and construct a more supportive environment for the session. It was noticeable that some residents gradually began to reach out empathetically to others, by sharing musical instruments with someone who seemed upset for example, or making eye contact. In one instance, the calm atmosphere created by project workers meant that a man who felt he was close to death found the workshop to be a companionable place to cry.

Group work was most successful when the project leaders planned together shared activities and objectives for the workshop. This was the case in almost all the projects observed, and this high level of communication provided a positive group feeling for the residents. One case study project had poor levels of communication between the project workers and little shared planning. Each individual project workers planned the sessions in some detail, but their approaches were very different. This meant that the aims were unclear, or there were two sets of objective working simultaneously in the workshop session. As a result most activities were conducted individually, and communication between the residents was sometimes more limited and fraught than in other projects.

In the care setting that was experiencing its second project, there was considerable evidence that the residents remembered the project workers and the previous activities. One resident remembered the dance he had enjoyed with one of the project workers in the first project, and another recalled the tomatoes they had planted, a process that had been carried on by the care staff after the end of the *Hearts and Minds Programme*. This is an excellent example of relation-centred care, in which residents

and care workers developed mutually enriching bonds. The fact that the residents could remember the activities and relationships they had enjoyed some months after the event suggests that the work had a positive and enduring effect both on the individuals and care home itself.



The focused attention of adults who were visitors to the care setting should not be under-estimated. A sense of home is created by visitors, who bring with them something out of the ordinary that breaks the routine. This interruption to routine is memorable, and this is particularly significant when memory is short-lived. The focused attention of adults creates a feeling of engagement, particularly when the activity requires physical inter-action (such as dance or music-making) and is enjoyed. This was also the case with the emotional impact of shared laughter; one resident who often appeared distressed and confused made a joke that was enjoyed by the lead evaluator (and too rude to be repeated here). The shared moment of laughter was affective, and the resident repeated the joke each time she saw the evaluator and laughed again, even several weeks later.

The positive impact on individuals was particularly evident when the project workers learnt about their skills and talents. For example, one resident became increasingly interactive when she played the piano and danced, and this created a lively energy in the room. It was clear that not all residents wanted to

participate, and sometimes asked the project workers to leave them alone, or they went to sleep. At other times, residents were discouraged from attending if they were regarded by care staff as too 'high'. The project workers often provided very detailed and perceptive notes about the contribution and participation of the residents in each session.



### 3.4 PROFESSIONAL PARTNERSHIPS

The success of the *Hearts and Minds* programme and its sustainability relies on good professional partnerships at all levels: between senior managers at Age Exchange and SLaM, between care setting managers, project leaders and Age Exchange Health and Wellbeing co-ordinator; between project workers and care staff. The programme involves the professional development and training of care staff in reminiscence and arts activities so that they can be integrated into the daily life of the care setting. There is an expectation that care staff will attend the workshop sessions and the projects were organised round staff timetables and shifts. There was considerable inconsistency in this part of the programme, and project workers found it frustrating when care staff did not attend regularly. The quality and success of the professional development was variable, and this means it is important to understand why professional partnerships are not yet consistent.

#### **Professional development within the workshops**

Project leaders are aware that the sessions are designed to provide professional development for the care staff, that the legacy of the project is that the care staff be motivated from the sessions to continue to use similar practices in the future. In the two case studies and in other sessions observed, there was both evidence of good practice and poor levels of engagement.

In several instances there was evidence that when care staff attended workshops they were unclear how to participate. Care staff were rarely included in the planning and there was evidence that they sometimes seemed unsure what the structure or objectives were. An example of good practice and clear communication was when a care worker expressed this uncertainty to the project leader, who altered and shared plans to accommodate him, only to find that the manager had called the care worker to other duties in the following week. In one case study, the lack of shared objectives between the project workers was a an obstacle to care staff engagement, although when they did attend they all played active roles in the sessions and were often engaged and supported residents in the activities very well. In the sessions care staff attended, however, they were not always there for whole session as they were often occupied by caring or practical tasks such as fetching or organising equipment for the sessions and taking residents to the toilet. In this setting attendance of the workshops was sporadic and diminished towards the end of the project. In the sessions that care staff did not attend, project workers often had to spend time at the beginning finding and bringing residents to the session, many of whom were in their rooms at the other end of the building. Out of the ten workshops there were with no care staff in

three sessions and there were four sessions with only one member of staff. Reasons relating to shift patterns, staff shortage and staff illness were given for this.

In the other case study, carers seemed to find it rewarding to create their own art work alongside the residents. At a meeting at Age Exchange attended by the evaluation team, one of the project workers described a successful session as 'two artists working next to each other'. In this case study the project workers took their role as trainers particularly seriously, and part of the session was always planned specifically with the care staff in mind (an activity that can be easily repeated giving the care staff the opportunity to take the lead in certain activities each week) and part of the session dedicated to enabling creativity with not so much structure and focus on the care staff's learning. This need to fill the sessions with activities that the care staff could lead themselves (such as learning marbling techniques) while at the same time offer something that is new and different from existing provision is a difficult balance to meet. It also restricts the artistic experimentation of the project workers, who in this case were skilled artists. There is a question over whether the range of the project workers' specialist artistic and creative skills are under-used and not, therefore, fully benefitting the participants and the environment of the care home.

This dilemma pointed to a clear tension that lies at the core of the *Hearts and Minds* programme. It is unclear whether it is a creative and cultural intervention undertaken by visitors to the home who have specialist expertise as artists and reminiscence practitioners, or if it is a training programme that will integrate reminiscence into the everyday lives of residents. The two are not mutually exclusive, but they are different and have different training needs and objectives.

### **Establishing Partnerships**

Given the level of concern at Age Exchange about professional partnerships between project workers and care staff, the evaluation team addressed this issue directly in the case studies. It is easy to apportion blame on individuals for lack of enthusiasm or engagement, when there may be structural issues that both Age Exchange and SLaM might address to establish productive partnerships.

In the *Hearts and Minds* programme as a whole, there were some examples of good practice that need acknowledging. In one care setting the manager spent over an hour with project workers, the lead evaluator and Age Exchange Trustee, reflecting on the project and discussing the residents' participation with real depth of knowledge and sensitivity. In another care setting, a new and enthusiastic manager saw the work of Age Exchange as central to changing the culture of care in the home. Care staff were

aware of this culture change, and were consequently receptive to the project and the level of staff participation was high. Even here, however, there was evidence of individual case staff's lack of confidence in revealing her talents; it was only discovered by the evaluation team on the last day of the project that one of the care staff was a skilled pianist. The project leader had not considered asking whether the care staff had creative skills that they might apply to the project. This assumption corresponds to the critical views of Age Exchange towards care staff at the outset of the programme, which in many cases were challenged by the evidence.

One of the case studies had particularly poor levels of management and care staff involvement which warranted further investigation. None of the management attended any sessions, even briefly. The centre manager was at university on a Friday when the sessions were taking place and staff shortages and workload were given as reasons for other members of the management team not attending. From an evaluation interview with the manager it also transpired that many of the staff were approaching retirement age - many of the same age or older than some of the residents. Furthermore, the first time project leaders and project workers saw the space and met staff, managers and residents was during the first workshop. This meant that planning for the project had not considered the particular issues faced by that particular care setting; perhaps some work around what people of other generations running activities could bring to the home might meet a specific need there.

The evaluation question that arose from this case study observation was: What do the sessions bring and how do they differ from current provision within the home? Although there were some lovely examples of specific things that care staff learnt about residents, such as finding out that one woman could play the piano, staff said that they could not see anything in the Age Exchange sessions that was not already provided in the home. The three staff interviewed for the evaluation, including two who had attended several of the sessions, all talked knowledgeably about reminiscence, sensory and social activities using art, movement and dance that were already available to residents. The care setting had a daily activity timetable on the wall and a full-time activity worker. It was acknowledged by the activity worker that activities did not always take place due to staff shortage and it was unclear from this brief observation how many of the scheduled activities happened regularly. Further engagement with this programme by project leaders, perhaps visiting some of the sessions before hand, could have helped to build an understanding of the existing provision and how Age Exchange's work could complement it.

From the one activity attended by the evaluator that was run by the activity co-ordinator it was clear that she knew the residents well. She was able to engage some of the residents in activities that Age

Exchange project workers had found difficult to engage in their sessions. She has, however, been in her role for about 14 years and it is therefore likely that a fresh pair of eyes and some outside input could enhance the activities. It is hard to get a full picture from just one session, but there were areas, particularly in how she developed group activities and in making the activity more 'creative', where she could have learnt a lot from working with Age Exchange. There are good examples of practice where cultural organisations work in partnership with activity co-ordinators to support and develop their work (Ladder to the Moon in Camden, for example). There may be good reasons why senior staff at SLaM and Age Exchange had chosen not to work with the activity co-ordinators in the *Hearts and Minds* programme, but without explanation there is a risk that this appears insensitive to existing work undertaken over many years, and may account in some measure for a lack of sustained engagement by care staff.

The insights from this case study are instructive. Establishing productive partnerships with staff, managers and residents, and building an understanding of the culture and daily routine of the home prior to the start of the project is likely to result in workshops that are planned effectively around the needs of the home. This could involve opportunities for project leaders and workers to shadow care staff and attend activities, meal times and other parts of the daily routine at the home could help to build relationships with both staff and residents. This could make it feel more like an exchange - valuing the experience and expertise of everyone involved and all learning from each other. Further knowledge of different aspects of the home's life could be used to develop bespoke work that is more integrated and complimentary to the daily life of the home. What are the current activities? What are the needs, interests and abilities of residents? What level of commitment is likely to be made by staff and management?

Undertaking an audit of existing skills would enable project workers to learn about the creative abilities of care staff, and enable training to build on their interests and expertise. For example, care staff who find they enjoy particular arts activities might be funded to attend bespoke Age Exchange training that enables them to become more confident as artists, which is essential if they are going encourage others to engage in creative processes. In the second year the evaluation is focused on the mentoring programme for care staff offered by Age Exchange.

## **Sustainability and Legacy**

Care staff and management involvement is essential to the work having any kind of legacy. Some of the issues around partnership and effectively involvement in the workshops may be difficult to overcome, but could perhaps be significantly reduced by more time spent in the lead up to the project, by clear communication of the benefits to the particular home. The *Hearts and Minds* Health and Wellbeing co-ordinator clearly did an excellent job setting up the projects, but there is perhaps another layer of collaborative planning and reflection between participant care staff, activity co-ordinators and project workers about the detail of the workshops themselves. This would lead to deeper understanding of the overarching objectives of the work, and make clearer distinctions between aspects of the project that need the specialist skills of artists, who provide new stimulus as visitors, and those that might be embedded into the daily life of the care home.

It was encouraging that the care study of the second project revealed that the staff had carried on some of the things that had been started by the previous project workers. They had spent some time planting seeds for the garden and this is something that the care staff have carried on. They planted tomatoes last year and take the residents to see the plants and give everyone a tomato when harvesting the fruit. This is interesting to the planting exercise seemed to be the least creative activity that the artists were offering, compared to visual arts, dance and music activities, yet it is the activity that the staff felt most able to take forward. Continuity of one of the project workers also embedded the creative practice more firmly into the lives and experiences of the residents, although with greater flexibility of structure and vision, both by SLaM and Age Exchange, would allow for a more sustained creative intervention into the environment of 'home'.

### 3.5 YEAR ONE SUMMARY OF FINDINGS AND RECOMMENDATIONS

#### **Creative interventions in caring environments**

This part of the evaluation concludes with some thoughts on the potential of project work to further question different ways of experiencing the home environment. These thoughts are framed around the question:

Can project work sessions become a way of exploring, re-imagining or temporarily altering the care home environment?

This key conceptual question relates to overarching questions about participation and strategy:

How does participating in the *Hearts and Minds* programme affect the residents' sense of home, belonging and quality of life?

How is the culture of care in residential settings changed by participating in the *Hearts and Minds* programme?

There is a sense in which project sessions over time might be able to prototype different forms of homeliness that challenge the existing structure of these care home environments. This might involve:

- temporarily retrofitting the home environment with otherwise subtracted objects
- re-imagining temporary uses for communal areas such as living rooms, garden, corridors
- expanding the feeling of an otherwise contracted space
- exploring the gaps and potential between public, private and communal spaces
- offering something different within an existing calendar of scheduled activities and events in way that might meaningfully alter (even for a moment) the experience of the home environment in some way?\*
- building on the idea of venturing away from the home, both within and outside the home
- exploring the longer-term effect of temporary interventions (e.g. the 'after-time'/'after-effect' of project work that carries over into everyday experiences even after a session has formally ended?)

The transformation of the Woodlands lounge into a dance parlour with a steel band for the annual Christmas party recalls in a way the temporary intervention of artist Camilla Brueton who transforms the communal lounge of a sheltered housing complex into a poker-playing den for one night only and

other creative interventions in space, such as Magic Me's intergenerational cocktail parties in residential care settings.

There is a great deal of creative potential promised by the small-scale, short-term project within a care home context. If the physical space of the home environment is permanently fixed, for the long-term at least, then small-scale interventions are able to temporarily - and immediately - transform a given environment. Working at the short-term/small-scale end of the spectrum this is minimal intervention at both scale and in cost. This may, as in the past, involve as little as setting up a gazebo in the middle of the lounge or taking part in minimal cost activities like indoor gardening at £2.50.

### **Creative license**

There is a certain flexibility within creative practice that gives project workers a unique licence to play within the limits and constraints of an existing space - the possibility of amplifying, disrupting, extending, distorting or provoking small moments, relationships, details etc. that might involve rule-breaking, or even making a mess. In an environment determined in large measure by what you cannot do, where even knitting is ruled out because the knitting needles are a potential hazard, temporary interventions offer a way of creatively subverting these rules and strictures that are taken as a given. Moreover, these kinds of temporary interventions and alterations of the space of the home environment affect social relationships, within the home. Different ways of using space through project work might in itself become a way of 'engaging' nurses, care assistants, visitors as well as residents in different ways.

Temporary project work raises the question as to its legacy. This involves thinking about how project work functions in re-(or un-) training care staff, thinking about what creative or neglected skills staff already have that they might bring into the home, thinking too about how the environment of the home might be re-imagined, re-shaped through the legacy of project work in different ways.

Project workers were keen to address this issue in their seminar session, offering a range of thoughts on what that training and exchange of skill might involve. These included thinking about:

- **The duration of project work**

Project work might be extended beyond one day a week and the possibility of exploring longer-term projects. This would be one way of allowing project workers to get to know homes more intimately over time. Jean Valsler talks about the idea of being 'embedded' over a year which would be one way in which the practice might be more embedded figure through the role of an practitioner/artist-as-resident.

➤ Training in spatial awareness

Project work might be used as a way of training staff in different ways of using the environment as a practice of care in itself. This could involve exploring the different dynamics of taking away a table versus working around a table, and seeing what those small adjustments do to the experience of an environment and relationships within a given space. Jean Valsler suggests the idea of taking one space (a kitchen, for example) and asking the care staff 'trainee' of a creative mentor to change it in some way. This is a description of care staff practice that would allow them to curate the home environment in some way.

➤ Un-training from task-oriented work

Using project work training to alter the sense in which care staff often see project work as a 'task' to be completed (as opposed to an open-ended interaction with residents). The idea of un-training from the more rule-bound, task-oriented aspect of institutional culture might encourage a greater focus on creative interactions with residents through project work as it is sustained by care staff.

➤ Skills exchange

Using project work to build on the existing skills of care staff that include not only their 'care skills', but also other skills that they bring with them. This would be one way of re-evaluating the question as to whose home this care home actually is, and whether it becomes possible through skills exchange to encourage staff to think of this as their home too.

### **Defining the 'Project'**

The aspirations of Age Exchange for the *Hearts and Minds* programme were clear from the outset. It was less clear how they are defining the practice that the older adults experience, and how the work of Age Exchange complements the existing provision. There is a tension here; on the one hand they are interested in developing a branded model of practice, on the other there is a lack of clarity about whether this is a model of care or a creative and cultural intervention. It may be that this is a truly innovative combination, but this precisely what this means is not currently articulated clearly by Age Exchange. The term 'project workers' symbolises this ambiguity; it begs questions what the 'project' is, and what work the 'workers' are undertaking. There is a risk that this lack of clarity leads the organisation to play safe and repeat familiar ways of working rather than develop new practices that will lead the ever-expanding field. Perhaps paradoxically, managing creativity involves defining a clear focus and a sense of identity in order to allow for flexibility and increased creativity (Bilton 2007).

It is the strong recommendation that the identity of the project work is clarified. This will have significant benefits:

- it will enable the skills of the project workers to be clearly articulated, and valued both for their personal qualities of compassion and empathy, *and* for their skills as innovative and creative practitioners;
- It will give a clear indication of the activity and its creative potential to care staff and other stakeholders;
- It will enable Age Exchange to develop a critical vocabulary for practice that will enable them to make informed judgements about quality;
- Greater clarity about the project's scope and potential allows for increased flexibility.

It was evident in the workshops that there was a high level of commitment, care and often creativity shown by the project workers. Much was achieved in the first year, and the challenges faced by establishing sustained and productive partnerships between the cultural sector and the health sector should not be under-estimated. It was a year of learning. It is clear from the first year of this evaluation that the *Hearts and Minds* pilot programme demonstrated that the arts and reminiscence can be a powerful way to engage older adults in the world around them, to extend their creativity and to assist care home residents to develop positive relationships. It is also clear that the work varies in range, quality and impact and that there were lessons to be learned at this early stage in the three year programme. These recommendations and questions were offered as a formative evaluation, and follow the framework for evaluation in addressing the programme's concepts and values; participation; strategy and organisation.

The central **recommendations** are around the following areas:

### **Creativity and Creative Practices**

Creativity was restricted by the inflexible model of working imposed by the project and its time constraints. The range of the project workers' specialist artistic and creative skills is therefore under-used and not, therefore, fully benefitting the participants and the environment of the care home.

There is scope for great flexibility over how artists work in care settings, how they are able to intervene in the space, work collaboratively with residents, care staff and other project workers in order to develop new and innovative ways of working.

### **Participation and Group Dynamics**

There was often significant change in the residents' interactivity and group dynamics from the beginning to the end of the project. Throughout the work there was a high level of care shown by project workers, and this empathetic approach encouraged a positive group dynamic. It is recommended that sustaining and building group work within the *Hearts and Minds* programme as a key strategic priority.

### **Reminiscence**

There were varying levels of success with reminiscence work. Some project workers had a very clear understanding of the different roles and purpose of reminiscence, including non-verbal forms of affective or embodied memory. Generic themes for reminiscence that relied on linguistic competence or did not take account of individual's life stories within a group were less effective and sometimes excluded residents.

It is recommended that diversity training is offered to project workers, with models of good practice shared that include both conventional reminiscence activity and creative modes of engagement with affective memory.

### **Partnerships with Care Settings**

This is often the weakest part of the projects, and there are lessons to be learnt on both sides. There are also some conceptual, practical and strategic recommendations that would assist this dialogue:

1. Managers of the care settings have shown varying degrees of interest in the work. Senior staff at SLaM, Age Exchange staff and project workers all have a role to play communicating the benefits of the work;
2. Managers need to ensure that designated care staff attend workshop sessions, and communicate any concerns to the project leader;
3. Project leaders, care managers and/ or activity workers and care staff should plan bespoke projects that address the specific needs of the care setting and build on existing expertise;
4. Individual care staff who participated in the workshops should be involved in planning and reflection with the project workers, and this should be accounted for in the budget.

