Exploring the role of care staff in creative arts interventions in residential care homes

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Abstract

Background: Creative arts interventions are suggested to play an important role in the care of people living with dementia. However, the potential of the arts as a tool to enhance the care and well-being of people living with dementia is seldom realised. Previous research on arts interventions has focused on their efficacy. Whilst resource constraints and availability of skilled facilitators are key factors, in residential settings, care staff play a crucial role in determining the successful facilitation of creative arts programmes in their workplace. The aim of this research is to examine how care staff influence the access of people living with dementia participating in creativity activity in residential care. It also explores how care staff influence the experience of people living with dementia participating in creative arts interventions in residential care. This research was conducted in care homes participating in *Imagine Arts*, a three year programme funded by Arts Council England and the Baring Foundation with the theme of arts and older people in care. It aimed to enrich the lives of older people in care settings through the provision of an innovative programme of arts.

Method: To address the research aims, this thesis presents a realist informed programme of theory development. The results from a systematic literature review examining the involvement of care staff in creative arts in residential care were used to develop an initial programme theory: that under certain conditions creative arts programmes which involve and engage care staff, facilitate enhanced interactions and improves care strategies. This theory was further developed through pilot case studies.

A qualitative dual case study, used to empirically test and revise the initial programme, was conducted in two UK care settings involved in the Imagine Arts programme. Multiple data sources were used including non-participant observation (Dementia Care Mapping), semi-structures interviews, fieldnotes and documents. Data were analysed using a realist informed approach identifying context, mechanisms and outcome configurations.
Theory refinement was an iterative process and involved conducting a cross-case analysis between each data set, looking for instances which confirmed or refuted the initial programme theory.

Results: The findings from the literature review and case studies contributed to a revised programme theory which outlines which contextual conditions need to be in place for care staff to actively engage in creative activity. The study has shown that when these conditions apply it is likely that there will be positive interactions such as inclusion, fun and celebration, between care staff and people with dementia. Key outcomes of care staff engagement in creative activity include the promotion of sustainability of creative activity.

Conclusion: This evaluation research is one of the first to examine the involvement of care staff within the context of a real world programme of arts. It demonstrates how care staff participation in creative activity, alongside residents living with dementia, facilitates positive person work, upholding residents' personhood. The findings from this research extend current thinking on how creative arts can be implemented within care settings as well as providing a basis for developing programmes of arts in care settings.

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Conference presentations

Broome, E. Dening, T., Schneider, J., Brooker, D. The impact of care staff on outcomes from arts interventions for people with dementia: a dual case study. Oral presentation at Alzheimer's Europe conference. October 2018. Barcelona, Spain.

Broome, E., Veale, A. Implementing arts activities in residential settings. Workshop at TAnDem Arts and Dementia: Impact and implementation conference, September 2018, Nottingham, UK.

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Broome, E., Cousins, E. Conversations over coffee: Navigating the PhD journey. Oral presentation at Alzheimer's Europe Conference. October 2017. Berlin, Germany.

Broome, E. Gray, K., Swift, R., Veale, A. Arts and dementia: Reflecting on practice, engagement and value. Workshop at International Culture Health and Well-being Conference. June 2017. Bristol, UK.

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International Culture Health and Well-being Conference. June 2017. Bristol, UK.

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Broome, E., Cousins, E., Gray, K., Veale, A. The value, content and purpose of the 'evidence base' and how it should be communicated from different stakeholder perspectives. Roundtable at the Royal Society Public Health International Arts and Dementia conference. March 2017. London, UK

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Broome, E., Cousins, E., Dening, T., Schneider, J. What should psychiatrists know about arts interventions in dementia? Workshop at the Faculty of Old Age Psychiatry Annual Conference. March 2016. Nottingham, UK.

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Prizes and awards

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1st place: Sue Watson Postgraduate Presentation, May 2017

University of Nottingham Postgraduate Travel Prize, June 2017

3rd place: LINK interdisciplinary Student conference, June 2016

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Glossary of terms and abbreviations

APPG All-party Parliamentary Group

ASSIA Applied Social Science Index and Abstracts

BCC Behaviour Category Codes

CI Confidence interval

CINAHL Cumulative Index to Nursing and Allied Health Literature

CMAI Cohen Mansfield Agitation Inventory

CMO Context Mechanism Outcome

DCM Dementia Care Mapping

DMAS Dementia Mood Assessment Scale

EMBASE Excerpta Medica Database

MEDLINE Medical Literature Analysis and Retrieval System Online

MeSH Medical Subject headings

NAPA National Activity Providers Association

NCF National Care Forum

NHS National Health Service

NLW National Living Wage

NPI Neuropsyciatric Inventory

PDs Personal Detractors

PEs Personal Enhancers

SCIE Social Care Institute for Excellence

SROI Social Return on Investment

VCM Veder Contact Method

WHO World Health Organisation

WIB Well-ill being

Chapter 1: Introduction

1.1 Relevance of the topic

Creative and cultural experiences provide opportunities for people with dementia to utilise existing skills, deepen relationships and participate in meaningful activity. In the current economic climate, health and social care systems face unprecedented pressures. However, there is potential to improve the quality of life of people living with dementia through the practice of integrating creative arts in care settings. This doctoral research uses a variety of methodological approaches including non-participant observation, case study methodology and the principles of realist evaluation to explore how care staff influence the experience of creative arts programmes in residential care settings for people living with dementia. This introductory chapter provides an overview of the dementia care landscape and presents the motivation, scope of this study and overarching research question.

1.2 Dementia care landscape

Dementia is a progressive condition relating to a group of syndromes which leads to a loss in cognitive function. The Diagnostic and Statistical Manual of Mental Disorders (5th Ed) (DSM5) (American Psychiatric Association, 2013) diagnosis of dementia comprises of an impairment of memory accompanied by other cognitive deficits including impaired visuospatial skills, language challenges, problems with orientation and sequencing. Collectively, these symptoms may cause an impairment in daily functioning. There are numerous

subtypes of dementia each with variations in their presentation. However, the most common subtypes include Alzheimer's disease, vascular dementia, mixed dementia, dementia with Lewy bodies and frontotemporal dementia (Stephan and Brayne, 2010).

Figures from the World Alzheimer's Report estimate that there are 46.8 million people living with dementia globally, with 9.9 million new cases occurring every year (Prince et al., 2015). With increases in life expectancy, and a growing aged population the number of people living with dementia globally is expected to rise to 131.5 million by the year 2050 (Prince et al., 2016). In the United Kingdom (UK), one in three people over the age of 65 will develop dementia before the end of their lives. There is incomplete agreement regarding the number of individuals living with dementia, with figures ranging between 670,000 (Matthews et al. 2013) and 850,000 (Alzheimer's Society, 2016) between different sources. By the mid-21st century this figure could increase to around 2 million people in the UK living with dementia (Alzheimer's Society, 2014). A retrospective cohort study estimated a positive change in diagnosis rates of dementia in the UK over the last ten years, particularly after the introduction of the National Dementia Strategy (2009) of which diagnosis was a priority (Donegan et al., 2017). However, even in high income countries, it is estimated that only 40-50% of people living with dementia receive a diagnosis (Prince et al., 2016). The Cognitive Function and Aging Studies estimate the dementia prevalence rates in care homes have increased from 56% to 69% (Mathews et al., 2013). Indeed, more recent studies have found cognitive impairment, measured by the

Mini-Mental State Examination, to be 75% in UK care homes (Gordon et al., 2014). It is now reported that a diagnosis of dementia is associated with higher level of care fees (Romeo et al., 2017).

Dementia has profound economic and social effects both on an individual and on a societal level. Globally, the estimated cost of dementia is US $818 billion (Prince et al., 2015) with this cost expected to increase over time as the number of people aged 65 and over increases. In the UK, the economic impact of dementia is approximately £26.2 billion per annum (Alzheimer's Society, 2014). The annual cost of care for people living with dementia is estimated at more than other prominent diseases such as heart disease, stroke and cancer combined. This total comprises of healthcare costs (£4.3 billion), social care (£10.3 billion) and the work of unpaid caregivers (£11.6 billion) (Alzheimer's Society, 2014). In recent years dementia has become a national government priority, yet a cure is still elusive. Even if a significant breakthrough in the treatment of dementia arise, a significant number of people would still be living with the condition who require care and support to maintain a decent quality of life. Despite initiatives like the National Dementia Strategy (DH, 2009) which aim at improving dementia services across the country, there is still immense pressure on our social care system. This can be attributed not just to the growing numbers of older people but also to the impact of economic austerity on the local government bodies that are responsible for social care, both in people's homes and in residential settings.

1.3 Residential care

Many people with dementia live in care homes; this means that considerable burden falls on residential care facilities and their workforce. In the UK, residential and nursing care homes provide most long-term institutional care for older people. The Skills for Care report (2018), estimates that there are 41,000 care facilities providing adult social care in England, of which two thirds of facilities are regulated by the Care Quality Commission (p. 18). At present, 38% of people living with dementia are in residential care or nursing homes. This figure includes 180,500 individuals in residential care and 131,230 in nursing homes (Alzheimer's Society, 2014).

The mean age of individuals residing in care homes is about 85 years (Darton et al., 2012; Gordon et al.,2014) with women making up approximately 75% of this population (Matthews et al., 2013). Estimates suggest that the average length of stay for UK care home residents is 2.5 years, however this number is suggested to be declining particularly for people living with dementia (Lievesley et al., 2011). People who reside in care homes have highly complex care needs, frequently living with multiple morbidities and commonly exhibiting behavioural symptoms such as agitation, nervousness and irritability (Gordon et al. 2014). Depression is a common mental health concern in most care settings with prevalence estimated at 26% (Stewart et al., 2014).

Most care home residents have dementia, even in facilities that are not specifically registered to care for people with dementia (Matthews & Dening,

2002, Gordon et al., 2014). A South East London care home survey reported a dementia prevalence of 75% (Stewart et al., 2014), among whom 38% had 'moderate' and 54% 'severe' dementia as measured by the Clinical Dementia Rating Scale (Hughes et al., 1982). The categorisation of the severity of dementia is not straightforward; dementia is a progressive and symptoms of this condition may vary over time and setting.

In a cross-sectional analysis of care home and service provision, Romeo et al. (2017) reported that the total cost of care was £12.8 billion annually for residents living with dementia in the United Kingdom. A large proportion of the economic cost of dementia falls to the social care sector; with £4.5 billion funded by local authorities. A further £5.8 billion is funded privately, by individuals themselves (Alzheimer's Society, 2014). However, over the past five years there have been public spending cuts totalling £160 million on older people's social care (Age UK, 2017) increasing the pressure on care facilities to provide care and support with limited resources.

Care home fees vary widely depending on the region of the country and the type of room provided. For voluntary and private provider organisations, in 2015 the average fee for a single room in a residential care home was £525 per week, rising to a maximum of £879 for a single room in a nursing facility (Curtis and Burns, 2015).

The social care workforce is often underappreciated; characterised by low pay and challenging working conditions (Razavi and Staab, 2010). Care staff are

typically paid close to the national minimum wage (Hussein, 2017). However, the introduction of the National Living Wage (NLW) in April 2016, means that the recommended hourly rate has risen to £7.20 and will rise again to £9 per hour by the year 2020 (Age UK, 2017). For the social care workforce whose employers pay the NLW, this means an increase to £7.76 per hour for a care worker and £8.54 per hour for a senior care worker (Skills for Care, 2017). However, with increased payroll costs from inflation and the introduction of the NLW, care facilities are having to justify their higher fees (Romeo et al., 2017). A thematic analysis of stakeholders in the care sector suggested that reasons for low wages were i) that care work is not valued by wider society ii) the intrinsic nature of care work and iii) the impact on funding cuts on pay and conditions (Hussein, 2017). It is unsurprising that staff turnover rates for the adult social care sector have increased over the past 5 years. Staff turnover is now estimated at 37% per annum, the equivalent of 180,000 workers (Skills for Care, 2018).

There have been concerns about the quality of care provided for people with dementia. Only 46% of the care workforce possess an adult social care qualification (Skills for Care, 2017). In addressing the skill shortage gap, the National Dementia Strategy called for increases in education and training for the care workforce (Department of Health, 2009). The Care Certificate has been developed to provide care workers with skills and knowledge to provide high quality care; it consists of 15 fundamental skills necessary to provide "safe, effective and compassionate care" (Argyle et al., 2017, p. 2). Since January 2015, it has been reported that 68% of care staff have engaged with the

Care Certificate training (Skills for Care, 2018). However, there are variations in the implementation of Care Certificate training, with reports that some organisations lack the resources and capacity to fully implement this programme (Thomson et al., 2018).

It has been suggested that, in a context of limited resources, care home staff place greater emphasis on the physical needs of residents rather than their psychological and emotional needs (Harmer & Orrell, 2008). Staff are under increasing pressure to meet physical caring demands, with little time to incorporate psychosocial interventions into daily care practice (Lawrence et al., 2012). However, non-task focussed engagement with activity has been associated with positive effects in nursing home residents with a diagnosis of dementia; likewise, the same authors found that pleasure was related to social stimuli, self-identity stimuli and music (Cohen-Mansfield et al., 2012a, 2012b).

In North America, recreation therapists are employed in care settings with the aim of providing activity for those they care for. In the UK, this role is referred to as an "activities worker" or "activity coordinator" and requires no formal qualification. The Skills for Care (2018) website provides the following job description:

- talking with people about the types of activities they'd like to do
- organising activities that are tailored to the needs and abilities of individuals, as well as group activities that will bring individuals together

- booking external suppliers to provide entertainment
- organising trips out in the local community, considering transport arrangements and accessibility
- assisting people to take part in activities.

In the United States, a study conducted by Buettner and Fitzsimmons (2003) highlighted how 45% of 107 care home residents living with dementia did not receive activities. Moreover, 12% of residents received activities which were unsuitable for their level of cognitive functioning or interest. As these authors articulate "activity calendars are hung each month with care, but for residents with dementia, the benefits are not often there" (Buettner and Fitzsimmons, 2003, p. 225). The National Activity Providers Association (NAPA), endorsed by Skills for Care, is a charitable organisation in the UK which provides accredited training for those working in the social care sector to further their knowledge of providing activity in care setting.

1.4 Arts and dementia

Arts and health programmes offer opportunities to support the social, emotional and psychological benefits for many populations, including people living with dementia (APPG, 2017). There is growing evidence which supports the importance of the arts for health including improved well-being (Mowlah et al., 2014) and positive effects on physical health (Clift, 2012).

There is an increasing body of research on how psychosocial interventions, in particular creative and cultural opportunities, can improve the lives of

individuals living with dementia. In a report surveying 15,000 respondents evaluating well-being in later life, creative and cultural activities were deemed to contribute to individuals' well-being (Age UK, 2017). Likewise, the recent All-Party Parliamentary Group on Arts, Health and Well-being Inquiry (2017) stated that there is "a growing body of evidence and practical experience shows that engagement in the arts increases the well-being of healthy older adults in residential care" (p. 128).

The breadth of arts and cultural opportunities available to people living with dementia is diverse and there are challenges with attempting to define art forms. For example, a systematic review conducted by Cowl and Gaugler (2014) included "visual arts (painting, colouring, and sculpting, or viewing works of art created by others), music (listening to, singing, and playing music), drama/movement (acting, storytelling, dance, and expressive movement), songwriting, and poetry (writing and reading of poetry)." (p. 284). Whereas, Young et al., (2016) categorise art forms three ways: literary, performing and visual. A taxonomy, generated through a realist informed case study and Delphi study, has recently been developed in order to name, define and describe arts interventions for people living with dementia (Cousins et al., 2019). The 12 dimensions of the taxonomy include: art form, artistic elements, artistic focus, artistic materials, arts activity, arts approaches, arts facilitators, arts location, competencies, complementary arts, intervention context and principles.

Each art form varies in implementation and context, and with that so too will the desired outcomes. Schneider (2018) specifies three ways in which arts

activities may be understood in relation to their context: i) intervention level ii) severity of dementia and iii) facilitator. Intervention level refers to the target of the intervention for example "the individual, the caring relationship (formal or informal) and in some the way that care is provided" (p. 2). In addition, as dementia is a progressive condition which affects functionality, the ability to engage with different art forms may vary. For example, people with advanced dementia may be more suited to sensory experiences. Lastly, the quality of the facilitator and experience which they bring to a creative session will impact the intervention process.

1.4.1: Arts therapy approaches

There is increasing interest in the use of art therapies to support people living with dementia. Therapists, including those who work with dance, music, music or art, typically work in care settings with the particular aim of improving specific conditions (Castora-Binkley et al. 2010). This therapeutic way of working, utilises the arts as a way of improving a particular problem or symptom of a condition, for example a therapist working with a person living with dementia may aim to reduce their agitation.

A systematic review examining the efficacy of creative arts therapy, including visual arts, music, drama and poetry, found that these therapies were effective in treating behavioural and emotional symptoms relating to dementia (Cowl and Gaugler, 2014). Music therapy is a well recognised creative approach which can support people living with dementia. Gold (2004) describes how "underpinning [music therapy's] use in dementia services is a growing body of

international evidence which demonstrates its effectiveness in helping to manage patients' behavioural symptoms such as agitation, anxiety, aggression and withdrawal" (p. 258). Other positive effects of music therapy include an increase in quality of life, a decrease in agitation and reduction of medication (Ridder et al., 2013).

Similar benefits have also been demonstrated in dance movement sessions for people with dementia. A meta-analysis of the effectiveness of therapeutic dance sessions may increase quality of life and positively affect well-being, mood and affect, however only one study in the analysis included people living with dementia (Koch, 2014). Likewise, findings from a systematic review reported that dance therapy led to a reduction in problematic behaviours and also enhanced mood, socialisation and cognition in care home residents living with dementia (Guzmán-García et al., 2012). Dance movement is primarily focussed on the "process of performance" (Beard, 2012, p. 642), highlighting the importance of meaningful interaction and group cohesion over biomedical measures. For people with dementia, the opportunity for expression through non-verbal processes can be beneficial, as dance movement can be used as a supplement or alternative to speech (Nystrom & Lauritzen, 2005). However, a recent systematic review on dance movement therapy and dementia highlighted the need for further sound research in order to assess whether dance if effective for people living with dementia (Karkou and Meekums, 2017)

1.4.2 Participatory arts approaches

The participative arts, as described by Zeilig (2014) "refer to professional artists that conduct creative or performing arts projects in community settings with PWD [people living with dementia] and their carers" (p. 13). This form of arts intervention is typically provided by a community artist, supported by care staff with the goal of pleasure or to promote social engagement (Fraser et al., 2014).

Research suggests that participatory arts interventions can positively impact mood, cognition and communication, as well as the quality of life of people living in residential care (Young et al., 2015; Fraser et al., 2014). A critical review on participative arts activities for people with dementia, conducted by Zeilig et al. (2014) demonstrated similar results; valued outcomes included promoting new learning, increasing confidence and socialisation. Previously, it has been assumed that people living with dementia cannot learn new skills, however research has refuted this. Participation in creative activities has also been considered to promote motivation, purpose and hope, all of which contribute to successful ageing (Fischer & Sprecht, 2009). In fact, Ullán et al. (2012) discovered that people with dementia were capable of participating in an artistic educational programme; proving to be a positive experience and contributing to a person's sense of well-being. A rapid literature review reports that participative arts activities such as music, dance singing and visual arts resulted in improved mood, engagement and memory (Fraser et al., 2014).

The potential benefits of visual arts activities have previously been evaluated in comparison to recreational activities alone. A randomised controlled trial conducted by Rusted et al. (2006) demonstrated that, over a period of 40 weeks, participants in art therapy sessions improved in both mood and sociability. Likewise, results from an observational study utilising the Greater Cincinnati Chapter Well-being Observational Tool (Kinney and Rentz, 2005) revealed that participants' well-being improved during the arts intervention. These studies demonstrate that older adults who have a cognitive impairment are able to participate in artistic workshops. Moreover, participation in artistic programmes can encourage feelings of competence. In focus groups, people with dementia self-reported their interest and satisfaction with their performance participating in cultural sessions (Ullán et al., 2012). Arts interventions and programmes in residential care settings will be discussed in the following section.

The same is true for visual arts interventions; a qualitative analysis demonstrated that community visual arts programmes facilitate social interaction, enjoyment and confidence in people with mild to moderate dementia (Camic et al., 2014). Likewise, a visual arts education programme (Richards et al., 2018) demonstrated improved self-esteem on the Rosenburg Self-Esteem scale (Rosenberg, 1986) in people with dementia and a reduction in caregiver burden on the Zarit Burden Interview (Zarit et al., 1980).

1.4.3: Creative and cultural opportunities

Creative and cultural opportunities may include visual arts activities such as gallery visits, painting, sculpting and handling sensory objects (Schneider, 2018). An example of this type of programme, which includes a gallery visit with a workshop facilitated by a guide, is the Meet Me At MoMa (Metropolitan Museum of Art) programme hosted by the New York Museum of Modern Art. Langer's, as cited in de Medeiros and Basting (2013), definition of cultural arts includes "the practice of creative perceptible forms expressive of human feeling" (p. 344). Positive outcomes have been associated with this type of creative and cultural opportunity. A multi-site longitudinal study examining the impact of professional community based cultural programmes discovered that participation in the programme improved self-rated physical health, improved morale and reduced loneliness (Cohen et al., 2005). In this study, the cultural programme was defined as: "painting, writing, poetry, jewellery making, and material culture, to music in the form of singing chorales" (p. 726).

The creative arts are increasingly being recognised for their ability to promote the well-being of people living with dementia. Schneider (2018) suggests five justifications for the use of creative arts to support people living with dementia: i) the arts are enjoyable, ii) arts activities are accessible, iii) there may be positive spill over effects for professional and familial carers, iv) there may be wider community benefits and v) the arts do no harm. Therefore, arts

activities have the potential to be a valuable tool within residential care settings.

1.5 Arts in residential care

It is important for adults to stay meaningfully engaged in activity in later life. The Baring Foundation, a UK based organisation which aims to improve the quality of life of those who may be disadvantaged or discriminated against, conducted a report which found that incorporating creativity and artistic expression can improve the care and quality of life of people who are living in residential care (Cutler et al., 2011). In this sense, engagement with arts-related activity could help meet quality social care standards, for example as defined in the UK by the Social Care Institute for Excellence (SCIE). These standards include:

- Spending time purposefully and enjoyably doing things that bring individuals pleasure and meaning
- An excellent support service [that] supports and enables people to engage with activities, pastimes and roles which bring individuals pleasure and meaning and enhance their quality of life (SCIE, 2010).

Most of the not-for-profit National Care Forum (NCF) care homes in England provide arts activities for their service users including but not limited to painting, drawing, textile work, drama, performances, music and movement and themed events (Cutler et al., 2011). The College of Occupational

Therapists provides the *Living Well through Activity in Care Home* toolkit; this type of initiative suggests that care homes should include arts, crafts, music and singing to support participation in meaningful activity. However, an exploration of the provision of activity undertaken to inform the present evaluation in eight UK care home discovered that most programmes focussed on games, beauty therapy and outings rather than arts-related activity. Arts-related provision such as listening to music, doing crafts and knitting were a small part of the programme and generally delivered by care staff (Broome et al., 2017a). Similarly, an NCF survey of 59 care homes discovered that most activities were facilitated by staff alone, with professional artists leading only 23% of activities (Cutler et al., 2011).

Several initiatives and voluntary organisations have started to promote and to provide arts activities for people with dementia and for residents of long-term care facilities. In Wales, the Baring Foundation and Arts Council of Wales funded a two-year programme, cARTrefu, comprising of artist residencies in care facilities. The aim of cARTrefu was to provide participatory arts sessions to care home staff and residents whilst mentoring arts practitioners to deliver these activities in care settings. The residencies included the mentoring of artists in four art forms: performing arts, music, visual arts and words; artists that received the mentoring delivered eight, two hour creative sessions in care settings. Results from this programme reported a statistically significant improvement in well-being in residents using the smiley face assessment scale. Participants were asked to complete a five-point Likert scale comprising of smiley pictorial faces to indicate how much they had enjoyed the session;

responses ranges from not great to fantastic. The findings from the Approaches to Dementia Questionnaire, completed by staff participating in cARTrefu, demonstrated a statistically significant increase of 2.4%; particularly on scores of hope and recognition of personhood, similar results were found for the arts practitioners (Algar et al., 2017).

Likewise, a mixed method longitudinal design was used to compare a visual arts programme, Dementia and Imagination, for people with mild to severe dementia with a control group (Windle et al., 2018a). This project took place in four residential care facilities, two NHS assessment units and three community cultural venues. Elements of the visual arts programme included: i) practitioner understanding of dementia; ii) a physically and psychological safe space; iii) a template for viewing and making; iv) an atmosphere of fun, imagination, creativity and celebration; v) socialisation; vi) personal development; vii) principles including ethics and communication (Windle et al., 2018a). Using the DEMQOL-Proxy (Smith et al., 2007), quality of life significantly improved from baseline to the end of the 12 week intervention, however this finding was not reflected in self-reported quality of life. Qualitative interview data suggests that the programme was stimulating, and participants felt a sense of achievement. Interestingly, communication measured by the Holden Communication Scale (Holden and Woods, 1995) improved in the residential settings for the course of the arts programme but decreased in the hospital setting. The authors surmise that the arts may play a significant role in improving and sustaining communication in residential care settings (Windle et al., 2018a).

1.6 Critique of arts and dementia research

Many studies evaluating arts interventions and using standardised measures report limited improvements for people living with dementia. A randomised controlled trial conducted by Cooke et al. (2010) found that attendance at live music sessions had no significant difference on quality of life nor on depression in older adults with dementia. Similar results were recorded in a mixed methods visual arts study; the researchers reported no significant difference on measures evaluating carer burden, quality of life or daily activities (Camic et al., 2014). The researchers suggested that their small sample size, lack of measure specificity in relation to the arts intervention and the preferences of participants to verbally discuss their experiences contributed to the lack of measurable change. Other researchers have suggested that the lack of statistically significant outcomes reflects how standardised measures are not appropriate to the context of short term arts programmes; instead, outcomes should probably be more appropriately captured in qualitative data (Davidson and Fedele, 2011).

Contrary to previous research, one study (investigating the effect of Baroque music) demonstrated significantly more behavioural disturbances in patients with dementia compared to a control group (Nair et al. 2011). A randomised controlled trial comparing the efficacy of art therapy in comparison to activity groups also demonstrated positive effects within sessions on measures of "mental acuity, sociability, calmness and physical engagement" (Rusted et al.,

2006, p. 529). Although, depression scores increased on completion of the sessions; it could be argued that this was because of the withdrawal of the arts programme.

Despite the positive outcomes associated with the creative arts, there are evidently challenges to evaluating this type of complex intervention. Regarding reviews on the efficacy of arts and health programmes, Moss & O'Neill (2014) assert that such research "rarely stand up to sustained academic scrutiny, with a tendency to mould weak data and speculative associations into an often less than convincing polemic" (p. 1032). Critics suggest that studies evaluating arts interventions for people with dementia are generally of poor methodological quality (Vink et al., 2011). Moreover, it is argued that they typically have a limited sample size, lack the use of standardised measures, and overlook theoretical frameworks (Young et al., 2016). In a review of art therapies and dementia care, Beard (2012) concluded that:

> The most noteworthy empirical weaknesses of AT [art therapy] studies include: (1) inadequate elucidation of study design, including description of activities and methods utilized; (2) poor or unspecified, if any, measurement tools; (3) over-emphasis on clinical outcomes; and (4) lack of systematic analysis of data. (p. 644)

There are limitations to arts and dementia research which focuses on assessing the wellbeing of people living with dementia. Pre and post quantitative measures and scales, which are typically used to evaluate wellbeing, are challenging for people with dementia who may have limited verbal capacity or

not remember what has taken place to complete. The vast diversity of art forms and creative activities makes replication challenging and inconsistent (Schneider, 2018). Moreover, research has tended to focus on music and visual art with new studies building on these findings, this means other modalities receive little attention and evaluation (Schneider, 2018).

In reflecting on the methodological challenges of arts and dementia research Gray et al., (2017) highlight several areas to reflect on including:

- context
- value
- ethics
- meaning and communication

Arts interventions in care settings are particularly complex in nature and Gray et al. (2017) highlight several contextual factors which are challenging to describe and analyse including setting, time, culture, personal histories and aesthetic preferences, this list is by no means exhaustive. In terms of value, Gray et al. (2017) rightly asserts that there are disagreements about the intrinsic and instrumental value which creative arts activities might have; in this review the arts were valued as an alternative to pharmacology, having cognitive, social and emotional benefits, improving communication and improving well-being as well as offering opportunities for enjoyable activity. To make for an ethical evaluation, people living with dementia should consent to participation; this review highlighted that few published studies consulted or included people living with dementia. Lastly, this review questions how we communicate results of such studies meaningfully. The impact of creative

activity may be fleeting, and there are difficulties in using research methods which do not allow for small nuances to be captured and meaningfully interpreted.

Despite these obstacles to evaluation, it appears that there is an opportunity for the creative arts to enhance the quality of life for people living with dementia by incorporating cultural activities into daily care practice. It is promising that the former Chief Inspector of Adult Social Care, Andrea Sutcliffe, acknowledged the role of creative arts in enabling people in care to live full and meaningful lives (Care Quality Commission, 2016).

1.7 *Imagine Arts*

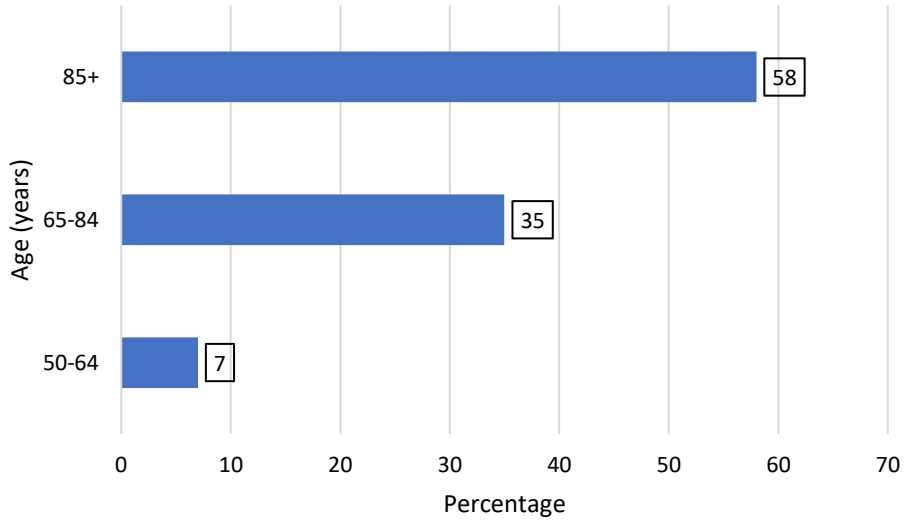
In the UK, Arts Council England and the Baring Foundation invested £1 million in a joint venture as part of their Arts and Older People in Care fund; to invest in arts programmes in residential care settings. This funding call was in response to a survey conducted by the Arts Council which demonstrated that individuals aged over 75 have lower engagement rates with creative and cultural opportunities than other age groups (Department for Digital, Culture, Media and Sport, 2016).

The *Imagine Arts* programme, in Nottingham, was one of four projects to be awarded this grant between 2014-2017 (Duncan, 2017). The *Imagine Arts* consortium was led by a national care home provider alongside local arts providers, the local authority and an academic institution. Other care homes in the region as well as cultural venues participated in the programme.

The programme aimed to introduce arts practice that challenged, engaged, stimulated, and enabled older people in care to have access to a rich cultural offer. Over the course of three years, *Imagine Arts* sought to expand the skills, experience and practice of artists, care providers and volunteers to develop and respond to opportunities with engagement in art; encouraging partnerships between care providers and arts organisations whose purpose is to give residents access to quality art experiences.

Originally, 17 care homes, from public, private and voluntary sectors were involved with the programme. However, due to closures, only 10 care homes were involved for the whole length of the programme. Seventy artists and 12 arts organisations provided 634 hours of work including 313 workshops and 12 external visits to cultural venues. A total of 2,368 residents attended the *Imagine Arts* sessions; in addition to 404 care staff, 231 volunteers and 146 family members. Of the care home residents 79% were female and 21% male. Figure 1.1 shows the age breakdown of residents who participated in the *Imagine Arts* programme.

Figure 1.1: Age of participants



The programme consisted of artist residencies, commissions, and opportunities to view and participate in creative and cultural opportunities within and outside the care home facilities. Local arts practitioners and arts venues such as museums and galleries, in response to an invitation from the programme, offered a range of workshops tailored to the care home residents. Art forms explored included visual arts, poetry, dance, music, singing, digital arts, theatre and puppetry. The type of activities varied greatly; a more detailed description of each strand of work is provided in Table 1.1. Whilst these topics indicate the skills and intentions of the artists, they are broad descriptions of workshops, because facilitators often had to adapt activities on the spot to various contingencies and to evolve creatively.

Table 1.1: Description of *Imagine Arts* programme

Artform	Description
Visual arts	• An exploration of lace artefacts followed by hands-on sessions creating lace gloves and lace shoe making. • Involving care home residents with community events such as the local carnival by designing and contributing to a large scale puppet. • Visits to local galleries to view exhibitions with accompanying visual arts workshop
Music and singing	• A programme of music led by a professional music therapist supported by music students from an academic institution. Pre-prepared performances with residents encouraged to sing and take part by playing instruments. • Sessions facilitated by trained musicians using sensory and non-verbal approaches
Theatre	• Bespoke drama and musical performances of well-known stories facilitated by drama specialists and musicians. • Pre-rehearsed musical performances with residents and engaging participants to share their own musical memories
Puppetry	• Exploratory workshops to develop a co-produced puppetry theatre piece between practitioners and care home residents.
Digital Arts	• iPad Engage is a programmed delivered in partnership with company We Engage utilising digital applications and cross art form experiences. • Live Streaming of concerts and recitals filmed and streamed live via the internet for care homes to access within their care setting. • Armchair Gallery enables older people to access cultural collections through a digital App • Workshops experimenting with craft objects such as knitting and felt making integrating digital technology such as sensors • Interactive installations using the work of participants displayed at cultural events in the city • Interactive furniture with digital touch boards

A baseline study exploring the provision of arts-related activities at the start of the *Imagine Arts* programme provided an understanding of the way in which the creative arts were perceived and facilitated in residential care (Broome et al., 2017a, Appendix 1: Bringing arts interventions into care settings). Of the participating care facilities, only nine out of the 13 facilities employed a designated activity coordinator. The three supported sheltered housing facilities did not employ activity coordinators since the residents live more independently. Notably, in one day centre which did not employ an activity coordinator, this role was shared amongst staff. One facility, comprising of both day and residential facilities, employed a qualified arts therapist. A summary of existing arts provision in these care homes demonstrated a range of receptive and active arts activities. Receptive arts activities included listening to music and being read to, whereas active arts activities included crafts such as mosaics and knitting. Some facilities reported non-arts related activities such as games, beauty or pampering interventions (e.g. hairdressing) and exercise activities (e.g. chair-based exercises). The activities in these settings were predominately organised and delivered in groups with every facility regularly providing activities led by staff.

Qualitative interviews with care facility managers and activity coordinators at eight participating care facilities were interviewed. A thematic analysis identified the following themes: 'attitudes to the arts', 'expectations of residents in relation to digital arts' and 'obstacles to the arts'. Managers perceived value in the arts after observing how resident engagement positively transformed behaviour. Moreover, it was felt that residents would not be

interested in technology and therefore would not benefit from participating in digital arts activities. The financial implication of funding arts-related activities was considered to be a barrier to providing arts experiences for residents, particularly in the current economic climate; understandably, physical care was a priority. Staff also deemed individual physical impairments, in particular lack of dexterity, as a barrier to resident participation in the arts. These findings indicate that there is a need to develop awareness in care staff on how engagement with creative arts can impact quality of life in care home residents. Practical support and training are necessary to facilitate the continued provision of such activities within this setting.

Imagine Arts also demonstrated a good return on investment. The cost per participant head for the whole project was calculated at £69. A Social Return on Investment (SROI) study was conducted between February 2014 and December 2015 to measure the social value generated by the investment of the *Imagine Arts* programme. SROI analysis evaluates the social and economic impact of activities for the benefit of the public. A co-participatory approach was taken, engaging stakeholders in the evaluation process including beneficiaries, implementers, promoters and funders. The three main beneficiaries of the arts programme were care home residents, staff and activity co-ordinators. Outcomes for the residents included: community inclusion, mental and physical health, improved cognition and decreased social isolation. For care staff and activity coordinators the outcomes were: improved skills in caring for older people and increased confidence in using

arts intervention. A social return on investment (SROI) of £1.20 for every £1 of expenditure was calculated (Bosco et al., submitted). This analysis of the social and economic benefit of *Imagine Arts* demonstrated that the programme represented a good social return on investment and a justifiable use of resources.

Part of the *Imagine Arts* evaluation's purpose was to explore factors which affect the successful facilitation of a residential arts programme. It did so by examining the views of thirty-two artists commissioned by the *Imagine Arts* programme (Broome et al., 2017c, Appendix 2). The aim was to identify barriers and describe how they could be overcome. A total of twenty-one reflective diary sheets, completed by the artists as part of the evaluation was explored using thematic analysis. Four main themes were identified, including 'contextual factors' referring to the practical aspects of facilitating a creative arts session. Second, 'perceiving and responding to needs' emerged, highlighting the necessity to understand and respond to the needs of individual participants during a session. A third theme was 'facilitating relationships', encompassing communication with the care staff and the familiarity of the content and facilitator over the period of the programme. The fourth theme, 'building confidence' referred to confidence-building both in working with elderly populations and experimenting with new creative mediums. This study provided insight into practical aspects of facilitating arts programmes in residential care, from the perspective of the arts practitioners.

1.8 Motivation for the study

The research reported in this thesis builds on findings from the *Imagine Arts* evaluation discussed above. From my observations of *Imagine Arts* sessions and the study exploring practitioners' views on facilitating creative arts in care settings, I became interested in how care staff engage with creative activity in their workplace. Despite the increasing recognition of the possible benefits of incorporating creative activity into residential care, to date there has not been sufficient research on the implementation of such activity in these settings. As Matarasso states, we need not explore "whether [the arts] have an impact, but how and why in what ways, in which circumstances and for whom" (2010, p. 6). If arts interventions have the potential to improve the quality of life of those who live and work in social care settings, it is important to understand how care staff influence the access to and experience of arts interventions. In summary, by identifying how care staff influence arts interventions, this research will advance our knowledge about the impact of the creative arts in care homes. Moreover, it has the potential to help shape the development and delivery of creative practice within the social care sector for the benefit of those who live and work within these settings.

1.9 Aim and scope

The main aim of this research is to address the following overarching research question:

- How do care staff influence the access of people living with dementia participating in creative activity in residential care?
- How do care staff influence the experience of people living with dementia participating in creative activity in residential care?

This research does not examine the effectiveness of the different art forms delivered in the *Imagine Arts* programme. However, it was evident that, regardless of the art form, care staff play a crucial role in facilitating creative arts programmes in care settings. Care staff are in regular, daily contact with the residents and they often get to know them extremely well. Alongside that care staff bring their own life experiences of, or their prejudices, about the arts. It is difficult to consider any activity in a care home independently from the staff's contribution to it.

It is important to stipulate the boundaries of this research. Dementia, care homes and arts interventions are incredible complex. Dementia is a condition which presents in different ways, and each person's experience of dementia will be different. Care homes themselves are complex environments, run by different organisations with variations of staffing levels, experiences and qualifications. Each arts practitioner will have different experiences and training with regard to working with people with dementia. They often

respond in the moment during the creative sessions and therefore there is limited consistency in the way that they work. These factors are by no means exhaustive but provide insight into the complex nature of delivering arts interventions in care settings for people living with dementia.

This thesis responds to previous suggestions that future research should focus on examining the mechanisms of how creative arts interventions work (de Medeiros and Basting, 2013; Windle et al., 2014). Therefore, this thesis aims to answer the overarching research question by exploring contexts which may enable or constrain care staff participation in creative activity.

Existing research recognises the potential of creative arts interventions to influence social relationships (de Medeiros and Basting, 2013). Therefore, this research makes a contribution to the evidence base on creative arts and dementia care by focusing on interactions between care staff and residents during the creative arts intervention. In other words, evaluating the impact of the presence of care staff during the arts intervention from a person-centred care perspective.

1.10 Significance of the study

Most previous research has focused on the efficacy of arts interventions; there is a lack of evidence about *how* the arts are implemented in residential care, which is sometimes called process evaluation. This research is designed to contribute to the body of knowledge on arts and dementia care by exploring

how care staff interact with arts interventions for people with dementia, and the influence they therefore have on the experience of the resident. It extends current thinking on how the creative arts can be effectively implemented within care settings as well as highlighting some of the challenges of implementing creative and cultural opportunities in residential care. There is a flourishing of creative arts in dementia, and much innovation is happening in care homes. The potential to improve the quality of life of people with dementia is great; however, evidence needs to be brought to the field so that development proceeds in the most promising directions

1.11: Rationale for the structure of the thesis

Despite considerable growth in the body of literature on creative arts, most research on arts interventions has tended to focus on their efficacy. In particular, there is an emphasis on proving that the creative arts can enact a positive change in people living with dementia. This thesis inevitably evolved over the course of the three years of PhD research. The original intention was to compare the effects of different art forms implemented in care settings through the Imagine Arts programme. However, during my initial observations of the sessions, I was able to make links with my previous professional experience of implementing a music group in a long-term care setting and I became interested in how care staff engage with creative activity in their workplace and reflected on how this affects the experience of people living with dementia. This research attempts to elucidate contextual factors

which influence the success or failure of arts programmes in care settings. Thus, the idea for this research direction, focussing on how care staff influence the experience of residents within creative arts sessions in care settings, addresses an important gap in the literature.

The focus of this research is particularly complex in nature and there are interrelating components which require careful consideration. For example, the symptomology of dementia presents differently for each individual; each care setting has particular characteristics; the arts intervention may be delivered differently each time, and provoke different responses in those participating. A taxonomy attempting to classify arts interventions for people living with dementia has highlighted 12 interrelated dimensions which interact during this type of programme (Cousins et al., 2019). There is no gold standard research design which may capture all the nuances of an arts intervention for people living with dementia in a complex environment. Therefore, to overcome this challenge, a particular epistemological and methodological stance is required.

As an early career researcher, my understanding of the challenges and the practical implications for the research design evolved over the course of the three years of research. As a consequence, this thesis follows an unconventional structure; it documents the chronological progression of the body of work. The following section outlines a rationale and reflections on the structure of this thesis, which can broadly be understood in two phases, theory development and theory testing.

1.11.1 Development of a theory

Typically, most literature reviews in a PhD project are systematic reviews or systematic mapping reviews. There are several challenges to systematically researching arts interventions for people living with dementia. This includes the lack of rigorous methods for studying and a way to synthesise evidence which differs in terms of intervention, content and outcomes. After an initial systematic scope of the arts and dementia literature, it became clear that I needed an approach which would provide an understanding of how different arts interventions work in care settings. It was through this process that I first came across realist synthesis, and it became obvious that this framework would provide a better way to understand the complex phenomena at play. Realist reviews seek to understand how programmes work within specific settings (Pawson et al., 2005).

At this point, I made the decision to conduct an exploratory realist informed review to explore elements of care staff involvement in creative arts activities in residential settings. Throughout this time, I extensively studied the realist evaluation literature. I was fortunate enough to be able to attend training courses at the University of Nottingham facilitated by an expert in realist research, Geoff Wong. This furthered my knowledge of the implementation of realist evaluation within real world programmes and the realist theory development cycle. As such, my research design can be understood in two phases, theory development and theory testing.

The literature review reported in Chapter 2 provides the theoretical and methodological foundations of this study. By using a systematic realist informed approach, I have provided insight into the complex and diverse nature of arts programmes in care settings. This chapter can perhaps be considered an early findings chapter as it examines studies in terms of the realist concepts of intervention, context, mechanism and outcome and begins to explore the relationships between these aspects (this chapter has now been published – Broome et al., 2017b).

Interpretations of the initial contexts, mechanisms and outcomes identified in the literature are reported in Chapter 2. These early findings determined the subsequent research activities including research questions and methodology. As such, realist enquiry provides the methodological starting point for this research from this point onwards. An iterative realist informed evaluation cycle guided the research process. The multi-phase cycle used in this study comprised of two phases: theory development and theory testing.

The initial programme theory was generated out of the findings of the literature review. To further develop and iterate the initial programme theory forward, two pilot case studies were conducted, these are reported in Chapter 5 (and have now been published - Broome et al., 2018). The pilot cases enabled me to orient myself to the care setting and the arts intervention within the context of the Imagine Arts programme. Moreover, they provided the opportunity to collect data to test the tentative programme theory and iterate it forward for testing in the subsequent comprehensive case studies.

In summary the first phase of this research aimed to scope the arts and dementia literature and develop an initial theoretical framework. The CMO propositions which contribute to the programme theory were developed out of the literature review in Chapter 2. This theory attempted to explain what contexts and mechanisms lead to specific outcomes when staff are engaged and involved in creative arts interventions in care settings. It should be noted however, that this work does not meet the criteria of a rigorous realist synthesis or evaluation. Rather it is an exploratory starting point for thinking about how arts interventions work in care settings using the lens of realist enquiry. Chapter 3 describes the methodological and conceptual frameworks for this study. It outlines what standard realist synthesis and evaluation approaches looks like. Moreover, it provides an explanation of how and why this thesis deviates from standard realist approaches. The initial programme theory is presented in Chapter 3 (Section 3.5).

1.11.2 Testing a theory

The second phase of this research was designed to test and refine the initial programme theory using the realist concepts of context, mechanisms and outcomes. The outcome would be a refined programme theory which would have a practical application and could be translated into other settings. Each aspect of the design and analysis was to test, develop and refine the initial programme theory.

The process for choosing the appropriate methods for this research study was important. Consideration was given to how each method would generate data which could develop and refine the initial programme theory. This process and the justification for each method is reported in Chapter 4, and included multiple methods such as non-participant observations (Dementia Care Mapping), semi-structured interviews, fieldnotes and documents.

Chapter 5 presents two comprehensive case studies that were used to test how arts programmes, introduced as part of the Imagine Arts programme, were influenced by staff engagement. These case studies aimed to enhance understanding of how and why arts interventions work in care settings. They provided a way to test empirically the programme theory presented in Chapter 3, within the context of the Imagine Arts programme. The case studies identified and triangulated evidence relating to contextual factors, mechanisms and outcomes of staff participation in creative arts activity. The findings across both case studies contribute to the theory refinement.

The key theory of person-centred care is used as a theoretical lens for the analysis of the findings from the literature review in Chapter 2. This conceptual framework feeds into the subsequent findings chapters (5 and 6) and contributes to the theory development and testing. The Dementia Care Mapping data from the comprehensive case studies are presented in Chapter 6 and tests the theory that creative arts programmes can facilitate person-centred care practice in care staff when they actively engage and participate in creative arts programmes. Consequently, this chapter goes some way to answering the

research question: how do care staff influence the experience of residents living with dementia during creative activity? The focus of this chapter is to explore the operation of causal mechanisms within the context of a programme of arts; this is accomplished by looking at the interactions between care staff and people living with dementia during a creative arts session. Therefore, testing and iterating in more depth the programme theory developed from the literature review. By examining the operation of causal mechanisms, I was able to either confirm, refine or refute, the initial theory presented in Chapter 3. The results of the analysis, which document each personally enhancing or detracting interactions, are tabulated; a narrative, which contextualises the mechanisms identified, supports this. In conclusion, the findings from this chapter are considered in regard to the initial programme theory.

1.11.3 Final reflections

The overarching aim of this research was to explore how care staff influence the access and experience of people living with dementia participating in creative activity in residential care. The findings from each aspect of the study are brought together in Chapter 7. Each element of this PhD research is synthesised and draws together the findings and discussion from the literature review (Chapter 2), case studies (Chapter 5) and Dementia Care Mapping data (Chapter 6). The culmination of this work is a revised programme theory which affords an empirically-based framework for future research. This chapter also summarises the contributions of this research theoretically, methodologically and practically.

The process of this research was organic; the original research question evolved from observing the implementation of a real-world programme of arts in care settings. Moreover, it addresses an important gap in the literature by exploring the complexities of arts programmes in care settings. Throughout this study, realist evaluation has provided a lens to examine the complexity of creative arts in care settings. Using this type of methodology ensured that the focus of the study was to progress the initial programme theory by identifying context, mechanisms and outcomes which would inform the final programme theory. This way of working leaves scope for a practical application of a programme theory which can be used to promote best practice when implementing arts activities in care settings.

1.12 Structure of the thesis

This thesis is composed of seven chapters. This introductory chapter has provided information pertinent to the context of this doctoral research, including a brief overview of dementia, residential care in the UK and arts and dementia research. It also provides a description of the *Imagine Arts* programme which is the background of the study. More importantly, it provides a rationale for the unconventional structure of this thesis.

The next chapter reports the process and findings of a systematic realist informed literature review. This review examines the involvement of care staff in creative arts activities in residential care using a context, mechanism and

outcome framework. Aspects of care staff involvement which appear to influence outcomes in people with dementia are identified and synthesised.

Chapter three considers the methodological and epistemological assumptions underpinning this PhD thesis. It provides a detailed overview of the research design, including strengths and justification for incorporating principles of realist evaluation. In this chapter the conceptual framework of person-centred care is introduced which forms the basis for the analysis. An initial programme theory developed out of the findings from the literature review is proposed.

Chapter four provides detailed descriptions and justifications for each method used in this research. The data collection process including recruitment strategies and ethical considerations when conducting research with people living with dementia is outlined. To conclude this chapter specifies the data collection procedure and any challenges which were faced during this process.

Chapter five presents the findings from the dual case studies. The aim of the case studies was to test empirically an initial programme theory suggesting how care staff influence arts interventions in two residential care settings. The case settings are described and demographic information provided. The procedure for data analysis is outlined, including an explanation of the realist informed approach. This chapter synthesises the case study data using a thematic approach to show the relationship between contexts, mechanisms and

outcomes. The chapter concludes by outlining the similarities and differences between the cases.

Chapter six describes the synthesis and evaluation of the Dementia Care Mapping (DCM) data collected in this study. An objective of this thesis is to test the theory that creative arts programmes can facilitate person-centred care practice in care staff when they actively engage and participate in creative arts programmes, improving outcomes for persons with dementia. This chapter presents the analysis of DCM data focussing on the interactions between care staff and people living with dementia during the creative activity, particularly how they may uphold or undermine personhood. This is presented by examining instances of positive person work and malignant social psychology during the arts intervention. The chapter concludes by summarising which mechanisms of positive person work operate during creative arts interventions that involve and engage staff and how they relate to the psychological needs of people living with dementia.

The final chapter draws together the findings from the literature review, case studies and in depth analysis of the DCM data. A revised programme theory is presented in light of these findings. Furthermore, this chapter considers the implications of this research on the implementation of creative arts programmes in residential care settings. It depicts how this PhD research has contributed to the knowledge base on arts and dementia research both theoretically and methodologically. Finally, future directions for research are presented.

1.13 Summary

This chapter provides an introduction to this PhD research. It outlines the dementia care landscape in particular some of the challenges faced in residential care in the UK. Moreover, the landscape of arts and dementia research has been presented and critically appraised; highlighting the different classes of arts and some of the challenges encountered when evaluating creative programmes. The *Imagine Arts* programme has been introduced, which provides a context for this study.

The following chapter presents the method and findings from a realist informed systematic literature review.

Chapter 2: The involvement of care staff in creative arts interventions in residential care: review of the literature

2.1 Introduction

As outlined in Chapter 1, this research aims to address the overarching research question: how do care staff influence the access and experience of people living with dementia in residential care? Having presented the background of arts and dementia research and described the motivation for this study, this chapter has the objective to explore the involvement of care staff in creative arts interventions in residential care.

As described in the previous chapter there are challenges to collating and synthesising evidence relating to the creative arts in dementia care. A systematic review, which focuses on the efficacy of interventions was not appropriate and would not have furthered understanding of *how* arts programmes work in care settings. Realist synthesis provides a framework which would provide a better way to understand the complex phenomena at play; seeking to understand how programmes work within specific settings (Pawson et al., 2005). Therefore, this chapter reports the findings from a realist informed systematic literature review. By using a systematic realist literature approach, elements of care staff involvement which appear to influence outcomes in people with dementia are identified. Aspects of

involvement are examined in terms of intervention, context, mechanism and outcome and the relationships between these aspects explored to determine "What works for whom in what circumstances".

Therefore, this chapter contributes to initial theory development within this PhD research by identifying contexts, mechanisms and outcomes relating to staff engagement in creative activity thus providing a basis for the subsequent research activities presented in the following chapters.

2.2 Aim and focus of the review

Whereas a systematic review informs whether or not an intervention is effective, a realist review seeks to understand how programmes work within specific settings (Pawson et al., 2005). The aim of this review is to explore the involvement of care staff in creative arts interventions in residential care. Through the examination of previous research, aspects of care staff involvement, which influence outcomes in people with dementia are identified and compared; the findings have been analysed and used to ascertain which features of practice could be further explored in creative interventions in populations living with dementia.

2.3 Review questions

The following review questions were developed through an iterative process to focus the purpose of this systematic literature review. This included repeated readings of relevant literature and discussions within an interdisciplinary

supervision team, corresponding to the realist concepts of contexts, mechanisms and outcomes. The study questions included:

- In what contexts are care staff involved with creative arts programmes in residential care?
- What outcomes are influenced by care staff involvement in creative arts programmes?
- What are the mechanisms that influence outcomes when care staff are involved in creative arts programmes?

2.4 Methods

2.4.1 Search strategy

A broad literature search was undertaken to identify studies relevant to the research questions. As this is an emerging field, only papers from the year 2000 were considered for inclusion. Between December 2015 and April 2016, the following databases were searched: Medline, PsychInfo, Embase, CINAHL, ASSIA, Scopus and Web of Science. Table 2.1 illustrates how the search combinations were employed. The search terms were developed iteratively to focus the review question. Grey literature was located through a number of methods; for example, an internet search engine to identify relevant community arts and dementia programmes, browsing websites which commission and report on arts programme such as the Baring Foundation as well as reading hand searching and identifying reports from real-world organisations and practitioners. The results were searched for relevant

evaluations or reports. An updated literature search, following the same protocol, took place between January to April 2018.

Table 2.1: Example of search in Embase

Search no.	Search Term	Results
1	Dementia or Alzheimer's Disease or vascular dementia or dementia care	204692
2	Art or art therapy or art* or arts interventions or creativity or music therapy or creative arts or drama or dance or dancing or art programmes or imagination or visual art or participatory art or meaningful activity	72086
3	Long term care or care home or nursing home or residential care or long term care facility	147009
4	1 and 2 and 3	143

2.4.2 Selection and appraisal of documents

The titles and abstracts of the studies identified through the electronic literature search were screened for relevance to the review questions. The initial screen included papers perceived to be potentially relevant; the full text was obtained for research papers where the titles and/or abstract were too vague to clarify whether they met selection criteria. An identification tool was developed based on the following criteria:

- Does the study describe research involving a creative arts programme?
- Does the study include people living with dementia?

- Does the study indicate that the programme took place within the context of a residential or nursing home?

