

Art in Residence
Year One Report – 2017/18

Ben Uri Gallery and Nightingale House
Research by University of West London



Arts and Health



Ben Uri Gallery, Nightingale House and the University of West London

Art in Residence

Year 1 – discussing art, making art

**Findings and review of evidence – December
2018**

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4. Summary of key findings

Key findings from the first year of AIR were:

- Discussing art and making art has a positive impact on the wellbeing of care home residents with, and without dementia.
- Where emotional wellbeing of residents was sustained across sessions there may have been some positive effects on residents' cognitive abilities or memory.
- Residents with dementia demonstrated an ability still to understand, think, reflect, communicate and participate in groups discussions about art – functions that dementia causes to deteriorate.
- Identifying residents with dementia to be members of the groups proved challenging and not all residents selected were able to participate.
- The 17-week programme of group sessions was successfully sustained and could be repeated in a care home with the resources of Nightingale, working in partnership with an arts organisation. The longevity is necessary to achieve positive effects but is quite time, staff and resource intensive. The groups would need to be adapted for smaller care homes with fewer resources.
- Both Nightingale and Ben Uri derived other benefits from the groups especially around organisational development, staff development and learning, though involving staff more widely at Nightingale proved difficult.

1. Introduction

This is a report of the research findings and evidence from the first year of a three-year arts engagement programme, Art in Residence, between the Ben Uri Gallery, Nightingale House care home, and the University of West London (UWL). A summary report is available separately.

The overall purpose of the research component of the Art in Residence programme has been to investigate and evaluate the different approaches the programme used to improve the wellbeing of people living in care homes, especially people with dementia, by engaging them with the visual arts. Secondly, the research looked at the potential of the different approaches that were tested to be sustainable and replicable at Nightingale House (as well as smaller homes) once the intervention from Ben Uri has concluded.

The first phase of the programme took place in 2018 and involved a five-month period of structured art engagement for two selected groups of residents with dementia. One group met to discuss art and the other group met to participate in art making. The groups consisted of the same 6-8 residents meeting once a week for 17 weeks. The art discussion group involved a one hour, facilitated discussion about a different piece of art selected from the Ben Uri collection. There were six places for residents. The art making group involved a 1½ session where residents were introduced to a range of different art making techniques (e.g. screen printing, working with clay, using textiles, iPad art) and supported to use these techniques to make their own pieces of art. There were eight places for residents (including two for the partners of residents with dementia that attended). The lead facilitator for each group was Emma Hollamby, Learning & Wellbeing Officer (now Arts and Dementia Programme Manager) from the Ben Uri Gallery. The art discussion group was usually co-facilitated by Jacqui Beyer, Nightingale Activity Team Leader, and the art making group by Emily Hall, Nightingale Sessional Ceramicist. They were supported by other staff from Nightingale's activities team, volunteers, and occasional relatives, visitors and other staff.

2. Research aims and methodology

2.1 Research aims

The research in the first year of AIR aimed to address two questions.

- What is the impact on the wellbeing of residents with dementia living in a care home participating in a 17-week programme of facilitated art discussion and art making groups?
- How far are these groups sustainable and replicable in Nightingale and smaller care homes?

Furthermore, in order to understand factors relevant to the research questions, the expectations, challenges and concerns of participants about the project were also explored. In addition, partner organisations were interested in other issues including the impact on the general culture of Nightingale, staff learning and development, the possible future direction of Ben Uri, and future creative engagement activities at Nightingale and in care homes for people with dementia more generally. Where available, findings relevant to these other aspects are also included in this report (findings about future creative engagement activities are contained in Appendix 2).

2.2 Research methodology

A mixed method approach was used in the research, mainly using qualitative methods. It comprised of three main elements:

1. Semi-structured interviews with key participants including some residents;
2. Observational data collection of the sessions involving residents and post-session debriefs with staff and volunteers
3. Recording numbers of residents, staff and volunteers attending each group and having a record of which residents who participated had a dementia diagnosis.

Interviews

Semi-structured interviews were undertaken with key participants in the project. This included residents, a family member who participated in some of the sessions, staff and volunteers involved in planning and facilitating the sessions, and senior staff at Nightingale, including those with care responsibilities. Most participants were interviewed at the beginning of the 17-week programme, halfway through the programme, and after the programme had finished. Interview questions are contained in Appendix 3.

All interview participants were required to give their written consent. Mental capacity to consent to being interviewed for residents with dementia was assessed by the researcher. Contemporaneous notes were taken during each interview and also digitally recorded for the purpose of transcription.

Completed interviews were as follows:

- 21 interviews with ten residents, four from the art discussion group and six from the art making group. Six residents interviewed had dementia (two from the art discussion group and four from the art making group).
- One interview with a relative of a resident.
- 26 interviews were carried out with eleven members of staff and volunteers from Nightingale and Ben Uri who were involved in overseeing or facilitating the sessions.
- Two interviews with senior staff at Nightingale.

Observations, debriefs and staff feedback

The researcher sat in and observed 15 art discussion sessions and 14 art making sessions. Data was recorded on an adapted version of the Arts Observation Scale (ArtsObs), a tool for evaluating arts activities in healthcare settings (see Appendix 4). Information recorded on the scale included attendance, the observed level of engagement/distraction with the art activity for each resident and their observed mood during the session. Additional notes were taken regarding group interactions, comments made by residents, and any significant events that took place during the sessions. The researcher also sat in and took notes on the debriefs involving staff and volunteers that took place after each session. Some informal feedback from staff about residents after they had returned to the units was also recorded. Consent to being observed was obtained from residents with the capacity to give it, or from a 'consultee' (relative or member of staff not involved in the project) for residents unable to give their consent).

Attendance and demographic information

The ArtsObs tool was also used to record resident, staff and volunteer attendance at the groups. Facilitators supplied the researcher with information about who attended the group when he was absent. Information was also shared confidentially with the researcher about which residents had a dementia diagnosis and the type of dementia.

2.3 Analysis

A thematic analysis (TA) was used, based upon the approach described by Braun & Clarke (2006, 2013¹). This involves the researcher immersing themselves in the research data (in this case, interview transcripts and observation notes), through reading and re-reading it and then using a system of coding of phrases, observations, etc. in order to generate themes. TA emphasises the importance of the researcher being reflective and explicit in the choices s/he makes when analysing and interpreting the data. In this case an inductive, experiential and realist approach was taken. This involved a 'bottom up' approach to analysing the data through an explicit attempt to find meaning in what people say and describe (e.g. in interviews), rather than approaching the data with a particular theory or set of concepts. This approach has the benefit of 'giving voice' to what participants said but still involves some interpretation of the data, and generating themes which the researcher has created from the data. As far as possible this creative process was built around an analysis and interpretation of the data in the context of the impact of the programmes' interventions on residents' wellbeing, and the sustainability and replicability of the interventions. While the report does describe some additional findings a limitation of this approach is that there may be other themes that the data could generate but the researcher has made choices which do not focus on these.

In addition to the TA approach, elements of a constant comparison approach (a systematic way of coding and reading data from a number of different sources) were used (Glaser B, 2008²) and some

¹ Braun, V & Clarke, V (2006). 'Using thematic analysis in psychology'. *Qualitative Research in Psychology*, 3, 2, 77-101. Braun, V & Clarke, V (2013). *Successful Qualitative Research*. London: Sage Publications Ltd.

² Glaser, B (2008). 'The Constant Comparative Method of Qualitative Analysis'. *Grounded Theory Review*, 3, 7. Accessed January 2019: <http://groundedtheoryreview.com/2008/11/29/the-constant-comparative-method-of-qualitative-analysis-1/>

very basic quantitative analysis was done concerning participation and attendance at the groups (described in detail in Appendix 1).

Recorded data from the ArtsObs scale concerning attendance, residents' observed engagement with the art activities, and mood, was analysed systematically to identify changes across the course of all the sessions and during the sessions.

It should be noted that the research had to consider a number of factors that may have affected the findings and mean that the findings and conclusions should be treated with some caution. These included:

- Residents not attending some sessions, being withdrawn, or replaced. No resident with dementia attended all 17 sessions. Only two residents with dementia were interviewed at all three points in the project (one of these residents was only diagnosed with dementia during the course of the project).
- Not all residents who participated had dementia. 11 out of the 16 residents to take part were known to have dementia (the majority had Alzheimer's disease).
- Changes in staff and volunteers helping to facilitate the sessions, and the impact of occasional visitors and guests (including two sessions being filmed). Emma was the only member of staff who attended every session.
- Changes in the structure of the sessions during the course of the project e.g. seating arrangements, role of staff and volunteers, planned activity for the sessions, etc.
- Discussing art was a very different form of creative engagement compared to making art. Thinking, reflection and communication skills and being able to participate in group discussion were key for discussing art. Learning, manual dexterity and willingness to try new things were key for art making. The research had not been explicitly designed to compare the two groups although later in the report some observations are made that look at the two groups together.
- The presence of the researcher in the sessions may have been a distraction for some residents; one resident in particular was keen to talk to the researcher about what the research was about and how the resident was perceived by the researcher.
- The number of people interviewed (residents, staff and volunteers) participating was relatively small. Understandably, there was a vested interest in the project being successful among many interviewees. In the first year it was not possible to do long term follow up to assess the impact of the project on residents' wellbeing because the research was concluded a month after the groups finished.
- The ArtsObs tool proved to have some limitations when used in the context of this research. The measure for mood was fairly crude, given that residents who attended the sessions were generally indicating agreement or looking forward to participating, and rarely showed anger, frustration, or sadness (negative emotions during the sessions were not construed as a lack of participation or benefit for the resident, if there was evidence of them being engaged in the activity). There is perhaps scope for developing and refining the ArtsObs to make it more sensitive and finely tuned to participants' moods. Furthermore, the mood of a resident as perceived by the researcher was not necessarily the same as the mood the person was actually in, and there was no way of discerning the latter unless the resident described their mood. Never the less, the ArtsObs provided a useful, systematic way of observing and collecting data that required attention being given to all the residents during the sessions.

3. Research Findings

3.1 Recruitment and attendance

- Identifying and recruiting suitable residents for the groups was the responsibility of the activities team at Nightingale, in consultation with care staff, and according to selection criteria agreed by Nightingale, Ben Uri and UWL.
- Although the groups were intended for residents with dementia, some of the residents recruited did not have a dementia diagnosis. There appeared to be several reasons for this:
 - A lack of clarity at the beginning about the selection criteria because the groups were originally conceived of as mixed groups. The decision to change to dementia only groups and the selection criteria may not have been fully communicated or understood. Before the groups started there had also been the suggestion that residents without dementia might be included as ‘enablers’ to support those with dementia although this did not happen apart from the two residents in the art making group who had partners participating.
 - Memory problems or other impairments being taken as a possible sign of dementia but this not being supported by a diagnosis of dementia.
 - There being no clear information available to activity team members and care staff about whether certain residents had dementia, in their care records at Nightingale.
 - The desire to enhance the wellbeing of residents who it was believed would really benefit from attending groups like these, even if they did not, or were not known to have a diagnosis of dementia.

“We did know it wasn’t very clear, that was a big part of it, going into care plans or talking to care staff and people not having a clear diagnosis...you would think it’s in the care plans and you would assume that the dementia was in the documentation but it wasn’t there”
(member of staff #4)

“I was a bit confused about [resident who did not have dementia] because I haven’t personally seen any signs of dementia with [her]. I asked...because I thought it was for everyone who had dementia. I think everyone had dementia. I thought it was only for people with dementia. But maybe I didn’t see the reasons why they were allocated” (member of staff #5)

“At the beginning, when I was given the brief...I was asking ‘do the residents really need to have dementia?’ and [member of staff] was going ‘well, maybe’, and [another member of staff] was going, ‘they don’t have to have dementia but would they benefit?’ so maybe too many cooks...there was a little bit of faffiness” (member of staff #4)

“I’m wondering if when we considered which residents to welcome to the group as a team we were thinking about people with interest or experience in art, over and trying to maintain the focus with dementia” (member of staff #7)

“We’ve got three units of people with dementia so we could have easily had a group but perhaps it was more focused on ‘are they going to enjoy it because of the creative side’ rather than choosing because of a condition” (member of staff #2)

“There are a lot of residents who don’t have dementia but you are thinking they would really enjoy it and what point do you say we don’t invite them” (member of staff #4)

“We worked on the premise of trying to target people that we were aware had some diagnosis of dementia but because we were not the clinicians we don’t necessarily have that wider clinical expertise...To maximise the opportunity, people were placed in the programme who we felt could really benefit, so it was more around the exposure to social interaction or the creative engagement” (member of staff #3)

- Two residents without dementia were selected because their partners, who also lived at Nightingale, had dementia and had been recruited to the groups. It was hoped that their participation would bring additional benefits to their respective relationships. One of these residents was diagnosed with dementia during the course of the sessions.
- In total, 18 residents participated in the groups. Statistical data about attendance is contained in Appendix 1. 12 residents participated in eight or more sessions. Eight of these residents had dementia. Six residents participated in less than eight sessions (none of whom participated in more than four). Three of these residents had dementia. All of the six residents were withdrawn from the groups (two from the art discussion group and four from the art making group) by their own choice, because they were unwell, their dementia was too severe, or they did not meet the dementia criteria for the groups. The remaining four residents joined the groups after they had started, to replace residents who had been withdrawn and so participated in fewer sessions.
- In terms of numbers of residents attending each session, on average the art discussion group operated at three-quarters capacity. The art making session operated at two thirds capacity. The main reasons for this were residents being unwell or having to attend other appointments (usually medical ones). Only on five recorded occasions did a resident decline to attend.
- On average, each resident attended 62% of all the sessions that they could have attended. One resident attended every session (though they joined the group half way through), and one resident was only able to attend two sessions out of a possible 13 due to ill health. Of the 12 residents who attended 8 or more sessions their attendance rate averaged 93% (for the eight residents with dementia it was 77%).