### **Training**

There were some excellent models of structured training within the workshops itself, where project workers planned to activities to extend the care workers' creative skills. Other projects showed poor levels of staff training and their skills, expertise and needs did not seem to be addressed very thoroughly in the planning. Shared planning should assist this lack of clarity about roles, but there is also a need to audit care staffs' existing expertise and build on their strengths and interests.

There is a need to make connections between the professional knowledge care staff already possess, the training offered by Age Exchange and their creative/ craft activities that they bring from other parts of their lives.

## SECTION FOUR: YEAR TWO

### 4.1 EVALUATION FRAMEWORK AND EVALUATION QUESTIONS

The year one formative report defined the framework for the evaluation. It was recognised early in the process that the stated aims of the *Hearts and Minds* programme were based on aspiration, as is appropriate for a pilot, rather than providing clearly defined indicators of success. The framework set in place for the evaluation offers an opportunity to reflect on the learning gained during the project, to define achievements and clarify obstacles or areas for development.

The framework remained in place as the central focus for the evaluation throughout the programme. It did, however, require some clarification in the light of developments during year one. Although it was never the intention to measure how the residents' wellbeing and quality of life changed during the project, it became increasingly clear through the second year of the project that this aspect of the required deeper analysis than is possible within the scope and budget of the programme. There is growing academic interest in how quality of life might be defined as a concept, particularly as evaluations based on subjective analysis and self-reporting of people living with dementia have gained greater currency. Bowling and Gabriel (2004) point out that quality of life is not just multi-dimensional, it is multi-perspectival and depends on where you are situated:

Quality of life, then, is a multidimensional collection of objective and subjective areas of life, the parts of which can affect each other as well as the sum. It is also a dynamic concept, reflecting values as they change with life experiences and the process of ageing. (2004, 3)

To address the complexity of this concept, a more extensive evaluation has been commissioned by Age Exchange as part of their work funded by Guys Charitable Trust. Notwithstanding, this the framework's emphasis on wellbeing remains an important marker for multi-dimensional reflective observations of practice in the *Hearts and Minds* programme.

#### **Evaluation Questions**

The focus for the evaluation in year two was defined by Age Exchange in response to the formative evaluation of year one. The evaluation team was asked to focus on:

- Evaluation of the mentoring programme
- Evaluation of one-to-one work between project-workers and residents
- Case Study evaluation of group work in one care setting, in their second year of the *Hearts and Minds* programme.

Individual researchers were responsive to the contexts in which they found themselves and this meant that, rather than defining pre-determined indicators of quality or success, they were able to document the emergent practice in its own terms. Although mindful of the whole framework, the year two evaluation focused primarily on the following elements:

#### Conceptual Questions and Values

- What does it mean to become an ‘informed workforce’ in reminiscence and arts practice?

#### Questions of Participation

- How is good quality partnership and collaboration between Age Exchange practitioners and carers/ health professionals recognised and fostered?

#### Strategic Questions

- How is the culture of care in residential settings changed by participating in the *Hearts and Minds* programme?

This report is structured in two parts. The first addresses questions associated with participation and partnership, and the second addresses the roles of practitioners and the creative processes involved. Strategic questions run throughout the report, and practical and conceptual issues are recognised as being mutually embedded.

#### **Research Methods and Confidentiality**

There were regular feedback meetings between the Evaluation Team and Age Exchange, including a meeting of the full team in November 2012. It should be stressed that the evaluation team is not an inspectorate that makes judgements about the quality of individual practitioner’s work, but provides reflections and observations informed by the evaluation framework. It draws on a triangulation of three elements of evaluative practice: subjective experience (SE), interactional environment (IE) and sociocultural context (SCC) (O’Connor et al 2007).

Evidence for this evaluation has been gathered from mixed research methods, including observation of the projects, semi-structured interviews, written weekly reports and testimony from project workers, questionnaires. The confidentiality of some aspects of the programme meant that evaluation team was unable to observe aspects of the practice, and there were no project worker reports from the mentoring programme.

## 4.2 The Context for the Year Two Evaluation

The evaluation of the first year outlined some key aspects of the national context in which dementia care takes place, drawing attention to national concerns and national strategies. In the second year of the programme, it was the local context that provided particular challenges for the *Hearts and Minds* programme.

During the second year of the project, residential care for older people with dementia and other serious mental health illnesses provided by SLaM was re-structured. This meant that there were closures of some of the Continuing Care Specialist Units where Age Exchange's *Hearts and Minds*' projects were scheduled to take place. This transition phase was not only painful and unsettling for those involved, it also required building work and considerable physical upheaval. Age Exchange's decision to continue to work in care homes affected by this re-structuring was made carefully and with the full support of SLaM senior colleagues. Senior staff at Age Exchange were given confidential information about the closures that enabled them to plan the projects with sensitivity towards the particular local circumstances in which project workers would find themselves. Age Exchange project workers were able to assist residents in the process of transition, as noted later in this report.

Age Exchange was also undergoing a period of change, both physically and in their practice. The second year of the *Hearts and Minds* programme coincided with the refurbishment of the Reminiscence Centre at Blackheath, and gaining significant funding from Guys Charitable Trust to develop their work with older adults living with dementia. The long-term aim of this programme is to provide 'emotional care and support workers' for older adults within the South London area. This marks a shift in strategic direction for Age Exchange, and indicates their growing work in the field of dementia care.

These changes reflect national trends. Significant changes to the ways in which the health and cultural sectors have been funded and managed have been introduced, with consequences that are impacting on provision at local levels. It is not within the remit of this evaluation to analyse the effects of these changes, but it is important to note that the sociocultural context in which the *Hearts and Minds* practice takes place. Arts and reminiscence activities with people living with dementia have proliferated across the country and internationally, marking growing concern about the wellbeing of the 'oldest old'. More specifically related to the evaluation are the implications for the professional partnerships between SLaM and Age Exchange, and to raise strategic questions about both how both Age Exchange

as an organisation and the culture of care in residential homes has developed as a result of working in partnership in shifting times.

It is interesting to note the changing language used by SLaM to describe residential settings since the year one evaluation. Since the year one formative evaluation they are now frequently referred to as 'homes' rather than 'units'.<sup>3</sup> Looking forward to the final year of the *Hearts and Minds* Programme, the evaluation team will consider sustainability of the practice, including how Age Exchange's creative practices have developed and grown, how care staff are applying their learning from the mentoring and training programmes to their work, and if the *Hearts and Minds* programme has impacted on creating a sense of home in the newly structured care homes.

#### **4.3 PROFESSIONAL PARTNERSHIPS**

One of the most significant changes in the second year of the programme was that partnerships between SLaM employees and Age Exchange staff were strengthened and deepened. There was a marked and welcome change of tone from Age Exchange; it was particularly noticeable that there was a shift from generalised criticisms of NHS care staff to a more supportive vocabulary towards professional carers and managers. Age Exchange looks more constructively for the positive in the care staff and recognises the very challenging circumstances in which they work. Reciprocally, care staff and managers at all levels have become increasingly receptive to participating in Age Exchange's project work. This is evidenced throughout the year's work, both through increased participation in training and during the project work itself.

Stronger partnerships between care staff and project workers have been supported by good relationships between SLaM and Age Exchange at a senior level. David Savill describes one of his roles as offering support for senior managers based at the Maudsley (November 2012), where they can talk about their roles in confidence. This emphasis on providing a safe and confidential space for staff is emphasised elsewhere in the *Hearts and Minds* programme, particularly in the mentoring programme. If this emphasis on emotional care and support is to be formalised (particularly through the programme funded by Guys Charitable Trust), there are implications for the professional skills that this role requires.

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<sup>3</sup> [http://www.slam.nhs.uk/about-us/what-we-do/older-adults-and-dementia/continuing-care-\(specialist-care-units\)](http://www.slam.nhs.uk/about-us/what-we-do/older-adults-and-dementia/continuing-care-(specialist-care-units)) accessed 2.4.13

The change in attitude on both sides has enabled project workers to work in an atmosphere of increasing openness and mutual support, and this has undoubtedly benefitted residents. On a practical level, there is wider recognition of the different expertise that each partner brings to the project. There are a number of ways in which this sense of partnership benefitted residents:

- Where expert knowledge about the residents' illness, condition and behaviour was shared, project workers were able to plan activities with greater understanding of how the work might be experienced and received;
- Where care staff were willing to participate in one-to-one activities or group work, the dynamic of the relationships between carer and resident changed, allowing the residents increased agency and creativity;
- Project workers were supported by care staff in practical ways, organising space and assisting with craft materials and creatively by ensuring that residents were able to continue their creative work between sessions;
- Care staff acted as 'cultural intermediaries' between residents and project workers. For example by explaining specific aspects of a resident's cultural background (life in the Caribbean, for example) or suggesting that a project worker's language skills might assist in communication with a resident with whose mother tongue was not English.

Structured opportunities to deepen partnerships were provided through regular training sessions for care staff and project workers, mentoring and regular meetings between senior colleagues at Age Exchange and SLaM. This emphasis on continual professional development marks a change in focus from the original proposal for the *Hearts and Minds* programme, and demonstrates the flexibility of Age Exchange as a learning organisation. It is also impressive that SLaM colleagues were able to participate in the *Hearts and Minds* programme at a time of significant change and physical upheaval.

During the second year, partnerships were facilitated by a more stream-lined team of freelance project workers working for Age Exchange. The smaller team provides more focus for the programme, but it also revealed that there are pressures on colleagues both parts of the partnership; some freelance practitioners who were no longer employed on the programme were left wondering why their services were no longer required. Exit interviews may provide supportive information for both freelancers and the employing organisation.

#### 4.4 THE MENTORING PROGRAMME

The mentoring programme took place in two specialist care units, Granville and Inglemere. In both units a mentor from Age Exchange worked with one mentee, a member of care staff at the care home, to support them to identify and work towards set goals. The evaluation is based on structured interviews with the mentees, the mentors and the managers of Inglemere and Granville. Due to issues of confidentiality, no observation of the practice was undertaken and therefore the practice itself is not evaluated. The evaluation primarily reflects the aims, outcomes and challenges of the programme from the perspective of the mentors, mentees and managers and makes recommendations for areas for further development.

From its inception the aims of the mentoring programme were conceived to be very flexible. The two mentors are highly respected by Age Exchange, and have a wealth of experience of working in care settings. This was the first time it had been run and it was seen as a pilot, and there were no preconceived ideas of what aspects of their work the mentees would wish to address. The mentors were particularly concerned that the programme facilitated mentors to be open about their managers, and that they had a safe space to gain emotional support for their roles in the care setting. They were both committed to working in partnership with the mentees to define their goals and against which the programme's success could be measured. As with many mentoring programmes, the primary aim that was to equip the care staff who were being mentored to reach their goals independently, between visits from mentors and after the mentoring programme was over.

The mentors were open to supporting mentees in all and any aspects of their professional lives. It was interesting, however, that the mentees reported that their primary aim was to develop their creative skills and to learn from their mentors' abilities as creative practitioners and reminiscence artists. It emerged during the evaluation interviews was that everyone was keen to see reminiscence arts practice embedded into the daily life of the care setting. As the programme progressed, it became increasingly important to the mentees that were able to support residents in transition periods, either to a new home or through changes in care staffing. This impacted on the mentoring, and arose because the two care settings were undergoing a consultation to decide which one of them would close. Shortly after the mentoring evaluation was completed Granville closed and the residents and staff were relocated to Inglemere and to another home in South London.

### **Care Staff: Taking the Lead**

The mentees noted that an important measure of the success of the mentoring programme lay in the extent to which it enabled them to deliver reminiscence arts practice in the everyday life of the care home. Realising this ambition is dependent on the mentors' ability to equip mentees with the knowledge and skills needed to lead reminiscence and arts within the care setting. If Age Exchange achieves this it has the potential to expand the reach and flexibility of their work and affect real change within care settings. However, there are many challenges, particularly the culture of the care setting and limitations of time and other resources. The year one report states that:

The presence of the Age Exchange 'visitors' is showing the project has the potential to break the routine of daily life in the care setting, and to offer enhanced stimulus for residents and support for care staff.

The term 'visitor' used to describe Age Exchange project workers is worth considering in relation to the mentoring programme. The 'visitor' or outside person that can encourage and inspire staff as opposed to, as one manager described self-depreciatingly, the manager nagging them. For a member of the care team to deliver reminiscence arts with decreasing support from this 'visitor' was acknowledged as a difficult task. Whilst the care staff on the mentoring programme spoke enthusiastically about the work, the care team as a whole were described by both mentees and managers as less keen, often prioritising caring tasks and paperwork over creative activities. It was unclear whether this perception was shared by other members of the care team.

The challenges faced by any cultural sector and health sector organisation in building sustained partnerships are really tested by the mentoring programme. It is clearly evident that Age Exchange mentors had the trust and respect of care staff and managers in both care settings where the mentoring programme was piloted, and considered how to work with them at every stage of the programme. Clear goals were set, communication was good with all involved and care staff were ensured a safe and confidentiality space. To expect one member of care staff to make any real difference to the culture of the home and attitudes of colleagues, especially given their irregular shift patterns is unrealistic. Mentees are unable to work with the same colleagues consistently, and are thus prevented from passing on their new skills. Had a team of mentees been trained then a support structure could have been assembled within the care setting that may have helped to affect change and keep the reminiscence and creative practice going after the support of the mentor was removed. However, the work is yet to have any significant effect on the culture of the care setting.

A recommendation in the year one formative evaluation was that more shared planning and reflection time with care staff would enhance provision and could be employed in the mentoring programme very productively. Given that mentees aimed to enhance their skills in everyday creative practice, this would be an appropriate use of mentor time; there are many training models that provide structured progression with supportive mentors sharing planning, assisting delivery and offering well-defined feedback. Both mentees were regular attendees of the weekly Age Exchange workshops, and the decision not to start the mentoring during the workshops, or even in the planning stages, was a missed opportunity. Given the difficulties in arranging meetings, any contact time is valuable. Time is a real issue and perhaps the most scarce resource, finding ways to maximise its use is imperative. More synthesis of skills training and mentoring and less restricted work models in the care setting are needed to ensure success.

### **Embedding Practice**

The mentoring programme has the potential to build on the first year of *Heart and Minds* by ensuring that Age Exchange's practice has wider impact, particularly by embedding it into everyday life. Care staff, as the residents' primary carers and with their regular presence in the home at all times of day and night, are the best placed people to embed reminiscence arts practice into the daily life of the care setting. This responds to the ways all those interviewed for the evaluation would like to see the work develop. Within the context of the care setting define embedded practice might be defined as fulfilling one or more of the following criteria:

- It takes place throughout the day and is not contained to a one hour arts and reminiscence session;
- It takes place in various locations throughout the care setting - it is not restricted to the activity room;
- it happens simultaneously or in conjunction with day to day care tasks - getting people up, washing, at meal times or whilst walking down the corridor, for example;
- it is delivered by someone native to the care setting rather than an outside agent;
- delivery becomes habitual or 'second nature'.

The primary advantage that was identified for embedding reminiscence arts into the daily life of the home was that it increased the activeness and engagement of residents. Activity is often described as a positive alternative to the passive behaviour often seen in care homes - watching television or just

sitting in the lounge. It may involve or revolve around everyday domestic activity and could be one way of addressing the "occupational poverty" - the poverty of activity in daily living that was identified in the year one formative report.

In the formative report it was noted that the television is now often the 'hearth' of the modern care home. Both managers where the mentees were placed wanted the amount of time residents spent in front of the television reduced and replaced by more active, engaged and considered pursuits. One manager complained about the noise from the television and expressing her desire for it to be replaced by something else. Painting nails and hand massages were given as examples of activities that currently take place that would be considered embedded. However, they were also often described as an 'easy option'. Adaptations of activities observed in Age Exchange workshops were seen as more creative and identified by managers as something of which they would like to see more.

The term 'reminiscence arts' or 'reminiscence and creative practice', coined by Age Exchange to describe their practice, is less frequently used by care staff and managers than the broader term 'activity'. Activity is perhaps a term that fits more comfortably into the language of the care setting - the activity room, the activity cupboard, the activity coordinator - but as a portmanteau term it is possible that it fails to fully articulate or understand the practice. There is significant potential for the mentoring programme to equip care staff to develop their skills, and addresses an important aim for the mentees. However, at this stage there is little evidence that mentees have made much real progress has been made towards embedding reminiscence and arts practice in the everyday life of the care home. This will be re-visited in the summative evaluation of the *Heart and Minds* programme.

### **Supporting Transition**

The initial goals set with both mentees were to set up a reminiscence arts workshop for a small group of residents. Neither of the mentees achieved their initial goal. This may have been in part due to shift patterns, absence due to illness or an insufficient level of support from the mentors, but it was clearly also impacted by the consultation both care settings were undergoing and the subsequent closure of one of the homes.

In light of this the mentees goals were redefined to take into account of what was now possible given the disruptions and limited time frame, and also in a more positive way to set goals that supported

residents through the transition period - mainly to work towards creating resources that would help care staff who hadn't previously worked with the residents to get to know them. One mentee began putting together scrapbooks filled with pictures that she thought residents would enjoy looking at, but also that would tell people something about the resident and their interests. The other mentee began creating cookery cards and an image chart with a resident who struggled to communicate in the hope that this would aid communication with her. It is noticeable that the mentees used the mentoring programme to develop creative skills that would support residents in this challenging transition process. Both these pieces of work have clear potential benefits for communication between residents and the care team. This work could have wider application, including for those homes not under threat of closure or undergoing transition on a similar scale, if the resource was used to support smaller transitions - care staff handovers between shifts or when bank staff are brought in as cover. Further evaluation to assess what was actually achieved is still needed - what the mentees produced in the end, how they involved the residents, if at all, in its production and how the resources were put into use.

#### **4.5 ONE-TO-ONE PROJECT WORK**

A new initiative in the *Hearts and Minds* programme during the second year was one-to-one work between project workers and residents. The observations that form the basis of part of this evaluation took place at a time of reflection and re-framing of the one-to-one work by Age Exchange staff, therefore it is important to note that these observations reflect the work that were witnessed and not a conclusive statement on the whole programme.

A significant aspect of the one-to-one work is the intimacy of the relationships between project workers and residents during the process of working together. As noted earlier in this report, Age Exchange's long-term strategic ambition is to provide 'emotional support and care workers'. David Savill describes this relationship as 'love' (December 2012) and, in a feedback session to the project team (November 2012) the researcher described one-to-one work as having a sense of befriending. The evaluation team was unsure how professional parameters were set in place for the one-to-one projects; the time span was short, often between 3-6 weeks, whereas charities offering be-friending services expect 1-3 years of commitment from their volunteers. Age Exchange is offering something very different to these befriending schemes, but the evaluation team was concerned that, to the resident, it could feel quite similar.

The evaluation team's concerns about the effects of the rhetoric about love and emotional closeness with residents had already been addressed by a new set of policies defined by Caroline D'Souza in her role as Health and Wellbeing Co-ordinator for individual referrals. This information about one-to-one work defined its objectives very clearly for care staff, stating the aims clearly and unambiguously. Usefully, it also pointed out what the work is not (therapy or counselling) and how partnerships with care staff benefit the process and allow for sustainability. This information was written in response to her concerns about safe and unsafe practices, and provides an excellent model of good practice.