The inclusion criteria were broad in order to include a large number of studies. Studies were included if they (i) pertained to persons living with dementia (ii) were conducted within the context of a care setting such as a residential care home/or nursing home and (iii) made reference to the interaction of professional care staff with the creative arts intervention. For the purpose of this review a care setting was defined as providing accommodation with nursing of personal care for people who are or have been ill (Department of Health, 2001). A broad description of creative arts interventions was utilised, which included art therapy, music, drama, dance, poetry and visual art. In addition, no restrictions were placed on the form of creative arts intervention, because the aim of the review was to explore the context of care staff involvement with creative arts programmes, rather than their efficacy. Papers excluded were those which did not focus on persons with dementia, or describe care staff involvement with the intervention.

Once the inspection of the titles and abstracts was complete, the full text was obtained. These remaining papers were assessed using a selection tool adapted from a realist review protocol conducted by Jagosh et al. (2011). The questions were modified in accordance with the aim and review questions developed in this review.

1. Does the full text paper still indicate creative arts programme research?

2. Does the full text paper indicate that creative arts programmes take/took place?
3. Does the full text paper describe the research setting? (For example, by indicating residential care, nursing home, care home)
4. Does the full text paper describe creative arts programme outcomes?
5. Does the full text paper describe the processes or contexts?

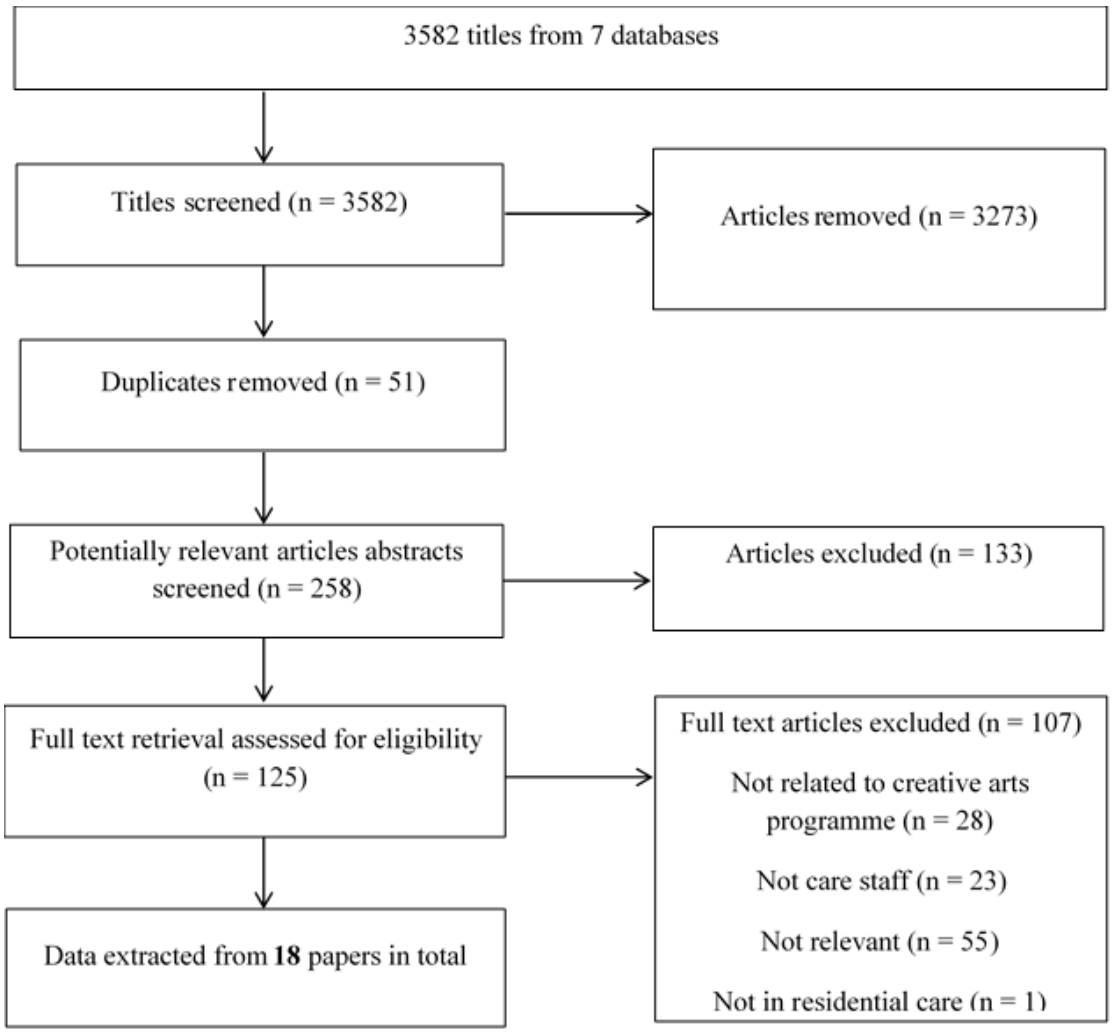
To avoid omitting relevant papers, no restrictions were placed on the type of study design. As discussed in Chapter 1.4 studies are observed as having methodological weaknesses (Beard, 2012), therefore in contrast to the workings of a systematic review no judgements were made assessing the quality of particular papers in regard to the research questions.

2.4.3 Search strategy

The initial database literature search identified 3582 studies from electronic databases; documented in Figure 2.1. The titles were screened using the selection tools specified above. Subsequently, 3324 records were excluded as they were deemed to be not relevant based on the identification questions, for example not relating to a creative arts programme, populations with dementia or residential care context. After accounting for duplicates, 258 potentially relevant abstracts were screened using the selection tool. This was followed by the full text retrieval of 129 papers. 111 papers were eliminated as they did not meet the selection criteria or pertain to the review objectives. Eighteen papers met the eligibility criteria., of which 12 of these papers were conducted in

Europe, four in North America and two in Australia. There was one cross cultural study taking place between the UK and Japan.

Figure 2.1: Search strategy



2.4.4 Data extraction

Once the full text was obtained, the data were extracted and recorded in a bespoke data extraction form in a Microsoft Word document for convenience. Data synthesis was approached by identifying and extracting information relating to the intervention, context, mechanisms and outcomes related to

research questions. The process of data extraction was iterative; as the literature review progressed the full text was screened several times in an attempt to identify the workings of a particular programme (Wong et al., 2013). Characteristics recorded were: authors, publication date, research design, method of assessment, intervention and summary of reported outcome, however this list is by no means exhaustive. EB undertook the searches and data extraction singlehandedly. However, at each stage, discussions took place with supervisors. The supervisory team comprised of an old age psychiatrist, a social worker and a clinical psychologist. Early findings and problems were discussed and resolved jointly. These discussions involved identifying and clarifying the concepts of context, mechanism and outcome and discussing the relationships between each concept.

2.5 Main findings

A total of 18 papers met the eligibility criteria for this review of which 12 of these papers were conducted in Europe, four in North America and two in Australia. There was one cross cultural study taking place between the UK and Japan.

2.5.1 Intervention characteristics

There were variations in the type of creative arts interventions as well as methods of implementation in dementia residential care facilities. Table 2.2 evidences a summary of the articles.

2.5.1.1 Music

A total of seven papers explored music as a creative arts intervention; however, there was variation in the administration and reporting. Four studies examined the effect of music therapy implemented by a certified music therapist. Tuckett et al. (2015) evaluated the effectiveness of group music therapy on behaviour; likewise, Mathews et al. (2001) conducted observations to measure engagement during both individual and group music sessions. By comparison, Hsu et al. (2015) explored the impact of individualised one-on-one active music therapy delivered once per week for a period of 30 minutes with residents with dementia. Research conducted by McDermott et al. (2014) examined the importance of music for people living with dementia by interviewing care home residents living with dementia and their families, care staff and music therapists. Rather than using music in a therapeutic context, Götell et al. (2009) employed an experimental design to investigate the impact of pre-recorded background music and caregiver singing on emotional expression during morning care routines. Similarly, the impact of live music concerts was explored in a cross-cultural study conducted by Shibazaki and Marshall (2017) in dementia care settings in the UK and Japan. One noteworthy study, using contrasting methodology, was conducted by Pavlicevic et al. (2015). This practice-based research utilised data supplied from music therapist practitioners including written narratives, video and audio recordings to explore the role of music therapy within dementia care settings. It should be acknowledged that the aims and objectives of a music therapy programme in contrast to the impact of live music would have different aims and objectives. Arts therapy approaches, such as music therapy, often have a

specific aim in mind for example the reduction of the behavioural symptoms of dementia. Moreover, care staff singing to residents during morning care is an intimate exchange compared to a group musical activity such as live concert. Different arts approaches may elicit diverse interactions between care staff and people living with dementia.

2.5.1.2 Dance

Four studies evaluated forms of dance therapy; however, there was no standardised method of implementation. Two studies concentrated on forms of dance therapy and their effect on people with dementia in care; Duignan et al. (2009) implemented Wu Tao, a form of gentle dance movement rooted in oriental medicine supplemented with music and meditation. Two studies explored Danzón, a psychomotor dance therapy intervention, based on Latin ballroom traditionally practiced in Mexico (Guzmán-García et al., 2012; Guzmán et al., 2016). In comparison to using a specified form of dance therapy, one paper introduced social dancing in the form of a large dance event hosted once per month attended by residents and care staff (Palo-Bengtsson & Ekman, 2002).

2.5.1.3 Literature

Two literature based service evaluations explored the role of shared reading on outcomes in people with dementia. 'Get into Reading' involved reading and responding to extracts from novels, short stories or poetry (Billington et al., 2013). In contrast, 'Try to Remember' focussed on poetry and comprised of three core elements: reminiscence, readback, whereby select poems were read

aloud by the poet, and a training module for staff (Gregory, 2011). During these sessions residents were given the opportunity to co-author poems.

2.5.1.4 Drama

Two studies focussed on the use of drama and theatre. Implementation of the Veder contact method, a living room theatre performance, was evaluated by Boersma et al. (2016a). The Veder contact method integrates person-centred care approaches with creative applications such as theatre, music and poetry (Boersma et al., 2016b). A multiple case study process analysis was conducted to understand facilitators and barriers to implementing the Veder contact method.

Kontos et al. (2010) utilised a drama-based educational intervention with the aim of improving person-centred care in dementia practitioners in North America. The recipients of this intervention, unlike others reported in this review, were specifically health care practitioners. The programme included "dialogue, critical reflection, role-play, and dramatized vignettes" (Kontos et al., 2010, p. 3). The findings suggest that drama can be implemented as a pedagogical tool to improve person-centred care which would positively impact the quality of life and care that people living with dementia receive.

2.5.1.6 Other creative activity

Other research conducted in the US evaluated the creative expression programme, TimeSlips (Fritsch et al., 2009; George and Houser, 2014). TimeSlips is an improvisational creative storytelling technique; participants

respond to stimuli, such as a photograph, following which responses are then adapted into a story which is read back to the larger group. Lastly, a study by Melhuish et al. (2017) explored the insights of staff participating in either music therapy or dance movement therapy in a care home.

2.6 Demographic information

Only 11 articles included in this review reported demographic information for the care staff who participated in the arts activity. Table 2.3 documents the demographic information provided by the authors, including gender, age, length of employment, and job title. It emerged that most of the care staff involved in the programs were qualified nurses or personal care assistants (Fritsch et al., 2009; Götell et al., 2009; Kontos et al., 2010; Tuckett et al., 2015; Guzmán et al., 2016; Boersma et al., 2016a; Melhuish et al., 2017); only two articles reported that activity staff had participated in the creative sessions (Fritsch et al., 2009; Guzmán et al., 2016). Management staff were only reportedly involved in one study (Guzmán et al. 2016). The length of employment for most participants ranged from less than one to 25 years; however, the impact of length of service or previous work experience was not critically evaluated in any of these articles. Two studies reported that care home staff had received dementia-specific training (Fritsch et al., 2009; Guzmán-García et al., 2012); however, no details of the content of this training were provided. Likewise, Guzmán et al. (2016) reported that 13 out of 28 staff participating in the study had "dementia awareness" but did not provide details of what this entailed.

2.7 Context

2.7.1 Training

Eight of the selected studies reported training for care staff; however, the approaches differed in technique. The two studies (Fritsch et al., 2009; George and Houser, 2009) evaluating TimeSlips, an improvisational creative storytelling technique, as a form of creative arts intervention opted to train care staff in the creative intervention itself with a view that staff would facilitate the sessions themselves. Fritsch et al. (2009) invited care staff to participate in a one-day workshop facilitated by a certified TimeSlips trainer. The training was described as "highly structured and manualized" (p. 120) to ensure standardisation. Following the workshop, staff implemented the TimeSlips programme into the nursing home; this was followed by nine weeks of on-site observation and feedback by the trainer. In contrast, George and Houser (2014) introduced TimeSlips via a one-hour training session for care staff; staff then became involved with the process of facilitating the programme alongside the principal investigator for two sessions per week over a period of six weeks.

Staff were also trained to facilitate the psychomotor DANCe Therapy INtervention, hereafter referred to as DANCIN (Guzmán et al. 2016). The training took place in small groups and included presentations on i) the principles of psychomotor therapy; ii) the effects of dance on people living with dementia; iii) the side-effects of antipsychotic medication on people living with dementia; iv) aspects of music and rhythm; v) the structure of the DANCIN intervention; vi) safety during the sessions; vii) performance

techniques and adaptions for people with movement challenges; viii) practical examples of how to gather feedback after each session (Guzmán et al. 2016). To increase adherence to the intervention certificates of achievement were provided to staff that participated in the sessions.

In comparison to papers which document how care staff are trained to facilitate the creative arts intervention, some researchers investigated the impact of training care staff in certain aspects of creative practice. For example, Hsu et al. (2015) opted to show

Table 2.2: Study characteristics

Study	Number of Participants	Clinical Setting	Intervention	Duration	Outcomes
Billington et al. 2013 UK	61 people with dementia 20 care personnel	3 residential care homes 1 day centre 2 hospital groups	Literature: Get into Reading	1 hour shared-reading session over a 6-month period.	NPI: symptom scores were lower during reading group than at baseline Semi-structured interview themes: components of reading group intervention enjoyment, authenticity, meaningfulness and renewed sense of personal identity enhancement of listening, memory and attention
Boersma et al. 2016 Netherlands	42 caregivers	6 psycho geriatric wards of four nursing homes	Veder contact method	N/A	Reach: moderate to good Implementation-effectiveness: Residents have fun during application of VCM Person-centredness: recognition of the person behind the resident with dementia Adoption: Caregiver competence: development of awareness Caregiver competence: development in contact with the residents Caregiver competence: development in contact with colleagues Implementation: Application of VCM in daily care Time to apply VCM Public relations Costs

Study	Number of Participants	Clinical Setting	Intervention	Duration	Outcomes
Duignan et al. 2009 Australia	6 people with dementia N/R care personnel	1 low-care facility	Dance: Wu Tao dance therapy	Weekly sessions occurred for 4 weeks.	CMAI: overall reduction of 6.16 from pre- to post-intervention scores Questionnaire themes: lifted spirits of residents and staff created therapeutic bond between the groups
Fritsch et al. 2009 US	192 care personnel	20 not-for-profit nursing homes that had dementia special care units	TimeSlips: A creative storytelling technique	One, one hour session every week for 10 weeks.	Time-sampling observation: those in TimeSlips facilities were more engaged and alert, more frequent staff-resident interactions, social interactions and social engagement
George & Houser 2014 US	10 people with dementia 6 care personnel	2 discrete dementia care units	TimeSlips: A creative storytelling technique	Sessions were facilitated twice per week for 6 weeks.	Semi-structured interview themes: benefits for residents e.g. improved quality of life benefits for staff members e.g. learning new practices benefits for the nursing home community e.g. improved atmosphere
Götell et al. 2009 Sweden	9 people with dementia 5 care personnel	Special care dementia unit	Music: experimental music conditions of background music and caregiver singing	27 observations (9 x 3 morning caring situations)	Qualitative content analysis: Background music improved mutuality of communication between care personnel and patient. Positive emotions were enhanced reduction in aggressiveness.

Study	Number of Participants	Clinical Setting	Intervention	Duration	Outcomes
Hsu et al. 2015 UK	17 people with dementia 10 care personnel	2 residential care homes	Music: Individualised one-on-one music therapy	Once per week for a period of 5 months. Sessions were 30 minutes long.	NPI: reduction in dementia symptoms in music therapy group (13.42, 95% CI: [4.78 to 22.08; p = 0.006]} Dementia Care Mapping: higher levels of well-being in music therapy programme (-0.74, 95% [CI: -1.15 to -0.33; p = 0.0003]) Semi-structured interview themes: effect on residents effect on carers and their daily practice attitudes towards future training opportunities
Kontos et al. 2010 Canada	24 care personnel	2 nursing homes	Drama: arts-informed educational	2 sessions per week for 2 hours over a 12 week period	Focus group/interview themes: Meaning beyond dementia The influence of the approach to care
Mathews et al. 2001 US	16 people with dementia	1 special care unit for dementia	Music: music therapy	N/R	Time sampling observation: Increase resident engagement with instruments.
McDermott et al. 2014 UK	16 people with dementia 15 family carers 15 care personnel 12 music therapists	2 care homes	Music: music therapy	N/A	Qualitative thematic analysis themes: Here and Now Who you are Connectedness Effects of music on mood Effects of music on care home environment Evaluation and communication of music therapy clinical work

Study	Number of Participants	Clinical Setting	Intervention	Duration	Outcomes
Melhuish et al. 2015 UK	24 people living with dementia 8 staff members	1 nursing home	Music: music therapy Dance: dance movement therapy	50-60 minutes sessions of either music therapy or dance movement therapy for six weeks	Discovering residents' skills and feelings Learning from therapists' skills to change care practice Connection between staff and residents
Palo-Bengtsson & Ekman 2002 Sweden	6 people with dementia N/R care personnel	1 dementia special care unit in a nursing home	Dance events: a local band playing popular dance music. Organised walks: small groups of people with dementia and their caregivers.	Dance event: 45 minute event once per month Organised walks: daily	Video observation themes: the engaged body the caregivers' understanding, encouragement, and response to patients during the activity mutual tenderness and communion environmental conditions
Pavlicevic et al. 2015 UK	6 music therapy practitioners N/R care personnel	Residential dementia care homes (number unspecified)	Music: music-centred improvisational music therapy	N/A	Practice-based research: Music therapy has a ripple effect: person to person musicking musicking beyond session time within the care home and beyond
Shibazaki and Marshall 2017 UK and Japan	27 clients living with dementia 13 family members 9 nursing/volunteer staff 4 care/activities managers	3 care facilities in UK 3 care facilities in Japan	Music: Live music concerts	One hour live music concerts	Semi-structured interview themes: client preferences and behaviours music and disability musical knowledge – evidence of cognitive activity staff perspectives visitors and family

Study	Number of Participants	Clinical Setting	Intervention	Duration	Outcomes
Tuckett et al. 2015 Australia	23 care personnel 7 family members	2 residential care home	Music: group music therapy	Twice per week for a period of 45-60 minutes.	Semi-structured focus group themes: temporality effect and policy

*CMAI = Cohen-Mansfield Agitation Inventory NPI = Neuropsychiatric Inventory N/R = Not recorded

Table 2.3: Staff demographics

Study	Gender	Age (years)	Length of Employment	Job Title
Boersma et al. 2016a	F: 95% M: 5%	Mean: 47 Standard Deviation: 10.02	Short (<1 year): 2 Middle (1-5 years): 13 Long (>5 years): 27	Nurse: N =15 Nursing assistant: N = 9 Nurse and coordinator: N = 6 Therapist: N = 5 Therapist and nurse: N = 1 Nursing home hostess: N = 5 Volunteer: N = 1
Fritsch et al. 2009	F: 90% M: 10%	Not reported	< 1 year: 17% >3 years: 65% > 10 years: 15%	Nursing assistants: 67% Activity staff: 17%
Gregory 2011	F: 83% M: 17%	Not reported	Not reported	Not reported
Götell et al. 2009	F: 100%	Range: 20 – 39	Range: 2-19 years	Licensed practical nurses or mental health nurses
Guzmán-Garcia et al. 2012	F: 78% M: 22%	Not reported	Range: 1-18 years	Not reported
Guzmán 2016	Home 1: F: 80% M: 20% Home 2: F: 100% M: 0% Home 3: F: 100% M: 0%	Home 1: 39.5 ± 17.32 Range: 23-69 Home 2: 43.9 ± 13.27 Range: 22-60 Home 3: 34.25 ± 12.64 Range: 17-58	Home 1: 5.56 years ± 7.75 Range: 7 months – 25 years Home 2: 4.89 years ± 4.10 Range: 8 months to 13 years Home 3: 5.51 years ± 4.93 Range: 3 months – 15 years	Junior staff: N = 16 Senior staff: N = 5 Nurse: N = 1 Activity coordinator: N = 4 Management staff: N = 4 Proprietor (retired nurse): N = 1 Housekeeping/kitchen staff: N = 1

Study	Gender	Age (years)	Length of Employment	Job Title
Hsu et al. 2015	F: 78% M: 22%	Range: 21 - 60	Range: 3 months – 7 years	Not reported
Kontos et al. 2010	F: 92% M: 8%	≤ 39: N = 4 40-49: N = 9 ≥ 50: N = 9 Not reported: N = 2	≤ 1 year: N = 3 1.5-3 years: N = 5 ≥4 years: N= 16	Full/part time registered nurses Personal support workers Allied health practitioners
Melhuish et al. 2017	F: 71% M: 29%	25-35: N = 4 35-45: N = 1 50+: N = 2	Not reported	Not reported
Tuckett et al. 2015	F: 91% M: 9%	Not reported	Not reported	Personal care assistants: N = 10 Diversional therapists: N = 5 Nursing staff: N = 3 Not reported: N = 3

F = Female, **M** = Male,

post-therapy video presentations to care staff with the aim of imparting knowledge of methods and techniques of music therapy for staff to apply in their own practice. Care staff were presented with two video clips which communicated elements of music therapy; these were deemed to minimise the symptoms of dementia, to understand the cause of symptoms and to focus on the persons' remaining abilities. Similarly, Mathews et al. (2001) conducted an in-service training workshop to teach care staff how to employ music therapy techniques. The training comprised of three separate stages lasting approximately two hours. This included: learning how to conduct rhythm applications; facilitating sessions with feedback; and observation of residents living with dementia who required more support to engage with activities.

Training in the Veder contact method, a person-centred approach to living room theatre performance, took place over nine months and was described by the researchers as "intensive and multifaceted" (Boersma et al. 2016a, p. 441). The training included i) information about the Veder contact method; ii) observations using Dementia Care Mapping with feedback on performance; iii) additionally training and follow up observations; iv) an evaluation of the training programme. Compared to the previous studies, the managers of these care settings were involved in the implementation of the Veder contact method which included discussions about how the programme could be maintained in the long term.

The specific aim of Kontos et al. (2010) was to utilise drama as an educational modality with a view to influencing the direct care of staff. In this study care

staff were introduced to a 12 week arts-informed educational programme. The training included two sessions per week for a two hour period. The training included critical reflection, role-play and dramatized vignettes; with the aim to improve person-centred dementia care. Similarly, the 'Try to Remember' poetry intervention included a complementary skills training workshop facilitated by a poet. These training sessions lasted up to three hours and included "listening skills; non-verbal communication; writing skills; and boredom, anxiety and isolation amongst clients" (Gregory, 2011, p. 163).

2.7.2 Active and passive participation

In contrast to the training in the aforementioned studies, other creative arts interventions included encouraging staff to assist in the facilitation of respective creative arts programmes within their workplace. In the study conducted by Götell et al. (2009), staff participated in an experimental music project to compare the impact of music on emotional expression in morning care routines. In this instance care staff continued with their usual practice but the morning care routine was supplemented with background music, or by carers singing to the resident. The staff did not receive any training; however, the researchers did suggest some children's songs and sing along songs for inspiration. Likewise, care staff who assisted in the facilitation of the Danzón psychomotor intervention commented that the dance was easy to learn and was an opportunity to interact with residents outside of their professional caring role (Guzmán-García et al., 2012).

Care staff involvement with creative arts activities was not limited to training and facilitating. Indeed, several studies reported outcomes when staff attended creative arts sessions in what could be assumed to be a purely supportive or practical role (Billington et al., 2013; Duignan et al., 2009; Palo-Bengtsson & Ekman, 2002; Melhuish et al. 2017). Staff supported residents living with dementia to attend and actively participate in music and dance therapy groups (Melhuish et al., 2017). In their results, Guzmán-García et al. (2012) categorised the benefits for spectator-residents and those who observed but could not actively participate. Similarly, Billington et al. (2013) reported benefits for those not actively involved in discussions in the "Get into Reading" programme; active listening was perceived to alleviate emotional symptoms. Shibazaki and Marshall (2017) reported wide spread benefits, such as positive responses to the music, among staff who did not directly attend the performances. In this context it could be suggested that there are unanticipated effects for staff and residents who may not be immediately involved in the facilitation of creative arts programme.

2.7.3 Environmental factors

The environmental factors identified in the review papers included elements such as the routines of the care home, timing of the sessions and the physical environment of the care setting. Several studies reported on how environmental factors affected the facilitation of the creative arts programme and the way in which care staff could participate. There was a consensus amongst researchers that the creative arts programme should take into account the daily routine of the care home environment (Billington et al., 2013; Hsu et

al., 2015; Kontos et al., 2010; Tuckett et al., 2015; Shibazaki and Marshall, 2017). Video presentations were employed by Hsu et al. (2015) because they were perceived to be the most time efficient way of sustaining staff involvement in light of staff availability and other work priorities. Indeed, Melhuish et al. (2017) reported that some staff participants attended sessions outside of their work rota. These authors suggest that research projects should consider staff shift rotas and ensure support from management prior to commencement of the study.

Considerable challenges were reported by Tuckett et al. (2015) with the timing of the music therapy sessions. It appeared that care staff felt therapists should take into account their workloads and caring priorities; for example, an anecdotal account suggested that afternoon sessions left residents agitated, placing additional burden on staff. Shibazaki and Marshall (2017) reported similar reasons, such as fitting in with the routines of the care home and avoiding behavioural issues such as 'sundowning', for scheduling the concerts in the afternoon.

The nature of the setting was commonly found to influence levels of engagement and to create logistical challenges. It is important to bear in mind that many care homes do not have a specific space dedicated to activities; consequently, creative art programmes are often held in communal areas. Indeed, inclusion criteria in one study required the care setting to have a "spacious well-ventilated room to both perform the dance and accommodate a group of ten people" (Guzmán et al., 2016, p. 1697). Pavlicevic et al. (2015)

identified how social geography can impact upon the efficacy of music therapy and suggested that therapists should be aware of these limitations and the potential risks for residents. Other limitations included staff shortages, limited financial and practical resources, and overemphasis on task-oriented care (Gregory, 2011; Guzmán-García et al., 2012; Hsu et al., 2015; Tuckett et al., 2015).

Despite the limitations highlighted by the researchers, the majority of the literature suggested that creative art programmes were well received by care staff. Guzmán-García et al. (2012) reported that staff wished the management would continue to provide the dance psychomotor intervention; particularly as they believed it to be more cost effective than hiring external entertainment. One study highlighted how staff reported wishing to continue the programme outside of their working hours (Duignan et al., 2009). Moreover, staff reported that working together creatively to overcome practical logistics fostered a sense of camaraderie (George and Houser, 2009).

2.8 Outcomes

The review highlighted five main areas of impact as shown in Table 2.4. Reported outcomes within the review papers included impact on clinical symptoms of dementia, improved communication and engagement and the impact on care practice through various strategies.

Table 2.4: Outcomes reported in review papers

Outcomes	Evidence
Clinical symptoms of dementia Positively altered behaviours	Billington et al., 2013 Duignan et al., 2009 George and Houser, 2009 Götell et al., 2009 Guzmán-García et al., 2012 Guzmán et al., 2016 Hsu et al., 2015 McDermott et al., 2014 Shibazaki and Marshall 2017 Tuckett et al., 2015
Communication Increase in communication in persons with dementia Staff gained improved understanding of communication	Boersma et al. 2016a Duignan et al., 2009 George and Houser, 2009 Götell et al., 2009 Gregory, 2011 Hsu et al., 2015 Shibazaki and Marshall, 2017
Engagement Increase in levels of engagement Positive reactions to caregivers	Fritsch et al., 2009 Götel et al., 2009 Mathews et al., 2001 Palo-Bengtsson and Ekman, 2002 Shibazaki and Marshall 2017
Care Practice Staff Resident interaction Challenging existing perceptions Enriched Knowledge Enjoyment Care Strategies	Billington et al., 2013 Boersma et al., 2016a Duignan et al., 2009 Fritsch et al., 2009 George and Houser, 2009 Götell et al., 2009 Gregory, 2011 Guzmán-García et al., 2012 Hsu et al., 2015 Kontos et al., 2010 Melhuish et al., 2017 Palo-Bengtsson and Ekman, 2002 Pavlicevic et al., 2015
Sustainability of creative arts programmes in care settings	Billington et al., 2013 Boersma et al., 2016a Duignan et al., 2009 Götell et al., 2009 Gregory, 2011 Guzmán-García et al., 2012 Hsu et al., 2015 McDermott et al., 2014 Melhuish et al., 2017 Pavlicevic et al., 2015 Shibazaki and Marshall, 2017 Tuckett et al., 2015

2.8.1 Clinical outcomes for residents

Ten studies demonstrated, through a mixture of quantitative and qualitative methods, the impact of the creative art intervention on the symptoms of dementia. Four papers, utilising behavioural scales, indicated that their respective creative arts programmes had a positive impact on the symptoms associated with dementia. Scores rated by staff on the Neuropsychiatric Inventory (Cummings et al., 1994) demonstrated a decrease in dementia symptom severity for people participating in a creative arts intervention (Billington et al., 2013; Hsu et al., 2015). Similarly, the study of Duignan et al. (2009) reported a significant reduction in scores on the Cohen-Mansfield Agitation Inventory (Cohen-Mansfield, 1986). Statistical analysis conducted by Guzmán et al. (2016) demonstrated small to medium changes in nine participants, including active and passive participants, on items such as energy to socialise, increase in appetite and decreases in irritability and depressed appearance on the Dementia Mood Assessment Scale (DMAS). However, one participant showed negative effects on this scale (Guzmán et al., 2016).

In turn, qualitative studies, including interviews and focus groups with care staff, predominantly reported positively altered behaviours in residents with dementia, including diminished aggressiveness (Götell et al., 2009; George and Houser, 2009; Guzmán-García et al., 2012). These findings were supported in exploratory research to explore the meaning, value and effectiveness of music therapy (McDermott et al., 2014; Tuckett et al., 2015).

In the live music concerts evaluated by Shibazaki and Marshall (2017) there were mixed responses to the creative activity. Positive responses included a reduction in agitated and anxious behaviour in residents living with dementia. Care staff also highlighted that for some residents a neutral response could be construed as positive as they typically would be displaying agitated behaviour. Conversely, there were also reported instances of negative behaviour, including "shouting, standing, reaching out to touch others, rocking or trying to leave" (p. 471).

2.8.2 Communication

Seven studies discussed elements relating to communication of residents with dementia who participated in a creative arts programme. This was reported by researchers in two ways; namely by demonstrating an increase in communication in persons with dementia and the way in which staff gained an improved understanding of communication through their participation.

George and Houser (2014) and Hsu et al. (2015), through qualitative thematic analysis of semi-structured interviews with care staff, identified that communication improved in persons with dementia participating in respecting creative arts programmes. For example, George and Houser (2014) highlighted how staff noticed that residents with limited verbal capacity used outward behavioural indicators, such as smiling, to respond and react in TimeSlips sessions. Indeed, care staff in both studies perceived that there were increases in verbalisations and self-expression in residents who had

participated in the creative arts programme; this expression allowed staff to increase their understanding of the residents' needs and cognitive abilities. Likewise, residents living with dementia were reported by care staff to be more verbal with increased levels of communication after attending live music concerts (Shibazaki and Marshall, 2017). Staff highlighted how this was particularly true for male residents, who normally experienced greater difficulties communicating with each other.

Duignan et al. (2009) described how residents who previously were unable to express themselves verbally used Wu Tao, a gentle form of dance movement combining music and meditation, as an opportunity for expression. This was documented through the interaction between residents and staff; notably increased communication and the development of what was perceived to be a therapeutic bond. Similarly, staff described how their participation in the video presentation sessions improved their interaction techniques with residents which had enhanced their communication and subsequent relationship with their residents (Hsu et al., 2015). This was highlighted in the 'Try to Remember' evaluation where staff placed value on the one-to-one communication which enabled them to interact with their residents (Gregory, 2011). By implementing the Veder contact method, care staff reported improved communication with residents living with dementia who previously were passive (Boersma et al., 2016a).

Using qualitative content analysis, Götell et al. (2009) explored expressed emotion (Scherer, 2003) and in particular the effect on communication

between persons with dementia and caregivers during morning care routines. Analysis revealed that compared to the control setting (no music) communication improved; the person with dementia was perceived to be more responsive to the caregiver and positive emotions were more predominant. Overall, music was perceived to increase the mutuality of communication.

2.8.3 Engagement

Five studies explored issues pertaining to the engagement of people with dementia during creative arts programmes. Two studies utilising self-developed time sampling observation techniques discovered higher levels of engagement and alertness; both studies reported high levels of interrater reliability. Together these factors were considered to increase staff resident interactions, social interactions and social engagement and improve meaningful engagement (Fritsch et al., 2009; Mathews et al., 2001). Video observations support these results documenting positive reactions to dance interventions and an increase in responsiveness in people with dementia towards caregivers during experimental music conditions (Palo-Bengtsson and Ekman, 2002; Götell et al., 2009). Götell et al. (2009) identify this process as reciprocity, where the person with dementia is physically and emotionally focussed on the caregiver.

Care staff played an important role in ensuring that residents with additional needs were able to engage with the live music concerts. The researchers reported how staff made reasonable adjustments, such as positioning these

individuals closer to the performance, so that they could fully participate in the experience (Shibazaki and Marshall, 2017).

2.8.4 Care practice

Creative arts programmes appear to play a significant role in the way that staff and residents interact and as a result they can have a positive influence on the care practice of staff.

2.8.4.1 Staff-resident interaction

A few studies emphasised that staff found it important to decipher the needs of the residents and that this could be achieved through interaction (Kontos et al., 2010; Hsu et al., 2015). Kontos et al. (2010) highlighted how the arts-informed educational programme contributed to staff members understanding that behaviour is not always symptomatic of dementia. Therefore, interaction, facilitated through modes of creative interventions, was identified as a way to discover more about the residents' needs and personal histories beyond the scope of general physical care. In a similar manner, the opportunity to work alongside music and dance therapists provided an opportunity for care staff to learn more about the residents they care for (Melhuish et al., 2017). Care staff in this study reported that this increased their sense of empathy, and emotional connection towards their residents.

Some research suggested that the opportunity to participate in meaningful interaction, as opposed to regular caring routines, was a factor in improved

staff-resident interactions (Billington et al., 2013; Duignan et al., 2009; George and Houser, 2009; Gregory, 2011). The meaningfulness of an interaction was theorised to play a role in the positive attitude between staff and residents (Duignan et al., 2009) and developing a deeper understanding of residents (George and Houser, 2009).

Another study described the positive influence of the music intervention as a "cycle of improved care" (Shibazaki and Marshall, 2017, p. 472). It appeared that residents living with dementia were more content and responsive to care staff after attending the live music concerts. The authors report that in turn, care staff felt less stressed with higher levels of motivation and job satisfaction (Shibazaki and Marshall, 2017). Boersma et al. (2016a) also highlighted this phenomenon; they described how 'fun' was an aspect present in interactions between care staff and residents who participated in the Veder contact method. The result of these positive interactions was an easier caregiving experience.

2.8.4.2 Challenging existing perceptions

A predominant theme in the literature was how creative arts interventions can encourage carers to examine their existing perceptions of people with dementia and to recognise them as individuals beyond the limitations of the disease. Fritsch et al. (2009) used a self-constructed inventory to measure attitudes towards persons with dementia to show how care staff who participated in TimeSlips came to hold more positive views and were less likely to devalue persons living with dementia. The authors suggested that improving staff attitudes towards people in care positively influences the care that residents

receive. Moreover, the quantitative data in this study supported this supposition, with significant increases on scales of social interaction, caring touch, verbalisation and eye contact. Thus, the researchers inferred that the TimeSlips programme had the capacity to enhance the quality of life of people with dementia in residential care (Fritsch et al., 2009).

As might be expected, the Veder contact method, which was developed based on person-centred care methods, contributed to staff recognition of the person beyond the dementia. The combination of training to implement the Veder contact method, combined with the feedback on staff performance from Dementia Care Mapping observations, resulted in what the researchers term equality and reciprocity between staff and residents living with dementia (Boersma et al. 2016a). However, some care staff with little personal knowledge of the resident found it challenging to implement the Veder contact method.

In discussing the experience of care staff participating in TimeSlips, George and Houser (2009) suggested that the creative arts programme allowed staff to focus on their residents' strengths and competencies as opposed to the losses associated with dementia. The potential of the creative arts to highlight the competencies of people with dementia was also echoed by Götell et al. (2009), who suggested that the music intervention provided a means for a deeper personal connection and heightened awareness of each other. Together these results reveal that the creative arts can challenge people's beliefs about living with dementia and give rise to new ways of understanding.

2.8.4.3 Enriched knowledge

Literature appears to be a powerful medium for developing connections between staff and residents. When evaluating staff perceptions of the 'Get into Reading' literature intervention, Billington et al. (2013) discussed a positive change in the staff perception of their residents, moving away from the stereotype of someone 'suffering' with dementia. Qualitative data analysed by Gregory (2011) suggested that reminiscence-based poetry provided care staff with more information, beyond basic care information, about their residents' lives. Gregory (2011) perceived that the 'Try to Remember' poetry intervention restored personhood by enabling care staff to gain an understanding of their residents' unique histories. Other studies have also found that arts programmes increase the interest of care staff in the personal histories of residents; Hsu et al. (2015) discovered that staff appreciated gaining insight into the cognitive functioning and causation of symptoms in their residents.

Pavlicevic et al. (2015), exploring the role of music therapy from the perspective of music therapists, reported similar findings. Focus group data described how music therapists perceive music therapy as a way of enabling staff to see beyond the diagnosis of dementia; particularly when care staff engage in shared musical participation. Like the aforementioned studies, Pavlicevic et al. (2015) perceived that music, as a creative medium, encourages care staff to think about residents on a deeper level, beyond the caring role which leads to a change in the relationship dynamic. In the case of 'Try to

Remember', Gregory (2011) suggested that creative arts intervention can act as a means of maintaining and restoring personhood in people with dementia living in residential care. The poetry intervention also "prompted staff to treat clients more as individuals, and to empathize more with their problems and vulnerabilities" (Gregory, 2011, p. 168).

The qualitative interpretative phenomenological analysis conducted by Melhuish et al. (2017) identified one theme "discovering residents' skills and feelings". Staff described how residents living with dementia fully engaged in the music and dance therapy sessions, which resulted in staff "gaining new knowledge about residents' feelings and about previous and existing skills and abilities" (p. 6).

2.8.4.4 Enjoyment

Within the literature there was a sense that enjoyment played a role in the impact of the intervention. Several papers reflected that staff and residents enjoyed the creative arts programme, which was thought to contribute to the well-being of those who live and work within the setting. Staff reported fun and pleasurable interactions with residents living with dementia whilst employing the Veder contact method during daily caring tasks (Boersma et al., 2016a).

Pavlicevic et al. (2015) described this as the 'ripple effect'; for example, music therapy has an impact on a "macro-level", influencing the wider context of the care home. This theory is consistent with other papers in this review which

propose, through qualitative data, that the larger community benefits from creative arts programmes. Benefits cited include an improved atmosphere (George and Houser, 2009), a sense of joy and excitement (Guzmán-García et al., 2012), and the opportunity for staff to understand the benefits of the creative arts (Palo-Bengtsson and Ekman, 2002).

2.8.4.5 Influence on care strategies

The evidence suggests that care staff who are involved in creative arts programmes are encouraged to utilise aspects of what works and take it back to use in their daily practice. The outcome, therefore, could result in an improvement in quality of care. Both Guzmán-García et al. (2012) and Hsu et al. (2015) found that care staff adopted specific care strategies from the creative arts programme and applied them outside of the creative session. For example, a narrative account suggested that a member of care staff used the Danzón psychomotor intervention outside of the researcher facilitated sessions to reduce the anxiety of one particular resident (Guzmán-García et al., 2012). Participation in the dance sessions facilitated the building of trust between staff and residents, exchange of learning between staff and residents and gathering details of peoples' lives and capabilities (Guzmán-García et al., 2012).

Music and dance therapy sessions provide opportunities for staff to gain transferable skills which they may apply in their own care practice. Melhuish et al. (2017) suggest that creative therapists can share skills, such as appropriate pacing, promoting the choice and autonomy of residents, with care staff. Care staff in this study commented that they had an improved awareness

about therapeutic approaches and how they could incorporate in their work on a daily basis (Melhuish et al., 2017). This was supported by findings from Hsu et al. (2015) who described how "staff were motivated to utilise learned insights and ideas from the video presentations in symptom management" (p.16) of their residents. Observations conducted using Dementia Care Mapping (Brooker and Surr, 2006) demonstrated an increase in personal enhancing interactions; however, these results were not statistically significant (Hsu et al., 2015). The therapists encouraged staff to record instances in which they had used principles of music therapy during their working week, it is possible that the detailing of these experiences acts as an additional motivation for staff to carry out these actions. However, instances such as this warrant further investigation to justify these assumptions.

2.8.5 Sustainability of creative arts programmes in care settings

Considering the current economic climate, sustainability is a salient issue which was not addressed in many of the articles. This section describes aspects of sustainability identified in this review including: staff attitudes towards the arts, aspects of implementation such as communication and support of care home manager, and funding for the arts activity beyond the timing of the research programme.

2.8.5.1 Attitudes towards the arts

The attitudes of care staff towards the creative arts intervention may have implications for the sustainability of this type of activity in care settings. In

some studies it was reported that care staff were doubtful whether the activity would have a positive impact on people living with dementia. For example, care staff initially felt unsure if the dance therapy would reduce agitation in people living with dementia (Duignan et al., 2009) and surprised by the positive effect that the literature intervention had on communication for people living with dementia (Gregory, 2011). Some authors acknowledged that care staff may have felt uncomfortable or irritated (Götell et al., 2009), embarrassed or shy (Guzmán-García et al., 2012) at participating in the creative activity. However, Hsu et al. (2015) found that their music therapy intervention was highly acceptable and enjoyable among care staff.

2.8.5.2 Implementation in care settings

Three studies discussed issues relating to the long term implementation of the creative arts intervention under examination. Improved communication between music therapists and care staff was described as important in order to sustain this type of creative work in care settings (McDermott et al., 2014; Pavlicevic et al., 2015). The focus of the study conducted by Boersma et al. (2016a) concerned the implementation of the VCM. Only four out of the six wards employing the VCM initiated long term implementation plans which included embedding this method within the whole organisation, supporting current and new employees to learn and integrate it within their daily practice. The authors suggest that the long term implementation in these wards was associated with opportunities for positive public relations for the care setting. The difficulty of integrating the creative arts into care settings was acknowledge by several authors. In particular, high workload (Boersma et al.,

2016a) and staff shortages (Melhuish et al., 2017; Hsu et al., 2015) added to the challenge of engaging with staff in these settings. It was suggested that the support of the care home manager, from the outset of a project, is crucial to ensuring the sustainability of creative interventions in care settings (Boersma et al., 2016a; Melhuish et al., 2017).

2.5.8.3 Source of funding

There was limited commentary on the cost of the creative arts intervention in these studies. In terms of funding sources, Shibazaki and Marshall (2017) stated that the UK concerts were organised by a national charity, whereas in Japan the concerts were funded by the participating care facilities. Wards participating in the VCM received grants for their participation, therefore the managers considered the programme inexpensive (Boersma et al., 2016a). It was reported that only two wards dedicated part of their education budget to continue the VCM training with their staff. Only one study reported that staff felt that Danzón dance therapy may be cost effective compared to hiring external entertainers (Guzmán-García et al., 2012). No other studies reported a cost benefit ratio of the creative arts intervention.

Out of the 18 studies, only two reported how the creative programme was funded. The "Get Into Reading" model forms part of The Reader Organisation, a national charity working in partnership with memory services, NHS trusts and local authorities across England (Billington et al., 2013). Similarly, the Wu Tao dance therapy was commissioned by the Dementia Behaviour Management advisory services run by Alzheimer's Australia WA, a national charity (Duignan et al., 2009). It is interesting therefore that a core theme

described by Tuckett et al. (2015) in their qualitative examination of music therapy in care homes was "policy". It was reported that care staff and family members wished that policy makers were aware of the benefits of music therapy for people with dementia, suggesting that everyone should have the right to music therapy.

2.9 Mechanisms that influence outcomes

Mechanisms are described as "the choices and capacities which lead to regular patterns of social behaviour (Pawson and Tilley, 1997, p. 216); they are often hidden. In this review, mechanisms refer to underlying causal processes which influence outcomes (Pawson and Tilley, 1997); they include aspect of care staff involvement which influences the experience of the person living with dementia. The synthesis of the literature identified in this review suggests that creative arts programmes have the potential to transform the relationship between care staff and the people that they care for through the following mechanisms. This section draws on the findings from the literature to outline some possible mechanisms and to describe how they may operate to produce desired outcomes for residents and care staff.

2.9.1 Engagement in meaningful activity as equal participants

Creative arts programmes provide opportunities for care staff to interact and engage with residents in a context outside of their practical daily care tasks, which usually focus on physical caring needs. One inference from this review, is that engagement in meaningful activity has the potential to improve

interactions between people living with dementia and their care workers. Co-participation in the creative arts provides opportunities for care staff to focus on the remaining competencies of the residents. It moves the caring interaction from one of *doing for*, to *doing with*, this changes the dynamic of the relationship between the carer and the person with dementia. In some studies, this was described as a deeper, meaningful relationship (Götell et al., 2009; Melhuish et al., 2017; Palo-Bengtsson and Ekman, 2002); a putative context, mechanism, outcome (CMO) configuration is presented in Figure 2.2. Box 2.1 provides examples from the review articles of aspects which encompass this mechanism.

Figure 2.2: Possible CMO configuration

In the setting of a well-conducted arts intervention which involves and engages care staff (C) there is engagement in meaningful activity between residents and care staff as equal participants (M) leading to a deeper relationship that enables more responsive and personalised care (O).

Box 2.1: Illustrative examples from review papers

Mechanism: Care staff and residents engage in meaningful activity as equal participants
"gives the patients a sense of identity, of who they are, and being able to contribute to something and there is a purpose there and that is not connect to the hospital." Billington et al., 2013. p. 170 "VCM is an invitation to equality and recognition (being present). VCM finds openings in people with dementia making happy encounters possible." Boersma et al., 2016a, p. 446 "Creative expression programs such as TimeSlips, by engaging PWDs and professional caregivers in a meaningful relationship-based activity that focuses on remaining strengths and capacities, can create a valued role for individuals who are too often marginalized by their mental illness." George and Houser, 2009, p. 682 "The effects of caregiver singing on vitality and mutuality lead to a situation in which the caregiver and patient communicate as whole human beings, which is fundamental to nursing practice." Götel et al., 2009, p. 429 "With caregiver singing, the sense of reciprocity reached yet another stratum, one in which a deeper personal connection was achieved. A feeling of mutual appreciation seemed to be reached." Götel et al., 2009, p. 428 "co-authorship, for instance, describes how clients seemed able to increase their sense of agency, self-esteem and self-efficiacy by engaging in purposeful, creative activity." Gregory, 2011, p. 170 "having the opportunity to interact with them [people living with dementia] through dance and music allowed many of the staff to experience a greater sense of connection with the residents under their care. Staff demonstrated increased insight and self-awareness and a more reflective, empathic approach." Melhuish et al., 2017, p. 8 "The synchronous movement in dancing created an easy atmosphere, which in turn created mutual tenderness and communion between persons with dementia and their caregivers." Palo-Bengtsson and Ekman, 2002, p. 152

2.9.2 Validation of the contributions made by the person with dementia

Another assumption from the literature review is that, through engagement in the creative arts, care staff come to value the contribution made by the person with dementia. In several studies, the perception of care staff towards those

they cared for was positively altered after participating in the arts intervention (Boersma et al., 2016a; Duignan et al., 2009; Fritsch et al., 2009; Gregory, 2011; Melhuish et al., 2017). By participating in the creative arts intervention, care staff are able to see that people with dementia have elements of autonomy and agency. Involvement of care staff with creative arts programmes enhances their knowledge and understanding of the valid contributions which people living with dementia can make. An example CMO configuration of this phenomenon is presented in Figure 2.3. Thus, it is possible that care staff could become more sensitive to the needs and contributions their residents make. Instances from the review articles which illustrate this mechanism are provided in Box 2.2.

Figure 2.3: Possible CMO configuration

Creative arts programmes provide opportunities for people living with dementia to harness existing skills or learn new ones (C). When care staff participate in creative arts activities alongside people living with dementia (C), they realise that the person with dementia can actively contribute to activity (M). This results in care staff holding more positive views of people living with dementia, seeing the *person* rather than the *dementia* (O) which has positive implications for care practice.

Box 2.2: Illustrative examples from review papers

Mechanism: Care staff develop positive attitudes towards the people they care for and value the contribution people with dementia can make
"By using VCM they experienced more connectedness/reciprocity in contact with the residents. This resulted in having a more genuine attention for individual residents…It was an eye opener for them that it is possible to validate the experiences and emotions of these patients with severe dementia" Boersma et al., 2016a, p. 447 "Staff at the facility noted that the group dynamics had changed significantly, becoming more positive among both residents and staff" Duignan et al., 2009, p. 21 "Staff members of TS facilities who participated in the TS training reported more positive views of patients with dementia and were less likely to devalue these patients after participation in the program." Fritsch et al., 2009, p. 124 ""Try to Remember" helped reinforce the importance of treating clients as individual people, as well as challenging carers' beliefs about how much of the person remains in PWD." Gregory, 2011, p.170 "Staff described increased knowledge and understanding of the therapeutic approach, which contributed to changes in how they approached the residents on a day to day basis." Melhuish et al., 2017, p. 7

2.9.3 Recognition of the person with dementia as an authentic person

It seems that creative arts programmes provide opportunities for staff to recognise a person living with dementia as an authentic person. There are several things that contribute to this moment of recognition happening. The studies in this review highlight how staff participation in creative arts activities enhances care staff knowledge of the people they care for (Billington et al., 2013; Gregory, 2011; Hsu et al., 2015; Pavlicevic et al., 2015; Melhuish et al., 2017). This knowledge may include personal histories, aesthetic preferences, emotional responses, existing capabilities and potential. These factors may contribute to care staff seeing beyond the dementia, to the person that they are caring for. The result is a transformation of existing perceptions of people

with dementia to recognise them as individuals, separate from their disease. A possible CMO for this mechanism is presented in Figure 2.4. Examples of this phenomenon extracted from the review papers are highlighted in Box 2.3

Figure 2.4: Possible CMO configuration

Care staff who participate in creative activities alongside people living with dementia have the opportunity to gain insight into a person's history, their abilities, and their aesthetic preferences (C). They consequently recognise the existing and potential capabilities of the person with dementia (despite the disability associated with dementia). By acknowledging these capabilities care staff can reinforce residents' identity (M). By facilitating residents to exercise their abilities, care staff can empower them and promote autonomy (O).

Box 2.3: Illustrative examples from review papers

Mechanism: Staff recognise the person living with dementia as an authentic person. A person with a past and present with abilities and potential
"the caregivers experiences that the implementation of VCM led to a greater recognition of the person behind the resident with dementia and to more reciprocity in the contact with the people with dementia." Boersma et al., 2016a, p. 444 "It helped to re/humanize dementia sufferers in the eyes of care staff and family members, reminding carers that "they're people; they're in there"." Gregory, 2011, p. 168 "They [staff] talked of gaining increased insight into residents, i.e. personal history, symptom causes and cognitive functioning. Other effects included…enhanced communication and relationship with residents." Hsu et al., 2015, p. 13 "Residents demonstrated often unexpected ability and motivation to engage and express themselves in many different ways, allowing staff to gain new knowledge about residents' feelings and about previous and existing skills and abilities." Melhuish et al., 2017, p. 6 "Staff…developed insight into the residents' personalities and facilitated great self-awareness. This led to an increased commitment to supporting autonomy and self-expression for the residents and sense of closer connection with them as people who have an equal right to be heard." Melhuish et al., 2017, p. 9

The combination of mechanisms identified in this review relate to elements of person-centred care. Kitwood (1997) suggests that it is a natural human need to actively engage in life; engagement with the creative arts is one possible way to fulfil this need. When care staff participate in creative activity alongside those they care for, they have the opportunity to see people with dementia in a new light and interact in a meaningful way. Through this meaningful engagement, care staff gain deeper knowledge of their residents and come to the realisation that there is person beyond the dementia. Therefore, it could be suggested that involving staff in creative arts programs

potentially improves person-centred care. The undertaking of person-centred care is to maintain the person with dementia's identity and worth, in the face of cognitive impairment, through a partnership of positive interactions and communication strategies (Kitwood, 1997).

2.10 Discussion

The aim of this literature review was to explore in what contexts care staff are involved in creative arts activities in residential care; outcomes that are affected by staff involvement; and the mechanisms which influence those outcomes. In other words, the review explores what makes creative arts experiences 'work' for people living with dementia; under what circumstances? To assess these factors, the studies identified through the search process were examined in terms of intervention, context, mechanism and outcome and the relationships between these aspects explored.

2.10.1 Discussion: contexts

According to Hatton (2014), the emphasis on physical task-based care, including the routines of the care home, contributes to the challenges of conducting arts projects in care homes; likewise, similar challenges were identified in this review. Despite some authors identifying practical limitations such as shortages of staff and inadequate financial resources, there was a limited discussion on solutions to these problems. The practicalities surrounding the implementation of an arts interventions in residential care are seldom documented, but certainly worthy of future consideration. Care staff

could be deemed to play an important role in overcoming logistical challenges, as they possess intimate knowledge of the care setting, routines, and needs of their residents.

This review demonstrates that it was important to consider staff workloads and seek to use creative methods, for example video presentations (Hsu et al., 2015) in order to engage care staff as much as possible. Of particular note, staff reported working together to overcome logistical challenges which created a sense of camaraderie (George and Houser, 2009); developing a team approach towards integrating creative activity in residential care settings is something worthy of further investigation. Aspects such as this could be examined in order to ascertain the potential of creative arts programmes to impact the wider context of the care home environment, such as the impact of the creative arts on care staff.

Incorporating training sessions into the creative arts programme was one context identified in this review to involve care staff. Through the literature search, it was apparent that the type of training offered to staff varied. This included information about context and implementation strategies of the creative arts programme (Fritsch et al., 2009, George and Houser, 2009) and knowledge and techniques about music therapy (Hsu et al., 2015; Mathews et al., 2001). Results from these studies demonstrate that, following training, care staff can facilitate creative arts programmes independently. Moreover, with understanding and encouragement, care staff can incorporate elements of music therapy into their daily practice; this can be used to minimise

neuropsychiatric symptoms associated with dementia and improve engagement with creative activity (Hsu et al. 2015; Mathews et al., 2001). It is noteworthy that this aspect was most effective was when care staff were encouraged to maintain the impact of the music therapy themselves between sessions, either through diary entries or by facilitating group rhythm sessions. It could be beneficial to identify other useful methods of encouraging care staff to sustain the benefits of the creative arts between sessions.