3.2 Impact on residents’ wellbeing

The impact on residents’ wellbeing was analysed using the ~~interview~~ data from interviews with residents, staff and volunteers, together with the observations during the sessions and the debriefs. The following section describes the findings and concludes with illustrative quotes from residents, staff and volunteers.

Five residents with dementia who attended for eight weeks or more were interviewed: two from the art discussion group and three from the art making group.

Seven other residents attended eight or more sessions. Three had been diagnosed with dementia.

- **Positive views**

Three residents with dementia who were interviewed were very positive about participating in the groups: they described enjoying being part of the art discussions, learning new art making techniques and getting a sense of achievement, other people in the group, the organisation, and the staff, especially Emma. All three would have liked the groups to continue. This was consistent with their engagement and apparent mood during the sessions. Apart from the frustration of missing some sessions and not always connecting with other residents, they had nothing negative to say about being in the groups.

Three other residents who did not have dementia were interviewed and they all expressed how much they enjoyed being part of the sessions

- **Mixed views**

Two residents with dementia who were interviewed had more mixed views. While they did express some positive views they both described uncertainty about why they were part of the groups and the purpose of the groups. They described their participation in somewhat passive terms; being taken to the sessions and the groups partly being for the benefit of the home and the research. One resident didn't like the way some other group members contributed in the sessions. The other resident indicated sometimes feeling a bit self-conscious during the sessions. However, during most of the sessions both residents were observed to engage well with the activity, as well as with staff and other residents, and their mood generally appeared positive.

- **Evidence from observations, debriefs and interviews with staff**

The observations from the sessions, post-session debriefs, and interviews with staff, volunteers and the relative of one resident indicated that all 12 residents who participated in eight or more sessions benefited from being part of the groups. The benefits included:

- improvements in emotional wellbeing;
- active and positive participation in a group activity where previously they had been unwilling to participate in other social activities or were socially isolated;
- connecting with other residents, staff and volunteers;
- being stimulated and challenged, intellectually and creatively;
- giving them something to look forward to and making life at Nightingale more interesting;
- having their views listened to and taken seriously (positive engagement in terms of being valued, not necessarily simply having a 'nice time');
- learning new skills and a sense of creative achievement;
- growth in confidence and ability to communicate;
- being more willing to participate in other activities in the home;
- doing something new and enjoyable.

- ***Residents with dementia not interviewed***

Three residents with dementia who attended for eight or more sessions were not interviewed because of the severity of their dementia. All three were observed to have derived benefits from participating including; a marked shift in mood from negative to positive in the sessions; emotional stimulation through reminiscence; engagement and acceptance into the group; a marked increase in confidence, concentration, and conversation; greater independence, focus and achievement in creative activity; and no longer needing 1:1 support. Two examples:

- A resident who came to the art discussion group often arrived being quite verbally hostile. They required 1:1 support and sometimes disrupted the group. Over the weeks they became more engaged with the discussion and the group. Reminiscence caused by the painting or the conversations often triggered emotional responses which was seen as beneficial by staff who knew the resident. Familiarity with the people and the space, and rearranging the space so residents were closer together and there was only one conversation going on made the resident feel settled and reduced their confusion (which could lead to them becoming grumpy). By the end of the sessions they no longer need 1:1 support to participate, were actively contributing, and accepted by the rest of the group.
- One resident was almost silent in the first few art making sessions they came to. They often appeared to be in physical discomfort, needed 1:1 guidance for the art making activity, was very hesitant in what they did, and could become distracted from the activity and want to walk around. Over time there was a dramatic increase in their confidence, concentration and conversation. They would come into the sessions and start working independently as well as chatting with staff and other residents. After some sessions finished it was reported that the resident's hand movement continued to reflect the activity they had been engaged with in the sessions. In the penultimate session the resident was still painting independently, 20 minutes after the session finished and adamant she would only stop when she was ready.

- ***Wellbeing 'in the moment' or more long-lasting?***

Most of these benefits were observed during the group sessions or shortly after the sessions finished. It was not possible to measure how long these benefits were sustained for, either between sessions or after all the sessions had finished. Were the benefits therefore, primarily just 'in the moment' (though this has value in its own right)? Yet residents' continued attendance in the groups indicated that they felt there was an ongoing benefit. The positive views expressed by residents with dementia about the groups, especially for residents who had difficulty recalling factual details about the groups, are particularly significant. It suggests that the positive benefits experienced in individual sessions may have accumulated over time to create a longer-term positive feeling about being in the group, which may have enhanced their wellbeing more generally. Comments and observations about the use of the handouts for residents in the art discussion group between sessions, and the ability of residents to recall certain art making activities that they had enjoyed, also point to the possible benefits the groups had in stimulating cognitive and factual memory, through positive emotional memories. Two examples:

- A resident in the art discussion group became very unwell during the first session and missed the next nine sessions. They subsequently re-joined the group and attended the remaining sessions. They were very positive about participating in the

group. The positive impact of the group therefore outweighed what might have been a negative feeling stemming from the difficult experience they had when the sessions began.

- A resident in the art making group had severe short-term memory and sequencing problems. They consistently asked to do silk screen printing again, after being introduced to it at one of the first sessions they attended because they enjoyed it. They remembered the basic process of silk screen printing when it was repeated, several weeks after the introductory session. Of course, it's possible that they had done silk screen printing at some point in the past which they had enjoyed, and the session had triggered these memories (though the resident who was articulate, did not say they had done it before). Either way, whether silk screen printing triggered a long-term memory or the enjoyment it brought had embedded new learning, the impact was significant.

- **Engagement and mood**

It should be noted that for most residents, in most sessions, their observed level of engagement with the activity and mood was fairly constant throughout the sessions. Levels of engagement were consistently high: of the 12 residents who attended for eight weeks or more, nine appeared fully engaged with the discussion or activity throughout each session, two appeared fully engaged for the majority of the sessions, and one appeared partially engaged for the sessions they attended. Most residents arrived at the sessions appearing to be calm, relaxed or cheerful. This usually appeared to be sustained or enhanced. One resident sometimes arrived in what appeared to be a bad mood but this always seemed to improve during the sessions. Sometimes residents would express irritation about the discussion or activity but this never developed further or prevented their ongoing engagement. Together with the positive reports from residents and staff it would seem to indicate that residents did benefit from participating. This may also be a limitation of the observational approach taken and the ArtsObs tool which wasn't finely tuned enough to identify more subtle changes in wellbeing that took place during the groups.

How residents described their feelings about participating

Pre-programme expectations

"That I will be enriched in some way by doing it" (resident with dementia #1)

"I would like instruction...I would like to improve...I feel pleased that I've been invited" (resident with dementia #4)

"I look forward to going to it because it's a long time since I saw decent art" (resident without dementia #7)

"At my age and my condition, any attention I get is greatly welcomed" (resident with dementia #1)

"Being at Nightingale for the rest of my life I am very pleased to be trying any functions...I can participate and try" (resident with dementia #6)

Comments from midway interviews

"Excellent, because I call it learning...it's lovely to have this occur at Nightingale because it's a huge positive for me and I'm sure for the people who come to it" (resident with dementia #6)

"Straight after [the session] I have a good feeling, oh very good, especially if I've done something I'm pleased with...at least I've got something to look forward to on certain days...it's wonderful...it's new to me and I enjoy every bit of it...they all give me inspiration, ideas, all the individuals there" (resident with dementia #4)

"Other people attack it [the painting] from different points of view so it makes you think about it. I like this. It helps broaden your aspect" (resident without dementia #9)

"I look back. I can't believe what I've done...I think about the sessions between the sessions. I look forward to coming...I couldn't better it. It's all so nice and friendly, if you are an artist or not an artist...they help you such a lot, they encourage you" (resident without dementia #8)

Comments made during the sessions: art discussion group

"Huge success" (resident with dementia #3)

"It was very good. It was very interesting" (resident with dementia #2)

"I love coming here" (resident with dementia #1)

"Does this happen every week. I would like to come again" (resident with dementia #1)

"This was my weekly dose of culture" (resident without dementia #9)

Comments on pictures viewed by residents in the art discussion group

"An unattractive picture but it does demand my interest" (resident with dementia #1)

"It's very vibrant. It's full of music" (resident with dementia #2)

"It's spontaneous and I'll put an explanation to it later" (resident without dementia #9)

"It's a blob of colour. I wouldn't know if its Normandy or Balham" (resident without dementia #7)

"A deliberate mish mash" (resident with dementia #3)

"It's a meaningless scribble. It doesn't speak to me. I like order. It's disorder. It upsets me" (resident with dementia #1)

"I can't define art but this is something about art. It's contrived art and it's very powerful...these men all bristling with arms and guns treating this creature so gently as not to hurt him" (resident with dementia #1)

"It's not a joyful picture but not all pictures are meant to be" (resident without dementia #7)

"I'm beginning to like it better because of the conversations and what other people have said about it" (resident with dementia #3)

"I don't like art. People on the painting are ugly" (resident with dementia #2)

"I like this very much. The eyes are very powerful, very interesting...I would think my life was worthwhile if I had painted that" (resident with dementia #1)

"I wouldn't put it on my wall" (resident with dementia #1)

Comments made during the sessions: art making group

"[It's] like being a child in a playroom" (resident with dementia #6)

"This really relaxes me the most, coming here" (resident with dementia #5)

"This is my art journal for today: black, white, silver, grey, symmetry, dots, lines and circles" (resident with dementia #5)

[When asked if they enjoyed the group] *"I'm not quite sure at the moment. It may be yes or no, or there is a maybe in there somewhere"* (resident with dementia #10)

"I'm part of a team" (resident without dementia #11)

"Thank you very much. That was a very nice afternoon" (resident without dementia #2)

"Everyone's at work. Silence" (resident with dementia #5)

[Resident's descriptions of pieces they had made] *"semi-Icelandic"; "shrine to the cookie jar"; "the land of the man in the corner"; "grapefruit lips"* (resident with dementia #5)

"I'm a bit lost. I don't quite know what I'm doing today" (resident with dementia #5)

"I think the activity is marvellous...you've stopped me from becoming a zombie" (resident with dementia #4)

Comments from final interviews

"I think the fact of it being so different to anything else that I've ever been part of and when I was able to come I enjoyed every minute" (resident with dementia #6)

"It made a profound impact on what I thought I had done...in and around me" (resident with dementia #5)

"The sessions were always interrupted by somebody who felt they had a particular interest so that made things take longer. So they could have been better organised...whoever was organising them would have had to have known Mr and Mrs Talkative" (resident with dementia #3)

"It was enjoyable and if it [the programme] is restarted I would go back to that. For a person in my position any kind of attention is treasured" (resident with dementia #1)

"Marvellous, so patient, so understanding, so helpful. You name it they've got it" [about the staff and volunteers] (resident with dementia #4)

"Being at the session was also good, leaving aside all the bad behaviour" (resident with dementia #3)

"I hope it doesn't end. It continues and goes from strength to strength...it made Nightingale alive to me" (resident with dementia #4)

“In a positive way it was something I enjoyed. In a negative way it would have been more useful if I had been asked more specifically if I wanted to do something to make me feel more comfortable about the whole thing” (resident with dementia #5)

“I think he [resident] really enjoyed them. He felt included. He felt his views were respected. He felt part of the conversation. He thought it was fun... I think it gave him a sense of being part of something here” (resident’s relative)

“I’m not sure he [resident] remembered the sessions but he definitely remembered the art because he had the papers in the room and when I said these are from the art group he remembered them but he wouldn’t have initiated remembering them. But he used that as a trigger for remembering. Because it was more the general feel of it that was important for him. Interesting and challenging questions being asked, the way his brain had to work a bit harder to engage with the works and being with other people – not being in his isolated little bubble” (resident’s relative)

What staff and volunteers said

“I can see the difference, changes in wellbeing of residents. On a weekly basis they get more familiarity with the event. From negative she [resident] presented, more positive” (member of staff #6)

“The confidence I guess you saw being raised in [residents] and I saw that through them being more active in other areas – that was a big thing to see that happen, the increased confidence, the increased willingness to participate in other things. It was good” (member of staff #4)

“They did things they had never done before...and they had tangible objects at the end and I think that’s vital” (volunteer #1)

“I just thought it was lovely. I thought it worked, you could see people grew into it. [Resident] became more involved and more keen. She turned up even when she said she was too tired” (volunteer #1)

“The amount of reminiscence triggered has been phenomenal” (volunteer #3)