The guidelines for the one-to-one referrals indicate that one of the aims of the programme is to involve care staff and friends/ family members, who will be able to continue the work after the programme has finished, with the aim of integrating the work into the residents' day to day life.

The aim is that project worker will pass on skills, ideas and approaches of engaging the individual in activity, which the relative and staff member can continue using with the resident after the project worker is gone. (Age Exchange One-to-one Guidelines)

These guidelines defined the project workers' role in professional terms, providing by a secure understanding of the project workers' role and the particular skills they bring to the partnership. Furthermore, the ability to encourage and support carers' work with residents requires 'friendly' interaction that sits within a secure and focused framework. This relationality was described very well by one of the project workers in interview:

When I work I intend to be "friendly" and encourage "friendly and sociable interaction". I make sure I am always well prepared with activities for a session, so that we can all feel secure and focused. There is freedom to explore, switch activities and be flexible. (Project worker, 09/11/12)

It is important that professional boundaries are set in place, as it is these boundaries that allow project workers to be flexible and spontaneous. Creativity does not flourish in chaotic environments and, perhaps paradoxically, creative practice is supported by clear parameters (Bilton, 2007; Nicholson, 2005). The project workers also commented that it important to provide the opportunity for trial and error in the work. By not being in the role of a therapist or medical professional the project leader is able to encourage creativity, who is allowed to make mistakes and try new things, therefore leading to the discovery of potential 'magic' in their work with residents.

The year one formative evaluation report noted that the space and environment of the care home plays an integral part in creative process and the residents' sense of belonging. The presence of the project

leaders in the care homes seemed to engender a sense of activeness for residents. For example, one resident always met the project worker by singing 'Oh I do like to be beside the Seaside' at the top of his voice. The repeated use of the song had become a ritual to mark participation. The singing indicated to the resident that he was about to embark on an active session and it got him ready to start activity.

Throughout the one-to-one work, the project leaders relied heavily on their expertise and skills, whether this was their artistic skills and their knowledge and understanding of the context. One project worker found that abstract themes worked particularly well with a resident who had artistic interests, and her specialist knowledge of musical composition enabled her to select appropriately stimulating music for him. This is noted in her report:

*J was excited by the build up to the music, using the programme notes and pictures and his focus was good throughout. He liked reading little bits of the text. We also listened to different versions of Bolero together. J and his wife were both interested in my laptop, music bank and speakers.*

*J was interested in Finlandia, but even though it was an old favourite of his, it took him a while to engage with the piece – I think this is probably because the main singalong section, ie the hymn tune, doesn't appear until the very end. The beauty of Ravel's Bolero is that it introduces the hook straight away, then builds on it repeatedly – great for people with dementia.*

**BOLERO**  
MAURICE RAVEL

Transcription: Renato Bellucci

VIDEO 1

The presence of the resident's wife as an integral part of the programme was particularly important in this one-to-one work, and she attended all the sessions. She commented that it gave her and her husband positive time together and enabled her to learn new ways of being with him and ideas that she could take forward into the future, after the sessions had finished.

A different project worker spent considerable time and care accessing resources that related to the resident's interests and life experience. This drew on the project worker's cultural knowledge and expertise in local history. The workshops enabled the resident to become increasingly aware of his own sense of identity and independence by building on his previous interests. In this case, the resident was

encouraged to take part in the one-to-one work without his sister, on whom he was very dependent, in order that he might gain confidence.



Origami boats made with a resident who had once enjoyed boating.

### **Cultural Models of Dementia and Relationship-Centred Care**

There were multiple approaches to the one-to-one work, demonstrating that one model of practice would be inappropriate and restrictive. An ethic of care always relational, however, and it is particularly important to acknowledge the importance of reciprocity in one-to-one work. This report is underpinned by research that furthers cultural models of dementia and relationship-centred care, and this assists the practice of partnership between sectors. A cultural mode of dementia (rather than a social or medical model) builds on cultural models of disability (Garland-Thomson, 2009; Charlton, 2000) and pays attention to the environment in which people with dementia are living. This way of thinking is particularly appropriate for creative practice undertaken and led by a cultural organisation. The year one formative report suggested that models of relationship-centred care (rather than person-centred care) were the most appropriate way of understanding the participatory practices of Age Exchange as it acknowledges the reciprocity of the process.

The one-to-one work during second year of the project demonstrated the value of thinking culturally and relationally in practice. Rather than focusing primarily on the individual living with dementia, this conceptual model provides a way of working that recognises the cultural environment of home, and the ways in which different people contribute to its emotional geography and culture of care. This model was demonstrated through practice in a number of productive ways throughout the year. In the one-to-one work, for example, one resident benefitted from working with a project worker and a member of

the care staff on Shakespeare. This approach valued the resident's prior experience and expertise, it enabled the project worker to share her specialist knowledge as a theatre-maker with the resident, and introduced new ways of working to the professional carer. The project worker's edited report is offered at length here as an example of how relationship-centred care can impact on the culture of dementia care.

*In my initial meeting with a manager I learnt that S has been diagnosed with fronto-temporal dementia, and that her passion is Shakespeare. She has written books on Shakespeare, taught Shakespeare and worked for many years in a University as a specialist in Shakespeare. After my introductory meeting S I decided that I would not engage in any small-talk but go into our first session armed with lots of information, pictures and excerpts on the iPad about Shakespeare. I would also talk and perform Shakespeare pieces for her. Using my knowledge, skills and experience from my acting career and drama school days, S and I began connecting on the subject of Shakespeare and theatre.*

*In the first 4 weeks I visited S alone. Together we would discuss Shakespeare and the actors that had performed memorable interpretations of characters, past and present. We looked at film excerpts, comparing and contrasting different interpretations. I would perform some of my audition pieces for S. S suggested to me that I learn the speech from The Merchant of Venice – Portia, 'the quality of mercy is not strained'. It was during this time people in the centre that people began to notice a change in S. She was interacting more and was of a generally happier disposition and had even apologised to one of the carers for her rudeness.*

*It was suggested that a care worker, Z, come and join us for the sessions to learn about what we were doing with an idea to continuing a version of the sessions once I was gone. This wasn't welcomed by S to start with as she felt that Z would hold us back in our work. By the time the session came around S was polite and informative with Z, including her in the work wholeheartedly. Z had a keen interest in the English language and was happy to learn. She shared her opinions readily. S took her on as a 'student' and as we worked together on the speeches would explain to Z the meaning of the script and the plots. It also meant that we could all play a part in the courtroom scene in the merchant of Venice. Now we really were playing Shakespeare!*

*The partnership worked – I provided the bridge between the two worlds. Having made an intimate contact with S initially on a one-to-one basis, Z added another dimension to the sessions. We would talk and discuss the power of the plays and their meanings. S was enjoying explaining to Z about Shakespeare and Z was enthusiastic. A common ground had been established and Z had the seal of approval from S. Z's presence meant that throughout the week when I was not there, there could be an added engagement with S. This would give S a welcome interaction in the day whilst Z goes about her caring tasks, thus bringing the work we had done into the everyday fabric of the centre rather than a mystical undertaking that goes on behind closed doors. There was a common ground established and a softening of attitude towards S.*

*This project was a success on many levels. S has a strong personality and is very happy to talk about something that she is interested in. She is an intelligent woman with strong instincts and wit and does not suffer fools gladly. Her passion in life is Shakespeare and performance and I decided to share this with her. Finding the passions of S and bringing them into the present in such an animated way redefined her. She had something to share again and we all had something to learn. This has been a key ingredient to improving well-being, not just for my client but also for the staff that work with her on a daily basis. It was poignant for me, too.*

This example is cited by Age Exchange artistic director David Savill as an illustration of the success of the *Hearts and Minds* programme. It demonstrates a number of significant developments and shows best practice in models of partnership and relationship-centred care. There are a number of significant factors here that contribute to the success of the partnership:

- The manager was able to provide valuable information about the resident's condition and interests;
- The one-to-one work enabled the project worker to focus on the resident's interests on an equal basis and in ways that valued her intelligence and provided her with much-needed intellectual stimulus;
- It required the specialist expertise of an artist who was able to bring her knowledge Shakespeare and skills as a performer to the sessions, and acted as a 'bridge' or cultural intermediary between the resident and the care staff;
- The work provided a rare opportunity for care staff to learn from a resident who was, significantly, open to learn from the resident's expertise;

- By finding points of connection, this project improved relations across the care setting.

This approach to the project work recognises that creative practice is always reciprocal process, and that generic 'activities' may not be appropriate for everyone. It also acknowledges that creativity can be inspired through intellectual partnerships as well as through craft-based activities.

#### **4.6 GROUP PROJECT WORK**

The evaluation of the group sessions focussed on two care settings, Granville and Inglemere. The evaluation is based on visits to three of the ten Age Exchange workshops that took place in each of the care settings. Interviews with care staff, managers and project works were conducted alongside the mentoring evaluation interviews. This was supplemented by informal discussions during or at the end of the workshops with those present.

The evaluation identifies the roles people take on within the sessions, particularly where these are outside their 'named' role – for example, project worker, resident, care staff and cook. Drawing on themes of role play, leadership, improvisation, transformation and volunteering, the evaluation explores how these roles can further build on a sense of home - something difficult to achieve in an often institutionalised care setting and a focus of the year one formative report. This is not to suggest that these roles necessarily need formalising, but that thinking about participants' roles is one consideration when planning and evaluating the work. A recommendation of the year one formative report was that defining these roles has the potential to clarify the range, scope and focus of their practice that can be conveyed to people within and outside the organisation.

##### **The Project Worker as Alchemist**

Age Exchange's work often acts as a catalyst to change the experience and mood of the care environment and those within it for the better. Transforming the sensory nature of the activity room, often in quite simple ways, can enable its occupants to experience it afresh. Creating immersive environments and enabling sensory reminiscence is particularly suited to people in the more advanced stages of dementia who are likely to find verbal communication less engaging and may find direct questions distressing. People in the early stages of dementia were also observed engaging well with this type of work, especially when it integrated conversational practice.

Walking down the corridor to the activity room at Inglemere, there was a growing awareness of the sound of birds chirping. Nearing the room the smell of flowers drifted through the doorway. On entering the room the smell, sight and sounds of spring filled the space. This was strikingly at odds with the usual sensory experience of the care setting. That project workers had set this up before participants arrived and that they were able to enter the space already transformed, temporarily, was important to the aesthetic experience. Within the space, without being asked or questioned, one of the residents in this session began to reminisce about her garden. An iPad was brought out that engaged residents with pictures that they could select and move across the screen, others smelled the flowers and all joined in waving daffodils whilst one of the project workers animatedly recited *I Wander Lonely As A Cloud*. There are clearly potential benefits of creating whole environments that bring experiences to the residents that they may no longer be able to leave the home to enjoy. This addresses the question raised in the year one formative evaluation: *Can a home ever really feel like a home if you never leave it? Or isn't a home only ever a home if it is something you come back to?*

There was much more evidence of reminiscence being integral to activities and embedded into the arts practice during these sessions than in the workshops observed in the first year of the *Hearts and Minds* programme. This represents a shift in practice, where previously reminiscence activities had been delivered in a discussion-based format that might be employed with people without dementia. Asked about her practice one project worker replied:

*I believe it is important to have an artistic sensibility and a flexible creative way of communication which lends itself to role play, improvisation, singing, mime, drawing, painting and craft - all these practices free people from the conditions they find themselves in. I would consider part of my role is to enable participants to express themselves through this multi-disciplined approach.*

This creative, flexible approach is very much evident when Age Exchange's work is at its best - the earlier examples of the spaces being transformed clearly illustrate this. These are also the times when reminiscence and arts practice are indistinguishable from each other and perhaps when the term 'reminiscence arts' would seem to be most appropriately applied as distinct from 'reminiscence and arts'.

## **The Care Worker as Actor**

Thinking about the role the care staff play and how it is supported is central to the legacy or role Age Exchange's practice will have outside the sessions. In the year one evaluation questions were raised about the aim of Age Exchange's work about whether it is a creative intervention or training for care staff.

During this part of the evaluation care staff and managers were asked what would help them continue the work outside the sessions. Themes that were used by Age Exchange - spring or the seaside, for example - were identified as something that helped them to develop their own workshops. At one home they had tried to replicate some of Age Exchange's sessions, using some of their themes and activities as starting points. They were keen to gain more inspiration and support to continue this. The Age Exchange workshops in this instance might be seen as rehearsals for workshops later delivered by care staff. This suggests that the care staff's roles and involvement should be clearly defined, with structured progression and mentoring built into the process. Repetition of themes that can be replicated are important and could be built on with shared workshop plans that could be left in the home.

Building the care staff's confidence to feel equipped to deliver sessions and comfortable as leaders is possibly as important as having ideas and inspiration. Many staff are sceptical or nervous about getting involved when they first come to the workshops. In one session, involving decorating a plant pot, a member of the care staff confided 'I'm not very creative'. Encouraged to support the residents - so it was no longer about what she could do but what she could support the residents to do - she engaged with the activity and appeared to forget her concerns and inhibitions. In another session when the crayons and paper came out a member of care staff said 'don't make me draw, I can't draw'. She didn't draw, but when given a flower happily joined in with the dance. Perhaps this was because she wasn't faced with a blank sheet of paper and the decision of what and how to draw or because the flower was just handed to her and she was swept along by the moment. This suggests that the leadership and expertise of Age Exchange creative practitioners who are experienced in reminiscence is extremely valuable.

Discovering care staff's skills and interests helps to engage them and support them to find ways to move towards facilitating their own sessions. During one session a member of care staff chose an instrument from a table of instruments and unprompted began to play it proficiently. It turned out that the instrument was from her country. It was clear that she enjoyed playing it and being able to inform the

project workers about it. Other care staff have proved very adept dancers, musicians and singers. It is important that these creative abilities are systematically audited and recognised, so that the expertise is not lost but built upon. If the aim is for these sessions to have a legacy and for Age Exchange's work to be continued when they are not there, care staff need to be as involved as possible. Whilst many staff have clearly enjoyed the workshops and there has been reasonably good attendance, it is still not always clear what their role is during individual sessions. As outlined in the year one formative report, joint planning with care staff could be hugely beneficial to developing their role in the sessions and supporting them to continue the work outside it.

### **The Resident as Leader**

In a planting workshop where no trowels had been supplied for filling the plant pots from a bag of compost, one of the residents picked up a saucer that had been left on the table from earlier and began using it to shovel the soil. Recognising that this was a good substitute for a trowel, a project worker asked if there were more saucers and soon the group were all using saucers as in the place of trowels.

Incidents like this demonstrate the resident's everyday creativity and agency, that the actions were mirrored and incorporated into the workshop reinforces the actions as useful or as another way of doing things. Mistaking one object for another could be seen as confusion, but in this case the resident clearly recognised the qualities of the saucer, whether consciously or not. Other examples had less practical application, but appeared to be satisfying and important to residents. Residents often seemed to seek a sense of order in the materials supplied for the workshops. One resident began sorting, piling and un-piling brightly coloured ribbons left on the table. Another resident took ribbons out of box, sorted and put them back in, whilst another collected inside the pot the stickers meant for decorating the outside of it. Could some of these actions be incorporated or extended in the workshops - could lots of materials be brought in for residents to sort or could this type of activity be connected to everyday tasks - sorting the cutlery or the washing?

There were times when residents used workshop materials in a playful and humorous way. A resident picked up a sheet of acetate left over from making a mobile, and held it up in front of his face. A couple of other residents and I joined in, pulling faces at each other through the coloured film and laughing. There was a clear connection to the material and each other that extended the planned activity. Project workers were always keen to uncover what residents enjoyed, often bringing in resources in response to

the residents' interests or their life history, but knowing what to do with these spontaneous and ephemeral actions that were often less easy to describe or categorise seemed less clear. In the moment many project workers and some care staff responded to residents' modification of activities or creation of their own ways of working by following them. Sometimes there were attempts to bring them back to the originally intended activity, which were rarely successful. Really exploring the potential of residents taking the lead and the reciprocal nature of the work - building on their actions, mirroring them and using their actions to develop new activities for the following week - has huge potential for developing the practice and supporting care staff to find more reciprocal ways of working with residents - giving them space to make choices and assert their agency.

Finding a space for these actions within the workshop - following and going with them - may help the practical application of new vocabularies *'that do not seek to 'recover' the person who is 'lost' but recognise who they are now, the way they have changed and the creativity they possess'* (year one formative report, p. 67). Having time to get to know the residents, to observe and become attuned to their ways of working is clearly important. Ten weeks is not much time to achieve this, and the changeover of project workers after five weeks makes this even more difficult. The more sustained presence an Age Exchange team can have in the care setting, the more likely the work is to affect change.

### **The Family Member as Volunteer**

The sessions at Granville were attended by several family members. Many of the residents they were visiting were no longer able to hold a conversation so the activities during the sessions gave their visits a focus - something they could do together, a non-verbal way of communicating and being with each other. One of the relatives in particular became very involved in the group, arriving early to help set up, helping with practical tasks like washing brushes. Most importantly she was helping to engage everyone, not just her husband, but other residents with whom she was very familiar through her regular visits to the care setting.

The support she gave to the project workers to engage residents in her unofficial role as volunteer was indispensable for them, but she also gained a lot from the role. For someone who admitted that there had been times she couldn't see a way forward, this gave her something practical that she could do to help. Through being such an intrinsic part of the workshop she saw some positive progress; she didn't

think her husband would ever relax, but he did settle in the sessions. She found fun in the sessions and enjoyed seeing the residents so engaged. The workshops showed her simple things she could do to engage her husband. Without her in the session it is questionable whether her husband would have attended at all; he had not attended the first phase of workshops Age Exchange ran in the home because he was too tense and nervous.

The potential for the family member as volunteer is a role that has benefits for the residents, project workers and family members themselves. Whilst it is not something that everyone is likely to want to take on or a role that needs to become a formal volunteer position, it is a role that would be worth exploring further.

### **The Cook who was The Queen for a day**

During the final session at Granville one of the residents mistook the cook for the Queen. Instead of correcting or dismissing him, she played along, curtsying, asking if things were fit for a Queen and telling how she'd received an invitation to meet the Queen when she was in the area but she had been too busy to go. The role of a fool was identified in the year one formative report as a positive means to encourage creative engagement when it was taken on by a project worker and an evaluator who danced the horn pipe (p56). Here the environment created by the project workers provides a space for the cook to enact the role of the fool.

Improvisation is often asserted by Age Exchange as central to their practice and something that their project workers bring that may be hard to teach. Here the cook clearly demonstrates that she is able to improvise and use improvisation effectively with people with dementia. This suggests that some other staff also possess improvisatory skills, possibly without being aware of their potential in the process. Identifying staff within the care home who are able to improvise, acknowledging this and offering an environment where they can put into practice and develop these skills can only enhance Age Exchange's work within the sessions and beyond.

Whilst Age Exchange readily acknowledge the importance of engaging care staff and managers in their work, the support staff - the cook, the cleaner - are often overlooked in these conversations. When questioned about the role of these support staff in the home, the manager of one of the care settings replied:

*The cook and cleaner are part of the team. They are encouraged to take part and they add value. They are involved in staff meetings and reviews and the training is open to them. Food is part of the whole life experience.*

Finding ways to embed practice in the everyday life of the home is regularly expressed as a key priority by people at Age Exchange, care staff and managers in the care home. There is little evidence that much progress has been made towards this objective. Whilst there is no denying that care staff and supportive managers have a significant role to play in this, the cook and possibly the cleaner are likely to also be able to play a part in this lively culture of care.

