



# **A qualitative evaluation of psychosocial outcomes of the Creative Communications pilot project for people with dementia**

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The Creative Communications pilot project was delivered by the 'energise, dance, nourish, art' (edna) project team, who were commissioned by Avante Care and Support to facilitate the programme at one of the care homes in their network. The project was funded by Ideas Test (Creative People & Places) in addition to Higher Education Innovation Funding awarded by the Faculty of Health and Wellbeing at Canterbury Christ Church University.

Photographs used in the report were taken by Gary Weston of Spaghetti Weston Ltd.



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## **1. Executive Summary**

This evaluation was designed in order to explore the impact of the Creative Communications pilot programme (a six week programme of person-centred dance, movement and visual arts) on participants at a care home. Timed observations of the sessions were conducted as well as semi-structured interviews with care home staff and the project facilitators. Through the use of observation scales, a number of outcomes were assessed including commitment, creative expression, embodiment, verbal and non-verbal communication, wellbeing and satisfaction. The interviews assisted in exploring from the professionals' and facilitators' perspective the impact of the project in these domains as well as exploring further key themes regarding the experiences of those involved in the programme in terms of quality of life and other related factors.

The evaluation demonstrated that Creative Communications sessions provided physical, psychological and social benefits to the participants, including the opportunity to participate in meaningful activities; behavioural improvements; increased mobility, social interaction, confidence, self-esteem, mood and concentration; increased skills; and higher levels of wellbeing. These findings confirm evidence from previous studies about the benefits of non-pharmacological methods in the care of people with dementia.

Recommendations include ensuring further collaborative work between artists and care homes takes place; the involvement of care home staff and relatives of residents in future sessions; consultation with participants prior to and throughout the intervention; and encouragement of commissioners to consider supporting arts for health projects involving older people, which incorporate comprehensive evaluations.

## 2. Introduction

Earlier this year Avante Care and Support received 'Ideas Test'<sup>1</sup> funding to enable two professionally trained and experienced artist facilitators to deliver a six week pilot programme of person-centred dance, movement and visual arts called 'Creative Communications' at one of their care homes. The programme was developed on the basis of the success of the 'energise, dance, nourish, art' (edna) project, a cross-art programme delivered to older people in community settings in North Kent, South East England. The edna programme was evaluated by the Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University (edna/NKLAAP, 2014), and results showed a variety of physical, psychological and social benefits for the participants.

The care home provides 24-hour care and support for 112 residents living with dementia via a team of qualified staff who focus on the individual needs of each resident. The care home's 'Philosophy of Care' encourages social interaction and engagement through developing new interests and hobbies. The aim of delivering the Creative Communications programme to participants living with dementia, as well as their families and care staff, was to provide them with the opportunity to take part in innovative and stimulating dance, movement and art activities via a person-centred and participatory-led approach. It was envisaged that as a result of the pilot care staff would develop their own activities based on joint knowledge and skill sharing to incorporate into the home's Dementia Care Mapping Plan and Strategy, and also that activities would benefit participants in a variety of ways, including improved social interaction, behaviour, wellbeing and quality of life.

Care home management and staff identified up to 12 residents from across the three floors at the care home who would be most interested and able to attend the Creative Communications sessions, which took place for one hour a week for six weeks between April and June 2015. The sessions were preceded by an introductory session between residents, care home staff and the artist facilitators to ensure that the interests and abilities of participants were taken into account and sessions could be tailored accordingly in order to achieve a person-centred approach.

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<sup>1</sup> Ideas Test aims to increase arts participation for everyone in Swale and Medway by supporting the growth of creativity, invention and imagination: <http://creativepeopleplace.info/>

### 3. Background

Dementia is defined as a syndrome (a distinct pattern of symptoms and signs) that can be caused by many brain disorders, most of which progress gradually over several years. The symptoms of dementia occur in three groups:

- Cognitive dysfunction - resulting in problems with memory, language, attention, thinking, orientation, calculation, and problem-solving
- Psychiatric and behavioural problems - such as changes in personality, emotional control, social behaviour, depression, agitation, hallucinations, and delusions
- Difficulties with activities of daily living - such as driving, shopping, eating, and dressing (NICE, 2015)

Dementia currently affects 850,000 people in the UK (Alzheimer's Society, 2015a) and it is estimated that 62% of those are female and 38% are male (Lewis et al, 2014). In the UK over 40,000 people under 65 years of age have dementia (ONS, 2014), meaning that the remaining number (over 800,000) are over the age of 65. In Kent in the South East of England, the most recent figure estimates that over 19,500 people aged over 65 have dementia, and it is predicted that this figure will increase to over 24,000 by 2020, with nearly 6,000 people being over the age of 90 (Kent JSNA, 2014). With an ageing population, the costs relating to dementia in the UK are increasing - costing the UK economy £26 billion a year; a figure which is set to rise (Alzheimer's Society, 2014).

In managing the behavioural and psychological symptoms of dementia, clinical guidelines and good clinical practice recommend that pharmacological interventions be used only after other, non-pharmacological, methods have been tried (Howard et al, 2001). In the real world, perhaps especially in care homes, neuroleptic medication is likely to be prescribed and continued, in many cases indefinitely. The primary aims of non-pharmacological interventions are to help maintain physical, mental and social functioning; to help manage or divert distressing thought-manifestations that might lead to challenging behaviour; and to help reduce emotional disorders (Beeson, undated).

Increasingly, attention has been paid to the contribution of creative arts as a cost-effective health promoting intervention for the older age group. Camic (2008) suggests that the arts challenge people to think differently, engage in different behavioural experiences and experience different emotions. Research suggests that creative arts contribute to health and wellbeing and provide a wide range of psychosocial benefits, including increased self-confidence, feelings of self-worth, connectedness and motivation for life (Calman, 2000; Wikström, 2002; D'Lima, 2004; Timmons and Macdonald, 2008; Reynolds, 2010). Furthermore, actively being involved in creativity and the arts helps people to connect with a wider sense of meaning and fulfilment, which can increase wellbeing (Friedrickson 2001).

The concept of wellbeing does not have one agreed definition. The Department of Health suggests that it is a positive state of mind and body, of feeling safe, able to cope and a sense of connection with people, communities and the wider environment (DoH 2010, p.12). Staricoff (2004) suggests that a person can be physically ill, yet still maintain a state of wellbeing since it is a state of acceptance of what is in the mind, body and spirit. The 'Live it Well' programme, developed in the south east of England, suggests that the way we think and feel is just as important to a long and happy life as good food and physical exercise. The programme has taken the 'Five Ways to Wellbeing' initiative (NEF, 2008) and added a sixth element, making the 'Six Ways to Wellbeing' (Live It Well, 2014), which are: connecting with others, being active, noticing things, maintaining learning, giving and caring for the planet. These elements are now widely adopted in health promotion interventions and are therefore important to consider in terms of evaluating such initiatives.

People with dementia have a lower self-reported quality of life than both the population as a whole and those over 65, which gets progressively worse as the severity of the condition develops (Mesterton et al, 2010). Research conducted using Dementia Care Mapping has highlighted that many care home environments are very unstimulating for people with dementia, including an evaluation of 17 care homes across the UK by Ballard et al (2001) which found that people spent less than 13% of the waking day engaged in any meaningful activity. Another study by Brooker (2008) highlighted that on average people spent only two minutes per day participating in meaningful social interaction, and demonstrated that a sustainable activity-based model of care for people (incorporating individualised assessment and an activity and occupation programme) had a positive impact for people with dementia living in a care home, significantly with regards to levels of depression. Research has also shown that providing a range of stimulating, enjoyable activities can improve the wellbeing of care home residents (Department of Health, 2009; Cohen-Mansfield and Werner, 1997). Others suggest that meaningful activities such as walking, cooking or painting can help preserve dignity and self-esteem, feel connected to normal life and maximise choice and control (Alzheimer's Society, 2015b), and can also help people realise their potential and reduce loneliness (NHS Choices, 2015).

Art activity has been recommended as a beneficial approach for people with dementia as it has the potential to provide meaningful stimulation, improve social interaction and improve levels of self-esteem (Killick et al, 1999). Also, creative activity which involves a rather amorphous group of recreations such as dance, sport and drama, has been shown to have a number of health benefits for people with dementia, for example reducing the number of falls and improving mental health and sleep (King et al, 1997) and improving mood and confidence (Young & Dinan, 1994). The use of music as a therapeutic approach has gained increasing popularity since the early 1990s (Bruer et al, 2007) and is based on the premise that as the person with dementia's ability to understand verbal language diminishes (Vink et al, 2005), the ability to process music is retained by a part of the brain that is last to deteriorate (Crystal et al, 1989). Särkämö et al's (2013) study demonstrated that singing and music listening improved mood, orientation, remote episodic memory, attention, general cognition and had a positive effect on quality of life for persons with dementia.