“As you took people back [to the units] they were definitely in a better mood, reflecting on what they had done” (volunteer #4)

“Brilliant to see the residents engaged and comfortable with what they were doing, particularly towards the end, how easy it was to get people doing what was expected of them” (volunteer #2)

“It gave them [residents] a sense of belonging – they come into this every week so it gave them a sense of being wanted. That was very good” (member of staff #5)

“I didn’t even know she [resident] could talk. And then she’s having a full-blown conversation with me, I thought ‘woah’, that was amazing. And she just came in and got on with it, she saw that her bits were there and she just got on with it, that was fantastic” (member of staff #5)

“New experiences in the workshops that she [resident] remembers significantly and speaks of positively such as silk screen printing” (member of staff #7)

“Sometimes she [resident] could be very grateful, very thankful, you could remind of the painting from the session and she remembered the picture but often only for a very short period” (member of staff #6)

“It was nice for her [resident] to experience reminiscence and even if she was looking at new pieces of art it was reminding her of her knowledge of art, her ability to express her opinions on it as well, and with her age she has really benefitted from the discussion, having that stimulation every week, being able to speak up about that she thinks about the art, and the continuity with the group and Emma” (member of staff #7)

“There have been lots of positive comments about them [residents] still remembering about the group” (member of staff #2)

“People who have been able to come, you can see real enjoyment, real engagement and fun. It’s been really positive” (member of staff #4)

“The confidence...you saw being raised in [residents] and I saw that through them being more active in other areas. That was a big thing to see that happen, the increased confidence, the increased willingness to participate in other things. It was good” (member of staff #4)

“It felt like a success – really positive outcomes in the people I work which is a joy” (member of staff #4)

“Really encouraged by the experience that [partners of residents with dementia] had...Helping both partners to find the space to be together and do something and this is very positive, helped in the quality of the relationship” (member of staff #3)

3.3 Sustainability and replicability

The 17-week programme for both groups were successfully completed for both groups. This indicates that the planning, management and delivery of the programme were successful in terms of sustainability and potential replicability in a care home with a similar level of staffing and resources, working in partnership with a gallery like Ben Uri.

However, the observations and interviews with staff and volunteers also indicated a number of challenges the programme encountered and important factors to take into consideration, which had a bearing on the programme’s sustainability and replicability at Nightingale and in other care homes.

These challenges are explored in more detail in the section below, ‘Factors which challenged or complicated the intended impact’ but there were several common themes that the data generated.

Staffing and facilitation

As Tables 2 and 4 in Appendix 1 indicate, both groups were very labour intensive in terms of the numbers of staff and volunteers that attended. Sometimes it was not always clear what skills and facilitative roles needed to be performed in the groups, especially for volunteers: at times, this could result in both over-facilitation (especially in the art discussion group) and residents having difficulty finding space to express themselves; and under facilitation when staff and volunteers were unsure what to do (especially in the art making group) and residents not having an activity to do. From the

interviews the lack of clarity didn't appear to diminish enthusiasm among staff and volunteers but suggests more attention should be paid to this issue when preparing to run similar groups.

The art discussion group's dependency on staff and volunteer input within the sessions was reduced during the programme. However, at a practical level the involvement of several members of staff and volunteers to collect residents from different areas of the home and bring them to the group, and return them afterwards, was crucial. If Nightingale or a care home of similar size wanted to replicate these groups similar levels of staff/volunteer support would be necessary and in much smaller care homes it is very unlikely there would be sufficient numbers of staff and volunteers available to run the groups in this way. Conversely, the size of Nightingale posed problems as it could take some time to locate and bring residents to the groups. This would be less of a problem in a smaller care home.

Comments from staff, volunteers and residents indicated that the role of lead facilitator (Emma, from Ben Uri) was crucial to the success of both groups. Emma planned in advance and attended every session. While other staff and volunteers made active and positive contributions Emma tended to lead each session; on the one occasion she was ill and unable to facilitate the sessions did not take place (although this was very early in the 16-week programme). A number of very positive comments were made about her technical skills and knowledge but also her inter-personal skills and character. The requirements of Emma's role were quite extensive; knowledge and experience of working with people with dementia, group facilitation and leadership skills; knowledge of art; practical skills in art making; planning and management skills. The sustainability and replication of both groups clearly require either an individual or small team (2-3 people) to have all these skills. With the possible exception of an activities co-ordinator with an arts background it is unlikely that staff working in a care home would have this combination of skills. To sustain or replicate the groups would therefore require a programme of staff training, mentoring, shadowing and co-facilitating in order to run the groups.

Resources and environment

Linked with Emma's role were the resources required for the groups. The reproductions of pictures used in the art discussion group were of very high quality and the art making group involved supplying and using a lot of resources; this was all thanks to the partnership with the Ben Uri Gallery and funding from the Pauline and Harold Berman Charitable Trust. In addition, Nightingale made suitable facilities available (a library and an activities room) in which the groups could take place. Smaller homes would not have the same amount of space that Nightingale could provide for the groups, and for the groups to be sustained or replicated at Nightingale, the ongoing support of Ben Uri would appear to be crucial.

Involvement of care staff

Finally, several staff commented on the difficulty they had involving care staff who worked in the different areas where residents lived at Nightingale in the groups. This was not a problem that was specific to the programme as similar difficulties arose with other activities put on for residents in the home and it was also acknowledged that care staff had particular roles and duties they had to perform on the different units where they worked. Even members of the activities team and volunteers found it hard to follow up with residents after each session finished. However, for the benefits of the groups to be sustained, or replicated in smaller homes, greater involvement of care

staff in facilitating the groups and talking with residents after the sessions would appear to be important. This perhaps involves wider issues of leadership, management, and workforce development.

What staff said about sustainability

“Sustainability is dependent upon a number of factors. Someone who is leading the engagement programme...Someone with a vision, to make it happen... You need a team of people who can share that vision who have the specific skills to complement what’s involved in the project... Best practice as a point of reference” (member of staff #3)

“The reality for Nightingale – it should be sustainable because we do have a lot of staff and we do do it in other classes so we should be able to keep something going” (member of staff #2)

“Clear guidelines, training, support, at least initially, of an art specialist” (member of staff #4)

“That can’t be the model. How can this work so it isn’t so resource intensive and time consuming? Feels like it becomes a bit of a headache for Nightingale so not transferable or sustainable” (member of staff #1)

“Sustainability by investing in staff training. Staff have to see this outside person come in and run it and how it’s done professionally...one passionate person to take it up and want to do it, who may need to be rewarded for having done it, for their development. It doesn’t have to be exactly the same format” [member of staff #1]

“Looking at smaller homes one thing we could do is invite people to come and see what we have done, to help them to recognise you can build a programme like this with limited resources or think about how you use the community that you are part of to support you in that programme” (member of staff #3)

“Definitely having as many staff as we did was a massive benefit to the group. In reality in a small home where they don’t have a big activities team and not so many volunteers it may be difficult” (member of staff #2)

“In some ways it would be easier to carry these things on in a small care home because everyone is in one communal area so no 20-minute walk to get someone from somewhere else”(member of staff #1)

3.4 Discussing art and making art

The first year’s research for AIR found that both the art discussion and art making had positive impacts on residents’ wellbeing. The research methodology had not been designed to compare the two groups and the data recorded on the ArtsObs tool did not lend itself to being aggregated in order to do a retrospective comparison. The small numbers of participants place further limits on comparing the two groups; for example, there were never more than three people in the discussion group at any session who were known to have dementia.

Furthermore, what was observed in general terms were the different forms of creative engagement that the two groups involved. Discussing art was a very different form of engagement compared to making art. Thinking, reflection and communication skills and being able to participate in group discussion were key for discussing art. Learning, manual dexterity and willingness to try new things were key for art making. However, these differences did appear to have some effects which were both observed and commented on in some interviews. This enables some tentative comparisons to be made.

The art discussion group became cohesive because of the interactions it required, and a collective focus on the same piece of art. Regular periods of silence in the art making group as people concentrated on their work was not detrimental to the group, but silences would have been had they occurred in the art discussion group. While some members of the art making group did interact with each other the activity was focused on individual art making. Some staff and volunteers involved with both groups commented on how the art discussion group was more distinct and unusual because of how it enabled residents to participate, despite the cognitive challenges posed by dementia. It was also seen as possibly more empowering because the views of participants were listened to and respected and these could include reminiscence, feelings invoked by the picture and their knowledge of art. On the other hand, the art making group was seen to give people a more personal sense of achievement and creativity which could also be shared collectively.

The activities in both groups were of value but people with dementia looking at and discussing art is much less well researched than art making. One members of staff questioned whether the art making group was doing anything new compared to similar groups previously, although they were able to identify some differences. Discussing art is also potentially more innovative and ground breaking because it draws upon human functions which are impaired by most forms of dementia; cognition and communication (though cognition also played a part in the art making it was not so essential that participants followed the guidance offered by the facilitators).

All four people who attended the discussion group who had dementia were able to participate in discussions about the paintings both one to one, and as part of a wider group discussion with staff, volunteers and other members of the group including those who didn't have dementia. They were able to express their views about the pictures they saw spontaneously, in response to comments by others, and as part of a discussion guided by the facilitator. They expressed likes and dislikes (often with reasons), views on colours in the picture, composition and contents, and the feelings it invoked.

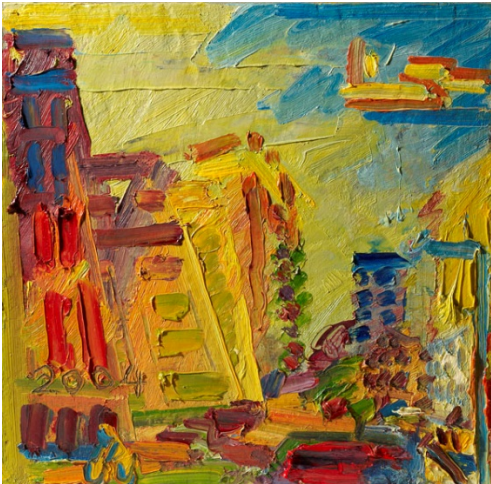
Two examples:



Martin Bloch – House in Varengeville, Normandy, 1939

Comments made by residents with dementia:

- *“There’s something extremely good about [the colours]. It makes me feel a bit woozy”*
- *“I wouldn’t have it on my wall. I don’t like the isolation of the human being. I don’t like it. It’s overwhelming”*
- *“I like it very much, I like the bright colours”*
- *“It seems to be chaos from a chaotic mind”*
- *“We are existing in a different period from when this is painted”*
- *“There’s an object that looks like a Hoover”*



Frank Auerbach – Mornington Crescent, Summer Morning II - 2004

Comments made by residents with dementia:

- *“It’s very vibrant. It’s full of music”*
- *“Lovely. All the work that’s gone into it. I could go into that work and lose myself in it”*
- *“There’s no need to be friendly [talking about the artist] if you can paint like this”*
- *“I stand by my original reaction – positive”*

A number of pictures discussed had strong Jewish themes involving belief, customs, history and community life. Discussions about these paintings often involved reminiscence, with a lot of facilitation and contributions from staff and volunteers. At times reminiscence seemed to work particularly with one person with dementia, though it could also lead them to having more emotional memories about their parents, seemingly unconnected with the picture. Other residents with dementia also reminisced at times. However, the majority of contributions involving reminiscence came from residents in the group who did not have dementia – perhaps they found it easier to recall and describe memories.

Showing pictures with strong Jewish themes may not be so relevant in non-Jewish care homes but the ability of residents with dementia to engage with other aspects of the picture suggest that these themes were not essential for engagement even in this setting. Using the picture to prompt reminiscence clearly had some value but could also involve a range of emotions, and was not necessarily what residents were able to discuss or wanted to discuss. Facilitating people to respond ‘in the moment’, whether it was an emotional response or thoughtful response was of clear value. Discussing art for art’s sake and not always contextualising it around a person’s identity, culture or biography also seemed to have benefits.

