

For all who work with people with dementia

Vol 25 No 6 November/December 2017

Ambitions for the arts

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Bringing arts interventions into care settings

Opportunities for arts activities in care homes are often limited and their value may go unrecognised. **Emma Broome** and colleagues ask whether a more ambitious approach is required

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Thanks to Kate Duncan, Pam Raith and colleagues at Nottingham City Arts for the photos here and on the front cover, showing older people in Nottingham care facilities engaging in the arts. Workshops with residents of four Nottingham care homes and theatre practitioners led to a co-produced puppetry show called "Mrs Brewster Moves House".

rtistic and creative activities are increasingly recognised as tools to support people with dementia. They can share these activities on equal terms with everyone else and the arts can help them to overcome the barriers they often face through cultural participation and social engagement. Participation in artistic activities provides mental stimulation, exercises existing skills and offers new learning experiences.

There are thought to be 300,000 people with dementia in UK care homes (Alzheimer's Society 2013), but access to the arts can be a problem for many of the older people living in them including those with dementia. "Imagine Arts" is a threeyear programme, managed by care home provider Abbeyfield and led by City Arts Nottingham, to introduce a programme that challenges, engages and enables older people to have access to new arts activities in local residential care facilities.

Here, we will focus on the problem itself, describing arts-related provision in some of Nottingham's care facilities as it was before the Imagine Arts programme started. It is based on our interviews with managers and activity coordinators in eight residential care homes, three sheltered housing facilities and two day centres, exploring their views on arts-related activities in their workplaces. We will report on the outcomes of the project at a later date.

Cutler *et al* (2011) noted that the enthusiasm and motivation of care staff are critical for effective engagement with arts activities. When resources are limited, care homes tend to prioritise the physical needs of residents rather than psychological and emotional needs (Harmer & Orrell 2008; Lawrence *et al* 2012). Any innovation introduced to a care home where there is no support from the manager and staff is unlikely to be sustained.

We found that a range of arts activities were provided in the facilities. There were both "receptive" arts – i.e. listening or viewing activities - and "active" arts – i.e. activities in which the residents themselves participate creatively. Receptive arts included listening to music and being read to. Active arts activities included crafts (e.g. mosaics, knitting) and some digital arts (specifically, karaoke using a tablet computer).

Arts activities were a relatively small part of overall activity programmes and were mainly organised and delivered in groups which were led by care staff. One-to-one activities were delivered



less frequently due to the costs. Nine care facilities employed activity coordinators, whereas only one facility employed a qualified arts therapist. Most activity programmes were focused on games, beauty therapy and outings rather than receptive or active arts. However, craft-type creative activities, including knitting and card making, were undertaken regularly. Such arts activities were externally organised and invited into the facilities, for example musical performances, were either delivered on a voluntary basis or paid for by the facility.

Attitudes to the arts

Overall, managers expressed positive attitudes towards arts-related activities. As one manager said: "I think creative arts is what [residents] really enjoy the most". Managers and activity coordinators saw value in the arts after witnessing first-hand how engagement could improve the mood of residents and day centre visitors.

Some facilities personalised arts-related

activities according to people's interests. If someone demonstrated an interest in a particular activity, the facility would help to provide it, usually on a one-to-one basis where costs allowed. Existing arts-related activities were primarily delivered by activity co-ordinators, although they sometimes lacked confidence to do so independently and tended to invite professional arts practitioners from outside for more complex activities. One activity coordinator said: "Art always works well when you get somebody in from outside...they know how to work with all the different kinds of people, whereas I just make it up as I go along half of the time."

In some cases, engagement with creative activities was used as a distraction for residents facing end of life issues. But nobody we interviewed commented on the underlying value of art as a source of aesthetic pleasure to staff and residents alike.

Expectations of residents

Care home managers and activity co-ordinators felt that residents would be reluctant to get involved in arts-related activities, especially those based on tablet computers. WiFi was available in most settings, but was used largely as a means for stimulating reminiscence rather than facilitating arts-related activity.

Several managers expressed a belief that individual digital art activities were not appropriate for people living with a cognitive impairment. One manager, however, was compelled to challenge her own assumptions when she observed a resident's positive response to tablet computer-based art.

An interesting disagreement arose concerning the display of an artwork which a resident had painted by numbers. Other residents and relatives suggested that the work was juvenile and not of high enough standard to display. One manager commented: "I think it was like colour by numbers that had gone up and they said it looks like a child has been living here."

Obstacles to the arts

The cost of arts-related activities was considered a barrier and in an economic climate of austerity it was deemed unreasonable to expect arts activities to be a funding priority. Understandably, physical care needs were the primary concern. The expense of employing a professional artist was mentioned as problematic by several interviewees.