In terms of arts activities incorporating movement and dance, Kattenstroth et al's (2013) study of a one hour a week dance class for older individuals reported beneficial effects in terms of posture, reaction time, cognitive, tactile and motor performance as well as subjective wellbeing. Guzmán-García et al's (2012) literature review of studies regarding dance and dementia concluded that there was evidence that problematic behaviours decreased, and social interaction and enjoyment in both residents and care staff improved. The evaluation of the movement and visual arts programme 'energise, dance, nourish, art' (edna/NKLAAP, 2014) demonstrated statistically significant improvements in mobility, posture and balance scores, in addition to higher quality of life measures post-intervention.

Despite the above mentioned studies, a limited amount of evidence exists to support the beneficial effects of programmes which combine different art forms. Elliott et al's (2010) evaluation of a six week dance, painting, music and drama programme delivered to residents with dementia in a supported housing setting reported that at the end of the programme there were a number of identifiable benefits including improved skills and concentration, respectful and creative relationships and a sense of wellbeing and social engagement. They also commented that the various art forms complemented and reinforced each other and assisted memory recall.

Douglas et al (2004) identified a number of therapies – art and music therapy among others - with, at best, modest evidence for their efficacy, for people living with dementia, which raises many issues

regarding the feasibility of their widespread application. Therefore, further analysis, development and evaluation of these intervention models is required if non-pharmacological interventions are to take their proper place in the real world of dementia care. In reviewing the impact of participatory arts on older people, the Mental Health Foundation (2011) also concluded that although results were positive, further research and evaluation was needed in this area, and furthermore that commissioners should recognise the importance of including funding for evaluation in their plans. The evaluation of the Creative Communications pilot project aims to capture indicative evidence of its impact which will assist in further developments of the intervention in both similar and different settings.



## **4. Methodology**

This evaluation incorporated different data collection methods including observations, interviews and document analysis.

### **4.1 Observations**

The Prosper Five-Point Involvement and Wellbeing Scales (Laevens 2005, adapted by Vella-Burrows and Wilson, 2013) were used as evaluation tools for assessing levels and intensity of involvement, wellbeing and satisfaction in creative activities among participants. Using the scales, the researcher observed four different participants at the final three Creative Communications sessions (twelve participants in total) at three timed intervals. All participants attending the sessions were initially identified by care home staff as those who would be capable and interested in attending, and each observed participant was chosen at random by the evaluation researcher. Of the twelve participants observed, three were male and nine were female and all were aged between 60 and 90. One participant was a wheelchair user, and all others were physically able. Scores were assigned to each participant according to the researcher's subjective view of their average attitude and behaviour within the timed observation unit. The results provided information on a set of domains relating to involvement and wellbeing:

- Commitment – indicated by motivation, alertness, concentration
- Creative expression – indicated by 'creative action', reacting creatively, adding something extra, being spontaneous, improvising to affect new ideas
- Embodiment/connectivity – indicated by being connected and captured within the activity
- Verbal communication
- Non-verbal communication – indicated by level of eye, facial, body and communication gestures
- Wellbeing – indicated by enjoyment, behaviour, engagement and confidence
- Satisfaction – score per session of the participants' apparent levels of openness and agreeableness overall

The domains explored in the scales are indicators of self-worth and confidence, resilience, self-reliance and social competence, all of which are commonly jeopardised in people living with dementia (Vella-Burrows and Wilson, 2015). The emphasis is also placed on the individual's experience, wellbeing and quality of life, rather than on their clinical symptoms of dementia. See Appendix I for a copy of the observation tools that were adapted for use in this evaluation by the researcher.

### **4.2 Interviews**

Semi-structured interviews were conducted to elicit the views of care home staff and artist facilitators about the impact of the pilot project on the participants' experiences and wellbeing. The structure allowed some control and focus to be maintained during the interviews, while at the same time enabling participants to express their own views about how the programme had worked. It also permitted the interview to be conducted in an informal way in a conversational manner, even though a set of prompt questions were used to guide the interaction (Holloway & Wheeler 2002).

The artist facilitators as well as staff at the care home who were involved in the project were invited to participate in an interview with the researcher. Care home staff included two Activity Coordinators, who work together to organise a number of activities across the care home, as well as healthcare assistants who attend to the physical needs of the residents. Some of the healthcare

assistants attended Creative Communications pilot project sessions as and when their workload allowed them to, and one of them agreed to be interviewed. All interviews were conducted face to face at a time and place convenient to the participant. With the written and verbal consent of the participants all the interviews were digitally recorded. Details of the interviews are below:

No.	Interviewees	Recorded
1 and 2	Activity Coordinators (joint interview)	Yes
3	Healthcare Assistant	Yes
4	Artist facilitator 1	Yes
5	Artist facilitator 2	Yes

The interviews assisted in enriching the data obtained via the observations as well as helped to identify further key themes regarding the impact, benefits, improvements and challenges experienced as a result of the Creative Communications pilot. A copy of the interview schedules used can be found in Appendix II.

### **4.3 Feedback sheets and field notes**

Feedback sheets were written up at the end of each session by the Activity Coordinators containing qualitative comments and descriptions of the activities that had taken place. In addition, the evaluation researcher who conducted the fieldwork (first author) kept field notes after observing each session. Both the feedback sheets and the observation notes were collated and their content was analysed to feed into the findings of the evaluation.

### **4.4 Analytical strategy**

The quantitative data obtained from scales used in the observations was subjected to basic, descriptive statistical analysis. Miles and Huberman (1994, p.12) argued that 'qualitative data analysis is a continuous, iterative enterprise'. Eisenhardt (2002) felt that by having a constantly critical reflective approach to analysis, a sharper focus of the key issues was allowed to emerge. In this evaluation the observations, interview recordings, feedback sheets were subjected to thematic analysis by the researcher who maintained a constantly critical perspective. Key themes were elicited, reflected upon and cross checked to confirm the major findings.

### **4.5 Ethics**

Ethical approval was sought from the Faculty of Health and Wellbeing Research Ethics Committee at Canterbury Christ Church University and formal confirmation to commence the evaluation was granted by the Chair.

In order to ensure that participants were competent to consent to take part in the evaluation, care home staff assisted the researcher in distributing information sheets (see Appendix III) and sat with each resident individually to explain these as well as to obtain informed consent via the signing of a consent form (see Appendix IV). Consent forms were countersigned by both the care home staff member and the researcher. Information sheets and consent forms were also provided for those taking part in interviews with the researcher (see Appendices V and VI). This process was repeated at the beginning of each observed session to ensure that capacity to consent amongst the participants was maintained. The Activity Coordinators also obtained consent from the participants to be photographed.

The knowledge and skills of the care home manager and staff was of vital importance in ensuring that participants had the capacity to consent to take part in the programme. Additionally the artist facilitators had relevant experience to ensure that participants were able and willing to take part during sessions – they were both ‘Dementia Friends’ (an initiative run by the Alzheimer’s Society to change people’s perceptions of dementia), had experience of engaging with people with dementia and their carers via Dementia Cafes, had personal experience of dementia and had attended relevant training and a seminar. One of the facilitators had also undertaken training with Bright Shadow Performance Company, and both facilitators and the researcher had current DBS checks. The facilitators also ensured that physical activity readiness questionnaires were completed by participants prior to the programme commencing so that they were aware of any medical or physical conditions that needed to be taken into consideration for the planned movement/exercises.

The evaluation researcher who conducted the fieldwork (first author) was experienced in conducting research in the area of arts and health and with people with dementia, and therefore had the necessary skills to provide relevant information, communicate it in a manner adapted to the potential participant, respond to questions and facilitate the communication of the decision by the potential participant.

## **5. Findings**

The following findings set out the results of the observations conducted (quantitative data) as well as themes elicited from interviews, feedback sheets and field notes made by the evaluation researcher (qualitative data).

### **5.1 Observation data**

The final three sessions of the Creative Communications pilot were observed by the researcher using the Prosper Five-Point Involvement and Wellbeing Scales (adapted by Vella-Burrows and Wilson, 2013). Four participants were observed at three time points during each session, making a total of twelve observed participants over the three sessions. Notes were also made on a grid devised by the first author alongside the recorded observation scores in order to aid data analysis.

The following sub-sections discuss the observation data from each session followed by a summary of data from the three observed sessions as a whole. Each observation scored participants on the following domains (which are explained in further detail in Section 4.1):

- Commitment
- Creative expression
- Embodiment
- Verbal communication
- Non-verbal communication
- Wellbeing
- Satisfaction

#### **5.1.1 Session One**

Ten participants attended Session One, of which two males and two females were observed. One of the male participants was aged 60, and the other participants were aged 70-80. Those observed were physically able and appeared to be at a later stage of dementia than other participants taking part in the session.