What staff and volunteers said about the two groups

“The art discussion was empowering...people were spoken to in a different way, that was respectful and asked of them what they knew, and what their opinions were, which is totally different to how they spend most of their time in a care home, probably...you could see that happening. They were asked for their opinion. They were given time and attention, not in a personal way but in a way that had cause, through talking about the art work” (member of staff #1)

“The discussion group formed a sense of group - the cohesion was really significant for me” (member of staff #1)

“The discussion group is more unusual for some residents and it is very worthwhile, whatever it sparks off. The art making group is more conventional” (volunteer #2)

“Watching the discussion group so concentrated and focused and involved and engaged, in discussing the painting. Something I found profoundly unusual because it’s difficult for people to focus like that” (volunteer #2)

“It was fascinating watching the [art making] group dynamics. It started off as eight individuals and it became a group. People started encouraging each other: ‘Oh...that’s lovely, tell me about it” (volunteer #1)

“There have been certain characters in the [art making] group who have been able to bring everyone together a bit more through the sharing of people’s work...it feels a lot more together. We’ve got some nice characters that make it a nice group” (member of staff #2)

“Attending the art discussion, I found it very interesting because people with dementia look at art in different ways and have different perspectives” (member of staff #6)

“Talking about paintings, that’s another thing that people don’t realise that it’s possible to do, sitting and discussing, especially people with dementia, how does it make you feel? What emotional memories does it trigger? Sometimes it may be unpleasant emotional memories but you have to

allow that. For some people It must be lovely to express emotions in a non-judgemental way about a painting. 'Painting doesn't mind what you think about it'. A fantastic thing to give people, to talk about how you feel about things without it being judgemental" (volunteer #1)

"At the beginning I did think 'are these things we are already doing here?' because we are a creative care home with a lot of things going on...Is it bringing anything new? But then I saw that we had this small [art making] group which was what was most important at the end – we had those constants, it didn't really matter what you were doing, it was about the environment" (member of staff #2)

"The sessions worked well especially the [art making] afternoon because we were actually doing stuff together so I thought that was really good. You could actually see what the residents were capable of doing, rather than just talking about it, so I thought that was really good and it got the residents to know each other which I thought was really good" (member of staff #5)

The fact that both groups were mixed, involving residents both with and without dementia was also of note. It was observed that in both groups residents who didn't have dementia both tolerated and accommodated residents with dementia who became confused, forgetful or emotionally labile. Positive interactions and bonds were formed between residents with and without dementia, especially in the art making group. While including residents who did not have dementia meant that other residents with dementia could not be included and restricted the research findings there were benefits derived involving inclusivity and change perceptions about dementia.

3.5 Positive factors affecting intended outcomes

The findings indicated a number of factors from both the interviews and the observation which appeared to play an important role that benefitted residents' wellbeing.

- ***Emma's role as lead facilitator***

Emma's name was frequently mentioned as being an important factor in the perceived success of the groups. Her role as the lead facilitator was key. Her knowledge of the art being discussed and the art making techniques was crucial in guiding the discussion and activity. She was also expert in facilitating the groups to maximise residents' participation taking into account their different levels of knowledge, skill, experience and impairment. She was also seen to have important human qualities of warmth, positivity, being non-judgmental, and compassionate. She provided a structure and plan for the groups and the activities which other staff and volunteers could follow. Coming from outside the home may also have been a useful factor as she had virtually no prior history with any of the residents.

"I enjoyed them [the sessions]. I enjoyed the attention. I enjoyed being listened to and I enjoyed what people were saying. I have a very clear picture of Emma" (resident #1)

"The way [Emma] did it was very warm, very respectful, and also quite light, and kind of funny and she's very charming. She was just right for the role and she did a good job to elicit discussion because some of the residents were very quiet" (resident's relative)

"Emma is a very good practitioner and project lead. Her skills underpin the success of the project. She understands how important it is to work at the residents' pace and be flexible" (member of staff #3)

“Having someone with new ideas. [Emma’s] coming into the care home not knowing the residents and she has a fresh perspective on everything. You do get bogged down by things sometimes, knowing people’s history and what’s happened so it’s been good to liven things up again” (member of staff #2)

- ***Size, membership and structure of the groups***

The groups were fairly intimate and the number of staff and volunteers involved meant that residents were not ignored or marginalised. Although membership of both groups changed (less so in the art discussion group) both groups developed a core membership which group members became increasingly familiar with. Words such as ‘continuity’, ‘regularity’, ‘commitment’, ‘focus’ and ‘consistency’ were frequently mentioned as being important. Although the session structure of both the art discussion and art making activity changed, the timing and regularity of the groups, membership, format, and location all seemed to be positive factors in how residents experienced them. A sense of routine and familiarity provided reassurance and enabled residents to grow in confidence in how they participated.

“Consistency of people has been very good” (member of staff #4)

“Even if they couldn’t remember what they were doing the week before there was a familiarity and regularity that meant they became very comfortable with going to the session and what they were being asked to do” (volunteer #2)

“[The] continuity of what the sessions gave her [resident] and continuity of what the session gave her that day, a non-verbal, imaginary object, as if she is still doing the activity in the art session so I’m thinking, ‘wow, this is an amazing impact on her” (member of staff #6)

“I do think the familiarity was key” (volunteer #2)

“The main thing would be the focus on our group of residents who are coming down regularly every week, it’s that regular contact which I think has been the most effective” (member of staff #2)

“The familiarity and continuity each week helped her [resident]” (member of staff #6)

- ***Staff and volunteers involved in facilitating***

The commitment, skills and experience of staff and volunteers was very important. This ranged from bringing residents from where they lived in the home to the groups and taking them back, engaging them in conversation in the art discussion group, supporting them in the art making usually on a one to one basis, showing interest in what they said and did, making cups of tea and coffee, and sometimes using their powers of persuasion to get residents to attend the groups. Staff knowledge of the residents (especially Jacqui and Emily who were the main co-facilitators in each group), and in the case of the art making group, the technical knowledge of Emily (Nightingale’s resident ceramicist and a member of the activities team who attended most of the sessions), was very valuable in supporting residents and Emma. Although care staff had very little involvement with the project a member of Nightingale’s domestic team did attend the art making group regularly and made a valuable contribution in supporting residents, as well as enjoying being part of the sessions.

"I enjoyed coming. The people are good, the helpers are excellent, they are very, very good whether they are volunteers or not" (resident with dementia #4)

"[Emma] and the other helpers managed to bring out the other residents who were quite quiet and also shut the ones up who were too talkative, there was one particular resident who was very talkative and they had to manage her. It's a tricky thing to do get a discussion with all the residents with various impairments. Her and the helpers did really well in that" (resident's relative)

"Jacqui's experience of the actual residents [member of staff] and the ability to manage from the back and Emma's skill in the actual leading, you have to put a heavy caveat on those two, that made it such a success" (volunteer #3)

"The afternoon has been the most successful regarding facilitation. People seem to work quite closely with their partner because they are doing own specific piece of work, and within the group there's a really lovely atmosphere, really buzzy, 'oh look at that, how have you done that?'" (member of staff #4)

- **Resources and equipment**

The resources available were crucial. Thanks to the generosity of the funders, Ben Uri and Nightingale both groups were well resourced in terms of staffing, equipment and room space. High quality, full size reproductions of paintings were used in the art discussion group and all the necessary equipment was provided for the art making sessions. Nightingale enabled staff to support the sessions, asked volunteers to be involved, and provided suitable spaces for the groups to meet.

"Wider support, it has been really good. Nightingale provides a lot of support, arranged tea etc., activities co-ordinators involved, Alastair [Head of Activities Team] taking some of the responsibility" (member of staff 1)

- **Pitching activities at the right level**

Most residents in both the art discussion group and the art making group were able to engage in the activities. Facilitation of the art discussion was neither too highbrow or simplistic: it focused on how people reacted to the painting rather than requiring them to have knowledge of art history, artists, techniques, etc. but did provide some of this information in an accessible way. It was neither a lecture or a test, and all the resident's contributions were listened to and respected. Similarly, facilitation of the art making enabled residents to feel confident and supported in having a go themselves, or focusing on a particular activity they were interested in. Compliments about the art produced were shared by residents, staff and volunteers, and it was all displayed equitably in the exhibition.

"I didn't do a demo every time because it kept not working... I changed my approach to show people individually and then get residents to show each other" (member of staff #1)

"A differential approach depending upon the individual" (volunteer #1)

"Because of mixed abilities we have to plan for each individual" (member of staff #1)

- **Reflecting and reviewing**

Having the means to review and reflect on what was working well and what could be changed during the course of the programme, especially the post-session debriefs, allowed flexibility and changes to be made in how the sessions were delivered. Seating arrangements, format, facilitation and activity was adjusted significantly over the course of the sessions through this process. This also took into account changes in which residents were attending. Two examples:

- In the art discussion session it was agreed that the discussions had on occasions become dominated by staff and volunteers who were sat next to residents in a large semi-circle. Residents had difficulty hearing at times, and seeing the painting. It was suggested by a member of staff and agreed, that staff and volunteers would sit behind residents and only contribute when guided by Emma. This enabled residents to gel more as a group, hear and see better, and be much more active in the discussion.

“In the discussion group that was a beautiful moment when it went to a smaller group and everyone was engaged and could hear me. I still find it staggering that we could talk for an hour” (member of staff #1)

“We weren’t clear about them not hearing or seeing. I wasn’t as clear as I could be and we weren’t always clear that residents couldn’t see the picture clearly. Too far away, but when we moved things that improved it immensely” (volunteer #3)

- The original format of the art making session with a demonstration of the art making technique at the beginning became problematic because of non-attendance, staggered arrival of residents, and residents working at a different pace or showing a preference for a particular activity. A more flexible, individualised approach was adopted that could incorporate these factors and support residents to undertake different art making activities in the same session in more personalised ways.

“If I had been really insistent that she [resident] was doing something every time and having someone one to one with her then that might have stopped her doing stuff, I wouldn’t have known that, certain things that came through unique personality stuff” (member of staff #1)

- **Longevity**

The length of the programme was seen to play an important role. The concept of phases that groups go through to develop involving ‘forming, storming, norming, and performing’³ seemed to apply to both groups. The adjustments described above, took place at different times (broadly speaking, forming and storming during weeks 1-6, and norming during weeks 6-8) but it appeared that only in weeks 8-12 onwards that the groups were consistently ‘performing’ in terms of attendance, group cohesion, residents fully engaging with the activity, and facilitation. If the programme had been shorter some of the benefits might not have been achieved.

³ Tuckman, Bruce W (1965). "Developmental sequence in small groups". *Psychological Bulletin*. **63** (6): 384–399. [doi:10.1037/h0022100](https://doi.org/10.1037/h0022100)

"The length of the project is really good to get to know people, get good buy in from our team and from volunteers" (member of staff #4)

"It took eight weeks for the group to become a group...Only in sessions seven and eight that participants started talking to each other and could welcome a new member" (member of staff #1)

"It's really good that ~~that~~ it's long term...Working with this group of people it's important to have a long run at things because it does take quite few weeks to build up a sense of 'this is what we are doing'...especially for people with dementia. The length of the project is really good to get to know people, get good buy in from our team and from volunteers" (member of staff #4)

- **Group cohesion and bonding**

Although it took time, positive group cohesion and bonding occurred. Residents acknowledged each other, had conversations and banter, complimented each other, and responded to views expressed by other residents. Staff, volunteers and residents were respectful towards each other and their contributions taken seriously. Although there was often light-hearted conversation, reminiscence and laughter in both groups, residents also seemed to benefit from serious discussion about art, and concentrating on art making.

"Everybody first didn't know each other that well, then we bonded like a whole family kind of thing" (member of staff #10)

"People are encouraging each other and admiring each other's offerings, which is nice" (volunteer #1)

"As the group progressed it became more autonomous and that was great to see. It was really good at the end to feel that I didn't have to be there! It was wonderful to feel that the residents themselves can respond to that environment and that stimulus" (member of staff #4)

"[describing the final exhibition] it was really like co-curating... It was the authority that they had being part of that, feels to me like co-production" (member of staff #1)

- **One to one support**

The number of facilitators in the afternoon session was important because residents often needed one to one support to undertake the art making process they had been shown (See Appendix 1).

"We've definitely done it the right way; 'Here are a set of things to do, let's see what happens'. Maybe that's why we haven't had such a structured approach, working with people more individually" (member of staff #2)

"Everyone gets a one to one, not the original plan" (member of staff #1)

"[It] helped it was one to one, with people supporting, helping and enthusing" (volunteer #1)

- **Sense of achievement**

There was pleasure, satisfaction and a clear sense of achievement for members of the art making group in the work they had done. This was enhanced by the work being exhibited after the session finished.

“All I know is that I just like to use my hands and produce something, and look at it after”
(resident with dementia #4)

“It [the screen printing] was easy. You could see the results, they were so nice” (resident without dementia #8)

“In the afternoon group I was quite surprised by people’s pride in their work...working very committedly, [resident] finishing off his pottery outside of sessions so it was ready for the show, all these little sub-stories – they knew it was culminating and they were happy with that” (member of staff #1)

- **Clarity and reassurance for residents**

Providing clarity and reassurance about the groups to residents was mentioned several times as important factors. Two residents with dementia expressed some reservations about the groups which partly involved uncertainty about the purpose of the groups and the sense that they were participating because staff wanted them to. Staff emphasised the importance of providing reassurance to residents about the groups, helping to relax them into the groups, and giving them as much information as possible about what the groups involved. For people with memory and cognition problems caused by dementia, giving clear information and repeating this whenever necessary is clearly important although it was not always clear that care staff on the units did this when they spoke to residents about attending the groups.

“It’s all so nice and friendly, if you are an artist or not an artist. I’m very happy with it all, they help you such a lot, and they encourage you” (resident without dementia #8)

“I don’t mind doing it if it’s helpful for whatever you are doing, the end process...but if it was just filling in pages then I wouldn’t be so happy about it. I think I enjoyed it to a certain point, it was difficult to identify if people were happy or unhappy about it” (resident with dementia #5)

“It gave them a sense of belonging – they come into this every week so it gave them a sense of being wanted. That was very good” (member of staff #5)

- **Mixed groups?**

It is difficult to know whether the fact that the groups were mixed, with some residents not diagnosed with dementia, was a significant factor. As the focus of the groups was on art, not on dementia, it is included here as a possible positive factor because it was an inclusive approach that valued the contributions of residents with dementia as much as residents without dementia. Having dementia-only groups can reinforce a sense of difference and exclusion which can be detrimental to people’s wellbeing. It was noticeable in the art making group that the core of the group who got on well with each other included residents both with and without a dementia diagnosis.