#### **4.7 SUMMARY OF LEARNING AND RECOMMENDATIONS**

This evaluation is designed to ask questions, and to provide a framework for reflection and learning. This report began by asking the following questions from the evaluation framework:

- What knowledge, skills and values inform the work of Age Exchange practitioners?
- What does it mean to become an 'informed workforce' in reminiscence and arts practice?
- How is the quality of the arts and reminiscence practices demonstrated and defined?
- How is good quality partnership and collaboration between Age Exchange practitioners and carers/ health professionals recognised and fostered?
- How is the culture of care in residential settings changed by participating in the *Hearts and Minds* programme?

Two of the major recommendations in the Formative Evaluation of year one were concerned with the quality of the partnership and definitions of practice. It is striking that there has been significant progress in both areas during the course of the year. There has been a marked change in the quality of the partnership, as evidenced throughout this report, and this clarified has in turn helped to clarify the knowledge and skills that inform the work of Age Exchange practitioners. There are some areas of learning that are worth underlining, as they may have implications for future partnerships and collaborations. They extend cultural models of dementia care, and put relationship-centred practice as an important ethic of care in the *Hearts and Minds* programme.

#### **Partnership and Mentoring**

- Where partnerships worked particularly well, care staff and Age Exchange practitioners worked as 'cultural intermediates' for each other. For example, care staff offering advice on residents'

cultural backgrounds, and Age Exchange staff sharing their knowledge of local history or particular art forms;

- The process of partnership sometimes enabled care staff and Age Exchange practitioners to move from tacit to explicit knowledge of the practices they were undertaking;
- The Hearts and Minds programme was particularly responsive and sensitive to settings undergoing a period of transition or closure, enabling knowledge about residents to be transferred;
- Some aspects of the mentoring programme were successful, and the open conversations valued. Mentoring might be developed if training and mentoring as seen as complementing the experiences of being in the workshop;
- It was noticeable that mentees defined the role of Age Exchange as offering support as creative practitioners
- Where professional boundaries and roles were clearly established from the start, there was increased opportunity for creativity and flexibility in the process. Conversely, less well defined boundaries sometimes left care staff unsure of their roles in the workshops;
- Although there is significant progress, there is not yet consistency of partnership and engagement across the programme.

### **Reminiscence and Arts Practice**

- There were significant changes in Age Exchange's practice from talk-based reminiscence sessions to a focus on the arts as a way of accessing embodied memory embodied memory. This enabled the residents to communicate increasingly effectively;
- The reminiscence and arts practices contributed to creating a sense of home and belonging, but through creative improvisation and the aesthetics of space;
- It was clear that the considerable flexibility in the different approaches to practice was very positive, suggesting that there is no one model of practice that might be appropriately applied to all settings;
- There was considerable progress towards involving care staff in the workshops and, where appropriate, residents' companions;
- There is not yet evidence of arts and reminiscence practices becoming embedded in care settings, though there is a recognition from all involved that this would be desirable;

- Age Exchange practitioners responded imaginatively to each new situation, using their specialist knowledge to provide residents with the appropriate level of creative, intellectual and social challenge.

## SECTION FIVE: YEAR THREE

### 5.1 EVALUATION FRAMEWORK AND EVALUATION QUESTIONS

The focus for the evaluation in year three was defined with Age Exchange in response to the formative evaluation of years one and two. The evaluation team was asked to focus on:

1. Transition:
  - the contribution Age Exchange has made to care settings and people undergoing a period of transition;
2. Sustainability:
  - how far the learning from the mentoring programme in year two has been embedded in the care settings and in Age Exchange;
  - how the project workers describe and define and their practice and their roles;
3. Case Study of a project in one care setting:
  - Detailed and summative evaluation of a care setting in their third year of the *Hearts and Minds* programme, reflecting on the experience of sustained participation in the programme.

Methodologically, the evaluation team invited contributions from a wide range of stakeholders, including semi-structured interviews with Age Exchange project workers and mentors; Health professionals including mentees, care workers and managers. In addition, there was detailed participant observation of one project.

The third year of the evaluation addressed the entire evaluation framework, focussing primarily on how the following elements are understood and demonstrated in practice:

#### Conceptual Questions and Values

- What knowledge, skills and values inform the work of Age Exchange practitioners?
- What does it mean to become an 'informed workforce' in reminiscence and arts practice?

#### Questions of Participation

- How is the quality of the arts and reminiscence practices demonstrated and defined?
- How is good quality partnership and collaboration between Age Exchange practitioners and carers/ health professionals recognised and fostered?

### Strategic Questions

- How is the culture of care in residential settings changed by participating in the *Hearts and Minds* programme?
- What is the effect of the *Hearts and Minds* programme on Age Exchange as an organisation?

The evaluation of year three is structured in four parts. The first addresses questions associated with transitions, the second addresses sustainability, and the third captures the summative learning from the Case Study, examining the practices, roles of practitioners and the creative processes involved. The fourth part focuses specifically on the learning from year three.

## 5.2 TRANSITIONS

This part of the evaluation aimed to explore how and to what extent *Hearts and Minds* has been effected by and supported transition. It focused on the following areas of transition:

- the transition of residents and staff between care homes caused by the closure of Granville and the subsequent relocation of residents to Inglemere and other care settings;
- the transition of skills and ideas from Age Exchange project workers to staff in the care settings, with particular reference to the mentoring project;
- the transitions that occur within the everyday life of the care setting, focusing particularly on how some of Age Exchange's practice might support care staff handovers and continuity of care
- the transition at the end of life - how the project might support residents and their relatives towards the very end of their life.

### Limitations and scope

This report is based on interviews with the two Age Exchange project workers who ran the mentoring programme, the care staff who participated in the mentoring programme, three other Age Exchange project workers who ran group and one-to-one sessions throughout *Hearts and Minds* and a manager of one of the homes involved in the programme. No observational evaluation work took place in this part of the evaluation or during any of the mentoring activity.

It would have been helpful to have spoken with other people as part of this evaluation, but they were not available for interview. The main reasons for this were due to redundancies and relocation of staff after the closure of one of the homes, which happened during the last few months of the project. There were also people off on long-term sick and communication with the care settings in general was challenging, particularly when trying to find out people's current place of work and arranging interviews. There were also issues with people not remembering that interviews were taking place, despite regular email reminders, and there was one occasion where a member of care staff had not been informed of the interview by her manager and, although the interview did go ahead, she was clearly flustered by the situation. These difficulties have significantly limited the evaluation and meant that care staff and managers are not as fully represented in the evaluation as they should be.

Due to relocations and because the *Hearts and Minds Programme* had ended by the time the evaluation took place, there was no one with connections to relatives of residents who could support the evaluator to contact them to arrange interviews. Consequently their views are not included in this report.

### **Transitions between care homes**

One of the care homes that Age Exchange delivered *Hearts and Minds* in closed towards the end of the project, something that had a significant impact on the final stages of *Hearts and Minds*. The home had been in consultation for some time along with another home that Age Exchange was working in over which would close. This was an uncertain time for both homes and was unsettling and stressful for all those involved, including Age Exchange's project workers, who had a significant presence in both homes during the consultation, closure and relocations. Whilst this could be seen as a one off occurrence, it is not the first time an Age Exchange project worker has followed residents between homes due to closures and given the current financial challenges and redundancies across the public sector it is worth considering at more length.

The closure was recognised by all those interviewed as difficult, particularly the uncertainty about which home would close and when. The suddenness with which the eventual closure happened added to the stress of the situation, as did the fact that the staff at the home that closed were only informed at the last minute and that all staff subsequently had to reapply for their jobs. The ill health and death of residents was mentioned by several interviewees in relation to the unsettled atmosphere caused by the closure, although everyone recognized that this was just speculation and there was no proven link.

Benefits of Age Exchange's group sessions taking place during the transition were outlined by one project worker as providing a sense of continuity that brought happiness, positivity and focus to residents and staff in the care setting. A member of care staff described the group as being like therapy and a rise in the attendance of care staff to the sessions during this period also supports the claim that the sessions provided something that was needed at that time. Age Exchange project workers provided further support during the transition by being at the new home on the day that the residents who were being transferred arrived. One of the project workers describes how people were pleased to see them and their familiarity with residents in both homes supported the transition. Project workers also felt they provided representation for those residents who couldn't represent themselves and support in bringing the groups from the two homes together.

The one-to-one work also offered a small number of residents support throughout the move. Through working closely with one resident a project worker was able to identify which music he liked. The resident had spent much of his life in America, but the project worker observed that he seemed to see this part of his life as something of a failure and showed signs of being angered when it was referenced. When the project worker played 45s of 60s and 70s Jamaican music, which he had brought in from his own collection, he described how the resident sat back, closed his eyes and seemed to relax. The project worker continued to play the music when the resident moved to his new home and described how his move was 'sound tracked by the music' and how this seemed to support him to make the transition.

The mentoring programme was recognised by the project workers who ran it as offering valuable support and a possible outlet or distraction for mentees during this time. However, there was much more questioning from the project workers facilitating this programme than there was from those working on other *Hearts and Minds* projects about whether the mentoring should have taken place whilst the homes were going through so much change. One mentor went as far as to say that she would be unlikely to mentor in that situation again. This difference in opinion may have been because the mentoring project focused more on the care staff than the residents and, as such, they felt and were pulled into the effects the closure was having on staff morale and the daily life of the care setting much more fully. The mentors recalled feeling that they were unable to challenge or push the mentees too much because of everything else that they were dealing with and that given everything that was going on with the closure, the mentee might just have been told that she was taking part in the mentoring without being properly consulted. Perhaps the biggest challenge the mentors faced was that they found themselves having to spend the first part of any mentoring session listening to mentors concerns before

being able to steer them back to the mentoring itself. One mentor reported finding it difficult not to slip into the role of a supervisor and they both checked in with the mentee more regularly than they might have done if they were running the programme in less challenging circumstances. The mentoring clearly cannot be isolated by what is going on around it but there was a the danger here, of which the mentors were very aware, of infringing on other people's roles and the organisational change making it too difficult to focus on reminiscence arts practice, which was what the *Hearts and Minds Programme* was primarily set up to deliver.

Decisions around the focus of the mentoring programme were largely influenced in the end by the imminent closure. In some ways this could have limited the scope of the project, but in others gave it a focus and was successful in that some of the activities and products developed during the mentoring programme did support the transition of residents and staff between homes. One example of this was the scrapbooks that were designed to provide real information about the residents and their interests so that staff in their new home, working with them for the first time, could look at through them with the residents and use them to learn more about their interests. One third of the scrapbooks were left unfinished so that new staff could complete them. One of the mentees, when asked what she thought the most important thing to come out of the mentoring programme was, gave an example of a resident who enjoyed looking through his scrapbook and said that she thought it could help staff in the home he had been moved to get to know him.

This was clearly an emotional time for all those involved and the project workers could not help but pick up on this and be affected by it themselves. The project workers were good at supporting each other throughout the project and thinking about what they wanted to project when they entered the care setting and to some extent how to protect themselves. However, this quote from one of the project workers describes how emotionally difficult it was to be strong and bring something positive to the space at that time:

*Before I went in I had to do a centring thing with myself, I'd put a smile on my face before I went in, I wanted to bring in calmness, a smile. What do I want to share, and I had to get myself into that state of mind because otherwise I'd be bowled over. I tried to bring a sense of well-being. (Project worker)*

Age Exchange has a very compassionate team, who often go above and beyond the basic remit of their role, and in the examples above there are some excellent illustrations of this. This is in many ways what

makes them so good at their work and builds the trust and respect of all those involved. There is, however, a need to recognise what Age Exchange project workers can't or shouldn't try to change or support and to ensure that the right support is in place for them, not just from each other, but also that there is a space to discuss issues that arise with an experienced professional from outside the team, someone who has a bit more distance and subjectivity. Age Exchange's decision to include more structured supervision and time for debriefs after sessions in *RADIQL*, their current project in care homes, demonstrates an acknowledgement of this need.

### **Transitions from one-to-one to group work**

Early on in *Hearts and Minds* Age Exchange recognised that not everyone is ready to participate in groups reminiscence arts sessions when they first encounter them and that in some cases trust, confidence and familiarity need to be established before people are ready to enter a group session. For many the one-to-one work provides an effective stepping-stone to participation in group sessions. For others the one-to-one work is the only part of *Hearts and Minds* they access and has benefits in its own right, such as building relationships with care staff or relatives.

There are several examples of residents successfully being supported through one-to-one work to join the group sessions. An example given by one project worker outlined how she had worked with a resident, who had previously not participated in activities, to build his confidence through painting and mark making with him. Eventually he became ready to join the group. Part of the reason that was cited for him having the confidence to do this was that he knew that the project worker who had done the one-to-one work with him would be there. A lot of painting activities were included in the group sessions he attended enabling to share this interest with other residents. He was one of the residents who moved homes during the project and was able to join the group in his new home, something that supported him through the transition.

Most of the project workers were optimistic about people's ability, with the right support and preparatory work, to be able to join group sessions and felt that, where possible, this was an appropriate goal for people. However, at least one of the project workers and some of the care staff felt that there were some people that were not suited to group work and some people, particularly those who didn't get on or sometimes displayed aggressive behaviour towards one another, that should not be in a group together. Opinion was split over one lady in particular who was often displayed hostile

behaviour towards another residents. Her case came up in interviews with several different people, some believing they had successfully managed her inclusion in the group through carefully planned of activities and seating arrangements and others believing that she shouldn't be in a group at all, citing her as an example of someone who was inappropriately referred. This raises questions of whether one-to-one work might be a goal in itself for some residents, but also about how and when Age Exchange should challenge and push care staffs' views of what people are capable of and how this should be communicated with care staff.

### **Transitions within the home**

When asked, the interviewers come up with very few examples of how the work supported transitions within the home, such as handovers between shifts, handovers of work to bank staff or transitions between different times of day and their associated activities. This in many cases was not understood as an aim of the work or something the work was intended to impact on. However, as various members of Age Exchange and care home managers have stated in the past that they would like to see the work embedded into the daily life of the care setting, this could be seen as one element of that embedding and is worth further consideration.

There was one example given by a project worker of one-to-one work that she felt had impacted on the whole care setting and on how the staff in the care home saw and worked with the resident. The example doesn't specifically discuss transitions, but what it does show is how a person's whole ecology of care can be positively transformed by Age Exchange's work.

*The only one I can think of this Shakespeare work I did with a resident and a [member of] care staff. It fed through the whole of the care home because this lady was very difficult and she was very rude to people, but by the end of the sessions she stopped a nurse and apologised for being rude. She became a hub of the care home, she was asking people to read Shakespeare and help with English learning. She became a hub of laughter. I was waiting to see her and a nurse came up to me and said 'what have you done? She's changed.'* (project worker)

The routines of the care home, particularly those related to shift patterns, were raised by many within the project as posing an obstacle to participation. On the other hand, as one project worker points out, whilst acknowledging the difficulties shift patterns are seen to create, there was one member of care staff who made a point of being at all the sessions. This led the project worker to question how much the roster really had to rule. There were clearly challenges of working in the care setting, but also some

ways that Age Exchange began to create shifts, however small, within it, as this quote from one of the project works describes:

*The transitions between the shifts were difficult because they weren't good at communicating between them. People didn't know we were coming etc. So it had an impact on us. On some occasions I felt I needed to phone ahead and remind people, but even then people didn't always know we were coming. I don't think our work had an impact on the way they ran the place. Staff did start doing things in between the sessions. They did their own party, they asked us to help them make their idea work, they made bunting etc. We somehow broke across their institutionalised boundaries, their little frames. (project worker)*

Throughout *Hearts and Minds* there has perhaps been a dual aim of the work. On the one hand there is the desire to embed it into the everyday life of the care setting and on the other there's the acknowledgement of what Age Exchange bring as 'visitors' to the care setting. As a manager of one of the care settings said:

*It's a different focus from the reports and figures, its completely patient focused and that should take precedent over everything else. It's a chance just to care for our patients not to be pressurised as managers. (care home manager)*

The space and support Age Exchange's work offers those working in the home day in day out to focus on the residents may offer something that is not offered in other parts of their job and, whilst it may be seen as different from the way they normally work or outside what they normally do, it hopefully, as in the example of the 'Shakespeare' one-to-one work, filters through into other parts of the residents' care and to how staff feel and go about their work.

### **Supporting end of life care**

*Hearts and Minds* worked with people in the last years, months, or even days of their lives and some people did die during the project. As one project worker described, there are two sides to Age Exchange's practice, one that focuses on giving people a reason to live and the other that is about working with them to make them feel more at peace with the life they have had. The latter is discussed much less than the former, but is an equally important part of the work, not just for the residents themselves, but also for those who work with them and, maybe most importantly, their friends and relatives who are left behind.

Age Exchange's practice has played an important role in bringing residents and their relatives together, particularly when it has become more difficult to find ways to communicate and connect with them. There was no chance during this evaluation to speak to any bereaved relatives, but there was at least one resident who took part in *Hearts and Minds* with his wife and who sadly died before the project concluded. The project workers had been able to find activities that him and his wife could do together and, whilst there isn't any feedback from his wife since his death, the feedback she gave during her involvement in the project was extremely positive. Notably, she reported that she had seen significant changes in her husband's behavior and mood and found ways of being with him that she hadn't thought of before. Age Exchange have set up a 'beyond caring' group for bereaved relatives. Run by a project worker with a background in occupational therapy, this offers further support and ways for relatives to stay involved with activities and to socialise with others who have also lost relatives. This potentially offers valuable support, however, it takes place at Age Exchange's centre in Blackheath and it is not clear how many people from the *Hearts and Minds Programme* accessed it or what support was in place to help them to do this, particularly to attend for the first time.

*Hearts and Minds* may also have a role in supporting people to prepare for death by supporting them to revisit their lives or, as one project worker described it, 'personhood'.

*I have a hunch that having somebody there who is interested in them, their history, we do something together and it helps them to come to terms with moving on. I think it helps them to be more at peace. A feeling of reconciliation and peace, it's important to be listened to. (project worker)*

Supporting people to realise their potential and learn new skills, as often happened in *Hearts and Minds* is also likely to improve the well-being of all those involved, including those towards the end of their lives. Artefacts like the scrapbooks made during the mentoring programme or people's artwork can form records of some of the activities people participated in and the stories they told through them for relatives to keep and remember them by after they have gone.

There are fewer examples of how project workers have supported people towards the ends of their lives, perhaps because unless someone dies during the project they may not be considered end of life. One project worker, however, did recall receiving positive feedback about work she had done with someone towards the end of his or her life:

*I did one-to-one work with a lady at Granville, with a lady who was very much at end of life and there was a nurse who worked with her. They had a lovely relationship and I worked closely with the nurse to support that precious work. I was a little bit unconfident about the work because she didn't speak, but the care staff were really supportive and they felt like I really enhanced her end of life. When I went in later people referred to it as valued work. (project worker)*

It was acknowledged by project workers that there were limitations in the amount of support you can offer or the extent you can know what's going on when you only visit once or twice a week. There were also examples of care staff confiding in project workers and, as is expressed in the following quote, finding it easier to open up to them than colleagues within the care setting.