Activities commenced with a seated physical warm up to music including concentration on the breath, physically touching and rubbing parts of the body and guided movement (timed observation 1). This exercise was followed by an activity involving participants holding a large piece of blue material between them that they had to move and keep a beach ball balanced upon (timed observation 2). Next, participants were provided with a large piece of paper affixed to fabric, which again was held between group members. They were given pipettes containing paint which they used to squeeze onto the paper and move the fabric to make the paint run into patterns (timed observation 3). Figure 1 shows the mean observation scale scores for Session One.

**Figure 1. Mean scores for Session One**

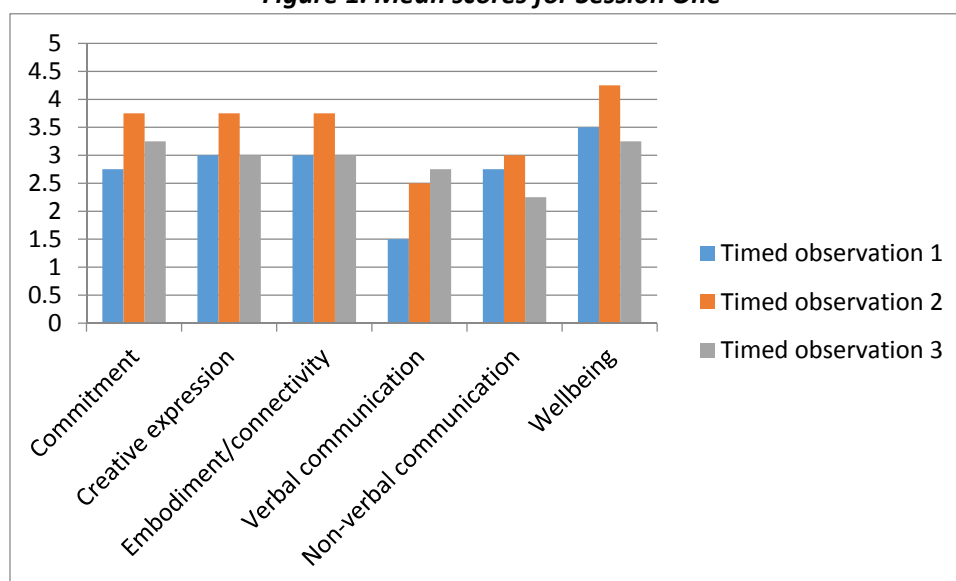


Figure 1 shows that the mean scores for all domains peaked during the second activity, which is perhaps to be expected as the participants went from a seated warm up to an interactive, standing activity.

For the third activity mean scores came down to slightly higher or equal to the mean scores of the first activity in terms of commitment, creative expression and embodiment/connectivity. However, it is interesting to note that for verbal communication, which started very low at 1.5, the mean scores increased throughout the duration of the session. In terms of non-verbal communication and wellbeing the scores peaked during the second activity, with the highest score of 4.25 from the whole session being for wellbeing, but then decreased to lower than for activity one. This could have been due to the fact that activity two involved more movement and required participants to work together as a team, whereas activity three involved a more concerted and concentrated, individual effort to get the paint from the pipettes onto paper, and therefore people were talking and interacting less. It could also be due to the fact that the observed participants appeared to the researcher to be at a more advanced stage of dementia than others in the group so perhaps tired quicker or were more easily distracted. The notes recorded by the researcher for this part of the session support this suggestion:

*"[Participant 1] stopped holding the fabric but still observing what was happening."* [Researcher]

*"[Participant 3] smiling, swaying to the music, observing others."* [Researcher]

*"[Participant 4] initially not looking at the paper, falling asleep, not taking part. Encouraged after a while to take part."*

The overall satisfaction mean score for Session One was 3.5.

### **5.1.2 Session Two**

Ten participants attended Session Two, of which one male and three females were observed. All

participants were aged 70-80. One participant was a wheelchair user.

Activities commenced with a seated physical warm up to music including concentration on the breath, physically touching and rubbing parts of the body and guided movement (timed observation 1). This exercise was followed by participants being provided with paper windmills which they stood up for and used their breath to get them spin, and a seated exercise which involved them holding on to long pieces of ribbon across the group and moving their arms (timed observation 2). Next, with music playing in the background, participants were seated at tables and given 'salad spinners' along with squares of paper and pipettes containing paint. The pipettes were used to drop colours onto the paper in the spinner and then spin it to create a unique piece of 'spun art' (timed observation 3). Figure 2 shows the mean observation scale scores for Session Two.

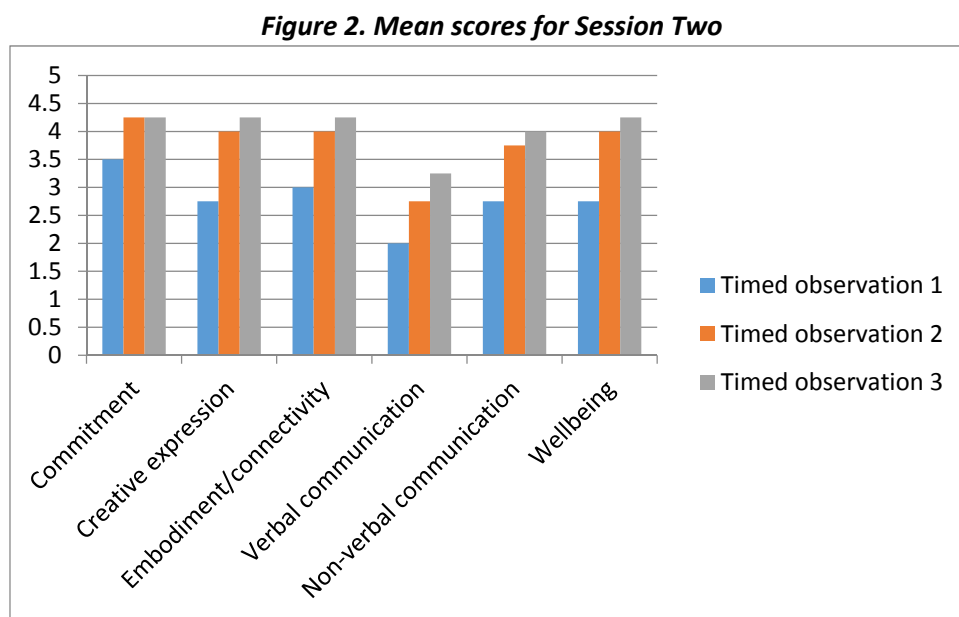


Figure 2 shows that the mean scores for every domain measured increased from the first activity to the second activity. In terms of commitment the mean score stayed the same for the third activity, but increased again in all the other domains. The overall satisfaction mean score for Session Two was 3.5, which was the same as for Session One.

The vast majority of mean scores were higher for Session Two than for Session One, which could be due to the fact that the second group of observed participants did not appear to be as at such an advanced stage of dementia. As with Session One, the lowest mean score was for verbal communication (2), but this is perhaps to be expected amongst a group of participants who are affected by dementia.

Session Two also involved more activities than for Session One, which is perhaps reflected in the higher mean scores for each domain.

### 5.1.3 Session Three

Eleven participants attended Session Three, of which four females were observed. Three participants were aged 70-80, and one participant was aged 80-90. All were physically able.

Activities commenced with participants being given leis/garlands to place around their necks whilst Hawaiian themed music played, before starting a seated physical warm up to music including concentration on the breath, physically touching and rubbing parts of the body and guided movement (timed observation 1). This exercise was followed by an activity involving participants holding a large piece of blue material between them that they had to move and keep a beach ball and a number of smaller balls balanced upon and then given peacock feathers to hold and manipulate (timed observation 2). Next, participants were provided with a clipboard, pencil and shiny foil and encouraged to produce embossed images of the feathers, which then led onto an exercise of painting feathers and flowers onto a long sheet of paper set up across tables (timed observation 3). Figure 3 shows the mean observation scale scores for Session Three.