Several researchers make the suggestion that musical education should be incorporated into the training of care staff (Götell et al., 2009; Pavlicevic et al., 2015). This responds to the National Dementia Strategy which recommends which recommends that care staff have the skills, accomplished through training and professional development, to provide the best quality of care in their workplace (Department of Health, 2009). Similarly, the results of this review demonstrate that training sessions can act as an opportunity to educate care staff on other useful creative techniques which are relevant to their daily care practice. Examples from this review include listening skills, non-verbal communication, and person-centred care (Gregory, 2011; Kontos et al., 2010). However, further investigation is needed to demonstrate the wider effects of providing care staff with skills to support creative programmes and their impact on quality of care.

Only two articles reported on the importance of support from the care home manager (Boersma et al., 2016a; Melhuish et al., 2017). However, it is clear that support from management to release staff to participate in creative activity

is important. The studies included in this review presumably had management support in order for the creative intervention and research to have taken place, however the longevity or sustainability of the creative activity was not considered or evaluated. It is perhaps telling that only two out of six wards decided to continue to implement the VCM despite the positive outcomes associated with the project (Boersma et al., 2016a).

2.10.2 Discussion: mechanisms

Knowledge of an individual's life history and empathy are essential elements of maintaining the identity of someone living with dementia (Kitwood, 1997). Studies in this review reported that staff who participated in the creative arts programme had a deeper understanding of those in their care by discovering details of residents' personal histories.

Ultimately, this knowledge resulted in staff holding more positive views about their residents, leading to them being treated with greater empathy. These elements correspond with the VIPS framework, described by Brooker and Latham (2016), in which part of the process of embedding person-centred care is "treating people as individuals, appreciating that all people with dementia have a unique history, identity, personality and physical, psychological, social and economic resources, and that these will affect their response to cognitive impairment" (p. 12).

Likewise, studies that prepared staff for deciphering the needs of the residents had positive outcomes in terms of well-being, improved care practice, and a

reduction in the behavioural problems often associated with dementia (Götell et al., 2009; Hsu et al., 2015). Within the framework of person-centred care, this corresponds with the potential of the creative arts to provide care staff with a deeper understanding of residents, including regard of their abilities and limitations prompting staff to become more empathetic and sensitive to the residents' needs in what could be construed as validation. Future research should endeavour to examine the implications of staff involvement with creative arts programmes on quality of care; particularly through staff-resident interaction.

2.10.3 Discussion: outcomes

This review of the literature demonstrates positive outcomes in persons with dementia who participate in creative arts programmes in residential care; these include improved communication, engagement and well-being by improving the quality of care of which residents receive. Positive outcomes, such as communication and engagement, were depicted when care staff facilitated or attended creative arts sessions. Extended effects were revealed in literature and dance interventions and supported by anecdotal evidence that the creative arts programme influenced the atmosphere in the setting in a positive way (Billington et al., 2013; Duignan et al., 2009; Palo-Bengtsson and Ekman, 2002).

Several of the identified studies reported that the creative arts sessions had an effect on the clinical symptoms of dementia (Duignan et al., 2009; Götell et al., 2009; Guzmán-García et al., 2012; Billington et al., 2014; Hsu et al., 2015;

Tuckett et al., 2015). Many people living with dementia in long-term care will experience the behavioural and psychological symptoms of dementia (Margallo-Lana et al., 2001), which can negatively impact the quality of life for both caregivers and residents (Shin et al., 2005). It could be inferred that creative arts sessions, through symptom reduction which consequently improves quality of life, contribute to upholding the well-being of residents and those who care for them.

In terms of staff well-being, there is some evidence that participating in creative arts sessions had a positive effect. In particular, interactions facilitated through creative interventions were identified as a way to discover more about the residents' needs and personal histories beyond the scope of general physical care. For example, creative interventions provided a means for a deeper personal connection between staff and residents (Götell et al., 2009), improved understanding of communicating with residents with dementia (Duignan et al., 2009; Götell et al., 2009; Gregory, 2011; George and Houser, 2014; Hsu et al., 2015), and an increase in understanding of residents' needs and cognitive abilities (George and Houser, 2014; Hsu et al., 2015). All of these aspects could be assumed to improve the caregiving relationship. In the case of Duignan et al., (2009), care staff self-identified the dance sessions as positively influencing their well-being, describing the session as enjoyable and relaxing. One study that measured the job satisfaction and burnout among care staff reported no significant difference between the creative intervention and a control group (Fritsch et al., 2009). However, the authors did report that the creative arts activity fostered meaningful engagement between the caregivers

and their patients (Fritsch et al., 2009), which we could cautiously assume impacts the well-being of those in the care setting.

2.10.4: Incorporating the voice of people living with dementia

Of the 18 studies included in this review, only four incorporated the voice of people living with dementia. This was accomplished through conducting qualitative interviews with people living with dementia (George and Houser, 2009; McDermott et al., 2014, Shibazaki and Marshall, 2017) and a resident questionnaire (Duignan et al., 2009). George and Houser (2009) noted that the length of the interviews for people living with dementia were short, ranging between 3-5 minutes; moreover, they stated that two out of the ten participants interviewed remained non-verbal throughout the interview. People with dementia often experience cognitive, perceptual and communication difficulties (Dewing, 2002) which can be challenging when conducting semi-structured interviews.

Most studies used observational methods to assess the impact of the creative arts on people living with dementia. This included observational methods to measure: agitation (Duignan et al., 2009), engagement (Fritsch et al., 2009; Mathews et al., 2001), vocally expressed emotion and mood (Gotell et al., 2009) and wellbeing (Hsu et al., 2015). Palo-Bengtsson and Ekman (2002) based their study on "the observations of the individual experiences of persons with dementia" (p. 150) by videoing social dancing and walking sessions.

Only one study acknowledged their limitation of not investigating the perspectives of people living with dementia (Boersma et al., 2016). Likewise, only one study, exploring staff perceptions on how dance can facilitate relationships between care staff and people living with dementia, acknowledged that future studies should incorporate people living with dementia into the study design (Melhuish et al., 2017).

The aim of Billington et al., (2013) service evaluation of Get into Reading included "understanding the influence that reading has on older adults with dementia in different health-care environments" (p . 165). The methods used to address this aim included staff assessed changes in dementia symptoms and qualitative interviews with participating care staff; failing to incorporate or acknowledge the importance of the voice of the people living with dementia participating in this programme. Similarly, other studies used qualitative interviews with care staff to explore the impact of the intervention on the wellbeing of people living with dementia (Gregory, 2011), the feasibility of a music therapy intervention for people living with dementia (Hsu et al., 2015) and the effectiveness of drama components on care staff training (Kontos et al., 2010). In contrast, Pavlicevic et al., (2015) interviewed music therapists to explore strategies for creating musical communities. None of these studies incorporated or acknowledged the lack of the voice of people living with dementia.

There is growing recognition that people with dementia can and must be integrated into research which is about them. It is disappointing that in this

review, only four studies, included the perspective of people living with dementia. Observational tools, such as those used by researchers in this review, do provide opportunities to collect a wealth of data, however, they should be supplemented by qualitative interviews with those participating, care staff and practitioners to provide complimentary perspectives (Algar et al., 2016).

2.11 Limitations

It is important to acknowledge the practical implications associated with implementing creative arts programmes in residential care. Most of the papers within this review were funded research studies with the arts programme provided within the project; therefore, the results may not be generalizable to most care homes which have to pay for artists or creative programmes on an ongoing basis. However, the fact that staff can learn how to facilitate sessions and be encouraged to maintain the impact of creative interventions is a topic worthy of future investigation.

Important contextual elements, such as the influence of care home managers, were not identified in this review due to the search terms. It is possible that by limiting the search terms we may have missed a salient aspect of the research which could have added to our understanding of how creative arts can be implemented in care settings. This review was focused particularly on how care staff engage with the creative arts and the impact this has on outcomes for people living with dementia. Future research could address this limitation by

looking at the longevity of creative arts programmes in care settings. In particular, how management and organisational structure influence the implementation of creative arts programmes in care settings.

As there was only one researcher conducting this review there was the opportunity for researcher bias to occur. To reduce the potential of this occurring standardised selection criteria and data extraction forms were created to address the aims of this review.

A further limitation of this review is the heterogenous nature of each study. The studies collated differed in terms of intervention, data collection, and analysis. In addition, many of the studies were short term (Fritsch et al., 2009; Hsu et al., 2015; Matthews et al., 2008; Melhuish et al., 2017) and included small sample sizes (Fritsch et al., 2009; Guzmán-García et al., 2012;; Hsu et al., 2015 ; Melhuish et al., 2017), making it difficult to generalize improvements across wider contexts. In addition, the short term nature of the interventions did not provide information regarding the sustainability or long term impact of the creative programme in these settings.

This realist synthesis has some significant limitations. For example, there has not been the usual iterative approach towards progressively refining the programme theory and CMO configurations. However, it was not intended to perform a rigorous realist synthesis but more to use the principles of realist enquiry to begin thinking about how arts interventions may work in residential care settings. Therefore, at this stage, a realist approach is being used merely in

an exploratory way. The CMOs described in section 2.9 should therefore be regarded in this light, i.e. as preliminary thoughts that have been used to guide the research reported in the following chapters.

2.12 Conclusion

The findings from this literature review have furthered understanding of how staff engage with and influence creative arts activity in residential care settings. By identifying contexts, mechanisms and outcomes of staff participation I can tentatively suggest a theory that under certain conditions, creative arts programmes that involve and engage staff may facilitate enhanced interactions and improve care strategies. These early findings determine the subsequent research activities reported in this thesis. The mechanisms identified in this review correspond with elements of person-centred care; this concept will be explored further in the next chapter. Furthermore, the following chapter outlines an initial programme theory regarding care staff participation in creative arts programmes in residential care, which will be empirically tested and reported later in the thesis.

Previous literature has explored the efficacy of creative arts interventions for people living with dementia. The novelty of this review is its focus on aspects of care staff involvement in creative arts interventions. This analysis demonstrates that there are benefits for both staff and residents when care staff become actively involved in creative arts programs. The majority of studies demonstrated some positive implications for care practice when care staff are involved in creative arts programs, regardless of the level of participation. It

could be reasoned that there are additional benefits when incorporating a level of staff training, for example, it could contribute to creating a sustainable long term and low cost approach to maintaining creative arts programs in residential care. Moreover, several researchers make the recommendation that care staff should be trained with regard to particular modes of creative arts; for example, music (Hsu et al., 2015; Pavlicevic et al., 2015). The findings from this study add to the body of knowledge regarding the creative arts in residential dementia care by suggesting some of the mechanisms that may enable creative arts interventions to be effective in improving outcomes when care staff are involved in creative arts activities.

2.13 Summary

This chapter has presented a realist informed systematic literature review to explore the involvement of care staff in creative arts activities in residential care.

The findings from this review suggest that there are positive outcomes for people living with dementia who participate in creative arts programmes in residential care; these include improved communication, engagement and well-being by improving the quality of care. Moreover, under certain conditions, creative arts programmes in care homes that involve and engage care staff can facilitate enhanced interactions and improve care strategies. This is accomplished by providing care staff the opportunity to see the person beyond the dementia; recognising and acknowledging that people living with dementia

have abilities and potential. These findings provide suggestions of which elements of care staff involvement in creative arts programmes could be implemented in residential care settings to have the most benefit. Sustainable approaches, such as the training of care staff, towards integrating creative arts programmes into practice in residential care have the potential to improve the quality of life of the people who live and work within the environment.

Therefore, this chapter has provided the theoretical and methodological foundations of this study. By using a systematic realist informed approach, insight has been provided into the complex and diverse nature of arts programmes in care settings. By identifying contexts, mechanisms and outcomes of staff involvement, this chapter can be considered an early findings chapter. The following chapter, Chapter 3, presents the epistemological assumptions of this PhD which developed out of this literature review, namely realist approaches. It also provides an outline of the standard approaches to realist synthesis and evaluation. Moreover, it explains how this PhD research is exploratory in nature and uses realist enquiry as a starting point for thinking about how arts interventions work in care settings.

This chapter also presents the conceptual framework of person-centred care which is used in combination with the findings in this chapter to development of an initial programme theory.

Chapter 3: Methodology

3.1 Introduction

The previous chapter presented a realist informed literature review examining the involvement of care staff in arts interventions in residential care settings. The studies in this review were examined in terms of intervention, context, mechanism and outcome. The findings from this review have contributed to the research design of this study, namely using a realist approach to test an exploratory theory about engaging care staff in creative arts. Thus, the methodological foundation for this study was born from the literature review reported in the previous chapter.

This chapter presents the methodological considerations of this PhD research. The first section introduces and justifies the decision to use the methodological framework of realist evaluation. Realist approaches guided the development of this research design, therefore this chapter compares standard realist approaches and discusses how this thesis differs from a pure realist evaluation.

The following section introduces the theory of person-centred care, which is used as a conceptual framework for developing an initial programme theory in combination with a detailed exploration of the review papers from Chapter 2.

The final section outlines a realist informed initial programme theory developing putative context, mechanism and outcome configurations. This

theory provides a framework for the analysis of the empirical research reported in Chapters 5 and 6.

The use of realist informed methodology makes a novel contribution to the arts and dementia literature as it provides a new way of understanding how care staff influence arts interventions in care settings through the development and refinement of a realist programme theory.

3.2 Methodological frameworks

Before designing and conducting research, it is important to acknowledge the philosophical assumptions that are the foundation for the research. The paradigms through which we view the world contain principles and assumptions which influence our investigations (Guba and Lincoln, 2005). Below, the positivist, constructivist and realist paradigms are explored and critiqued.

3.2.1 Positivist paradigm

Within the positivist paradigm, social reality is perceived to be measured and explored through direct experience or observations. True objective knowledge, empirical verification, can be established through experiments; it is the task of the researcher to collect and analyse these data (Alvesson and Sköldberg, 2009). This paradigm favours quantitative methods and often follows strict methodological protocols which are designed to minimise bias. However, critics of positivism suggest that reducing phenomena simply to that which is observable, or measurable, disregards the human element in the enquiry. The

rigid principles associated with the positivist paradigm do not readily lend themselves to an evaluation of creative arts interventions within a care home setting, where responses to stimuli can be subtle and fleeting. Arts practitioners often respond to residents in the moment so that each session takes a different format despite using the same mode of practice.

3.2.2 Constructivist paradigm

In opposition to the positivist paradigm, the philosophical orientation of the constructivist paradigm conceives that there are many truths and multiple realities. Reality is supposed to be socially constructed. Consequently, in order to understand phenomena we need to take into account subjective worldviews. Meanings are believed to be shaped through social interactions, personal histories and cultural norms. This paradigm takes into account the unique person and the environment, and therefore typically does not allow for generalisations.

3.2.3 Critical realism

Critical realism is rooted in the work of the English philosopher Roy Bhaskar. This approach intends to bridge the divide between the positivist and constructivist paradigms. Positivism lacks the scope to incorporate in its explanatory frameworks phenomena that are unobservable and which resist measurement. By contrast, critical realism incorporates both positivist and social constructivist approaches. It permits the researcher to take account of how social contexts influence objective knowledge. Critical realists recognise

the implications of social systems and their influence on internal relations (Sayer, 2000) and attempt to evaluate them from an objective standpoint. Yet, critical realists also emphasise how underlying causal mechanisms also function autonomously from the subjective standpoint of individuals (Alvesson and Sköldberg, 2009).

Realists describe a stratified reality comprising of three domains; the world of the real, the actual and the empirical. The world of the real encompasses what is causal that cannot be directly perceived. In contrast, the world of the actual signifies what happens when powers in the real are activated; in a health setting this is regarded by Wilson and McCormack (2006) as being the intervention itself. Lastly, the empirical domain, which includes observable phenomena (Alvesson and Sköldberg, 2009). A distinct feature of critical realism is the search for causation; examining the world of the real and identifying causal mechanisms. Sayer (2000, p. 14) summarises this as "identifying causal mechanisms and how they work and discovering if they have been activated and under what conditions".

3.3 Research design

3.3.1 Realist evaluation approach

Realist evaluation is historically grounded in critical realism, borrowing elements of both positivist and constructivist theories of knowledge. Realists posit that the world is stratified, and that complex mechanisms, residing in the world of the real, are hidden (Wong, 2015). Realist evaluation, therefore, is a

theory-driven approach which can be utilised to evaluate complex interventions. Supporters of realist evaluation suggest that what we can know about a social programme is not definitive, due to the complex nature of social realities. Different people have different understandings, values and meanings; thus, a programme is never explicitly replicable. Instead, realist evaluation takes a theory-driven approach, looking for casual explanations and configurations, which is an iterative process. The goal is to answer the question of "what works, for whom, in what circumstances, in what respects and why" (Pawson et al., 2005).

3.3.1.1 Realist synthesis

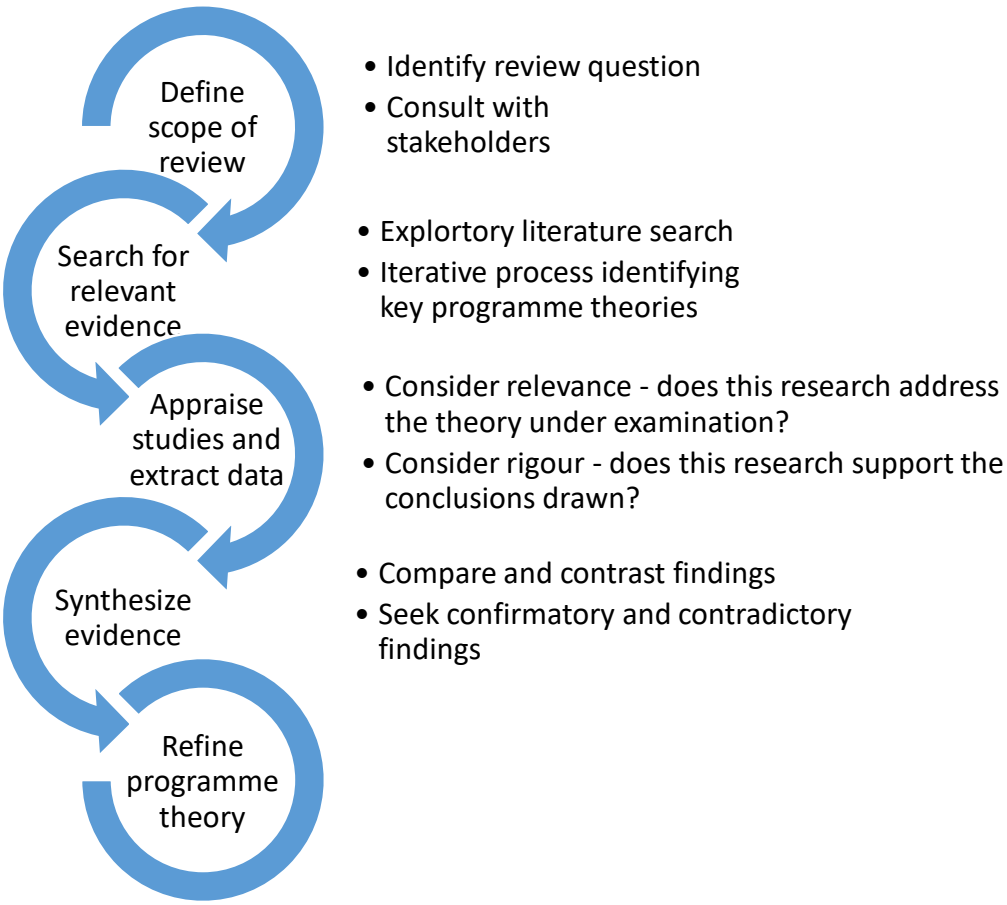
Realist reviews or synthesis, these terms are used interchangeably, seek to "unpack the mechanism of *how* complex programmes work (or *why* they fail) in particular contexts and settings" (Pawson et al., 2005). This type of review is an iterative processes, and each step may overlap as theories are refined and new evidence emerges (Pawson et al., 2005). The review attempts to discover underlying theories and explain reoccurring patterns, known as demi-regularities, by scrutinising the interaction between contexts, mechanisms and outcomes (Rycroft-Malone et al., 2012). Traditionally, the focus of the review will seek to answer the question "what works for whom, to what extent and in what circumstances". Figure 4.1 adapted from Pawson et al., (2005) provides a comprehensive guide to the steps in a realist review. However, the follow steps outline the realist review process:

1) To narrow the scope of the review, this process will involve consultation with an expert stakeholder group who will be involved throughout the process (Rycroft-Malone et al., 2012; Wong et al., 2013) and assist in iterating the programme theory forward.
2) The scoping of the literature is exploratory and used to develop an understanding of the subject under examination; this function to identify relevant programme theories will then be articulated in order generate theories to be tested in the next stage of the review (Wong et al., 2013; Pawson et al., 2005). As Pawson et al., (2005) writes "data to be collected relate not to the efficacy of intervention, but to the range of prevailing theories and how it was suppose to work – and why things went wrong" (p. S1:26).
3) The search strategies for realist reviews differ from systematic reviews in two ways: i) there is no finite number of relevant papers and ii) studies are included based on the value on "relevance" and "rigour", in order to maintain quality and enhance the validity and generalisability of findings (Pawson et al., 2005). The search strategy, which is "iterative and interactive" (Pawson et al., 2005, p S1:29) may include purpose sampling and make use of grey literature.
4) Data extraction utilises bespoke forms developed by the reviewer and assists both the analysis and synthesis of the data (Pawson et al., 2005; Wong et al., 2013). Data extracted may include descriptions of the programme, explanations about how the programme worked or didn't work, context, mechanisms and outcomes, however this list is by no means exhaustive.

5) Data analysis occurs iteratively and uses the realist concepts of context, mechanism and outcome in order to develop and refine a theory and explain how it works (Wong et al., 2013). As Pawson et al. (2005) describe synthesis "begins with a theory and ends with – hopefully – a more refined theory" (p. S1:31). This part of the realist review process involves considering rival theories and the same theory in different settings.

The realist review process articulates programme theories through stakeholder consultation and reviewing empirical evidence, which supports, contradicts or modifies the initial programme theory (Pawson et al., 2005).

Figure 4.1: Steps in realist synthesis (adapted from Pawson et al., 2005)



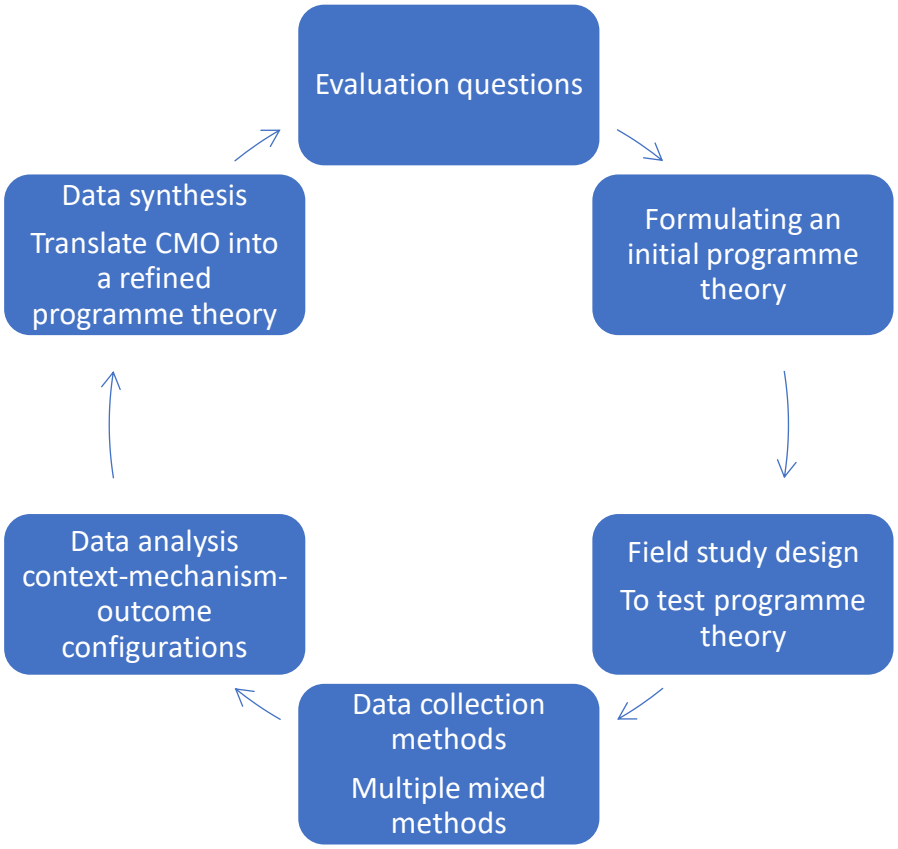
3.3.1.2 Realist evaluation

To address the question of "what works, for whom, in what circumstances, in what respects and why", realist evaluators seek to understand how causal changes in behaviour (mechanisms) are activated in specific contexts. As described in the previous section, the assumption of this approach is that programmes are underpinned by theories about what may be causing the change.

Realist evaluation essentially is an iterative process of theory testing with a cyclic nature (Figure 4.2). The cycle begins with deciding on the evaluation questions. The first stage of the evaluation is formulating the initial programme theory, which may be based on existing theories or research. The empirical research protocol is developed based on the initial programme theory. The chosen data collection methods are designed to test the programme theory under examination. The methods deployed in realist evaluation are not limited. Various forms of data, methods and sources may be utilised and assimilated (Plowright, 2011) in order to test, develop and refine CMO configurations. The specific choice of research methods is reliant on the "the nature of the object of study and what one wants to learn about it" (Sayer, 2000, p. 19). Evidence collected during the research process is then used to construct putative context-mechanism-outcome (CMO) configurations, designed to test the underlying theory. Consequently, "this understanding of how a particular aspects of the context shapes (*sic, grammatical error in original*) the mechanism which leads to outcomes can be expressed as a

context-mechanism-outcome (CMO) configuration" (Wong et al., 2016, p. 2). The final step of the realist evaluation process is to translate the findings into a revised and refined programme theory, which potentially would inform a new study. As Marchal et al. (2012) describe, "single evaluations cannot produce universally valid findings. What realist evaluation can do is to help the researcher find out in which specific conditions the intervention works (or not) and how, and to refine the findings in a process of specification" (p. 195).

Figure 4.2: Realist evaluation cycle



3.3.1.3 An exploratory realist informed research design

The research presented in this thesis uses a realist informed design to test a theory exploring how care staff influence the access and experience of people with dementia participating in creative arts programmes in residential care settings. The following section outlines how this research design differs from conventional realist standards. It outlines how this study uses realist approaches in an exploratory fashion to think about how arts interventions work in residential care settings by using a two-phased approach: theory development and theory testing.

The first phase of the cycle comprised of theory development; this involved critically appraised the arts and dementia literature by examining how care staff engage with arts interventions in their workplace; this has been reported in Chapter 2. The literature review was used to identify context, mechanisms and outcomes and to explore the relationships between these aspects. The initial programme theory, which is outlined later in this chapter (Section 3.5) was developed using the conceptual framework of person-centred care. The studies from the literature review relate to concepts within the person-centred care theory; specifically, three different types of positive person work. These concepts are outlined in the following section with discussion of how they relate to the literature presented in Chapter 2. Following the literature review, two pilot case studies were conducted (a full account of these are presented in Chapter 5 Section 5.3). The insights from the review of the literature and the pilot case studies were then tested through comprehensive case studies. The

process of theory development was iterative and involved moving between each data set.

The second phase of the cycle was theory testing; the research design was intended to test and refine the initial programme theory. This involved conducting two comprehensive case studies of how arts programmes introduced as part of the Imagine Arts programme were influenced by care staff participation. The methods used to test this theory included non-participant observation (Dementia Care Mapping), interviews, fieldnotes and documents. The outcome being a refined programme theory which would have a practical application and could be translated into other settings. Figure 4.3 depicts the realist informed approach used within this study.

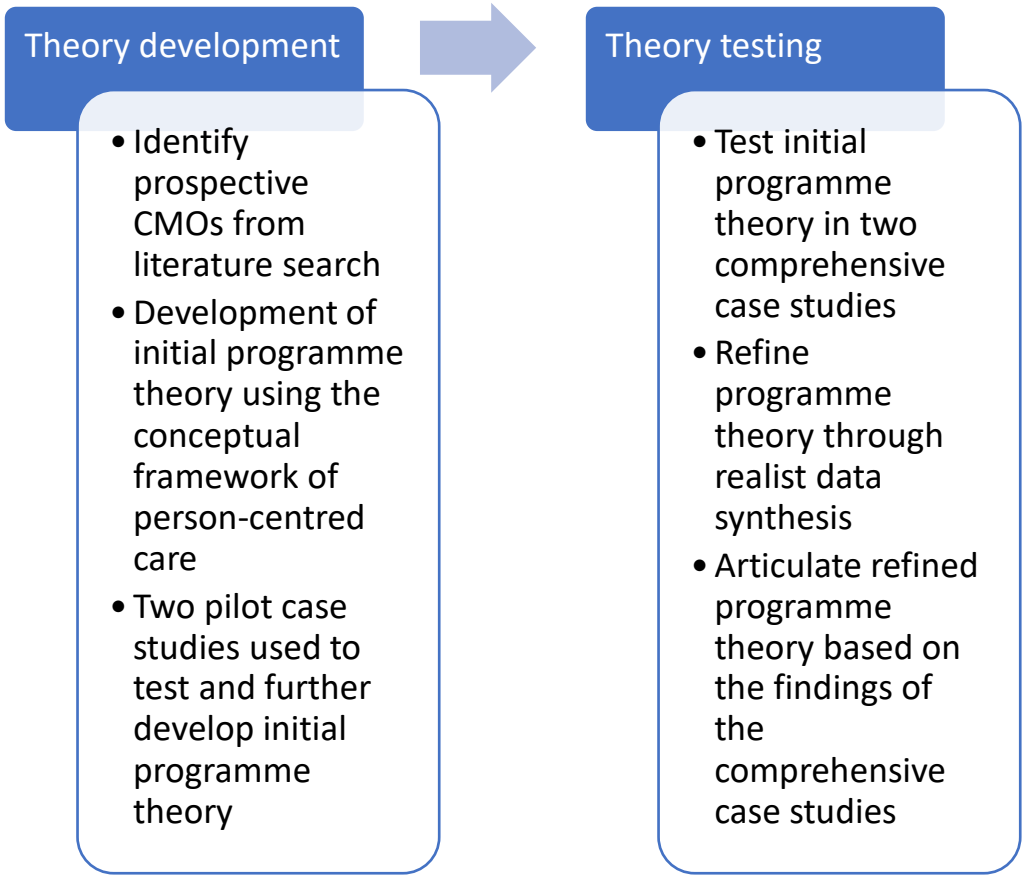
As Pawson and Tilley (2009) stress, realism is a general research strategy rather than a strict technical procedure; although this section presents a realist theory development cycle, this research differs from pure realist evaluation in several ways. Pawson and Tilley (2004) state that stakeholders are key sources for elucidating programme theories and providing understanding on how programmes work. Moreover, they emphasise that stakeholders should be involved from the outset of the study. This was not something that was accomplished in this study as the *Imagine Arts* programme and literature search had already been conducted before the methodological decision to use a realist enquiry lens.

Consulting a stakeholder group is certainly an avenue for future work; it would be useful to consult and include the real-world voices of people living with dementia, care staff, activity coordinators, artists and practitioners. This type of stakeholder interview or consultation would have help inform the focus of a realist synthesis/evaluation and potentially identify areas to concentrate on in data extraction (Rycroft-Malone et al., 2010). This approach would also ensure that useful information is provided for practitioners and care staff who assist in the implementation of creative activity in care settings.

Although this research does not meet the criteria for a pure realist evaluation, it was conducted rigorously and robustly. There is growing acknowledgement that realist approaches are useful tools to help understand, shape and inform the evaluation of creative arts programmes (APPG, 2017). Therefore, this realist informed study goes some way extending our knowledge of how creative arts programmes can be implemented in care settings by looking at "what works, in what circumstances, for whom". As Pawson and Manzano Santaella (2012) write:

> The immediate priorities of empirical research are to respond to the researcher brief, to deal with the given substantive issue, and to contribute to policy development – rather than to aim for methodological purity (p. 189)

Figure 4.3: Theory development process



3.3.1.3.1 Theory validation – next steps

A third phase of this theory testing cycle would have been theory validation. The methods and approaches used in this study were time consuming and practically, it was beyond the scope of this PhD, to complete the theory validation stage. However, this is certainly one area of future investigation.

To complete the realist evaluation cycle, it would have been useful to return to the field to present the refined programme theory to care staff, care home managers, arts practitioners and people living with dementia in order to validate or refute the findings. To move research more firmly into the realism

camp Pawson and Manzano-Santaella (2012) suggest consulting those receiving the programme, thus deepening the working hypothesis. This would have been accomplished by conducting follow up interviews with care staff, arts practitioners and people living with dementia, asking them to reflect back on their experiences.

3.3.1.4 Critique of realist evaluation

There are several criticisms of the use of realist evaluation. First, there is inconsistency in the way realists define and employ the term mechanism, which can be problematic in terms of analysis, where CMO configurations function as an analytic tool (Marchal et al., 2012). Studies which used Pawson and Tilley's (1997) definition of mechanisms used their realist evaluation to develop explanatory theories (Pommier et al., 2010; Rycroft-Malone et al., 2010). However, a review by Marchal et al., (2012) found that overall there was confusion in the interpretation of mechanisms and contexts. To overcome these challenges there should be transparent definitions of both mechanisms and CMO configurations. Likewise, critics also suggest that middle-range theories are too abstract which can hinder practical application (Marchal et al., 2012).

Second, realist evaluation is still a fairly new methodology and there are still relatively few published papers purporting its use. A literature review conducted by Marchal et al. (2012) considered how realist evaluation has been used in healthcare research. A total of 18 papers were included in this review;

results demonstrate that this body of literature is small and diverse. Moreover, the application of realist evaluation varied with a lack of reference to its philosophical underpinnings (Marchal et al., 2012).

Third, in realist synthesis it is possible that some programme theories generated from the literature do not fully represent all the possible CMOs underpinning the programme being evaluated. Likewise, the iterative nature of the realist evaluation cycle means that some aspects of the programme are reviewed and explored in detail and other areas are neglected. This thesis uses person-centred care as a theoretical framework for the analysis as it related to mechanisms identified in the literature review. It is possible that by making this decision I potentially may have missed other relevant theories which could have furthered our understanding of how creative arts programmes work in care settings. In this light, the findings in this thesis should be regarded as an exploratory starting point for thinking about how care staff influence the experience of people living with dementia participating in creative activity. However, as Timmins and Miller (2007) assert, these initial emergent theories, are a good starting point for inquiry.

To combat the lack of methodological guidance and challenges associated with undertaking a realist evaluation, a body of work has been commissioned aiming to generate publication standards and training materials for this research approaches (Wong et al., 2013, Wong et al., 2016). These serious attempts to produce quality standards and guidance are likely to enhance and

establish realist evaluation as a reputable methodology in health service research.

As previously acknowledged this thesis does not meet the standard criteria of a pure realist evaluation. The aim of this research was to explore how care staff influence the access and experience of people living with dementia participating in creative activity in residential care. Realist approaches provide a useful framework for understanding the complex phenomena at play during an arts intervention in a care setting. Therefore, the realist approach in this study is exploratory starting point for thinking about how care staff influence creative activity in care settings.

3.3.2 Strengths and justification

The intention of realist evaluation is to improve and change practice (Pawson and Tilley, 1997) and, moreover, to enhance the ability to understand complex social behaviour in context. This approach attempts to address the question of "what works, for whom and in what circumstances" (Pawson and Tilley, 1997). Although a relatively new approach, realist evaluation and synthesis has been used by researchers to explore why visual arts programmes achieve particular outcomes (Windle et al., 2018). Rather than evaluate whether creative arts interventions work for people with dementia, realist evaluation seeks to explore how they work in residential care settings. A realist evaluation approach to understanding complex interventions lends itself to the evaluation of creative arts interventions for people living with dementia. Factors including but not limited to the environment, facilitators, participants

as well as art forms themselves, all influence outcomes associated with such interventions.

Care homes themselves are complex systems run by different organisations. The following suggests some of the complexity within these settings, however this list is by no means exhaustive. For example each setting may have different staffing levels, and staff with different experiences and levels of qualifications. Care home residents will each have varying time spent at the care facilities, and have experienced different transitions from home life into care. There will be diversity in terms of age, ethnicity and life experiences. Each person living with dementia will experience the condition differently, and there is variation in types of dementia and severity. What's more, some care home residents may not be living with cognitive impairment, this is important in terms of the complexity of the system and how creative activity is facilitated in these settings. Notwithstanding, individuals bring their own personal experiences, beliefs and attitudes about the arts to each session.

Likewise, there is no standardised training for arts practitioners working in residential care homes or indeed for working with people living with dementia. Consequently, arts practitioners' knowledge of these settings or in fact dementia is varied. Often, practitioners respond in the moment or improvise to the environment (Beard, 2012), therefore there is no consistent way of working.

Most realist evaluations are conducted within a natural and uncontrollable environment (Bonnell et al., 2012); this research was also conducted within the evaluation of a programme of community based arts. The realist approach posits that regularities, patterns in the data, can be discovered within an open system (Robson, 2011). This research will utilise realist principles to test an initial programme theory generated from the systematic realist informed literature review reported in the previous chapter within the open system of a care home.

3.3.3 Middle range theories

A component of realist evaluation is the development of middle range theories; these describe how interventions lead to particular outcomes (Marchal et al. 2012). Realist evaluation progresses from an initial programme theory to a refined middle range theory (Pawson and Tilley, 1997). A strategy to strengthen a realist evaluation is to provide a theoretical focus to the analysis. In writing about realist approaches, Pawson and Manzano-Santaella (2012) describe how "pursuing a theory can drive the analysis to look for further 'cross-item' corroboration" (p. 181).

The findings from the literature review in Chapter 2.5, highlight how under certain conditions, creative arts programmes that involve and engage staff may facilitate enhanced interactions and improve care strategies. The mechanisms identified from the literature correspond to elements of person-centred care which will provide a theoretical focus for the analysis of this thesis. The following section introduces the conceptual framework of person-centred care,

the foundation for an initial programme theory regarding care staff participation in creative arts programmes in residential care. Hence, this research seeks to empirically test an initial programme theory with the outcome being a refined middle-range theory about "what works for whom in what circumstances" when care staff engage with creative arts interventions in residential care settings.

3.4 Person-centred care

Tom Kitwood (1997) proposed a 'new culture' of care, a way of understanding dementia beyond the framework of the biomedical perspective, focussing on the subjective experience of the person living with dementia. Kitwood produced a series of theoretical papers challenging the prevailing medical model of dementia and dementia care during the 1990's. He brought these theories together in his 1997 book "Dementia Reconsidered: The person comes first". Kitwood's (1997) work deconstructs the medical model of dementia, challenging traditional attitudes which emphasise the divide between "us" and "them". The central idea is that caring should entail the preservation and enhancement of personhood, defined as "a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust" (Kitwood, 1997, p. 8). By maintaining personhood, carers enter into a relationship with the person with dementia, preserving their identity and worth through interactions. Kitwood's theory has become a cornerstone for much policy, practice and research in dementia care and the term person-centred is now in common usage. It is

recognised as best practice in guidelines for health and social care provision (NICE 2006, 2018).

However, some researchers have critiqued the association of personhood as essential unity. Baldwin and Capstick (2007) write:

> The question 'What is a person?' is an exercise in setting boundaries. By definition there will be those who fall within and those that fall outside those boundaries – that is, there are persons and non-persons. The implication that follows from this definitional exercise. (p. 174).

It has been argued that essential unity, in that there are persons and non-persons, risks excluding those individuals who do not meet the definition. A further critique of person-centred dementia care is the view that personhood is unidirectional. People living with dementia are reliant on individuals who have full cognitive capacity to uphold their personhood, therefore the responsibility lays outside the individual (Bartlett and O'Connor, 2010). Consequently, a personhood approach neglects the sense of agency that many people with dementia still possess (Bartlett and O'Connor, 2007).

Despite policy and regulatory standards incorporating the principles of person-centred care, it appears that most care provided focuses on physical care prioritising the health and safety of residents. More recently, person-centred care has been debated as a value based approach, with moral underpinnings that focus on individuals rather than relationships. In exploring current perspectives on person-centred dementia care, Manthorpe and Samsi (2016) describe a strand of policy development called personalisation. In their

critique, these authors describe how person-centred care may "be seen as a right rather than a service value" (Manthorpe and Samsi, 2016, p. 1739) highlighting the human rights of people living with dementia. Yet it is still the case that personhood, as enshrined in law, is a status dependent on cognition and mental capacity (Behuniak, 2010).

Some might argue that this approach to dementia care does not take into account the complexity of human relationships which are presents in care settings. The tendency for person-centred care to focus on individual needs are contrasted with a health and social care system which encourages independence and individualism (Nolan, 2004). The gerontologist Mike Nolan endorses relationship-centred dementia care, which focuses on interdependence and interconnectedness, rather than autonomy (Nolan, 2004).

Despite increasing recognition and advocacy of the importance of person-centred care for people living with dementia there are several barriers to its implementation. Critics suggest that the concept of person-centred care lacks consensus which can lead to confusion regarding implementation (Morgan and Yoder, 2012; McCormack 2004; Dewing, 2004). Some argue that person-centred care ignores the importance of relationships; they suggest that the values that both the person living with dementia and their caregivers bring to an interaction are important (Nolan et al., 2004). Moreover, there are few robust empirical studies which demonstrate the benefits of person-centred care in practice (McCormack, 2004; Dewing, 2004). Some interventions which are based on person-centred philosophies have demonstrated positive effects of

people living with dementia (Sloane et al., 2007, Fossey et al., 2002), however these studies lack definition and operationalised descriptions. Implementing person-centred care in practice proves challenging particularly in the current care culture. A recent study demonstrated that staff burnout is an individual feature which has implications for the implementation of person-centred care in residential care settings (Hunter et al., 2016). Dewing (2004) highlights concerns that person-centred frameworks are i) suited to particular contexts; ii) may be culturally sensitive; iii) fail to acknowledge the "intrapersonal and intrapsychic aspects of being a person" (p. 43). Brooker and colleagues (Brooker, 2007; Brooker and Latham, 2016) attempted to operationalise Kitwood's theoretical writings on person-centred care by defining care practice that:

V Promotes a value base that asserts the absolute value of all human lives regardless of age or cognitive ability.

I Takes an individualised approach, recognising uniqueness.

P Understands the world from the perspective of the person identified as needing support.

S Provides a social environment that supports psychological needs.

This has become known as the VIPS framework of person-centred care.

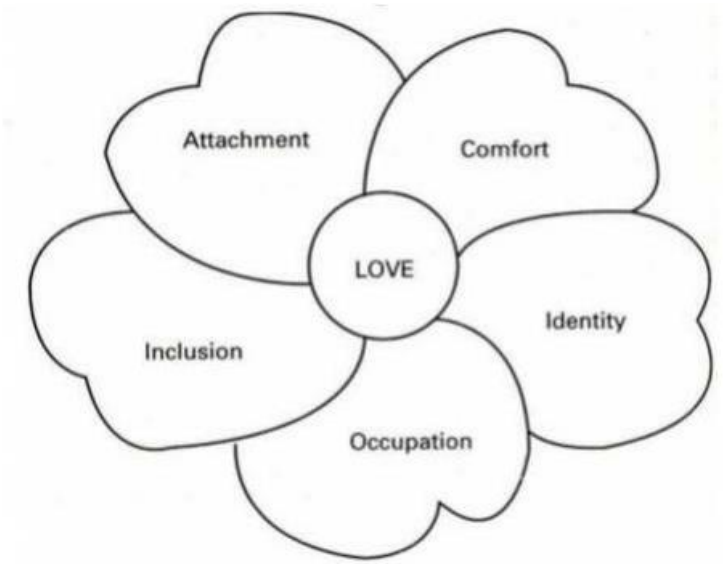
3.4.1 Psychological needs of people living with dementia

The foundation of this theory is that all human beings have psychological needs which overlap. Personhood is supported through positive interactions to meet a cluster of psychological needs: attachment, comfort, inclusion,

occupation, identity, and the central and all-encompassing need of love (Figure 3.1, Kitwood, 1997).

Figure 3.1: Kitwood's depiction of the psychological needs of people living with dementia (1997)

The following section explores person-centred care as a conceptual framework and how this may relate to the facilitation of creative activity, by care staff in residential care.



3.41.1 Identity

An essential part of person-centred care is recognising that each person is unique, and that care should be tailored to the individual in order to promote their sense of identity. This concept is central to the psychological need Kitwood (1997 p. 84) referred to as identity:

> To have an identity is to know who one is, in cognition and in feeling. It means having a sense of continuity with the past; and hence a 'narrative', a story to present to others. It also involved creating some kind of consistency across different roles and contexts of present life. To some extent identity is conferred by others, as they convey to a person subtle messages about his or her performance.

In residential care, with a task-based culture, there is the risk that the person with dementia may be overlooked, emphasising the divide between those providing care, and those receiving it (Brooker and Latham, 2016). Caregivers should have an awareness of how cognitive impairment resulting from dementia may manifest. The skill of good dementia care is to "find a response that supports the person with dementia while not undermining their remaining abilities" (Brooker and Latham, 2016, p. 84).

3.4.1.2 Occupation

It is a human response to wish to be involved in life in a way that is personally meaningful. Occupation, as defined by Kitwood (1997), explains how one psychological need relates to having a sense of agency, a way of being involved in life in a way which utilises an individual's skills and abilities. Kitwood (1997) suggests that people with dementia still possess a need for occupation; and that abilities may deteriorate if they are not applied; the more that is known about the individual, the better equipped care providers will be to satisfy this need.

In a study investigating meaningful activity for people with dementia in care homes, Harmer and Orrell (2008) found that activities which addressed residents' psychological and social needs, relating to Kitwood's theory of person-centred care, related to the quality of the activity. In order to provide activities that meet psychological and social needs for people living with dementia, care staff need to acquire knowledge of what is meaningful to each resident, and understand their abilities within the context of their cognitive impairment in order to provide appropriate activities (Brooker and Latham, 2016). Therefore, it could be assumed that care staff, who have knowledge of their residents' skills and abilities, play an instrumental role in ensuring that residents are involved in activity.

3.4.1.3 Inclusion

From an evolutionary perspective, being included as part of a group is necessary for survival. With the disabilities that dementia care cause, there is a high risk that individuals may become socially isolated, and become increasingly reliant on other people for social interaction and inclusion as the dementia progresses.

Inclusion is about being in or being brought into the social world either physically or verbally. It relates to facilitating engagement when there would otherwise be none, and making a person feel they are part of the group and are welcomed and accepted. Recognising people's worth, including them in discussions and activities, emphasising a sense of belonging and having fun

together all support the need for people to feel included (Bradford Dementia Group, 2005, p. 39).

3.4.1.4 Other psychological needs

Attachment and comfort are the remaining psychological needs identified by Kitwood (1997). The psychological need of comfort relates to providing warmth and strength to individuals who are in need. In practice, this could be provided through touch, words or gestures. As Kitwood writes: "to comfort another person is to provide a kind of warmth and strength which might enable them to remain in one piece when they are in dangers of falling apart" (1997, p. 82). Attachment, rooted historically in the work of Bowlby (1979), is suggested to be cross-cultural and instinctive in nature. With regard to people living with dementia, the need for attachment relates to the connection or relationship with a trusted individual. Love is depicted as a central all-encompassing need; if the psychological needs of identity, occupation, inclusion, attachment and comfort are being fully met then the person with dementia should experience love and their personhood will be maintained.

3.4.2 Positive person work

Positive person work is a key component of how care staff help people with dementia to ensure their psychological needs, outlined above, are met. Person-centred care: a holistic approach which gives equal emphasis to the physical, psychological, social and spiritual dimensions of people living with dementia. The undertaking of person-centred care is to maintain identity and worth, in the

face of cognitive impairment. There are ten elements of positive person work which relate to the psychology needs identified in Dementia Reconsidered (Kitwood, 1997). These are operationalised as "personal enhancers" within Dementia Care Mapping (PEs) and include: recognition, negotiation, collaboration, play, timalation (sensory experiences e.g. aromatherapy), celebration, relaxation, validation, holding and facilitation.

3.4.3 Malignant social psychology

Kitwood coined the term malignant social psychology (MSP) is used to describe aspects of care practice which are considered to undermine personhood (Kitwood, 1997). These malignant interactions, often subconscious, are believed to be part of a 'cultural inheritance' prevalent in society; magnified through "fear, anonymity and the differential of power" (Kitwood, 1997, p. 48).

3.5 Development of an initial programme theory

The next section represents a realist informed programme theory. The conceptual framework of person-centred care can be used to further our theoretical understanding of the mechanisms which influence outcomes when implementing creative arts interventions in residential care settings. As previously outlined in this chapter, the theory of person-centred care outlines how the culture of care, in particular the interactions of care staff, can influence the personhood of people living with dementia (Kitwood, 1997). People with dementia living in care settings are reliant on care staff to meet their psychological needs. In this sense, care staff either uphold personhood

through positive person work or undermined personhood through malignant social psychology. The preceding discussion of realist evaluation and person-centred care was used to start refining the putative CMO configures suggested in Chapter 2.9.

The studies reviewed in the previous chapter could be classified as aligning specifically to three different types of positive person work highlighted in Kitwood's theory outlined above. These are:

- Collaboration – two or more people working together using their own initiatives and competencies (Chapter 2.9.1)
- Validation - an acknowledging of a person's emotions involving a high degree of empathy (Chapter 2.9.2)
- Recognition – in which a person with dementia is recognised as a unique human being (Chapter 2.9.3)

The propositions for the initial theory are set out in Table 3.1. In summary, this can be expressed as the following CMO proposition: in the context of training, active participation and a favourable environment (C) there will be meaningful activities and positive interactions between staff and residents (M) leading to positive outcomes both for residents and for care practice (O).

Table 3.1: Context, mechanism, outcome propositions

Contexts		**Mechanisms**		**Outcomes**
Training • Staff trained in creative activity • Training in certain aspects of creative practice e.g. music therapy • Complementary skills training	+	Positive interactions between staff and residents • Recognition • Validation • Collaboration	=	Clinical outcomes • Improved communication • Improved engagement • Reduction in clinical symptoms of dementia
Active participation • Staff assisting in facilitation of creative activity • Staff attending in supportive or practical role		Meaningful relationship-based activity		Care practice • Improved staff-resident interactions • Challenging negative perceptions of residents • Staff increase their sense of competence • Staff gaining enriched knowledge of residents • Enjoyment • Positive influence on care strategies
Environmental factors • Daily routines of the care home • Spatial challenges • Practical limitations e.g. staff shortages, financial resources				

This suggests that creative arts programmes allow for care staff to interact with residents in a context outside of their practical daily care tasks, which usually focus on physical caring needs. In this sense, the creative activity could be deemed to facilitate positive interaction between residents and care staff, in a sense, collaboration. In the studies identified in the literature review, this phenomenon was evidenced through enhanced communication (Götell et al., 2009; Gregory, 2011), building of trust through dance (Guzmán-García et al.,

2012; Palo-Bengtsson and Ekman, 2009) and meaningful relationship-based activity (Billington et al., 2013; George and Houser, 2009).

Likewise, knowledge of an individual's life history and empathy are essential elements of maintaining the identity of someone living with dementia (Kitwood, 1997). The literature review shows that care staff who participated in the creative arts programme had a deeper understanding of those in their care by discovering details of residents' personal histories. Ultimately, this knowledge resulted in staff holding more positive views about their residents, leading to them being treated with greater empathy. These elements combined could be perceived as recognition; with staff acknowledging their residents as unique beings. This corresponds with Brooker's and Latham's (2016) VIPS framework, in which part of the process of embedding person-centred care is "treating people as individuals, appreciating that all people with dementia have a unique history, identity, personality and physical, psychological, social and economic resources, and that these will affect their response to cognitive impairment" (p. 12).

3.6 Summary

This chapter has described the philosophical assumptions which underpin this research and described the research design which employs aspects of realist evaluation in an exploratory way to test an initial programme theory.

The findings generated from the literature in Chapter 2.5, together with considerations of person-centred care discussed in this chapter, are interpreted to form an initial programme theory. The empirical data collected and analysed in this thesis will test this theory (Chapter 5 and Chapter 6). The outcome will be to assess the impact of care staff participation in creative activity within a real world programme of arts and develop a refined programme theory which establishes context-mechanism-outcome frameworks that describe how staff influence arts interventions in care home settings. This will also involve identifying contexts which either facilitate or impede staff participation in creative activity. The next chapter outlines the chosen methods for data collection, justification for their use, and acknowledgement of their limitations. Furthermore, it will describe the process of data collection including participant recruitment and the ethical considerations associated with this research.

Chapter 4: Methods

4.1 Introduction

The previous chapter explained the epistemological and methodological underpinnings of this study, developed from the realist informed literature review in chapter two. This chapter turns to describe the methods selected to empirically test the initial programme theory outlined in the previous chapter within the real world setting of an arts programme, *Imagine Arts*.

This thesis aims to explore how care staff influence the access and experience of creative arts interventions and by using a realist lens it attempts to understand what works, in what circumstances and why. Therefore, the next step in the research process was to generate data which contributed to the testing and refinement of the theory. The first section of Chapter 4 provides an outline of each chosen method along with justification for their use.

Next the ethical considerations of this research are described along with the process of participant recruitment and details on how consent was obtained from all participants; particular reference is made to participants living with dementia who lack the capacity to consent. The chapter concludes by describing the process of data collection, reflecting on the challenges I encountered.

4.2 Case study

4.2.1 History and application

The scope of a case study is to understand contextual conditions relevant to the real world case under examination (Yin, 2014). Case studies can be utilised to examine complex programmes; functioning as exploratory and explanatory, examining both *how* and *why* research questions. Data collection and analysis within this form of inquiry can be guided by theoretical propositions (Yin, 2014).

Case studies can be multifaceted and there is variation in the way that they are used. Yin (2014) suggests four basic types of case studies, comprising of single case, multiple case, holistic and embedded designs. Multiple-case studies may be employed in the same manner as multiple experiments; in this way cross-case conclusions can be drawn, and theories revised. A multiple case strategy is considered advantageous as it can contribute towards theory building by contrasting cases and thereby enhancing external validity (Yin, 2009; Swanborn, 2010). In this study, the replication of two cases, over two care home sites, will focus on *how* and *why* a programme of art functions, in a real world setting.

Researchers may incorporate multiple sources of evidence, both quantitative and qualitative in nature in a case study design. Yin (2014) proposes six primary sources of data including, documentation, archival records, interviews, direct observations, participant observation and physical artefacts;

recommending that the strengths and weaknesses of each source should be recognised. The variety of complementary evidence collected is analysed using a triangulation strategy to develop converging lines of inquiry, increasing the construct validity of the case in point (Yin, 2014). This research uses multiple methods including non-participant observation, interviews and documents.

4.2.2 Limitations, strengths and justification

The adoption of a case study methodology is not without its limitations. In particular, there are concerns about the generalisability of case studies. In acknowledging this shortcoming, Yin (2014) suggests that the goal of case study research is to "expand and generalise theories…not to extrapolate probabilities" (Yin, 2014, p. 21). In this light, case study methodology suits a theory testing approach, enhancing our understanding of *how* or *why* programmes work, making this approach a valuable tool in exploring complex interventions within specific settings. This method and the theoretical underpinnings of realist evaluation are complementary; both advocating the use of mixed methods and acknowledging the importance of context.

A multiple single-case study method was deemed suitable in order to test an initial programme theory (Chapter 3.5) and in attempting to answer the research question under examination:

- What contextual issues are likely to enable or prevent care staff participating in arts interventions?