*I have had staff be really emotional with me, I am compassionate but I'm not their as a bereavement councillor. But I feel the staff feel they are able to show their vulnerability with us rather than their other colleagues. You have to be careful because people die frequently. (project worker)*

Again, like with much of the work, the boundaries of Age Exchange's work are not clearly defined. This is not a criticism, but something to be aware of, particularly because of the emotional strain it is likely to put on project workers. Age Exchange's role in end of life care is something that has not been discussed to any great extent throughout the project but is an issue to consider further as part of future work.

#### **5.4 SUSTAINABILITY**

Throughout the Hearts and Mind programme there has been an emphasis on sustainability of the work beyond the life of the project. The ambition to embed the work in care settings depends on good partnerships, clear mentoring structures in which care staff develop their creative skills alongside their mentors and experienced project workers.

The evaluation also revealed that there is an important role for artists with particular skills and experience, who are able to offer models of good practice and enhanced creative provision. Embedding the learning in the care setting requires, therefore, the kind of everyday creativity that is integral to the rhythms of a care setting and can be undertaken by care workers. It also requires project workers to define the specialist abilities needed to undertake a successful, high quality project.

This part of the evaluation therefore focused on two aspects of the Hearts and Minds Programme, asking:

- How far has the mentoring programme been successful in embedding creative practice and ‘everyday’ creativity in the care setting?
- How do the project workers themselves define their practice, and how has this developed over the course of the three year programme?

### **The Mentoring Programme and Sustainability**

The mentoring programme began in the second year of *Heart and Minds* and took place in two care settings, both of which were in the homes affected by the closure – one eventually closing, the other undergoing consultation for closure and subsequently housing many of the residents and staff from the home that did close. In each care setting a project worker from Age Exchange mentored a member of care staff. The mentoring programme aimed from the start to be responsive to the care staffs’ needs and to what they identified that they would like to gain from taking part in the programme. One of the main measures of the success of the programme was the extent to which it enabled care staff to deliver reminiscence arts practice in the care setting without the on-going support of Age Exchange. If this goal had been achieved the programme would have enabled some of the work of *Hearts and Minds* to have a legacy beyond the duration of the project. The mentoring programme was evaluated in the evaluation report produced at the end of the second year of *Hearts and Minds*. This is a follow up evaluation to see what impact the mentoring had had by the end of the project and what reminiscence arts skills had been successfully transferred to care staff and how this was achieved.

At the end of the programme, despite the set-backs it had suffered, there were some ways in which it had helped mentees to use reminiscence arts practice outside Age Exchange’s sessions. One of the mentees said that she had learnt to pay attention to residents – not just wash and dress – which suggests that she is beginning to see how reminiscence arts can be embedded into the daily life of the care setting. The most tangible example of the projects success in this sense was that one of the mentees had been encouraged to think about how she could bring her hobbies and interests from outside work into the care setting. The mentee enjoyed cooking and gardening in her free time so the mentor worked with her to develop activities she could do with residents that utilized these skills. As the mentor pointed out, it would help her to enjoy her job more if she did not leave this person at home. In the follow up interview with the mentee she spoke enthusiastically about a new resident to the home with an interest in gardening that she had engaged in plants and watering the beds.

Whilst these benefits to the two care staff involved in the mentoring are noteworthy, the most significant thing to come out of the mentoring programme is the learning it enabled about what a mentoring programme can be. By the end of the mentoring programme the mentors were able to broadly define what the role of a mentor was and how it was distinct from the role of manager, from therapeutic or clinical supervision or from life coaching. Because it was deemed that care staff might feel nervous of managers or authority, the mentors recognized that it was important that they were not seen as authoritative figures. The mentoring role was described as 'neutral' and as a sounding board and that there was confidentiality around what was discussed between the mentor and mentee continued to be important throughout the development of the programme, not least in order to build trust and enable mentees to discuss any barriers they encountered to creative practice in the care setting. They were also careful not to encroach on the manager's space and right from the outset set clear boundaries in which to develop the work right. The main aspects of the role that were unique to mentoring were that it was mentee focused – it was their choice to take part and they chose what skills they wanted to develop during the process - and that it was a neutral relationship not a supervisory one - something outside normal management. Mentors took responsibility for devising the programme but the mentees took responsibility for devising the need. One of the main outcomes that the programme was that it built care staffs' confidence.

The mentoring programme, perhaps more than any other part of *Hearts and Minds*, gave Age Exchange a real insight into the workings of the care setting. One of the mentors even shadowed her mentee on a night shift, during which she saw the demands of the work and got a sense of the care home space. She suggested that further shadowing would be advantageous to develop an even greater understanding of the home. The other mentor described how much she had learnt from working that closely with one member of care staff over a period of time. One thing that was noted by both mentors was that there was a need for more work with other members of the care staff team as they often perceived the mentee as occupying a privileged role which sometimes led to jealousy and bad feeling that had a derogatory affect. The insight into the care setting shows that the learning goes both ways – it is not just what Age Exchange teaches the care staff, but also what they can learn from the care staff to enhance their practice. If some of what has been learnt here is employed the practice and the chance of future mentoring programmes having an impact and legacy will be greatly improved.

A need was identified during the programme to think about how a project that involves a lot of self-reflective work and potential discussion of abstract or conceptual ideas is brought to individuals who may not be used to discussing practices in these terms. At times there was a gap in how things were articulated, something that was also evident in the evaluation interviews, where project workers and managers had the language and the experience to answer questions more fully, whilst care staff tended to give more literal descriptions of what took place. There is perhaps some work to be done before the mentoring begins to find the best communication tools and ways of recording progress. This may also extend to things as seemingly basic as working out how confident a person is using IT, with numeracy and literacy or speaking on the phone.

Other things that were identified as needing to be in place to support any future mentoring programme were that SLAM employees at all levels of the organization needed to buy in to the mentoring for it to have impact. Both mentees said they would have liked more time with the mentor and one mentee added to this that more time made available for the mentoring by her manager would have helped. It is also clear that it is not ideal for only one member of care staff to be working on the mentoring programme without support from their colleagues. Other care staff feeling resentful because they see the mentee as privilege has the potential to really hinder the project as well as making the mentee feel uncomfortable. Better communication with the care staff team, as identified by the mentors, and possibly thinking about pairs or teams of mentees, as recommended in the previous evaluation report, are things that would be worth considering in future mentoring projects.

The insight and learning that is briefly outlined in this report has the potential to really support the development of future mentoring programmes. However, it is important that it is not lost and that the two mentors, if possible, have chance to write up the model of practice, in as much as it has developed at this stage. This learning needs to be logged in a form that other members of Age Exchange can access and take forward. Both mentors said they learnt a huge amount from the programme that would inform their own future work but this also needs to be fed into Age Exchange's learning as an organization.

## **DEFINITIONS AND DEVELOPMENT OF PRACTICE**

This part of the evaluation is based on transcripts of a series of interviews conducted with health professionals, mentors and project workers employed on the Age Exchange *Hearts and Minds* programme. The questions arose from the earlier work undertaken as part of this evaluation. Through

observation of practice the headings came up as important elements of the artistic practice and these areas are explored more deeply within these interviews. This evaluation gives a summary of the interviews, and offers some areas for further consideration.

### **Planning, Structure and Delivery**

*How important is the planning stage of the project in terms of what you choose to focus on?*

The project workers all spoke about the detailed planning involved for each session. They also stressed the importance of reflective and responsiveness within their planning. They identified the delicate skill of planning to be ready for the unknown, and being prepared to engage with 'a dialogue with the unexpected'. The staff highlighted an additional element of the planning process, planning to evaluate and document the process so that it can be part of the treatment plans for the residents, so that the benefits can be referenced and acknowledged. There is a balance that needs to be met between being responsive and present in the session while being able to notice and reflect on what is happening within the sessions.

*How important is routine and ritual to the work you are doing?*

The structure and flow of the sessions are important to the project workers, starting the session with a warm up, leading to a main activity and finishing with some kind of conclusion. The role of familiarity is acknowledged, but there is also a desire to not be tied to particular models of working too formally. There was an interest in using ritualistic moments as a way or time to 'check in' with the residents. Perhaps this is a way for the project workers to have a moment of reflection and pause within the session to ensure they notice the residents' levels of participation and step back from being in the responsive moment.

*How do you ensure you are creatively responsive in your sessions to the needs of the participants?*

The project workers talked about being responsive to residents, and allowing for this in their planning. They seemed less sure of what it meant to improvise when asked to discuss it further. It seems clear that there is a perception of usefulness of the skills of improvisation but they recognised that these need to be used without being egotistical. There are also challenges highlighted around being able to respond to the whole group, and being aware of the risks of getting carried away with a strong reaction or engagement from one resident and allowing this to lead everything, thereby leaving other quieter residents out of the flow.

*What moments of silliness occur and how important are they?*

The concept of matching the energy of the group or the individual seemed really important to project workers and care staff, and project workers expressed the idea that the sessions should 'represent the full colour of life'. It seems that might be easier to bond as a group or one-to-one relationship through moments of laughter and playfulness together rather than moments of sadness.

*Do you feel the work you are doing in the sessions changes the space at all?*

The sessions run by the project workers do often physically change the space in which they are working. This change goes beyond the physical marks they make; it becomes something internal that spirals out, a change of energy that can be infectious. All project workers found it challenging to find a way to articulate this impact effectively.

*How important is the group element to the work you do?*

The facilitation and support of the group dynamic is obviously an important element of the practice. The ability to notice and support relationships with the group is complicated and highly skilled. There was, however, a sense that it is a 'good thing' to foster and encourage group activities but there is also more work done on how to articulate this effectively.

*How important are the relationships between the participants within the sessions?*

These relationships are described as moments of connection or common ground. These can relationships can occur between residents, between project workers and residents and between care staff and residents. This connection between the care staff and residents is the place where care becomes integral, potentially, to the whole environment of care.

### **Creative Practice: The role of the Artist, Art and Craft**

*Do you consider the practice to be arts based or craft based, or a combination of the two?*

There was quite a range of responses to this question, with a very strong sense that the project workers were not therapists, but creative practitioners using skills in many different ways. The work is described as creative arts, reminiscence and craft. Project workers described significant resourcefulness in finding appropriate stimulus for residents, and building on their interest and experiences to produce creative activities with which the residents could connect. This requires confidence, resourcefulness and considerable skill.

*How important is it that the Project Worker role is an artistic role?*

The role of the project worker as artist is to find a way to connect with the residents and follow where they want to go from there. This is creative, and can look easy but it is in fact very difficult. The care staff talked about 'having the skill to think of the simple idea' and also the confidence to try it out. This fits with skills set of artists but at times the outcome can appear to not be particularly artistic in itself. Further conversation around what the role is and how Age Exchange and care homes talk about the project workers' role could be both interesting and beneficial.

*Do you feel there needs to be a balance between abstract and naturalistic approaches to the work?*

The project workers talked from their experience about how an abstract approach suits residents with dementia. They described this as a 'way in', and that it was a process that involved matching and accepting abstract thinking. This is potentially quite a safe place for residents, but the idea of approaching something from a more abstract perspective was much more challenging for the care staff. This is where support from Age Exchange practitioners and developing a depth of understanding the whole process is important.

### **Partnership and Collaboration**

*What role do the different partners have in developing and delivering the artistic practice?*

Both project workers and care workers stressed that sharing information and intention is an important element of building partnerships between the care homes, the project workers and the residents. Project workers described the benefits of immersing themselves within the culture and community of the care home as a way of building a full and comprehensive partnership with people living and working

there. The value of Age Exchange practitioners offering something different, a 'fresh approach' was important to care workers and project workers, and the importance of presenting this difference in a sensitive and simple way that values the contribution all the different partners offer the relationship.

*What elements of risk are involved in the work?*

It was clear from the interviews that the care staff take a risk by opening up their doors to Age Exchange, but they felt that this risk has been hugely successful. The element of the unknown surrounding dementia means that risk and trial and error have to be part of the care of residents, and this matches well with Age Exchange's work. The illness is completely individual and therefore risks have to be taken to find approaches that work. There are questions around protecting vulnerability that both the care staff and the project workers addressed, and this seems like an area where deeper partnership work could be helpful.

*What are the strengths and weaknesses of working as a pair in the facilitation?*

The element of team facilitation seems to be integral to the success of the Age Exchange project work. The ability to share ideas throughout the planning of the series of workshops and building a way to communicate within the delivery of the sessions are invaluable. It is important to value the time it takes to build these relationships and acknowledge the benefits of skills sharing opportunities and chances to work and talk together outside of the care home environment. There was an idea articulated that the team facilitation helps you stay out of 'performance mode' is interesting; perhaps it is easier to stay very 'present' in the space when there are two people working together.

*What are the challenges and successes in transferring skills between the partners?*

The element of skills transfer has been problematic throughout the Hearts and Minds Programme; it is also the most ambitious and sustainable element. There is a significant challenge of transferring specific skills and knowledge that are often difficult to articulate. The project workers' skills appear very simple in practice, but the work and thinking that goes into planning and delivery is actually very complicated. The successes seem to lie in the realisation and reminder that a dynamic and two-way relationship is possible for the cared and carer. Offering the care staff the opportunity to see residents from a fresh perspective can spark their interest, and this has potential in the care staff developing new skills and areas of knowledge. The value in following up and supporting this ambition long term is clear.

## **Legacy**

*What do you see as the legacy to the SLaM project?*

The legacy of Age Exchange and its work with SLaM is a slow and steady process that needs support in order to be fully embedded. It takes time to find a way for the two cultures to collaborate with each other, communicate effectively and understand each other. There is more potential for the legacy of this work to be developed and spread; the care staff and project workers talked about 'showcasing' the work, and this feels incredibly positive. They are keen to talk about the work and communicate its value outside of the home.

*What have you learnt from working on this project?*

The project workers all talked about being taken on a journey and moved forward in their thinking during the project. They have enjoyed being valued for what they bring as individuals and creative professionals. There is a need for support, emotional and professional to ensure the resilience and development of the individuals and their work.

## 5.5 SUMMATIVE CASE STUDY

This was the final *Hearts and Minds Programme* and the third time that Age Exchange has worked with Woodlands over the course of the programme.

There had been some difficulty in setting up the project with the home, and the practitioners had mixed expectations about staff engagement. However, the support and enthusiasm of staff attending the sessions was very good and many said they looked forward to attending.



An average of 4 staff members attended each week from a team of 13. Most attended 3 or more sessions over the 10 weeks. 2 staff members came to at least 6 sessions, which was a significant improvement from previous projects and provided valuable continuity.

The care home manager did not attend any sessions over the 10 weeks, which reflects the continued challenge that Age Exchange have faced over the course of *Hearts and Minds* in encouraging managers to engage with the work.

There was high attendance from residents over the 10 weeks. 7 of the 8 participants came to 8 or more sessions and attendance improved over the 10 weeks, with more residents attending and staying in the room for the duration of the session.

Participants attended from all 3 wings, which enabled them to socialise with residents from other 'homes'. There was a sense that the ritual of travelling to take part in an activity in a new space had a positive impact on attendance, and made the weekly sessions more of a special event

## THE PARTNERSHIP

### Space and resources

The first three sessions took place in a small L-shaped room. Although the manager had put some thought into allocating this, (it was the 'relaxation room'), it wasn't big enough for the whole group to participate together, and heavy chairs had to be dragged in from the other end of the corridor and put back each week. Christina commented that these chairs were also unsuitable for movement work, as they were very cushioned and participants tended to sink into them. The practitioners did not have the opportunity to visit Woodlands before the first session. It is important that they are able to do this so that they can meet staff, see the available spaces and communicate any requirements before the project starts.

After Tony requested a meeting with the manager they were offered a lounge space on an empty wing. This was a significant improvement as it had lots of natural light, access to a garden, and a break-out space, which gave the sessions a very different feel to the ones that had taken place in the first room. Additionally, the weekly ritual of leaving their respective 'homes' to travel to an activity on a different wing seemed to have a positive impact on residents' attendance. As one staff member said: *'it was something different, something for them to look forward to'*. The fact that sessions took place on an empty wing, as opposed to a shared lounge or activity space also seemed to help foster a group dynamic, as there were very few distractions, and participants had the opportunity to work with new people in a different environment.

### Communication

Care staff provided biographies of each participant at the start of the project. It was not clear whether this was something that had been requested by Age Exchange or whether it had been initiated by the staff themselves. However, this hadn't happened before and there appeared to be a greater understanding from the outset of



Age Exchange's creative approach, which reflected the fact that that it was their third visit to Woodlands.

Communication between staff and practitioners was very good during the sessions, and staff kept practitioners well informed on the residents' wellbeing, for example if someone was ill or was having a bad day. However, many staff didn't know that Age Exchange were coming in or when the sessions took place, despite Tony and Christina telephoning in advance each week and visiting the wings to remind people. This was apparent during the final week where several new staff popped in and said that they had heard Age Exchange were coming and asked how long they would be here for. This indicated that care staff were familiar with Age Exchange's work but that the project had not been communicated effectively to them by management. Both staff and practitioners said that that they would have liked the opportunity to meet before the project started: this would inevitably increase awareness and would provide a valuable opportunity for staff to have some input in planning the sessions. One staff member also mentioned that an opportunity to debrief at the end of each session would have been valuable. This can be difficult to implement, as staff usually have to return each resident individually to their wing at the end of the session. However, is possible that 10 minutes could be earmarked for this as part of each session, even if not all staff could attend.

### **Staff engagement**



Staff attendance was reasonably consistent over the 10 weeks, with a combination of permanent staff and student nurses on placement. Overall, staff showed great support and enthusiasm for the work and there were some lovely examples of one-to-one work between staff and residents. In one session, they made 'sensory bottles' in pairs with water and brightly coloured materials. There was a quiet, collaborative focus to the activity with staff filling the bottles with water and holding them as residents chose different materials to put in them. This was a good example of a very simple activity that that staff could continue with

residents outside of the sessions, and would require very little space or resources.

One member of staff attended most sessions and was an incredibly valuable member of the team, who brought lots of energy and enthusiasm to the project. She was able to use her knowledge of the residents to support the work, requesting pieces of music that she thought they would enjoy and encouragement when she felt they needed it. During the final session she organised a trolley of tea and cakes, which was a very touching contribution, as she'd clearly gone to considerable effort.

Sarah demonstrated the importance of having a consistent member of staff for the duration of the project – both in terms of offering support and input during the sessions and continuing with activities after it has finished. She explained that she'd been trying to do some of the activities on her wing but that it was difficult to find the time to show other staff members what she had learnt. One way of addressing this could be to schedule a handover session for the final week with staff running a creative session for other staff with the support of Age Exchange. However, this can be very difficult to arrange with staff shortages and shift patterns, and without active management support. It was notable that the manager didn't even drop in on any sessions, particularly the cinema day, which was a well-publicised special event. This lack of engagement from management makes it particularly difficult to ensure any sort of legacy after the project has finished.

## **The Creative Practice**

### **Planning and Structuring**

In planning the sessions the practitioners paid great attention to the shifting needs and preferences of the residents. The sessions had a flexible and improvisatory structure with activities being led by cues from the residents. At the beginning of one session an inflatable globe was thrown around the circle as a name game activity. When it reached one man he held on to it and started to tap it like a drum. As he continued to tap, people began to tap along to his rhythm and the percussion instruments were brought out for the group to play along together. This person-led approach gave the sessions lots of variety and accommodated the changing energy levels and



preference over the course of a session. However, it sometimes meant that exercises were rarely built on or pushed further. This raised some interesting questions for the work:

- How to build and lead on from exercises while still maintaining flexibility and an improvisatory approach
- How to identify moments when the creative practice can be pushed further while still ensuring that the comfort and diverse preferences of the participants are met

Christina and Tony led the sessions in a very organic and collaborative way and on the whole, the cross-art form approach worked very well, as there was a balance of music, dance and craft activities within each session, and this invited different types of energy and contribution from participants. There were a few moments when I felt that Christina's dance skills were not being utilised quite as much as they might be, and it would have been valuable to see how a whole sessions dedicated to movement might have worked, while still maintaining flexibility and improvisation.