**Figure 3. Mean scores for Session Three**

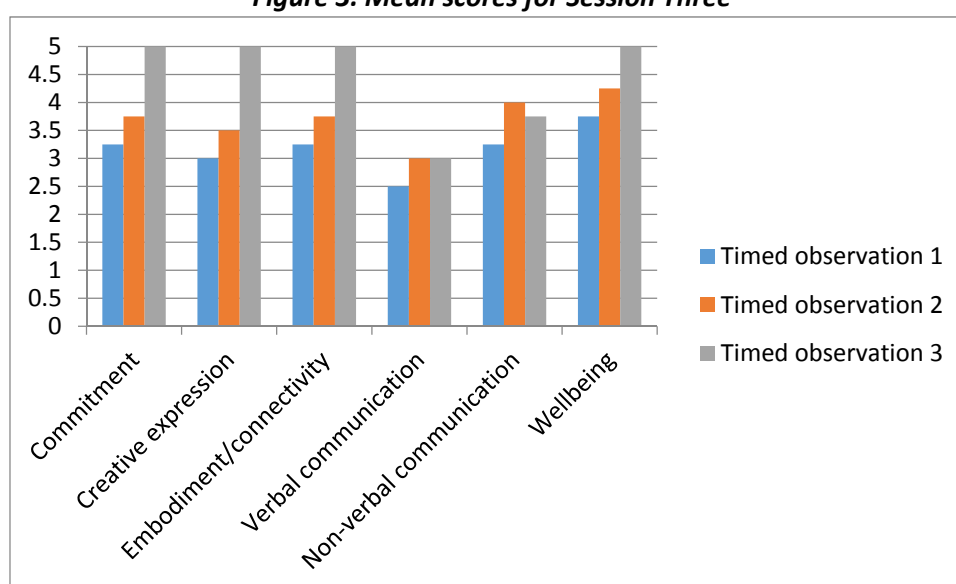


Figure 3 shows that the mean scores for every domain measured increased from the first activity to the second activity. In terms of verbal communication the mean score stayed the same for the third activity, and for non-verbal communication the mean score decreased very slightly. In all the other domains the mean score increased for the third activity. The overall satisfaction mean score for Session Three was 4.25, which was 0.75 higher than for Session One and Two.

The last session was a very full one with numerous activities for the participants to take part in, and was seemingly enjoyed so much that it overran. The positive atmosphere of the final session was reflected in the highest mean score possible (5) being obtained during activity three for commitment, creative expression, embodiment/connectivity and wellbeing domains. On the whole verbal and non-verbal communication mean scores were also higher than for Sessions One and Two.

#### **5.1.4 Summary of observation data**

Of the twelve participants observed, three were male and nine were female. One male participant was aged 60, one female participant was aged 80-90, and the remaining participants were aged 70-80. One participant was a wheelchair user, and all others were physically able. Figure 4 shows the

mean observation scale scores for all sessions.

**Figure 4. Mean scores for all sessions**

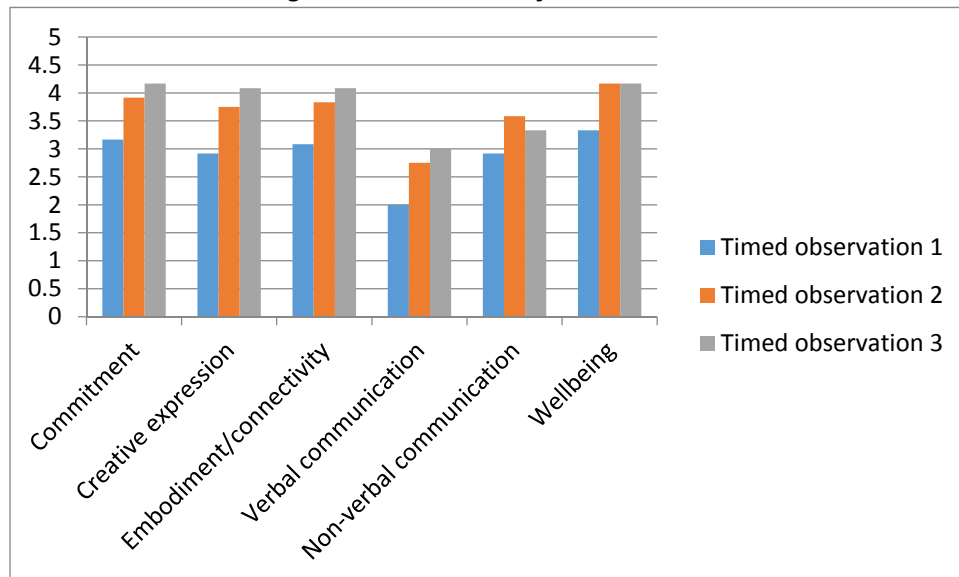


Figure 4 shows that on the whole the mean scores for most domains increased as the observed sessions progressed. For non-verbal communication the score decreased very slightly from 3.6 to 3.3 overall, and for wellbeing they remained at the same (high) level of 4.2. The overall satisfaction mean score for all three sessions was 3.75.

In summary, the results of the observations were very positive. High mean scores were achieved in the commitment, creative expression, embodiment/connectivity and wellbeing domains, which mostly increased or stayed stable throughout the sessions. There were no dramatic decreases in mean scores in any of the domains, and any slight drops can be explained by either a change in pace of activity or the level of dementia of the participants being observed during the session, which particularly applies to Session One.



**Participants, staff and facilitators enjoying the blue fabric and ball activity**



## 5.2 Qualitative data analysis

The following sub-sections set out the main themes elicited from interviews with artist facilitators and care home staff, as well as from feedback sheets completed by Activity Coordinators and field notes taken by the researcher during and after sessions.

### 5.2.1 Benefits from participation in the Creative Communications pilot project

A number of benefits were identified by those involved in the Creative Communications pilot. In terms of mood and behaviour the activities were felt to have a calming impact on participants. One of the artist facilitators commented *"I could see them relaxing"*. The activities also proved to be a positive distraction. For example, during one of the observed sessions a participant appeared to be agitated and confused and was asking to speak to her mother (who was deceased) and daughter and was repeatedly getting up and wandering away from the group. This resident was known by care home staff to be agitated about things from the past that were on her mind and had the propensity to get very distressed. However, the artist facilitators, along with support from care home staff, repeatedly gently brought her attention back to the activities, and she was also encouraged to return to the group after she had decided to sit outside the circle. When the participant re-joined the activities her agitation eased almost immediately and she appeared to be in a markedly more positive mood and was smiling at and commenting on the art work that she and others produced.

Increased confidence was also noticed in other participants who would spontaneously get up and dance along to the music during the movement activities, feeling more free to express themselves as the weeks progressed:

*"Sometimes he can be wrapped up, he's got something in his mind about money and about people who are going to take his money...it's like a big story in his head. But he comes out in the group, and when he gets up and dances everybody loves him."* [Activity Coordinator]

*"Everyone branched out, coming up with their own exercises and movements."* [Activity Coordinator]

Many comments were made and noted about the positive mood and energy during the sessions and about participants being mentally stimulated, highly engaged and immersed in the activities and concentrating for long periods of time. The field notes taken by the researcher made note of facial expressions: *"Everyone's face seemed to light up as the session began."* One of the facilitators pointed out:

*"It is hard for some people [with dementia] to verbalise what they are experiencing, but actually when they were engaged in the activity you could see that they were enjoying what they were doing...there was so much fun and laughter involved."* [Artist Facilitator]

The feedback sheets written by the Activity Coordinators included quotes and comments from participants regarding their enjoyment of the sessions, which included: *"I love this and can't wait for next time"*, *"It was good fun wasn't it?"* and *"It's amazing, just lovely"*.

The Creative Communications sessions provided the opportunity for increased social interaction. On

many occasions throughout the observations the researcher noted that participants were interacting positively with each other, the facilitators and care home staff. Two participants from different floors also had the chance to form a bond:

*“Watching [Name] and [Name] was nice...I don’t think they’ve met before...all of a sudden they just started signing together and it was quite a sweet moment...they have a common kind of connection...all the residents from the different floors didn’t know each other so it was really nice [for them] to be with their peers.” [Activity Coordinator]*

The notes made by the researcher during observations elicited further examples of participants making eye contact with others, discussing the props used during activities and positive social interactions:

*“Working with another participant with one holding and one spinning the salad spinner. Laughing together and seemingly delighted with the resulting art work.” [Researcher]*

On a number of occasions the activities resulted in life events being recalled and shared by the participants, which ranged from memories of singing in a band, to a husband who loved fishing, the job of a father and times spent with a family member painting a shed. Some of the memories triggered were previously unknown of by care home staff, such as the participant who disclosed that he had been the chief of an African tribe, as a result of using the peacock feathers in an activity which reminded him of a headdress worn during a ceremony. On this particular occasion another participant shared their story of travelling to South Africa and the two participants engaged in conversation together having discovered common ground.