- What underlying mechanisms are present when care staff participate in creative arts interventions?
- What outcomes do care staff participation influence?

4.3 Mixed methods

Mixed methods research is both a research design and a method of inquiry. Cresswell (2014) asserts that through the collection of multiple mixed methods we can come to a more comprehensive understanding of a research problem than can be explained by either quantitative or qualitative methods alone. In this sense, mixed methods research can compensate for the weaknesses in using a purely quantitative or qualitative approach on its own. By comparing findings generated by different but complementary methods, data can effectively become more persuasive than using a single method alone which may have weaknesses.

As in realist evaluation, the advantage of using multiple mixed methods is that the researcher can come to a more fully developed understanding of the context. This study uses principles of realist evaluation to address the research questions stated above; therefore, the use of mixed methods was deemed necessary and appropriate for this purpose. In this study the following types of data were collected:

- Non-participant observation (Dementia Care Mapping)
- Interviews
- Reflective diaries

- Narrative monitoring reports

Integrating and synthesising different types of data is one challenge of using a mixed method approach. This study is predominately qualitative in nature. However the quantitative data collected from the DCM observations will be used to develop a complete picture of the complex intervention under examination. The quantitative DCM data is complemented by the qualitative fieldnotes to provide an in depth examination of the interactions between care staff and people living with dementia during a creative arts session. The challenge of combining the two data sets will be overcome by using a matrix (Creswell and Plano Clark, 2007) which present the classifications of interactions in the DCM observations such as Personal Enhancers (PEs) and Personal Detractors (PDs) alongside the qualitative fieldnote data.

The following section provides an overview of each method, justification for their use, and the strengths and limitations of each approach.

4.4 Non-participant observation

4.4.1 Dementia Care Mapping

4.4.1.1 History and application

A review by Algar et al. (2016) suggests that observational methods could contribute to the evidence base examining creative arts and people living with dementia. One such observational method used in dementia research and service development is Dementia Care Mapping (DCM). DCM is based on

Kitwood's psychosocial theory of dementia (1997). Tom Kitwood and Kathleen Bredin developed DCM as a tool to improve the care for people living with dementia by identifying examples of both good and inadequate care practice which influence the well-being of individuals living with dementia. This form of observational framework attempts to record quality of life and quality of care from the standpoint of the person living with dementia.

The procedure for DCM involves continuous observations over a set period of time for up to eight participants within public areas of a care setting. The observations are coded using five coding frameworks producing five types of data that can be analysed on an individual or group level: mood and engagement scores, behaviour category codes, personal detractors, personal enhancers and other observations, incorporating fieldnotes. Data, including behaviour category codes (BCC) and a well-being or ill-being value (WIB), are coded at five minute time intervals. There are 24 behaviour category codes which are used to determine which code best represents the behaviour and activity of each person with dementia at that particular time. WIB is measured in terms of mood and engagement and the score range from +5, +3, +1 for well-being through to -1, -3, -5 for levels of ill-being.

Mood and engagement scores allow individual well- and ill-being (WIB) profiles to be calculated; this can be constructed for individual participants as well as for the group over the period of the map. In a similar manner, behaviour category profiles can be calculated on individual or group levels.

By evaluating the percentage of time spent in each category the potential for positive or passive engagement can be assessed and evaluated.

As mentioned in Chapter 3.4, Kitwood suggests that there is a cluster of psychological needs including attachment, comfort, inclusion, occupation, identity and love. It is suggested that these psychological needs are often not met for people with dementia, due to their cognitive impairment and the lack of importance placed upon these needs in dementia care settings. In DCM, personal enhancers (PEs) and personal detractions (PDs) are used to record interactions between care staff and people living with dementia, according to whether the interactions appear to uphold or undermine personhood.

4.4.1.2 Use in research

DCM was originally developed to improve person-centred care practice; however, it has become a popular tool of choice for many researchers. This instrument has been used to measure well-being in studies comparing reminiscence and group activity therapy (Brooker and Duce, 2000), horticultural therapy in day care participants (Hall et al., 2018), response to elder clowning visits (Kontos et al., 2016) and patterns of activity in nursing home residents (Chung, 2004). With specific respects to the arts, others have used DCM to explore the effects of music on people living with dementia. DCM has been used to measure levels of engagement with musical activities (Holmes et al., 2006) as well as residents' behaviours, mood and engagement scores and interactions with staff before and after music therapy sessions (Hsu et al., 2015). A multi-centred randomised controlled trial is currently taking

place to evaluate the efficacy and cost-effectiveness of DCM in care homes (Surr et al., 2016)

Used in research, DCM affords a relatively independent and verifiable measure of the interactions between carers and people with dementia. It is often drawn on in studies where individuals who are the focus of the analysis cannot represent their own views, due to cognitive impairment and disability. A review conducted by Sloane et al. (2007) highlights how DCM comes closer to quality of life ratings from the perspective of persons living with dementia than other measures.

4.4.1.3 Limitations, strengths and justification

It should be acknowledged that there are limitations to DCM's design. The focus of DCM is on the quality of care that people with dementia receive, which is perceived to influence an individual's level of well-being.

It could be argued that for an approach which is unified around the theoretical concept of person-centeredness, DCM grants little opportunity for exploring the voice of the individual with dementia (Capstick, 2003, cited in Kelly, 2009). This also raises some ethical questions regarding the observation of people who lack capacity without providing them the opportunity to discuss or correct any inaccuracies. Brooker (2005), as cited in Algar et al. (2016), suggests that a qualitative component, taking into account other stakeholder views, would complement any observational dated collected. To address this limitation, the observational data collected in this study are supplemented by

interviews with care staff and arts practitioners; this provides an opportunity to triangulate the data, giving different perspectives of the phenomena under examination and consequently a more comprehensive understanding of the mechanisms operating during an arts intervention.

However, it should be acknowledged that the active voice of people living with dementia is missing from this study. Therefore, the participants were given no opportunity to confirm or refute the findings from the DCM data. Strategies which could be used in the future to incorporate the voice of people living are discussed in Chapter 7 (Section 7.7.1).

In a systematic evaluation, Thornton et al. (2004) assessed the reliability and validity of DCM as a method in comparison to continuous time sampling (CTS). Results indicated low levels of inter-rater reliability for both behaviour category codes and well-being/ill-being scores. The authors postulated that DCM is a highly complex coding system which means there is more opportunity for error. Operational rules within DCM require that the mapper codes for active behaviours over passive behaviours; therefore, this could result in an over-estimation of time spent in 'active' higher potential behaviours (Thornton et al., 2004; Brooker, 2005).

Despite these limitations, one strength of DCM is its consistent approach to data collection. DCM certification is only available through experienced trainers from the University of Bradford. Mappers are required to attend a four-day training course, comprising of written exams where a pass mark of

60% is required to demonstrate that users have an understanding of the operational rules before utilising DCM in practice (Beavis et al., 2002). Furthermore, DCM has been evaluated to have good internal consistency as well as test-retest reliability (Fossey et al., 2002) and sensitivity to change (Brooker, 2005); making it a useful tool for evaluating interventions.

In particular, Algar et al. (2016) suggest that "observational methods could capture the unique effects the arts might have on the person, such as increasing engagement, activity and social interaction" (p. 835). Therefore, DCM was deemed an appropriate, valid method to use to answer the research questions, providing a wealth of rich data from the creative arts sessions under investigation.

This method also provides a way to explore in further detail the findings of the literature review in Chapter 2.5; testing the theory that under certain conditions, creative arts programmes that involve and engage care staff facilitate enhanced interactions which leads to the recognition and validation of personhood in residents living with dementia.

4.5. Qualitative data

Qualitative approaches have been endorsed by researchers as a means to explore arts interventions for people with dementia (de Medeiros and Basting, 2013; Windle et al., 2018a).

4.5.1 Fieldnotes

In addition to the DCM data, detailed fieldnotes were recorded by the non-participant observer as soon as possible after the event occurred, and set out in chronological order (Mulhall, 2003). The following characteristics were used as personal prompts (Emerson et al., 1995):

- Environmental features - the physical environment, sounds, smells
- Dialogue – between staff, artists and residents, recorded as verbatim as possible
- Activities – the structure of the creative arts activity and any other peripheral activity

Furthermore, based on Kitwood's (1997) framework of positive person work and malignant social psychology, instances which were identified as PEs and PDs as per the DCM schema were recorded. This method allows for detailed observations to be recorded, providing a context for the phenomenon under examination in this study, the mechanisms present when care staff participate in creative arts interventions. Combining the qualitative fieldnotes with the classification of PEs and PDs from the DCM data will assist with the synthesis of the mixed method data, allowing for a detailed examination of the interactions between care staff and residents.

4.5.2 Interviews

Interviews are a significant source of case study evidence (Yin, 2014) and can be used in conjunction with other methods (Robson, 2011). In this study, a

semi-structured interview guide was implemented, with topics to be covered relating to the theoretical findings of the literature review (Chapter 2.5). Interviews with care staff and arts practitioners involved in the creative arts session, offer the opportunity to explore a different, complementary perspective to the DCM data. Interview questions were revised and rephrased during meetings with an inter-disciplinary supervision team. By adopting a semi-structured approach, questions and wording were modified depending on the flow of the interview (Robson, 2011). The interviews followed the sequence proposed by Robson (2011): introduction, 'warm up', main body of interview, 'cool-off' and closure.

4.5.3 Documents

Documents are considered a source of evidence for case studies and are useful for corroborating data collected through other methods (Yin, 2014). Likewise, diaries are increasingly utilised as a tool to explore ongoing experiences; particularly the context of daily life occurrences (Travers, 2011; Bolger et al., 2003). This study collected two kind of documents: i) reflective diaries completed by *Imagine Arts* practitioners and care staff involved with the programme and ii) narrative monitoring reports completed by the *Imagine Arts* programme co-ordinator. These documents were available to the researcher as they were completed as part of the monitoring of the *Imagine Arts* programme, covering the perspective of the arts practitioners, care staff and the programme manager. One limitation of this method is the possibility of response bias, as those who completed these documents may have wanted to present favourable

aspects of the session. Nevertheless, in combination with the other methods described previously, this bias was reduced as documents were triangulated with non-participant observation and interview data.

4.6 Ethical considerations, participant recruitment and procedural ethics

This study was approved by the University of Nottingham School of Medicine ethics committee, Nottingham, England (Reference Number: F18012016 SoM IMH, Appendix 10). Prior to participation, care staff, residents and arts practitioners were given written participant information sheets and consent forms. Participants were informed that their participation was voluntary, and that they could withdraw at any time. Participants were assured that their withdrawal would not affect their ability to participate in *Imagine Arts* sessions.

Moreover, there are ethical implications to consider when conducting research with people who may lack the capacity to consent (Calveley, 2012). As this research proposed observing vulnerable adults, it was essential that a rigorous ethical approach was taken. Personal consultees were identified to provide advice about residents who lacked capacity to consent, in accordance with the Mental Capacity Act (2005).

When conducting research in care settings it is important to consider care home hierarchy. There are some practical steps that can be taken to prevent

hierarchical interference. It is important to ensure that researchers have an effective working relationship with care home staff; this will ensure that roles, responsibilities and expectations are clear. The researcher should ensure that the participants are aware of how confidentially will be maintained, this will reduce social desirability bias and misinformation from staff. Moreover, it is important to ensure that staff do not feel coerced by management to participate in the research project. One practical solution is to work with care home staff away from their workplace and pay them for their time. Another solution would be to work in partnership with care staff on a research project. Involving care staff from the outset of a project may provide a new perspective on an existing issue, which may not have occurred to the researcher. In addition it may aid in the implementation of the research design by allaying concerns about being involved in the research and ensuring that the study does not add additional burden to staff who are already under time pressures.

Regarding confidentiality, all data collected (including signed consent forms, DCM raw data sheets, document evidence) was were stored in a locked filing cabinet, which only the researcher could access, within a secure office at the host academic institution. Electronic data were stored in a password-protected folder accessible only by the research team. All data were treated confidentially and anonymously. Identifiable features of the data were removed; care facilities and participants are referred to by pseudonyms throughout this thesis to protect confidentiality.

The following section outlines the inclusion and exclusion criteria for participants, the process of obtaining consent and additional ethical considerations taken into account during the period of the study.

4.6.1 Residents living with dementia

Inclusion and exclusion criteria are shown in Table 4.1.

Table 4.1: Inclusion and exclusion criteria for residents living with dementia

Inclusion Criteria	Exclusion Criteria
Has a diagnosis of dementia or receiving care as a person with dementia or cognitive difficulties Attended at least one *Imagine Arts session* Available nominated consultee if lacks capacity to consent as per the Mental Capacity Act 2005	Inability to participate in *Imagine Arts* programme e.g. too physically ill, too restless. Non-English speaking

There are several challenges associated with accessing the voice of people living with dementia. One of which is the process of informed consent, deciding whether or not to participate in research. In a condition such as dementia, cognitive capacity including short-term memory problems and concentration can make it particularly challenging to give informed consent (Higgins, 2013). Indeed, in exploring how people living with dementia can become actively involved in qualitative research, McKeown et al., (2009) identify two challenges namely recruitment and consent. Recruitment requires working with gatekeepers to ensure that people with dementia have the right to

decide whether to participate in research and consent is identified as an ongoing process rather than a single event (McKeown et al., 2009).

The following process was used either to obtain consent or permission to participate in the case of a person lacking capacity to give consent. The researcher had an initial meeting with the activity coordinators at the selected fieldwork sites. The activity coordinators had been working closely with the *Imagine Arts* programme for the last two years and were able to suggest which residents, who met the inclusion criteria, they believed would be willing to participate in the research. Additionally, it was important to discuss the inclusion criteria with the care home manager as many people living in care homes may not have a formal diagnosis of dementia but were receiving care as someone living with dementia.

To assess capacity, the researcher discussed with the activity coordinator, care home manager and, where relevant, relatives, as to whether an individual would have the capacity to consent as per the Mental Capacity Act 2005. Individuals who were assessed to have capacity to consent received the information in Appendix 3Appendix 3: Participant information sheet person with dementia and signed a consent form Appendix 7. In instances where participants were deemed by the consultee to lack mental capacity to provide informed consent, permission was sought from a nominated consultee in accordance with the Mental Capacity Act 2005 and the National Institute of Health Research Good Clinical Practice guidelines. An appropriate consultee, either a family member or an old age psychiatrist working for an NHS trust, was asked to read through the consultee information sheet (Appendix 4) and

then decide whether it would be the residents' wish and in their best interest to participate in the study. If in agreement, the consultee was asked to sign the consultee consent form (Appendix 7). Two family members provided consent on behalf of residents living with dementia, the old age psychiatrist provided consultee consent for everyone else.

A simplified information sheet was developed for participants living with dementia (Appendix 3). After an initial introduction from the activity coordinator, individuals enrolled in the research were approached by the researcher and time was spent explaining the nature of the study and reading the adapted shortened participant information sheet. Throughout this process, I was available to answer any questions and was supported by a member of care staff, usually the activity coordinator.

4.6.2. Care Staff

Inclusion and exclusion criteria are summarised in Table 4.2.

Table 4.2: Inclusion and exclusion criteria for care staff

Inclusion Criteria	Exclusion Criteria
Must work at one of the care homes participating in the *Imagine Arts* programme Have been employed in the care home for at least 3 months Main duties involve caring for residents as the main focus of their work	Non-English speaking

Initially, a meeting was arranged with each care home manager. At these meetings each manager was given a letter describing the research and the potential benefits of their support and participation, a researcher biography complete with picture, and two posters with information about the research to be displayed in an appropriate location. I also met with the respective activity coordinators within each care setting, providing similar information and encouraging them to become research 'champions' within their workplace so that they could liaise and share information with other care staff. Prior to participation in the study, care staff were given written participant information sheets and consent forms (Appendix 5 and Appendix 8). Care staff were given sufficient time to consider whether or not they wished to participate in the research, and during this period I was available to answer any questions they might have concerning the study.

4.6.3 Arts practitioners

Inclusion and exclusion criteria are shown in Table 4.3.

Table 4.3: Inclusion and exclusion criteria for arts practitioners

Inclusion Criteria	Exclusion Criteria
Must be commissioned by the *Imagine Arts* programme co-ordinator Have facilitated Armchair Gallery sessions in one of the participating care homes	Non-English speaking

A similar process was followed for recruiting the arts practitioners. I regularly attended the *Imagine Arts* partners meetings where I was kept up to date with the programming. Here, I was also introduced to the practitioners working as part of the *Imagine Arts* Armchair Gallery strand of work. I provided them with participant information sheets and consent forms (Appendix 6 and Appendix 9) and answered any questions they had.

4.7 Data collection

All data were collected in the two not-for-profit care homes described above. Data were collected between August 2016 and January 2017 including semi-structured interviews, non-participant observation and narrative documents relating to the arts intervention.

4.7.1 Non-participant observation

The Dementia Care Mapping (DCM) observations took place weekly for a period of six weeks in each care setting during the scheduled Armchair Gallery

sessions. Typically, I would arrive 45 minutes before the Armchair Gallery was scheduled to start; giving myself time to greet staff and residents and find a suitable location to conduct the map. I would bring with me my DCM manual, plenty of coding sheets and extra paper, pencils and blank sheets of paper to record fieldnotes. Most of the time I was able to sit in the corner of the communal lounge in both care settings, remaining inconspicuous whilst being able to see all participants. At the end of each session I thanked each participant and staff before leaving. After each map the raw data from the DCM map was entered in an Excel spreadsheet developed by the Bradford Dementia Group. Subsequently, individual and group well- and ill-being (WIB) scores, comprising of mood and engagement values between +5 and -5, were generated and recorded in both spreadsheet and graphical format.

There were several challenges to overcome regarding the DCM observations. As might have been expected, the sessions did not always begin at the same time. There were occasions where residents would be sitting in a circle ready for the creative activity when I arrived; however, there were other instances where the sessions would start late as lunch had overrun. It was also the case that different residents came to different sessions, which was particularly true for the sessions at one of the care homes. Reasons for this included staff governance over resident attendance; most residents had limited mobility and were therefore reliant on care staff to participate in the creative activity. Additionally, attendance at the sessions depended on residents' health, if they had visitors or appointments such as doctors' visits.

As discussed in Chapter 4.4.1, because of the precise operational rules associated with DCM procedure there is the potential to over-estimate the time spent in active behaviours (Thornton et al., 2004; Brooker, 2005). Likewise, this was something I experienced when I was mapping. For example, a resident who had spent most of a timeframe in a passive state (e.g. B+1), may for a short period of the timeframe engage with the creative activity in some form (e.g. E+3), so this would result in an over-estimation of the residents' behaviour and engagement. To compensate for this perhaps overly optimistic story, I endeavoured to take detailed fieldnotes for each time frame which would provide context to the situation.

DCM is most often used to improve care practice. This is accomplished by providing written and oral feedback to staff after a DCM map has been completed. This was not something that was conducted during this study as practice change was not the purpose; however, it might be useful in future research to see whether staff feedback, using a DCM template affects the influence of staff participation in creative activity.

4.7.2 Fieldnotes

Fieldnotes were recorded on blank sheets of paper and usually took the form of short handwritten notes. After the session, the fieldnotes were typed up in a Word document as soon as possible. This included both raw fieldnotes and my own personal reflections from the sessions. Personal reflections included feelings and interpretations about the session and anything that I perceived to

influence what I observed (Mulhall, 2003); these were recorded in a different colour to the rest of the text so that they would be easily identifiable.

The qualitative component of the observation also recorded personal enhancers and personal detractors as per the DCM coding schema; providing further detail about the interaction between the care staff and the resident. The fieldnotes were useful for triangulation purposes, corroborating with data collected via different methods.

4.7.3 Interviews

Semi-structured interviews took place at a convenient time for the participants at the respective care homes. Participants were informed of the purpose of the study and given the opportunity to go through the participant information sheet. Typically, the interviews were conducted in the respective care homes and lasted between 30 to 50 minutes; these were digitally recorded and transcribed verbatim. The semi-structured interview schedule was developed out of the findings from the literature review in Chapter 2.5; questions were refined and rephrased over a series of meetings with the research supervisory team. An example interview transcript is provided in Appendix 15.

4.8 Summary

This chapter has outlined the methods of data collection employed in this study in order to answer the research question, as well as a rationale for each chosen method. It also outlines the recruitment of participants, procedures for ethical approval and data collection. The following chapters present the findings of

the analysis designed to empirically test the initial programme theory developed in Chapter 3.

Chapter 5 is the first main empirical chapter and comprises of the procedure, analysis and synthesis of data collected as part of this research study. First, this chapter introduces and describes two pilot case studies which were used to test the appropriateness of the case study design and to further develop the initial programme theory developed in Chapter 3. Next, two comprehensive case studies are used to empirically test the initial programme theory, within the natural context of a real world programme of arts.

The second empirical body of work, Chapter 6, presents an in depth analysis of the DCM data, with particular focus on the interactions between care staff and people living with dementia during the creative session.

Chapter 5: Dual Case Study

5.1 Introduction

This chapter reports on four case studies, two pilot and two comprehensive, of how arts programmes introduced as part of the wider *Imagine Arts* programme were influenced by care staff.

First, the chapter reports on the process, findings and implications of two pilot studies. These studies ensured the appropriateness of the research design and provided an opportunity to test the tentative programme theory and iterate it forward for testing in the subsequent comprehensive case studies.

In the footsteps of the pilot study, the process and findings from two comprehensive case studies are reported. As presented in Chapter 4, the methods used to collect data in this study included interviews, non-participant observation (Dementia Care Mapping (DCM)), fieldnotes and documentary evidence. The cross-case process for data analysis is outlined in this chapter, followed by the findings which are introduced and synthesised using a realist informed context, mechanism, and outcome framework. Key themes are introduced and similarities and differences between the two case sites are presented. The findings in this chapter are supported by quotations from interviews, and DCM and document data.

This chapter concludes with a narrative which synthesises the findings from these cases with discussion in regard to the initial programme theory using a context, mechanism and outcome structure.

5.2 Rationale and aims

The intention of realist evaluation is to improve and change practice (Pawson and Tilley, 1997). Similarly, case studies enhance our understanding of how or why programmes work, making them a valuable tool in exploring complex interventions within specific settings. Combining these approaches to understanding complex interventions lends itself to the evaluation of arts interventions. In addition to the arts activities themselves, other factors that are likely according to the literature review to affect outcomes include: the environment, arts practitioners, care staff and participants.

The overarching aim for each case study analysis was to test empirically the initial programme theory presented in Chapter 3.5. This theory suggests that arts programmes which involve and engage care staff lead to improved care strategies and the validation of personhood in persons living with dementia. The perspective of these case studies focuses on the process of the intervention and how it was seen by those responsible for its delivery or for the care of the recipients.

5.3 Pilot case study

A pilot case study was conducted to test the suitability of a dual case study approach within the context of the *Imagine Arts* programme. The exploratory pilot cases had the following aims:

- to provide an understanding of how the *Imagine Arts* programme worked within the care home setting
- to ensure the appropriateness of the case study design and ensure that the design was realistic and workable
- to collect data to test the initial programme theory in order to contribute to theory development
- to reflect on any influencing factors and challenges which may have affected the case study design.

A brief summary of the pilot case study is provided in the following section. The full research article is presented in Appendix 11 (Broome et al., 2018).

5.3.1 Pilot setting

The two care homes under examination for the pilot cases were selected for practical reasons as they fitted with the *Imagine Arts* programme timing. A brief description of each setting is outlined in Table 5.1. The two settings varied as one was a day centre with staff working 9am-5pm whereas the residential care home had care staff working on a 24-hour rota. In the day centre all staff participated in activities, whereas in the residential setting most activities were facilitated and supported by the activity coordinator.

Table 5.1: Pilot study setting characteristics

Setting	Description	Arts Intervention
Orchard Hill (OH)	OH is a Local Authority care home providing housing for forty-two individuals requiring nursing or personal care, including those living with dementia.	Theatre: This intervention consisted of bespoke performance sessions, combining movement and music, facilitated by drama specialists, dance movement therapists and musicians supported by volunteers. These were held in the care home for a period of six weeks, with each session lasting approximately two hours. The intervention took place in a communal space within the care home.
Redcliff Day Centre (RDC)	RDC is a registered charity, this purpose built centre offers day time activities and support for older people in the community five days per week.	Carnival: This intervention was designed to enable participants to engage with community events beyond their care setting. Participants, supported by professional artists, assisted in the creation of two large puppets, showcased in the local carnival parade as well as community and public settings.

5.3.2 Pilot data collection and analysis

After each intervention, semi-structured interviews were conducted with arts practitioners (N=2), care setting managers (N=2) and activity coordinators (N=2). Interviews were audio recorded and transcribed. Documents, including

reflective diary sheets (N =19) kept by the artists delivering the intervention and quarterly narrative monitoring reports to the funders (N=10), were also included in the analysis. In addition, I visited and observed the intervention in context.

The data were analysed using thematic analysis (Braun and Clarke, 2006) using the following process:

1. The researcher immersed herself in the data by listening to the audio-recorded interviews and transcribing them verbatim.
2. Data were then completely coded; identifying concepts deemed relevant to the research questions.
3. The codes were then categorised to develop themes based on central organising concepts; the themes were identified deductively, based on the research aims.
4. Instances in the data which were perceived to accurately represent each theme were extracted.
5. Extracts of data were used to illustrate the content and meaning of each theme.

5.3.3 Results

The analysis led to the identification of five major themes that have a temporal sequence.

1. Organisational factors refers how organisation and environmental features of the venue influenced the process of the session.

2. Expectations refers to what happens before the session(s); how arts practitioners and care staff perceive their roles and responsibilities.
3. Opportunities and staff support relate to what happens within the session; the way staff encourage and facilitate the access of the residents participating in the session.
4. Finally, skills and sustainability is about what happens after the creative session.

The themes reported below approximated to contexts, mechanisms and outcomes, as shown in Table 5.2

Table 5.2: Examples of CMOs from pilot case study data

	Theme	Example
Context	Organisational factors	*The atmosphere is a little bit different because it is more residential, so you've got a hushed, more sedate environment. Generally [you are] coming in to try to whip a bit of excitement, interest, fun.* Arts practitioner
	Expectations	*The staff who are contacts and links support very good so times you get other general staff who [have] got other duties and other responsibilities… or you get loud conversations happening nearby not trying to talk to the room because they are not appreciating to take their conversation elsewhere… it is so valuable to have activity coordinators or that link who know the centre, know the people, know the staff who can do that groundwork.* Arts practitioner
Mechanisms	Staff supporting engagement	*Once we know what kind of activity is coming in we gauge it to our members on that day….so we can say right [resident A] can interact really well with this project or there might be another group who will interact better.* Care worker
	Opportunity for expression	*I think we all say just to hear music and people and hear people having fun going round the home is just wonderful.* Activity coordinator
Outcomes	Skills and sustainability	*It helped me to pull together my understanding of similarities between different care homes and what things might be different or figuring out what pretty much always works and what things can be a little bit more challenging for individuals.* Arts practitioner

5.3.4 Implications and contributions of pilot case study

The pilot case studies took place in two different settings a residential care home and a day centre. Findings from the pilot suggest that activity coordinators play a crucial role in the success of arts interventions in their care settings through their knowledge and support of residents. Residential facilities have additional pressure to complete daily caring tasks, beyond what is required from a day centre. This may impact the delivery of arts interventions in these settings, particularly with how wider care staff engage with creative activities.

The pilot cases evaluated two different art forms including carnival, a strand of visual arts, and theatre with bespoke performances within the care setting. The analysis revealed that regardless of the art form, care staff played an important role in facilitating arts practice in care settings.

The pilot case study provided the opportunity to evaluate which methods were appropriate to answer the research questions outlined in Chapter 5.5. The experience of observing the creative arts sessions highlighted the need to collect data using non-participant observation. Given the findings from the literature review, and the intention to test the theory that creative arts activities may facilitate positive person work, the most pertinent method for collecting observational data was Dementia Care Mapping. The justification for this method has been presented in Chapter 4.4.1.

There is a gap in the literature surrounding how care staff influence creative arts in care settings, with limited examination of the role of the activity coordinator. For this reason, it was decided that the data collection for the follow on dual case studies would take place in two residential care homes (Madeira House and Sable Lodge). Therefore, the findings from the dual case studies will address this gap in the literature. Although it would have been interesting to compare the implementation of an arts intervention between these two different settings, it was beyond the scope of this PhD project.

5.5 Research questions

The research questions developed in this PhD research were formulated from the literature review (Chapter 2.5) and designed to empirically test the initial programme theory presented in Chapter 3.5. Using principles of realist evaluation this study examines empirical data to answer the following research questions:

- What are the contextual issues that are likely to enable or prevent care staff participation in creative arts interventions?
- What underlying mechanisms are present when care staff participate in creative arts interventions?
- How does staff participation influence outcomes for people living with dementia?

These research questions seek to understand the contexts, mechanisms and outcomes operating during a creative arts intervention in a residential care

home; seeking evidence to highlight "what works for whom in which circumstances". Findings may be expected to contribute to the knowledge base of arts and dementia research in residential care and identify elements which can promote best practice in these settings.

5.6 Study setting

The case study method has been described in detail in Chapter 4.2, however, a brief summary of the process of conducting the study has been included in this chapter (Table 5.3). The two cases in this study were selected purposively and pragmatically in that they were participating in *Imagine Arts* during the relevant time period. Although the cases were not identical, they had some similar characteristics, managed by the same not-for-profit organisation; this enabled data to be analysed within and across case sites (Baxter and Jack, 2008). The cases were limited to care homes participating in the *Imagine Arts* programme; this enabled the examination of a real world programme of arts. In this way, the dual case study was used to test an initial programme theory under examination (Chapter 3.5) exploring how care staff participation in creative arts interventions influences outcomes in people living with dementia in residential care. In this thesis the names of both settings have pseudonymised to ensure the confidentiality of the participants.

Table 5.3: Purpose and procedure of case study process

Stages of case study	Purpose	Procedure
1	Data collection	Collect data using different methods including interviews, non-participant observation. Gather relevant documents including reflective diary sheets, narrative monitoring reports.
2	Analyse data within each case	Code all data, specifically identifying context-mechanism-outcome configurations.
3	Generate a single case study report	Summarise individual cases and construct a single case report
4	Analyse the data across cases and generate a multiple case study report	Synthesis findings from each case report and make cross-case conclusions
4	Revise theory and hypotheses accordingly	Compare findings to initial theory and modify based on cross-case findings

5.6.1 Case site 1: Madeira House

This care home is a purpose built 32 bed facility registered for old age and sensory impairment care in an in an urban area, integrating people living with and without dementia. Table 5.4 outlines the characteristics of this case site. The manager at this care home had worked for the not-for-profit company for 22 years and had been in her present post for three years. The activity coordinator employed at this care home was contracted at 10 ½ hours per week. The arts intervention usually took place in either the dining room or the communal living area. The living area is large and has been artificially split into three distinct areas. The area for activities was the largest space and has armchairs and small coffee tables in a circular pattern. Another area, accessed through the larger space, has a television which was constantly playing. A large pillar separates the activity area from the sitting area which faced the

glass doors to the dining room. The accommodation is split over two floors with several communal areas which residents may access at their leisure. There are also enclosed gardens which residents have access to.

Table 5.4: Madeira House Characteristics

Care Facility	Type of owning organisation	Number of Beds	Type of Service	CQC Rating	Type of Intervention
Madeira House	Not for profit	32	Residential care for adults over 65	Good	Armchair Gallery

5.6.2 Case site 2: Sable Lodge

This not-for-profit care home is part of a large urban complex that contains a network of assisted living facilities. The characteristics of this case site are presented in Table 5.5. The larger building consists of a residential care home and an adjoining care home providing nursing services. The care home consists of 42 beds and is registered for dementia and old age care; the nursing home accommodates 31 beds registered for old age care. The nursing accommodation is split over three floors with lift access to the upper floors. On the grounds there is also supported living accommodation comprising 41 flats and bungalows. There is also a unitised dementia wing.

The activity coordinator for the residential care home was contracted for 28 hours per week. The activity coordinator from the nursing home is contracted for 37 hours per week. Occasionally the activity coordinators would share

resources, such as craft materials, however most activities implemented took place separately. Usually the activity programmes are facilitated independently by the activity coordinator for each building, but for the purpose of the *Imagine Arts* programme residents in both buildings were welcome to participate. However, all of the Armchair Gallery sessions took place in the care home, with nursing home residents brought over by the activity coordinator, specifically to attend the session. Inevitably a larger number of residents from Sable Lodge were present in the creative sessions compared to Madeira House. The communal area at the care home was a large conservatory attached to the communal lounge area, which was separate from the rest of the building.

Table 5.5: Sable Lodge Characteristics

Care Facility	Type of Owners	Number of Beds	Type of Service	CQC Rating	Type of Intervention
Sable Lodge	Not for profit	42	Caring for adults over 65 years/ Dementia	Good	Armchair Gallery

5.7 Participant demographics

A total of 20 residents in the two case study sites met the inclusion criteria in that they were i) receiving care as a person living with dementia and ii) attending *Imagine Arts* sessions. Four members of care staff (three activity coordinators, one care home managers) and two arts practitioners participated in the study and were actively involved in the Armchair Gallery intervention. The care home manager of Sable Lodge declined to be interviewed or

participate in the research. The demographic information of the participants involved in this research and care home characteristics of each case site are summarised in Tables 5.6 and 5.7. All participants were White British. The residents living with dementia had age range of 82-96 years, with a mean age of 90 years (90 years for Madeira House, 89 years for Sable Lodge). All residents living with dementia were female, except for one participant. Time spent living in in care ranged from four months to ten years. All care staff were female with a mean age of 39 years, with a range of 25-55 years. The two activity coordinators at Sable Lodge were significantly younger than the activity coordinator at Madeira House.

Table 5.6: Participant demographics residents living with dementia

	Participant Pseudonym	**Gender**	**Age**	**Diagnosis**	**Time in care**
Madeira House	Doreen	Female	94	Vascular dementia	4 months
	Ava	Female	90	Dementia	5 years
	Rosa	Female	89	Vascular Dementia	1.5 years
	Bridget	Female	87	Dementia	6 years
	Ida	Female	96	Dementia	5 years
	Alma	Female	89	Dementia	5 years
	Veronica	Female	90	Dementia	2.5 years
	Sadie	Female	86	Dementia	5 years
Sable Lodge					
	Gertie	Female	96	Dementia	10 years
	April	Female	96	Receiving care as someone living with dementia	2 years
	Jean	Female	87	Dementia	1 year
	Adele	Female	85	Vascular Dementia	2 years
	Madge	Female	96	Dementia	2 years
	Beryl	Female	95	Dementia	2 years
	Bernie	Female	95	Vascular Dementia	6 months
	Tillie	Female	82	Vascular Dementia	1 year
	Rosie	Female	84	Dementia	3 years
	Betsy	Female	82	Receiving care as someone living with dementia	5 years
	Shirley	Female	85	Dementia	1.5 years
	Paul	Male	92	Vascular Dementia	2 years

Table 5.7: Participant demographics care staff

	Participant Pseudonym	Job Title	Hours worked per week	Gender	Experience in care
Madeira House					
	Angela	Activity Coordinator	10.5	Female	5 years
	Abigail	Care Home Manager	37.5	Female	22 years
Sable Lodge	Chloe	Activity Coordinator	28	Female	2 years
	Ellen	Activity Coordinator	37.5	Female	5 years

5.8 Arts intervention and delivery

As previously mentioned, *Imagine Arts*, funded by the Baring Foundation and Arts Council England, was a three-year initiative delivering a programme of arts to older people in residential care. The Armchair Gallery, developed as part of *Imagine Arts*, enables older people, who are unable to physically visit cultural collections, to view and appreciate artworks through digital technology. The sessions include short films and virtual tours of cultural venues such as Chatsworth House and the Dulwich Picture Gallery. The films and specific pieces of artwork were displayed on a projector screen in a communal living area within the care setting.

The viewing and appreciation of the artwork was complemented by workshops that used TimeSlips (Basting, 2013), an improvisational storytelling technique.

Each session had an overriding theme which was linked to a piece of art work from one of the cultural venues. The theme was then used as a catalyst for either a movement or visual arts workshop.

The two-hour sessions took place weekly between 14:00 and 16:00, for six weeks in each care setting. Each Armchair Gallery session was facilitated by an arts practitioner; this enabled the examination of the same intervention in two different settings.

5.9 Data analysis

Data analysis was a systematic process and was primarily explanation building; serving the purpose to explain *how* or *why* something happened within a specific context. The cases were investigated using several data collection methods aimed at exploring different aspects of the theory; namely, that arts programmes which involve and engage care staff lead to improved care strategies and the validation of personhood in persons living with dementia.

Previous studies have documented a realist approach for evaluating explanatory case studies (Shankardass et al., 2015; Molnar et al., 2016). It is suggested that this methodology can help researchers identify and triangulate evidence relating to contextual factors and mechanisms in specific instances - for example creative activity in care settings. The analysis in this study consisted of two phases.

First, a within-case analysis of each case study, to identify context, mechanism, outcome configurations. The first approach to coding the data was deductive, based on the CMOs developed from the findings of literature review (Chapter 3.5) and the coding schema from the pilot case studies. These a priori codes were used to guide the deductive analysis of each piece of data (Appendix 12). This involved searching the transcripts for instances which either confirmed or refuted the initial programme theory under examination.

Once this was complete the data was re-examined and coded inductively, to identify any CMOs that may not have been classified during the initial theory generation (Pawson and Tilley, 1997). This followed the five step process outlined by Braun and Clarke (2006), previously described in Chapter 5.3.2 From here a second iteration of the CMOs was refined to include these codes.

Next, the findings for each individual case were consolidated and a cross-case analysis conducted to contribute to the development of a theory of 'what works?'.

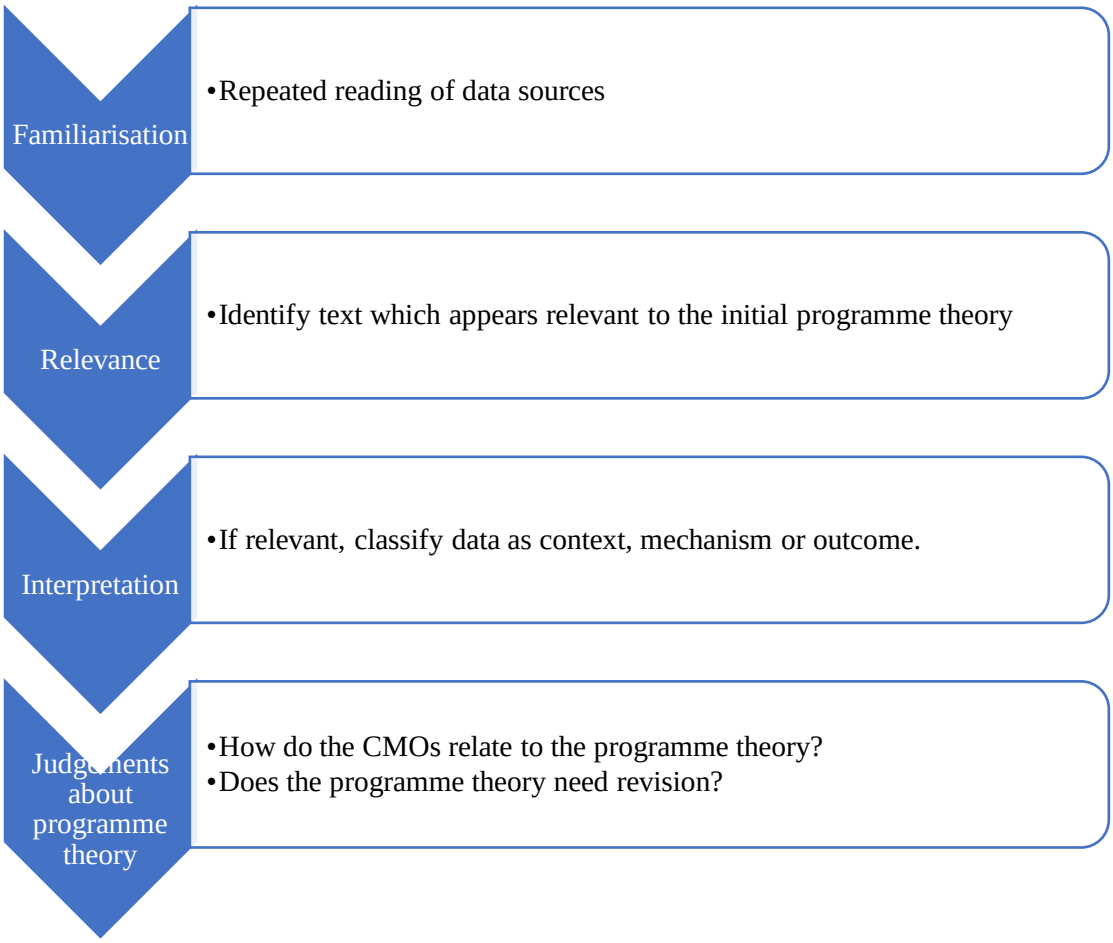
5.10 Case study analysis

5.10.1 Within-case analysis

The analysis for the two individual case studies was primarily explanation building (Yin, 2014); thus, serving the purpose to explain how or why something happened within a specific context. The process of analysis drew on aspects of realist evaluation, utilising the technique in exploratory fashion for theory development (Pawson and Tilley, 1997).

First, data were imported into NVivo 11, for organisation and analysis. Second, data were coded using principles of realist evaluation. Codes were developed iteratively and involved specifically identifying contexts, mechanisms and outcomes (CMOs) which related to the middle-range theory. Contexts refer to conditions which enable or constrain staff participation in creative arts activities. Mechanisms relate to underlying causal processes which influence outcomes. The pilot study, previously described, Chapter 5.3 was conducted to i) test the case study protocol and ii) identify additional CMOs relevant to the initial programme theory. Revised coding frameworks included codes which emerged from the data and were not evident from the literature review or pilot study. This process is outlined in Figure 5.1.

Figure 5.1: Data analysis process



5.10.2 Cross-case analysis

On completion of the individual within-case analysis, a cross-case analysis was performed. This analysis was guided by the research questions and sought to examine instances where cases appeared similar or different. The analytical process was guided by elements of realist evaluation; this involved identifying CMOs based on the findings from the literature review and the pilot case study. Furthermore, the conceptual framework was utilised to explore instances in the data, such as: what interactions occurred during the intervention? Did the staff participate in the same way in each case site? Did

the care homes offer the event in similar way? What were the similarities and differences of the intervention implementation in each setting? Instances from the data which were identified as meaningful were extracted to provide appropriate examples. Accordingly, explanations could be developed about each case and consequently theories modified (Khan and VanWynsberghe, 2008).

5.11 Data sources

All data were collected in the two not-for-profit care homes described above. Data were collected between August 2016 and January 2017 including semi-structured interviews, non-participant observation and narrative documents relating to the arts intervention (Table 5.8).

Table 5.8: Data sources

Data	Component
Individual interviews	Activity coordinators (N = 3) Care home managers (N = 1) Arts practitioners (N = 2)
Observations of *Imagine Arts* Sessions	12 x 2 hour *Imagine Arts* sessions (Total time of observations = 24 hours)
Narrative documents	Dementia Care Mapping fieldnotes (N = 12) Reflective diaries (N = 12) Narrative monitoring reports (N = 10)

Data collection occurred as naturalistically as possible with the arts intervention taking place in the usual scheduled space and time. This meant that there were some uncontrollable variables, for example, which residents would be attending the arts intervention.

5.12 Findings

Table 5.9: Contribution of data sources to CMOs

	Themes	**Contribution of data sources**			
Contexts		Dementia Care Mapping	Field notes	Interviews	Documents
	Focus on task-based care	✓	✓	✓	✓
	Perception and reception of arts activities		✓	✓	✓
	Care home environment		✓	✓	✓
	Activity coordinators' relationship with practitioner		✓		✓
Mechanisms	Inclusion	✓	✓		
	Fun	✓	✓	✓	✓
	Celebration	✓	✓	✓	✓
Outcomes	Engagement	✓	✓	✓	
	Staff development and sustainability		✓	✓	✓
	Confidence		✓	✓	✓
	Doing <u>for</u> instead of <u>with</u>	✓	✓	✓	✓

It is important to have transparent definitions of CMOs to ensure a robust analysis. In these findings, contexts refers to enabling or constraining conditions needed for care staff to actively become involved and engaged in arts interventions. In this study, the context relates to the culture of care, which appears to influence whether care staff engage in or opt out of participating in arts interventions.

Mechanisms are underlying causal processes which influence outcomes (Pawson and Tilley, 1997); in the present analysis, the mechanisms relate to person-centred care practice which influences the experience of the residents, in particular their engagement and confidence.

Outcomes relating to staff involvement in arts interventions include the sustainability of the arts intervention, through the upskilling of activity coordinators, which relates to what happens once the programme is complete.

Table 5.10 shows a breakdown of the main themes using a realist informed framework of context, mechanism and outcome which are discussed in further detail below.

Table 5.10: CMO configurations from case sites

	Context (C)	**+ Mechanisms (M)**	**= Outcomes (O)**
Case site 1 Madeira House	Focus on task-based care. Staff availability and task oriented approach	Inclusion. Staff facilitating engagement for individuals who require extra support	Engagement. Staff supporting resident engagement.
	Perceptions and reception of arts activities. The role of the activity coordinator within the care home.	Fun. Interactions outside of normal caring routines between staff and residents.	Staff development and sustainability. Transferability of skills. Inspiring innovative practice.
	Environment. Working with the existing routines of the care home. Spatial geography of the setting.		Confidence. Improved confidence of all participants.
Case site 2 Sable Lodge	Focus on task-based care. Staff availability and task oriented approach	Inclusion. Staff facilitating engagement for individuals who require extra support	Engagement. Staff supporting resident engagement.
	Perceptions and reception of arts activities. The role of the activity coordinator within the care home.	Celebration. Sharing in the joy of residents achievements.	Staff development and sustainability. Transferability of skills. Inspiring innovative practice.
	Activity coordinator's relationship with practitioner.		Doing <u>for</u> instead of doing <u>with.</u> Staff development and sustainability. Transferability of skills.

5.12.1 Contexts which enable or constrain care staff participation

Table 5.11: Contextual conditions present in both case sites

	Case site 1: Madeira House	**Case Site 2: Sable Lodge**
Contextual conditions which enable staff participation		Activity coordinator's relationship with practitioner
Contextual conditions which constrain staff participation	Focus on task-based care Staff availability Taking a time and task oriented approach Perceptions and reception of arts activities Environment. Working with the existing routines of the care home. Spatial geography of the setting.	Focus on task-based care Staff availability Taking a time and task oriented approach Perceptions and reception of arts activities The role of the activity coordinator within the care home

Contextual features identified across both sites relating to staff involvement in the Armchair Gallery included i) the focus on task-based care and ii) the perception and reception of creative activity within the care home. The working relationship between the activity coordinator and the arts practitioner was a factor which encouraged activity coordinator participation, however this was present only at Sable Lodge. In Madeira House, the physical environment of the care setting was a contextual factor influencing staff participation in the creative activity.

5.12.1.1 Focus on task-based care

The assisting and facilitation of the arts intervention relied on the motivation of one individual, the activity coordinator, who was the only staff member to

actively participate in the Armchair Gallery in both case sites. Other members of staff were only present to deliver task-based physical care such as escorting residents to appointments or to deliver refreshments.

Observations revealed that staff seemed to follow a task and time-oriented approach to their work; for example there was a rigid schedule for mealtimes and also a rota for taking the residents to the toilet in both case sites. There were few or no interactions with residents even when other staff were physically present in the room; they did not acknowledge the creative activity or the residents who were participating, instead they attended to other tasks.

> *The staff appear very task-orientated. Despite seeing some of their residents dancing in the middle of the room no one comments or acknowledges their behaviour. They hand out the drinks and biscuits quickly and move on to another area of the care home.*
> *DCM fieldnote, Madeira House*

This extract from the DCM observations illustrates the low level of staff engagement with the creative activity; aside from the activity coordinator, there were minimal interactions between other staff and residents during the creative activity. Often the wider care team were not aware of the details of the sessions taking place:

The activity coordinator lets people know what is happening, but the other staff do not seem to know the details – aside from there being an 'activity'.

Artist reflective diary sheet, Sable Lodge

Accordingly, activity coordinators reported in their interviews that they felt they had an isolated role within the setting and emphasised the divide between those providing physical, task-based care and those designated to provide meaningful activity:

I don't do their job and they don't do mine. We don't necessarily understand why helping each other would be better. A lot of the reasons why we don't necessarily work together is because they have a very task-based job and I don't have to tick as many boxes as they do.

Activity coordinator, Sable Lodge

Task focused care was recognised as a feature of everyday care, whereas the responsibility for facilitating activities lay solely with the activity coordinator. The management echoed this ethos:

We do have limited resources, we've been lucky to be able to have [an] activities coordinator because the care staff can give a little bit of one to one time, but they have not got time to spend doing activities. So, the activities coordinators have you know developed [the programme].

Care home manager, Madeira House

5.12.1.2 Perceptions and receptions of arts activities

The perception and reception of the arts intervention within the setting appeared to influence staff participation. There were occasions when staff would interrupt the intervention to remove a resident, or conduct a shift change in the adjoining space which disrupted the session. The following excerpts illustrate the impact staff behaviour had on the creativity activity:

> *A member of management comes in again to deliver the post to people in the room. She doesn't speak to anyone but walks across the room in front of everyone delivering the post.*
> *DCM fieldnote, Sable Lodge*

> *People in the dining room are talking loudly – there is staff shift change occurring and they do not seem to notice the influence this has on the session.*
> *DCM fieldnote, Madeira House*

These examples are indicative of the general behaviours observed of the care staff in these settings and emphasise the tension between arts and health paradigms in the residential care setting. In this case, the activity coordinator reflected on the differing perceptions of her role:

I often worry that a member of staff might come in and see me just sitting with a resident and think oh Chloe's not doing anything…I'm always sort of thinking that I need to look like I'm doing something.
Activity coordinator, Sable Lodge

Most people think that it's an easy job because you can just come in and just do something a quiz or some bingo or whatever I don't think they realise how hard it is to engage [people] properly.
Activity coordinator, Madeira House

Research suggests that care home residents and care staff may have contrasting views about what constitutes meaningful activity; nonetheless, in one study staff appeared to value the activities provided by the activity coordinator (Harmer & Orrell, 2008). Likewise, this point emerged from interviews with both activity coordinators expressing that it had taken time to build trust and appreciation from other members of staff:

They do realise that actually it's a good thing for the whole home, including the staff. When I started four and a half years ago I reckon they thought that it would be a waste of time … but now I think they really realise that if they didn't have us there they wouldn't have people coming in to do these things it would be really dull.
Activity coordinator, Madeira House

From my perspective I think it's enough to make them go "oh the stuff that Chloe's doing with them is pretty cool". Sometimes showing them what I'm doing is hard work. If they can come in and find out by themselves and go "oh look it looks like April's really enjoying it" then that's really good.

Activity coordinator, Sable Lodge

The activity coordinators noted that the behaviour of some staff changed over time; for example, not walking in front of the projector, or making positively validating comments that the project had been interesting. This finding was corroborated in data from programme monitoring reports. In these reports it was noted that the role of the activity coordinator within the setting had changed over time as the staff realised the benefits of the creative activity. Despite this perception change, other care staff were still reluctant to engage in the sessions themselves, deferring involvement to the activity coordinator.

In both case sites the manager was not involved and had little knowledge regarding the arts programme. It may be that management expectations, or organisational structure, contributes to the lack of other staff involvement, as the activity coordinators became the dedicated contact for the programme.

5.12.1.3 Activity coordinators' relationship with arts practitioner

In Sable Lodge, the relationship between the activity coordinator and the arts practitioner was a context identified which encouraged the activity coordinator

to actively participate in the creativity activity. This finding was evident in both interview data and narrative reports.

The relationship between the activity coordinator and the arts practitioner developed through a mentoring programme as part of the *Imagine Arts* programme. The result of this was a positive working relationship between the practitioner and the activity coordinator:

> *Chloe the activity coordinator knows me we've worked together before so I guess she knows my style and I know her and I felt really comfortable with how she encouraged people to get involved and kind of acted as a participant as well which is really good.*
> *Arts practitioner, visual art*

> *Jackie [Visual Arts Practitioner] is well placed to work with Sable Lodge as she knows the residents as they have visited Nottingham Contemporary now on several occasions and attended workshops led by her as part of the Open Arts Forum commission. Jackie has also mentored Chloe, the Activity Co-ordinator at Sable Lodge.*
> *Imagine Arts programme narrative report*

This relationship appeared mutually beneficial; the activity coordinator supported the arts practitioner in the facilitation of the sessions by encouraging residents to actively participate during the creative activity. Observational data

evidenced higher levels of residents' engagement when the activity coordinator was present to provide encouragement:

> *At the beginning people were a little bit shy and needed quite a lot of encouragement to start commenting on the artwork that was up that we were looking at so it took a bit of warming up and the activity coordinator was really key in getting people to say something you know really encouraging once that got going it got a bit better.*
> *Arts practitioner, visual art*

However, the practitioner reflected that a briefing with all available care staff would have been ideal. The purpose of this would have been to i) give staff an understanding on the aims and outcomes of the session and ii) demonstrate how staff can support the practitioner which in turn would benefit the residents.

> *In an ideal world I would've met all the staff and you know maybe done almost like a little training session what it is, why we're doing it, this is what I need you to do to help it that would've been really useful so they knew how to actually support it um you know and what I am aiming to do and I'm not sure that they totally understood what I was aiming to do*
> *Arts practitioner, visual art*

5.12.1.4 Environment. Working with the routines of the care home

In Madeira House, the physical environment of the care home appeared to influence wider care staff participation in the creative activity. The session took place in a communal area with doors closed, physically separating the session from the wider care home environment and other care staff.

> *The lounge is known to be for activities in the afternoon and you can sort of like shut the door so it's not as loud because it's always loud and they're used to going in there. I know it's institutionalised, just going into the same place every day.*
> *Activity coordinator, Madeira House*

The doors to the communal lounge were closed to reduce the amount of background noise which may have detracted from the session. However, this also physically separated the session from the wider care home environment. The arts practitioner perceived that the spatial dynamics of the space limited the wider impact of the sessions.

> *I felt like [the atmosphere] was contained. I felt like it was contained within the space with us. The staff were in the dining room where they could have heard it, I think they were just you know chatting…so I think it was completely contained.*
> *Arts practitioner, dance movement*

There was an expectation within the care home that activities had to take place in the lounge. After lunch, staff would bring residents to the lounge so that they could participate in the sessions. It was noted by both the arts practitioner and in my personal reflections that some residents were obliged to attend the afternoon activities rather than independently choosing to attend.

> *It's a double-edged sword because a bit of me is like well if I deliver in the dining room people have got the choice or more choice whether they want to come to it or not because they've got to come into the space. Whereas the lounge, sometimes I feel that people [are] having something visited upon them. It's like right you've had your lunch everybody goes into the lounge that's what happens.*
> *Arts practitioner, dance movement*

Torrington (2006) demonstrates that the architecture of a care home can have a positive influence on the well-being of people with dementia, when the space enables and supports activity. Likewise, Fleming et al. (2016) suggest that the quality of life for people living with dementia in residential care may be positively affected by an environment that provides opportunities for engagement in activities. However, in this case, both the arts practitioner and observational data recorded that the residents were obliged to attend the afternoon activities.