Disability was also seen as a barrier to participation in arts activities. Impairments such as lack of dexterity and cognitive problems were regarded as obstacles to arts participation in several of the care facilities. Mobility problems also made it harder to engage with the arts in community settings.

Discussion of findings

We found a limited range of arts activities, mainly facilitated by the facilities' own staff with occasional visits from external professionals. Activity co-ordinators appeared deferential towards external artists, which might suggest that



they would benefit from training and reassurance to provide more innovative creative experiences in their care home setting.

Most interviewees regarded the arts as a means to promote wellbeing. But there was no mention of the inherent value of arts-related activity for people with dementia and interviewees did not reflect on how participants and care staff regard the purpose of engagement with the arts. The example of whether to display painting by numbers showed some differences in view about the purpose of the activities.

Along with financial constraints, individual impairments were cited as obstacles to participation in active art activities. Interviewees appeared to emphasise impairments rather than the preserved abilities of people with dementia (Malone & Camp 2007; Perrin 1997; Ullán *et al* 2011). Involvement of family and care staff to facilitate arts interventions has been identified as an important factor (Osman *et al* 2016) and may be worthy of future consideration.

Contrary to the low expectations we found among some of our interviewees, digital technologies are becoming more widely available and findings from a pilot study (Upton *et al* 2013) suggest that touchscreen technology can increase communication, engagement and quality of life. > Photos opposite and above by Kate Duncan, City Arts

They are all photos of older people in Nottingham engaging in the arts, which at least gives us a generic caption. Emma does say something about the puppetry pictures specifically. Could caption them "Workshops with residents of four Nottingham care homes and theatre practitioners led to a co-produced puppetry show called "Mrs Brewster Moves House." Photo credits to Kate Duncan and Pam Raith are given in the jpg captions supplied.



Rather than using it just as a tool for reminiscence, Imagine Arts will explore how digital technology can be used to produce collaborative art work and to connect with cultural events. Further research is needed to identify the particular benefits of digital art technologies for individuals with dementia.

An important aim of Imagine Arts is to broaden the ambitions of residential care and other care facilities by introducing arts practice that challenges, engages and stimulates people who live and work in the setting. We hope that some aspects of the care climate may be altered over time by participation in Imagine Arts.

In light of our findings, our project aims to empower activity coordinators and other care professionals by developing their skills and sharing learning in sustainable ways. Tools and resources will be produced to assist in the integration of ongoing programmes of art-related activity.

The results of this study paint a varied picture across participating care facilities. Our challenge will be to support both staff and artists to engage







older people effectively, a task that will require changing cultures to raise expectations and make access to a variety of arts experiences universally available.

Acknowledgements

Many thanks to the care home managers and staff who participated in this project. Also to Kate Duncan, City Arts Nottingham, and Sharon Scaniglia, Nottingham City Council, for their support and advice. Imagine Arts is funded through the Arts Council England and the Baring Foundation's Arts and Older People in Care fund.

References

Alzheimer's Society (2013) *Low Expectations: attitudes on choice, care and community for people with dementia in care homes.* London: Alzheimer's Society.

Cutler D, Kelly D, Silver S (2011) Creative Homes. *How the arts can contribute to quality of life in residential care.* London: Baring Foundation.

Harmer BJ, Orrell M (2008). What is meaningful activity for people with dementia living in care homes? A comparison of the views of older people with dementia, staff and family carers. *Ageing and Mental Health* 12(5) 548-558. Lawrence V, Fossey J, Ballard C, Moniz-Cook E, Murray J (2012) Improving quality of life for people with dementia in each between undergoard interventions work. *British*

care homes: making psychosocial interventions work. *British* Journal of Psychiatry 201(5) 344-51.

Malone ML, Camp CJ (2007) Montessori-Based Dementia Programming: Providing tools for engagement. *Dementia* 6(1) 150-157.

Osman S, Tischler V, Schneider J (2016) 'Singing for the Brain': A qualitative study exploring the health and well-being benefits of singing for people with dementia and their carers. *Dementia* 15(6) 1326-1339.

Perrin T (1997) Occupational need in severe dementia: a descriptive study. *Journal of Advanced Nursing* 25(5) 934-941. Ullán AM, Belver MH, Badia M, Moreno C, Garrido E, Gómez-Isla J, Tejedor L (2011) Contributions of an artistic educational program for older people with early dementia: An exploratory study. *Dementia* 12(4) 1-22.

Upton D, Bray J, Jones T, Upton P (2013) Touchscreen technology the evidence. *Journal of Dementia Care* 21(3) 16-17.

Photo below by Pam Raith, City Arts