In addition to behavioural, social and wellbeing benefits, the Creative Communications sessions also had a positive impact on the physical health of those taking part. One female participant who still suffered from an old shoulder injury and had very limited movement at the start of the project had a significantly increased range of mobility by the last session and had been observed by care home staff practicing the movements she had been taught at the sessions in her own time. Kinaesthetic improvements were also noticed by the facilitators:

*“After six weeks I could see changes and people were actually doing the movement for themselves, and the breathing [exercises] for themselves...just small movements was a huge development for some people...getting in touch with their own ability and physicality...lifting the arm or pushing forward, the extension of how far they can reach...I don’t think they would get that necessarily without the movement exercises and arts activities” [Artist Facilitator]*

Other activities such as holding the blue material up to keep the ball(s) from falling gave the participants an opportunity to improve their control of movements and reflexes, and the use of these and other props contributed to improved general mobility:

*“They love sensory, so just touching the feather, dropping the feather, it’s all good motor skills...they don’t even know they’re working those little muscles they might not be using during the day.” [Activity Coordinator]*

Another example of the activities resulting in physical improvements, but also providing a positive

distraction, was with a participant who had Parkinson's. The care home staff explained that the participant had trouble walking due to trying to concentrate on putting one foot in front of the other. However, if she was distracted the movement became automatic and the issue eased. They suggested that the activities distracted this participant from her physical and mobility issues and allowed her to gain confidence as well as pleasure from completing the tasks:

*"She gets really embarrassed in front of people if she can't do things, but for some reason in there she didn't take any notice of it, and once she doesn't take any notice of it, it slows down."* [Activity Coordinator]

The Creative Communications sessions also had benefits for the facilitators and care home staff involved. One facilitator stated that she valued forming a strong connection and relationship and of having a *"one-to-one moment"* with participants. Both facilitators felt pleased to have been able to provide residents with a different experience away from their normal environment and to be able to encourage them to express themselves, learn something new and build on their skills and confidence each week. All those who were interviewed commented on a sense of loss when the project came to an end and that they had learnt a great deal and gained confidence from working with each other and the participants.



**A participant enjoying an art activity**

### 5.2.2 Challenges experienced during the pilot project

Staffing levels at the care home impinged on the ability of care home staff to attend the sessions alongside residents. Although the management tried to ensure that equal numbers of residents from each floor attended the sessions, it was commented on that the role of the care staff was often busy and that their priority was the immediate care needs of the residents. Because of this there was a paucity of feedback from staff so it was not possible to gauge whether any improvement in mood or behaviour lasted beyond the end of each session.

There was also a lack of engagement in the sessions from family members of the participants, despite them having been invited to participate with their relatives. It was felt that this could be due to a lack of understanding of what the sessions involved:

*“I think they’re a bit frightened...of interrupting. It would be nice for them to help...I don’t think they understand the situation.”* [Activity Coordinator]

A lack of understanding was the assumed reason behind one participant being taken out of the activity altogether, but it is recognised that this may have been due to other unknown factors:

*“One lady was just with us for two weeks...she was very smiley, really engaged with everything we did...then her son was visiting and he took her out...the family didn’t want her doing other activities.”* [Artist Facilitator]

Piloting the Creative Communications project in a care home setting allowed the facilitators to adapt the way in which they delivered the activities, in particular in working with other staff to manage the group. It was felt that too many leaders or “voices” could potentially confuse participants about what they were being instructed to do and it was important to have one main person leading the session. This was deemed a useful learning point to take into account when planning further programmes in such settings.

### 5.2.3 Facilitating factors as to how care home residents participate in the activities

Facilitators tailored each Creative Communications session to suit the needs and abilities of the participants. A physical activity readiness form was completed by each participant prior to the start of the project so that any issues which may affect or restrict individuals could be taken into account. For example, exercises were designed to open up the diaphragm to help those with respiratory issues, whilst other exercises were beneficial for arthritis. In Session 1, an example of the different activities reinforcing each other was noted whereby hand actions that were required for squeezing paint from pipettes in the art activity were introduced and practiced during the movement exercises.

Being well prepared and maintaining the flow of the sessions was of paramount importance to enable participants to build both their skills and confidence. It was also important to keep the activities short and varied since attention spans of participants could be limited. To this end it was also vital that sessions were person-centred, adaptable and flexible so that if activities took longer, were cut short or were not working well on the day there would be a back-up plan to ensure the smooth running of the session:

*“Everyone’s in the moment, so we’re just going to keep with this moment...and we are being*

*led by what [the participants] want to do as well.” [Artist Facilitator]*

In terms of flexibility, it was also important to allow participants to do as little or as much as they felt able and willing to do during the sessions. Activities were designed to be incremental so that facilitators could encourage participants to do a little more each time, but would also allow the participant to have autonomy in deciding when to stop. There was a sense of there being *“something for everyone”*, and activities were fully inclusive so that participants who were less able physically and cognitively could still join in to their fullest capacity.

The environment played an important part in contributing to the positive impact of the Creative Communications sessions. Participants were escorted from their floors to a large room where the activities took place. One of the care home staff referred to this as being *“person-centred”* and that residents *“felt special”* as a result since *“it was all about them”*. Another member of staff explained that residents referred to their rooms on the floors as their flats and did not usually like to be far from them, yet the room in which the creative sessions took place seemed to feel different to them. She suggested this was because: *“they don’t necessarily link it with their home I guess...it’s like going out”*.

It was originally envisaged that sessions would take place in the café/reception area of the care home, but as it was an open area it was more likely that residents would wander away, which care home staff explained also tended to happen when activities were carried out on the floors. The closed room ensured that there was minimal distraction and disruption to the sessions. Ensuring that the sessions were in the same place and set up in the same way each week also helped participants to feel comfortable and it was suggested that they were therefore more likely to remember their experiences there. Care home staff commented that quite a few participants remembered the weekly Creative Communications sessions, especially when they came into the room and saw chairs set out in a circle, asking *“Are we going to do this again?”*. The regularity and familiarity of the sessions was said to *“ring a bell for [the participants]”* which helped form a sense of being part of a group and of belonging:

*“It’s a coming together where they’ve been able to be in the moment...doing it for themselves.” [Artist Facilitator]*

The facilitators being part of the activities that they were not delivering was incorporated to help build the sense of being a group: *“like we’re all doing this together...very much trying not to be on the side”*. The setting was also effective from the perspective of the facilitators:

*“We were able to focus. I felt we were able to get to know the participants and the staff a lot better.” [Artist Facilitator]*

The fact that the facilitators and care home staff worked in partnership to implement and run the sessions was felt to be very beneficial. The staff appreciated the experience, confidence and ideas that the facilitators provided them with, and the facilitators benefited from the in-depth knowledge of residents and the level of support that the care home staff offered, both medically when required as well as in terms of encouraging residents to participate fully. It was felt important that communication should be kept open as the sessions progressed, particularly for the facilitators to keep the care home staff updated on their plans and to obtain their feedback on them.

The Activity Coordinators felt that the Creative Communications pilot provided them with a solid model and a grounding from which they could continue to run the weekly creative sessions in the absence of the facilitators. It was hoped that, in time, the activities could also be delivered to residents of different needs in relation to dementia stages, and become incorporated into individual care plans. One of the carers commented:

*“We can do all different things that the residents enjoy...I can’t think of anyone who wouldn’t enjoy it.”* [Care Home Staff Member]

The facilitators were also hopeful that they would be able to return to the care home in the future to implement more ideas with the participants to build on what they had already done, and to develop relationships further.



**Participants, staff and facilitators at the end of the final Creative Communications session**

## 6. Discussion and Conclusion

The evaluation findings indicate that the Creative Communications sessions provided physical, psychological and social benefits to the participants. In terms of the observation data, consistently high mean scores were achieved (and maintained) in the domains of commitment, creative expression, embodiment/connectivity and wellbeing. There were no dramatic decreases in mean scores in any of the domains, and any slight drops can be explained by either a change in pace of activity or the level of dementia of the participants being observed during the session. Observations show that the Creative Communications pilot programme provided participants with opportunities for supporting quality of life, corresponding to the internationally validated model centring on independence, social participation and wellbeing.

The qualitative data highlighted improvements for participants in terms of behaviour. Sessions had a calming effect and were able to provide a distraction from distressing thought manifestations that are often experienced by people with dementia. Sessions also provided opportunities for social interaction, linked to one of the 'Six Ways to Wellbeing' (Live It Well, 2014) of connecting with others, as well as aligning with results of previous research (Elliott et al, 2010; Killick et al, 1999).

Outcomes of the Creative Communications pilot included increased confidence and self-esteem of participants, opportunities for self-expression, improved mood and concentration, improved skills and higher levels of wellbeing, which broadly supports the findings of other studies of arts activities for people with dementia (Elliott et al, 2010; Killick et al, 1999; Cohen-Mansfield and Werner, 1997; Young and Dinan, 1994). The sessions also enabled participants to recall past memories at times, which demonstrated that activities were meaningful and positive, an important aspect within dementia care in terms of preserving dignity, feeling connected and improving wellbeing (Alzheimer's Society, 2015b).