5.12.2 Mechanisms of staff participation

Across both case sites, mechanisms relating to Kitwood's (1997) theory of positive person work were identified in the Dementia Care Mapping data. Inclusion was a mechanism facilitated by activity coordinator participation in both case sites; however other mechanisms included fun and celebration.

Table 5.12: Mechanisms present in both case sites

	Case site 1: Madeira House	**Case Site 2: Sable Lodge**
Mechanisms of staff participation	Inclusion. Staff facilitating engagement for individuals who require extra support Fun. Interactions outside of normal caring routines between staff and residents	Inclusion. Staff facilitating engagement for individuals who require extra support Celebration. Sharing in the joy of residents' achievements

5.12.2.1 Inclusion

Activity coordinator participation in the intervention provided the opportunity for positive interactions outside of typical daily caring tasks. Inclusion, as a mechanism, refers to care staff approaching and encouraging residents to participate in the arts intervention, particularly those who require extra support. This mechanism, present in both case sites, resonates with one of the five psychological needs identified by Kitwood (1997). Instances designated as inclusion, comprised of the activity coordinator actively approaching and encouraging residents who were physically separated from the group. This was accomplished by moving large furniture and supporting those who required additional assistance.

The activity coordinator asks for a spare picture to take over to Veronica around the corner. The activity coordinator continues to include Veronica in the other room by asking her the questions and feedback back the answers to the rest of the group.
DCM fieldnote, Madeira House

Observations showed that the activity coordinator would aid residents who required additional support in order to fully participate in the creative activity:

The activity coordinator repeats the question to April who replies to the activity coordinator. The activity coordinator relays back to the group.
DCM fieldnote, Madeira House

Generally, individuals who are living with later stage dementia required more one on one support to engage with this type of creative arts activity. As these sessions were conducted across two sites, residents who were brought over from the nursing home benefited from having the support of their own activity coordinator, with whom they already had a relationship.

The arts practitioners suggested that the support of the activity coordinators was important to facilitate inclusion, particularly with a large group size.

I think what worked well is that I was able to have other people there because there was a number of occasions where it was just me and the group was too big for me to hold. We couldn't break off into individual work when it was needed or one to one work.
Arts practitioner, dance movement

Having extra support during the creative activity enabled the practitioner to maintain the attention and engagement of the larger group whilst the activity coordinator approached and supported residents who had additional needs:

Doreen seems particularly engaged when she is working one on one with someone. She seems to have quite severe dementia and her attention often wanders from the activity, except when she has someone supporting her. The challenge is that the artist is usually trying to hold a large group and doesn't have the opportunity to work one on one with residents very often, as the rest of the group need direction as well. I really feel that having an extra member of staff or the activity coordinator working one on one with Doreen would be beneficial.
Dementia Care Mapping fieldnote, Madeira House

5.12.2.2 Fun

A sense of fun and enjoyment was a mechanism evident in interactions between the activity coordinator and the residents during the creative activity. During a session at Madeira House, residents were given tactile materials such

as leaves and pinecones which they were encouraged to throw at the activity coordinator. This interaction resulted in laughter, smiling and applause from the participants, in what could be perceived as "play". "Play in its purest form has no goal that lies outside the activity itself. It is simply an exercise in self-expression, an experience that has value in itself" (Kitwood, 1997, p. 90).

The arts practitioner described how the creative activity was process oriented, with residents encouraged to play; this in turn facilitated interaction between participants:

> *During the warm up I encouraged people to throw imaginary paint at one another; people entered into this in good spirits, there was lots of eye contact within the group and laughter.*
> *Arts practitioner, dance movement*

> *The residents with quite advanced dementia seemed to really gain from Alison's [arts practitioner, dance movement] sessions and were able to join in easily – lots of laughter and talking. On a couple of occasions spontaneous dancing with individual residents occurred resulting in a lot of fun and laughter.*
> *Imagine Arts programme narrative report*

The positive interactions occurred resident to resident, activity coordinator to resident and practitioner to resident. The activity coordinator was convinced

that improved sleeping, eating and happiness would be seen beyond the session:

> *They will sleep better, they will eat better, and they have something to talk about with each other and they have that feeling that they've been laughing and happy. If you've got dementia that feeling lasts a lot longer than a memory might last.*
> *Activity coordinator, Madeira House*

5.12.2.3 Celebration

During the creative activity at Sable Lodge, celebration was an aspect of positive person work present. Kitwood (1997) describes celebration as a moment in which life can be inherently joyful. In practice, this would be recognised as an interaction between a person with dementia and a member of care staff which delights in the achievements of the individual (Brooker & Latham, 2016). Two examples of celebratory interactions facilitated by the practitioner and a member of the care team are shared below:

> *Gertie's raft is on display on the shiny paper. "You did a very good job" says the activity coordinator. The artist takes a picture of Gertie's artwork on display.*
> *DCM fieldnote, Sable Lodge*

A member of care staff walks into the lounge and says to Rosie: "is that your flower Rosie? Let's put it on your lapel". The activity coordinator replies "They're beautiful aren't they?" referring to Rosie's flower. Rosie smiles as the flower is pinned to her lapel.
DCM fieldnote, Sable Lodge

What is significant in the second excerpt is that the individual 'celebrating' the success of a resident is not the activity coordinator, but a member of the wider care team passing through the open space. This suggests that the creating and displaying of residents' artwork provides opportunities for care staff to engage in positive person work, celebrating the capabilities of the residents. Moreover, a visual arts workshop which generates a finished product provides an opportunity for staff to continue celebrating a residents' successes once a programme has finished.

Each week, the artist concluded the sessions by sharing, and in effect celebrating, everyone's creations:

If we've actually made something at the end she's shown it round and taken photos and made a big thing of it you know and we're displaying these things like on shiny paper or black paper or whatever we've done and that's really great
Activity coordinator, Sable Lodge

Celebration was also a strategy employed by the activity coordinator, to showcase residents' creations to other people within the care setting as well as visual reminders of their accomplishments:

> *I'm then putting it on display, you know, I'm putting in on the notice board or I'm putting it on boards or on the window sill or I'm putting it on windows to show that we've done these things and yes that's partly me going "look at what we've done how lovely" but it's also because I know that if they can't see the end result then they've forgotten that they have made it so it's good to have that constant reminder because then they've forgotten that they have achieved something.*
> *Activity coordinator, Sable Lodge*

Overall, this mechanism highlights how people with dementia are able to share in the celebration of an activity as equals with their care providers. This may contribute towards maintaining their personhood.

5.12.3 Outcomes influenced by staff participation

There were similarities between the two cases with regard to improved outcomes through activity coordinator participation in the creative activity. Resident engagement was deemed to increase when the activity coordinators were available to encourage and support residents. Likewise, the sustainability of the arts programmes, as a result of upskilling the activity coordinators, was identified as an outcome.

Table 5.13: Outcomes present in both case sites

	Case site 1: Madeira House	**Case Site 2: Sable Lodge**
Outcomes of staff participation in creative arts activities	Engagement. Staff supporting resident engagement. Staff development and sustainability. Transferability of skills. Inspiring innovative practice. Confidence. Improved confidence of all participants.	Engagement. Staff supporting resident engagement. Staff development and sustainability. Transferability of skills. Inspiring innovative practice. Doing for instead of doing with

5.12.3.1 Engagement

Due to the nature of the intervention and the layout of the room, participants with limited mobility and dexterity were supported by the activity coordinator to access materials and assist with creations. This was particularly true for activities which used visual arts methods where many of the materials were on small tables in the middle of the room.

> *Some of the materials for the mask making are in the middle of the room, this means that those with mobility problems are unable to get up to reach them, consequently reliant on volunteers and staff to provide the materials to them in their seat.*
>
> *DCM fieldnote, Sable Lodge*

The activity coordinator enhanced resident engagement in the arts intervention by overcoming physical, environmental, and cognitive barriers. Residents

responded to prompts and one on one discussions with the activity coordinators when interacting with sensory materials distributed around the room. Residents' engagement in the creative activity was seen to increase when supported by the activity coordinator compared to participating unassisted.

> *The activity coordinator engages with the residents as the activity continues. She fetches some flowers to give to the resident at the back of the room to look at and discusses them with her. She gets another prop to bring over to her. The lady smiles and chats with the staff member having had the interaction.*
> *DCM fieldnote, Sable Lodge*

> *In here they get institutionalised quite quickly. It can be strange when they're doing an activity of some kind you have to say "it's okay to shout out" or "it's okay to add your opinion" or "it's okay to have an opinion" you know…sometimes the artists don't always necessarily understand that or even if you've told them you have to sort of keep prompting.*
> *Activity coordinator, Sable Lodge*

Therefore, activity coordinators could play a key role in supporting resident's participation in meaningful activity regardless of their level of cognitive impairment. In writing about person-centred care delivery, Brooker and Latham (2016) suggest that "those with more advanced dementia who often

find it difficult to initiate or sustain activities and who may be outpaced by goal-oriented activities" (Brooker & Latham, 2016, p. 99). This may be particularly important when sessions facilitated by a professional artist have a large participant to facilitator ratio.

5.12.3.2 Staff development and sustainability

The upskilling of activity coordinators was an outcome present across both case sites with the potential to sustain the impact of creative activity. The models and toolkits provided by *Imagine Arts*, combined with their presence in the sessions, appear to have inspired the activity coordinators to continue to provide creative activity in their workplace. Activity coordinators described how they formed networks with local creative communities, amassed new ideas and the confidence to follow up and implement them.

> *I think that as an activities coordinator I have learnt so much. I've learnt quite a few techniques from [Alison] and it does give you a little bit more confidence to do other things, not just the normal things that everybody does in a care home setting.*
> *Activity coordinator, Madeira House*

> *I think they've had a lot of inspirations from the Imagine project, yes definitely.*
> *Care home manager, Madeira House*

The activity coordinators valued their involvement in the sessions, particularly as it gave them the opportunity to acquire new ideas and elements of practice which could be implemented in the future. Both activity coordinators reported that they would continue their work utilising the model provided by the *Imagine Arts* programme:

> *When you watch someone else working you pick up on bits here and there and you sort of steal them. I know that I have done because I do it all the time with everyone when I see something that I think oh good that was effective that really got their attention then I'll pinch it.*
> *Activity coordinator, Madeira House*

> *The artists during the Armchair Gallery have introduced a number of approaches that are new to the activity coordinators, such as the materials used…and the workshop content. Feedback suggests that it has provided new ideas for them to explore and methods of doing things…especially in engaging with residents living with dementia.*
> *Imagine Arts programme narrative report*

The opportunity to work with an arts practitioner was perceived to improve the quality of the creative activity delivered; something which was associated with cost:

I think it's introduced some very high-quality stuff. It's not your "make do" which a lot of care homes [do], unless you pay a lot of money. Care homes don't have that type of money.
Activity coordinator, Madeira House

The practitioner reported that the skills she brought to the group were transferable to the activity coordinators and other staff.

I think the use of feathers, balloons, TimeSlips and general music and dance were really useful, and all of these could be utilised by activity coordinators.
Arts practitioner, dance movement

The networks formed between the activity coordinators, practitioners and local arts venues contribute to the sustainability of the *Imagine Arts* programme within the care setting.

I think maybe now I would be more inclined to get them involved in things…especially local things and involve people that could bring something to the home.
Activity coordinator, Madeira House

The activity coordinator at Sable Lodge was inspired to incorporate the TimeSlips model into her weekly practice, utilising photographs as a stimulus for discussion follow by an activity. Moreover, she engaged with the local

community, hosting an exhibition of residents' artwork at a local café inviting colleagues and family members to attend.

Despite the impact that participating in the *Imagine Arts* programme made on the activity coordinator, other members of staff, including management, rarely became involved in the programme. Given the high level of staff turnover within care settings, the mentoring of one member of staff, such as the activity coordinator, may not be feasible.

These examples demonstrate that one successful outcome of staff participation in the *Imagine Arts* programme, has been the upskilling of the activity coordinators, which contributes to the sustainability of creative activity in care settings. Therefore, the *Imagine Arts* programme has a potential legacy beyond the duration of its funding due to the upskilling and enthusiasm of the activity coordinators who regularly attended the creative arts sessions. Moreover, the relationship between the activity coordinator and local arts providers demonstrates how the impact of the programme reaches beyond the confines of the care home to the local community. The creation of workforce capacity and the potential for further staff development appears to have been an important outcome of activity coordinator participation in arts interventions in care homes.

5.12.3.3 Confidence. Improved confidence of all participants

At Madeira House, the confidence of all individuals involved in the sessions was perceived to improve over time, which related to activity coordinator participation. At first, residents became more comfortable engaging with and responding to the artwork, particularly when encouraged and supported by the activity coordinator.

> *The discussion of the art was a little slow at first but eventually people joined in a little more and became more confident in speaking out.*
> *Arts practitioner reflective diary sheet, Madeira House*

Over time, residents became confident enough to spontaneously reply themselves, rather than being prompted by the activity coordinator.

> *Both of the activity coordinators involved in the project have been enthusiastic and supportive and have also attended training sessions. Their input has helped residents to feel comfortable and more confident during the sessions.*
> *Imagine Arts programme narrative report.*

5.12.3.4 Doing <u>for</u> instead of doing <u>with</u>

At Sable Lodge, there were instances where the staff became overinvolved in the creative activity. The arts practitioner identified this as a challenge:

There is always a difficulty with carers or staff trying to help out…they actually kind of take over and start making work for somebody rather than allowing that person to do as much as they can do for themselves.

Arts practitioner, visual artist

There were instances where staff participation detracted from the participation of the resident. People with dementia may need support to facilitate their engagement in an activity. However, in at least some instances, the care staff were seen to dominate the conversation and sometimes the activity. The following extract highlights the change in participant engagement when she did not have a care worker to support her:

One of the participants who had always had a carer with her, who tended to do everything for her, did not have her carer this time and she worked really well making her hand and with only a little help from me she achieved this. Sometimes I find it difficult to ask carers to allow the participant to do things for themselves as much as their ability will allow, instead of automatically doing everything for them. Being able to participate kept this participant engaged throughout and she seemed to have a greater sense of achievement and being part of the group as a result.

Arts practitioner reflective diary sheet, Sable Lodge

A possible explanation for this occurrence was the differing expectations of the care team and the arts practitioner:

> *I still find it difficult to communicate to carers how much to support the participant in the making part of the workshop. Often I feel they do too much for the participant, and don't allow them to do as much as they are able. This is important for the participant's sense of achievement. I have had this issue in other similar workshops in other settings and it is an ongoing problem. Some briefing beforehand to carers might help, but this is not always feasible, especially as some carers or relatives may just drop in without any preparation.*
>
> *Arts practitioner reflective diary sheet, Sable Lodge*

Overall, it is important for carers and practitioners to work together and create a setting in which residents are encouraged to participate as fully as possible, without care workers dominating the task.

5.13 Discussion

The objective of this dual case study was to test and refine an initial programme theory developed from the findings of the literature review in Chapter2.5. Chapter 3.5 introduced a programme theory with hypothesised CMO propositions. This theory suggested that when care staff actively participate in creative arts interventions in their workplace (C) there will be opportunities for meaningful activities and positive interactions between staff and residents (M) leading to positive outcomes for both residents and care practice (O). The qualitative analysis in this chapter used empirical data to

enhance our understanding of this theory by looking for patterns in the data using a context, mechanism and outcome framework.

5.13.1 Discussion: contexts

The data showed several contextual issues which appeared to constrain staff participation in creative activity relating to the culture of residential care. This occurred in three ways:

i. the emphasis on physical care over social and emotional care.
ii. the role and responsibilities within the setting particularly the isolated role of the activity coordinator.
iii. the physical environment.

The evidence from these case studies illustrates that the culture of the care settings plays an important role in determining staff participation in creative arts interventions. In both cases, it appeared that staff prioritised physical, task-based care which prevented their participation in the creative activity. This finding is consistent with Lawrence et al. (2012) who demonstrated that physical care is prioritised above social and emotional needs when implementing other psychosocial interventions. In this study, other than the activity coordinator, care staff did not engage with residents during the creative activity, tending to focus on other practical, caring tasks. However, data showed that the involvement of activity coordinators in creative arts interventions did contribute to positive outcomes such as improved interactions, such as fun and celebration, with residents.

The VIPS Framework (Brooker & Latham, 2016) emphasises the importance of activity and occupation in maintaining personhood in care settings; this is a responsibility shared across all roles within a care setting. In these cases, it appeared that the facilitation of activity was a role solely dedicated to the activity coordinator. Therefore, it could be suggested that in order for all staff to successfully participate in creative arts interventions management should place equal value on holistic activity as well as physical care.

Incorporating activity into daily life is a key aspect of good home care culture for people with dementia (Killet et al., 2016). Just as an individual may need support from a professional carer with physical care, assistance should be provided, particularly for people with complex needs, to enable them to pursue activity and occupation. An element of person-centred care lies in enabling an individual to pursue activity and occupation irrespective of their ability (Brooker & Latham, 2016). In this study, the activity coordinators were afforded the opportunity to support residents to engage in meaningful activity, however other care staff could (or would) not participate in this. It was clear that some residents needed additional input, from a member of staff to fully engage with the activity. Previous research by Popham & Orrell (2012) highlighted how staff considered group activity sessions to satisfy residents' needs for meaningful activity, however, these may not always meet individual residents' needs. In these cases, the activity coordinators were the only staff members actively engaged and involved with the intervention.

It seems that having a designated activity coordinator in post may act as both an enabler and a constraint for other care staff to participate in creative activity. In examining the successful implementation of psychosocial interventions, Lawrence et al. (2012) advocated for a collaborative approach towards engaging staff, utilising staff knowledge and expertise.

In case site 1, the mentoring of the activity coordinator appeared to facilitate the participation of the activity coordinator because of the positive working relationship she had with the arts practitioner. Increased confidence was a successful outcome of joint working between the activity coordinator and the arts practitioner. A community of practice developed where both parties provided the complementary skills and knowledge necessary to make the creative activity as successful as possible. The findings in the present study suggest that the successful delivery of creative arts programmes should adopt a collaborative approach between arts practitioners and care professionals, such as activity coordinators, with expert knowledge of a given setting and its residents. These results support findings from a participatory arts study which suggests that care homes should offer the opportunity for artists to "support a culture of care that goes beyond the performance of primary care tasks towards one which values creativity and reciprocity" (Hatton, 2014, p. 354).

The spatial geography of the case study care settings influenced staff participation in creative activity in two ways. First, the communal space dedicated to creative activity was separate from the rest of the care home; this created a physical barrier between the care staff on duty and the creative

activity. Researchers have commented that the physical environment of a care home can be challenging in relation to delivering arts interventions (Hatton, 2014). Torrington (2006) suggests that the architecture of a care home can positively influence the well-being of people with dementia when the space enables and supports activity. The activity coordinators in this study were proactive in overcoming the logistical challenges of the care home space to maximise resident participation and engagement, yet this behaviour did not extend to other members of staff.

Second, the use of communal spaces to facilitate creative activity influenced whether or not residents were given the choice to attend the sessions. Innes et al. (2011) point out that features of the physical environment may enhance or detract from residents' well-being through enabling or inhibiting the delivery of all kinds of psychosocial interventions. Thus, consideration should be given to space dedicated to activities; particularly the way in which environment may obstruct staff participation in creative arts activities.

5.13.2 Discussion: mechanisms

The proposed mechanisms identified in this analysis contribute to the findings from the literature review Chapter 2.5 that encouraging and including care staff in creative arts interventions contributes to person-centred care practice and can influence the experience of the residents. Interactions during the creative activity between the residents and the activity coordinators appeared to foster well-being and encourage engagement. Proposed mechanisms from the literature review included: recognition, recognising people living with

dementia as unique human beings; collaboration, two people working together using their own initiative and capabilities; and validation, acknowledging an individuals' emotions. In contrast to the earlier findings, however, no evidence of recognition, collaboration or validation was detected in the case studies. It appears that the creative sessions in Madeira House and Sable Lodge operated based on inclusion, fun and celebration rather than the means of recognising residents as being autonomous and of equal worth.

In both cases, the main components evident were fun, enjoyment, celebration, and inclusive practice. Positive interactions observed during the creative sessions appear to support the psychological needs of those living with dementia, by promoting inclusion, occupation, identity, attachment, comfort, and love (Kitwood, 1997). The elements of positive person work present could be perceived to draw residents into the social world; both physically, by enabling their participation in the creative activity, and psychologically, by enhancing residents' personhood. This could not be fully accomplished without the involvement of the activity coordinator in the creative activity.

In writing about person-centred care delivery, Brooker and Latham (2016) suggest that "those with more advanced dementia who often find it difficult to initiate or sustain activities and who may be outpaced by goal-oriented activities" (p. 99). In this study, the arts practitioners had little time to assist residents requiring extra support due to the large group size; therefore, the activity coordinators knowledge of residents' interests and abilities and the foundations of their relationship assisted with resident participation and

inclusion. Similar results were found in a thematic analysis evaluating artists' perspectives of facilitating the *Imagine Arts* programme in care homes. Practitioners reported that when facilitating sessions with large numbers of residents, support from care staff was crucial to ensure that each individual was engaged and included in the creative activity (Broome et al., 2017c). The finding from this preliminary study, combined with the evidence from the dual case study, highlights the importance of utilising care staff and encouraging them to engage residents in creative arts interventions. Care home residents with complex needs often require support from care staff to be included in the social world, this is also true for creative activity.

The additional mechanism supported by the case study findings is that creative arts sessions may facilitate a celebratory atmosphere within the care home, providing opportunities for staff and residents to interact in a playful, enjoyable way. Arts activities that concentrate on creativity and playfulness in the moment have been highlighted as particularly beneficial for people living with dementia (Zeilig et al., 2014). These findings are in line with recommendations from the Baring Foundation (Cutler et al., 2011) which advised managers to celebrate and share the creative achievements of both staff and residents.

5.13.3 Discussion: outcomes

Findings from the literature review (Chapter2.5) proposed several outcomes of staff participation in creative arts activity. These included:

i) Clinical outcomes such as improved communication, engagement and a reduction in the clinical symptoms of dementia and;

ii) Care practice comprising of improved staff resident interactions, challenging existing perceptions of residents, staff gaining an enriched knowledge of residents, enjoyment and a positive influence on care strategies.

The findings from the case studies somewhat corroborate with the literature review and proposed programme theory. There were positive outcomes in both cases when activity coordinators were involved in the arts intervention; particularly with regard to staff resident interactions and engagement. However, additional outcomes identified in the case studies included improved confidence, of both care staff and residents, and the sustainability of an arts programme within a care setting.

The active participation of the activity coordinator strengthened outcomes, such as resident engagement and improved confidence. In Sable Lodge, where the nature of the visual arts intervention combined with the spatial challenges of the setting, it was particularly important for residents to have the support of the activity coordinator. To facilitate engagement with the visual arts activity, the activity coordinator supported residents with limited mobility and dexterity to access arts materials. By contrast, an undesirable outcome of care staff involvement present in this case site was the tendency for the activity coordinator to dominate the creative activity over the resident they were supporting. Research shows that participating in artistic educational

workshops provides satisfaction and feelings of capacity in people with mild and moderate dementia (Ullán et al., 2012). Therefore, it is important that staff participation in creative activity does not disadvantage resident participation. Providing clear communication at how best a staff member may support a resident would appear to be an important factor. This corresponds with the theme "expectations", from the pilot study (5.3.3 Results) which showed that an important aspect of facilitation is the way in which practitioners and care staff perceive their roles and responsibilities. Ultimately, the desired outcome would be for care staff to support residents to engage with the arts to the best of their ability, without detracting from their autonomy.

Confidence was a twofold outcome referring to both residents and activity coordinators. The confidence of the residents and hence their engagement in the arts intervention was aided by the encouragement and reassurance of the activity coordinator in both case sites. Residents' confidence appeared closely related to their active participation in creative activity; having a familiar staff member with knowledge of the resident encouraging their engagement may improve participation. For activity coordinators, participating in the training provided by *Imagine Arts* and observing practitioners during the sessions increased their confidence, in both care homes, to independently facilitate creative activity. This endorses the findings of Hughes et al. (2008) suggesting that training improves the confidence of staff caring for people with dementia.

One important finding from these cases, which the literature review had not highlighted in great detail, was the way that staff participation in creative

activity contributes towards the sustainability of arts programmes in residential care settings. This study demonstrates that the activity coordinator could be upskilled through training and active participation, which inspires new ideas and improves confidence to facilitate creative activity independently. Activity coordinators in both case sites appeared committed to continuing to provide creative activity in their workplace. This suggests that there is the potential to transfer creative skills from practitioners to care staff for wider use; however, this was limited to the activity coordinator rather than wider care staff.

Mentorship is one model of upskilling. In case site 2, the relationship between the practitioner and the activity coordinator was fostered through mentorship. Similarly, over the course of the *Imagine Arts* programme, the activity coordinator from case site 1 developed an effective working relationship with the practitioner. Given the high level of staff turnover within care settings, the mentoring of one member of staff may not be practical.

An important result of this outcome is the continuation of the arts programme, creating a model where activity coordinators can implement arts interventions independently once a funded programme is complete, thus making it potentially sustainable over time. This finding could have implications for future programmes of arts in care settings, as they should look to incorporate training for activity coordinators, or other staff, to embed innovations and thereby encourage lasting benefit.

5.14 Strengths and limitations

A strength of this study is that it applied a conceptual and analytic framework drawn from findings from a literature review. The use of a mixed-methods study design provided rich data sets, likewise these data were triangulated to identify demi-regularities. However, this was a real world study with finite resources, therefore some biases could not be controlled, including the following.

The case study analysis is limited by the small number of participants, who were mostly female and White; therefore, it has limited generalisability. The case studies were only conducted in residential care homes, rather than community day centre settings. The characteristics of the arts intervention and how staff approach these activities would likely differ between these settings. It is possible that an important perspective may have been missed, however this is something which could be addressed in future research.

The Armchair Gallery sessions were only observed over a short period of time, so conclusions cannot be made about any longer term effects. Likewise, some outcomes could be related to participation in the other arts activities available, therefore future research should endeavour to compare this activity with a control comparison group. It could be considered a weakness that the same intervention was evaluated in both case sites, however, the advantage of this is that it enabled cross-case comparisons.

The transferability of these results is subject to certain limitations. For instance, the case studies incorporated different types of art. The pilot case studies considered a theatre participatory art intervention and carnival, a form of artist-led engagement. Artist led engagement can be understood where artists are commission to create pieces of artwork with a specific intention in mind (Clark, 2014). The comprehensive case studies however, evaluated the Armchair Gallery which was facilitated by both a dance movement therapist and a visual artist. The two practitioners facilitating the Armchair Gallery workshops would have had varying professional experience and different modes of working. For example, dance movement therapists typically address particular caring needs within a therapeutic relationship, whereas participatory artists work with individuals to produce a creative outcome (Clark, 2014). Moreover, non-verbal arts approaches are more accessible for people living with dementia; therefore, there may be advantages to using interactive dance movement rather than verbal discussions of visual arts for people living with dementia who find it challenging to verbalise their thoughts. Likewise, visual stimulus are often not appropriate for older people who are living with visual impairment. The different arts interventions examined as part of the case studies would affect people living with dementia in different ways; consequently, this may impact how staff approach each creative activity. Nevertheless, it has been suggested that research should focus on "mechanisms at work in cultural arts interventions" rather than efficacy (de Medieros and Basting, 2013). The focus of these case studies was exploratory, by attempting to test an initial programme theory, therefore there is future scope for

comparing how the specifics of each mode of arts influences staff engagement within care settings.

Despite these limitations, the study is useful in so far as it successfully tested an initial programme theory derived from the literature, and further developed this to better predict and describe the impact of staff on the experience of residents with dementia who engage with participatory arts in a real world setting. These case studies broadly supported the findings from the literature review (2.5 Main findings). Moreover, it identified contextual conditions which appear to constrain care staff participation in creative activity such as the focus on task-based care, the role of the activity coordinator and the physical environment of the care setting. Additional mechanisms operating during creative arts interventions in interactions between the activity coordinator and residents included fun, inclusion and celebration.

5.15 Conclusion

Using principles of realist evaluation, this chapter outlines the key cross case findings exploring care staff involvement in creative arts activity in two residential care homes. Empirical data were examined in terms of i) contextual factors which enable or constrain care staff participation, ii) mechanisms which are present through staff participation, and iii) outcomes which are influenced by staff participation.

As discussed in this chapter, the ethos and culture of care within a care setting seems to be crucial in influencing how and why care staff engage with creative activity in residential settings. In both cases, the focus on task-based physical care was prioritised above the integration of creative activity. The activity coordinators actively supported the facilitation of the *Imagine Arts* programme, yet other members of staff, including management, rarely became involved. It may be that management expectations, or organisational structure contributed to the lack of wider staff involvement. However, including staff in creative arts interventions could be perceived as a training opportunity for care staff which in turn may improve their confidence in caring strategies.

There is a movement around culture change in long term care towards person-centred care. One of the main findings to highlight in this summary, predominant in both cases, is the positive interactions relating to elements of positive person work (Kitwood, 1997; Brooker and Latham, 2016). Creative arts programmes provide opportunities, outside of physical care, for arts practitioners and care staff to engage in person-centred care, which may contribute to a culture change with the care settings. Sharing in meaningful creative activity has been shown to enhance the personal connection between a resident and a member of the care team through the data collected for this study.

There were some consistencies between the CMOs identified from the literature review and those seen in the dual case study. However, there were also some contrasts, for example, that the sessions in the two case study sites

seemed to ‘work’ through inclusion, fun and celebration, and less through recognition and validation than might have been expected. Also, there was more attention paid to sustainability in the case study sites than is generally evident in the research literature.

These findings demonstrate that there are potential benefits when care staff are involved in arts interventions; particularly with regard to the sustainability of external creative and cultural programmes. However, it is clear that other care staff, including management and budget holders, need an understanding and awareness of the benefits of integrating creative and cultural provision into care settings so that the potential of arts based activities can be fully realised.

5.16: Summary

This chapter provides the process and analysis of two case studies conducted within the context of the *Imagine Arts* programme. In this way, the initial programme theory, outlined in Chapter 3.5, has been tested in a real world setting. The findings have been presented using the format of context, mechanism and outcome present across the two case sites. Elements of the CMOs identified in the two cases were similar, which demonstrates regularity and the findings from these cases have been considered in light of the initial programme theory (Chapter 3) and literature review (Chapter 2).

The following chapter provides an in depth account of the Dementia Care Mapping data, focussing on interactions between care staff and people living with dementia during the creative activity. This in depth account explores the

operation of causal mechanisms within a programme of arts. It highlights instances of positive person work, or malignant social psychology and how they relate to care staff participation in creative activity.

Chapter 6: Observations of interactions during creative arts sessions

6.1 Introduction

This chapter describes the synthesis and evaluation of the Dementia Care Mapping (DCM) data collected in this study. The first section of this chapter provides an overview of the rationale and aims for this study. It elaborates on the concepts of personally enhancing and detracting interactions and how these relate to person-centred care practice. These concepts provide a framework for the analysis of DCM data. Following this, the findings of the analysis are presented; this includes a critical examination of the interactions which occurred during the creative arts session which either uphold or undermine personhood, and how these relate to staff participation in creative activity.

6.2 Rationale and aims

A key objective of this thesis was to test the theory that creative arts programmes can facilitate person-centred care practice in care staff when they actively engage and participate in creative arts programmes, improving outcomes for persons with dementia. Therefore, the aim of this study was to explore how care staff participation influences the experience of residents living with dementia during creative activity.

The purpose of person-centred care is to maintain the identity and worth of persons living with dementia, in the face of cognitive impairment, through a partnership of positive interactions. Positive person work is the foundation of person-centred care; a holistic approach which gives equal emphasis to the physical, psychological, social and spiritual dimensions of people living with dementia. Chapter 3.4 discussed how personhood is supported through positive interactions which meet a cluster of psychological needs: attachment, comfort, inclusion, occupation, identity and love (Kitwood, 1997).

The term malignant social psychology (MSP) is used to describe aspects of care practice which are considered to undermine personhood (Kitwood, 1997). These malignant interactions, often subconscious, are believed to be part of a 'cultural inheritance' prevalent in society; magnified through "fear, anonymity and the differential of power" (Kitwood, 1997, p. 48).

There are seventeen elements of positive person work and malignant social psychology which can be identified through DCM observations and relate to the psychological needs identified in Dementia Reconsidered (Kitwood, 1997). These personal enhancers (PEs) and personal detractors (PDs), along with a description of each, are presented in Table 6.1.

Table 6.1: Description of Personal Enhancers and Personal Detractors

Psychological Need	Personal Enhancers	Description	Personal Detractions	Description
Comfort	Warmth	Using genuine warmth or affection to support a participant	Intimidation	Using threats or power to gain compliance through fear
	Holding	The delivery and prioritisation of safety and comfort or the meeting of a need	Withholding	Disregarding, refusal or lack of awareness of a need for contact.
	Relaxed pace	Recognising and working at the pace of a participant.	Outpacing	Disregarding the pace of a participant.
Identity	Respect	Regarding the participant with value and respect.	Infantilization	Treating the participant as if they were a small child.
	Acceptance	Entering a relationship based on an accepting attitude	Labelling	Referring to the participant in terms of labels.
	Celebration	Recognising and supporting a participant's achievements.	Disparagement	Considering a participant useless or worthless.
Attachment	Acknowledgement	Accepting a participant as unique and valuing them.	Accusation	Blaming the participant.
	Genuineness	Behaving openly and honestly whilst being sensitive to a participants' needs	Treachery	Using deception to manipulate a participant
	Validation	Recognising, acknowledging and supporting the reality of the participant.	Invalidation	Failure or refusal to accept the reality of a participant
Occupation	Empowerment	Drawing out and empowering a participant's abilities.	Disempowerment	Disregarding the abilities of a participant.
	Facilitation	Assessing and providing the level of support required by the participant.	Imposition	Disregarding the desires of a participant or denying them a choice.
	Enabling	Recognising and encouraging a participant's engagement.	Disruption	Disregarding a participant's frame of reference.
	Collaboration	Consulting and treating the participant as an equal partner.	Objectification	A disregard for consultation or information giving.
Inclusion	Recognition	Recognising and valuing the participant and their uniqueness.	Stigmatization	Disregarding the participant as a valuable human being.
	Including	Physically and psychologically including the participant.	Ignoring	Disregarding the presence of a participant.
	Belonging	Using genuineness to make a participant feel accepted.	Banishment	Physically or psychologically excluding a participant.
	Fun	Using humour and fun to engage with a participant.	Mockery	Deliberately humiliating a participant.

The process of DCM data collection and justification for this method has been discussed in Chapter 4.4.1. The following section provides an in depth analysis of the DCM data, which provided an opportunity to examine interactions between care staff and persons living with dementia within the context of an arts intervention. DCM was used in order to gain a more detailed understanding of the role that care staff play in facilitating arts-related activities within residential care and how this relates to the well-being and personhood of people living with dementia. This analysis concentrates on personally enhancing and personally detracting interactions which are examples of the quality of care provided by care staff through their interactions with persons living with dementia.

6.3: Research questions

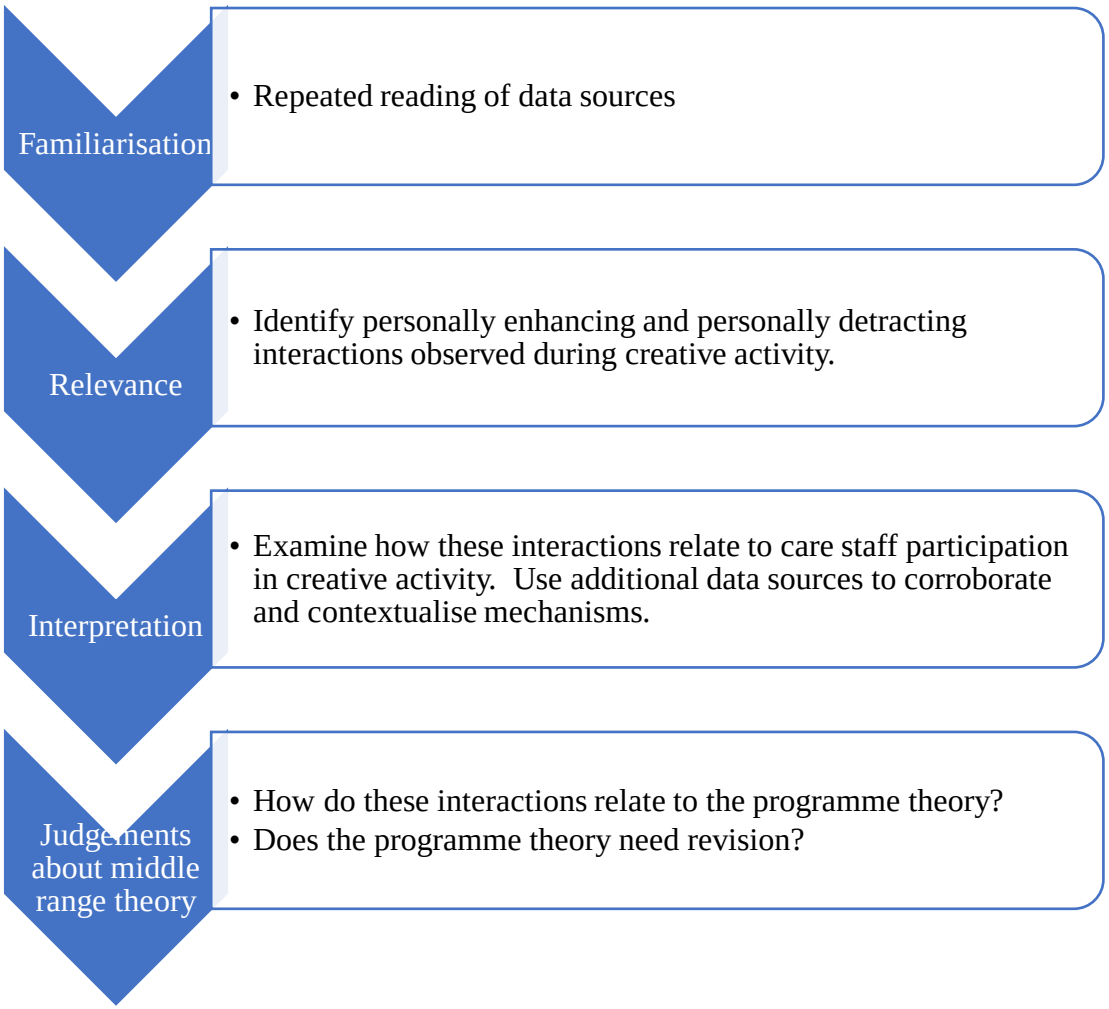
This part of the study sets out to answer the following research questions:

- How do these findings contribute to the theory that care staff participation in the creative activity enhances interactions and improves staff caring strategies?
- What mechanisms of positive person work or malignant social psychology occur during a creative arts programme? How do they relate to care staff participation in creative activity?
- How are the psychological needs of people with dementia met or undermined by care staff participation in creative arts programmes?

6.4 Dementia Care Mapping analysis

The DCM analysis primarily focused on PE and PD interactions observed during the creative activity between care staff and residents and is outlined in Figure 6.1. First, the DCM and fieldnote data were repeatedly read for familiarisation. Second, data relating to personal enhancers and personal detractors were extracted and tabulated; this included the type and rating (enhancing or highly enhancing/detracting or highly detracting) of the interaction. In addition, qualitative data from the DCM fieldnotes were extracted to provide contextual information regarding the interaction. The structure of the analysis focussed around the psychological needs posited by Kitwood (1997) and described in Chapter 3.4. Instances where staff participation upheld or undermined personhood, through enhancing or detracting interactions, were extracted to provide examples. Finally, the mechanisms, and contextual features relevant to the initial programme theory were interpreted and a judgement made regarding the programme theory under examination.

Figure 6.1: Dementia Care Mapping analysis procedure



6.5 Findings

The DCM observations took place weekly for a period of six weeks in each care setting. The observations took place between 14:00 and 16:00 during of the Armchair Gallery sessions. In total, I amassed 2906 units of data from the DCM observations over the course of data collection. A raw data sheet of DCM data collected during an *Imagine Arts* session is provided in Appendix 13. Instances of positive person work and malignant social psychology categorised as personally detracting interactions occurred during the creative

arts sessions. There were a total of 132 recorded PEs and PDs during the 24 hours of observation. Overall, there were significantly more personally enhancing interactions (N=99) compared to personally detracting (N=39). The most commonly occurring PEs and PDs during the creative arts session relate to the psychological needs of *inclusion* and *occupation* (Table 6.2).

Table 6.2: Summary of PE/PD interactions

Psychological Need	Highly detracting	Detracting	Enhancing	Highly enhancing
Comfort		5	11	
Identity		1	19	1
Attachment		4	5	
Occupation		10	30	
Inclusion		19	32	1
Total		39	97	

The following section presents PEs and PDs grouped within each psychological need; the data are presented to illustrate how staff participation and interactions contribute to residents' well or ill being during creative arts interventions. Interactions facilitated by the arts practitioner and those relating to general care needs have not been examined in depth as the focus of this study was on interactions between care staff and residents living with dementia. This analysis tests the theory that creative arts interventions can facilitate person-centred care practice when care staff actively engage in activity alongside the people they care for.

6.5.1 Psychological need: comfort

The positive interactions relating to the psychological need of comfort were *warmth, holding* and *relaxed pace* (Table 6.3). Findings showed only one instance of *relaxed pace;* however, this did not relate to the creative activity but came from a staff member assisting a resident into the communal room, working at the same pace as a resident. *Warmth* PE interactions were recorded when either the activity coordinator or arts practitioner supported residents who had become anxious when attending the creative activity. There were no recorded instances of the PDs *intimidation* or *outpacing* in any of the observations.

Table 6.3: PEs and PDs relating to comfort

Psychological Need: Comfort			
		Enhancing	Highly Enhancing
Personal Enhancers	Warmth	5	
	Holding	5	
	Relaxed pace	1	
		Detracting	Highly Detracting
Personal Detractors	Intimidation		
	Withholding	5	
	Outpacing		

6.5.1.1 Holding and withholding

Holding and withholding interactions occurred in equal measure (N = 5) during the creative sessions. Examples of holding included the activity coordinator approaching residents who required additional attention, providing safety and comfort.

The activity coordinator now holds Doreen's hand and she appears to calm down and has been less vocal for the last few minutes.
DCM fieldnote, Madeira House

However, as the activity coordinator was the only staff member present during the sessions there were occasions when no one else was available to respond to residents who required additional attention, leaving their needs unattended.

Doreen says "I can't read it" – she repeats this over and over, but no one responds to her.
DCM Fieldnote, Madeira House

Residents who had more complex needs experienced *withholding* more than others; three out of the five *withholding* interactions occurred with one resident. This was true during the artwork viewing part of the activity where some individuals required additional support to engage in the work. The presence of additional staff, available to respond to residents with additional needs such as Doreen, may have reduced the recorded number of *withholding* interactions.

6.5.2 Psychological need: identity

Of the 20 PEs relating to the psychological need of *identity*, 16 of them related to *celebration*; the remaining interactions were recorded as *respect* and were facilitated by the arts practitioner (Table 6.3). It is for this reason, that the

discussion will focus on *celebration* PEs as these were predominately facilitated by the activity coordinators this finding demonstrates how when care staff are involved in creative arts programmes, opportunities present for everyone to celebrate residents' achievements beyond the conclusion of the sessions.

There were limited numbers of PDs relating to the psychological need of identity. The one instance of *disparagement* did not relate to the creative activity but occurred when a resident thought items from her handbag were missing and was told by the activity coordinator that she was "just confused".

> *The activity coordinator comes over to Bridget and says "sometimes you get it a bit wrong" as Bridget continues to ask about her missing item.*
>
> *DCM fieldnote, Madeira House*

Table 6.4: PEs and PDs relating to identity

Psychological Need: Identity			
		Enhancing	Highly Enhancing
Personal Enhancers	Respect	4	
	Acceptance		
	Celebration	15	1
		Detracting	Highly Detracting
Personal Detractors	Infantilization		
	Labelling		
	Disparagement	1	

Respect was recorded as taking place between the arts practitioner and the residents in the dance movement intervention. It comprised of the arts practitioner introducing herself to residents and greeting everyone individually and concluding each session by thanking each resident for their participation and contribution. As these interactions did not include a member of care staff, for the sake of this analysis they will not be addressed in further detail. However, it can be noted that positive interactions with residents from the arts practitioner set a good example for people working in care settings and may have implications for staff training and development.

6.5.2.1 Celebration

Kitwood (1997) outlines *celebration* as "any moment at which life is experienced as intrinsically joyful…celebration is a form of interaction in which the division between caregiver and cared-for vanishes completely" (p. 81). There were 16 recorded instances of PE *celebration* interactions (Table 6.3). In DCM, *celebration* is recorded when an interaction recognises and delights in of the achievements of residents, making participants feel valued and competent. An example of what is meant by *celebration* is demonstrated in the following fieldnotes extract:

> *"Oh my goodness, Betsy they look amazing!" says the activity coordinator. Betsy smiles and Rosie, sitting next to her, smiles too. "I picked the colours", Betsy replies taking ownership of the flowers she created.*
>
> *DCM fieldnote, Sable Lodge*

Here, the activity coordinator has approached Betsy and highlighted her achievement of making some flowers. *Celebration* of the residents' accomplishments occurred regularly during the creative arts sessions, particularly during the visual arts sessions where the residents left with a product of their own creation. The activity coordinators reported displaying the finished product within the care home and showing family members what each resident had completed.

Although most celebratory interactions were facilitated by the activity coordinator, the arts practitioners were also seen to identify and support the skills of the resident:

> *Bridget is singing and humming along to the music appearing very engaged. The artist invites Bridget to dance again. Bridget gets up and dances with the artist, she is smiling. The artist is still dancing with Bridget in the middle of the room. Bridget curtseys to the group after she finishes dancing and everyone in the group applauds.*
> *DCM fieldnote, Madeira House*

During this interaction, Bridget was coded as being in a +5 state of well-being, a very high level of positive mood and engagement. This example demonstrates how celebratory PEs also occurred between the arts practitioner and the resident, through the recognition and facilitation of Bridget's skill and desire to dance, and on the level of resident to resident, through the group

applause after Bridget has finished her performance to the group. It is certainly true that in these sessions, residents engaged in the celebration of fellow participants. Moreover, this became a feature of the creative arts sessions, as the arts practitioners often concluded the sessions by reflecting on the achievements of the group. The positive effect of *celebration* on the residents was echoed in an interview with the activity coordinator at Sable Lodge:

> *P: It's nice as [the practitioner] goes round [with] others artwork after so they can see what others have drawn and they like that bit.*
> *I: How do you think some of the residents feel about showing their artwork?*
> *P: I think some of them feel proud.*
> *Interview, activity coordinator, Sable Lodge*

Despite, *celebration* being predominately facilitated by the activity coordinator, the fieldnotes extract below highlights how a member of care staff passing through the activity space engaged in *celebration* with one of the participants:

> *A member of care staff walks into the lounge and says to Rosie "Is that your flower Rosie? Let's put it on your lapel". The activity coordinator replies "They're beautiful aren't they?" referring to Rosie's flower. Rosie smiles as the flower is pinned to her lapel.*
> *DCM fieldnote, Sable Lodge*

Both the member of care staff and activity coordinator participated in this exchange which gave Rosie pleasure; as a result, her well-being score rose from +1, a neutral state, to +3, considerable positive mood and engagement. As this incident demonstrates, creative arts sessions provide the potential context for care staff, other than the activity coordinator, to engage in personally enhancing celebratory interactions.

> *I'm putting it on display, I'm putting in on the notice board or I'm putting it on boards or on the window sill or I'm putting it on windows to show that we've done these things. Yes that's partly me going look at what we've done how lovely, but it's also because I know that if they can't see the end result then they've forgotten that they have made it so it's good to have that constant reminder because then they've forgotten that they have achieved something.*
>
> *Interview, activity coordinator, Sable Lodge*

In the same way, activity coordinators reported using the finished product as a reminder of the residents' achievements once the creative sessions had ended.

6.5.3 Psychological need: attachment

The PEs and PDs relating to the psychological need of attachment are presented in Table 6.4. *Genuineness* occurred twice during the observations of the creative activity. These interactions referred to the resident being

supported by either the activity coordinator or arts practitioner in a way which was sensitive to the residents' needs but also authentically expressed the artist's perspective in the light of the actual situation:

> *One of the residents becomes upset and does not want to have her walker moved. The artist approaches the resident and explains that the walker would only be moved so that she can participate more easily in the session and if she doesn't want it moved it can stay where it is. The resident appears reassured and the artist moves the walker out of the way.*
>
> *DCM fieldnote, Madeira House*

Similarly, the examples of *genuineness* in this study illustrate the development of a trusting relationship between residents living with dementia and both the activity coordinator and the arts practitioner. In the earlier thematic analysis exploring the facilitation of *Imagine Arts*, the arts practitioners emphasised the importance of relationships in contributing to the successful delivery of an arts programme (Broome et al., 2017c, Appendix 2).

Table 6.5: PEs and PDs relating to attachment

Psychological Need: Attachment			
		Enhancing	Highly Enhancing
Personal Enhancers	Acknowledgement		
	Genuineness	2	
	Validation	3	
		Detracting	Highly Detracting
Personal Detractors	Accusation	1	
	Treachery	1	
	Invalidation	2	

Some knowledge of dementia, or strategies to support people living with dementia would be important for practitioners working in care settings so that they can respond in a way which is sensitive to residents' needs. Interactions of *validation* with residents were initiated by the arts practitioner. Usually these occurred when a resident became anxious or confused asking for example "how do I get home?". On these occasions, the arts practitioner responded in a way that was sensitive to the feelings and reality of the residents.

All PDs relating to the psychological need of attachment occurred between the activity coordinator and residents. This included *accusation*, where the activity coordinator reacted angrily to a resident putting some sensory material in her mouth. *Treachery*, where the activity coordinator tried to coerce a resident to leave the group by saying she would "take her home". And finally, *invalidation* demonstrated in the example below:

Doreen is still asking "where is he?" The activity coordinator says, "he's coming back at the weekend" and takes her hand.

DCM fieldnote, Madeira House

Three of these interactions occurred with one resident who appeared to have more advanced dementia and required more one on one support during the arts activity. The use of comforting 'truth-telling' is a contested area in dementia care. A review by the Mental Health Foundation (2014) found that despite deception occurring in practice there is no agreement or research which demonstrates its effectiveness.

What these interactions suggest, is that consideration should be given to these factors prior to the activity. The psychological need of attachment relates to feelings of security, trust and connection in relationships, particularly when an individual feels anxious (Brooker and Latham, 2016). For people living with dementia, participating in an unfamiliar activity may provoke feelings of anxiousness which would require support from someone of something familiar to support this psychological need. Individuals who require additional support to engage in activity could be identified and their needs addressed before they attend the sessions. This issue could potentially be address through care staff training or awareness raising of i) the benefits of the creative arts for people with dementia and ii) awareness of how staff behaviour or actions can influence the engagement of the person with dementia in creative activity. For example, how a familiar staff member can support individuals who feel anxious at a new and unknown activity.

6.5.4 Psychological need: occupation

The psychological need of occupation related to having a sense of agency and being actively involved in the processes of everyday life (Brooker and Latham, 2016). Below, Table 6.5 outlines the PEs and PDs associated with the psychological need of occupation.

Table 6.6: PEs and PDs relating to occupation

Psychological Need: Occupation			
		Enhancing	Highly Enhancing
Personal Enhancers	Empowerment	6	
	Facilitation	12	
	Enabling	9	
	Collaboration	3	
		Detracting	Highly Detracting
Personal Detractors	Disempowerment	1	
	Imposition	6	
	Disruption	2	
	Objectification	1	

6.5.4.1 Facilitation

The most frequently occurring form of occupation (N=12), identified through the DCM observations, was *facilitation*. Defined as "enabling a person to do what otherwise he or she would not be able to do" (Kitwood, 1997, p. 91), *facilitation* comprised of the activity coordinator supporting and enabling residents to participate in the creative activity. Most often, instances of *facilitation* occurred when the activity coordinators worked one on one with residents to elicit responses. This was particularly true for the visual arts

activity, where residents typically required more support to access, engage and respond to the materials:

> *One of the activity coordinators prompts Rosie to hold and smell things. She gives her a choice by asking "which one would you like?"*
> *DCM fieldnote, Sable Lodge*

> *The activity coordinator asks Rosie, "What else do you fancy on it?". Rosie replies and the activity coordinator goes and gets the materials for her.*
> *DCM fieldnote, Sable Lodge*

In the first example, the activity coordinator offers support to Rosie in order to get her to engage with the sensory props, whilst taking into account her wishes by offering her the choice of which prop to engage with. In Sable Lodge, the activity coordinator was not the only member of staff identified in the study to interact in a personally enhancing way with a resident:

> *Another member of senior staff comes in and looks around at the people in the group. She identifies that one gentleman is struggling with cutting the tape and goes to get some scissors for him. "A pair of scissors to stop you struggling", she says and smiles at him. He thanks her and takes the scissors and continues with his craftwork.*
> *DCM fieldnote, Sable Lodge*

However, this occurrence was the exception rather than the rule; often the activity coordinator was the only staff member participating in *facilitation* with other care staff only entering the space for a specific purpose such as to distribute drinks.

The visual arts activity created more opportunities for *facilitation* (N=9), compared to the dance movement activity (N=3). In this sense, *facilitation* refers to the assessment and provision of support required by the participant and provided by the member of staff rather than props or affordances such as music, rhythm and balloons. This result would seem to suggest that some creative arts activities, such as visual arts, require additional support from staff so that residents are adequately supported to participate more fully in the sessions. This is particularly true for residents who live with additional physical needs such as visual and mobility impairments.

6.5.4.2 Imposition

Imposition occurs when an individual is forced to do something which overrides their own desire (Brooker and Latham, 2016). In this study, *imposition* was recorded when care staff obliged residents to participate in creative arts sessions without appearing to give them a choice of attendance. This was echoed by one of the arts practitioners:

> *A bit of me feels like sometimes some people are having something visited upon them rather than choosing to be there.*

Interview, arts practitioner, dance movement

After lunch, members of care staff bring people into the lounge for the activity. There does not appear to be much interaction between the staff and the residents, and it is hard to tell if the residents are given a choice whether or not they wish to attend the session. It seems to be the routine that after lunch people are taken to the toilet and then brought into the common area. One of the challenges in having a creative session in a care home is the lack of space. In this care home the lounge seems to work well for the sessions, however, this means that other people who are using the space for leisure activities (such as the ladies watching the TV) are interrupted.

Personal research reflections

As discussed in Chapter 5.12.1, the physical environment affects not only whether care staff participate in the activity, but also may indirectly affect residents' personhood, in that they are not free to choose whether they wish to participate.

The care home appeared to have embraced *Imagine Arts* sessions as part of the daily routine, in that staff would bring residents to the communal space after lunch every week.

However, the care staff did not remain in the session, leaving on the activity coordinator to engage creatively with the actively and with residents. For

example, Doreen would often leave the group during the sessions and immediately be brought back by a member of staff who then promptly left:

> *Doreen says goodnight and gets up to leave she walks out of the living room and a care worker from a different part of the care home brings her back to the group and gets her to sit down and then leaves.*
> *DCM fieldnote, Madeira House*

Here, Doreen experiences *imposition;* the care worker disregards her feelings without exploring Doreen's wishes.

Over the course of time, it appeared that staff became accustomed to the sessions, however, in some instances this manifested in such a way that residents were compelled to attend the sessions, undermining personhood. Routines were set up to expedite residents to the lounge area where they were then left without any explanation, conversation or discussion.