3.6 Factors which challenged or complicated the intended outcomes

A number of factors were identified from both the interviews and the observation which appeared to limit the impact on residents' wellbeing. Where appropriate, these are also described in the context of the replicability of such groups in smaller care homes.

- ***Impairments, appointments and ambivalence***

Severity of dementia, ambivalence of interest in participating, ill health, and other appointments that clashed with the groups (usually medical) meant that some residents gained little or no apparent benefit from the groups, and the impact was limited for other residents. It is to be expected that complex health and disability issues will significantly affect the lives and wellbeing of people living in care homes and there was little that the groups could do about this. It was recognised that it was always likely the initial identification and recruitment of residents would not be 100% correct. The severity of two residents' dementia meant that they were unable to continue coming to the groups (one of these residents later passed away). This raises the question of whether creative engagement can benefit everyone especially people with more severe dementia or who show no interest in participating. However, as one staff member pointed out, a reluctance to participate may be based on the view about art being 'high culture' and therefore outside people's perceived comfort zone. Presenting art as something that is more universal and commonplace may make it more relevant to people and facilitate engagement; the concept of 'small 'c' creativity whereby creative activity can be incorporated into everyday life (Bellass 2018⁴).

In terms of enhancing the relationships for the two couples that attended, the findings were limited. The partner of one resident with dementia was diagnosed with dementia themselves during the course of the programme; they tended to work quite separately from their partner who was withdrawn from the group after eight sessions because of poor health. The partner of the other resident with dementia also withdrew early on because of poor health and sadly, subsequently passed away. However, it is worth noting that both partners expressed enthusiasm about coming to the group and how pleased they were that their respective partners were coming as well, and the benefits they derived. None of this should diminish the positive impact the groups had on a number of residents, but it is a reminder that residents attending groups such as these experience difficulties which the groups can have little or no impact upon.

"[Resident] didn't get anything from it – the two sessions she did come to she was sleeping so it didn't benefit her at all" (member of staff #5)

"Quite inconsistent in the morning sessions. A bit more difficult to get to have discussion among the residents. We are thinking about the seating arrangements to get the residents to talk together. Some of it may be down to hearing, some to do with people's cognitive ability" (member of staff #4)

⁴ Bellass, S, Balmer A. May, V. Keady, J. Buse, C. Capstick, A. Burker, L. Bartlett, R & Hodgson, J. (2018). 'Broadening the debate on creativity and dementia: A critical approach'. *Dementia*. Accessed January 2019 at: <https://doi.org/10.1177/1471301218760906>

“It was a bit challenging for her [resident] because of her dementia. I couldn’t see she got anything out of it. Trying to get her to focus on things, she wasn’t focusing at all” (member of staff #5)

“The only thing that troubled him was his hearing... he missed a lot of sessions because of ill health and collapsing and being in hospital for four weeks, he would have liked to go to all the sessions” (resident’s relative)

- **Very labour and skill intensive**

Both groups were very labour intensive in terms of staff and volunteers. The ratio of residents to staff and volunteers was generally equivalent to 1:1 or 3:2, and on a few occasions there were more staff, volunteers and visitors than there were residents. This placed considerable pressure on staff, added to their workload, and meant they were unavailable for other activities in the home. It is to the credit of all the staff involved that the commitment to the project was maintained, especially in a home with so many other initiatives going on. The groups also required the facilitators to have (or develop) a range of skills in terms of working with people with dementia, group facilitation, and understanding participatory arts and creative engagement. Replicating and sustaining this commitment, staffing ratio and skill level in a smaller care home would be much more difficult, and they are also less likely to have a pool of volunteers who could support groups like these. However, it was acknowledged by staff and volunteers that the impact of them stepping back a bit in the art discussion was beneficial which suggested that the group could have been facilitated with fewer staff, perhaps once the group had been established.

“I was well aware it was quite time intensive for [member of staff]...in particular because she co-ordinated everything, meetings we’ve had, the correspondence that’s gone out to wider teams at Nightingale has gone through [her]...she’s not on her unit and not doing other work, so it’s a big ask...We actually became a massive team so keeping in touch with everyone, and training everyone and keeping up to date” (member of staff #1)

“It was quite intense really, a lot of delivery on one intensive day and easily a day of prep, etc. plus all the correspondence in the interim so it’s been time heavy” (member of staff #1)

“Staff engagement is interesting. It’s a much wider group of people than anticipated. Quite labour intensive. An awful lot of work to make it work” (member of staff #3)

“I do worry about how intensive it is for the activity staff” (volunteer #3)

“We were never aware of how much manpower would be required to sustain such a positive ~~the~~ intervention. It’s been quite heavy in terms of the staffing capacity” (member of staff #3)

- **Practical difficulties**

A number of practical difficulties were encountered. Residents were not always reminded about the sessions by care staff, came to the sessions late, or arrived very early and had to wait some time before the session started. The setup of the room sometimes, particularly in the art discussion group, meant that residents couldn’t clearly see the painting (light reflection and dark paints added to this difficulty) or hear what was being said. It was difficult to gauge whether some residents understood all the information given to them in

both groups to engage with the discussion or activity. For residents with more severe dementia it needed them to attend a number of sessions in order that staff and volunteers could get to know them and understand their particular needs and ways of engaging. For one resident who joined one of the groups half way through and was supported on several occasions by a member of staff from the unit where they lived it proved difficult to develop this relationship in the time available.

“Takes an enormous amount of time to prepare such as getting resources, practice discussions” (member of staff #1)

“Hardest thing with any of these groups is just getting the residents to be there. The activities team have to collect residents” (member of staff #4)

- ***Communication and support with other Nightingale staff***

Communication and support with other staff in the home was problematic at times. Apart from occasionally bringing residents to the groups and taking them back again, and sometimes attending with one resident, care staff from the units where residents lived were not involved. Occasional feedback was received from some care staff (usually via members of the activity team) that indicated the resident had enjoyed the session but there was no systematic follow up after the sessions to discuss what the resident had been doing or sustain the memory of the session. Information about residents and their support needs (as well as their actual diagnosis, as already mentioned) was not always easy to obtain from the units, residents were not always reminded or encouraged to attend the groups by care staff, and few care staff were believed to have attended the exhibition at the start of the project or at the end. In some of the interviews, engaging care staff with activities was acknowledged as a wider challenge and not specific to this project. Care staff have a different set of tasks they are focused on and are often very busy – units at Nightingale each have several dozen residents living on them, many of whom require care staff to provide high levels of personal care and physical assistance. The size of Nightingale House also did not help; in a smaller home activities staff and care staff may know each other better, as well as the residents, and it may be possible to involve care staff more in the activity. Paradoxically, when care staff from a unit did stay with a resident during some of the art making sessions this appeared to make the group dynamic more complicated as it was harder for the regular staff and volunteers to engage with the resident.

The view was also expressed that there needed to be more buy-in to the project from senior members of staff at Nightingale. Attendance was low at the final exhibition. However, both senior members of staff that were interviewed were very positive about the project and the value of arts and creative engagement. As was acknowledged, the sheer number of activities and projects taking place at Nightingale may make it harder to ensure sufficient awareness and engagement by other staff of a project like this.

“Care team-wise, it’s always hard. Getting people down [to the groups]” (member of staff #2)

“No matter how much you talk to care teams, put it in diaries, call over, there’s still not a buy in or an awareness” (member of staff #4)

“How many of the [care] staff really knew what was going on, I suspect very few, even if it was in the diary every week, in the programme every week, I’m not sure how much they pick up on what individual residents are doing” (member of staff #4)

“The challenge is about how you communicate with the care team in such a vast environment where you don’t see the same carers each time. That is a challenge, how we get that message across the home. Something I don’t think we got very far with” (member of staff #4)

“I have been disappointed by lack of organisational buy in” (member of staff #3)

- **Too many facilitators**

The numbers of staff and volunteers helping to facilitate, at times meant that residents sometimes found it hard to contribute. This was certainly the case for the art discussion group where at times the enthusiasm of staff to initiate and facilitate discussions became too dominant and left less talking space for residents. Multiple conversations in the room and spontaneous contributions meant that some residents struggled to have their voice heard at times. Having a ‘buzz’ in the room was not always helpful: sometimes allowing for silences gave time for residents to process their thoughts and construct ways of expressing themselves. At times it also made it more difficult for Emma to lead the facilitation. It took a bit of time for this to be recognised as a difficulty, and because of a wish to be collaborative, to negotiate a solution. However, through reflection and discussion this was acknowledged by staff and volunteers concerned who agreed to step back and be guided in their contributions by Emma which proved successful in later sessions. This was much less of a difficulty in the art making group where there was a more consistent need for one to one support, though at times quieter residents received less input than other residents who were more able to ask for help.

“Contribution of staff and volunteers can be self-defeating because hearing less from residents but when they [residents] are left alone they have to answer” (member of staff #1)

“It was having to remind myself to keep quiet which is hard, as you know, and not direct the group... I need to observe a little bit more, and listen a bit more” (member of staff #4)

“The challenge there is all our personalities – making sure that residents are central to the process. I must admit there were times when I just got wrapped up in it. You forget you are there for the residents” (volunteer #3)

“Not an advantage to have a buzz in the discussion sessions – better to have more silences to allow participants to hear” (member of staff #1)

“At the beginning of the art discussions the noise levels between the volunteers and the residents, talking at the same time was very critical for residents with dementia. I noticed that [resident] was becoming more confused. There was an impact that after the session she would become more grumpy. People were all talking at the same time. If [resident] became confused she would become grumpy. But after the change was made [resident] was more settled because the focus was on a certain person who was leading and not too much noise from the other support” (member of staff #6)

- **Role clarity**

There was a perceived lack of clarity about the role of facilitators, especially the volunteers. Although roles had been discussed before the sessions began the inclusive format of the sessions, especially the art discussion group, and how the structure of the groups evolved may have caused some confusion. Volunteers provided very valuable contributions, sometimes by focusing their support on a particular resident or through being able to stimulate interesting discussions (especially about art and culture, reminiscence involving Jewish history and knowledge of Jewish customs). Although showing the same respect to the contributions of volunteers as to those of paid staff is important, volunteers may not have ~~volunteers are unlikely to have~~ the same level of expertise, contact or breadth of experience in working with people with dementia. While volunteers need to be flexible there may be the need to regularly discuss with volunteers about their roles, especially where they are involved in new or evolving activities. One member of staff also questioned their role in terms of not being sure about the purpose of the group.

“The support mechanisms of the volunteers was almost too dominant during the earlier sessions. When we repositioned the role of volunteers and staff the interaction that took place between the residents and the individual contribution of residents changed. This was a real learning outcome in terms of doing any future projects. We need to clearly define what the volunteers’ roles are” (member of staff #3)

“Clarity at the beginning or guidelines about what was wanted from us” (volunteer #3)

“Tricky for volunteers to understand what we should be doing though things have been addressed. Need to understand our role better and Emma’s role in managing everyone. It is quite tricky when dealing with residents with different personalities and people with dementia...don’t want to be over powering but more guidance during the sessions would be helpful for volunteers to help the residents e.g. an aim, structure. Is it an art focus or about reminiscence?” (volunteer #2)

“Role of volunteers needed to be clarified and made more specific, because I don’t think we really understood what was expected of us” (volunteer #2)

“Having had the discussion the other week thinking about the volunteers saying they were not really sure about what their remit was, and – I thought they were. I thought we had those discussions and I thought we were clear” (member of staff #4)

“Do you keep a focus, should you keep a focus? Is it reminiscence? A lot of the groups are very fluid and that’s ok but doing a group like that do you need to bring it back? In some sessions we did and some we didn’t. How prescriptive do you have to be?” (member of staff #4)

- **Clear start and finish times**

For the reasons already described the art making group sometimes lacked a clear start and finish but also residents were free to leave when they wished. While this created an informal feel to the group it may have been confusing to residents at times. Some residents chose to leave early but one resident who on occasions gave non-verbal indications of a wish to leave was not always supported to do this because staff didn’t always pick up on the cues. Not

having a clear finish time also meant that staff and volunteers with other commitments were not always able to stay with the group and participate in the debrief sessions. During the course of the sessions the start time was brought forward and more attention paid to informing residents when the group was finishing which helped improve this.

- ***Supporting residents with different abilities and impairments***

There was a wide range of ability and impairment in both groups. This was a challenge in particular for the art making group because of the need for one to one support for residents, that often required considerable expertise as well as knowledge of the art making activity. Levels of engagement during the sessions could vary considerably, especially for residents with more severe dementia when there was no support available for them. Some of the art making techniques were quite complex and even some of the facilitators, who usually had little or no experience of the techniques themselves, struggled to support residents. This could result in some residents not having much to do and waiting in a queue until Emma or Emily could help them. However, it was difficult at times for Emma to both facilitate the group, talk about the art or demonstrate the art making activity, support individual residents, and provide guidance to other staff and volunteers all at the same time. The post-session debriefs enabled some useful reflection and discussion on people's roles but they were not structured as group supervision meetings and tended to focus on discussing individual residents who had been in the group.