Physical health improvements were also observed and commented on as part of the evaluation, including increased mobility and improved control of movements and reflexes. These outcomes were aided by the completion of physical activity readiness forms prior to the programme so that person-centred participatory-led sessions could be tailored to individual interests and capabilities, building on skills incrementally and therefore enabling residents to maximise choice and control, which is beneficial for people with dementia (Alzheimer's Society, 2015b). The findings broadly support the results of other studies (edna/NKLAAP, 2014; Kattenstroth et al, 2013; Guzmán-García et al, 2012) which suggest that dance and arts programmes have the ability to improve the physiological health of older people.

A quiet and private setting, reducing the chance of distraction and disruption of activities, as well as collaborative working between facilitators and care home staff were found to be conducive elements to the smooth running and success of the Creative Communications pilot. As with Elliott et al's (2010) findings regarding a similar six week mixed arts programme, the movement and art activities complemented and reinforced each other.

At the outset it was envisaged that as a result of taking part in the Creative Communications pilot, care home staff would develop their own activities based on joint knowledge and skill sharing to incorporate into the home's Dementia Care Mapping Plan and Strategy. The results of the evaluation certainly showed that partnership working between the facilitators and care home staff

had provided a solid grounding on which the Activity Coordinators could sustain the activities on a weekly basis. They were also hoping to take activities to residents of different needs in relation to dementia stages to enable other care home staff to become involved and to encourage them to facilitate their own activities.

The outcomes of the evaluation align positively with the care home's 'Philosophy of Care' to encourage social interaction, engagement and the eradication of boredom of residents through developing new interests and hobbies. The findings of the evaluation also confirm evidence from previous studies in relation to the impact of non-pharmacological interventions for people with dementia, including helping to maintain physical, mental and social functioning and to divert distress and agitation which might lead to challenging behaviour. With an ageing population in the UK and the anticipated increase in the prevalence of dementia and, therefore, costs to the NHS, these findings help support the body of evidence for the development, application and promotion of arts activities within dementia care, as well as in healthcare generally.

Limitations of the evaluation included a lack of engagement in the sessions by family members of the participants, despite them being invited to participate with their relatives. This would have provided the evaluation researcher with the opportunity to obtain a broader view of the impact of the Creative Communications sessions. The staffing levels at the home were also a limiting factor in carers attending the sessions, which would have enabled the researcher to gain their important perspective in terms of impact and benefits of activities.

Another limitation was that, due to limited funding, only one researcher was involved in conducting observations. As with some similar studies with additional resources, in order to minimise bias it would be beneficial to have had more than one researcher independently scoring each participant so that final scores could be discussed and agreed upon.

Due to practical reasons, the observations of the evaluation involved only a small sample of participants and were conducted for half of the sessions of the project; therefore, the evaluators may not have captured the whole range of activity and experiences. On the other hand, as this is a small-scale pilot project, this approach still captures indicative evidence of its impact and evaluation data will assist in further development of this intervention. Future evaluation work could include alternative approaches to collecting data from all participants and embedding observations in all sessions of the project to ensure that a more comprehensive picture is captured. Also, although the results were positive, further analysis, development and evaluation is needed in the area of non-pharmacological interventions and dementia, and furthermore commissioners should recognise the importance of including funding for evaluation in their plans.

The use of the observation scales for the purpose of evaluating session activities was straightforward and helpful to capture impact of activity; however, during the first observed session it became apparent that as the structure of sessions was flexible and depended on the needs of the participants on that day it would not be feasible to observe the same, specific time periods during each session. It was therefore more meaningful to take each activity (i.e. warm up, physical activity, art activity) and observe how people were involved during those time periods. In between activities there could be a change-over of equipment, a break or refreshments offered which meant the attention of participants naturally wandered. It would therefore not have been an accurate reflection of the activities to include these events within the observed time periods. It was also beneficial for the researcher to make notes alongside the observation scores to aid analysis of data



in highlighting why certain scores had been attributed. As the researcher was only observing the three set activities, it provided time in the natural breaks for these notes to be made without detracting from the observation activity.

## 7. Recommendations

Based on the findings of the Creative Communications pilot programme evaluation, the following recommendations are suggested:

- The care home should sustain the success of the pilot by continuing to provide Creative Communications sessions both on a weekly basis and also with residents of different needs in relation to dementia stages. The benefits already achieved can also be further enhanced by exploring the potential of funding the facilitators to return in the future to build on the activities already delivered and to continue their positive ongoing relationship with care home staff and residents
- Future sessions at care homes providing arts interventions would benefit from more involvement with and attendance by care home staff, which could involve looking at staffing levels to facilitate this on a rotational basis
- Future sessions at care homes providing arts interventions would benefit from recruiting family members of residents to attend, this could be achieved by providing a 'taster session' or a short video clip to showcase the activities and address any concerns that relatives may have about themselves or their family member being involved
- Future arts interventions for older people should include consultation with participants prior to and throughout the project to empower them and maximise full engagement, whilst giving people a choice on what they would like to engage in
- Arts and health commissioners to consider supporting arts for health projects involving older people which are longer-term and can be delivered across a larger number of settings. Funding should be built into any future projects for further evaluative work of interventions

## 8. References

Alzheimer's Society (2014) *Dementia UK: 2014 edition*. London: Alzheimer's Society

Alzheimer's Society (2015a) *About dementia*. Available at:  
<http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200120> (Accessed: 21 July 2015)

Alzheimer's Society (2015b) *Staying involved and active*. Available at:  
[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=115](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=115) (Accessed 23 July 2015)

Ballard, C., Fossey, J., Chithramohan, R., Howard, R., Burns, A., Thompson, P., Tadros, G. and Fairbairn, A. (2001) 'Quality of care in private sector and NHS facilities for people with dementia: cross sectional survey', *BMJ*, 323, pp. 426-7

Beeston, D. (undated) *Early interventions in dementia*. Centre for Ageing and Mental Health: Staffordshire University

Brooker D (2008) 'Development and evaluation of a multi-level activity-based model of care', *Alzheimer's Society E-journal*, 5

Bruer, R. A., Spitznagel, E. and Cloninger, C. R. (2007) 'The temporal limits of cognitive change from music therapy in elderly persons with dementia or dementia-like cognitive impairment: A randomized controlled trial', *Journal of Music Therapy*, 44 (4), pp. 308-328

Calman, K. (2000) *A Study of Story Telling: Humour and Learning in Medicine*. The Nuffield Trust: London

Camici, P. (2008) 'Playing in the mud: Health psychology, the arts and creative approaches to health care', *Journal of Health Psychology*, 13 (2), pp. 287-298

Cohen-Mansfield, J. and Werner, P. (1997) 'Management of verbally disruptive behaviours in nursing home residents', *Journal of Gerontology: Medical Sciences*, 52A (6), pp. 369-377

Crystal, H.A., Grober, E. and Masur, D. (1989) 'Preservation of musical memory in Alzheimer's disease', *Journal of Neurology, Neurosurgery and Psychiatry*, 52, pp. 1415-1416

Daykin, N., Orme, J., Evans, D., Salmon, D. with Mceachran, M., Brain, S. (2008) 'The impact of participation in performing arts on adolescent health and behaviour: A systematic review of the literature', *Journal of Health Psychology*, 132, pp. 251-264

Department of Health (2009) *Living well with dementia: A National Dementia Strategy*

DoH (2010) *Confident Communities, Brighter Futures: A framework for developing well-being*. London: Department of Health Mental Health Division