6.5.4.3 Enabling

Instances of *enabling* were facilitated by the arts practitioner and the activity coordinator. *Enabling* interactions generally involved the activity coordinator encouraging residents through one-to-one engagement, for example by encouraging residents to engage with different sensory props.

The activity coordinator sits next to Tillie to try to encourage her to participate but she still remains disinterested. The activity coordinator continues to encourage her and finally she starts to speak to activity coordinator asking, "What would you do?". Tillie is watching the activity coordinator draw. Tillie takes the pencil and says, "I'm not good at drawing" the activity coordinator replies "I'm sure you are". This is the first time Tillie has engaged all session. The activity coordinator continues to support and encourage her in the activity.

DCM fieldnote, Sable Lodge

This interaction particularly highlights the importance of working one on one with particular residents. In this example, the activity coordinator continues to encourage Tillie to participate in the creative activity.

6.5.4.4 Collaboration

Collaboration was identified on three different occasions during the DCM observations; involving interactions between the arts practitioner and residents, for example the practitioner giving a resident a choice of materials. Often, the arts practitioner responded in the moment to cues from the residents; for example, in one occurrence the arts practitioner invited a resident to lead the group drumming circle.

The artist gives Bridget her drum to play. She tells the group that Bridget has fantastic rhythm and everyone in the group claps.

DCM fieldnote, Madeira House

The only PE *collaboration* occurring between the activity coordinator and a resident is described below, but it had a profound effect in terms of the resident's well-being score:

> *This is the first time I have seen Tillie smile in this session. There is some friendly interaction between Tillie and the activity coordinator, "you do it" "no you do it". Tillie adds sand to her tray and the activity coordinator says, "that looks lovely well done". She smiles at the activity coordinator and shows her what she has done.*
>
> *DCM fieldnote, Sable Lodge*

Figure 6.2: Mood and engagement value for Tillie

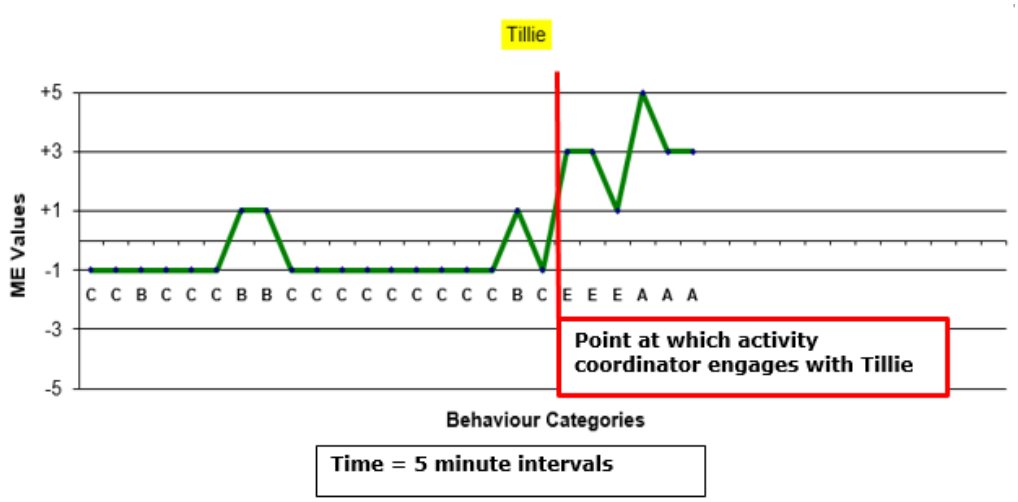


Figure 6.2 indicates that during the creative arts session, Tillie was in a sustained period of uninterrupted negative mood and engagement (Time = 75 minutes). This low mood continued until she interacted with the activity

coordinator who then engaged in *collaboration*. That is "treating the participant as a full and equal partner in what is happening, consulting and working with them" (Bradford Dementia Group, 2005, p. 93). Despite this only occurring once, it demonstrates the value of having a member of care staff attending the session to support residents, particularly in terms of resident well-being.

6.5.4.5 Objectification

In contrast to the observation above, *objectification* was recorded as a PD during the creative arts sessions. This occurred when the care staff treated a resident as objects, rather than consulting with them as equal partners (Brooker and Latham, 2016). In the following incident, when a resident was vocalising, the activity coordinator made an "objectifying" statement to the practitioner that the resident could be removed from the group.

> *As the artist moves back to the centre of the circle Doreen then says "I want to go home" the activity coordinator says to the artist "I can remove her from the group".*
> *DCM fieldnote, Madeira House*

Here, Doreen experienced *objectification*; rather than meeting her need for comfort, her occupation needs were undermined by the activity coordinator who demonstrated that she had the power to remove her from the session. Other instances like this occurred towards the end of the sessions:

The activity coordinator looks at her watch and gets up and wheels Betsy away from the session back to the nursing home. The residents from the nursing home who have to be transported across to the lounge area are solely reliant on the activity coordinator (or other members of staff, if they are available) to get to and from the sessions. This means that they are given limited opportunity to be welcomed into the group and to say goodbye to the group when they leave. It appears that the activity coordinator is under pressure to get her residents back to her home, but at the same time they are whisked away without having the opportunity to say goodbye to the rest of the group.

DCM fieldnote, Sable Lodge

As this example demonstrates, the activity coordinator is unintentionally engaging in *objectification*. It appeared that this was due to staff availability, as she was the only staff member available to take her residents back to their care home. This often meant that these participants missed out the *celebration* which occurred at the close of the sessions.

6.5.4.6 Other PEs/PDs relating to occupation

Empowerment occurred six times during the creative activity. Mostly, this related to the activity coordinator assisting residents to engage with creative materials, particularly the visual arts activities which required more skill and dexterity.

The activity coordinator asks Shirley how she is getting on with the activity and helps her get set up with a tray to lean on and a pencil and ruler. She explains to Shirley what to do following the instructions from the artist. The activity coordinator encourages Shirley to draw and offers a few prompts to encourage her when needed.
DCM fieldnote, Sable Lodge

The only observed instance of *disempowerment* occurred when the practitioner requested that the activity coordinator support one of the residents who was vocalising. The activity coordinator refused, citing that she had nowhere to sit, the arts practitioner recognised that this resident needed support and moved to support her. There are three important things to note about this PD interaction, i) this was a missed opportunity for the activity coordinator to respond to the needs of a resident ii) the arts practitioner was taken away from the larger group in order to support the resident, meaning the rest of the group lost focus and iii) that the arts practitioner was able to find a solution.

The two remaining instances of *disruption* occurred as staff interrupted the residents' frame of reference. First, staff members removed a resident from the creative activity and tell her to be quiet as she questions why she is being removed. The second instance is reported below:

Jean holds out the songbook and gestures for the activity coordinator to look at it. The activity coordinator replies, "no I am not going to look at that Jean we are doing something else" and continues with her own craft work. This is the first time that Jean has outwardly looked for interaction with someone and this has been denied.

DCM fieldnote, Sable Lodge

Because Jean was not engaging with the creative activity provided at that moment by the arts practitioner, the activity coordinator disregarded her frame of reference.

6.5.5 Psychological need: inclusion

Consistent with the literature review in and case study evaluation staff engaged PEs during the creative activity contributing to the residents' psychological need of *inclusion*. Table 6.6 reports the breakdown of PEs relating to this psychological need. *Including* (N = 13) and *fun* (N = 11) were most commonly observed during the sessions and will be the predominant focus of the following section.

Table 6.7: PEs and PDs relating to inclusion

Psychological Need: Inclusion			
		Enhancing	Highly Enhancing
Personal Enhancers	Recognition	2	
	Including	13	
	Belonging	6	
	Fun	11	1
		Detracting	Highly Detracting
Personal Detractors	Stigmatization		
	Ignoring	15	
	Banishment	4	
	Mockery		

6.5.5.1 Including

To identify the positive person element of *including* the care worker must enable and encourage the resident to be involved and feel physically and psychologically included (Bradford Dementia Group, 2005). *Including*, as a PE was recorded 13 times during the creative activity. This was facilitated both physically and psychologically by the activity coordinator who was present. In interviews, the activity coordinators at both care homes identified indirectly but spontaneously the influence that they have on making residents feel included.

6.5.5.1.1 Physically Including

Challenges in the physical environment meant that care staff worked resourcefully to include as many residents as possible in the session. Practically, this meant rearranging large pieces of furniture to accommodate

walkers and wheelchairs; making the room accessible for those with mobility issues.

Owing to the layout of the room, and the size of the group, some residents were unable to participate. The activity coordinators were observed bringing the creative activity to residents who were not sitting as part of the main group, thus including them in the activity:

> *The activity coordinator asks the artist for a spare picture to take over to Veronica around the corner of the room. The activity coordinator continues to include Veronica in the other room by asking her the questions and feeding back the answers to the rest of the group.*
> *DCM fieldnote, Sable Lodge*

The activity coordinators at Sable Lodge facilitated inclusion by ensuring that the residents had access to the creative materials during the visual arts activity. The following extract demonstrates how the activity coordinator gave the resident a choice of materials and what to make, ensuring their personhood and identity was upheld:

> *The activity coordinator asks Rosie: "What is your favourite colour? What would you like to make?". Rosie responds and smiles at the activity coordinator. The activity coordinator goes and gets materials so that Rosie can make a flower of her choice.*
> *DCM fieldnote, Sable Lodge*

[My residents] always have to have a carer with them in case [there are] problems drinking or anything like that, but also just for the hands because a lot of them struggle with their hands over there and because you're sitting in a circle and you haven't got a table the stuff is everywhere so you can just pass it [to] them. I think it is better that you've got more staff to do that to help.

Interview, activity coordinator, Sable Lodge

These examples demonstrate the important role care staff play in facilitating the inclusion of residents with dementia during creative arts interventions. Activities with older people often need to overcome mobility barriers as well as environmental barriers. These findings demonstrate that without the support of staff, in particular the activity coordinator, not all residents would experience *including*.

6.5.5.1.2 Psychological Including

Similarly, the activity coordinators played a role in supporting residents who required extra support to engage in the creative activity. This was particularly noticeable during the TimeSlips activity, which required residents to verbally respond to prompt questions from the practitioner. In these instances, the activity coordinator encouraged resident participation and relayed answers to the larger group for residents who did not appear confident to express their opinions more widely, or for those were sitting further away from the activity.

The activity coordinator is at the back of the room and tries to include those who are not in the larger circle.

DCM fieldnote, Madeira House

The activity coordinators identified their role in supporting residents with sensory, mobility and cognitive impairments to participate in the activity:

They've been asked "what is this?" and of course some of them can't see very well so sometimes it is a little bit difficult for them. Some of them can't hear. So, there's those people they can you know just directly work with that person.

Interview, activity coordinator, Madeira House

Residents who were more mobile would often get up and wander during the tea breaks; staff played an important role in helping people to join and leave the group as they wished. However, when individuals were ignored by staff, this resulted in PD interactions.

These findings generally suggest that *including* is enabled through the active participation of the activity coordinator during the creative arts sessions. A likely explanation is that activity coordinators i) know the facilities available and can consequently adapt the room to accommodate residents by moving furniture and ii) they are familiar with residents' abilities and therefore can encourage participation in a proactive way.

6.5.5.2 Ignoring

Over half of PD interactions were *ignoring*; that is, care workers carrying on in the presence of a participant as if they are not there. This occurred in two different ways i) by staff members not actively participating in the creative activity and ii) activity coordinators and visitors doing *for* residents instead of doing *with* during the activity.

Staff members passing through communal space carrying on with their usual work would often have a negative influence on the sessions. Residents, activity coordinators and the arts practitioners would become distracted by other activity or conversation:

> *A staff member comes in and talks across the room to the activity coordinator.*
> *DCM fieldnote, Madeira House*

> *A member of management comes in again to deliver the post to people in the room. She doesn't speak to anyone but walks across the room in front of everyone delivering the post to certain individuals.*
> *DCM fieldnote, Madeira House*

Likewise, there were limited or no interactions between the staff delivering refreshments and residents during the mid-way break of the session. Residents were not given a choice of what they wanted as it appeared that staff were focused on delivering refreshments as quickly as possible, failing to

acknowledge the presence of the residents. For most of the 15 minute break the residents did not speak to or interact with anyone despite the presence of care staff.

When activity coordinators or visitors became overly involved in the creative activity, this resulted in instances of *ignoring* for residents. Sometimes this occurred during the TimeSlips storytelling section of the session. When residents did not respond to the arts practitioner's questions, the activity coordinator and the arts practitioner were observed to have their own discussion, effectively excluding some of the residents:

> *The idea is to have a discussion about the poem however, no one comments on the poem except for the activity coordinator. There appears to be a chat between the artist and the activity coordinator about the poem.*
> *DCM fieldnote, Sable Lodge*

> *However this [TimeSlips] exercise also seems to stimulate carers into dominating the direction of conversation. More training with staff on the purpose of the task would enable better understating of the approach and reasoning behind its use.*
> *Imagine Arts programme monitoring narrative report*

Issues relating to *ignoring* appeared in part due to the low facilitator to resident ratio. The arts practitioners felt that they needed extra support from staff to

support individuals who had additional needs, such as hearing or visual challenges, and to keep residents safe.

> *I think what worked well is that I was able to have other people there because there was a number of occasions where it was just me and the group was too big it was too big for me to hold. We couldn't break off into individual work when it was needed or one to one work.*
> *Interview, arts practitioner, dance movement*

> *I've really struggled with the size of the group when I was on my own for two sessions and it felt fragmented and it didn't feel safe.*
> *Interview, arts practitioner, dance movement*

There is a need for further consideration of how to integrate inclusive creative practice into care homes. Ideally, every resident should be afforded the opportunity to participate, regardless of their impairments. However, large group sizes can be challenging for practitioners to manage with little or no support from care staff. Accordingly, there may be art forms which are better suited for larger groups, for example singing. Whereas in this study, the visual arts activity required activity coordinators to provide more support for people with dementia to engage. Similarly, staff who are not actively participating in the creative activity need an understanding of how their behaviour may influence the experience of the session for residents living with dementia.

6.5.5.3 Fun

Another significant aspect of the psychological need of inclusion, is the personal enhancer designated in DCM as *fun*. Kitwood (1997) describes how "play in its purest form has no goal that lies outside the activity itself. It is simply an exercise in spontaneity and self-expression, an experience that has value in itself" (p. 90). In care practice, this would be the use of or response to humour or fun in a reciprocal exchange. Twelve instances recorded as *fun* were identified during observations of the creative arts sessions; occurring mainly from activity coordinator to resident, and arts practitioner to resident.

Activity coordinators responded spontaneously to residents during the session, in a way that appeared enjoyable for both individuals. During the TimeSlips creative storytelling activity, residents were often observed engaging entertainingly with the artwork:

> *The activity coordinator is talking to Betsy about the picture using some of the TimeSlips prompts. They are laughing and joking together. "She hasn't got a decent bust", says Betsy in reference to the classical artwork, and they both giggle.*
> *DCM fieldnote, Madeira House*

As the extract above demonstrates, the activity coordinators would participate in amusing exchanges with the residents. As might be expected, residents were perceived to engage more with the activity when the activity coordinator was interacting with them:

> *The activity coordinator and Rosie are laughing and chatting about the artwork. She is smiling and she looks happy. I notice a big difference in her engagement from when she is sitting on her own compared to working one on one with the activity coordinator.*
> *DCM fieldnote, Sable Lodge*

Rosie's well-being score during this interaction was a +3; this indicates that she was in a positive state of well-being, experiencing considerable engagement and positive mood. *Fun* interactions also occurred between the practitioner and the residents:

> *Doreen hits the balloon and laughs with the member of staff. Ava wakes up and kicks the balloon with her feet. The artist and staff member cheer as she hits it.*
> *DCM fieldnote, Madeira House*

During this time frame, both Doreen's and Ava's behaviour and mood score transition from a B+1 to an E+3. This means that they went from being passively engaged, to engaging with the creative activity with evident enjoyment, resulting in a higher well-being score.

Fun interactions between the residents, arts practitioners and the activity coordinators occurred in a similar manner. The arts practitioner responded spontaneously to the residents, as the following example reveals:

Alma dances with her zimmer frame everyone watches and directs her.

"Challenge!" says the artist, "we'll call this the zimmer frame walk".

Alma laughs.

DCM fieldnote, Madeira House

Creative sessions could provide an opportunity for care staff to engage in positive interactions, such as *fun*, outside of typical caring routines. Observations demonstrated that these types of interactions were largely limited to the activity coordinator, or the arts practitioner, not the wider care team who were generally absent during the sessions. Talking about this issue, the activity coordinator at Sable Lodge stated:

They don't just see the [activity coordinators] as carers they see them as friends or people you can have a laugh too not just "come on let's go to the toilet".

Interview, activity coordinator, Sable Lodge

Despite evidence of *fun* taking place during the sessions, it was clear from both observations and interviews, that these instances were contained within the space that the activity was taking place in. One practitioner commented:

I think [the staff] would enjoy it. They'd be able to view residents in a different light. Enjoy an activity together. It is group cohesion. It could help with communication. I really think there is a missing link there between the staff and the sessions in Madeira House it's like we're in a little bubble. That we're completely apart.
Interview, arts practitioner, dance movement

The findings echo those from the literature review (Chapter 2.9.1) which demonstrated that creative arts sessions provide an opportunity to participate in meaningful interactions (Duignan et al., 2009; Gregory, 2011; Billington et al. 2013; George and Houser, 2014). In some instances, this was hypothesised to play a role in the positive attitude between staff and residents (Duignan et al., 2009). Despite acknowledging the benefits of wider staff participation, the activity coordinator was generally the only staff member present during the sessions to interact with the residents.

6.5.5.4 Belonging and banishment

Belonging (N = 6) as a PE, occurred between the activity coordinator and residents participating in the creative activity. In the following incident the activity coordinator is observed supporting a resident and encouraging her to participate in the sessions, making her feel accepted:

She is sitting holding Adele's hand. She tells her "you have every right to be here". Adele seems to relax at the activity coordinator's words.

DCM fieldnote, Sable Lodge

This resident resided in the secure dementia unit at Sable Lodge, which was separate from the rest of the care home. This was the first and only session that she attended. This resident was seen to benefit from the extra support of the activity coordinator in an unfamiliar situation. The activity coordinator encouraged Adele to feel accepted within the setting contributing to her sense of inclusion. However, because the activity coordinator was focused on supporting Adele, this detracted from others receiving support and attention from her.

Likewise, one resident at Madeira House who had complex needs and generally required more support to participate experienced *belonging*. Doreen would often wander but in this observation the activity coordinator warmly invites her to stay as part of the larger group which she accepts:

Doreen gets up as if she is going to leave. The activity coordinator approaches her and says to Doreen "We'd like you to stay with us". Doreen smiles and resumes the activity.

DCM fieldnote, Madeira House

Whereas in this instance Doreen experienced *belonging*, there were instances where she also experienced *banishment*. *Banishment* undermines the

psychological need of inclusion and is an element of MSP. Instances of *banishment* occurred four times in one care home, in relation to this resident who was excluded from the creative activity.

> *Doreen is still talking to herself. Doreen says "please" repeatedly. The activity coordinator approaches her and asks if she wants to go for a walk – it appears as though she is trying to remove her from the group. The activity coordinator says, "Let's be quiet because we are listening to the lady" Doreen replies, "I don't know what to do now – please". She seems quite distressed.*
> *DCM fieldnote, Madeira House*

> *The activity coordinator approaches Doreen every time she says "please". Doreen says to her "what are you trying to do get me off of the premises?". The activity coordinator says "shall we go for a walk?". Doreen appears to become very distressed and suspicious of the activity coordinator.*
> *DCM fieldnote, Madeira House*

Here, Doreen experiences *banishment*; the activity coordinator attempts to get Doreen to leave the larger group to limit the disruption to the rest of the group. During this timeframe, Doreen was recorded with a well-being score of -5, this indicates that she was experiencing a negative mood accompanied by distress whilst engaged in an interaction. Below are my personal reflections regarding this occurrence:

I feel quite uncomfortable watching Doreen and the activity coordinator interact. Doreen appears to need reassurance, but the activity coordinator responds by attempting to coerce her to leave the session. Doreen seems to pick up on this when she says "what are you trying to do get me off the premises?" I can't help but feel that she has a point. The artist appears unsettled by this too and it is definitely distracting the rest of the group.

Personal research reflections

Creative arts activities are generally accessible for people with late-stage dementia. However, as this case demonstrates some individuals may require additional support to participate in a way which is beneficial. Care staff need to support these individuals to actively engage and participate, whilst not diverting the attention of others. Talking about this issue the practitioner stated:

I think that [this resident] could have been supported a bit better in having somebody with her all the time and thinking about where she was placed in the group as well. Sometimes Doreen would be placed right at the front but then nobody would be with her, the activity coordinator would be right at the other end of the group, so I think that was challenging.

Interview, arts practitioner, dance movement

Part of the process of integrating creative activity into residential care is to identify "what works for whom". The contrasting examples of *belonging* and *banishment* in relation to one resident, demonstrate that Doreen benefited from the support of a staff member or the practitioner; her well-being score increasing from -5 to +3 when the activity coordinator supports her. However, as activity coordinators appear to work in isolation, there are challenges when balancing the needs of the individual versus the rest of the group. There are no formal qualifications and limited training opportunities for activity coordinators working with people with dementia. *Imagine Arts* did provide basic dementia training, which was open activity coordinators, care staff and practitioners. This was not evaluated, but certainly worthy of future consideration.

6.6 Discussion

The objective of this chapter was to examine interactions between care staff and people with dementia during creative arts interventions. Chapter 3.5 introduced the theory that care staff participation in creative arts interventions alongside people with dementia has the potential to improve person-centred care practice. By using DCM as an observational tool, this study was able to look at instances which appear to uphold or undermine the personhood of people with dementia during creative arts interventions. This was accomplished by examining interactions between care staff and people living with dementia during the *Imagine Arts* creative sessions.

During the creative activity, it appeared that activity coordinators engaged in mostly PE interactions with residents, upholding their personhood and increasing their well-being. The results from this analysis suggest that there is an association between PE interactions, when care staff are actively involved in creative arts sessions alongside those they care for.

Kitwood's (1997) theory of positive person work was used for the analysis of the DCM data, and identified three key psychological needs of people with dementia which are upheld during creative activity were identified. These included i) identity, ii) inclusion, and iii) occupation; moreover, this analysis highlights how these needs are addressed by care staff participating in creative activity with residents.

First, creative arts activities in care homes provide opportunities for care staff to engage in the *celebration* of their residents, thus contributing to the psychological need of identity. Creative activity offers the opportunity for care staff to identify residents' existing skills and commend residents' successes, creating a positive atmosphere within the care home, beyond the timing of an external creative programme. Care staff have a greater knowledge of residents than the arts practitioners, and therefore a better understanding of their capabilities. Practitioners have little time during sessions to get to know residents in depth, therefore the innate knowledge of care staff is invaluable to make the activity as meaningful as possible. This was particularly the case with the *Imagine Arts* programme, as over a three-year period the needs and abilities of some of the residents changed.

Second, the activity coordinator played a crucial role in ensuring the physical and psychological inclusion of residents during the creative arts sessions. A study conducted at the beginning of the *Imagine Arts* programme (Broome et al., 2017a) highlighted how artists perceived that large group sizes influenced the quality, delivery and engagement of residents (Appendix 2) One way to overcome these challenges is having the assistance of extra staff members to work with individuals who require additional support. This has the potential to improve the engagement of residents as well as facilitating their inclusion in the activity.

It appears that activity coordinators, or other care staff, would benefit from an understanding of how they can best support residents to participate in creative activities without overly dominating the activity themselves. People living with dementia were empowered to participate in activity when the activity coordinator assisted them to access materials. Likewise, *disempowerment* occurred when the activity coordinator either refused or was not available to offer support to individuals who needed it. This undermined the personhood of that individual and disrupted the rest of the group and creative activity as the practitioner had to support that resident in lieu of support from the activity coordinator.

The findings from the case studies suggest that staff may become overly involved in the creative activity, resulting in interactions which undermine participants' well-being. It would appear that activity coordinators need an

understanding of how they can best support residents to participate in creative activities without overly dominating the activity themselves.

Third, the creative activity appeared to provoke spontaneous, enjoyable interactions between the care staff and residents, thus contributing to the psychological need of *occupation*. As remarked by Zeilig (2014), participatory arts provide an opportunity for play and creation, responding in the moment, which is of value to people living with dementia and their care givers. Our findings demonstrate similar results, as the creative activity provided an opportunity for care staff to interact outside of normal caring dyad routines. However, in both care homes this appeared limited to the activity coordinator.

The mechanisms of positive person work identified in the literature review, namely *recognition, validation,* and *collaboration,* were present in the DCM data to a limited extent. *Recognition* was identified only twice through the observations and did not appear to be directly related to whether or not care staff participated in the session. For example, the following interaction could have occurred at any time, and was not specifically dependent on staff participation in the creative activity:

> *The activity coordinator addresses Rosie across the room who is holding her teddy bear. She says, "Hello Rosie how are you? How is teddy?". Rosie smiles and replies, "He is good – I've also got a baby".*
>
> *DCM fieldnote, Sable Lodge*

Similarly, two out of the three recorded instances of *validation* were initiated by the arts practitioner; for example, the arts practitioner responded in an empathic way to support an anxious resident, meeting the resident's psychological need for attachment. However, these results fail to demonstrate that *validation,* or indeed the psychological need of attachment, could have been met through care staff and resident participation in a creative arts programme.

Collaboration only occurred once between the activity coordinator and a resident during the observations. *Collaboration* refers to a care worker treating a resident as a full and equal partner (Bradford Dementia Group, 2005). There are several possible explanations for why *collaboration* could not be fully realised. First, residents were given little information about the creative activity they were attending. Second, the activity coordinators were the only members of care staff available to participate in the creative activity meaning that they were unable to respond and support every resident to participate in a way which was meaningful.

This analysis has identified PDs occurring during creative activity within a care home context. These findings provide an opportunity to look at ways in which care staff can support residents to actively participate in the creative arts in a more positive way. The most commonly occurring PDs, *ignoring* and *banishment* were often generated by care staff who were not directly participating in the creative activity. Their behaviour during the sessions, for

example interrupting the session or talking over people whilst removing them from the group, may have reflected their low level of engagement with creative activities.

Residents with more advanced dementia were the recipients of a greater number of PDs. For example, out of the 23 PDs recorded in Madeira House, Doreen was involved in 14 of them. Unsurprisingly, this suggests that residents with advanced, complex needs require more support in order to engage in creative activity. Moreover, it also raises important ethical considerations, as each resident should be afforded the opportunity to participate in creative activity, if they wish, regardless of their capabilities or level of cognitive capacity. In practice, with limited facilitator to participant ratios, this may be difficult to implement. The challenge for the activity coordinator is how to support a larger group, whilst ensuring that individual residents receive the assistance they need. Doreen, for example, responded to one-to-one support from the activity coordinator. However, when this support was not available or readily given, there were instances where Doreen experienced malignant social psychology resulting in her personhood being undermined.

Most of the PDs relating to the psychological need of attachment could have simple solutions. For example, a staff member could have been available to support Doreen so that she could participate in the sessions, which may have enhanced the experience for her as well as limited the disruption to the rest of

the group. This, perhaps, would have prevented Doreen experiencing *banishment* and *treachery*.

It was highlighted, in both interviews and observations, that some residents were obliged to attend the creative arts sessions rather than having the autonomy to choose. Although previous research has highlighted the benefits of the arts for people with dementia, it is important to recognise that they may not be enjoyable for everyone. People living with dementia should be given the choice to participate in activities. However, the challenge is balancing gentle encouragement in order to promote engagement without being coercive. Similarly, the participants in this study experienced *objectification* when they were removed from the session prematurely and with no explanation from the activity coordinator. Although it did not appear to be her intention, the activity coordinator alone was responsible for returning her residents to the care home in time for dinner. These factors have implications for resident autonomy and well-being.

The observations depicted in this chapter demonstrate that there are missed opportunities for staff to engage in positive interactions with their residents. For example, during the break in activity when staff delivered the refreshments they could engage in conversation with residents about the activity.

The present study raises the possibility that creative arts programmes can facilitate elements of person-centred care practice, such as positive person work, when care staff are actively engaged alongside residents. This can be

accomplished by providing opportunities for care staff to engage in meaningful interactions, such as *celebration* and *fun*, with people with dementia. Equally, care staff can support people with dementia to engage with the activity through means of *facilitation*, *enabling*, *empowerment* and *including*. The example of *collaboration*, where the care worker engaged with Tillie after a sustained period of negative mood and engagement demonstrates the potential of care staff to positively influence the well-being of people living with dementia.

Sometimes, it appeared that people with dementia required psychological support relating to the psychological needs of comfort and attachment. In these cases, the DCM observations revealed that the arts practitioners provided support in the form of *warmth*, *holding*, *genuineness* and *validation*. However, it is possible that arts practitioners with less experience of working with people living with dementia or in care settings, may have benefited from the support of care staff to meet these psychological needs. Likewise, arts practitioners may find it challenging to meet both the physical and psychological needs of individuals participating in an arts intervention with a high participant to facilitator ratio. The support of care staff in these instances would be important and would potentially prevent people with dementia experiencing *withholding*.

6.7 Strengths and limitations

A limitation of this study is the small sample size. Conducting research in care homes can be challenging and the residents selected to attend the creative arts

session were beyond the researcher's control. Moreover, it would have been useful to conduct a mapping session at a time other than during the creative activity; practically this would have been challenging to implement as not all the residents may have been available. The care homes selected for this study had been involved in *Imagine Arts* from the outset of the project. It may be that other care homes, with limited experience of arts interventions delivered by a professional practitioner, would have provided different results.

This aspect of the study had many strengths such as the high interrater reliability score for the DCM data. I conducted a mapping session with another trained DCM mapper. This process involved introducing ourselves to participants in one of the care homes, conducting a 1 one-hour map and then calculating and discussing the results. We achieved a total concordance of 89% agreement between the two mappers (94% for behaviour category codes and 85% for mood and engagement values (Appendix 14).

By using principles of realist evaluation this analysis enabled me to draw on multiple sources of data. The triangulation of data enabled the DCM data to be examined within the context of the arts intervention giving a deeper understanding to the phenomenon under examination, adding to the rigour of the study. Despite the limitations acknowledged above, this study offers an original contribution to the literature regarding the creative arts in dementia care. This study is one of few to use DCM as an observational method during creative arts activities and is the first to examine instances of positive person

work and malignant social psychology occurring during a creative arts intervention.

6.8 Summary

This chapter explores evidence from DCM observations relating to mechanisms identified in the earlier literature review (Chapter 2.9). The empirical data collected here support the suggestion that mechanisms of positive person work are present when care staff actively participate in creative arts programmes. Despite the fact that interactions were limited to the activity coordinator, there is the potential for other members of care staff to engage in creative activity, and facilitate positive person work. This analysis highlights several issues regarding the practicalities of integrating an arts intervention in residential care. It provides significant evidence that creative arts programmes support personhood in people with dementia, demonstrated through the personally enhancing interactions. Instances which undermine personhood have been identified, which provide a start for understanding how care staff can productively support residents with dementia to engage with the arts in residential settings. Finally, whereas previous literature has concentrated on assessing the impact of the creative arts on the behavioural and psychological symptoms of dementia, this analysis has examined the effect of staff participation in creative arts sessions on the well-being of residents with dementia.

The following chapter provides a discussion of the main findings of this research. It collates insights from the individual studies in this PhD thesis namely, the literature review (Chapter 2), the case studies (Chapter 5) and the in-depth DCM analysis (Chapter 6). Each strand of work is brought together to develop a final programme theory. Moreover, this chapter will explain how this thesis makes a significant contribution to knowledge and methodological innovation in the field of arts and dementia in residential care settings.

Chapter 7: Implications

7.1 Introduction

This chapter brings together the findings from this research and draws together conclusions. It will outline a revised programme theory which is discussed in the context of the initial programme theory developed in Chapter 3. This chapter also includes some practical reflections and implications for the revised programme theory. Finally in this chapter, some of the limitations of this work will be considered as well as directions for future research.

7.2 Summary of findings

This PhD thesis set out to explore how care staff influence the experience of people with dementia participating in arts interventions in residential care. There is increasing recognition of the benefits of creative and cultural opportunities, particularly for people living with dementia. Although research in this field has been conducted in care settings, limited consideration has been given to how care staff impact on the implementation of programmes of arts.

This present study used a realist informed design to explore i) *how* care staff engage with arts interventions in their workplace; ii) *what* outcomes are affected by care staff participation. This was conducted within the context of a real world programme of arts, *Imagine Arts*. It intended to enhance understanding of how creative arts programmes work within residential care

settings. The findings within each chapter have been discussed within a realist informed framework.

The overarching research question driving this research was:

How do care staff influence the access and experience of people living with dementia participating in creative activity in residential care?

In order to answer this question a systematic realist informed literature review examined relevant literature.

The following section collates insights from the studies in this PhD thesis. It brings together findings from the literature review, observations and case studies to highlight how creative interventions can effectively engage and involve care staff.

The literature review presented in Chapter 2 examined the involvement of care staff in creative arts interventions within residential care settings. In order to address this overarching question, the review explored:

i. in what contexts are care staff involved with creative arts programmes in residential care;
ii. what outcomes are influenced by care staff involvement in creative arts programmes; and

iii. what are the mechanisms that influence outcomes when care staff are involved in creative arts programmes?

The findings from the literature review suggested that creative arts programmes, which involve and engage care staff lead to improved care strategies and the validation of personhood in persons with dementia.

In order to test this theory within the context of a real world programme of arts, two realist informed case studies were conducted using mixed methods and analysed. The approach of comparative (dual) case studies was first tested in a successful pilot and then applied to two residential settings. This was an opportunity to empirically test the findings from the literature review and answer the question "what works for whom in what circumstances".

The initial programme theory is outlined in in Box 7.1. It was broadly supported by the study's findings, reported in Chapter 5.12 and Chapter 6.5.

Box 7.1: Initial programme theory

In the context of training, active participation and a favourable environment (C) there will be meaningful activities and positive interactions between staff and residents (M) leading to positive outcomes both for residents and for care practice (O).

Moreover, in addition, this study identified several contextual conditions which appear to constrain care staff participation in arts interventions such as:

- the emphasis on task-based care
- the roles and responsibilities of staff members particularly the activity coordinator, and
- the physical environment of the care home.

In addition, the study included an in depth examinations of interactions between care staff and people with dementia during creative arts interventions using a person-centred care framework. This analysis provided an understanding of which mechanisms of positive person work, and which mechanisms demonstrate malignant social psychology, were present during the arts intervention and how they relate to care staff participation.

The initial literature review highlighted how care staff could be involved in creative arts programmes in the following ways i) training ii) active participation and iii) passive participation. The evaluation of *Imagine Arts* provided an opportunity to examine care staff involvement within the context of a real world programme of arts in residential settings. In both case sites, the activity coordinator was the only staff member who was actively involved and engaged with the creative arts programme, resulting in predominantly positive interactions with residents living with dementia. Instances which produced negative interactions were also identified.

Specifically, this thesis also examined the interactions between care staff and people with dementia during creative arts sessions and how these interactions either promote or undermine personhood in people with dementia. The next section reflected on the intended and unintended consequences of staff participation in the creative arts session using a person-centred care framework.

The findings from this research demonstrate that the arts intervention provided opportunities for the activity coordinator to engage in positive person work with people living with dementia. Likewise, this study has shown that there are missed opportunities for staff, other than the AC, to engage in positive interactions with residents. Possible mechanisms proposed from the literature review included:

- Engagement in meaningful activity as equal participants
- Recognition of the person with dementia as an authentic person
- Validation of the contributions made by the person with dementia

Findings from the case studies and in depth analysis of personal enhancers and personal detractors broadly supported these findings. Additional elements of positive person work comprising of inclusion, fun and celebration were identified.

The study found that activity coordinator participation in the creative activity facilitated resident inclusion. This was particularly important for residents

living with severe cognitive impairment. In case site 1, Madeira House, observations demonstrated that a resident, Doreen, who was living with severe cognitive impairment, benefited from having the support of the AC to engage in the creative activity. When Doreen was supported by the AC her DCM well-being scores improved. However, in contrast, when she was unaccompanied, she was often recorded in negative well-being and experienced instances of malignant social psychology. Similar findings were reported by Buettner and Fitzsimmons (2003) who found that residents with more severe cognitive impairments were less likely to be supported to engage in meaningful activity.

The literature review proposed that residents with dementia had higher levels of engagement when participating alongside their caregivers. Similarly, the case study analysis found similar findings reporting that care staff can support resident engagement in two ways. First, care staff have a greater knowledge of residents than do the arts practitioners, and therefore a better understanding of their capabilities and preferences. External arts practitioners have little time during sessions to get to know residents in depth, therefore the innate knowledge of care staff is invaluable to make the activity as meaningful as possible. Second, the activity coordinator was able to adapt the activity and environment for participants who had mobility, dexterity difficulties such as visual and hearing impairments and cognitive difficulties. The artist working in Madeira House, case site 1, reflected that over the three-year period the needs and abilities of some of the residents changed, therefore the AC assisted in overcoming some of these barriers to engagement.

Care staff play a role in facilitating the access of residents to creative sessions. The DCM observations and analysis highlight how staff determined which residents would participate in the creative activity. In both the artist comments, and my personal reflections, it was noted that residents seemed to be obliged to participate, effectively depriving them of their autonomy. Careful consideration of participants' aesthetic preferences and interests should be considered before implementing, as well as evaluating, creative arts interventions. De Medeiros and Basting (2013) highlight the promising nature of interventions personalised to needs and interests; they suggest a prior screening by asking the individual, care staff or family members to identify participant interests. This is important in preserving the autonomy of people with dementia living in residential care.

Nonetheless, the creative arts activities fostered fun and enjoyable interactions between the AC and the residents. The observations recorded spontaneous laughter and enjoyment during the creative activity. There have been suggestions that playful pursuits can be facilitated through co-creativity using the arts (Zeilig et al., 2018). Similar findings were reported by Swinnen and de Medeiros (2017) in an exploration of the meaning of "play" in two participatory arts programmes. They suggest that play concerned "connecting emotionally to other people and having the freedom to express oneself" (p. 8). The activity coordinator in case site 2, Sable Lodge, who was a former care worker, reported that the residents see activity coordinators as friends rather than just assisting with physical care needs. The case studies also highlighted

how creative arts intervention provided an opportunity for care staff to engage with residents outside of normal caring routines. Therefore, it is possible that involving staff in creative arts interventions may positively alter the relationship between residents and staff as depicted in studies in the literature review.

Opportunities to engage in interactions outside of regular caring routines potentially changes the perceptions of those who provide and receive care. Again, this phenomenon correlates with the concept of co-creativity. According to Zeilig et al. (2018), co-creativity through the creative arts "extends an invitation to participate in a shared and playful pursuit that allows unique opportunities for communication, expression and glimpses into people's interior worlds" (p. 8-9). In the literature review, this mechanism was interpreted to be 'care staff recognition of the person with dementia as an authentic person'. However, this was not apparent in either of the case studies in this research. Previous research has demonstrated that positive interactions during a creative session can to reduce the power differential between people with dementia and facilitators (Swinnen and de Medeiros, 2018). This phenomenon is certainly worthy of future consideration, particularly in care staff other than the activity coordinator, who perhaps are less likely to have support to engage in interactions outside of physical care.

From the literature review it was suggested that staff who participate in creative arts sessions come to value the contributions made by people living with dementia. This was evident in both case sites, where staff celebrated the

accomplishments of the residents, this in turn contributed to the sustainability of the programme within the care setting. The Baring Foundation report on Creative Care Homes (Cutler et al., 2011) states how celebrating and sharing achievements is important for integrating creativity into care home life. Similarly, the findings in this study suggest that staff who are included in the creative activity, such as ACs, can continue to celebrate residents' achievements beyond the duration of the creative arts session. A possible implication of displaying residents' artwork is that it gives other care staff, aside from the AC, and families, the opportunity to participate in the positive experience highlighted by Kitwood (1997) as *celebration*. Moreover, celebration provides a legacy for the programme of arts as the ACs highlighted their wish to display residents' artwork both to show what they had accomplished and as a reminder of their participation in *Imagine Arts*. There is also the possibility that the displaying of residents' artwork and achievements may continue to foster celebratory interactions longer term within the care setting, and may also contribute to meeting the psychological need of identity in people living with dementia.

Mostly, the opportunity to participate in creative activity together had positive outcomes. However, there were occasions when the activity coordinator would take over the process activity, making things for the residents rather than supporting them to participate themselves. This resulted in negative interactions and the diminishment of the autonomy of the person living with dementia. Previous evaluations have illustrated how active participation in activity enables people with dementia to find meaning in their lives, preserving

their sense of identity and autonomy (Phinney et al., 2007). Therefore, staff who support residents to participate in creative activity should consider how they can support the person with dementia without reducing their autonomy. In this study this was particularly the case during the visual arts intervention, where an outcome of the session was a creative product. As discussed in Cousins et al. (2018), both product and process feature as principles of creative arts interventions. A tangible product can harness existing skills and contribute to a sense of accomplishment in people living with dementia. Likewise, involvement in the creative process, and co-creativity also have benefits. The challenge, it would seem, is finding a balance between enabling and facilitating the participation of the person living with dementia.

The analysis of the DCM data revealed that there were missed opportunities for staff to engage in meaningful shared activities and interactions with those they care for. Different outcomes, such as instances of malignant social psychology, were triggered predominantly by staff who were not directly involved in the creative arts session. For example, *ignoring* occurred when staff dispensing tea and biscuits demonstrated a lack of emotional engagement with residents, often with no communication or interaction.

It appears that, in order for care staff, other than the activity coordinator, to fully engage with residents in a creative programme, it is necessary to have a care culture that promotes the social and emotional well-being of people living with dementia. This includes enabling staff to support and engage with residents on a meaningful level, such as within the setting of a creative arts

programme. Findings from the literature review reported that care staff were accepting and understanding of the benefits that creative arts programmes may offer. However, the case studies demonstrate that in some settings this viewpoint was restricted to the activity coordinator. One interesting finding demonstrated in the case studies was the distinct divide between staff who provide activities and those who provide physical care. Similar findings were reported by Brooker and Latham (2016) when describing the VIPS programme: "If activities were viewed only as the domain of certain staff or something that only happened when spare time was available or when an event was happening then the culture did not result in positive care experiences" (p. 101).

Nevertheless, the training or mentorship of care staff appears to be a successful contextual condition which contributes to positive outcomes and the sustainability of the arts programme in the care setting. The literature review proposed that this may occur in the following ways: training to facilitate creative activity independently (Fritsch et al., 2009; George and Houser, 2009; Guzmán et al. 2016;), skills training from creative methods (Hsu et al. 2015; Mathews et al., 2001; Boersma et al., 2016a; Gregory, 2011). The case studies exemplified how the mentorship of the activity coordinators by an arts practitioner encouraged them to actively engage, participate and sustain creative activity in their workplace. Interviews with the activity coordinators illustrate how they gained new skills and confidence to provide creative activity independently and forged links with the wider cultural community. These findings are testament to the legacy of the *Imagine Arts* programme and

demonstrate the potential for the creative arts to have a lasting impact within a residential care setting. However, the findings did not provide evidence that this impact extended to care staff other than the activity coordinator.

The high turnover of staff presents one barrier to the sustainability of creative arts in care settings. It has been reported that half of the social care workforce leave within three years (Skills for Care, 2018). It so happened that the activity coordinator from Madeira House left her post shortly after the end of the *Imagine Arts* programme, so consequently the skills and momentum gained would potentially have been lost.

Organisational features such as the routines of the care home, staff availability and rotas and work priorities typically prevented or provided obstacles to staff participation in the creative programme. The care home environment typically focused on task-based care, leaving little opportunity for staff to freely engage in the creative activity. Research conducted by Lawrence et al., (2012) highlighted how staff skills, time and attitudes influence the implementation of psychosocial interventions in residential care.

The spatial geography of the care home meant that the impact of the creative activity was largely limited to the space it took place in. Furthermore, in both case sites the venue appeared to act as a barrier to other staff participation. The spaces were both closed off to the rest of the care home, limiting other passers-by from witnessing or engaging with the activity. The analysis did demonstrate the importance of staff presence in overcoming logistical challenges associated with the geography of the care home. This was

particularly true for ensuring the inclusion of residents by rearranging furniture and removing artificial barriers. Yet, it also meant that some residents were obliged to attend and stay in the sessions as they were dependent on staff for transportation to and from the activity.

To summarise, these findings demonstrate that the creative arts have the potential to promote positive person work in residential care settings. Admittedly, some of these mechanisms may have occurred through resident interaction with the practitioner.

There is scope for workforce development if care staff are supported to work creatively with their residents. It is possible that this would be a relatively inexpensive way to improve positive person work in care settings. Likewise, episodes of malignant social psychology could be minimised through simple solutions such as:

i. ensuring people with dementia are given a choice regarding attendance at creative sessions;
ii. giving staff the knowledge of the session so that they can assess how best to support the engagement of people with dementia; and
iii. making reasonable adjustments for people living with dementia who require additional support to engage in activity.

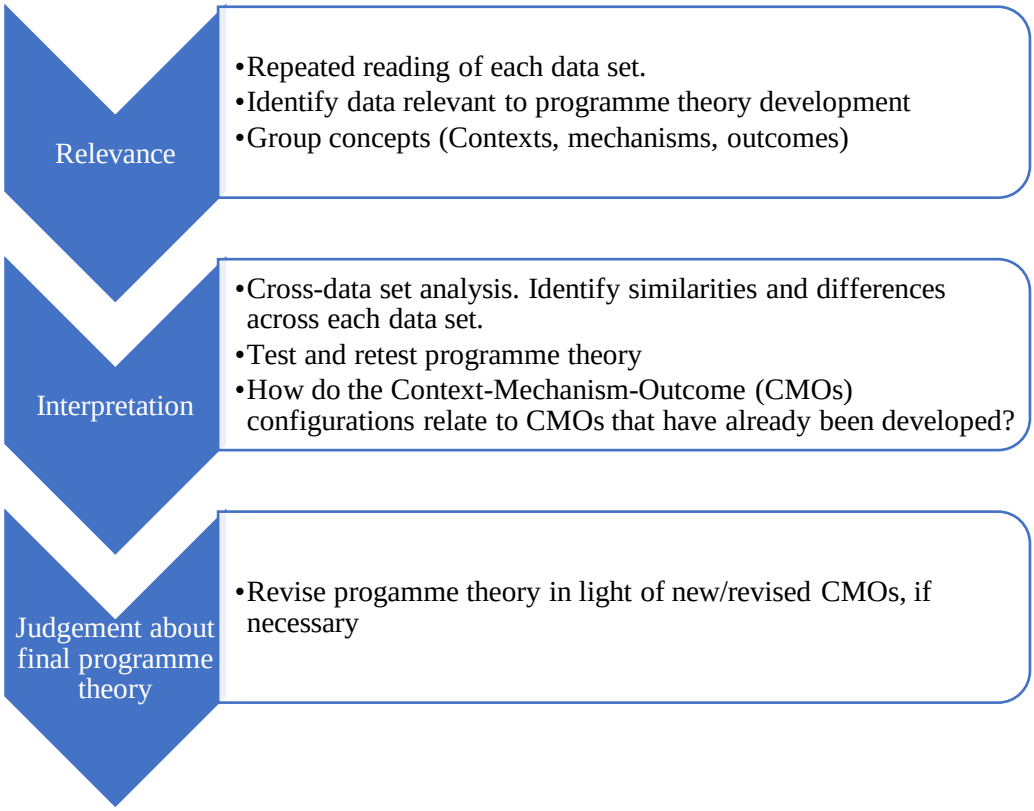
7.3 Synthesis of final programme theory

The following section outlines a revised programme theory about what conditions are optimal for enabling care staff to participate in creative arts interventions alongside people living with dementia. In writing about realist approaches Wong (2013) states: "the key analytic process in realist review involved iterative testing and refinement of theoretically based explanations using empirical findings in data sources" (p. 10). The final programme theory comprises of findings from the literature review (Chapter 2), and empirical data from the comprehensive case studies (Chapter 5) and the Dementia Care Mapping (Chapter 6).

The findings from each chapter were consolidated into a revised programme theory using a cross-data set analysis. This involved moving within and across each data set looking for patterns and associated mechanisms and contexts and putting together revised Context-Mechanism-Outcome configurations. This process is outlined in Figure 7.1. First each data set was re-read repeatedly for familiarisation and then analysed independently. Instances of the data which responded to the realist concepts of context, mechanism and outcome were identified and a judgement made on relevance to the initial programme theory (Chapter 3, Section 3.5). Any concepts which were potentially deemed relevant but did not relate initially to the programme theory were put in a concept box; these concepts were then later re-read to identify potentially relevant CMOs. Next, the CMOs across each data set were compared; a matrix was used to facilitate cross-case analysis. Columns in the matrix referred to

the realist concepts of context, mechanisms and outcomes. Extracts from each data set which were similar or different and either confirmed or refuted the initial programme theory were entered into the matrix. Particular attention was paid to how each piece of data related to each other and how they linked to the mechanisms and outcomes of interest. Concepts were then clustered into themes and a judgment was made whether the data supported the programme theory, or whether revisions were necessary. The synthesis of the final programme theory was iterative, and involved re-reading each data set multiple times, iterating the programme theory forward using the process outlined in

Figure 7.1 Synthesis of final programme theory



Whilst the literature review was a useful starting place to explore the influence of care staff involvement in creative arts interventions, the case studies highlighted additional contexts, revised mechanisms and outcomes. Tables 7.1, 7.2 and 7.3 demonstrate how each piece of data contributed to the final programme theory. Moreover, examples from each data set have been used to illustrate how this concept relates to the revised CMOs.

The perspective of this programme theory focuses on the process and implementation of the arts intervention and how it was seen by those responsible for its delivery or for the care of the recipients. Therefore, it is a step removed from the voice of people experiencing the arts programme. Although the DCM data set captured data relevant to the theory being tested, this programme theory lacks the voice of people living with dementia who could confirm of refute the findings. Section 7.5.1 outlines the limitation of this approach and suggests way in which future research could incorporate the voice of people living with dementia.

Using a realist synthesis approach allowed for the refinement of a programme theory which furthers our understanding of how creative arts programmes can be implemented in care settings at a theoretical level. By using and moving between each data set, I have been able to identify, evaluate and refine a programme theory and suggest contextual features which enable care staff to participate in creative arts interventions thus promoting mechanisms which result in positive outcomes for people living with dementia. This has

developed our understanding of creative arts programmes in care settings on a theoretical and practical level.

In summary, the revised programme theory integrates findings from the realist review with new CMOs from the case studies; this provides guidance for future practice and research when implementing creative arts activity in residential care.

Table 7.1 Contribution of data sets to final programme theory - contexts

	Contexts			
		Example of contribution of data sets to final programme theory		
		Literature review (Chapter 2)	**Case studies (Chapter 5)**	**Dementia Care Mapping (Chapter 6)**
Revised contexts in final programme theory	**An environment that can be adapted to incorporate creative activity**	Example: When implementing creative activity consideration should be given to the routines of the setting and the physical environment	Example: Working with the routines of the care setting	
	A care culture that promotes social and emotional wellbeing and enables staff to support residents to engage in	Example: Staff are enabled to participate in creative activity as part of their daily care routine	Example: Staff focus on task-based care over social and emotional wellbeing.	Example: Staff can fulfil the psychological needs of residents by participating in creative arts interventions
	Training/mentorship of care staff in creative arts methods	Example: Training in creative methods e.g. TimeSlips/Music therapy techniques	Example: Activity coordinators relationship with arts practitioner. Mentorship	
	Staff passively engage with the creative arts in a supportive /practical role	Example: Staff attend to support residents to actively engage		

Table 7.2 Contribution of data sets to final programme theory - mechanisms

		Mechanisms		
		Example of contribution of data sets to final programme theory		
		Literature review (Chapter 2)	**Case studies (Chapter 5)**	**Dementia Care Mapping (Chapter 6)**
Revised mechanisms in final programme theory	• **Engagement in meaningful activity as equal participants** • **Physical and psychological inclusion of the person living with dementia**	Example: Engagement in meaningful activity as equal participants	Example: Inclusion. Staff facilitating engagement for individuals who require extra support.	Example: Staff enabling and encouraging residents to be involved and feel physically and psychologically included.
	• **Recognition of the person living with dementia as an authentic person** • **Positive interactions with person living with dementia**	Example: Recognition of the person living with dementia as an authentic person	Example: Fun. Interactions outside of normal caring routines between staff and residents	Example: Staff use humour or fun in a reciprocal exchange.
	• **Validation of the contributions made by the person living with dementia** • **Celebration of the success of person living with dementia**	Example: Validation of contributions made by person living with dementia	Example: Celebration. Sharing in the joy of residents achievements.	Example: Recognising and delighting in the achievements of residents, making residents feel valued and competent.

Table 7.3 Contribution of data sets to final programme theory - outcomes

	Outcomes			
		Example of contribution of data sets to final programme theory		
		Literature review (Chapter 2)	**Case studies (Chapter 5)**	**Dementia Care Mapping (Chapter 6)**
Revised outcomes in final programme theory	**Staff gain transferable skills contributing to the sustainability of arts programmes in care settings**		Example: Staff development and sustainability. Transferability of skills. Inspiring new and innovative practice.	
	Improved quality of care which person living with dementia receives	Example: Improved care practice. Staff gain knowledge of resident, challenging existing perceptions of dementia. Positive staff-resident interactions.	Example: Transferability of skills.	Example: Instances of positive person work uphold the personhood of people living with dementia during creative arts activity.
	Enhance communication, confidence and engagement with creative activity	Example: Increased engagement in activity.	Example: Improved confidence of all participants. Staff supporting engagement	Example: Celebrating residents' successes contributed to their confidence.
	Preserving the autonomy of the person living with dementia		Example: Doing *with* instead of *for*.	

7.4 Revised programme theory

The final iteration of the programme theory is outlined below with descriptions of how each chapter has contributed to the final overall programme theory described below.

Figure 7.1 outlines a revised explanatory theory about what conditions are optimal for enabling care staff to participate in creative arts interventions alongside people living with dementia. There are several contextual conditions which evidently need to be in place in order for care staff to actively engage in creative activity.

- A physical environment that can be adapted to incorporate creative activity. This includes working with the routines of the care setting to ensure that both staff and residents have the opportunity to participate in cultural activity.
- A culture that gives staff the autonomy to engage in creative practice with residents. That acknowledges the importance of residents' social and emotional well-being and enables staff to support residents to meet occupation and identity needs through participation in creative activity.
- Training or mentorship for activity coordinators, or other care staff, in order to enhance their confidence and comfort with creative activity.