"Residents do like structure, 'here's what we are doing' with an aim of some kind, for each session [this] might have helped" (member of staff #2)

"The challenge for the staff was they were all quite new skills we were learning, being clear about what was going to happen, and how best to demonstrate it to the residents as well" (member of staff #2)

"Nearer the beginning it was more challenging. [Resident] needed more structure and instruction and ideas. She needed a push at the beginning. Quite a lot of people needed to be shown what to do" (volunteer #1)

"It would be easier for Emma and Emily if there were more people supporting residents participating" (volunteer #1)

"Art making was quite complex what they were being asked to do. Maybe because they are in a care home with dementia and not ever done these activities it was difficult to understand what was expected of them" (volunteer #2)

- ***Time limited groups dependent on external support***

On one occasion Emma was unwell so the groups did not take place. This highlighted how the groups were dependent on Emma and the input of Ben Uri, but this is time limited. Although there was some discussion about how to sustain the art discussion group after the sessions finished (perhaps on a monthly basis) and to try and maintain the engagement of some residents in art making activities, the sessions came to an end as planned. This meant that the continuity and regularity, which seemed to be important factors in providing benefits to residents, also finished. Although residents accepted that the groups had finished and could recall positive benefits of the sessions a few weeks later, three residents with

dementia who were interviewed expressed a strong wish for them to continue. The medium to long term impact of this on residents' wellbeing is unknown but there is a risk that positive emotional memories and the enhanced wellbeing that these memories appear to underpin may be lost. It was pointed out that for residents with short term memory problems the groups could potentially be repeated indefinitely to maintain the benefits and would not necessarily become boring or repetitive for them, though sustaining enthusiasm among staff and volunteers might be more difficult. This presents a dilemma for any care home: should groups initiated with external but time limited support, be sustained indefinitely and if so how?

"The way it was set up it didn't run if I [Ben Uri facilitator] wasn't here to run it"

- **Size, cost and exclusivity of the groups**

The groups were small and exclusive. There were significant costs associated with the groups to support them in terms of staffing and resources. It was reported that there were other residents in the home who would have liked to attend the groups but did not meet the selection criteria for the research who were unhappy about this, and other residents who might have benefited from participating in the groups. This also raises wider questions about their replicability. Are they affordable for smaller care homes? Do the benefits for a relatively small number of residents justify the costs? If the groups were scaled up to involve more residents would the same benefits be achieved or would it just involve more costs? Could the sessions be simplified so they required less expertise in delivering them? For a home the size of Nightingale, could the activities be taken onto the units to enable other residents to be involved?

"It would have been nice if I got the opportunity to seek out another resident for the groups... I would have liked that chance. There are a few residents who would have benefitted... I would have liked to have had more say in [the selection] but other than that I think the groups went really well" (member of staff #5)

"There are a number of other residents who could get a lot out of it... get more from the picture than reminiscence if taking pictures onto the units" (volunteer #3)

"We have a lot of resources here. In a smaller home or a home without the same facilities what would it be like if they were facing those problems? You can have your core team doing the project but if you haven't got the support of the home to get residents down, which is the key part of the whole thing, would it work?" (member of staff #2)

"Definitely having as many staff as we did was a massive benefit to the group. In reality in a small home where they don't have a big activities team and not so many volunteers it may be difficult" (member of staff #2)

3.7 Other outcomes

In addition to the benefits for residents there were other aspects of the project which were seen to be of value to Nightingale and the partner organisations involved. These may require further analysis but they include:

- **Relationships with relatives**

Two members of the art making group were the partners of residents participating in the group who had dementia. Both also lived at Nightingale House. This was done with the primary aim of enhancing their relationships. Other family members of a couple of residents in the art discussion group also dropped in and attended a few sessions. The impact and benefit of partners and relatives participating was not evaluated separately from considering the impact on all the residents who participated. Sadly, the partner of one resident in the art making group died during the 17-week period and the other partner was diagnosed with dementia. While they attended the group, both were very positive about it. However, comments were made that perhaps more focus could have been given to how other relatives participated.

"[I was] really encouraged by the experience that [the partners] had. I've always thought that the trajectory for a spouse of someone with dementia is really difficult. Helping both partners to find the space to be together and do something and this is very positive, it helped in the quality of the relationship" (member of staff #3)

"I'm not sure if we communicated so well with the relatives about their relatives' involvement" (member of staff #4)

"I wonder if residents' relatives have been told about the project...I would like to train relatives to engage with residents" (volunteer #3)

- **Staff benefits**

The sessions provided a range of new skills, knowledge and experience for the staff and volunteers involved in facilitating the groups. Staff who had no experience of this kind of creative engagement enjoyed being involved and felt they had learnt a lot about the use of art in care homes, different ways of providing activities to residents, about individual residents, and working with people with dementia. Even more experienced staff described in positive terms how they had learnt new skills and enhanced their knowledge.

"Helped develop my experience of residents with dementia and observations about how residents with dementia can be supported in art activity and how they are responding to it as well" (member of staff #7)

"It's done an awful lot to build up staff confidence... it has been really beneficial, it has built up the skills and knowledge of the staff team and the volunteers" (member of staff #3)

"I have learnt a lot about residents' wellbeing, different level of cognitive alert, from advanced to early onset dementia, people able to have this collaboration of discussing one subject, a discussion about art" (member of staff #6)

"Support for me is great. I love the continuity, regularity and structure" (volunteer #2)

“Good for me to have a focus, a different focus. Be introduced to residents I might not have so specifically worked with. Try new skills. As a creative person it’s always good to try new skills, techniques. Working with Emma has been great” (member of staff #2)

“Hearing that staff...people who didn’t identify themselves as arty people before, were actually brilliant at it and very interested, so that kind of staff buy in” (member of staff #1)

“It may have had the impact of building up volunteers’ confidence around working with residents” (member of staff #3)

- **Impact on the activities team**

The project had resulted in the activities team at Nightingale reflecting upon existing activities provided in the home and the use of the activities centre (where the art making group took place). The groups were seen to be quite different from other activities and this had enabled the staff to consider different ways of working, managing and providing opportunities for creative engagement.

“We are evaluating the opportunities we provide for residents in the activities team. Almost re-landscaping the whole framework of creative engagement...How to bring residents...where even though their input into the creative activity might be limited, they are passively engaging with the creative environment which in itself can be quite nurturing. How each of the facilitators look at what they are offering, so it’s about the diversity of the programme that we offer, which would then widen the capacity of people’s level of engagement as well” (member of staff #3)

“A bit of time for everybody to stop and focus on a small group we can do, and that’s been really lovely...Quality not quantity. We do a lot of big activities, but to have that small group and time has been really effective for people” (member of staff #2)

“I found making pottery relaxing even though attending with residents who can be a challenge but I didn’t find them challenging, I found it playful doing it with residents” (member of staff #6)

“To have time to focus on a certain group is really nice thing to do” (member of staff #2)

“Staff involvement has been really beneficial for the activities team” (member of staff #3)

- **Impact on Nightingale and the organisation**

Nightingale is also working on becoming a teaching care home with an emphasis on education, and being part of a care home research network in South London. The project, together with other arts initiatives in the home, was clearly seen as contributing to this because the value of creative activities was understood. They were seen to improve learning outcomes, integration and engagement, and broaden staff education and learning so it was not just focused on clinical and care interventions. The idea of an arts strategy for the home was mentioned. There was the sense that it had created a buzz in the home about something new. The project was also of interest to fundraisers at Nightingale as it was seen as something exciting and interesting to potential donors.

“It’s fitting into Nightingale’s own narrative in terms of looking at how the activity centre is used and how they commit to things” (member of staff #1)

“What was excellent for Nightingale was that there was a buzz and it engendered a feeling that you don’t have to carry on the same way all the time. You can think outside the box, there are other ways that things can be done. Not just for the people [involved]. there was a recognition on the floors that it was something new, which is good for the whole organisation” (volunteer #3)

- **Benefits of partnership working**

The three-way partnership between Nightingale, Ben Uri and UWL was described as very positive. The commitment of Ben Uri and the expertise brought by Emma was seen to be of enormous value to Nightingale and really appreciated. The exposure to the research aspect of the project was also seen to be very positive and had been a good experience. The flexibility and understanding shown by UWL in adapting the research to take into account the structure and culture of the home, and the project was valued.

“Good working relationships with you and Emma. It’s been really good having other people coming in. It’s been easy; I think we’ve worked really well as a team” (member of staff #4)

“In terms of [Nightingale’s] relationship with Ben Uri it’s been really lovely...really felt we were partners together and that’s been really great because in a project like this it would be quite easier for there to be an imbalance and I think we have been quite equal” (member of staff #3)

“For Nightingale...it’s the first time they’ve approached research in a project like this and it’s been well received” (member of staff #1)

- **Volunteer contributions**

As a result of the sessions and the enthusiasm about screen printing shown by some residents in the art making group one volunteer donated a screen printing set to the activities centre. Another volunteer was considering changing the days that they came to Nightingale so they could support the ongoing engagement of one resident in art making activities.

- **Impact on Ben Uri**

For Ben Uri the project, and the relationship with Nightingale and UWL had been very important in moving its wellbeing programme forward. It was the biggest element to the programme and was seen very positively by the Gallery.

“For Ben Uri this has shifted things quite dramatically...AIR has now moved the wellbeing programme on a lot which is something we celebrate...it’s a massive deal for the gallery” (member of staff #1)

3.8 Staff and volunteer expectations, concerns and challenges

Ben Uri and Nightingale staff and volunteers were asked about their expectations and any concerns about Art In Residence (AIR) before the sessions started. Most of these expectations involved benefits (and ways to achieve these) to residents' wellbeing and engagement with art (in a broad sense), benefits to staff in terms of learning and development, and benefits to Nightingale more widely in relation to being part of a research project and being exposed to different approaches to creative engagement for residents with dementia.

"It helps to widen...the opportunities for residents being exposed to creative engagement" (member of staff #3)

"That [residents] come into the room sensing an enjoyable period of time (remembering the previous session) and leave the room feeling it was good – even if they have dozed off in the middle of the session" (volunteer #3)

"Because we are working with people diagnosed with dementia everything is about the moment...It's all about wellbeing...My expectations are to be surprised by joy, about what people experience" (member of staff #3)

"My hopes are that it reaches as many residents as possible, not just mobile ones or very keen ones but also those that are bed bound...As many opportunities to engage either superficially or with deep enjoyment" (member of staff #8)

"Forging a really good bond with people in the group so after the first year people kept up some level of artistic engagement and staying involved after the year. Maybe a call from people to have more sessions" (member of staff #1)

"A sense of co-production. "We are all experimenting...we are all exploring this together" (member of staff #1)

"Great for the activities team to share in the project, how residents participate, increase skills about wellbeing and ill-being and different creative activities for residents– very purposeful – help to develop their skills. It really is a win-win for everyone in the organisation" (member of staff #3)

"It will help some of the health care workers to understand and get involved and their participation either in the activities centre or on the units" (member of staff #3)

"In my role I'm always looking for new ways of approaching creative engagement" (member of staff #2)

"I would expect that it helps me deal with the residents on an ongoing basis, to observe and understand certain things that go in the sessions might be useful for me outside the sessions with other residents" (volunteer #2)

"Hoping it will make [resident] happier and give her a focus, a feeling that she can still do things" (volunteer #1)

"Ultimately, everyone engaged throughout and it becoming important to them" (member of staff #1)

"To gain an understanding of what is a research project and how an organisation buys into that process and the things we need to learn about other research projects we embark on" (member of staff #3)

"Interesting to see a proper evaluation being done" (member of staff #2)

Some wider ambitions were also expressed. One person hoped AIR could be a bold and innovative approach in participatory arts that would create something quite different and significant *“to get out there on the public stage”*. Another interviewee hoped that it could contribute to a new arts strategy for Nightingale. Participatory arts and creative engagement were seen to be non-clinical and inclusive; AIR was also described as having the potential to improve learning outcomes for care staff, integration of care, and engagement in the home. Nightingale was described as having the ambition to become a teaching care home and AIR was seen to support this by breaking down barriers to learning and bringing benefits more widely for education in care homes.

“Create an environment that’s more stimulating and engaging for residents, information about the pictures, why people liked it, and develop an art strategy” (member of staff #8)

“It all becomes clinical in care everything becomes too sophisticated and complicated...but introducing art in different forms, acting, pictures, so people had some level of interest, engagement, it’s something very, very different, thought provoking and everyone can have a view. Art can improve learning outcomes, integration and engagement” (member of staff #9)

“We need creative and innovative approaches to stimulate engagement and coming up with different, quirky things like art is one thing that is so different and is really good...art can bring an interest and excitement to how education can be delivered in care homes” (member of staff #9)

Some concerns and challenges were also expressed though these were limited and several interviewees expressed no concerns. Challenges and concerns included issues regarding possible obstacles to residents being engaged with the activities and understanding these; staff and volunteers having sufficient guidance and information about their roles in the groups; how far care staff at Nightingale and the organisation as a whole would get involved and support the project; and how the groups would be facilitated, sustained and potentially replicated at Nightingale and elsewhere.