- D'Lima, K. (2004) *A Study of the Benefits and Best Methods for Integration of Creative Writing into Health Settings*. Swansea: University of Wales
- Douglas, S., James, I. and Ballard, C. (2004) 'Non-pharmacological interventions in dementia', *Advances in Psychiatric Treatment*, 10, pp. 171–177
- edna/NKLAAP (2014) *Energise Dance Nourish Act. Public Health & Communities: Gravesend*. Available at: <http://www.ednasjourney.co.uk/evaluation/> (Accessed: 1 April 2015)
- Eisenhardt, K.M. (2002) 'Building Theories from Case Study Research' in Huberman, A.M. & Miles, M.B. (Eds.) *The Qualitative Researcher's Companion*. London: Sage
- Elliott, J., Grant, D. and Morrison, S. (2010) *Creative ageing; a practical exploration of the arts in the healthcare of older people*. Belfast: Changing Ageing partnership, Queen's University
- Friedrickson, B. L. (2001) 'The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions', *American Psychologist*, 56, pp. 218-226
- Guzmán-García, A., Hughes, J.C., James, I.A. and Rochester, L. (2012) 'Dancing as a psychological intervention in care homes: a systematic review of the literature', *International Journal of Geriatric Psychiatry*
- Holloway, I. & Wheeler, S. (2002) *Qualitative Research in Nursing*. Oxford: Blackwell
- Howard, R., Ballard, C., O'Brien, J., et al (2001) 'Guidelines for the management of agitation in dementia', *International Journal of Geriatric Psychiatry*, 16, pp. 714–717
- Kattenstroth, J.C., Kalisch, T., Holt, S., Tegenthoff, M. and Dinse, H.R. (2013) 'Six months of dance intervention enhances postural, sensorimotor, and cognitive performance in elderly without affecting cardio-respiratory functions', *Frontiers in Aging Neuroscience*, doi: 10.3389.C
- Kent JSNA (2014) *Joint Strategic Needs Assessment Chapter Update: Dementia 2013/14*. Available at: <http://www.kmpho.nhs.uk/jsna/dementia-adults/> (Accessed: 22 July 2015)
- Killick, J. and Allan, K. (1999) 'The arts in dementia care: tapping a rich resource', *Journal of Dementia Care*, 7, pp. 35–38
- King, A., Oman, R., Brassington, G., et al (1997) 'Moderate intensity exercise and self-rated quality of sleep in older adults. A randomised controlled trial', *JAMA*, 277, pp. 32–37
- Laevers, F. (2005) (Ed.) *Well-being and involvement in care settings. A process-oriented self-evaluation instrument*. Research Centre for Experiential Education: Leuven University. ISBN: 978-90-77343-76-8)
- Lewis et al (2014) *The Trajectory of Dementia in the UK – Making a Difference*. OHE: Alzheimer's Research UK
- Live It Well (2014) *Six Ways to Wellbeing*. Available at: <http://www.liveitwell.org.uk/ways-to->

[wellbeing/six-ways-to-wellbeing](#) (Accessed: 10 June 2015)

Mental Health Foundation (2011) *An evidence review of the impact of participatory arts on older people*. Edinburgh: Mental Health Foundation

Mesterton et al (2010) 'Cross Sectional Observational Study on the Societal Costs of Alzheimer's Disease', *Current Alzheimer Research*, 7 (4), pp. 358-367

Miles, M. B. and Huberman, A. M. (1994) *Qualitative Data Analysis*. London: Sage

NEF (2008) *Five Ways to Well-being*. Available at: <http://www.neweconomics.org/projects/entry/five-ways-to-well-being> (Accessed: 20 June 2015)

NHS Choices (2015) *Activities for dementia*. Available at: <http://www.nhs.uk/conditions/dementia-guide/pages/dementia-activities.aspx> (Accessed: 21 July 2015)

NICE (2015) *Dementia – Summary*. Available at: <http://cks.nice.org.uk/dementia#!topicsummary> (Accessed: 22 July 2015)

ONS (2014) *Mortality Statistics: Deaths Registered in England and Wales (Series DR)*. 2013 Release

Reynolds, F. and Vivat, B. (2010) 'Art-making and identity work: A qualitative study of women living with chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME)', *Arts & Health*, 2 (1), pp. 67-80

Särkämö, T., Tervaniemi, M., Laitinen, S., Numminen, A., Kurki, M., Johnson, J.K. and Rantanen, P. (2013) 'Cognitive, emotional, and social benefits of regular musical activities in early dementia: randomized controlled study', *The Gerontologist*, 54 (4), pp. 634-650

Staricoff, R. L., Duncan, J. P. and Wright, M. (2004) *A Study of the Effects of Visual and Performing Arts in Health Care*. London: Chelsea & Westminster Hospital

Timmons, A. and Macdonald, E. (2008) '“Alchemy and magic”: the experience of using clay for people with chronic illness and disability', *British Journal of Occupational Therapy*, 71 (3), pp. 86-94

Vella-Burrows, T. and Wilson, L. (2015) *Remember to Dance: evaluating the impact of creative dance activities for people in different stages of dementia. Findings at baseline*. Canterbury Christ Church University: Sidney De Haan Research Centre for Arts and Health

Vella-Burrows, T. and Wilson, L. (2013) *The Involvement Scale: Enabling Life-Long Learning in Older Age*. Canterbury Christ Church University: Sidney De Haan Research Centre for Arts and Health

Vella-Burrows, T. and Wilson, L. (2013) *The Wellbeing Scale: Enabling Life-Long Learning in Older Age*. Canterbury Christ Church University: Sidney De Haan Research Centre for Arts and Health

Vink, V.C., Birks, J.S., Bruinsma, M.S. and Scholten, R.J.S. (2005) 'Music therapy for people with dementia (Review)', *The Cochrane Database of Systematic Reviews* (Issue 3)

Wikström, B. (2002) 'Social interaction associated with visual art discussion: a controlled

intervention study', *Aging and Mental Health*, 6 (1), pp. 82-87

Young, A. and Dinan, S. (1994) 'ABC of sports medicine. Fitness for older people', *BMJ*, 309, pp. 331–334

## APPENDIX I: Observation tools

### Enabling Life-Long Learning in Older Age: Involvement and Wellbeing Scales

Date .....

INVOLVEMENT SCALE													
Level	Description	Participant 1			Participant 2			Participant 3			Participant 4		
		10	25-35	50-60	10	25-35	50-60	10	25-35	50-60	10	25-35	50-60
<b>1. Commitment</b>  (motivation, alertness, concentration)	1. No or very low apparent commitment												
	2. Some but very frequently interrupted												
	3. Apparent for between one third and half of the activity. Varied intensity												
	4. High levels most of the time with some intense peaks												
	5. Continuous and highly intense throughout												
<b>2. Creative Expression</b>  (‘creative action’, reacting creatively, adding something extra, being spontaneous, improvising to affect new ideas)	1. No or very low levels												
	2. Low but more than level 1												
	3. Moderate for between one third and half the activity. Some peaks.												
	4. High most of the time but with some fluctuations in intensity												
	5. Continuous and highly intense throughout												
<b>3. Embodiment/ connectivity</b>  (apparently embodied, connected, captured within activity)	1. Disconnected, not captured within activity												
	2. Fleeting and/or tentative												
	3. Moderate for between one third and half the activity but with disconnected periods												
	4. Consistent mostly throughout with some intense peaks. .												
	5. Consistent throughout; no apparent signs of disconnection at any time												
<b>4. Verbal Communication</b>	1. None or very little verbal interaction (positive or negative)												
	2. More than in level 1 but very little or no apparent analytic processing												
	3. Moderate levels of simple to intermediate analytic processing												
	4. High levels of frequent, intermediate to sophisticated analytic processing.												
	5. High levels of frequent, sophisticated analytic processing.												
<b>5. Non-Verbal Communication</b>  (eye, facial, body communicative gestures)	1. Very little or no communicative gestures												
	2. Fleeting and infrequent moments												
	3. A moderate number of sustained moments												
	4. Frequent and sustained periods largely consistent throughout												
	5. Consistent and intense throughout												

WELLBEING SCALE													
Level	Description	Participant 1			Participant 2			Participant 3			Participant 4		
		10	25-35	50-60	10	25-35	50-60	10	25-35	50-60	10	25-35	50-60
<b>1. Very Low</b>  No signs of wellbeing shown by five or more of the following:	Not lively - passive No apparent self-confidence Overwhelmed No apparent enjoyment Un-commutative Tense Listless all of the time Destructive/aggressive behaviour No satisfactory engagement with physical environment No satisfactory engagement with social environment												
<b>2. Low</b>  Few signs of wellbeing for up to a quarter of the activity shown by five or more of the following:	Lively for very short periods A little self-confidence apparent for short periods Overwhelmed for long periods Some slight level of apparent enjoyment A little commutative for short periods Largely tense but with some short periods of relaxation Listless for long periods Destructive/aggressive sometimes Nominal engagement with physical environment Nominal engagement with social environment												
<b>3. Moderate</b>  Signs of wellbeing for at least one half of the activity shown by five or more of the following:	Lively for moderate periods Self-confidence apparent for moderate periods Overwhelmed for short periods Apparent enjoyment for at least half of the activity Commutative for moderate periods Tense at times with longer periods of relaxation Listless for short periods Rarely destructive/aggressive Engaged with physical environment for more than half the activity Engaged with social environment for more than half the activity												
<b>4. High</b>  Signs of wellbeing for most of the activity shown by five or more of the following:	Lively for long and consistent periods Self-confidence apparent for long periods. If overwhelmed for very short periods only Apparent enjoyment for at most of the activity Commutative for prolonged periods Mostly relaxed Very few signs of listlessness Very fleeting signs of destructive/aggressive behaviour, in any Engaged with physical environment most of the time Engaged with social environment most of the time												
<b>5. Extremely High</b>  Signs of wellbeing throughout the activity shown by five or more of the following:	Lively all of the time Self-confidence apparent throughout No signs of being overwhelmed Apparent enjoyment throughout Commutative throughout Always relaxed No signs of listlessness Not destructive/aggressive Engaged with physical environment throughout Engaged with social environment throughout												
<b>Satisfaction rating relating to the session</b> (gauged by a participant's apparent levels of openness and agreeableness overall)	1. No apparent satisfaction relating to the session 2. Some fleeting signs of satisfaction 3. Obvious signs of satisfaction for at least half the session 4. Obvious signs of satisfaction for most of the session, with moments of intense satisfaction 5. Obvious signs of consistent and intense satisfaction												



## OBSERVATION TOOL FOR CREATIVE COMMUNICATIONS PILOT

Date .....