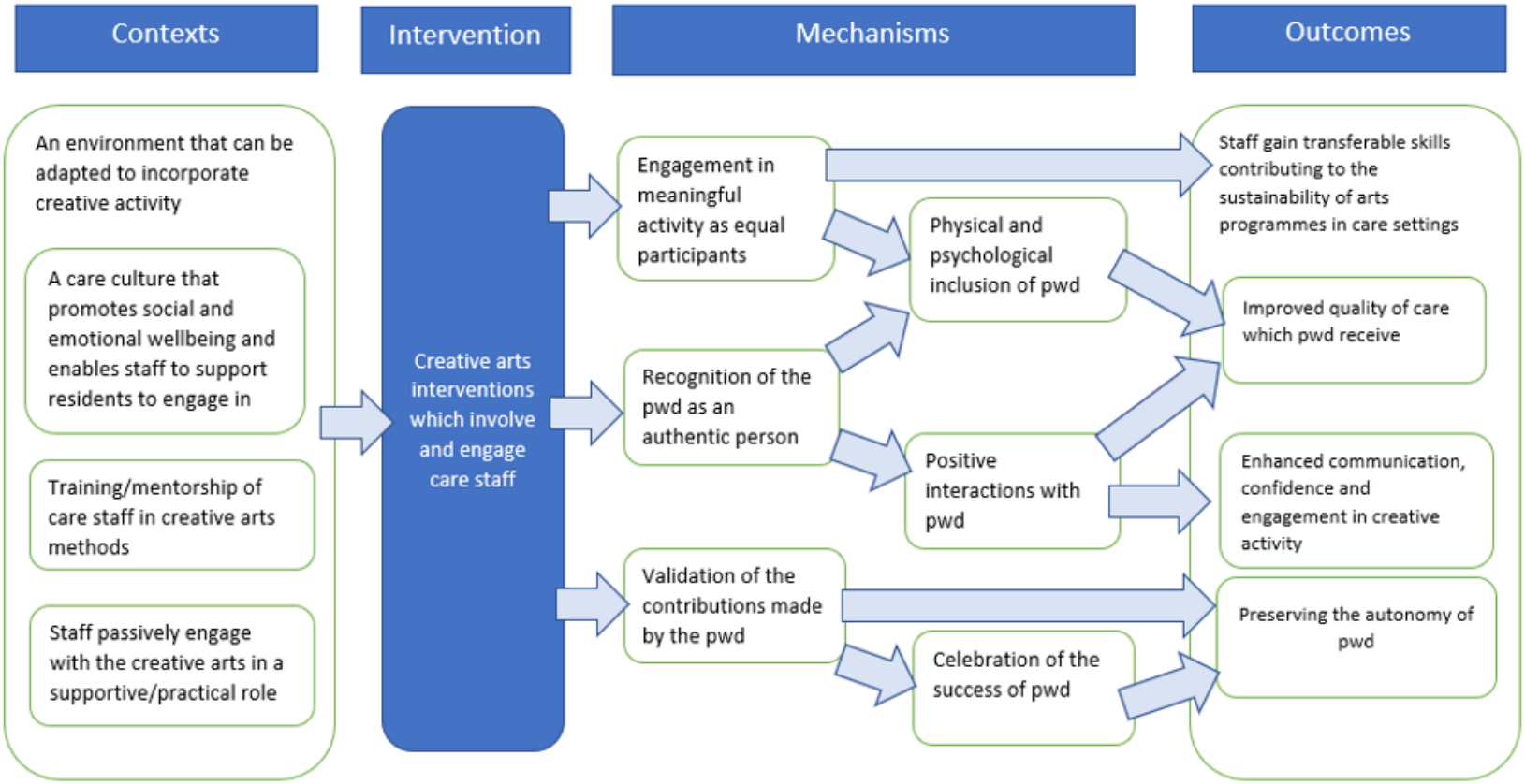
- Staff have an understanding of how they can support residents to engage effectively in the activity and are enabled to deliver this support.

When these conditions are in place, it is likely that there will be positive interactions between care staff and people with dementia resulting in the recognition of the person with dementia as authentic and valuable. In essence following mechanisms have the potential to be triggered.

- Engagement in meaningful interactions between care staff and people with dementia.
- Validation of the contributions of the person with dementia.
- These actions culminate in the recognition of the person with dementia as an authentic person, living beyond the disease, with potential and ability.

Key outcomes of activity coordinator engagement in creative arts sessions appear to be to promote the sustainability of the arts programme within the care setting. This enables creative activity to be facilitated, by the activity coordinator, in a cost effective manner beyond the timing and funding of an external programme. However, challenges lie in convincing management and commissioners of the benefits of creative arts in care settings in order for them to be accepted and prioritised alongside the physical care of people with dementia.

Figure 7.1: Explanatory CMO theory for engaging care staff in creative arts interventions



Pwd = Person living with dementia

7.5 Practical application of revised programme theory

The final programme theory reported in the previous section has a number of important implications for future practice, and these insights may be translated to other care settings. The following section sets out some practical recommendations for implementing creative arts activities in care settings based on the findings of this research.

The study's findings provide insight into the contextual conditions which can be developed to trigger the success of mechanisms, resulting in positive outcomes in practice. The physical environment of the care home can be challenging to conduct arts interventions in (Hatton, 2014). For an arts intervention to be successful, consideration should be given to the environment of the care setting and how organisational factors may influence the delivery of the creative session. In this study, the activity coordinators were productive in overcoming the logistical challenges of the care home space to ensure resident participation and engagement. In practice, this may mean rearranging furniture and considering the routines of the care setting for example doctors' visits etc. A reasonable approach to address these challenges would be for practitioners to visit the care setting prior to the commencement of a programme of arts. This would allow them to hold discussions and consider how to deliver their creative session whilst taking into consideration the demands of the care setting.

Likewise, a briefing between external arts practitioners and care staff would be beneficial. This would create open dialogue between the two parties to discuss how they can work collaboratively to support residents to engage effectively with the creative activity. The case studies demonstrated how the activity coordinator played a key role in including residents physically and emotionally in the arts intervention. Arts practitioners often have little time to assist residents requiring extra support due to large group sizes; therefore the activity coordinators' knowledge of residents' interests and abilities and the foundations of their relationship may assist with resident participation and inclusion. The DCM data revealed that residents with more advanced dementia were more likely to have their personhood undermined during the creative activity. A practical solution would be to identify residents who require additional assistance prior to the creative session and ensure that they have a member of staff to support them. Indeed, it would be beneficial to have additional carers in the too support other residents whilst the activity is taking place. Having time protected to support the implementation of arts programmes would legitimise staff involvement in the activity and give staff permission to support residents to engage in creative activity.

The case studies demonstrate that activity coordinators are well-positioned to contribute to the successful implementation of creative arts activities in care settings. This is particularly true when they are mentored by professional artists and have the opportunity to learn and apply new creative techniques in their work. Upskilling and training activity coordinators contributes to the sustainability of arts programmes in care settings. Effectively, activity

coordinators can become creative champions within their workplace. Programmes which include mentoring and training potentially raises the status of activity coordinators within care settings. Likewise, there are opportunities for care staff, other than the activity coordinator, to work creatively with residents between scheduled formal arts sessions, for example caregiver singing. Residents would benefit from having opportunities to engage with staff creatively; this also has the potential to maintain the impact of the creative session beyond the timing of an external programme.

The National Dementia Strategy calls for increased education and training for the care workforce (Department of Health, 2009) and arts based approaches have been used in dementia care education (Zeilig et al., 2015). Therefore, creative arts training, which supports mechanisms of person-centred care, may be one avenue worthy of future consideration. However, given the reality of high staff turnover rates, the need for the continuation of training would appear to be an important context to embedding creative activity in residential care and to promote new learning and encourage all care staff to participate in creative programming. Future research could consider whether involving and training staff in creative activity impacts intrinsic job satisfaction and staff turnover rates.

In reality, care staff have limited time and resource to devote to the psychological and emotional needs of residents. A way to usefully disseminate the findings from this study, in a way which is practical and meaningful, would be to develop a tool kit for care staff. This information could be used to

develop creative interventions in care settings, support their delivery and enhance the experience of people living with dementia. The toolkit might include considerations such as:

- Knowledge of attendees including their skills, abilities, and aesthetic preferences
- Accessibility – ensuring that residents have access to the sessions.
- Access needs. Ensuring that residents have their access needs met for example hearing aids or glasses.
- Location of creative session – whether there is a dedicated space for creative activity or whether it will take place in the dining/living room.
- Timing of creative session – to ensure that it does not conflict with the routines of the care setting or add additional workload to care staff.
- Setting up the environment - this may include moving furniture, ensuring there are tables to work at, space for movement.
- Theme of the session – based on the knowledge and preferences of residents.
- Resources which are necessary or may enhance the creative session for example Wi-Fi, CD player, musical instruments, visual and tactile props, sensory resources.
- Prepare residents for what will be happening.
- Maintenance – ideas about how staff can maintain the impact of the sessions for example by celebrate the success of the residents and

sharing the success within the care setting, family members and possibly the wider community.

The revised programme theory shows that when certain contextual conditions apply, positive interactions such as inclusion, fun and celebration, occur between care staff and people living with dementia. Care staff face challenging working conditions and often feel underappreciated (Razavi and Stabb, 2010); it is possible that these positive interactions have benefits for care staff as well as people living with dementia. The APPG (2017) report suggests that care staff may benefit from participating in cultural experiences. The findings from this study can be used to develop creative interventions which aim to include care staff. Residential facilities have additional pressures, compared to day centres, in order to complete additional caring tasks, therefore this programme theory should be tested in other care settings to establish if the organisational structure influences the way in which the arts intervention is delivered.

It is evident that a culture change is still required in order to fully embed creative arts practice in care settings; the reality is that without support from the wider care and leadership team embedding creative activity within daily care routines, there remains challenges in implementation and maintenance. Managers still need persuading of the intrinsic value, and ancillary gains for staff participation in creative activity in care homes. At the time of this study there is an economic climate of austerity and an increasing pressure on care facilities to provide care and support with limited resource. Indeed, the Imagine Arts baseline study highlighted how expense was one obstacle to arts

integration (Broome et al., 2017a). Despite Imagine Arts demonstrating a good social return on investment (Bosco et al., 2019), there is still some way to go to convince stakeholders of the benefits.

Consideration should be given to the long-term implementation of creative activity in care settings prior to the commencement of a programme of arts. In particular, awareness needs to be raised about the benefits of creative activity such as staff spill over effects and transferable skills which can be used beyond the timing of an external programme. In designing a programme of arts, it would be worthwhile exploring the sustainability of the programme and how it can become embedded as part of the routine of the care setting and daily care practice.

The findings from this research demonstrate that it is feasible to deliver high quality arts activities in care homes (Broome et al., 2018). Care staff have an understanding of what is meaningful to residents, as well as knowledge of their skills and abilities. Therefore, collaboration between arts practitioners and care staff is important to ensure that people living with dementia are fully able to participate in creative activity in care settings. The revised programme theory offers a basis to guide the implementation of creative activity in care settings, highlighting some important contextual conditions which are necessary to trigger mechanisms of positive person work. Moreover, the findings highlight that in order to be successful, future creative arts programmes should be developed in collaboration with staff in any care setting.

7.6 Discussion

Despite the abundance of literature examining creative arts in care settings this research is one of the first to highlight the importance of the role of the activity coordinator. The evidence presented in this thesis demonstrates how care staff, in particular the activity coordinator, can uphold personhood in people living with dementia during creative arts interventions through mechanisms of positive person work. Moreover, it highlights how other staff influence the experience of people living with dementia and provides suggestions of how their behaviour can result in different outcomes. Thus, this thesis provides a new perspective of existing knowledge on both the creative arts, and person-centred care.

These findings add to the knowledge base on arts, dementia and care settings, with respect to both methodology and theory.

The All-party Parliamentary Group (APPG) on Arts, Health and Wellbeing (2017) suggests that positive examples of how the arts can benefit the social care section "would encourage care home providers to secure culturally stimulating environments for their residents and staff and incorporate the arts into care packages." (p. 129). This report has also advocated a realist approach to evaluating creative activity (APPG, 2017). Despite the growing acknowledgement that realist synthesis and evaluation methodology can be used to understand, shape and inform the evaluation of creative arts programmes, at present, there is limited published research using this approach

(Windle et al., 2018). Therefore, the present study extends our knowledge of how creative arts programmes can be implemented in care settings by looking at "what works, in what circumstances, for whom".

By incorporating elements of realist methodology into the research design, I was able to test an initial programme theory developed from critical examination of existing literature and apply it within the context of a real world programme of arts. In this way, this research has suggested casual mechanisms which are activated when care staff participate alongside people with dementia in creative interventions. The programme theory has been developed in line with these findings and affords an empirically-based framework for future research. In this regard the present study has contributed to theory concerning the arts and dementia in residential care homes.

This study has implications for the design of future research evaluating creative arts interventions. Dementia Care Mapping, to my knowledge, has been used a limited number of times to assess creative interventions such as music therapy (Hsu et al., 2015) and reminiscence art sessions (Keating et al., 2018). Therefore, this adds to the growing body of research that indicates that DCM is appropriate for use as a research tool, and in the evaluation of creative arts interventions (Algar et al., 2016). Moreover, this study is the first to examine associations between the creative arts and positive person work using DCM. This has gone some way to enhance our understanding of how personhood can be either undermined or upheld during a creative session involving people with dementia.

This research is also one of the first studies to consider the implication of care staff involvement with creative arts on positive person work. By using a person-centred care framework, this research has highlighted which elements of positive person work are enhanced through care staff participation in the arts.

This study used an innovative approach by conducting a pilot case study. By using this approach, I was able to test the feasibility of a case study approach within the context of the *Imagine Arts* programme and adjust my research design accordingly. It also enabled me to develop and refine the coding schema used for the data analysis.

7.7 Limitations

One limitation of this research that it is not possible to definitively demonstrate that the arts intervention was the cause of all positive interactions between the AC and the residents. Comparison observations conducted with a control group, or comparing a different activity, could have been conducted to explore whether the same effect could be replicated by normal activity. Likewise, the number of DCM observations were limited due to the *Imagine Arts* programme timing, therefore they may not have captured an accurate representation of PEs and PDs and resident well-being over a longer period of time. The impact of individual differences could perhaps have been documented by pairing staff and residents and noting changes over time.

This research had a small sample size, involving only 20 people living with dementia, four care staff and two arts practitioners involved in a creative arts programme in two care settings. Consequently, there is limited generalisability to other care settings such as day centres and hospitals, therefore future research would be valuable to explore the role of care staff in these settings. Nevertheless, by extending existing theory on arts and dementia care by this study does contribute to theoretical generalisability (Mason, 2002), enhancing our understanding of how the creative arts can be implementing in care settings to have the most benefit.

A limitation of this work is the omission of a discussion around the hierarchical power relationships within a care home setting. This can result in a care home manager having the influence and power to coerce staff participation in a research project or to create barriers which prevent interested employees from being able to participate or engage with the work being undertaken. An investigation into a care home hierarchy would have to take into consideration ethical elements as well as bias and the credibility of the employees' views and the overall impact this would have on the research findings. To mitigate against such interference, it consideration could be given to work with staff off site out of working hours. This would potentially involve paying participants.

A criticism of this study is that it does not include the voice of people living with dementia. It was clear from observations during the pilot studies that

interviewing some of the participants would not be feasible. I always thanked the participants of the Imagine Arts sessions and it was during these interactions I discovered that these individuals, some of whom were non-verbal, did not remember taking part in the session. It would not have been ethical, in my opinion, to have conducted a semi-structured interview with people living with dementia, whose cognitive abilities were compromised. For this reason, I sought an alternative way to collect data illustrating the voice of the participants. Therefore, I decided to used DCM in favour of qualitative interviews (which I had originally intended to use to talk to people with dementia). In this research DCM was decided upon as it makes a serious attempt to take the standpoint of the person with dementia. Moreover, DCM has been suggested as an observational tool which can provide sound data on the quality of life of people with dementia who are unable to self-report (Algar et al., 2016). It has been suggested that observational methods may be appropriate for individuals who find it challenging to communicate verbally due to their dementia (Hubbard et al., 2003). Despite this limitation, the DCM observations provided a wealth of data regarding the participation of people living with dementia both in terms of well-being, mood and engagement, positive person work and malignant social psychology. The DCM observations supplemented by the fieldnotes captured small changes in behaviour and interactions. By using multiple methods such as observation, interviews, documents and fieldnotes the data was triangulated, this enhances the rigour of the case study research (Swanborn, 2010).

7.5.1 Accessing the voice of people living with dementia

There are documented challenges accessing the voice of people living with dementia in research. Due to the nature of the condition people with dementia often experience cognitive, perceptual and communication difficulties (Dewing, 2002). Lloyd et al. (2006) identifies a "complex dilemma of determining the extent to which individuals' responses are being limited by their inability to express themselves verbally, and how much they simply reflect a lack of comprehension or insight" (p. 1394). Other challenges to include people with dementia in research include consent, as discussed in Chapter 4, Section 4.6.1. Informed consent is fundamental for research, and can be particularly problematic when individuals, such as people living with dementia, may lack the capacity to consent or provide ongoing consent (Lloyd et al., 2006; McKeown et al., 2009). Moreover, dementia is progressive, and the impact of this condition on an individual's verbal capacity may fluctuate over time. Indeed, Hubbard et al. (2003) highlight how researchers should consider how participants' abilities may fluctuate over time and allow for flexibility in the research design to compensate for this. Verbal challenges experience by people living with dementia may include dysphasia, which may cause "difficulties with perception, recognition, comprehension and expression of language" (Murphey et al., 2004).

Despite the aforementioned difficulties, there has been a notable shift with dementia activists and groups such as the Dementia Engagement and Empowerment Project (DEEP) and Alzhimer's Europe who advocate the lived experience of dementia and provide recommendations for including people

living with dementia in the research process (Gove, 2018). Previous literature has identified strategies to maximise the engagement of people with dementia in research.

Strategies to enhance the inclusion and engagement of people with dementia in research have been evidenced in reviews (Murphy et al., 2015). Methods which enable people living with dementia to participate in research include interviews (Allan, 2001), focus groups (Bamford and Buce, 2002), photography (Mitchell, 2006) and participatory video (Capstick, 2009). One review identified four main strategies for qualitative interviews for people living with dementia which include: gaining consent, maximising responses, telling the story and ending on a high (Murphy et al., 2015).

There are alternative approaches to including people living with dementia in arts and dementia research. Photography and videography presents an avenue which could be used in future arts and dementia research. This approach has been uses by the Dementia, Arts and Wellbeing network (DA&WN). This network aimed to promote the views of people living with dementia, share creative approaches, integrate multi-disciplinary perspectives and develop creative outputs to disseminate. This network conducted a series of workshops on specific art forms including dance, visual art, theatre and music. The programme evaluation used still and video photography, participant note taking and snap surveys. The results were then presented back to the participants. This programme included 21 people living with dementia and their carers and expressed valuing the opportunity to try new activities and

contributing to the sessions. This project documents a novel and engaging way to collaborate across disciplines, and include people with lived experience of dementia (Tischler et al., 2019).

Researchers have also adapted traditional qualitative methods such as diaries to facilitate the inclusion of people living with dementia. This included modifying the conventional diary method to include photographs and audio accounts; the result being a method which engaged people with dementia equally, affording greater control to the participants (Bartlett, 2012).

Other approaches include using non-verbal methods. Talking MatsTM have been used to assist frail older people living in a care homes to communicate their experiences. This method uses picture symbols to assist people who have difficulties communicating, to understand and respond more effectively (Murphey et al., 2004). They comprise of three sets including: i) topics being explored, for example activities, environment, people and self, ii) options relating to each topic and iii) scales to document how participants feel about each topic. This visual method can be video recorded which allows for the analysis of non-verbal behaviours. Other researchers have used ethnographic participant observation to observe nonverbal communicative behaviours in older people with dementia in a care setting (Hubbard et al., 2003). The results of this study demonstrated that people living with dementia use nonverbal behaviour in a meaningful way including to enhance verbal communication. However the authors of this study refer to the implications of this study for care practice rather than research tools. Nonetheless, when using DCM, I

attempted to capture any nonverbal behaviour in my qualitative complementary fieldnotes, for example the tapping of a finger or clapping to music. These responses were particularly pertinent for participants who rarely exhibited any verbal expression.

Another way to incorporate people living with dement in research is to include individuals who are living with early stage dementia. In this way, people with dementia can become co-researchers; this would enable researchers to access their perspectives or what they have seen through the methods previously mentioned such as interviews and focus groups or by presenting and analysing video or photographic data. A literature review examining peer-research for older people, including people living with dementia identified benefits such as enriched data and empowering people living with dementia (Di Lorito et al., 2019). This review also acknowledged challenges such as power differentials, issues of representativeness and practical issues which should be taken into consideration when conducting peer-research. Another avenue to consider is involving care staff from the outset of a research project. Care staff have unique knowledge of the residents they care for and may provide an important perspective about how to incorporate the voice of people living with dementia. For example, they may be able to provide information about which residents have the cognitive and verbal capacity to be interviewed as well as residents who require more support in order to participate in research.

Prior to the Imagine Arts programme commencing, a consultation took place with care home residents to discover what type of arts activity they wished to participate in; the results of this consultation informed the arts programming. Future arts programming, and indeed research and evaluation, should attempt to include people with dementia in their design, including asking people about their aesthetic preferences. People living in clinical settings, particularly those living with dementia, are at risk of aesthetic deprivation (Moss and O'Neill, 2014) and are reliant on care staff to support their engagement with creative activity. In their review on cultural arts interventions, de Medeiros and Basting (2013) acknowledge the personal nature of the cultural arts and suggest pre-screening participants or providing opportunities to sample the intervention, rather than just assuming that it will be enjoyable. Ultimately, the creative arts provide a way to support the citizenship of people living with dementia, and consequently can be deemed an essential and integral part of life (Kontos et al., 2017). I acknowledge that future studies should incorporate the voice of people living with dementia into the study design. It is imperative that people with dementia continue to be empowered to participate in creative and research activity, regardless of their cognitive or physical frailty.

Despite the aforementioned limitations, this thesis advances our knowledge on how creative arts interventions can be implemented in residential care settings. It makes a substantial original contribution to knowledge by demonstrating the impact that care staff have on the access and experience of people with dementia participating in the creative arts. Indeed, no previous research has examined in depth the impact of involving care staff in arts interventions. This

understanding was developed by conducting two case studies using a realist informed approach.

7.8 Conclusions and research recommendations

This thesis has identified several topics worthy of future investigation. Future research should build on the findings from this study and deepen our understanding of how creative arts interventions can be successfully implemented in care settings. This thesis offers an explanatory theory about how care staff can assist in the application of creative arts programmes in care settings, therefore it provides a basis for future work to build upon. This could be accomplished by conducting process analysis looking at factors which facilitate or hinder successful implementation of arts interventions which involve care staff, in addition to the activity coordinator.

One finding from this research was how activity coordinators contribute to the sustainability of arts programmes in care settings. The not-for-profit care organisation, managing the two case sites who participated in this research, organised a touring arts exhibition. This exhibition featured artwork created by residents during *Imagine Arts*, as well as pieces from other care settings submitted independently by their activity coordinators. As a result, a positive outcome of the exhibition has been the formation of a network of activity coordinators within the care organisation, offering opportunities to pool expertise. It appears that activity coordinators are becoming more professionalised; for example, the National Activity Providers Association (NAPA) provides resources, expertise and has the ability to connect those with

similar interests within the care sector. Further research regarding the role of activity coordinators would be worthwhile, both in terms of implementing creative arts and other activity in care settings. This could be accomplished by a nationwide survey of care settings to explore whether they employ activity coordinators, the definition of their roles and responsibilities, effectively exploring how the implementation of creativity works in different care settings.

Likewise, a natural progression of this work is to explore the wider effects of supplying care staff with the skills to support and facilitate creative arts programmes within their workplace. This could include a briefing of the benefits of the potential arts and ways in which care staff could support resident engagement, by facilitating inclusion and celebration. It would perhaps be useful to investigate ways in which it is possible to encourage care staff to maintain the positive impact of creative arts interventions between external arts sessions. Likewise, the support of care home managers is crucial for any activity to become embedded within care settings. One area to examine in future investigations would be managerial support for creative activity in care homes. It is possible that improved managerial support would increase the likelihood of care staff feeling enabled to participate in creative activity.

To make creative art programmes as cost effective and sustainable as possible, time should be given to evaluate the longer term gains of creative arts interventions in residential care. This study only focused on the immediate

impact upon participants, therefore further work needs to be conducted to establish the longer term effects of arts programmes in residential care. The literature review only briefly considered sustainability for two reasons i) it was not the focus of the search and ii) in the selected studies sustainability was only briefly referred to by authors. However, the concept of sustainability is something worthy of consideration, particularly given the economic challenges faced by care settings.

The present study only took place in two residential care homes that were already participating in an external programme of arts. One possible strand of future research could use a multiple case study design in order to compare the implementation of arts interventions in other care settings for example day centres, community and cultural venues and hospitals. This would provide different perspectives on organisational and contextual factors which may influence the delivery of arts interventions in these settings. Following this, another fruitful area for further work would be to compare staff interactions during the creative activity with a control group or in comparison to usual care. This would allow greater inferences to be drawn regarding staff engagement with the arts compared to staff attention for residents.

Another methodological element which could be taken forward in future investigations in this area was the use of Dementia Care Mapping. In this study the DCM observations were beneficial for analysing the interactions between people with dementia and their care workers. As DCM is typically used as a service improvement tool to embed person-centred care, it may also

be a useful approach to assist care workers in integrating the creative arts into practice in a person-centred way. It would provide an opportunity for staff to look at ways which could uphold personhood during creative arts sessions and minimise instances of malignant social psychology.

As described in Chapter 4.4.1, there are limitations to the DCM observations. This is particularly true when using DCM as a tool to measure engagement during creative arts programmes as it may create an overly optimistic picture. Likewise, small nuances such as the tapping of a finger as a positive reaction or sign of engagement may be overlooked. In this research this weakness was compensated for by detailed fieldnotes. Previous literature has advocated the use of observational measures to evaluate creative arts interventions for people with dementia (Algar et al., 2016). Hence, there is potentially scope to develop and modify the E "expressive" behaviour category code so that smaller reactions to the arts are captured. Other observational methods such as the Greater Cincinnati Chapter Well-being Observation Tool (Kinney and Rentz, 2005) include domains such as interest, sustained attention, pleasure, negative affect, sadness, self-esteem and normalcy.

Finally, further research should be conducted to explore the effect of the creative arts programme on professional caregivers. For example, investigating their well-being and job satisfaction as this may have broader implications for the people in their care. Recommendations from the Creative Health report (APPG, 2017) suggest that staff engagement with creative and cultural experiences may enhance health and well-being with spill over effects

to patients. Future research may convince health and social care providers as well as commissioners of the value of encouraging care staff participation in creative activity within care settings.

This thesis started with an interest in how care staff influence creative activity in care. The approach of this thesis was not to compare and contrast the impact of different art forms implemented as part of a programme of arts within residential care. Instead, this thesis focused on mechanisms of staff interaction with residents during creative arts interventions. From this it was discovered that typically, staff involvement in creative arts resulted in instances of positive person work, which uphold the personhood of people living with dementia.

This study contributes to the knowledge on the implementation of creative activity in care settings, particularly focusing on the impact that care staff have on the access and experience of people with dementia participating in creative activity. Overall, this study provides novel insights and directions for future investigations.

There is growing acknowledgement that the creative arts have a significant role within dementia care. Much innovation in this field is taking place in care homes. When care staff participate in creative arts, alongside the individuals they care for, there are opportunities to engage in shared meaningful activity, affirming identity, promoting inclusion and equality. This fosters the development of positive caring relationships, which improves the quality of

life of the person living with dementia by upholding their personhood. This study has demonstrated that such positive outcomes were largely achieved through the involvement of one person, the activity coordinator. Imagine then, a culture where creative arts are wholly embraced, embedded and accepted within a residential care setting. This would have the potential to benefit everyone who lives, works and visits the settings; a ripple effect. This research provides evidence that involving care staff in creative activity is a promising area on which to build future programmes of arts. It also highlights means by which this can be achieved by specifying a programme theory which having been tested in the evaluation presented here could guide future developments. This research provides new understanding of how creative arts can be implemented in residential care settings for the benefit of people living with dementia.

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Appendices

Appendix 1: Bringing arts interventions into care settings

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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Artistic 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 three-year 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 as 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 their 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. 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.

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Appendix 2: Facilitating Imagine Arts in residential care homes: the artists' perspective

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Facilitating *Imagine Arts* in residential care homes: the artists' perspectives

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ABSTRACT

Introduction: This study explores factors affecting the successful facilitation of a residential arts programme. The aim was to identify barriers and describe how they could be overcome, this was both formative, to help shape the programme, and summative, to inform best practice and future arts interventions.

Methods: An exploratory qualitative design examined the views of the artists administering the arts programme.

Results: Data were analysed using thematic analysis. Four main themes were identified; contextual factors, perceiving and responding to needs, facilitating relationships and building confidence.

Conclusion: Findings provide insight into practical aspects of facilitating arts programmes in residential care. Some of the identified barriers may have simple solutions which can easily be incorporated into everyday best practice. This research provides a start for understanding the role of artists within care homes and how they aid the implementation and integration of arts programmes into the care of people with dementia.

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Introduction

National Institute for Health and Care Excellence (NICE) guidelines (2013) stipulate that meaningful activity should be provided in care homes; residents should be provided with support to engage in activities in line with their abilities and preferences. Literature suggests that creative arts activities have benefits for people living with dementia, including improved attention, stimulating memory and enhancing communication and engagement (Rylatt, 2012; Young, Camic, & Tischler, 2015). Activities including dance (Guzmán-García, Mukaetova-Ladinksa, & James, 2012), visual art (Camic, Tischler, & Pearman, 2014), music and singing (Osman, Tischler, & Schneider, 2014; Wigram, Nygaard Pedersen, & Ole Blonde, 2002) have all demonstrated positive effects. Despite the benefits of creative arts, care homes often lack the provision of stimulating activity (Hancock, Woods, Challis, & Orrell, 2006); staff have limited time and opportunity to devote to providing social and emotional assistance to residents (Schneider, 1997).

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Dementia is characterised by an impairment of cognitive functioning, involving a decline in mental, behaviour and emotional functioning (Burns & Iliffe, 2009). One in three people over the age of 65 in the United Kingdom will develop dementia; this number is expected to double in the next 40 years (Alzheimer's Society's, 2014). A report conducted by Luengo-Fernandez, Leal, and Gray (2010) estimates that 37% of all persons with dementia are living in long-term care facilities at an annual cost of £9 billion. One study estimated a prevalence rate of 75% for dementia in South East London care homes (Stewart et al., 2014).

Recent reviews have evaluated visual arts and cultural opportunities as psychosocial interventions for persons with dementia (Beard, 2011). There have been suggestions that participation in creative activities later in life cultivates successful ageing by promoting purpose, meaningfulness and hope for the future (Fischer & Sprecht, 1999). Participation includes art appreciation through visits to galleries as well as active involvement in creative activities. Studies have used a range of outcomes to investigate the effects of "viewing and making", on older people in residential care in general. A longitudinal study found that attendance in a professionally led participatory arts programme improved ratings of physical health, morale and decreased loneliness in older adults (Cohen et al., 2006). Evaluations of visual arts programmes have evidenced increased social interaction, pleasure and self-esteem both for older adults in general and for those with a diagnosis of dementia (Kinney & Rentz, 2005; Wikström, 2002). A study of art appreciation discovered that participants with dementia respond to art according to their aesthetic preference, in the same manner as age-matched control subjects without this disorder, this demonstrates that aesthetic preference may be sustained despite cognitive decline in people living with Alzheimer's Disease (Halpern, Ly, Elkin-Frankston, & O'Connor, 2008). In an exploratory study conducted by Ullán et al. (2012) individuals diagnosed with mild ($n = 13$) and moderate ($n = 8$) dementia found, through participant observation, that dementia presented no impediment to participation in an artistic educational programme. Moreover, it proved a positive self-reported experience for individuals with dementia.

In Nottingham, UK, the Arts Council England and the Baring Foundation have funded four independent national programmes, each with the theme of Arts and Older People in Care. One of the programmes, *Imagine Arts,* is managed in collaboration between a national care home provider, a local arts organisation and the city council, as well as local arts providers. It is a three year project with the aim of encouraging partnerships between care providers and arts organisations whose purpose is to give residents access to creative and cultural experiences. This exploratory service evaluation comes midway into the three year programme which concludes in 2017. This evaluation does not compare the different kinds of arts activities delivered through *Imagine Arts*, which have previously been addressed in literature (Beard, 2011), but to scrutinise features in common which facilitate and impede the successful delivery of such activities. The analysis surrounding these features can then be used to inform future research and moreover the implementations of future arts interventions within care home settings and populations with dementia.

Methods

We wanted to understand the process; investigate factors affecting the successful facilitation of an arts programme in a care home setting, identify barriers and how they can be overcome. An exploratory, qualitative design was chosen to examine the views of the artists

participating in the arts programme; thematic analysis was employed to examine diary sheets completed by the artists. The purpose of the study was both formative, to help shape the *Imagine Arts* programme, and summative, to inform best practice and future arts interventions.

Informants and context

The sample for the study consisted of 32 artists who had been commissioned by the *Imagine Arts* programme to provide a programme of arts within the 14 care homes participating in the first year of the *Imagine Arts* project. The aim of the programme was to introduce arts practice that challenges, engages, stimulates and enables older people in residential care settings to have access to rich cultural offers. These were mainly local arts practitioners and arts venues such as museums and galleries who, in response to an invitation from the programme, offered a range of workshops tailored to the needs of care home residents, including those living with dementia. The practitioners received dementia-specific training, including the use of non-verbal communication with people with dementia, at the start of the study and were supported and advised throughout by the programme implementation lead from the local arts organisation. As this was a service evaluation, formal ethical approval was not required (Daykin & Joss, 2016) however all identifying information was anonymised to ensure the privacy of the participants.

Procedure

Diaries are becoming increasingly utilised as a tool to explore ongoing experiences; particularly the context of daily life occurrences (Bolger, Davis, & Rafaeli, 2003; Travers, 2011). As part of the *Imagine Arts* service evaluation, artists were asked to complete reflective diary sheets documenting what took place and asked to reflect on the following aspects:

- Positive aspects of the session and what went well
- Social reception – how the residents received the session as a group, with particular focus on social engagement, communication and interaction
- Problems/difficulties encountered during the session
- Areas for improvement/what could have been done better or differently
- Skills gained as a result of leading/attending the session
- Any other comments

Method of analysis

This study was both exploratory and descriptive. The feedback sheets were evaluated using a flexible qualitative methodology, thematic analysis, to give a detailed but complex account of the data (Braun & Clarke, 2006). An inductive approach was chosen so that the themes were derived directly from the data rather than through the researcher's presumptions or through the structure of the prompts on the diary sheet.

Using recommendations from Braun and Clarke (2006) the following process was utilised. The researcher familiarised herself with the collected data. This process involved repeated reading in an active fashion to gain a thorough understanding of the data. Next the researcher

generated initial codes by working systematically through the data-set. The researcher coded the data fully, and analysed it inductively identifying recurrent themes. The coded data was then analysed for themes. A mind map was used to organise the themes and identify the main and sub-themes; themes were then reviewed with other researchers and refined. The entire data-set was re-read to ensure that the themes fitted with the data and to identify any data which may have been mis-coded. Next, the themes were defined and relevant coded data was extracted to illustrate the aspects captured within each theme. Finally the report was drafted. This involved selecting extracts of data which encapsulated each theme, and providing a comprehensible, analytic narrative explaining the rationale behind it. The report was shown to the artists, inviting them to confirm or disagree with the inferences drawn; a process of validation.

Results

A total of 21 reflective diary sheets ($n = 21$) were collected for six different kinds of art-form activities. The type of activities varied greatly and included: a programme of digital arts workshops delivered in partnership with company WeEngage utilising free digital arts applications ($n = 5$). Heritage and textile sessions where participants viewed and produced lace work ($n = 6$). Bespoke drama and musical performances of well-known stories were delivered by arts venues in care settings ($n = 7$). Working in partnership with the University of Nottingham's Mixed Reality Lab, creative workshops inspired from the work of Joseph Cornell utilised pre-made boxes to explore digital technologies and cultural activities ($n = 2$). Lastly, a film commission produced and showcased within care settings ($n = 1$).

Thematic analysis led to the identification of four main themes from the artists' feedback sheets; "contextual factors", "perceiving and responding to needs", "facilitating relationships" and "building confidence". The remaining themes refer to the content and context of the individual project strands and the way in which art programmes can be successfully developed to address the interests and needs of populations living with dementia.

Contextual factors

The first theme refers to the practical aspects of facilitating an arts session and it had two subthemes: group size and physical location.

Group size

The first theme refers to the size of the groups and the way in which the arts facilitators expressed that it influenced the quality of the delivery and the engagement of the residents. The benefit of a high facilitator-to-participant ratio is better quality engagement; facilitators have time to assist individuals who are having difficulty, allowing them to progress at their own pace and ability. Activities with older people often need to overcome barriers of impaired sight, hearing and mobility as well as the concentration problems associated with memory loss. Similarly, smaller group sizes provided the artists opportunities to work closely with the residents; this gave the artists the opportunity to gain a better understanding of their participants, their personalities and to form the foundation of a deeper relationship.

> One of the artists began to sit in front of the residents on the floor and sing along with them, making direct eye contact…This helped to prompt the residents if they couldn't remember all

> the words, but most importantly, it helped to develop and deepen relationships between the artists and the residents. (Theatre practitioner 4)

> During the songs the opportunities for the workshop leaders to sit closely facing the residents and sing with them seemed to enhance their emotional connection and experience. (Theatre practitioner 3)

Nevertheless, the artists reported feeling conflicted about including a large number of residents in their programme as it was thought to affect the quality of their work. For larger groups, some artists felt it necessary to have a high ratio of workshop leaders in order to facilitate involve of all members of the group, particularly for individuals who require additional support.

> There is an expectation that all the residents will be entertained and that is why they come to the lounge. Taking a smaller group away did mean that the smaller group got better quality engagement, but the others I felt were left in a state of almost abandonment. (Digital artist 5)

There is a need for further consideration of what constitutes inclusive practice in populations with dementia. Ideally, arts activities would be integrated into everyday practice and an established part of the routine in residential settings, rather than infringing upon daily care routines.

Physical location

The type of space provided for the artist to work in was frequently cited with regard to the ability to be inclusive and engage with the residents. Most of artists described how they adapted the room layout, such as moving walkers to one side, to enhance participation.

> I think being aware of how the layout of the workshop space can affect the whole group dynamic was a useful lesson to me. In the care home setting the seating was quite static but by coming in early, moving the seats closer and persuading people to allow their walkers to be out, to the side, makes a huge difference. (Digital artist 5)

The nature of the setting could influence levels of engagement, although limited research has been conducted into how the environment affects positive engagement (Chaudhury & Cooke, 2014). The arts activities typically took place in spaces open to passers-by; artists reported how their sessions were influenced by people including residents, care professionals, visitors and residents alike.

> Due to the open plan space the carers, nurses, doctors and therapist would occasionally sit with the patient or pop by. This created a great atmosphere, people were curious and open to what was happening at the table and the sharing knowledge and appreciation of the patients' art activities was welcoming. (Visual artist 2)

However, the use of shared spaces for arts activities could have detrimental effects as well, judging by anecdotal accounts of intrusion on workshops by care staff conversing noisily or walking through the activity room. It appeared that some care staff gave little consideration to the impact of their behaviour on the arts activity, or to the effect it may have on the individual artists and residents. Other physical factors such as heat and positioning of the group were noted to influence the facilitation of the session. Residents attending afternoon sessions were observed to be fatigued and lacked concentration. This is contrary to previous findings which suggest greater engagement in persons with dementia during the afternoon (Cohen-Mansfield, Thein, Dakheel-Ali, & Marx, 2010).

Perceiving and responding to needs

The second theme highlights how understanding and responding to the needs of participants is considered an important aspect of facilitation. In this sense, the artists recognised the necessity to be flexible in their work, in regard to its content, and to adapt it to the abilities and needs of the residents. As the sessions progressed, the artists came to an understanding of what approaches worked well, and which did not; this was significant with regards to future planning of activities as the practitioners were able to respond to the needs of the group.

> It's so important to be flexible in these situations, so we abandoned our plans as they were clearly not suited to the needs of the group. (Theatre practitioner 4)

> [Facilitator A] had planned quite a lot of activities but soon realised that you have to go with the flow and you may not get as much done as you had planned. (Digital artist 4)

Several artists revealed that they had to modify the approach and content of their sessions in order, in their judgement, to achieve greater engagement. In one instance, this included adapting a storytelling session to pantomime to encourage the active participation of the residents. One artist noted that the sessions have encouraged her to:

> …improvise on the spot or just think on my feet when gauging the group…also knowing how to deal with different individuals and how to respond much more, giving time to talk to the members and find a connection. (Theatre practitioner 6)

The artists emphasised the importance of preparation as it allowed them to be flexible in their approach, particularly in catering for different levels of ability.

> I think you can never be too prepared. I was glad I had developed additional extension tasks as the range of abilities was varied. (Textile artist 1)

> The pace of the residents varies and this needs to be considered. Many residents are capable of completing a task at their own pace and if the task allows for autonomy then this needs to be considered as completing a task produces visible sense of achievement and ownership by the participants. (Visual artist 1)

The suggestion from most artists was that creative arts programmes are able to cater for differences in abilities, and can be adapted to make them accessible for people with dementia. Working within an elderly population will inevitably mean taking account of sight impairment, hearing loss and limited mobility, as well as cognitive deficiencies. It seemed that the use of digital work, such as activities using iPads, allowed the artists the flexibility to adapt swiftly to the individual needs of participants. Artists reported observing increases in motivation; residents were reported to independently engage in activity using the iPads. In turn concentration and enjoyment were also deemed to increase in residents who previously had not participated.

> One case in particular was a man who had very little movement, [was] wheelchair bound and with limited hand control. I bought an iPad adaptor for a microphone stand, this enabled the iPad to be position[ed] exactly where the participant needed it, and with the use of an iPad pen he was able to paint and create with the iPad. (Digital artist 2)

Facilitating relationships

This theme indicates that relationships were an essential factor identified by the arts practitioners, as contributing to the successful delivery of a programme of arts in two different

ways. The sub-theme of "communication with staff" is discussed in terms of the support or in some instances, opposition, the artists encountered with staff in the care homes. Whereas the sub-theme "familiarity", refers to continuity over the period of the programme, with regard to the content and the facilitator.

Communication with staff

Many artists commented on the way staff collaborated to support the art project within the care settings. For instance, staff at one location used reminiscence, in conjunction with the arts activity, to engage and find out more about their residents. Staff participation and awareness of the arts programme appeared to be important factors in the successful facilitation of sessions.

> The staff at [Location A] were excellent in taking on board the ideas of the project and what it was attempting to achieve. This was a key factor in participation overall, the volunteer staff were also excellent. (Digital artist 2)

However, not all of the artists reported successful collaboration with staff. There were reported problems such as staff bringing more than the recommended number of participants to a session as well as causing avoidable interruptions, for example, the arrival of the tea trolley. Complex issues evolved regarding the artists' perception of the views of care staff about creative art programmes. Most artists believed that the care staff had the tendency to view their sessions as "entertainment" rather than understanding and appreciating their additional value; arts activities provide opportunities for social and creative engagement, with the potential to improve care, wellbeing and quality of life. There appeared to be the need to work mutually with care home staff in order to ensure the effective delivery of a creative arts session.

> I also wonder how the nursing staff have been briefed about the project, I did not feel that they knew anything about it, although the activity co-ordinator has been very helpful, the nursing staff just shrugged their shoulders when I told them I could not work with such a large group and then just walked to the other side of the room and sat down. (Digital artist 3)

There are challenges in communication between the nursing staff and artists regarding the facilitation of this session. This indicates that in addition to effective communication between the two parties there also needs to be a mutual commitment, understanding and collaboration towards shared outcomes.

Familiarity

Many of the artists expressed the view that continuity between sessions was an important aspect. Sessions where the artists followed a familiar pattern and structure were viewed as being more successful. By utilising the same facilitators every week, the participants were perceived to feel more comfortable interacting with the artists and the activity. The artists expressed the view that their repeat presence each week helped them foster relationships with the residents.

> [There was] increased familiarity with the format and perhaps a greater recognition with some of the songs [as this] meant more residents were joining in. (Theatre practitioner 3)

As demonstrated in previous research (Kovach & Henschel, 1996), the participants were deemed to engage more when content was familiar to them; for example, when singing songs that were well-known. The developing relationship between artists and participants

were frequently described and many artists expressed how their knowledge of the participants informed future sessions.

> As we spend more time with the residents, we get to know them more which is really lovely, it sparks creative ideas for how we can work with them. (Theatre practitioner 7)

> It was in this session that we began to understand the connections they made from week to week. The [residents'] autonomy over this week's narrative and the challenge created for one of the artists, enabled continuity between sessions, which the residents enjoyed. (Theatre practitioner 4)

Encouraging discussion, active participation and interaction between the facilitators and the residents was considered to elicit positive responses. Some artists described how enabling the participants' autonomy in their decisions over the content of the activity (e.g. song choice) seemed to have a beneficial effect on engagement.

> [The residents] having a say on something and us delivering had seemed to [gain] a positive response. (Theatre practitioner 6)

> After the second session we decided to give them a choice of which story we brought to them the following week, this was yet another way they enjoyed getting involved and got them talking with care staff, us and among themselves. (Theatre practitioner 2)

These are examples of occasions when empowerment of the residents was encouraged through the arts intervention, by offering them choice and control. In principle at least, such empowerment could generalise to other aspects of life in the care home, encouraging residents to exercise their autonomy more fully and to avoid the harmful psychological effects of an institutional setting.

Building confidence

This theme explores how the confidence of the facilitators, in working with elderly populations, and participants in experimenting with new creative mediums, developed over time. In particular, the artists who described using digital technology spoke of the confidence that participants displayed during the sessions. Considering that a significant number of the older residents had never seen or used an iPad before, the artists felt that this experimental activity had proved accessible for this population.

> Many people are now confidently using the iPads and don't shy away as we bring them over. (Digital artist 5)

It was striking how the issue of confidence was a two-way process, not just for the residents but also for the artists, some of whom were new to working with people who live with dementia.

> This has been my first step into working with older generations with creative technology and has been a very enjoyable and worthwhile experience. I have extended my experience base of client groups and have found a new place in which I feel comfortable and confident around my delivery. I have gained knowledge of slowing the pace of delivery and expectation, and how to gain trust and understanding with the participants that allow for an all-round creative experience. (Digital artist 2)

The feeling of enjoyment seemed to be closely linked to the confidence of the facilitator. It appeared that most artists felt that the participants enjoyed their sessions; they described residents' positive emotional reactions to the tasks such as "lighting up" when singing. Enjoyment was also expressed by the artists themselves, and perceived to be mutual to

participants and some staff. A few artists described how the first sessions would start off uncomfortably but became more sociable as they built rapport with the participants.

> The residents were really getting to know us and we were getting to know them – which made everything easier and much more enjoyable for us all. We made time to talk to residents after the session and were now able to call them by their names – very important. (Theatre practitioner 4)

> I think it has reinforced the knowledge that a creative workshop not only provides a sense of achievement, but can also spark spontaneous confidences as the group chats comfortably whilst their hands are busy. (Textile artist 1)

Data from the artists indicates that *Imagine Arts* has not only provided an opportunity for artists to develop the confidence to work with elderly populations, but also that there is a significant role for creative arts within residential care settings.

Discussion

This study explores several aspects deemed by artists to affect the successful delivery of an arts programme within a care home setting. Their views on how feasible each type of arts intervention proved within care home populations and on barriers to arts activities in care homes could be used to inform future practice.

The practicalities surrounding an arts intervention in relation to engagement are seldom documented and may therefore be overlooked. As might be expected, the artists perceived that smaller group sizes were easier to work with as it allowed for more opportunities to initiate engagement; similar results were found by Cohen-Mansfield et al. (2010). Locations that were open plan and unobstructed by furniture were deemed better suited for hosting arts activities. Several artists implemented small changes that enhanced the participation of residents; removing physical barriers, such as walkers and re-arranging the furniture and room layout. They used their initiative to meet the needs of different workshops. However, the consequence of removing an individual's means of mobility should be considered; the researcher observed that artists offered the residents the choice to have their walker temporarily repositioned, most were agreeable to this.

Artists need an understanding of health and social care settings, just as health care professionals need to recognise the benefits and frameworks of artistic interventions (Moss & O'Neill, 2009). At present, there is little training available to adequately prepare artists for working in healthcare settings. The *Imagine Arts* programme has included training about dementia care for artists, as well as training on techniques and approaches for creative interventions, although the effectiveness of this training provided has yet to be explored.

'Consistency' and 'continuity' were commonly referred to by the artists. Artists who used a similar structure for each session reported how the residents became familiar with the format and came to understand what to expect. This narrative supports literature which has found that consistency in location and care provider, and also that routines can reduce agitation in persons with dementia (McCloskey, 2005).

In the UK, policy has highlighted the need to take into account an older person's capabilities and preferences when addressing their needs (NICE, 2013). In a similar fashion, findings from this evaluation demonstrate that arts sessions which seek to empower the participants, facilitated greater engagement and responsiveness. Research has demonstrated that the abilities of people with dementia may be underrated and they are consequently provided with activities below their capability (Malone & Camp, 2007; Perrin, 1997). Many

of the artists expressed how they prepared tasks which catered to different levels of ability, as the participants' abilities varied greatly. This is something to be taken into consideration by artists when planning a programme specifically for populations with dementia.

It is important to encourage the development of relationships and trust between service users and providers (Arts Council England, 2012). The providers of the arts interventions described how, over the course of their sessions in care settings, relationships were built and knowledge gained regarding the participants' needs and abilities. This knowledge gave artists the opportunities to adapt their input, utilising methods which they deemed more successful to engage participants' attention.

Utilising the knowledge of care staff could be viewed as an essential tool in facilitating a successfully engaging activity. Carers have a unique understanding of persons with dementia (Harmer & Orrell, 2008) and this knowledge would be invaluable to artists as they create programmes tailored to this population. The implementation of psychosocial interventions is contingent on staff engagement, consequently there are challenges to overcome such as additional workload, allocation of resources and the emphasis on priority needs (Lawrence, Fossey, Ballard, Moniz-Cook, & Murray, 2012). It appears that there is a need to encourage effective working relationships between artists and care professionals to generate positive outcomes for this type of programme. Nonetheless, a recent review demonstrated that creative programmes which involve and engage staff, under certain conditions, positively influences care practice and interaction (Broome et al., 2017).

Limitations

This study is limited due to its small scale, within one city in the UK, and therefore, cannot make generalisations. There are methodological limitations of using one approach, in this instance reflective diaries; a variety of methodologies could have been drawn upon to evaluate the arts programme. For example, there are many factors which may influence practice, for example, policy and organisational structures, however, these were beyond the scope of this inquiry.

One must also consider the element of response bias. The artists were commissioned by the arts organisation they reported to and therefore may have only portrayed favourable aspects of the sessions in writings that would be submitted to their paymasters. However, there is limited literature regarding the views of artists (as opposed to arts therapists) working in care settings within the context of creative arts programmes. Therefore, this analysis gives a unique perspective regarding factors which artists perceive influence this type of activity within residential care.

Recommendations for future research and practice development

Whereas this evaluation explored the views of artists commissioned within an arts programme, future research investigating the views of persons with dementia, and those of the care professionals involved, is necessary to evaluate their opinions and the impact of cultural and arts engagement in residential care populations. This evaluation did not focus on comparing the impact of different arts forms; however, taxonomy of creative and cultural arts programmes would additionally highlight the individual qualities of different art forms and their impact and effectiveness for the individual needs of those taking part.

Training of care home staff in arts activities is a neglected area of research. There is a need for research to examine the impact of training health care professionals on the benefits of the practice of arts within residential care. Likewise, accredited training would be useful for artists undertaking work in care homes (Moss & O'Neill, 2009).

This analysis identifies several factors which impact upon the successful facilitation of creative and cultural arts programmes. Some of the possible barriers may have simple solutions which can easily be incorporated into everyday best practice. First, it appears beneficial for artists to have an understanding of contextual factors which may influence the delivery of their creative sessions including the setting, group size, and routines of the care home. This information will assist artists in preparing their sessions, which has been identified as important for catering to the diverse needs of care home populations. Likewise, there is a need for effective communication between arts practitioners and care personnel; an understanding of the aims and objectives of arts interventions among care staff would be appear to be mutually beneficial. Moreover, the intimate knowledge that care staff have of their residents is invaluable to artists trying to engage and encourage participation in meaningful creative activities; therefore it could be worthwhile involving care personnel in the planning prior to the commencement of a programme of arts. Nonetheless, effective partnerships between care providers and arts practitioners take time and effort to create and maintain; this is an important aspect to consider when planning a programme of arts in residential care settings.

Conclusion

Knowledge of what constitutes a successful high quality arts programme is important for informing future evidence based practice. Previous research has largely focused on how the arts can be employed to manage the behavioural and psychological symptoms of dementia (Beard, 2011); this exploratory evaluation addresses a gap in the literature by exploring the views of arts practitioners working in these settings.

The feedback provided from the commissioned artists, supports previous findings that people with dementia are able to participate in high quality arts interventions (Ullán et al., 2012). Imagine strives to succeed at bridging the gap between older people and creative and cultural experiences by inspiring the imagination of residents and offering the opportunities for creative thinking. From the perceptions of the arts practitioners, the main factors contributing to success were encouraging autonomy, fostering relationships and building confidence. The findings from this study provide evidence on which to build future programmes of arts and cultural opportunities within residential care.

Disclosure statement

No potential conflict of interest was reported by the authors.

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Appendix 3: Participant information sheet person with dementia

Research Study

Evaluating *Imagine Arts*

Information Sheet: Shortened Format

Researcher: Emma Broome

Telephone: 0115 748 4098

Email: emma.broome@nottingham.ac.uk

Invitation:

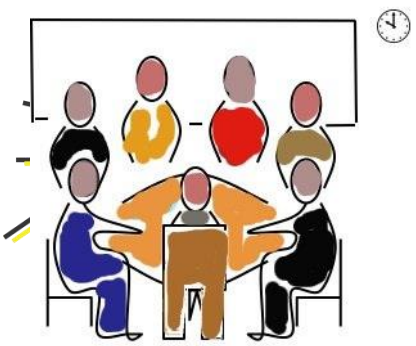
You are invited to take part in some research about creative arts activities for people with dementia.

Please read this information carefully.

Please ask if you have any questions.

You are invited to take part because you have been involved in *Imagine Arts* activities.

This research study is about how creative **arts** activities affect your **well-being**.



I want to **interview** you and **observe** the Imagine activities.

I also want you to fill out a quality of life questionnaire.

Taking part is up to you.

You **do not have to take part**. It's **your choice**.

If you do, you (or your consultee) will need to sign a **consent form**.

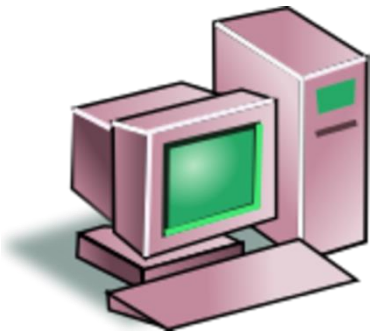
You can **stop** at any time.

It is your **choice**.

You **don't** have to tell us **why**.

Privacy and Confidentiality

All the information we collect is **confidential**.



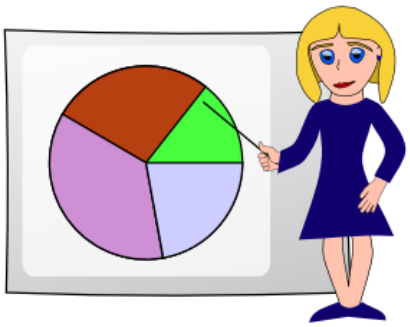
It will be kept on a **computer** protected with a **password**.

Or **locked** in a filing **cabinet**.

The researcher is **Emma**.