“You need to have people who are ready to feel engaged because some people can feel lost, or because of impairments, sensory, cognitive, memory loss [it] means they can’t engage so much” (member of staff #9)

“Not just focusing on smiles or positive words said in the session. Even if someone doesn’t like a painting it may have a bigger impact” (member of staff #1)

“Someone else who knows which road we are going down...We are all going into it map-less” (volunteer #1)

“[Facilitation to] remind us all to shut up and let the residents speak...remind us that we are there to facilitate the thoughts and feelings of residents” (volunteer #3)

“Will there be enough staff participating to bring residents to the sessions, be involved, and care for residents?” (volunteer #3)

“I’m not convinced that the organisation has truly understood what it’s about and part of that is there are so many other initiatives going on at Nightingale” (member of staff #3)

“Who is going to run it, who is going to sustain it and manage it to make the discussions quite meaningful? Engagement and activities must be meaningful, otherwise you can’t measure the impacts or benefits” (member of staff #9)

“How to embed it for the home in the future and pass skills and knowledge onto activities team and care teams” (member of staff #8)

“No concerns, all feels very positive” (member of staff #4)

However, some of the concerns expressed were mitigated by confidence in the planning, scope for change, and management of the programme.

“There is enough flexibility about timings, schedule, resources, staff availability so enough flexibility to work with any risk we might have to manage” (member of staff #3)

“It made a big difference meeting Emma [and the team]. They know what they are doing” (member of staff #9)

“Emma is very flexible and open to change if that needs to happen... Maybe it won’t suit some people but there’s flexibility” (member of staff #4)

“[The] materials are there, everyone seems absolutely qualified, and knows what they are doing” (volunteer #2)

Were expectations met? Did the challenges arise?

When staff and volunteers were interviewed after the 17-week period had finished they mainly focused on the impact that the groups had on residents’ wellbeing and engagement, staff learning and development (including being involved in a research project), and the care culture of the home. These expectations and challenges are broadly aligned with the questions that the research was focused on (or were other significant findings identified by the research), so the extent to which they were realised have already been described in previous sections, together with the factors that helped or hindered.

Some of the expectations expressed were quite ambitious and there was not sufficient evidence to evaluate how far they were achieved during the research period in the first year. Aspirations involving AIR’s impact on the learning and education culture at Nightingale or developing an arts strategy need to be evaluated over a longer period (at the time this review was written the researcher was unaware of any arts strategy in place at Nightingale). On the other hand, AIR clearly had a significant impact on the approach to arts and wellbeing at the Ben Uri Gallery, and had forged new and constructive relationships between the different partner organisations. The art discussion group in particular suggested a new and virtually untested way of providing creative engagement for people with dementia, and the possibility of changing perceptions and understanding of the abilities of people with dementia. If AIR was a painting it is perhaps not ready for the “public stage” but in terms of content, colour and composition new and exciting images are beginning to appear.

Appendix 1

Participation and attendance

Art discussion group

Residents participating

Information about the length of time residents attended the group and frequency of attendance is shown in Table 1 below.

Before the group began six residents were identified as being appropriate for the group and invited to participate. For residents who lacked capacity to consent to coming to the group but indicated no resistance to the idea it is assumed a best interests decision was made to bring them along.

On average each session was operating at almost three-quarter capacity (73%) in terms of residents present. One resident with severe dementia (R6) was subsequently withdrawn from the group after five sessions because she appeared unable to engage with the discussion in any meaningful way, and had left the two sessions she did attend early, once at her request. She was replaced by another resident (R7) but he was withdrawn because he didn't meet the dementia criteria for the group. He was replaced by another resident (R8) who attended all subsequent session.

Table 1

Attendance record of residents participating in the art discussion group

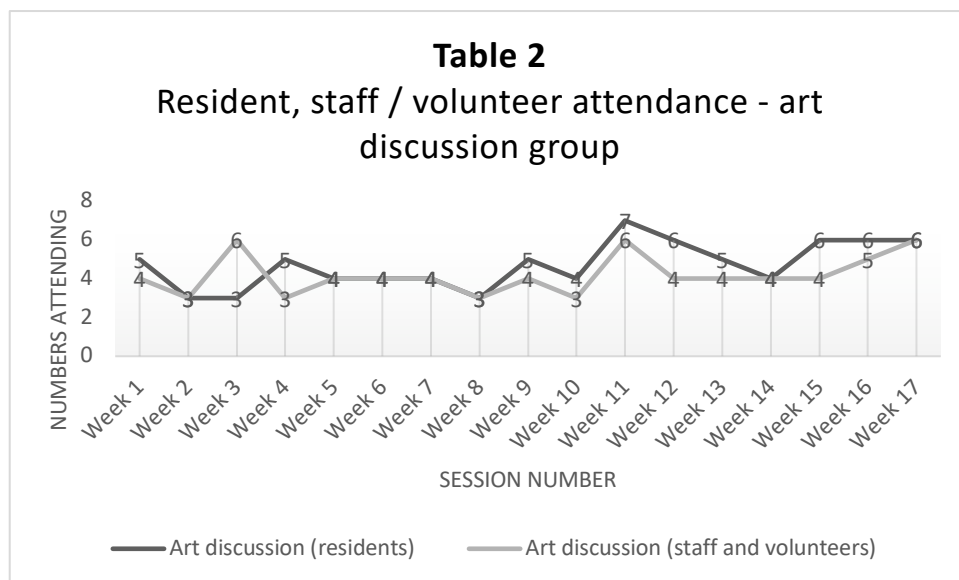
Resident (D) signifies diagnosis of dementia	Start date/end date (total number of sessions available to attend if not invited for the full 17)	Full attendance: number of sessions (n)	Partial attendance (n)	Refusals to attend (n)	Other sessions missed (e.g. not well, medical appointments etc.)
R1 (D)	15/2/18 – 28/6/18	7	1	-	9
R2	15/2/18 – 28/6/18	14	-	1	2
R3	15/2/18 – 28/6/18	14	-	2	1
R4 (D)	15/2/18 – 28/6/18	14	1	-	2
R5	15/2/18 – 28/6/18	14	1	-	2
R6 (D)	15/2/18 – 22/3/18 (5)	-	2	-	3
R7	29/3/18 – 10/5/18 (6)	1	2	-	3
R8 (D)	26/4/18 – 28/6/18 (9)	9		-	-
Average attendance per session (%)		73%			

Attendance

The numbers of residents and staff/volunteers attending each session is shown in Table 2.

Only on one occasion during the first term (the first 8 weeks, after which there was a week's break) six residents attended a session together. Attendance improved significantly in the second term. attendance had been lower in the first term partly because one resident was unwell and missed most of the sessions and attendance among the other residents was also more variable. In the second term the residents who had been unwell returned to the group, another resident who joined

the group for the second term attended every session and there was more consistency of attendance among the other residents. The 'spike' in staff and volunteers in Week 3 was due to visitors from Ben Uri joining the group.



Art making group

Residents participating

Information about the length of time residents attended the group and frequency of attendance is shown in Table 3 below.

Before the group began eight residents were identified as being appropriate for the group and invited to participate. For residents who lacked capacity to consent to coming to the group but indicated no resistance to the idea, it is assumed a best interests decision was made to bring them along.

On average each session was operating at two-thirds capacity (67%) in terms of residents present. Two residents (R12 and R13) were invited to participate not because they had dementia but in order to support the participation of their partners (who also lived at Nightingale) who did have dementia. During the course of the sessions R12 was diagnosed with dementia and sadly R13 was unwell for many of the sessions and subsequently passed away.

One resident (R14) decided to withdraw after two weeks as they wished to participate in another activity at Nightingale that took place at the same time. Halfway through the second term the resident did indicate they would like to re-join the group but it was felt that it was too late and it wasn't appropriate. They were replaced by another resident (R15) who attended all the remaining sessions. One resident who only attended sporadically during the first term (R16), sometimes declining to attend and who did not meet the dementia criteria for the group was withdrawn at the end of the first term. They were replaced by another resident (R18). Another resident (R17) was temporarily withdrawn at the end of the first term because they were too unwell to carry on attending but the place was kept open in case they got better. Their health however did not improve

but it was decided that it was too late and of little benefit to identify another resident to join the group half way through the second term.

Table 3

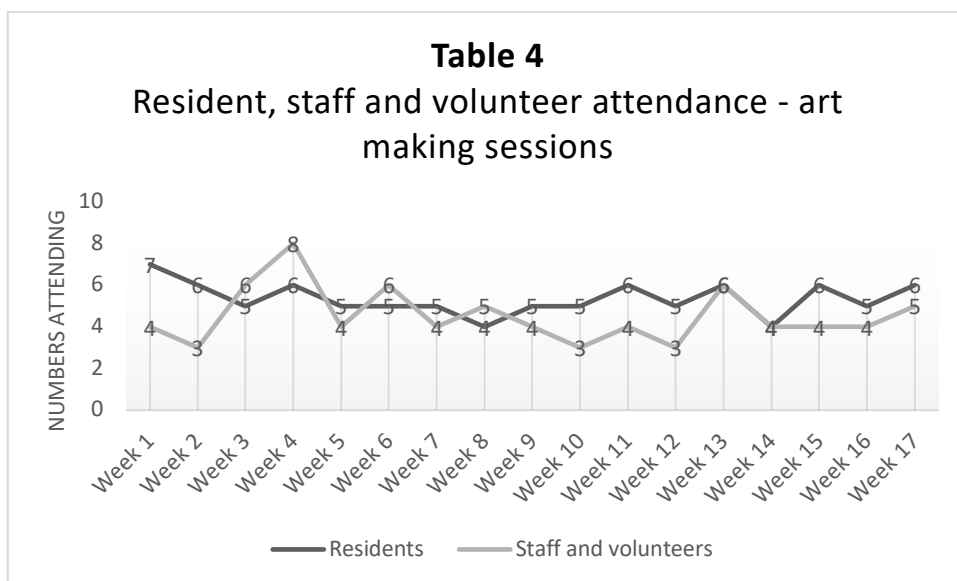
Attendance record of residents participating in the art making group

Resident (D) signifies diagnosis of dementia	Start date/end date (total number of sessions available to attend if not invited for the full 17)	Full attendance (n)	Partial attendance (n)	Declined to attend (n)	Other sessions missed (e.g. not well, medical appointments etc.)
R9	15/2/18 – 28/6/18	14	-	-	3
R10 (D)	15/2/18 – 28/6/18	14	2	-	1
R11 (D)	15/2/18 – 28/6/18	13	3	-	1
R12 (D)	15/2/18 – 28/6/18	9	2	-	6
R13	15/2/18 – 31/5/18 (13)	1	1	-	11
R14 (D)	15/2/18 – 1/3/18 (2)	1	-	-	1
R15 (D)	8/3/18 – 28/6/18 (15)	14	1	-	-
R16	15/2/18 – 12/4/18 (8)	3	1	2	2
R17 (D)	15/2/18 – 12/4/18 (8)	1	2	-	5
R18 (D)	26/4/18 – 28/6/18 (9)	4	4	-	1
Average attendance per session		67%			

Attendance

The numbers of residents and staff/volunteers attending each session is shown in Table 4 below.

Attendance was fairly steady throughout both terms but never was at maximum capacity (8 residents). The ‘spike’ in staff and volunteers in Week 3 was due to visitors from Ben Uri joining the group. During both terms several residents were unable to attend for significant periods of time because of poor health and medical appointments. The decision not to replace a resident who was too unwell to attend in term two (17) and the death of another resident (R13) meant that the group in term two was down to a total of six members.



Appendix 2

Findings – moving forward: future creative engagement

In the interviews that were carried out at the end of the 17-week programme residents, staff and volunteers were asked if they would like to participate in similar programmes if they were held in the future. Seven residents were very clear and positive in wanting to participate in similar sessions should they be held in the future. Two residents with dementia expressed less interest in participating in the future though still saw the sessions as being of benefit.

“It was enjoyable and if it [the programme] is restarted I would go back to that” (resident with dementia #1)

“Yes! Is that sufficient answer. I enjoyed it. You know we don’t have a lot of intellectual stimulation in this atmosphere” (resident without dementia #9)

“No - they were having enough trouble already. But some of the individuals who were not having trouble could use them (resident with dementia #3)

Staff and volunteers involved in the sessions were unanimous in supporting the programme and wanting to continue to participate although some recognised it would become more challenging to do this after the initial three-year period and Ben Uri withdrew.

“Yes, definitely would like to be involved. To see how it would adapt” (member of staff #2)

“I would definitely like to take part in future sessions” (member of staff #5)

“Yes, would definitely volunteer again. It’s 100% something that I believe in” (volunteer #2)

Staff and volunteers were also asked for suggestions about other ways that the existing sessions could be delivered to residents as well as different ideas to engaging residents in care homes with art. There was a wide variety of suggestions, including ideas primarily for Nightingale House or similar large care homes, others that could apply to care homes more widely, and some suggestions for the AIR programme and Ben Uri more specifically.