Activity	
No. of Attendees	
Details of setting	

Participant 2	Participant 2	Participant 3	Participant 4
Minus 10-5 minutes			
5-10 minutes			
20-25 minutes			
35-40 minutes			
55-60 minutes			

engagement/interest; verbal communication (expressing thoughts/memories/emotions); non-verbal communication (posture/facial expressions/agitation/ wandering/ sleeping/fidgeting/eye contact/movement); dexterity; coordination; interaction; morale

## APPENDIX II: Interview schedules

### INTERVIEW SCHEDULE – FACILITATORS

- 1) What impact do you think taking part in the Creative Communications sessions had on residents? *Please elaborate as much as you can about this*
- 2) Have you experienced any difficulties throughout the pilot project?  
*Can you please give specific instances of this*
- 3) Have you detected any improvement in residents' wellbeing as a result of being involved in the sessions? *Ask about mood, level of engagement, enjoyment, confidence*
- 4) Have you detected any deterioration in residents' wellbeing as a result of being involved in the sessions?
- 5) Have you detected any improvement in residents' quality of life as a result of being involved in the sessions? *Ask about any changes noticed outside of the sessions after participating, such as interaction with others (residents and staff), behaviour, levels of relaxation/agitation*
- 6) Have you detected any deterioration in residents' quality of life as a result of being involved in the sessions?
- 7) Do you think that the residents have benefitted from being involved in the pilot project?  
*Can you please identify specific ways in which you have become aware of this?*
- 8) Has there been any particular impact (positive and negative) on you as a result of facilitating this pilot project?
- 9) Are there any particular incidents, events or stories that come to mind throughout the duration of the pilot project?
- 10) Is there anything else that you would like to add about the Creative Communications pilot and yourself/your work?

## INTERVIEW SCHEDULE – CARE HOME STAFF & FAMILY MEMBERS

- 1) What impact if any do you think taking part in the Creative Communications sessions had on residents/your family member? *Please elaborate as much as you can about this*
- 2) Have you experienced any difficulties during the delivery of the pilot project?  
*Can you please give specific instances?*
- 3) Have you detected any improvement in residents'/your family members' wellbeing as a result of being involved in the sessions? *Ask about mood, level of engagement, enjoyment, confidence*
- 4) Have you detected any deterioration in residents'/your family members' wellbeing as a result of being involved in the sessions?
- 5) Have you detected any improvement in residents'/your family members' quality of life as a result of being involved in the sessions? *Ask about any changes noticed outside of the sessions after participating, such as interaction with others (residents and staff), behaviour, levels of relaxation/agitation*
- 6) Have you detected any deterioration in residents'/your family members' quality of life as a result of being involved in the sessions?
- 7) Do you think that the residents/your family member have benefitted from being involved in the pilot project? *Can you please identify specific ways in which you have become aware of this?*
- 8) Do you think there has been any particular impact for the residents/your family member and your organisation from external facilitators being involved in/delivering this project?
- 9) Are there any particular incidents, events or stories that you recall during the time that the Creative Communications sessions took place?
- 10) Is there anything else that you would like to add about the Creative Communications pilot and your organisation/role/family member?



## **Evaluation of Creative Communications Pilot Project in a Care Home Setting**

### **PARTICIPANT INFORMATION SHEET**

A research study is being conducted at Canterbury Christ Church University ('CCCU') by Sharon Manship.

#### **Background**

The Creative Communications Pilot Project aims to improve the engagement and general wellbeing of residents in care settings through participation in dance, movement and visual art activities. The evaluation aims to find out how much the pilot project has been successful in improving the engagement, interaction and wellbeing of residents.

#### **What will you be required to do?**

Participants in this study will be observed in the session by the researcher. The session will be audio recorded to aid analysis.

#### **To participate in this research you must:**

Be a participant of the Creative Communications Pilot Project.

#### **Confidentiality**

All data will be made anonymous (i.e. all personal information will be removed) and in the final report of the evaluation it will not be possible for any individual to be identified. Data will be stored securely within CCCU premises in accordance with the Data Protection Act 1998 and the University's own data protection requirements. Data can only be accessed by Sharon Manship and her research colleagues. After completion of the study, all data will be destroyed.

#### **Dissemination of results**

The report will be published on the web pages CCCU. The evaluation will be written up as a journal article and may also be presented as a paper or poster at an academic conference.

### **Deciding whether to participate**

If you have any questions or concerns about the nature, procedures or requirements for participation do not hesitate to contact Sharon Manship (contact details below). Should you decide to participate, you will be free to withdraw at any time without having to give a reason.

### **Any questions?**

Sharon Manship, Research Assistant, Canterbury Christ Church University, Rowan Williams Court, 30 Pembroke Court, Chatham Maritime, Kent, ME4 4UF.

Email: [sharon.manship@canterbury.ac.uk](mailto:sharon.manship@canterbury.ac.uk)

Tel: 01634 894472

**Thank you very much for taking the time to consider being involved in this study**

APPENDIX IV: Consent form for participants regarding the observations



## CONSENT FORM

**Title of Project:** Evaluation of Creative Communications Pilot Project in a Care Home Setting

**Name of Researcher:** Sharon Manship

**Contact details:**

Address: Canterbury Christ Church University  
Rowan Williams Court, 30 Pembroke Court  
Chatham Maritime, Kent, ME4 4UF

Tel: 01634 894472

Email: [sharon.manship@canterbury.ac.uk](mailto:sharon.manship@canterbury.ac.uk)

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential
4. I agree to the observed sessions being audio recorded to aid analysis of the evaluation data
5. I agree to take part in the above study.


\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## **Evaluation of Creative Communications Pilot Project in a Care Home Setting**

### **PARTICIPANT INFORMATION SHEET**

A research study is being conducted at Canterbury Christ Church University ('CCCU') by Sharon Manship.

#### **Background**

The Creative Communications Pilot Project aims to improve the engagement and general wellbeing of residents in care settings through participation in dance, movement and visual art activities. The evaluation aims to find out how much the pilot project has been successful in improving the engagement, interaction and wellbeing of residents.

#### **Procedures**

Participants in this evaluation will be invited to take part in a one to one telephone interview which will be audio recorded for analysis purposes.

#### **To participate in this research you must:**

Be a care home manager or member of staff/carer of a resident or a facilitator involved in the Creative Communications Pilot Project.

#### **Confidentiality**

All data will be made anonymous (i.e. all personal information will be removed) and in the final report of the evaluation it will not be possible for any individual to be identified. Data will be stored securely within CCCU premises in accordance with the Data Protection Act 1998 and the University's own data protection requirements. Data can only be accessed by Sharon Manship and her research colleagues. After completion of the study, all data will be destroyed.

#### **Dissemination of results**

The report will be published on the web pages CCCU. The evaluation will be written up as a journal article and may also be presented as a paper or poster at an academic conference.

### **Deciding whether to participate**

If you have any questions or concerns about the nature, procedures or requirements for participation do not hesitate to contact Sharon Manship (contact details below). Should you decide to participate, you will be free to withdraw at any time without having to give a reason.

### **Any questions?**

Sharon Manship, Research Assistant, Canterbury Christ Church University, Rowan Williams Court, 30 Pembroke Court, Chatham Maritime, Kent, ME4 4UF.

Email: [sharon.manship@canterbury.ac.uk](mailto:sharon.manship@canterbury.ac.uk)

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**Thank you very much for taking the time to consider being involved in this study**





## CONSENT FORM

**Title of Project:** Evaluation of Creative Communications Pilot Project in a Care Home Setting

**Name of Researcher:** Sharon Manship

**Contact details:**

Address:

Canterbury Christ Church University  
Rowan Williams Court, 30 Pembroke Court  
Chatham Maritime, Kent, ME4 4UF

Tel:

01634 894472

Email:

[sharon.manship@canterbury.ac.uk](mailto:sharon.manship@canterbury.ac.uk)

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential
4. I understand that the interview will be recorded and transcribed for data analysis purposes
5. I agree to take part in the above study.


_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent (if different from researcher)	Date	Signature
_____	_____	_____
Researcher	Date	Signature