### **Warm ups and ritual**

The inflatable globe was used regularly as a warm up exercise, and the practitioners would say participant's names and identify their native countries. This had been used effectively during the Beckett project and some residents seemed to enjoy it. However, I felt that it didn't engage the wider group as much as other activities did, and that there were other exercises that might have announced the start of the session more effectively. As Rachel Sears observed during the previous project at Woodlands, song can be a simple but effective way of creating a ritual or collective focus, which distinguishes the work from other activities at the home. It would be interesting to see how different types of sound might be used during warm ups to cultivate different atmospheres and feelings. For example, sound effects such as waves, rain or birdsong will inevitably create different moods, and may invite more sensory forms of reminiscence, which could be more suited to participants at the advanced stages of dementia.



## **Recognition and Validation**

Tony and Christina welcomed everyone individually each week with their name and some form of physical contact. This felt very important as it said 'I recognise you, I'm pleased to see you' and they found lots of opportunities for these small moments of recognition over the course of the project. During one session, Christina made beautiful handmade invitations for the cinema screening which she gave out by sitting with each resident, showing them their name and explaining what it was. The invitations were a lovely detail, and something that residents could look at in between the sessions as a reminder of what was happening the following week.

Practitioners were particularly sensitive to the changing needs and moods of the residents and acknowledging signs of distress or disengagement. One resident would sometimes repeat 'I want to go home' or that he didn't want to do the activity. This request was sometimes ignored by the staff who were used to him saying it, but was always acknowledged by Christina and Tony. This seemed to alleviate some of his distress, and his requests to go home became much fewer over the 10 weeks.

## **Reminiscence**

Many staff and residents had moved to Woodlands after the closure of Beckett Home, where Tony had worked recently. As a result, he knew several staff and participants well and was able to use his prior knowledge of the residents in planning the sessions. There were some very creative examples of reminiscence work, particularly during the *Dam Busters* screening where posters and books from the era were used to transform the space. Reminiscence was also encouraged in subtle ways, such as music playing underneath a session, and the residents' biographies were a valuable resource which enabled practitioners to bring in music and activities that they thought they would enjoy. Tony and Christina drew on staff expertise to support this, and there were some good examples of care staff using their cultural knowledge to support reminiscence. One staff member came from Nigeria and shared the same language as a Nigerian resident. He was able to offer specific cultural information about the region he was from and practitioners found out that the resident had occupied a particular ceremonial status within his village. As a result of this, Tony brought in a djembe drum, traditionally played by men in Nigeria, in order to give him a sense of his status and his ceremonial position.



These were good examples of person-centred reminiscence work, and the practitioners took great care in bringing in a range of activities to suit the differing tastes and backgrounds of the participants. However, it's likely that a film like the *Dam Busters* would have meant little to residents who did not grow up in 1940s Britain. Although the cinema created a shared social experience that would be familiar to all the residents, it would be interesting to see how one person's reminiscence may be extended and used in different ways to reflect the diverse cultural heritages of the group.

#### **Atmosphere and group dynamic**

On the whole, residents engaged well with activities, and there was a very gentle group dynamic that developed early on in the project. This was apparent in lots of ways: the high levels of attendance each week, a lack of tension and aggression, an attention to what other residents were doing, and in lots of other small ways. One lady would often dance into the room as she arrived, as if she knew she was going to be dancing in the session. During the party in the final week, she went round each resident asking if they were alright and offering them her crisps. Another resident who was largely non-verbal preferred to watch activities but would smile when he saw other people dancing. These moments reflected the sense of 'groupness' of that had developed between the residents over the 10 weeks, and as Christina observed, this dynamic gave the project a very special quality:

*'There was something very beautiful about this project. Something very touching and moving and pure and beautiful... I feel there was a shared quality of something very soft between the residents – and quite open.'*

Her comment captures the gentle spirit of the group, and one of the biggest strengths of the project, which was the way in which it supported and encouraged small and subtle forms of participation. However, there were a few occasions when I felt the sessions could have been a little more energetic. The party session was a great example of this, where lively calypso music was played and colourful balloons were strung around the entrance to the space. Several participants smiled as they were wheeled in as if they knew it was a party, and there was lots of smiling and boisterous dancing

throughout the session. At the end of the party some residents refused to go back to their wings, which had never happened before!

In addition to the party atmosphere that was cultivated by the music and dancing, the sense of occasion was heightened by the fact that the space had been rearranged with tables of food and decorations. This sense of occasion was also apparent during the cinema day, where the space was blacked out and decorated, and chairs arranged in rows. These events demonstrated the potential of creative practices and events that transform the entire space, and raised some interesting questions as to how Age Exchange might use their reminiscence practices create more immersive environments within care settings.

### **The Cinema Day**

The cinema day was a great example of a care space being successfully transformed, with relatively little expense, into a social and cultural place. It was organised in honour of resident Mr C who had a small part in the film, and was scheduled to coincide with the anniversary of the Dam Busters raid. Staff were encouraged to dress in



Mr

1940s clothes and Tony wore an original RAF uniform. Mr C was offered a RAF jacket to wear, and a badge with his character's name on it and everyone was given RAF caps to wear and keep at the end of the day.

One staff member said that opportunity for residents to take part in a 'normal' leisure activity had been particularly valuable as they rarely had the opportunity to do so anymore. Another said: *'We've never done anything like that before... they should do something like that all the time'*. The event was an indication that Age Exchange are becoming more adept at using their work to transform care spaces and providing experiential and sensory opportunities for reminiscence. The potential of the work to create

immersive experiences has been recurring theme within the *Hearts and Minds* evaluation. As Jayne Lloyd observed in the Year 2 report: *'There are clearly potential benefits of creating whole environments that bring experiences to the residents that they may no longer be able to leave the home to enjoy'*.

However, there are still several logistical difficulties that make these transformations very challenging. It's rare that a space on an empty wing would be vacant to use, and there were other obstacles which stemmed from poor communication and a lack of interest within the home. Just before the film was about to start, two workman arrived and tried to gain access to a boiler room behind the screen, which suggested the event had not been communicated well to staff. One member of staff who had been coming for weeks was told by her supervisor that she couldn't attend, and the manager didn't come along at all. Not only is it crucial that staff attend special events such as these, it's important that they are involved with the transformation of the space, in order to understand how they might use creative techniques themselves to make more long term changes to the environment of the home.

### **Legacy and outcomes**

This was the third visit to Woodlands over a three year period and one thing that was very clear from observing it was the value of Age Exchange working with the same home on a regular basis. Staff attendance was significantly higher than previous projects and there appeared to be an increased understanding among care staff of the nature and the value of the work.



Practitioners and care homes need the opportunity to work together over a number of times in order to understand the potential of the work, for the practice to develop and for the partnership to flourish. Staff at Woodlands are largely enthusiastic for the work but lack support from managers, and they need to be involved in the planning and delivery of sessions if there is any chance of the work continuing after the project has finished.

Both practitioners commented on their personal development, and of the specific benefits of collaborating with practitioners from different disciplines over the *Hearts and Minds* programme. A particular benefit of the cross art form approach is the variety and flexibility that it provides for the

participants, and the ways that it can enrich the practice. Christina explained how the opportunity to work with practitioners from other disciplines enhanced her dance practice:

*'Because I worked with different creative mediums, this affected my dance practice... With one project we did a lot of craft where we decorated umbrellas and fans and used them for dance.*

*The idea of creating and then using that creation for movement makes the practice more rich'*

There needs to be a balance between different arts forms within a project so that they can be mutually enriching while still maintaining space for artistic practices to be built on and pushed further.

## 5.6 YEAR THREE SUMMARY OF LEARNING AND RECOMMENDATIONS

Project workers offered valuable support to care staff and residents during the closure and subsequent move to a new home. This was an unexpected but significant outcome of the project that demonstrated the responsive nature of Age Exchange's practice.

The one-to-one work is an important part of the project for those unable or not ready to be in a group and enables Age Exchange to work with a wider population of people in the care setting.

Age Exchange's works with people towards the end of their life but there has been little formal discussion about how this impacts on the practice. Age Exchange's role in end of life care could be further considered.

The main outcome of the mentoring programme was the learning that arose from it, rather than the mentoring itself. This needs to be properly collated so that it is not lost and can be built on in future projects.

Whilst significant progress has been made in building relationships with SLAM at all levels, there are still some unresolved issues with communication and commitment to the project that have had a negative impact on the project itself and the scope of the evaluation.

Some progress has been made towards impacting on the daily life of the care setting but there is still some way to go.

Due to the time and funding restrictions of the project there has been limited follow up from Age Exchange to support its legacy, the mentoring programme in particular would have benefitted from further time to follow up with the mentees in order for them to achieve their objectives.

The Case Study revealed a confident, informed and creative workforce, with considerable resourcefulness and ability to respond to the different people and situations.

There is a need for increased opportunity for the care home and Age Exchange workers to plan sessions, debrief, and have a proper handover is very important in order to encourage the continuation of the work. This can be challenging to implement due to staff shortages and shift patterns but it is something that was requested by both professional carers and Age Exchange staff.

The challenge of getting managers to attend sessions is something that has remained throughout the course of the *Hearts and Minds* programme. Managers need to see the work in order to recognise its value and to support greater involvement of their staff. As this has not improved, their attendance may need to be required in advance before embarking on a project.

The continuity of staff attendance throughout the case study project was a very positive improvement from previous projects. Age Exchange may further encourage staff to offer ideas and lead activities so that they feel some ownership of the project and that the work has a greater chance of being continued after it has finished.

There is great potential in creative practices and events that change care environment in an immersive way, such as the cinema day. This is the first time that Age Exchange transformed a care environment on this scale and it was a great success. Ideas like this are challenging to implement without the support of the home, but are worthy of further exploration.

Risk, trial and error are essential if Age Exchange are going to develop their creative practice in care home settings. Practitioners are generally very good at embracing this, but there is further scope to take creative risks such as the cinema, which was a great success.

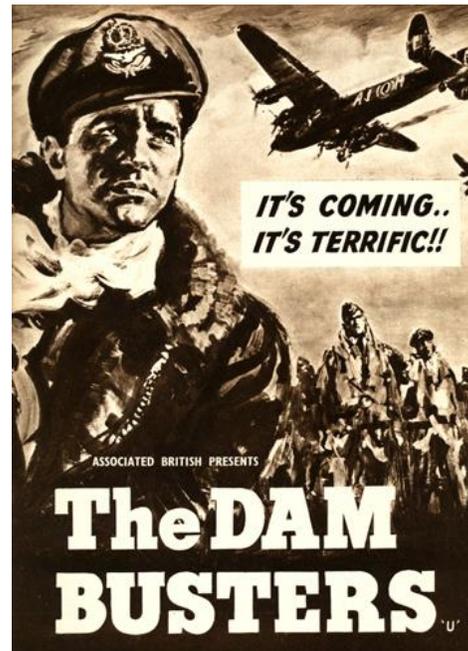
Practitioners were offered supervision with a psychologist but this never materialised. This was something that practitioners felt they needed, particularly as independent freelancers, along with more opportunities to check in with Age Exchange over the course of the project.

## APPENDIX 1: 'THE DAM BUSTERS' (1954) FILM EVENT AT WOODLANDS ON THURSDAY MAY 16<sup>TH</sup> 2013

On Thursday May 16th at Woodlands we showed the film of 'The Dam Busters' on the 70th Anniversary of the Dambusters raid on the Ruhr Dams.

This was an anniversary of national significance, which prompted numerous TV programmes and was covered in the national press. However, our reason for marking this occasion was more personal.

The idea was born four weeks earlier, on discovering that one member of our group, a resident of Cedar Wing, Mr C Osborne, used to be an actor in his 20's and played the part of Pilot Officer 'Foxlee' in the film. Mr C was 26 at the time.



In his autobiography 'Giving it Away: Memoirs of an Uncivil Servant' (1986) Mr C recalls ... "The daily Call Sheet for The Dam Busters for Friday, 18 June 1954 reveals that on that day, on Stage 2 at Elstree Studios, we were shooting four scenes set in the Briefing Room at Scampton RAF base in Lincolnshire. Thirty-three actors were involved, as well as four stand-ins and one hundred and three extras." "... I memorized Foxlee's two or three lines, and waited to be called. My scenes would be shot over the next three weeks ... minimum of twenty days' filming at £24 per day ... This was as much as I had expected to earn that entire year."

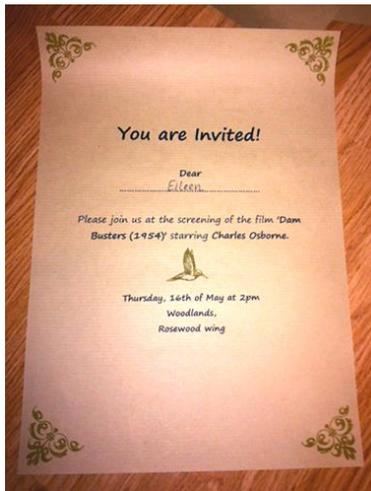
We wanted to make this a special occasion for Mr C, and an experience for the group, using the opportunity of the anniversary. This would be session eight out of ten sessions of a Reminiscence Arts programme, in what is the final project in a three-year partnership between SLaM and Age Exchange.

We were fortunate in having the use of Rosewood Wing, which, being vacant at that particular time, enabled us to convert the lounge into a 'Cinema' for the event.



The WW2 posters were loaned from the Age Exchange Archive.

Invitations were handed out two weeks in advance, and tickets and badges were prepared.





Near Woodlands, in Dugard Way, is The Cinema Museum We contacted them to let them know about our event and to ask if we could use copies of posters from the film.

As well as providing them, Ronald Grant, the Curator, attended the showing and had a chat with Mr C.

We acquired a 1953 RAF Flying Officers' Battledress and Cap for Mr C to wear, contemporary with the film, and similar to the one that Mr C had worn.

As Residents arrived they were given their tickets & popcorn to take into the 'Cinema'. Mr C signed his autograph on the Sheet music for 'The Dam Busters March.'



We also had Official RAF Baseball Caps to give out to Residents.

Shortly after 2pm we started the film, editing out the first 30 minutes, which dealt with the early experiments, trials and permissions to develop the bouncing bomb.

This reduced the film to 90 minutes - a more manageable length, without losing any of the account of the aircrew and Mr C'S involvement. After about 50 minutes we paused at a suitable point to have an intermission for Ice cream.

There was a risk that we might lose some of our audience after this, however, considering that seven of our regular group of eight residents had been able to attend, only one left early, the others watched it until the end.





Six Woodlands care-staff were present to support the residents for all or most of the time, and even posed for photographs!



Ms L was the last to leave, watching the last of the credits and waiting for more planes.

**APPENDIX TWO: TRANSCRIPT OF INTERVIEWS WITH PROJECT WORKERS AND CARE STAFF,  
MAY-JUNE 2013**

**Question 1: What role do the different partners have in developing and delivering the artistic practice?**

<p>Zoe</p>	<p>Firstly I get as much information as possible to build the partnership. Making sure everyone knows who I'm going to be, laying the foundation before the work starts. I believe in finding a way to go in and observe, immersing yourself in the environment of the home. I value doing this thoroughly and giving it proper time. Sometimes people think you're not doing anything but it's so important to hang out and immerse yourself in the environment, learning about the culture and feeling it. If you do this you can engage people in a way that can be really productive. I've spent years working in the arts, doing outreach projects, where you see people leaping in to a situation and people don't react in a positive way. I think you need to gain peoples trust slowly before you can get anywhere in exchanging knowledge.</p>
<p>Christina</p>	<p>I gained a lot from working with different artists and learning from their way of approaching and planning the sessions. I have never worked with craft before, and in this project I have expanded my approach into other art forms, to complement my use of dance. When we made good partnerships with the staff, we could really work together and plan the sessions, as they knew the residents really well. In one of the 1:1 sessions I was working alongside a staff member and a non-verbal patient with very subtle communication, because the care staff knew her she could help me with communicating, and she also got a lot out of it. The staff member told me that she tried things with her daughter and then used it at work. She took inspiration from the sessions, we were talking about sensory work and she took me into a room with loads of sensory smells and games, and told me that no one uses the room but now she is really looking forward to using the room more, she has been inspired by the sessions herself. On the cinema day, a resident wore the uniforms and then the care staff got involved and dressed up. Our job is tapping in to the creative potential of the staff and resident, releasing them from their functional role. This changes the way they relate to the residents and to each other. I felt there were a lot of staff members who were really interested, people realised how simple, and part of everyday care the work could become. Sitting with a resident and listening to music and doing gentle movement. It doesn't need to be extravagant. Finding the beauty in everyday things. Everyone thinks movement is about dance, about steps, for me its not, it's about every day movements, gestures, energetic or subtle movements. It's not about learning a sequence, it's about finding artistic expression in each person, the patterns of movement that can be really beautiful. It doesn't have to</p>

	be something acrobatic.
Tony	<p>I think the closest partnership is with your professional partner, if we have worked together before then we have formed an understanding about how each other work and how we instinctively work together. If we haven't, then we gain that understanding as we develop the work. I think this speaks for all the partnerships; our approach is about tuning into each other and not necessarily approaching with a prepared programme. We come with a fresh approach to what the individuals in the group will bring and how we can complement that. Drawing on our previous work, but not being tied to it.</p> <p>It is important to look for something that suits the group. The relationship that is built between the artists and the group is the most important partnership, subject to the individuals/residents that we work with. Their conditions, histories, personalities and how we feel we can bring some of that alive. Bring out from them something that is latent, and perhaps doesn't get an opportunity to express itself. To bring something new to enrich their moment. Then we come to embedding some of that with the staff, how can they use something that we bring in their daily lives. We can't be there at times other than at the sessions, we should not be arrogant and think that we know more than the people who are working there all time, and that they don't know how to work with their clients. We need to understand that they are there all the time and that they have a broad relationship with the residents, which includes all the messy stuff that we don't have to engage with for the couple of hours that we're there. The staff coming to the session with all the previous experiences and future interactions that they know will happen. We have to be sensitive to that, yet try and enrich things while we are there. We hope we will leave something for the staff, which depends on how much time we spend together and the individuals. Rota's for example get in the way, which makes it hard to embed practice. We often have a mix of care staff and people who are training. So students on placements or other training. We engage with them equally, we don't differentiate, but we often notice the difference. That a certain category of long term staff have a certain reluctance, whereas students have no such barriers and are much more immediate and engaged. We have to respect where they are coming from. A student is perhaps there for less time, and it's great that we can engage with them, but it's with the care staff who we hope to engage with the practice; we see some amazing care staff in our work. The relationships we have with the residents, which can become more of a partnership, and there is an interesting opportunity where we form relationships with residents not in the group. In Inglemere I worked on two 10-month programmes. One of the residents who was on the list never came to a lot of the sessions, he didn't like the group, but he came and saw me and I went to see him. I used to find things for him to do, and talk about things. 18 months later I go back for the second series and I see some</p>

	<p>people who I had seen before and some new people and he was there in the hall and continued the conversation we had had 18 months before as if no time had passed. So throughout the 10 weeks he continued the conversations and he stayed for some bits of the sessions. Within a group we are working with the group but also with the individuals and as we get to know them we will bring things that are particular to certain individuals. Some individuals can get a bit lost within the group setting, because they are less verbal/non verbal, or less able to engage. Some might be more withdrawn so you have to spend time specifically engaging with them, with things that will work for them. This goes for sensory work, because many people are non-verbal or less verbal residents. Over time we develop a relationship with the home, which exists above and beyond the relationship with the group. Sadly while we've been working on SLAM two of the homes have closed and I was working in them both when they closed. Beckett announced it was closing during the time I was working there in the group, and it cut the series short because of the move; I was also asked to work on a one-to-one basis at the same time. Because I was there more, I attended the residents' meetings about the move and the staff appreciated that sense of being part of the community and adding something to that in anyway. Currently I am at Christina in Woodlands and working with people who used to be at Beckett, I'm meeting them over a year later in their new home. I know them as individuals as this is the third time I have worked with them. So I know their personal histories and I know some of the staff, who I had contact with at Beckett and that has enabled a much closer relationship and greater understanding.</p>
Chloe	<p>The Care Staff are like a lynch pin when you're going into care setting. You need to have the support of the people working there. They know where people are, what their personalities are like, they know how to move people around the building etc. It is important for partners to joining in with the right sensibility, sometimes the careers can become quite prescriptive and literal when they are working with the residents, they might take away from the natural responses from the older people or want to do the work themselves. They need to be happy to join but not sabotage it. Most just join and learn a lot from the process. Its two different schools of thought, coming together and there will always be problems. We are thinking in an open ended, fluid way and they are thinking in a very time bound, structure focused. So you need to have sensitivity around that.</p>
Care workers	<p>It seems to work quite well, when they came and did one-to-one I thought the communication was really good between Age Exchange and us as a team. We learnt things as well, so when the Project Workers aren't there, we can do it.</p> <p>At first we were having so much trouble finding staff to support the session. We had to consider when to start because it was hard for us to</p>

	find the staff, with the rotas and cuts and things. I will always fight for it. I think it is our residents right to have something like this. Having all your care delivered internally is restrictive and they need outside stimulus. To have somebody to come in from the outside, its new people and a different way of engaging. A different role and a different person. A different focus or different activity. It is there time, their special time, it's personal.
Care worker	M J one of the residents doesn't engage for long with us normally so Zoe looked at his interests (his home in Italy) so she got things from Tuscany to engage him. So he would go and come from the sessions and engage much more. I can tell the Project Workers things about the residents so that these things can help him engage. Family sometimes give ideas and we pass it on to Zoe and Christina.