- ***A creative engagement person to lead activities and staff support***

The importance of having someone who could lead and champion creative engagement activities was seen as vital. They needed to have the vision, skills and experience to undertake this work covering art, dementia, care homes and group working. This could be someone from outside the home or a person employed by a care home with the necessary training, support and, if a significant development in their role, remuneration. They would also need to be supported by staff in the home including, ideally, both activities staff and care staff who would also need appropriate training and support. However, if a care home was committed to a programme of creative engagement it was vital that it became embedded in the culture and structure of the home, rather than depend on time limited partnerships with external organisations. Reference was made to how the development of an arts strategy for the home could support this and how creative engagement could also be part of the learning and education opportunities that a home like Nightingale offered.

“Sustainability by investing in staff training, staff have to see this outside person come in and run it and how it’s done professionally. It’s good to have an outsider to give a fresh perspective...It makes the staff see them [residents] differently” (member of staff #1)

“Staff would need training about what they are trying to achieve in it, and clear guidance about what you are trying to achieve” (member of staff #4)

“In terms of carrying it on you need to get one passionate person to take it up and want to do it, who may need to be rewarded for having done it, for their development...above and beyond what their normal role is” (member of staff #1)

- ***Sustaining, developing and promoting the existing sessions in the AIR programme.***

A number of suggestions were made about ways that the programme could be promoted and developed if the existing sessions were to be repeated.

- Identifying care staff with an interest in creative engagement and providing them with training and support to facilitate art discussions and art making. Staff could become an ‘art champion’. It was also suggested that with suitable training, volunteers, such as relatives or retired arts/primary school teachers, might also be able to facilitate art discussion or simple art making sessions. Sessions could focus on art or art making techniques that staff had a particular interest and confidence in, rather than attempting to do the whole of the AIR programme.
- Taking some of the art made in the sessions around the different units to engage care staff and residents, both who were involved as a reminder, as well as a means of creative engagement for residents who weren’t involved.
- Getting a commitment from care teams that a member of the team would attend on a regular basis with a resident(s) and work as part of the team facilitating the group.

- Presenting some of the art discussed and made, together with the research findings, to senior staff and trustees of Nightingale (and potentially to other interested audiences).
- Having a good quality picture reproduction with some pre-prepared information and questions for staff or volunteers to facilitate a 30-45 minute art discussion that took place on a regular basis (weekly/ fortnightly/monthly) for residents either as a select group or as a more informal, open group in different locations in the home.
- Having a poster of all the pictures discussed and a photo of the group on display could be a useful permanent record of the art discussion group and a reminder for residents who had participated.

“I think there should be a legacy thing where they say ‘we enjoyed that so we will get together once a month, looking at a print from an art book, sitting round having a cup of tea and we are going to discuss it’, a few prepared questions on a sheet to give someone confidence. I think a good 45-minute session could come out of that easily” (member of staff #1)

- ***A best practice creative engagement guide for care homes***

Producing a best practice toolkit or guide was suggested, to describe the sessions that formed the AIR programme and giving practical advice on how to do these in care home settings (though it should be noted that Ben Uri are in the process of producing short films and information along these lines as part of their wellbeing programme. More information available at: <http://www.benuri.org.uk/wellbeing-programme/>).

- ***Taking creative engagement sessions to different units and floors in Nightingale or another large care home***

For a home the size of Nightingale creating opportunities for arts engagement onto the units where residents live to enable them to become involved was frequently mentioned. Various suggestions were made about the components that could enable this to happen:

- Holding ‘pop up’ galleries, displaying different pictures in prominent positions on the unit to stimulate and provide a focus for impromptu and more structured art discussions. Two pictures could be displayed alongside each other, such as two landscapes or two portraits, and residents invited to compare them.
- One of the art making sessions involved creating different images in a ‘journal’ using a variety of materials and techniques such as pencils, paints, crayons, collage material etc. This was seen as a very portable activity that was not resource intensive and could easily be taken onto the units, rather than having to take place in a specially arranged activities room.
- Developing partnerships with local organisations that could support creative engagement activities, such as schools and colleges with a strong commitment to the arts, local art galleries, local artists, etc. This could involve helping support or facilitate art sessions, and artists and galleries talking about art and art making techniques. As well as benefitting residents and a care home, the partnerships could provide ways that the organisations could promote their work such as student placements, publicity, etc. in order to incentivise their involvement.

“The sketch book is such a good idea could be done on any floor or unit. It’s transportable, you don’t need a lot, whatever you’ve got to hand, you can fill it with anything you like, with words or cutting things out so that’s quite accessible. So that could be encouraged” (member of staff #2)

“Take one or two paintings onto a floor, and talk to staff about it and then encourage the staff to do this with residents or e.g. have two pictures up to compare similar paintings, two landscapes or portraits ‘which do you like?’ I wouldn’t just take one painting. Encourage volunteers to go up and ask residents if they’ve noticed them [the pictures]” (Volunteer #3)

“Artists coming in and talking about their work and the practical side, having some of their materials, there, what do the oil paints smell like, how do you have a canvas, what’s it painted on...It’s something people are quite interested in and gives them a wider understanding; I think people are quite interested in this. Why do you make this mark, why are you doing it, it’s not just about this is a famous artists or expensive painting” (member of staff #4)

“Art making perhaps doesn’t need all those facilities...to get those brain cells activated. It doesn’t need that much, just paper, glue, scissors and resourcing of staff to make it happen but once you have people in the room it doesn’t need that much” (volunteer #2)

“Looking at smaller homes one thing we could do is invite people to come and see what we have done help them to recognise you can build a programme like this with limited resources or think about how you use the community that you are part of to support you in that programme” (member of staff #3)

- **Taking similar creative engagement sessions to smaller homes**

For smaller care homes it was recognised that there were not the same level of resources, facilities or staff available to support creative engagement sessions in the same way they had been provided at Nightingale. Yet the principles of having dedicated staff time with sufficient expertise to facilitate sessions, with support from the home and perhaps volunteers were seen as essential. Many of the approaches described above were seen as having the potential to be adapted or scaled down to suit the size of the home, resources and staff available. Where residents gathered in the same place during the day, sessions could be tried out with perhaps a small group in a suitable area. There would be little or no need to move residents significant distances to the group so the need for staff support would be reduced. Frequency of the group could be adjusted according to what was manageable.

“If you have communal space, a kitchen/dining room/lounge, everyone comes there. Turn the TV off, ‘we are doing this for the next hour’, I don’t think you should expect that to work the first time but do it a few times” (member of staff #1)

- **Franchising creative engagement**

Because of the importance of the input and leadership from the Ben Uri gallery but the clear limitations the gallery had in terms of being able to deliver similar creative engagement sessions in multiple care homes the suggestion was made of Ben Uri ‘franchising’ the programme. The gallery could act as a central resource (or ‘hub’) providing perhaps a variety of packages involving practical session guidance, training, mentoring and support for staff in

care homes to facilitate sessions, resources, such as prints of pictures, information and questions about the pictures, and basic art materials for sessions that care homes could purchase and use to run their own sessions. As mentioned above, Ben Uri are already developing ways of moving their wellbeing programme in this *direction*.

“Franchise it. Seed corn it from the gallery” (volunteer #1)

- **Other types of creative engagement for care homes**

Several other types of creative engagement groups were suggested. These included:

- Combining art discussion with art making, using the art viewed as the inspiration for the art making session.
- For residents with more severe dementia, little experience of art, and where concentration and manual dexterity might be problematic, doing ‘messy art’ groups were suggested. This could involve painting with their hands, or doing touch screen painting using iPads and creative software technology developed for children.
- For more mobile residents, and resources permitting, occasional trips to art galleries could be arranged that could also involve a facilitated group discussion about some of the arts seen.
- Staff leading these creative engagement activities would need ongoing support in the role, and to evaluate impact could keep a journal record of activities and engagement they facilitated, or using Dementia Care Mapping™ (a system of evaluating care home practice).

“For [residents] who had the capability and interest to gain from both, look at pieces of art and in the same session combine an art activity, creating your own interpretation from it” (member of staff #7)

“Sessions on the units for select residents, not necessarily creative but who love touching, such as textiles, hands that are busy” (member of staff #6)

“Some residents with dementia like to do a lot of painting with their hands, getting a bit messy with their hands – they can’t really focus on a picture to draw but they really do enjoy painting with their hands or fingers. But it would be too much to draw a picture” (member of staff #5)

“Painting on a touch screen would be enormous fun because you can do it big, on a smart board. A big one, swirls of colour...good for people with dementia who might find managing a paint brush a bit tricky but would find the finger much easier” (volunteer #1)

“Going to galleries is something we do but we don’t always get together and talk about it afterwards, but when we have done, it’s really rewarding...Went to see the Basquiat and [resident] didn’t like it but she said she was really interested to see it, ‘it’s not my kind of art but how wonderful to see something different” (member of staff #4)

The variety of suggestions is a partly a reflection of the belief and enthusiasm staff and volunteers showed for the overall programme. Some of these suggestions are forms of creative engagement that have been tried out elsewhere and some could be tried out or combined together depending upon other factors, such as the size of the home or the staff available. However, it should be noted that it is not known if the findings would be replicated in a creative engagement programme where

some or all of the components were different from those in the 17-week programme described in this report.

It is also worth noting there wasn't much discussion about the selection of residents who might participate in the different forms of creative engagement in the future. The difficulty of identifying residents with dementia, the exclusivity of the groups, the positive benefits described by residents who participated who did not have dementia, suggest some benefits of taking a more open and flexible approach to the selection of residents who are invited to participate in the future. This would also avoid segregating people with dementia into specialist groups but would also make it harder to evaluate the impact on people with the condition, which remains the primary focus of the research. It could also result in creative engagement activities being less accessible for residents with more severe dementia. Where views were expressed about this issue these were mixed.

"Mixed groups create a conflict for me...having to deny other people taking part (member of staff #1)

"I would like to widen the opportunity so it wasn't restricted to people with dementia so it was a mixed group. There would be people with different levels of dementia as in reality 80% of our residents have been diagnosed with some level of dementia" (member of staff #3)

"There are a few residents who would have benefitted because then you would have seen the different levels of dementia. There is [resident with dementia]'s level but my residents were more severe" (member of staff #5)

Finally, it is important to say that this is only the first year of a three-year project. This means that there is a more opportunity to refine the approaches already used or to test out new approaches, which perhaps can move closer to this aspiration, expressed by one member of staff:

"Art isn't all one thing like music isn't all one thing...we don't have art around us like we have music around us. People understand about music that there's all these different genres but when people talk about art they talk about high art, like ballet or operas, it's always seen as this high culture. Whereas music we all knows crosses the borders and enters our lives so it's finding parity with that" (member of staff #4)

Appendix 3

Interview questions

Residents, staff and volunteers were interviewed before, during and after the 17-week programme. The questions that residents were asked are shown separately, and there was a slight variation in the questions that were used with staff and volunteers depending upon their level of involvement with the project)

Pre-programme interviews (residents')

- *What are you expecting from the art sessions?*
- *What are you looking forward to in the sessions?*
- *Do you have any concerns about the sessions? If so, what are they?*
- *Do you have an interest in art in general?*
- *Any other comments?*

Pre-programme (staff and volunteers)

- *Why have you taken part in the project?*
- *What are your expectations?*
- *Have you any concerns about the project? If so, what are they?*
- *What would you like the experience of taking part to involve?*
- *What would success look like?*
- *What support do you need, if any, to participate and contribute fully?*
- *What's your overall view of participatory arts in care homes?*
- *Any other comments?*

Midway interviews (residents)

- *What do you like about the art sessions?*
(Prompts included: people in the group; facilitation; activities: feelings after the sessions)
- *Do you have any concerns about the sessions? If so, what are they?*
- *How could the sessions be improved?*
- *Any other comments?*

Midway interviews (staff and volunteers)

- *How do you think the project is going?*
- *(Prompts included: people in the group; facilitation; activities)*
- *What's working well in the project?*
- *What could be improved?*
- *Was the selection of residents right for the group?*
- *What feedback have you received from care staff/staff about the project, especially in terms of its impact on residents' wellbeing?*
- *Any other comments?*

Final (post-programme) interviews (residents')

- *What's the best thing you remember from the sessions?*
- *What other feelings or memories have stayed with you from the sessions?*
(Prompts included: staff and volunteers; other residents; the activity)

- *Did you have concerns about the sessions? If so, what were they?*
- *How could the sessions have been improved?*
- *Would you have liked the sessions to continue?*
- *Any other comments?*

Final (post-programme) interviews (staff and volunteers)

- *Looking back on the art sessions what was the biggest single thing they achieved?*
- *What else do you think they achieved?*
(Prompts included: impact on residents'; staff; organisations involved)
- *What was the biggest challenge for the project?*
- *Were there other things you were disappointed with or could have been improved?*
- *Originally the groups were planned to be only for residents with dementia but some participants didn't have dementia. What do you think was the reason for this?*
- *Are there other ways you can think of that would enable residents to engage with art?*
- *Do you think groups like these can be sustained in care homes, especially smaller homes?*
- *Any other comments and personal reflections on taking part?*

Appendix 4

Adapted Arts Observation Scale (ArtsObs)