Emma will interview you and observe the Imagine activities and analyse what is happening. She will go to several care homes and do this.

After the study the results may be **published** or **presented**.



I may include **quotes** from your **interviews**. But I will **change** your name and anything that could identify you.

If you would like to read the results we can give you a copy.

Emma is a PhD Student at the University of Nottingham and is conducting this research on behalf of the Alzheimer's Society.

Alzheimer's Society | Leading the fight against dementia

If there is a **problem** or you are **worried** please speak to Emma.

If you need to **complain**, please contact Louise Sabir who is the administrator of the University of Nottingham Ethics Committee. Her email address is louise.sabir@nottingham.ac.uk

If you have any **questions** telephone:

Emma: 0115 748 4098

Appendix 4: Participant information sheet person with dementia consultee

University of Nottingham, School of Medicine,

Division of Psychiatry and Applied Psychology

Evaluating *Imagine Arts*.
Name of Investigators: Emma Broome Professor Tom Dening

Healthy Volunteer Information Sheet

Invitation and brief summary
I would like to invite you to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve for you. Please take the time to read through this information sheet carefully. The researcher will be available to answer any questions that you may have. Please let us know if there is anything which is not clear.

What is the purpose of the study?
The programme *Imagine* is one of only four nationally to be awarded money from Arts Council England and The Baring Foundation's Arts and Older People in Care fund. *Imagine* is a collaboration between arts organisations and care homes to provide high quality arts programmes to people living in residential care.

The group includes care homes, with The Abbeyfield Society as the lead organisation, City Arts and Nottingham's arts organisations, Nottingham City Council and academic researchers from the University of Nottingham.

The aim of this study is to understand the views of persons with dementia regarding the *Imagine Arts* programme.

This information will be used to inform future practice and roll out the project to national care providers. It will also be useful to expand the skill and experience of artist, care providers and volunteers to develop and respond to opportunities for high quality engagement with creative arts activities.

Why have I been invited?
You have been invited to take part because you have personal experience of attending Imagine sessions in one of the care homes participating in the Imagine programme.

We will also be inviting care staff from the participating care homes to participate in the study and artists who facilitate the *Imagine* sessions.

Do I have to take part?
It is up to you to decide if you wish to participate. We will describe the study and go through the information sheet with you. We will then ask you sign a consent form to show that you agreed to take part. You are free to withdraw from the study at any time, without giving a reason. Withdrawing from this study would not affect your legal rights.

What would taking part involve?
You are being invited to take part in a study which is looking at creative arts activities in care homes for people with dementia. The researcher (Emma Broome) will attend *Imagine Arts* sessions for several weeks. She will observe what is going on during the sessions and how people respond to the creative arts activity and how they interact with each other. She will make notes during the session and afterwards. The researcher would also like to ask you some questions to find out more about your experience with the Imagine programme. We would also ask you to fil out a quality of life questionnaire which would only take 10-15 minutes.

Expenses and inconvenience allowance
Participants will not be paid to participate in the study.

What are the benefits?
The information that we get from the study will be helped to increase the understanding of creative arts activities in the care home setting. By furthering our understanding of these activities we hope to help improve the care of people with dementia.

What are the possible disadvantages and risks of taking part?
There are no anticipated disadvantages or risks to taking part in this study.

Will my taking part in the study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential and will follow ethical and legal practice.

The information collected will be stored in a secure, locked cabinet in a locked office which is only accessible to the researcher. Electronic data will be kept on a password protected database on a password protected computer only known by the researcher. Any information which leaves the institution will be anonymised and have your name and address removed. A unique code will be used so that you cannot be recognised from it, which will only be known to the researcher.

If you participate in the study, some parts of the data will be looked at by authorised persons from the University of Nottingham and Imagine programme coordinators who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

Your personal data (address, telephone number) will be kept for 2 years after the end of the study so that we are able to contact you about the findings of the study (unless you advise us that you do not wish to be contacted). All

other data (research data) will be kept securely for 7 years according to the University of Nottingham's code of research conduct and research ethics. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

Involvement of the General Practitioner/Family Doctor (GP)
Informing your GP/family doctor or clinician is not necessary for your participation in this study.

What will happen if I don't carry on with the study?
Participation in this study is voluntary and you may withdraw from the process at any time. If you wish to withdraw you should contact Emma as soon as possible. However, the data collected up until this point cannot be erased and therefore the information gathered may still be used in the project analysis.

What will happen to the results of the research study?
This study is part of the researchers PhD research project and therefore some of the findings will be written up as part of the dissertation. The results of the study may also be published in academic journals or presented at academic conferences, a copy of which can be provided to you upon request. You will not be identified in any report or publication.

Who is organising and funding the research?
The research is being organised in collaboration between the University of Nottingham and the Imagine programme. It is being funded through the Alzheimer's Society as part of the TAnDem (the Arts and Dementia) Doctoral Training Centre.

Who has reviewed the study?
All research in the University of Nottingham is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the University of Nottingham Medical School Research Ethics Committee.

Further supporting information
If you have a concern or a problem with any aspect of the study, you should contact the researchers who will do their best to answer any questions. The contact details of the researcher are below:

Emma Broome
Email: emma.broome@nottingham.ac.uk
Telephone: 07415472658

If you remain unhappy and wish to complain formally, you should then contact the Research Ethics Committee Administrator, c/o The University of Nottingham, School of Medicine Education Centre, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: louise.sabir@nottingham.ac.uk.

Appendix 5: Participant information sheet care staff

University of Nottingham, School of

Medicine, Division of Psychiatry and Applied

Psychology

Evaluating *Imagine Arts*.
Name of Investigators: Emma Broome Professor Tom Dening

Healthy Volunteer Information Sheet

Invitation and brief summary
I would like to invite you to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve for you. Please take the time to read through this information sheet carefully. I will be available to answer any questions that you may have. Please let me know if there is anything which is not clear.

What is the purpose of the study?
The programme *Imagine* is one of only four nationally to be awarded money from Arts Council England and The Baring Foundation's Arts and Older People in Care fund. *Imagine* is a collaboration between arts organisations and care homes to provide high quality arts programmes to people living in residential care.

The group includes care homes, with The Abbeyfield Society as the lead organisation, City Arts and Nottingham's arts organisations, Nottingham City Council and academic researchers from the University of Nottingham.

The aim of this study is to understand the views of care staff regarding the *Imagine Arts* programme.

This information will be used to inform future practice and roll out the project to national care providers. It will also be useful to expand the skills and experiences of artist, care providers and volunteers to develop and respond to opportunities for high quality engagement with creative arts activities.

Why have I been invited?
You have been invited to take part because you have personal experience of working in one of the care homes participating in the Imagine programme.

We will also be inviting the artists who are commissioned by *Imagine* to participate in the study and people with dementia who are residents in the care home who have attended *Imagine* sessions.

Do I have to take part?
It is up to you to decide if you wish to participate. We will describe the study and go through the information sheet with you. We will then ask you sign a consent form to show that you agreed to take part. You are free to withdraw from the study at any time, without giving a reason. Withdrawing from this study would not affect your legal rights.

What would taking part involve?
You are being invited to take part in a study which is looking at creative arts activities in care homes for people with dementia. We would like to invite you to attend a focus group about creative arts activities in care homes. The focus groups would take about 1 hour and a half and would be digitally recorded. After the focus group the researcher (Emma Broome) will make the recording anonymous and then transcribe the session into notes. The notes will be analysed to identify themes about people's perceptions and experiences of creative arts activities.

After the focus group will be ask you to fill out some surveys about quality of life and dementia care. We will ask you to return the surveys to the researcher in a pre-paid envelope. This data will be anonymous. The survey will be given a unique code so only the researcher can identify you.

The researcher will also attend the *Imagine Arts* sessions for several weeks. She will observe what is going on during the sessions and how people respond to the creative arts activity and how they interact with each other. She will make notes during the session and afterwards.

After the initial observations, you will be invited to attend a one day training workshop. The training workshop will aid your professional development and increase knowledge about the creative arts activities.

After the workshop, the researcher will continue to regularly attend the *Imagine Arts* sessions and make observations. We would also like to invite you to attend another focus group at a time which is mutually convenient to ask you about how you found the workshop and what impact the *Imagine Arts* sessions had on you. The focus group follow the same procedure as previously mentioned. Follow up surveys will also be given to you to complete and to send back to the researcher.

Expenses and inconvenience allowance
Participants will not be paid to participate in the study.

What are the benefits?
The benefit of participating in this study is that you will be able to attend a training workshop on creative arts for older people in care. This will aid your professional development on the creative arts.

The information that we get from the study will be helped to increase the understanding of creative arts activities in the care home setting. By furthering our understanding of these activities we hope to help improve the care of people with dementia.

What are the possible disadvantages and risks of taking part?
There are no anticipated disadvantages or risks to taking part in this study.

The general risks of participating in a focus group would be the potential to become upset by a particular question. If you feel distress as a result of participation we can refer you to appropriate services.

Will my taking part in the study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential and will follow ethical and legal practice.

The information collected will be stored in a secure, locked cabinet in a locked office which is only accessible to the researcher. Electronic data will be kept on a password protected database on a password protected computer only known by the researcher. Any information which leaves the institution will be anonymised and have your name and address removed. A unique code will be used so that you cannot be recognised from it, which will only be known to the researcher.

If you participate in the study, some parts of the data will be looked at by authorised persons from the University of Nottingham and Imagine programme coordinators who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

Your personal data (address, telephone number) will be kept for 2 years after the end of the study so that we are able to contact you about the findings of the study (unless you advise us that you do not wish to be contacted). All other data (research data) will be kept securely for 7 years according to the University of Nottingham's code of research conduct and research ethics. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

Involvement of the General Practitioner/Family Doctor (GP)
Informing your GP/family doctor or clinician is not necessary for your participation in this study.

What will happen if I don't carry on with the study?
Participation in this study is voluntary and you may withdraw from the process at any time. If you wish to withdraw you should contact Emma as soon as possible. However, the data collected up until this point cannot be erased and therefore the information gathered may still be used in the project analysis.

What will happen to the results of the research study?
This study is part of the researchers PhD research project and therefore some of the findings will be written up as part of the dissertation. The results of the study may also be published in academic journals or presented at academic

conferences, a copy details or a copy of which can be provided to you upon request. You will not be identified in any report or publication.

Who is organising and funding the research?
The research is being organised in collaboration between the University of Nottingham and the Imagine programme. It is being funded through the Alzheimer's Society as part of the TAnDem Doctoral Training Centre.

Who has reviewed the study?
All research in the University of Nottingham is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the University of Nottingham Medical School Research Ethics Committee.

Further supporting information
If you have a concern or a problem with any aspect of the study, you should contact the researchers who will do their best to answer any questions. The contact details of the researcher are below:

Emma Broome
Email: emma.broome@nottingham.ac.uk
Telephone: 07415472658

If you remain unhappy and wish to complain formally, you should then contact the Research Ethics Committee Administrator, c/o The University of Nottingham, School of Medicine Education Centre, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: louise.sabir@nottingham.ac.uk.

Appendix 6: Participant information sheet arts practitioners

University of Nottingham, School of

Medicine, Division of Psychiatry and Applied

Psychology

Evaluating *Imagine Arts*
Name of Investigators: Emma Broome Professor Tom Dening

Healthy Volunteer Information Sheet

Invitation and brief summary
I would like to invite you to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve for you. Please take the time to read through this information sheet carefully. I will be available to answer any questions that you may have. Please let me know if there is anything which is not clear.

What is the purpose of the study?
The programme *Imagine* is one of only four nationally to be awarded money from Arts Council England and The Baring Foundation's Arts and Older People in Care fund. *Imagine* is a collaboration between arts organisations and care homes to provide high quality arts programmes to people living in residential care.

The group includes care homes, with The Abbeyfield Society as the lead organisation, City Arts and Nottingham's arts organisations, Nottingham City Council and academic researchers from the University of Nottingham.

The aim of this study is to understand the views of artists regarding the *Imagine Arts* programme.

This information will be used to inform future practice and roll out the project to national care providers. It will also be useful to expand the skill and experience of artist, care providers and volunteers to develop and respond to opportunities for high quality engagement with creative arts activities.

Why have I been invited?
You have been invited to take part because you have personal experience of working in one of the care homes participating in the Imagine programme.

We will also be inviting care staff from the participating care homes to participate in the study and people with dementia who are residents in the care home who have attended *Imagine* sessions.

Do I have to take part?
It is up to you to decide if you wish to participate. We will describe the study and go through the information sheet with you. We will then ask you sign a consent form to show that you agreed to take part. You are free to withdraw from the study at any time, without giving a reason. Withdrawing from this study would not affect your legal rights.

What would taking part involve?
You are being invited to take part in a study which is looking at creative arts activities in care homes for people with dementia. The researcher (Emma Broome) will attend *Imagine Arts* sessions for several weeks. She will observe what is going on during the sessions and how people respond to the creative arts activity and how they interact with each other. She will make notes during the session and afterwards.

Expenses and inconvenience allowance
Participants will not be paid to participate in the study.

What are the benefits?
The information that we get from the study will be helped to increase the understanding of creative arts activities in the care home setting. By furthering our understanding of these activities we hope to help improve the care of people with dementia.

What are the possible disadvantages and risks of taking part?
There are no anticipated disadvantages or risks to taking part in this study.

Will my taking part in the study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential and will follow ethical and legal practice.

The information collected will be stored in a secure, locked cabinet in a locked office which is only accessible to the researcher. Electronic data will be kept on a password protected database on a password protected computer only known by the researcher. Any information which leaves the institution will be anonymised and have your name and address removed. A unique code will be used so that you cannot be recognised from it, which will only be known to the researcher.

If you participate in the study, some parts of the data will be looked at by authorised persons from the University of Nottingham and Imagine programme coordinators who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

Your personal data (address, telephone number) will be kept for 2 years after the end of the study so that we are able to contact you about the findings of the study (unless you advise us that you do not wish to be contacted). All other data (research data) will be kept securely for 7 years according to the University of Nottingham's code of research conduct and research ethics.

After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

Involvement of the General Practitioner/Family Doctor (GP)
Informing your GP/ family doctor or clinician is not necessary for your participation in this study.

What will happen if I don't carry on with the study?
Participation in this study is voluntary and you may withdraw from the process at any time. If you wish to withdraw you should contact Emma as soon as possible. However, the data collected up until this point cannot be erased and therefore the information gathered may still be used in the project analysis.

What will happen to the results of the research study?
This study is part of the researchers PhD research project and therefore some of the findings will be written up as part of the dissertation. The results of the study may also be published in academic journals or presented at academic conferences, a copy of which can be provided to you upon request. You will not be identified in any report or publication.

Who is organising and funding the research?
The research is being organised in collaboration between the University of Nottingham and the Imagine programme. It is being funded through the Alzheimer's Society as part of the TAnDem (the Arts and Dementia) Doctoral Training Centre.

Who has reviewed the study?
All research in the University of Nottingham is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the University of Nottingham Medical School Research Ethics Committee.

Further supporting information
If you have a concern or a problem with any aspect of the study, you should contact the researchers who will do their best to answer any questions. The contact details of the researcher are below:

Emma Broome
Email: emma.broome@nottingham.ac.uk
Telephone: 07415472658

If you remain unhappy and wish to complain formally, you should then contact the Research Ethics Committee Administrator, c/o The University of Nottingham, School of Medicine Education Centre, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: louise.sabir@nottingham.ac.uk.

Appendix 7: Consent form for person living with dementia

University of Nottingham, School of Medicine, Division of Psychiatry and Applied Psychology

Title of Project: Evaluating *Imagine Arts*.

Name of Investigators: Emma Broome Professor Tom Dening

Healthy Volunteer Consent Form

Name of Researcher: Emma Broome
Contact: emma.broome@nottingham.ac.uk

Name of Consultee:

Name of Participant: **Please initial box**

1. I the above named consultee have been consulted about the above named participant's participation in this research project. I have read and understand the participant information sheet for person with dementia or their consultee version number 1.0 dated 27th November 2015 for the above study and have had the opportunity to ask questions. ☐
2. I understand that I can request he/she is withdrawn from the study at any time, without giving any reason, and without their care or legal rights being affected. I understand that should he/she be withdrawn from the study, then the information collected so far cannot be erased and that this information may still be used in the project analysis. ☐
3. I understand that relevant sections of their data collected in the study may be looked at by the research group and by other responsible individuals from the University of Nottingham, and regulatory authorities where it is relevant to their taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from their participation in this study. I understand that their personal details will be kept confidential. ☐
4. I understand that the information about him/her recorded during the will be kept in a secure database. If the data is transferred it will be made anonymous. Data will be kept for 7 years after the study has ended and then securely destroyed. ☐
5. In my opinion he/she would have no objection to taking part in the above study. ☐

Name of Consultee	Date	Signature
Name of Person taking advice (if different from Principal Investigator)	Date	Signature
Name of Principal Investigator	Date	Signature

2 copies: 1 for participant, 1 for the project notes
Evaluating Imagine Arts_Consent Form – PWD Consultee Version 1.0 Date 27_11_15

Appendix 8: Consent form for care staff

University of Nottingham, School of Medicine, Division of Psychiatry and Applied Psychology

Imagine

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Title of Project: Evaluating *Imagine Arts*.

Name of Investigators: Emma Broome Professor Tom Dening

Healthy Volunteer Consent Form

About the focus group:

- The focus groups will last 60-90 minutes & will be recorded.
- The focus group material will be treated as confidential and anonymous: no person outside the research team will know your name or have access to the recording.
- If your comments are quoted or reported we will do this in such a way that you cannot be identified.
- Focus groups are not compulsory and you may withdraw from the process at any time, although information gathered before this point may still be used.
- The recordings will be kept in a password-protected folder and Data will be kept for 7 years after the study has ended and then securely destroyed.

About the observations:

- The observations will take place during *Imagine Arts* sessions.
- The observational data will be treated as confidential and anonymous: no person outside the research team will know your name or have access to the data.
- Observations are not compulsory and you may withdraw from the process at any time, although information gathered before this point may still be used.
- The data collected will be kept in a password-protected folder and Data will be kept for 7 years after the study has ended and then securely destroyed.

About the questionnaires:

- The questionnaires will take about 15 minutes to complete.
- The questionnaire material will be treated as confidential and anonymous: no person outside the research team will know your name or have access to the surveys
- Questionnaires are not compulsory and you may withdraw from the process at any time, although information gathered before this point may still be used.
- Questionnaires will be anonymised and have your name removed. A unique code will be used so that you cannot be recognised from it, which will only be known to the researcher.
- The data collected will be kept in a password-protected folder and Data will be kept for 7 years after the study has ended and then securely destroyed.

Name of Researcher: Emma Broome
Contact: emma.broome@nottingham.ac.uk

2 copies: 1 for participant, 1 for the project notes
Evaluating Imagine Arts_Consent Form – Care Staff Version 1.0 Date 27_11_15

Name of Participant: **Please initial box**

1. I confirm that I have read and understand the information sheet version number 1.0 dated 27th November 2015 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. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis. ☐
3. I understand that the focus group will be audio recorded and that anonymous direct quotes from the interview may be used in the study reports. ☐
4. I agree to maintain the confidentiality of group discussions during the sessions. ☐
5. I understand that the *Imagine Arts* sessions will be observed by the researcher who will make written notes. Observations made during the sessions may be used in the study reports but these will be anonymised and kept confidential. ☐
6. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
7. I understand that all data will be anonymous and confidential with the exception of disclosed criminal offences that are not known about or by the disclosure of potential risks to another person or to myself. ☐
8. I understand that information about me recorded during the study will be kept in a secure database. If the data is transferred it will be made anonymous. Data will be kept for 7 years after the study has ended and then securely destroyed. ☐
9. I agree to take part in the above study. ☐
10. I would like to be contacted again in the future about the findings of the study or possible follow-up studies. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Principal Investigator	Date	Signature

2 copies: 1 for participant, 1 for the project notes
Evaluating Imagine Arts_Consent Form – Care Staff Version 1.0 Date 27_11_15

Appendix 9: Consent form for artists

University of Nottingham, School of Medicine, Division of Psychiatry and Applied Psychology

Title of Project: Evaluating *Imagine Arts*.

Name of Investigators: Emma Broome Professor Tom Dening

Healthy Volunteer Consent Form

About the observations:

- The observations will take place during *Imagine Arts* sessions
- The observational data will be treated as confidential and anonymous: no person outside the research team will know your name or have access to the recording.
- Observations are not compulsory and you may withdraw from the process at any time, although information gathered before this point may still be used.
- The data collected will be kept in a password-protected folder and will be kept for 7 years after the study has ended and then securely destroyed.

Name of Researcher: Emma Broome
Contact: emma.broome@nottingham.ac.uk

Name of Participant: **Please initial box**

1. I confirm that I have read and understand the information sheet version number 1.0 dated 27th November 2015 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. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis. ☐
3. I understand that the *Imagine Arts* sessions will be observed by the researcher who will make written notes. Observations made during the sessions may be used in the study reports but these will be anonymised and kept confidential. ☐
4. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
5. I understand that information about me recorded during the study will be kept in a secure database. If the data is transferred it will be made anonymous. Data will be kept for 7 years after the study has ended and then securely destroyed. ☐
6. I agree to take part in the above study. ☐
7. I would like to be contacted again in the future about the findings of the study or possible follow-up studies. ☐

Name of Participant	Date	Signature
Name of Principal Investigator	Date	Signature

2 copies: 1 for participant, 1 for the project notes
Evaluating Imagine Arts_Consent Form – Artists Version 1.0 Date 27_11_15

Appendix 10: Approval form ethics committee

The University of Nottingham

Faculty of Medicine and Health Sciences

Research Ethics Committee
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham
NG7 2UH

Direct line/e-mail
+44 (0) 115 8232561
Louise.Sabir@nottingham.ac.uk

9th February 2016

Emma Broome
PhD Student, Dementia Research
c/o Professor Tom Dening
Professor of Dementia
Institute of Mental Health
School of Medicine
University of Nottingham
Innovation Park, Triumph Road
Nottingham
NG7 2UH

Dear Emma

Ethics Reference No: F18012016 SoM IMH – please always quote
Study Title: The effect of care staff engagement with creative arts activities on the wellbeing of care home residents with dementia: An intervention study.
Chief Researcher/Academic Supervisor: Professor Tom Dening, Professor of Dementia, Institute of Mental Health, School of Medicine.
Other Key researchers: Professor Elizabeth Peel, Professor of Psychology & Social Change, Institute of Health and Society, University of Worcester, Professor Justine Schneider, Professor of Mental Health and Social Care, Institute of Mental Health, School of Medicine.
Student Researcher: Emma Broome, PhD Dementia Research, Psychiatry and Applied Psychology, School of Medicine.
Duration of Study: 01/2016-31/01/2017 12 mths **No of Subjects** 25+ (18+ yrs)

Thank you for submitting the above application which was considered by the Committee at its meeting on 18th January 2016 and the following documents were received:

Evaluating Imagine Arts:

- FMHS Research Ethics Application Form version 1.0, 27/11/2015
- Protocol Final Version 1.0 27/11/2015
- Participant Information Sheet – Artists Version 1.0 27/11/2015
- Participant Information Sheet – Care Staff Version 1.0 27/11/2015
- Participant Information Sheet – PWD consultee Version 1.0 27/11/2015
- Participant Information Sheet – PWD Version 1.0 27/11/2015
- Consent Form – Artists Version 1.0, 27/11/15
- Consent Form – Care Staff Version 1.0, 27/11/15
- Consent Form – Care PWD consultee Version 1.0, 27/11/15
- Outline Interview Schedule for PWD Version 1.0, 27/11/15
- Outline of Focus Group Schedule for Care Staff Version 1.0, 27/11/15
- Observational Measures of Engagement Version 1.0, 27/11/15
- Evaluation of Workshop Version 1.0 Date 27/11/15
- Quality of Life –AD Scale (Logsdon et al 1999).

These have been reviewed and are satisfactory and the study is approved.

The University of Nottingham

On the Outline Interview Schedule for PWD there is a foot note * Photos of sessions will be used to stimulate discussion…" since taking or using photos of the sessions are not mentioned anywhere else in the application documents it was assumed that this was left in error and should be removed and/or clarified and the documents revised accordingly.

Approval is given on the understanding that the Conditions of Approval set out below are followed.

1. Please can you submit copies of letters/emails of agreement from the participating Care Homes when these are available for our records.

2. You must follow the protocol agreed and inform the Committee of any changes using a notification of amendment form (please request a form).

3. You must notify the Chair of any serious or unexpected event.

4. This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.

5. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

pp

Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix 11: Participatory arts in care settings: A multiple case study: Innovative practice

Article

Dementia
0(0) 1–10

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SAGE

Participatory arts in care settings: A multiple case study: Innovative practice

Emma Broome, Tom Dening and Justine Schneider
University of Nottingham, UK

Abstract
This paper describes two case studies of arts interventions in UK care settings. Visual arts and dance movement interventions were regularly held in two settings. This paper draws on data from qualitative interviews, reflective diary sheets and narrative monitoring reports to examine the content, context, and process of the arts interventions within the care settings. Activity coordinators play a crucial role in the success of arts interventions in care setting through their knowledge and support of residents. We recommend that preparatory consultations should take place between arts practitioners and care personnel, as this seems to improve participation and overall satisfaction.

Keywords
dementia, long-term care, non-pharmacological interventions, creative arts

Background

Creative and cultural opportunities can enrich the lives of older people, particularly of those living with dementia. Participatory arts interventions can positively impact mood, cognition and communication, as well as the quality of life of people living in residential care (Young, Camic, & Tischler, 2016). Other outcomes include promoting learning, increasing confidence and socialisation (Camic, Baker, & Tischler, 2015; Young et al., 2016). The benefits of visual arts activities have previously been evaluated for people with a diagnosis of mild to

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Email: emma.broome@nottingham.ac.uk

severe dementia compared to recreational activities alone. A randomised controlled trial conducted by Rusted, Sheppard, and Waller (2006) demonstrated that, over a period of 40 weeks, participants in art therapy sessions improved in both mood and sociability. Likewise, results from an observational study utilising the Greater Cincinnati Chapter Well-Being Observational Tool (Kinney & Rentz, 2005) revealed that older adults had improved well-being during the arts intervention. These studies demonstrate that older adults who have a cognitive impairment are able to participate in artistic workshops. Moreover, participation in artistic programmes can encourage feelings of competence; in focus groups, people with dementia self-reported their satisfaction participating in cultural sessions (Ullán et al., 2012).

Benefits have been demonstrated in dance movement sessions for people with dementia. Findings from a systematic review reported that dance therapy reduced problematic behaviours, enhanced mood, socialisation and cognition in care home residents (Guzmán-García, Mukaetova-Ladinska, & James, 2012). A meta-analysis reported that dance sessions may increase the quality of life and positively affect wellbeing, mood and affect (Koch, Kunz, Lykou, & Cruz, 2014). For people with dementia, the opportunity for expression through non-verbal processes can be beneficial; dance movement can be used as a supplement or alternative to speech (Nyström & Lauritzen, 2005). These examples demonstrate that there is an opportunity to enhance the quality of life for people living with dementia by offering cultural activities in care settings.

The *Imagine Arts* programme, in Nottingham, is one of four national projects to be awarded a grant from Arts Council England and The Baring Foundation's Arts and Older People in Care fund. The programme aims to introduce arts practice that challenges, engages, stimulates and enables older people in care to have access to cultural opportunities. Each project is a collaboration between a national care home provider, arts providers and the city council.

Method

A dual case study design was chosen to evaluate the arts intervention. Case studies enhance our understanding of how or why programmes work, making it a valuable tool in exploring complex interventions within specific settings (Yin, 2014). The exploratory case studies had the following aims (i) to provide insight into the context, content and process of the sessions; (ii) to explore the impact of the creative sessions on residents, care staff and arts practitioners; and (iii) to reflect on any influencing factors and challenges.

Setting

The two care homes under examination were selected for practical reasons as they fitted with the *Imagine* programme timing.

Orchard Hill

Orchard Hill (OH) is a local authority care home providing housing for 42 individuals requiring nursing or personal care, including those living with dementia.

Arts intervention: Theatre

This intervention consisted of bespoke performance sessions, combining movement and music, facilitated by drama specialists, dance movement therapists and musicians supported by volunteers. These were held in the care home for a period of six weeks, with each session lasting approximately two hours. The intervention took place in a communal space within the care home.

Redcliff Day Centre

Redcliff Day Centre (RDC) is a registered charity; this purpose built centre offers day time activities and support for older people in the community five days per week.

Arts intervention: Carnival

This intervention was designed to enable participants to engage with community events beyond their care setting. Participants, supported by professional artists, assisted in the creation of two large puppets, showcased in the local carnival parade as well as community and public settings.

Data collection and analysis

After the intervention, semi-structured interviews were conducted with arts practitioners (N = 2), care setting managers (N = 2) and activity coordinators (ACs) (N = 2). Interviews were audio-recorded and transcribed. Documents, including reflective diary sheets (N = 19) kept by the artists delivering the intervention and quarterly monitoring reports to the funders (N = 10), were also included in the analysis. In addition, the researcher visited and observed the intervention in context. The data were analysed using thematic analysis (Braun & Clarke, 2006). The researcher immersed herself in the data by listening to the audio-recorded interviews and transcribing them verbatim. Data were completely coded, identifying concepts deemed relevant to the research questions. The codes were then categorised to develop themes based on central organising concepts; the themes were identified deductively, based on the research aims. Instances in the data which were perceived to accurately represent each theme were extracted. The extracts have been used to illustrate the content and meaning of each theme.

Results

The analysis led to the identification of five major themes that have a temporal sequence: factors refers to the venue; expectations to what happens before the session(s); opportunities and staff support relate to within the session; and skills and sustainability is about what happens afterwards.

Organisational factors

Organisational and environmental features influenced the process of the sessions. These were twofold: (i) the physical space available for the sessions; and (ii) working with the existing routines of the care setting. Challenges associated with the physical

setting included rearranging the furniture to make the space as functional as possible and the access the practitioner had to participants, due to the layout and facilities available. Practitioners described working creatively to overcome the problems of the space. Hosting the arts session in a shared space meant that passers-by were able to experience the beneficial effects of the session. Staff appreciated that the space was being used for a novel event and they could see resources, such as a piano, being utilised for residents' enjoyment:

> I think it definitely did have a wider effect...areas can become a bit tedious with the same activity day in day out or no activity, so I definitely think it did brighten people's moods. (Arts Practitioner)

Even though there was a dedicated room for activities, the intervention at OH took place in the lounge. Staff explained that the large and open plan lounge allowed more residents to participate. In both settings, the intervention had to accommodate existing routines of the facilities, including the weekly activity schedule organised by staff.

In residential care, the intervention became the main stimulus or residents, as opposed to the day centre where the main purpose of attendance was socialisation and activity. The differences in the creative environment, and consequently the practitioners' approach to the intervention, between the day centre and residential homes were highlighted:

> The atmosphere is a little bit different because it is more residential, so you've got a hushed, more sedate environment. Generally [you are] coming in to try to whip a bit of excitement, interest, fun. (Arts Practitioner)

It seemed that the main challenge for practitioners was to identify the purpose and expectations of the intervention whilst at the same time considering the working demands of a care setting.

Opportunity for expression

The second theme encompasses the enjoyment, of staff and residents, of the sessions. Residents were described as interacting with each other and with the facilitators, reacting and engaging to the stimuli:

> I think the residents enjoy it. Some of them or most of them seem happy about it and they seem a bit joyous. (Care Team Leader)

Seeing the residents happy resulted in satisfaction for the staff as well; the AC described the lasting impact that the sessions had:

> When a resident talks about something afterwards to me and they did, that shows to me that it's made a mark on them. (Activity Coordinator)

There appeared to be wider effects for individuals from being in a room with music and movement. The opportunity to interact with individuals and activities outside of the care

setting was expressed as being valuable:

> I think it's important for social interaction with people from the outside coming in. Most of them don't get to see the arts and those kind of things anymore. (Activity Coordinator)

One successful aspect of the intervention was the ability to bridge the divide between the care settings, cultural venues, and activities. Many residents had previously been involved with local arts activities and the staff perceived that the programme reawakened memories and enabled residents to participate in previously enjoyed pastimes:

> One gentleman that attended, every time the Theatre comes in, he tells them that he worked on the theatre when it was being built. . .[they] took him to the Theatre, and he's been on stage and this all came about from this project which is fantastic. (Activity Coordinator)

This example demonstrates the lasting impact of this programme; offering staff the opportunity to celebrate the life history, or new successes, of their residents which can be shared within the care setting.

> I think we all say just to hear music and people and hear people having fun going round the home is just wonderful. (Activity Coordinator)

Reported spill over and lasting effects for the wider context of the care setting included staff dancing to music and residents discussing the sessions after they had happened.

Staff supporting engagement

This theme refers to the way staff encourage and facilitate the access and experience of residents participating in arts sessions. ACs play a key role in supporting the engagement of the residents in the sessions. Staff were instrumental in assisting the practitioner and providing support to residents who required extra assistance:

> Without [support staff] I would struggle to coordinate everyone and lead an activity as well. (Arts Practitioner)

Most of the residents needed initial encouragement to attend the sessions; ACs had to work proactively to achieve attendance:

> There [were] a few residents that don't like to venture out of their rooms or in their lounges or their corridors. I sort of sat with them and explained what was going on and saw them open up singing. (Activity Coordinator)

Similarly, staff at RDC described how they gave residents information about the intervention in advance. This was to encourage participation and give ownership of the sessions:

> They need to know as well, it's not fair just coming in and saying, "right you're doing this today". It is their centre, so we like to bring to them as much [information] in advance as we can. (Care Worker)

Utilising the knowledge of care staff was felt to positively influence the outcomes of the session. Practitioners incorporated staff insights about residents' preferences, for example favourite music, which facilitated greater engagement. Practitioners are afforded little time to get to know residents, therefore staff knowledge of residents' likes and dislikes, as well as their ability to interpret residents' responses to interventions could be a useful tool. Staff at RDC described how they select participants for the intervention based on their knowledge of members' likes and dislikes:

> Once we know what kind of activity is coming in we gauge it to our members on that day. . . .so we can say right [resident A] can interact really well with this project or there might be another group who will interact better. (Care Worker)

Other challenges of staff involvement included becoming immersed in the activities themselves, disadvantaging the residents they were assisting:

> Sometimes the volunteers also get too involved themselves by the activities. . .people who might need the help aren't [getting it] so sometimes that's a little bit difficult to manage. (Arts Practitioner)

Expectations

Expectations is an overarching theme regarding the way practitioners and care staff perceive their roles and responsibilities and how this influences the intervention. Having clear expectations of individuals participating in the intervention was highlighted as an important aspect of facilitation. Practitioners felt conflicted about the length of the sessions due to the expectations of the care setting. Sessions which focus on mobility and physical activity need to be flexible in length and content to cater for the abilities and needs of the residents:

> I did sometimes think that care homes think that someone is going to come in for at least two hours and it feels like a morning activity, but I think the expectation around something that is more physical and moving it's quite hard to sustain that. (Arts Practitioner)

A designated consultation briefing was considered a desirable future action by both the practitioners and the ACs. This briefing would serve two functions (i) to gather information from the practitioners about the sessions, thereby to ease facilitation (ii) to impart pertinent information to the practitioner about what usually works best in the setting. Dialogue between the care setting and practitioner was emphasised as important to fully realise the potential of the arts sessions. For example, one practitioner described how they were not able to fully utilise facilities, such as a piano, until later in the sessions.

The AC was responsible for coordinating the sessions and specified as a valuable resource by the practitioners, particularly when wider staff members were less accommodating:

> The staff who are contacts and links support very good so times you get other general staff who [have] got other duties and other responsibilities... or you get loud conversations happening nearby not trying to talk to the room because they are not appreciating to take their

> conversation elsewhere… it is so valuable to have activity coordinators or that link who know the centre, know the people, know the staff who can do that groundwork. (Arts Practitioner)

It was reported, and expected, that wider staff generally do not participate in activities within the home unless specifically requested by the AC:

> We don't get involved because we let [the AC] do it obviously unless we stood and watched for a few minutes because we're quite busy. (Care Team Leader)

The main reasons staff felt they could not get involved with the sessions was because (i) the focus on providing physical care took priority over social needs and (ii) because the responsibility of daily activities lay with the AC.

Skills and sustainability

Gaining skills was a two-way process for practitioners and ACs. The sessions gave the practitioner a greater understanding and appreciation for working in care settings with an elderly population. They developed skills which could be used in future projects and transferred into other areas of work:

> It helped me to pull together my understanding of similarities between different care homes and what things might be different or figuring out what pretty much always works and what things can be a little bit more challenging for individuals. (Arts Practitioner)

The active participation of the AC in the sessions contributed to the sustainability of the programme. The generation of new ideas and inspiration, from observing the practitioners, was considered a successful outcome:

> It just gives us new ideas for different activities and different projects ourselves…I mean, I've taken part in them but I'm no artist yet [it] just broadens ideas. (Care Worker)

The success of the programme was attributed to the effective working relationship between the practitioner and the AC. However, it appeared that other care staff were unable to fully engage with the programming:

> The AC attended every session but the care staff seemed to be too busy with basic care to participate. This wasn't a problem to us, but they have not been able to offer any feedback on what we did or whether or not they feel they could do something like this themselves. (Arts Practitioner)

Discussion

This dual case study gives insight into the context and content of an arts programme. These findings suggest that participatory arts interventions may be successfully employed within care settings. ACs were given the opportunity to gain new skills and creative techniques

which can be implemented in the future, maintaining the positive impact of the sessions, and contributing to the legacy of the programme.

The support of the AC was identified as an important factor, in terms of motivating and supporting residents to attend the sessions, and the innate knowledge they had of residents' needs, abilities and preferences. Artistic sessions which require higher facilitator to participant ratios, such as visual arts workshops, would benefit from the attendance of care staff in addition to the ACs. It would also give wider staff the opportunity to feedback to practitioners regarding the sessions, with the potential to create a community of practice where care personnel and practitioners could learn from each other's skillset. This would require a cultural change within the setting, where social and emotional care, including meaningful activity, is prioritised alongside physical care needs. At RDC, all staff members were expected to participate and facilitate activities for residents, in contrast to OH where the responsibility lay solely with the AC. Residential facilities have additional pressure to complete daily caring tasks, beyond what is required from a day centre. This may impact the delivery of arts interventions in these settings, particularly how care personnel engage with creative activities within their workplace.

The staff selection of participants noted in these cases has both advantages and disadvantages. Residents selected may be encouraged to participate in activities they enjoy; however, this may limit the choice of the residents, potentially diminishing their autonomy. Or it may exclude some residents from sessions that they would have enjoyed. How staff and residents may be able to interact in arts sessions is worthy of further consideration. In some instances, staff may become overly involved, e.g. doing for the resident rather than doing with them. However, perhaps including staff members as equal participants could be done more often and could have experiential and other benefits.

It could be suggested that a consultation between practitioners and care personnel, to better inform each other before the commencement of an arts programme, would benefit the facilitation of the sessions (Broome, Dening, & Schneider, 2017). A briefing would allow both parties to clarify the purpose of the arts intervention and establish realistic expectations. It also provides an opportunity to identify and address barriers, both contextual for example regarding residents' needs and abilities, or environmental such as working within the routines of the care home. This would enable the sessions to run more effectively from the outset. Moreover, it enables staff to pass information to their residents, empowering them to make decisions about attendance, or to encourage those who may be tentative.

Limitations

This is a small scale evaluation; therefore, there has limited transferability. In addition, it lacks the participants' accounts of the programme. However, common themes were identified in the data analysed which provide insight into the implementation and impact of participatory arts interventions in care settings.

Conclusion and recommendations

These case studies demonstrate that creative arts interventions are an engaging and enjoyable activity for older people living in residential care which may contribute to their well-being. The identification of influencing factors and challenges which impact on stakeholders may be beneficial for future arts practice in care settings. The support and collaboration of

ACs were invaluable for the programme; arts programmes may benefit from briefings between arts practitioners and care personnel to clarify roles and responsibilities. Future research could evaluate the role of the AC within the care setting, and whether this enables or constrains staff participation in arts interventions. There is scope for participatory arts in residential care, and using the findings of this evaluation to implement sessions to have the most benefit.

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Appendix 12: Evolution of coding schema

Coding scheme developed from literature review and pilot case study:

Contexts:

1. Abilities
2. Access to the arts
3. Active participation
4. Adapting to needs
5. Aim of session
6. Attendance
7. Behaviour of residents
8. Challenges
9. Continuity
10. Drama
11. Element of session
12. Environmental factors
13. Expectation of care home
14. Expectations
15. Experience of working in care setting
16. Facilitators
17. Group size
18. Involvement with programme
19. Length of programme
20. Length of session
21. Level of engagement
22. Motivation
23. Number of facilitators
24. Other entertainment
25. Passive participation
26. Physical setting
27. Planning of sessions
28. Props
29. Role of activity coordinator
30. Routines of the care setting
31. Storytelling
32. Theatre aspect
33. Things that worked well
34. Training for care staff
35. Working with activity coordinator

Mechanisms

1. Atmosphere during sessions
2. Choice
3. Enjoyment
4. Equal participation

5. Familiarity
6. Flexibility
7. Group cohesion
8. Interaction between practitioners and residents
9. Perceptions of residents
10. Positive atmosphere
11. Recognition
12. Relationship
13. Reminiscence
14. Socialisation
15. Staff engagement
16. Understanding residents' behaviour
17. Validation
18. Working creatively
19. Working one-on-one

Outcomes

1. Areas for improvement
2. Collaborating with other artists
3. Communication/improved understanding of communication
4. Confidence
5. Engagement
6. Lasting impact
7. Learning
8. Positive behaviours
9. Reflection
10. Skills gained
11. Sustainability
12. Transferability of skills
13. Trying something new

Coding schema from developed from dual case study:

1. Contexts
    a. Focus on care
        i. Staff availability (time and task oriented approach)
        ii. Culture of care (ethos of management, priorities on physical care)
    b. Perceptions of activities
        i. Role of activity coordinator (roles and responsibilities)
        ii. Managing the group
        iii. Selling a new idea to the residents
    c. Environment
        i. Working with existing routines of the care home
        ii. Spatial geography (activities always taking place in communal space)
        iii. Atmosphere in the care home (contained)

        iv. Residents abilities (changes over time)
    d. Value of the arts within care settings
        i. Interruptions from other staff
        ii. Going it alone - isolation of activity coordinator role
    e. Activity coordinators relationship with practitioner (working relationship, trust over time)
        i. Support from programme lead

2. Mechanisms
    a. Fun
        i. Interactions between activity coordinator and residents (Celebrating outcomes, laughter, enjoyment)
    b. Inclusion
        i. Staff facilitating engagement (for individuals who require extra support)
        ii. Staff encouraging participation
    c. Developing relationship
        i. Positive interactions between activity coordinator and residents
        ii. Opportunity for expression
        iii. Understanding residents' behaviour
    d. Celebration
        i. Sharing in the joy of residents' achievements

3. Outcomes
    a. Confident and comfortable (improved confidence of all stakeholders)
        i. Confidence of facilitator
        ii. Confidence of participants
    b. Staff development
        i. Transferability of skills (practitioner designing and sharing knowledge with activity coordinator)
        ii. Inspiring innovative practice (trying something new, new networks)
        iii. Quality of activity
    c. Engagement
        i. Staff supporting engagement
        ii. Staff selection/removal of participants
    d. Doing for instead of doing with
    e. Reflexive practice
        i. Adapting for group and project
    f. Sustainability
        i. Lasting effect of the session
        ii. Sourcing activities

Appendix 13: Dementia Care Mapping raw data sheet

Table 1: Example Dementia Care Mapping WIB scores for participants at Madeira House

Madeira House	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Mean score
Alma	+2.3	+2.6	+2.4	+3.4	+2.6	+2.8	+2.7
Audrey	+1.5	X	+1.5	X	-1.0	-0.7	-0.7
Bridget	+2.4	+2.5	X	+3.2	+1.9	+2.5	+2.5
Doreen	+1.4	+1.1	+0.2	+0.2	+2.2	-0.2	-0.8
Ida	+1.7	X	+1.1	+2.3	X	+2.0	+1.8
Rosa	+2.7	+2.0	+2.2	X	+1.9	+2.2	+2.2
Sadie	X	+2.1	+2.8	+2.6	+2.3	+2.8	+2.5
Veronica	+3.3	+2.8	+2.4	+4.2	+2.7	X	+3
Total time frames	141	170	160	130	141	130	
Group average	+2.3	+2.2	+2.0	+2.6	+2.2	+1.9	+2.2
Number of partici-pants	10	16	14	12	16	13	
Number of staff	1	1	1	1	1	1	

X = did not attend session

AC = Activity coordinator

Table 2: Dementia Care Mapping WIB scores for participants at Sable Lodge

Sable Lodge	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Mean score
Adele	X	X	X	+2.4	X	X	+2.4
April	X	+2.3	+1.7	+2.3	+2.5	+2.5	+2.3
Bernie	+2.2	+0.3	X	X	X	X	+1.3
Beryl	+0.2	X	X	X	X	X	+0.2
Betsy	+1.4	X	+2.6	+1.8	+2.0	+1.1	+1.8
Gertie	X	+0.7	+1.2	+2.3	+1.2	X	+1.4
Jean	X	+1.2	+1.9	X	X	X	+1.5
Madge	+1.8	X	X	X	X	X	+1.8
Peter	X	X	X	X	X	+1.3	+1.3
Rosie	X	+1.5	+2.2	+2.1	+0.4	X	+1.0
Shirley	+1.3	X	X	X	X	X	+1.3
Tillie	X	+0.2	X	X	X	X	+0.2
Total time frames	119	113	107	104	71	67	
Group average	+1.4	+1.2	+1.9	+2.2	+1.8	+1.7	+1.7
Number of partici-pants	10	11	13	11	0	11	
Number of staff	2 ACS	2ACS	2ACS	2ACS	2ACS	2ACS	

X = did not attend session

AC = Activity coordinator

Appendix 14: Dementia Care Mapping Interrater reliability

Table 1: Results from mapper 1

Mapper 1		09:00	09:05	09:10	09:15	09:20	09:25	09:30	09:35	09:40	09:45	09:50	09:55	10:00	10:05	10:10	10:15
P1	BCC	A	A	A	N	N	N	N	N	I	T	I	I	B	A	E	F
	ME	+3	+3	+3						+1	+3	+3	+3	+3	+3	+3	+3
P2	BCC	A	A	A	L	I	I	I	I	I	T	L	I	B	A	F	B
	ME	+3	+3	+3	+3	+1	+3	+3	+1	+1	+3	+1	+3	+3	+1	+1	+3
P3	BCC	A	B	A	L	I	I	I	I	I	T	I	I	I	A	F	B
	ME	+3	+1	+1	+3	+3	+3	+3	+3	+3	+3	+3	+3	+3	+1	+3	+3

Table 2: Results from mapper 2

Mapper 2		09:00	09:05	09:10	09:15	09:20	09:25	09:30	09:35	09:40	09:45	09:50	09:55	10:00	10:05	10:10	10:15
P1	BCC	A	A	A	N	N	N	N		I	I	I	I	B	A	E	F
	ME	+3	+3	+3						+3	+3	+3	+3	+3	+3	+3	+3
P2	BCC	A	A	A	L	I	I	I	I	I	T	I	I	B	A	F	B
	ME	+3	+3	+3	+1	+3	+3	+1	+1	+3	+3	+1	+3	+3	+1	+1	+3
P3	BCC	A	B	B	L	I	I	I	I	I	T	I	I	I	A	F	B
	ME	+3	+1	+1	+1	+3	+3	+3	+1	+3	+3	+3	+3	+3	+1	+3	+3

Table 3: Interrater reliability results for Dementia Care Mapping

	BCC Agreement	**Total possible agreement BCC**	**Concordance co-efficient BCC**
P1	14	15	93
P2	15	16	94
P3	15	16	94
Group	44	47	94
	ME Agreement	**Total possible agreement ME**	**Concordance co-efficient ME**
P1	14	15	93
P2	12	16	75
P3	14	16	88
Group	40	47	85
	Overall Agreement	**Total possible agreement**	**Overall concordance co-efficient**
P1	28	30	93
P2	27	32	84
P3	29	32	91
Group	84	94	89

Appendix 15: Example transcript

Extract from interview with arts practitioner:

1. I: So just going back to that kind of ratio of people to residents or participants, um could you comment on how the staff interacted with the sessions?

2. P: I did, I did and I think err Annabel is brilliant, but I think what's really worrying in Madeira House is that there is never any there is never any health care assistants or care assistants there they go in the other room (...) and err for me that would be another entirely different project but I really think somehow trying to get staff involved as participants within the sessions I think they would enjoy it they'd be able to view residents in a different light enjoy an activity together its group cohesion it could help with communication so I really think there is a missing link there between the staff and the sessions in Madeira House it's like we're in a little bubble that we're completely apart you know the manager I think if I was a manager I would want to pop my head in and have a look (.) err so I think it was really unusual that the manager wasn't aware of what the sessions look like or what was going on I think there is a real missed opportunity there for the staff to view residents in a different light but to engage with residents in a creative way I think that was really missing.

3. I: So when you did have the activity coordinator in the sessions, um could you give me was that like a positive example or a negative example if you have one?

4. P: Yeah so Annabel um it was almost like having another artist there with me when Annabel was there I didn't have to I didn't have (...) to say "oh Annabel could you just" or " Annabel could you oh we need a bit of help here" um she was just on it she could see she knew instinctively if somebody needed that extra support and I think I think Annabel feels more comfortable around the creativity and around the art I think she feels more comfortable in movement and taking part in it and I've seen her confidence grow so if I look back to last year (...) Annabel's confidence at just being able to take part in the movement has grown, but I don't think she is phased by it I can just go " Annabel" um whereas I think Jill is (...) she's not as engaged as Annabel and I don't whether that's because it's a bit like the staff if something is happening I don't have to be there so I don't know whether there is a little bit of that or a little bit of not feeling completely comfortable herself around kind of creative activities or not knowing what to do

within that, um whereas Annabel supported a lot more sessions so she is a lot more familiar (...) with kind of the model and process and what happens um and that really helps when Annabel's there its um it so- it really helps whereas with Jill I feel like I haven't really got that support um.

5. I: Yeah great um and then just going back to like just generally the sessions can you kind of describe what the atmosphere is like during the sessions and and afterwards?

6. P: Yeah on the whole the majority of the time (...) um (...) you know I've come into the lounge and you know there is a low energy and tired bodies and (...) I think on the whole the sessions are supported people become animated and lively and the TimeSlips people sharing ideas and thoughts and um (...) I think just moving together and chatting I think the sessions have been lively and full of laughter and connection and eye contact. um and there has been a sense of group even though the lounge is big and the groups big, and there might be people nodding off, I think there has been a real sense of group within that, group cohesions and group support um (...) yeah have I said enough.

7. I: Yeah no that's great, just a few more questions if that's ok?

8. P: Yeah, yeah, I know I've missed loads, I know I've missed loads out its just when you're chatting, yes carry on.

9. I: No its really interesting can you think of any residents who you think or particular stand out from having benefited from the sessions or that you saw a real change in during the process?

10. P: Hmm umm yeah, right it's just getting my head into this year and not last year and it was a bit of a shock I turned up and people have changed um within a year but I would think (...) one of the people that stands out to me is Alma. Alma has attended most of the sessions this year and she attended probably half of the sessions last yeah and and I noticed with Alma that she's a bit reticent sometimes, to join in, sometimes she'll join in more sometimes she'll join in less I've noticed her eye contact with me has gotten better (...) I've also noticed that her she'll move a lot more than she used to whereas before she would be in the session but her movement might have been not so much whereas her movement has kind of enlarged, she's got slightly bigger movement a little bit more eye contact, I've noticed same with the elastic band, so when there is an elastic band and the whole group is holding on to it

initially I noticed Alma was she gripped sort of really tightly and I noticed she was pulling it away from the other resident next to her really physically **really** kind of quite aggressively pulling it and I've noticed that towards the last three or four sessions that had decreased, um so when we've had props that we have had to share I've noticed that her pulling and her kind of slightly aggressive pulling, pulling it away from the other person has decreased, so I'd really say Alma I think Alma and umm let me just get my head, I'm sorry I have to really just place myself in the space.

Appendix 16: Full search string

Full search string used in literature review

Dementia OR Alzheimer's Disease OR vascular dementia OR dementia care AND art OR art therapy OR art* arts interventions OR creativity OR music therapy OR creative arts OR drama OR dance OR dancing OR art programmes OR imagination OR visual art OR participatory art OR meaningful activity AND Long Term care OR care home OR nursing home OR residential care OR long term care facility.

Appendix 17: Semi-structured interview guide

Case Study Interview Questions (Artists, Activity Coordinators, Managers)

Opening Questions:

- Can you tell me about your role/yourself?
- Can you tell me about the session? (Live streaming/armchair gallery/carnival/iPad engage)

Transition Questions:

Artists/Activity coordinators

- Can you describe the structure of the sessions?
- How was it delivered?
- Who was involved?
- What was the content?
- Can you describe an experience that stands out for you from one of these sessions?

Managers

- Can you describe an experience that stands out for you from one of these sessions?

Key questions:

Theme 1: Engagement

Artists/Activity coordinators

- Can you describe the impact of the session on your residents?
- Do you notice any change in your residents' social interactions or engagement during the creative arts sessions?
- Do you notice any difference in the way your residents' communicate during/after the creative arts session?
- Do you feel that the session had any social impact on residents/staff?
- Can you comment on the social dynamics of the session?
- Can you discuss any residents who have benefited from engaging in the session?
- Can you discuss any residents who have not benefited from engaging in the session?
- Which aspect of the session do you feel elicited the best engagement?
- Considering the residents reaction to programmes which sessions were the most successful? Least successful

Managers

- Can you discuss any residents/staff who have benefited from engaging in the session?
- Can you discuss any residents/staff who have not benefited from engaging in the session?
- Have you noticed any positive or negative changes during or after the session in your residents/staff?
- Considering residents reaction to programmes which sessions were the most/least successful?

Theme 2: Environment/Critical Factors

Artists/Activity Coordinators

- What impact do you feel the setting had on the sessions?
- Do you feel the session had an impact on the wider care home?
- Were there any processes in place to ensure that the sessions were accessible to the residents?
- Can you describe any challenges/issues you have faced?
- Can you think of any areas for improvement? What could have been done better or differently?
- If you were to compare this session with your normal workplace activities how are they similar? How are they different?
- If you were to engage with a creative arts programme/care home again, what would you change (if anything)?

Managers

- Were there any processes are in place to ensure that the sessions are accessible to the residents?
- If you were to compare this session with normal workplace activities how are they similar? How are they different?
- Do you feel the session had an impact on the wider care home?
- Can you think of any areas for improvement? What could have been done better or differently?
- Can you describe any challenges/issues you have faced?
- If you were to engage with a creative arts programme again, what would you change (if anything)?

Theme 3: Person-centred care/relational care

Artists/Activity Coordinators

- Do you feel as if you have gained any skills as a result of facilitating/participating in the session?
- How would you describe your relationship with the residents during the sessions? After the sessions?

Manager

- Do you think your staff have gained any skills as a result of participating in the sessions?
- Is this something you feel your residents would continue to benefit from?
- Could you tell me what positive/negative impacts the session has had on the care home?

- How would you describe your relationship with the residents during the sessions? After the sessions?

Ending questions (all)

- Is there anything else you'd like to comment on/add?
- Have you got any final thoughts or any things you'd like to follow up that I haven't asked you?