**Question 2: How important is the planning stage of the project in terms of what you choose to focus on?**

Zoe	I do a massive amount of planning and reflection after the sessions BUT I go in and it could look like I'm improvising. I put together a tight plan but then I go completely off the plan. I have a tree of possibilities and you might go down one branch or another, you have an idea of where it can go and you have a framework but the sessions can develop in the way that suits how things emerge. This works in the same way with the co-project workers and you use everything to make your plan but you've got to take your lead from the participants in the group. The planning happens on so many levels, planning solo, with co-leader, with the participants. Perhaps the word consultation instead of planning is more appropriate.
Christina	I've worked with residents who are less able and I have felt that I have had to have something planned but there are other times when I felt that I had a plan but actually they had so much imagination and so many ideas that I have to leave the plan and go with it. A 1:1 example; I was putting music on, she was choosing the records and she was dancing and tapping her feet and I was just going with that and mirroring her movements, making them bigger, expanding and adding objects in. So the planning wasn't necessary as it was about the movement. I like to always have a plan and then I expect to let it go, it is beautiful, not being in total control of what is going to happen, it can mean that really exciting and unexpected images or movements might come up. It's about being in a dialogue with the unexpected. My background is dance and my starting point is that we are all dancers. Even in stillness there is movement in the breathing.
Tony	The planning stage runs throughout the series. We plan all the time, we don't necessarily pre plan before the ten sessions. We will plan the first session and have some information about the residents. Sometimes we

	<p>don't have that information, even though we should. Sometimes the information is thin and doesn't really tell us much about the people, sometimes the information is inaccurate in terms of personal histories and assumptions about interests. If we have worked together in partnership before (as two Project Workers), we will have certain ways of working or things that we do that we can tune into; we know what each other's skills are. If it's a new partnership we won't always have that. Then we will see how appropriate things are, depending on the time of year for example. With Chloe at Ingelmere, we realised there was a small garden area so we thought it would be nice to do some planting and involve the residents in that process. We had some fun buying plastic flowers, to do display, using colour and immediacy of suddenly having all those plastic flowers while we were waiting for nature. That was because we looked at the space and wanted to give it a lift. That only happened once we got there, so the planning is about looking at what is there and what the vibe is and the people who are there and the individual histories and interests that you know or come to know and what seems to work for the group. Sometimes is appropriate to split into different groups for certain periods of time and that will be planned once you have a feel for it. If there is an expectation that we present a plan of what we are going to do in the ten weeks, if we were being honest we would say it doesn't work like that, but if for some reason we need it, We will do it but we won't commit to it. We need to be prepared to follow instinct and do what feels right. The ideal picture that we might form is not what it's about, it's about what works. What the residents will get something out of. If we do something that is so amazing and showy that it can't possibly be reproduced by the staff then we are going away from what its about. We are not there to be showy, that's not why we're there.</p>
Chloe	<p>When I'm planning I like to talk to my co-worker and then have a structure. I come from a theatre background, so I think about it in a Comedia Del Arte way, we have the bare bones and we work around that. You might have hundred ideas but on the day you follow what works for the people. So I always have a plan but it's a bit like improvising, I'm always excited because I have to be prepared to think on my feet. I like to know that my co-workers are happy to go down that route.</p>
Care Workers	<p>We would sell it to everyone in the team, at first people were unsure about how much Age Exchange wanted them to be involved. But now people realised what is expected of them. We push to engage as many residents as possible, whatever contribution they bring is relevant. I think there is more we can do with Age Exchange. The staff are more aware now than ever before, they have been more involved in things. They were frightened. Being involved in this gives them a sense of belonging and being part of something special, a special role to be part of. It brings the best out of people.</p> <p>We can make sure that the same people cover the shifts, so that there is</p>

	<p>some continuity, team building, and common ground.</p> <p>(an idea that came up during the conversation) When the Age Exchange group starts again we should care plan it. So it's all documented and embedded as part of their care. We didn't do that last time but we need to think about how to document it within the EPJ, then after every session its there. Then everyone in SLAM can see the notes, and they can see the evidence and it becomes built in to their care. (Greenvale are thinking they should pilot this and see if it works.) I think it's important to find a way to document all the work and evaluate it. This way it will be perceived as part of the resident's treatment, its part of the package.</p>
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**Question 3: Do you consider the practice to be arts based or craft based, or a combination of the two?**

Zoe	<p>I hear in my head creative arts and reminiscence. So I keep that in mind. Reminiscence can be all kind of things; it can be a movement and song a feeling. It's hard to pin it down. I use lots of different art forms within the work; I would take the lead from the participants. There is a therapeutic outcomes but I'm not a therapist. I'm just trying to help people to express themselves creatively, remember their sense of personhood. There are other smaller outcomes like cognitive stimulation, breathing, sense of well-being. I sense improvement,, certainly peoples communication improves. Even if a person has forgotten their own name, something about them is still there. It is also about working creatively and making art. That's what I do so that is what I bring.</p>
Christina	<p>I've always been interested in objects. We made objects or things and then we moved with these things. For example we could have a piece of rock and then we painted it and then we moved it. From my point of view it affects the movement and the body. If I touch something that is hard or soft my body responds differently. We were making things that we then used in movement. At Ann Moss with Caroline, we decorated umbrellas and made an installation and then we tried moving with the umbrellas, using the singing in the rain song and spinning and moving the umbrellas. We made hand fans, and then made movements, hiding behind them moving the heads in different ways. It's all integrated. The experience is approached as a whole, its not just one thing but you take everything to all levels. It makes the experience richer and more whole, we approach the residents as whole being not just the condition, approaching on a body, past, colours, musicality and story levels.</p>
Tony	<p>Because many residents are limited by verbal engagement and might be limited by physical pain. We don't want to present in such a way that leaves anyone behind or it means they don't have clue what is going on. We don't</p>

want to alienate them by doing something that they feel so uncomfortable that it pushes people away. We have to find ways that each person can connect with what they can do and we can then bring them out a bit more. Movement is important, within the capacity of what each person can do, we might play some music and do some dance moves. For some people its about rhythm and for some its about moving together and finding some movement memory. For others the sensory memory will be in a much finer sense, so thinking about finger movements. We try and bring all sorts of possibilities to the group. Music is an important factor, so music as mood and creating a sound environment, music as conducive to a particular experience or it might be musical memory, pieces of music they might know. It might be generational, cultural connection. I might bring ballroom, reggae, calypso etc. In one case, one man had been an actor in his 20s and had appeared in the dam busters, and the dam busters raid had its anniversary. The first thing I did was bring the record of the dam busters march and played it in the session and Mr C remembered it and shared this with the group.

Games - I had used these before so I knew that Clayton liked dominos so I bought a large set of dominos that everyone could play, and we all played together. The pieces are nice to hold. We played other games that weren't about how well the residents could do a game but about engaging as a group on something and feeling the items. So things like rolling a ball to each other. The pleasure in the physical activity and group connections. We might also do something more individual, so if someone really likes shapes for example we might bring something for that person to try out and enjoy playing with the elements of the game. We might use dough or clay or plasticine. For some people having that and being able to get your hands in something. So we might have a bread making or scone making opportunity and we will make something together and then sit together and eat it. In one session I bought all the ingredients to make Cornish pasties and we had use of a kitchen, that had never been used, so we became a cookery group. We used a traditional recipe for making Cornish pastry. So we made them and then sat and ate them together. Smell is a very strong memory, we will use seasonally related smell. One group had a theme of islands lives as everyone had come from different common wealth islands so we did something on islands lives we had different spices and vegetables, either the real thing or photos. So we smelt and felt and looked at maps and drew a map of each island and then we put people on that map. An outline of the group on the map. And then made big scrap books for each individual with maps, flags, hand prints, photographs doing all the different things and dressing up (we didn't have quite the resources to do completely traditional. I have looked in to stamps from the different countries and had bought stamps from all the different countries. We showed these to residents, they looked at these (30s-60s stamps) and asked them select a stamp. In almost every case they choose the stamp from the time that they left in the 50s. So we blew the stamps up and stuck them on the front of

	each book.
Chloe	It swings through everything, ultimately its about the person and the wellbeing of the person. Its quite spiritual, because of working with people with dementia its so in the moment. A holistic embodiment of all those things. It is healing. At the moment I'm working with someone and he's self healing. Every session he cries about the same thing, but it's healing. Its cathartic. I'm not a therapist but the process is therapeutic at times, as well as joyful, fun. It's a pendulum that swings through everything. This swings more when you're letting things be person led. Allowing the pendulum to swing comes from having confidence in yourself and experience.
Jean	Creative.... Meaningful occupation using arts and reminiscence. Not necessarily pure arts or reminiscence, but homing in on whatever that human being wants to do. I use arts and reminiscence as and when appropriate, but if someone wants to fold a table cloth I would facilitate that. Weave arts and reminiscence in too - using past and memory were appropriate.
Care worker	It's a bit of everything, a social thing. Something we can do together. For example the calendar, something we made together.

**Question 4: How important is routine and ritual to the work you are doing?**

Zoe	I think having structure is really important. I wouldn't say to someone else they have to do it. For me I like to have an introduction, hanging out part at the beginning of the session, the warm up, and some recapping if it fits the group, then there is the main body of the work, and then sometimes I do two parallel activities. If it suits the person/group I like to cool down, in some way. A very simple workshop structure, sometimes there might be an element of learning or practice, before some sort of exploration.
Christina	My idea of structure in a session is to have some kind of warm up (movement, drawing) preparing and introducing things. Then it's the creative part when you want people to be engaged. And then there is some kind of closure. It really depends; with Tony we play the same game at the beginning of the session (a ball passing game) this helps residents to connect that this in 'that time'. I don't think we should get stuck to that.

Tony	<p>It has a place. We often start with something familiar. We start with a warm up (throwing the beach ball) we haven't done that every session but we have a beach ball that is a globe. This game because a way of passing something, so passing it to 'Clayton' and then indicating that Clayton comes from Jamaica. So it was also a journey, so indicating the travels that residents have taken. In one session this produced an extraordinary response, Milly started singing a French leaving song and then Clayton sang a spiritual song, which he had never done before. You won't necessarily reproduce that or make it happen again. So that works, its familiar, connects people, and opens things up, we like to have familiarity. There are other things we will use every so often, for example I use a coloured parachute because everyone can hold it, its got colours it creates a breeze and a movement and you can add different things to it. It's not for everybody, so we use that occasionally. We bring small instruments, percussion mainly, hand drums, bells, shakers. Everyone has an instrument and then we might accompany a piece of music or just play together and make sounds responding to each other.</p>
Chloe	<p>I think that's important, it's a comfort for people. It sets the tone, a bookend, a beginning and an end. It's an anchor for everyone. Things like cups of tea, Zoe and I created an internal weather line, with storms and sunshine and other weather in between. When you arrive you hang your sock where your internal weather sock would be and then at the end of the session this has changed. An evaluation tool and a marker</p>

**Question 5: What are the challenges and successes in transferring skills between the partners?**

Zoe	<p>I think it is a very complex thing to try and achieve this skills transfer. The issues around it go way beyond what we are actually trying to do. The power structures, the NHS, insecurities about jobs, the way people work, the management. Really basic things that affect how they feel about the patients. That is the same with staff training. If you'd asked me three years ago I might have thought that there was a benefit to the osmosis way of learning but actually having spent more time in nursing homes I think more time spent one-to-one with staff is better. At Greenvale I worked closely with a care worker called Sandra (on a one-to-one project). I showed everything I did, she got involved and then at the end I had a meeting with her and I realised that even though she had seen it all she didn't really understand how she could do it. The leap between me doing it and her doing it was much bigger than I thought. I needed to sit with her and go through the bits she liked and help her think about how she might do it. The best way is a very tailored and bespoke approach. You can't make assumptions that people are picking stuff up, things that we think are simple or pleasurable might be horrifying to everyone else. For example singing is some people's idea of hell and we're asking them to sing while</p>
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	<p>they work! The staff have to deal with a lot of difficult stuff, emotional and they have to keep themselves separate, we go in and blur those boundaries and cross the lines and that challenges the staff's survival tactics. It's big. But really what they need is a one page of ideas that they can come back to. A little tool kit. Clear simple tools that they can relate to, this is where there is a slight tension. My whole life is about creativity and we are asking people to join us. I did do that to a degree with some of the care staff, you just have to find a way that suits them. I feel a responsibility to share this with the staff.</p>
Christina	<p>After we finish we leave so we don't go back to see what is happening. It would be good to go back and see what is happening. But I do feel that there is influence on staff members and they get inspired and want to do things. Seeing how simple things can be. But it's not for everyone; people need to have the will and the skills/time to develop ideas. I hope that there has been transfer and inspiration. The cinema day, could happen again, sharing and showing the small things. Playing games, like at Woodlands, is really simple for the staff members to do. Staff members have said before, 'we play dominos in this wing but not the other wing', sometimes they need to be reminded what can happen quite easily.</p>
Tony	<p>It's hard to do this in an overt way. We do it and then you have to go. We just hope that we are able to involve the staff in something that they feel they can take back. Even in a small way. At Ingelmere we had a couple of staff who were there most of the time, so we worked closely with some individuals (it was a small group of about 6 some had been moved because of closures etc. So because of that we had a smaller group and we tended to work with me and a member of staff and two or three residents and then the other project workers and staff and residents. So we might do painting or shape work separately and then come together. I bought in a large piece wooden jigsaw, large pieces with a colourful picture but it was achievable, the smaller more cardboard more difficult jigsaws which weren't appropriate for older people and those suffering from memory loss. Because this worked and we did it together the staff member then bought wooden large jigsaws for the home and started using them. She had never thought of that before. Doing things individual and then bringing them together as a group. We had two people who shouldn't be together and so we sat them at diagonal ends and you had to be aware that they might flair up. We did some work together with them, the care staff were there to see possible options of these two working together. We have had parties often as the last session and people who we have never seen will appear, perhaps the cooks or different people will appear. I remember playing a particular African song and someone turned up (staff) and said that is my language and came searching out the music to find out more. Trying to get beyond their assumptions and passing on information from the sessions to care staff so they know more about the person. Perhaps you give Charles the chance to play god save the queen again. In the pressure of life as a care</p>

	worker that can sometimes get left out because where is the space...
Chloe	It depends very much on the individual, how much time they have and how interested they are. I think it can be brilliant, there is one woman that I worked with, Sandra, she was really into the idea and she found ways to incorporate ideas in to her care routine. If the carer is getting something out of the older person and vice versa. It makes it personally and not just to do with work. With Sandra and the patient, they both had a shared interest and this made it much more human, they came together and worked on something together. If you can enable that in people, but you need the inspiration and they need to be inspired enough to do it themselves. Everyone is overworked but also you're crossing cultures.
Jean	Ms A used the work to understand different ways of working with people in later stages of dementia for example dismantling received ways of working, in as much as certain activities were previously undertaken without any thought to individual needs and what they might be able to and interested in doing. Building confidence in doing new things and finding things that she thought she could test out. Conceptually sometimes abstract thinking was not that easy for Ms MR CA to understand. It was a greater challenge with people in later stages of dementia.
Project workers	<p>For our staff, they are seeing the residents in a different light. They might think Mr J cannot engage, can't do X Y Z and then they see Mr J in the garden having a coffee with Zoe. They see the residents in a different light and they think that you can actually engage with him.</p> <p>You are sharing experiences, you always learn from each other. When the staff learn something they pass it on, they are proud of learning something and they pass it on. Sandra and Iris were proud; it brought something out in them. It brought out a more positive attitude to the residents and their work.</p> <p>Doing something important and getting something back. The caring role can feel quite one way, so working with Age Exchange is a way of having a much more dynamic and two way relationship.</p> <p>The beaded bottles were used on another project. The little things live on, the residents made them.</p> <p>It's the reason why we are doing these things. We need other things to help us, and work together.</p> <p>It supports us, with the limited resources that we have. That outside input. We have skeleton staff and so in order to have quality engagement with the residents it is vital and Age Exchange provides us with that.</p>
Project worker	Another way in of working with the patients, it was refreshing and reenergizing. Things to think about, things you can do that when Age Exchange have gone. It encompasses things that I already had and

	exchanging ideas of things that I could do.
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**Question 6: How do you ensure you are responsive in your sessions to the needs of the participants?**

Christina	I like to think that I respond to people within my sessions but it really depends, some settings I work in we have very specific goals. However if you have space to be completely responsive that can be wonderful. I approach the residents with a very open attitude, compassion, and a soft approach and if you provide the space and the input then there will be some response at some point in time. All the project workers are experienced, we talk with each other and we are given trust by Age Exchange to do a good job. It is important to create an active space and we take that feedback and we spend lots of time planning the sessions that is how we build on things that happen. We spend lots of time thinking but it's the nature of the work that we can't say this is what is going to happen. The most important thing is respecting people for who they are, I don't want to impose expectations on people.
Tony	I'd like to think that we are, although sometimes we miss it. Sometimes people can get left out but we hope that's not the case. One session we carried on because everyone was engaged but Irene seemed a bit distracted. We might pick up on that and try and re engage her. We can't always pick up on everything and sometimes people don't come for all sorts of reasons. Sometimes people get forgotten, usually when it's someone new. That can be disappointing. Sometimes we might pick up on something that hasn't happened in the group. For example at Woodlands, we might go in and see someone from the other wards to check up on people who didn't come the week before. If we know that someone is not having a great day but they are still coming we will make sure they are given some attention.
Chloe	When it's a group you can respond but not fully to all the individuals, you have to think of the group feeling. You have to let go of your ego, I can get over excited, and find a way to be really in the moment. You have to be a detective, a lot of the time people aren't going to be obvious and upfront about their needs and insecurities and wants, and they might not have the verbal ability to express it. They might show this in their choices, body language etc. so you have to be a detective. Having time to reflect is important, it's a bit like a storm (the performance and the presence) so to reflect on the session or the one-to-one as soon as possible can give you more insights and allows you to continue on something that really worked.

**Question 7: What elements of risk are involved in the work?**

Zoe	I take lots of risks. We have to push the boundaries, there are so many rules and regulations and they end up doing nothing. Having no creative outputs because they can't pin things on the wall. I take items in that might not pass health and safety tests. But having worked with someone who had very advance dementia, and aggression, but we cut things out with scissors and it enabled him to use his hands again and make things. You put measures in place to make things as safe as possible, but risk is what makes it work, it allows you to do things that are different. Allowing people to go beyond what they normally do. I'm still learning about this but I value it. Equally I'm really aware of safety and comfort and rules and keeping everyone happy. When I break rules it's tiny things but they can feel momentous.
Christina	Being with the unknown and being responsive, trusting that people will respond.
Tony	Yes they do. Because we are working with memory (in the broadest sense) some elements of memory have a history that is problematic, for example for some people it might be touch. You won't necessarily be able to pin anything down but certain activities might take a risk. For example wartime, you are dealing with a time when people might have been present during times of bombing, they might have lost people, they might have been evacuated, or lost family etc. so you have to aware that there is a personal history there. That is taking risk and it requires a sensitivity and responsiveness if something is causing distress, but we don't shy away from trying things (obviously within reason) but we will maybe try and extend people a bit and take them a little bit out of their comfort zone.
Chloe	You have to be prepared to take risks, life isn't risk free and a lot of these people have lived a long life, you don't want people to feel vulnerable you need them to feel safe in order for them to take risks. At the moment I have a gentleman who is doing a lot of crying and I need to go with that. It is a creative environment and its not just about pretty pictures on walls it can be a bit gritty. If something is going to come out it's going to come out. Allowing something but not wallowing in it. I thin risk is good.
Care workers	<p>But you have to try, and make mistakes and that way you learn. With Dementia it's even more important to try new things. Keep the brain stimulated; we know music helps, one-to-one time but we need to keep trying more and more things. Things that we might think of as normal, that institutions rob you of.</p> <p>We need to change our way of thinking, we used to think more activities more things to do more pressure but actually it takes the pressure off. It</p>

	helps the staff. Its' not actually another thing to do. We don't need to own it all, 'if we can't do it no one can do it' but that's changing. If we're doing something that's not seen as nursing. But actually those normal things are a huge part of the treatment.
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**Question 8: How important is the group element to work you do?**

Zoe	Often the aim of the one-to-one work was to encourage people to be more social, so one of the goals of that was to increase or enable friendships. In the group work it was a really important social focus, with people working in pairs and the group working in a collaborative activity. At Ingelmere, there was one gentleman who didn't want to interact with the group but he did want to interact with us. If someone is living in a shared environment, the ideal is people find friendships but actually people come from such different backgrounds, it's so difficult to form authentic relationships. But when you can get people to be more social it has other affects on general wellbeing and health.
Christina	I feel what happens with the group is you work with the dynamic of the group. All the individual energies make that group dynamic. You have to work with that, and use that in the way that you are going to work. The groups were valuable because of the connections the residents made with each other. They sit in the living room together but they don't know each other so doing a game or activity together really connects people. It was important for the staff to see the residents in a different way with each other and this could impact on their relationship in the future.
Tony	Within a home setting some people live in their own little bubble, they collide with other people within the space but they can easily not engage or only engage in a hostile way. It's hard to suddenly live in this community and you've lost some sense of who you are. So bringing a group of individuals like that together in a different space for some people it might be the only time that you are presenting them with the challenge of how to negotiate themselves within that group. Some people find it easier or more difficult. However they have just as much right to be there. In a different context you will have the individual or dominants within this group we have to be very aware that that could happen and we need to make sure that others don't get pushed out.
Chloe	It's fun to be in a group, it's interesting, they get to chat. A lot of people are isolated. To have a dynamic you need more the two, that fun banter and frivolity and laughter can happen in a group. As long as people have smiled and laughed and their energy has shifted that is as good as anything.

Jean	<p>Interesting, Ms A determines her own needs and sets goals. Organisationally [here Jean is referring to the care home or management of the care home] she was required to run group sessions but one-to-one would be better. She chose a group with very complex needs and that she saw couldn't easily be worked with in a group. Two members of the group had a non-verbal relationship and we started to think about how this non-verbal communication might be supported. They used to do things like swap shoes. We began to try things like sitting them opposite each other, not just next to each other, and engaging them together in things that involved touch and feel and music.</p> <p>Ms A was initially required by the home to be in the day room and ran the sessions on a table in the corner. Part of the remit of the mentoring was to find another space to work in that was more appropriate. In the day room she would get called away and other people came over to see what she was doing. She needed space to concentrate and where we could hear better. We tried the dining room, which seemed more appropriate.</p>
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**Question 9: What moments of silliness occur and how important are they?**

Zoe	<p>Being silly is another form of risk taking, its breaking the rules. There is a culture within the NHS to encourage 'appropriate' behaviour and I pay no heed to that, I would behave in a childlike, silly, cheeky way. I would meet people where they are at rather than trying to change behaviour. If someone is blowing raspberries I would go with that and make sounds with my mouth, I'm trying to be creative with whatever they bring to the table. A woman at Greenvale, she would get extreme highs and lows and when she was really high she would sing loudly all night long and keep everyone awake. I had this feeling that perhaps if we could have done some really loud singing perhaps she would have slept better. I would use the words, playfulness perhaps instead of silliness.</p>
Christina	<p>Silliness is part of life. We want to do sessions that are authentic we want to tap into their lives. It is important artistically to work with every day movements and the beauty of simple things. We don't bring it on purpose but work with it when it is there.</p>
Tony	<p>It's always good to have some fun and to get silly. One thing that we did with one group, we started making faces. There was someone who used to blow raspberries, so we did it back and he smiled so we did it again. So we looked around and did it to someone else, so we passed them around and then we started pulling faces around and changing them and everyone was joining in and most people were laughing, some people looked puzzled but</p>

	we had this mini moment. But it came from a resident.
Chloe	You don't want to be silly all the time but to be open to having fun and laughing is important. I know when I have a really good laugh I feel a real sense of relief. Laughter relaxes people. There needs to be the colour of laughter, sadness, interestedness, and quietness.
Jean	Sillyness with Sara [one of the residents]. She sang very loudly. Ms A was confident with her because she was communicating with another Jamaican. They would laugh at words I didn't understand. With Eve [another resident], Ms A and Eve were two women raised by parents who were both butchers laughing about butchers activities [I think their fathers were both butchers]. The carer cared for relationship fell away and they were just two women having a natter about something they enjoyed.
Project workers	They made it fun, using different music, music that the clients new and liked. It was motivational for them.

**Question 10: What are the strengths and weaknesses of working in a pair for team facilitation?**

Zoe	Its brilliant, I have worked with some fantastic people. I have learnt so much and its great to bounce ideas of someone and it really spurs you on. I have found it useful from a creative point of view, more than anything else. Sharing ideas and starting a ping pong of thoughts. Together you can then build it up into something. Noticing things together and the support element. It's kept the work really interesting and fresh, being able to work with lots of different practitioners.
Christina	This year we had the chance to meet each other and pass on skills to each other. We did skills exchange days. At the beginning of the project I didn't know the artist I was working with and I didn't know them or their approach so having those days to meet each other it was so beneficial and now when I work with them I know how they work and what they bring. So we are starting from a different and more advanced level. Start from a more in-depth point.
Tony	Enormous strengths. It can feel really exposing when you work by yourself. You can switch into performance mode. I was asked to do a session at Ladywell day centre. There was a group of about ten people, and someone was meant to be working with me but they weren't there. Suddenly I had 40 people and I thought 'are you serious' so i turned it into a Kilroy and people had a turn in the microphone and like a giant chat show. So it was a performance. Individual it is more like that. When there are two of you, you have more resources and an understanding of each other. We have built up a collective bank of different experiences, skills, understandings etc. We bring out various bags of tricks some, which work best in various situations, but between us we can draw on more so we can go further. We still get times when we think a session was not good but hopefully there are more

	that work than those that don't.
Chloe	You both go in on the same page, and you both know what each other has to share. You have a short hand for communicating. I'm working with Zoe at the moment and its very fluid the way we work. It's having a intuitiveness with each other and knowing when to hold back and when to give out. You feed of each others' energy and ideas, and this builds naturally The weaknesses are when that doesn't work. Somebody might have a very different approach to you and you don't gel and it can feel a bit like being in the wrong gear.

**Question 11: Do you feel the work you are doing in the sessions changes the space at all?**

Zoe	We physical change the space, by decorating it and that is something that many of us have played with. Making the space look like something else (cinema, night club) The activity can change the mood and the feeling. I know how I respond to different decoration of a space but I just don't know what the people with dementia are feeling when we turn their lounge into a night club.... Its an interesting exercise for bringing people together, the residents and the staff come in and have a look, they see something different and the ripple affect reaches everyone. So it is an important part of what we do, but it goes further than the space we are working in, creating energy that radiates out. You have your circle of participants and then it circles out on different levels of engagement, from the core to the people peering in or seeing the work later that day. They are participating, you might say you're working with 5 but you're probably working with 50.
Christina	Yes, and I hope not just for the hour. I feel the atmosphere when I enter and then I feel the change when we bring colours, and music and movement. Bringing a creative approach to life and illness. There have been spaces that we have practically changed also, decorating and installations within the space. In Ann Moss we put pictures of the residents up and umbrella installations, everything we made we used to transform the space and made the space something that the residents created themselves. Also psychologically the spaces have been influenced. We bring a new approach, a new way of being and engaging and that has an affect on the space. The relationships in the space are changed.
Tony	We deliberately try and change the space. I was working with Zoe, it was the first or second session. So we decided to talk to all the individuals before we brought them together in to the small room we had. So we had picked up various things from people beforehand. So we decided for the next session that we would pick up on one person who had grown up in rural Norfolk and so had some experience of country-dance. So we created a maypole from the light and then I bought in country-dance music. So everyone came in and had the ribbons and had a dance with the music and with bells and shakers. The tiny room became something different. Another

	time, Eddie had a real thing about Frank Sinatra, we turned the room into a Rat Pack room, so we covered the room in posters, tablemats, fabric etc. and played music. So we transformed that space.
Chloe	During the sessions it completely changes the space. Legacy can be left on walls. Energies in a theatre after the audience have gone so I feel we might leave those energies but I don't know. But we change the energy and atmosphere in the space during the sessions.

**Question 12: How important are the relationships between the participants within the sessions?**

Tony	I think the sessions can impact on these relationships and this can be taken back into the life of the home. I noticed in the game where we throw the ball around people start to say each others name of someone who is in their space. Someone who they have little contact with they will use a name and interact. I would like to think that is taken further. I know there have been times that two people who have been part of the group have then sat together later in the lounge. It might be someone who is new to the home. They came to this group and they made this connection.
Chloe	Its great when it happens, because there is a human connection. In the care homes people identities can be lost so if they can connect with each other, through whatever they are doing together. We did some storytelling and everyone joined in making a fun story together. And sometimes people discover new connections from the pasts. Its great when people find a way of communicating, some sort of common ground.

**Question 13: Do you feel there needs to be a balance between abstract and naturalistic approaches to the work?**

Christina	Different in different context. Some people want the structure and some people respond better with a more abstract approach. You need to respond to their needs. I like the abstract approach personally, but you need to support it and inspire people to work in an abstract way. You can't just give them a piece of wood and wait, there needs to be a concept or something to start from.
Tony	I come from a position of personal history, family history, and personal and community history. So I am looking for access into that and using that. We're looking at seeing that person through whatever medium we are using, through whatever opportunities. With one group we decided to have mask making, I bought lots of templates with Chinese, African, Italian, some fantasy, some animal. All on card, we cut out and then put them on sticks

	or string and then they could decorate them. What we noticed was how the personalities came through in the choice of masks. There was a woman, who had come from a part of Germany, and she had started talking in her original tongue, she would mutter that. She would go around smoothing and tidying things and folding material. She chooses an owl mask that we then decorated together.
Chloe	With people with dementia, it is fantastic to go to abstract place. People can be scared of abstract art. To be able to be linear and practice is good because people feel safe but to be able to go to into abstraction is even better. That's where the book ending works. I'm working on a one-to-one at the moment, and the gentleman is very visual. I said I'll go around and have a look and he said but you're not a round you're more of an oval and I said I guess that's true if I was a round I'd roll down the hill and then he came out and said you're wonderful. So you have to be bouncy and flexible in your brain. If you can match and accept their abstract thinking that can make them feel very safe. Dancing the dance with them. And I find that really good fun.

**Question 14: What do you see as the legacy to the Hearts and Minds programme?**

Zoe	Sometimes a cook or a daughter in law will come up to you and know about the work you do even if you haven't met them.
Christina	All of them are important, the staff, me, Age Exchange. We've all grown through this project; I feel I've grown. I feel I have become simpler, personally and artistically. I appreciate that I met all these wonderful people, residents, colleagues, staff members. it was a good journey for me.
Tony	On an immediate level, I hope that some of the practices find their way into the homes where people are living. I'd also like to think that... We have a medical model so the medical needs define the physical space, the attention, the care etc. It's at the top of the hierarchy and right at the bottom are the social needs of the person, having an identity, friends, family, interests, and personal history. Outside of this context these things are paramount. In the home with the medical model the other elements get lost, they are still there in some degree but it's not important. There are care staff that do that but it's down to individuals it's not a shared joy or interest within the space. I'd like to see more recognition of that. People will say yes but I would like to see that we can move towards a different model that is like about the hierarchy of pain and physical care and recognise the other bits that make it worth living.

Chloe	All of this stuff that in life is taken for granted, and taking them back in. So taking the bits of life and unpicking them and bringing that in somehow.
Care workers	We can show case Age Exchange and show how well the residents have responded, how the residents need this stimulations. It's really important!  The calendar that is still here and being used. Something tangible, that they can see. It's still being used even though it was made a while ago.

**Question 15: How important is it that the Project Worker role is an artistic role?**

Christina	I have a therapeutic approach also, arts and therapy have different form and different ways of working but they don't have different motivation. The motivation is to engage people, to make people feel better, to bring light. I feel there is a lot of power in the arts. I do believe there is a creative potential in everyone, at this stage of their lives the people we are working with. it is important and valuable to remind them of their creative self because it doesn't rely on their cognitive function, so it's reminding them that they're not just their illness but there is much more to them. Arts have a powerful way of doing that.
Tony	Its brilliant. I went into one place and they thought I was a music therapist. I have a collection of music that I can use but I think you don't have to be in one box. It's about working with this group in this context. There will be things from other contexts that I might not use. I am looking forward to working with some new workers, who I have only met at training so that will be really interesting. I had a chance to do a session with Kristine, and I had a chance to get to know her a bit and hopefully it will work. If we were all traditional reminiscence workers it would be a shame.
Chloe	Whether you're practising artists or have an artistic brain you need to be able to go those places. I'm not really sure what an artists is but I think it's about accepting that life isn't black and white and its being prepared to go into the grey area. You need to be prepared to go there, there is no right or no wrong.  E.g. We were enacted the courtroom scene in the Merchant of Venice (she was Antonia, I was Portia, and her career was Shylock) and that experience was just as powerful for me as watching the M of V at the RSC.
Care workers	If they can come and sit and engage with our patients they are artists and have skills. They have very special skills, they need to have an

	<p>understanding and empathy to do that. It takes special skills and training and patience. It's not easy to engage with the residents.</p> <p>We can't do that we don't have the time to do that</p> <p>It brings a bit of normality in, something from outside of the institution.</p> <p>The one thing I really felt I made the right choice about was asking for a one-to-one with Mr J. It was a risk but I feel so proud that we did it. How do you know if you don't try?</p> <p>It's having the skill to think of the simple idea.</p> <p>We have to offer our residents everything, and not give up on them.</p> <p>Staff are not the only people who can do that job, there are other people who also can support them</p>
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**Question 16: What have you learnt from working on this project?**

Zoe	<p>It has fed into all the work I do with older people, nursing homes. I have learnt such a huge amount; there are always things that can be transferred. It was supported enough, I was always supported through issues. Working with the other project work is part of that support. Jean a good person to talk to. Training that Age Exchange gave us was amazing.</p>
Christina	<p>It has inspired me in many ways, I am interested in embodiment and I feel that I really witness the embodiment of these people's stories. I want to think about it because it has helped me grow as an artist. The importance/value of being authentic, being compassionate. Searching for something deeper, I work with all these people and looking into their eyes as been so powerful. There is a lot of stigma surrounding dementia and this has helped me personally to understand that it isn't scary and there is much more to it.</p>
Tony	<p>I came to Age Exchange, from a background of community development (decision making, change, having a say, finding a group identity) this got me involved in setting up a community history group. So later when I came to age exchange, with an interest in reminiscence, to work more specifically on that but because there was another part of my history (I had become a</p>

	<p>carer, so I was a full/part time carer) So I brought an understanding of the carer's role to this context. I had my own experience and understanding of this that I could draw on. SLAM has impacted on my professional development immensely. With Age Exchange I worked on oral history projects and reminiscence. In both there were people with memory loss and dementia but it wasn't such a focus on such a complex care setting, where everyone is there for dementia. So this was the first time that I had to engage with that, which has brought a whole load of learning. It has advanced more and the work has become more enriched. At first it was quite a shock, starting with SLAM and working in care homes came with a whole set of challenges and that has meant for all of us we have had to do look at our assumptions and question that and perhaps we went in with some arrogance at first thinking we could provide this wonderful experience between than the care staff. The SLAM relationship is one of expecting something from the staff and hopefully leaving something behind. Its not like the drama group coming and doing a piece, the way we are working the thinking is that it will have an affect on what goes on in the home. And with Guys and St Thomas project starting up its even more the case.</p>
Chloe	<p>I have written a dissertation about Age Exchange work. I found the work exciting and I wanted to write about my experience. I find the work very human and pertinent. Although you're going in there as artists to explore the grey area, you have to open heart, soul and mind. You have to open yourself up to the experience of the other person in order to change and help them. The act of doing that leaves you vulnerable so its about finding that egg shell protection that means you can let things in but protect you enough. Wiring was part of my personal way of working through that difficulty. I don't absorb so much and its made my work better. I needed support from the care staff and Age Exchange. You are sharing and engaging your artistic talents and skills to enable others and through that you do get affected.</p>

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