

ProVACAT - Practising or Viewing Art Cognitive Ability Trial

A collaboration between the Ben Uri Gallery and Museum
and Hammerson House Care Home (2015/16)



Image: Participants enjoying a visit to 'Out of chaos: Ben Uri, 100 Years in London' at Somerset House, 2015.

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- **ABSTRACT:**

Art Engagement to Slow Cognitive Decline and Improve Wellbeing

As the NHS strives to support an ageing population with increased life expectancy we see an increase in social prescribing. Our ambition is to conduct a randomised, long-term intervention assessing the potential for arts engagement to slow expected cognitive decline and improve wellbeing.

We identified a residential care home with the appropriate facilities and support for a feasibility study. Our intervention sees Group A receive practical art sessions exploring new materials and techniques. Group B receive seminars responding to replica artworks with open discussion. Participant wellbeing was measured immediately following each session using the UCL Museum Wellbeing Measures Toolkit. A number of adjustments have been made to the assessment method as a result of Phase I, which will now be tested in Phase II.

Over six weeks, two groups of four participants with an average age of 93 attended one hour creative sessions and seminars respectively. The results demonstrate a positive variability of outcomes. These mark the potential for more ambitious projects, addressing a larger group of participants with greater measurement of cognitive function under a randomised controlled trial. The project seeks to achieve a generalisability applicable to varying demographics.

- **THEORETICAL BACKGROUND:**

The UK has an ever increasing ageing population as healthcare improves and life expectancy grows. Between 2002 and 2012 the number of centenarians living in the UK rose by 73% to 13,350 [1]. As the NHS strives to react to this ageing population and continue to support it we see an increase in social prescribing. This links primary care patients with sources of support within the community providing GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing. It should not be seen as an alternative but an addition.

Cognitive decline is an expected and natural element of ageing. It is noticeable and measurable primarily affecting memory, coordination, judgment and comprehension of previously ordinary tasks. In correlation to this, the World Health Organization constitution states that 'good health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity' [2]. It follows that cognitive ability is linked to an individual's sense of wellbeing defined by Mind UK as central to confidence, relationships with others, expressing emotions, managing stress and connecting to the world around you [3].

Whilst there is significant interest in the capacity for arts engagement to both improve wellbeing and positively affect specific medical conditions, such as Dementia and Parkinson's Disease, clinical research is lacking. This is particularly true for the visual arts over the broader 'arts' including singing, theatre and dance. This study seeks to overcome these barriers.

- **METHOD:**

We identified a residential care home with the appropriate facilities to support the feasibility study in Hammerson House Care Home. Ben Uri's Learning Officer for Wellbeing designed a series of twelve weekly practical sessions and twelve weekly seminars, which were delivered on site at Hammerson House in their activity space. Group A received practical art sessions exploring new materials and techniques. Group B receive seminars responding to replica artworks with open discussion. Participant wellbeing was measured immediately following each session using the UCL Museum Wellbeing Measures Toolkit [4].

This report addresses Phase I, the feasibility study, simply designed to pilot the project and completed 2015/16. Phase II will consider changes outlined in this report and introduce a baseline measurement with which to collect useful data going forward. Phase III will see the project rolled out on a wider scale to reflect varying demographics and move the study on to a more formal analysis in partnership with The University of Sussex.

Planned intervention:

Group A - Practical art making workshops:

Ben Uri worked with a trained, experienced arts facilitator to deliver sessions of around one hour and fifteen minutes beginning with refreshments and ending with an informal plenary to review everyone's work. A variety of materials and techniques were explored over the twelve week period including drawing materials, clay, printing, paint, mixed media and textiles. The sessions are challenging yet adaptable to varying abilities considering common issues with dexterity and fine motor skills, vision and hearing. For this reason the sessions aim to be multi-sensory with a focus on varied outcomes rather than working towards a specified final piece.



GROUP A – PRACTICAL

Phase I: Sessions 1 – 6

No.	Activity	Basic Description
1	Drawing	Mock life drawing. Variety of exercises exploring line
2	Lino printing	Make a basic straight line design, print in one colour
3	Collage	Mood boards leading into a group collage portrait
4	Clay	Clay decorative tiles - build on top of / score into
5	Chalk pastels	Still life studies using chalk pastels - choose object to study
6	Negative drawing	Masking tape outline + ink washes, night time tree scene

GROUP A – PRACTICAL

Phase I: Sessions 7 - 12

No.	Activity	Basic Description
7	iPad Art	Introduction to iPad art. Reworking photos, drawing effects
8	Colour mixing	Colour wheel, mixing colours, painting large areas of colour
9	Cut outs / painting	(Matisse) Juxtaposing & complementary colour arrangement
10	Screen Printing	Introduction to screen printing, collaborative screen print
11	Textiles	Selecting fabrics, making a collaborative banner, fabric glue
12	Gold Leaf	DIY 'Gilding' random objects made of different materials

Group B - Art seminar with discussion:

The second session type delivered this time to Group B is a seminar and discussion featuring replica Ben Uri artworks. Again this session lasted around an hour and fifteen minutes with a break for tea and cake. The chosen artworks span the collection since the Gallery's inception in 1915 to one of the most recent acquisitions, covering key aspects of history as well as different mediums and themes. These are facsimiles of collection works printed to replica size as high quality giclée prints, framed as closely to the current frame as possible and displayed on easels. Participation and sharing of opinion is always encouraged.



GROUP B – SEMINAR

Phase I: Sessions 1 - 6

No.	Artist	Discussion
1	Chaim Soutine	<i>La Soubrette</i>
2	Mark Gertler	<i>Rabbi and Rabbitzin</i>
3	David Bomberg	<i>Ghetto Theatre</i>
4	Frank Auerbach	<i>Mornington Crescent</i>
5	Josef Herman	<i>Refugees</i>
6	Marc Chagall	<i>Apocalypse en Lilas</i>

GROUP B – SEMINAR

Phase I: Sessions 7 - 12

No.	Artist	Discussion
7	Lazar Berson	<i>Circular Design for Ben Uri Art Society</i>
8	Dorothy Bohm	<i>Torn Poster, London</i>
9	Amy Drucker	<i>For He Had Great Possessions</i>
10	Eva Frankfurter	<i>West Indian Waitresses</i>
11	Dora Holzhandler	<i>Mother and Child in Holland Park</i>
12	Natin Dvir	<i>Homesh Evacuation #1 / Taken Down</i>

Criteria:

The study originally proposed all sessions would take place at Ben Uri Gallery for those living with dementia to attend with their Carer. It then became clear the Gallery space is not suitable for this audience and by making this selection the study would not reflect the need in our locality given its high number of non-dementia specific care homes. Though some of the previous participants are living with dementia and the study works well for the early to mid stages of dementia, by acknowledging that dementia is not a natural part of ageing we have consciously widened the study to those living with expected cognitive decline.

The sole limitation of this study is therefore to work with willing older residents of care homes in London. Older will be defined as over 75. Participants will be allocated randomly or by their care staff. Once allocated participants must not interchange between Group A and Group B. Where the individual is reliant on care home staff, staff will put forward individuals they feel would benefit. In the case of Hammerson House, activities staff selected residents who they felt would benefit from a smaller group over those who readily attend existing activities.

We accept that this is a complex intervention with many confounding variables. It cannot be ignored that the introduction of new people to the home and the socialness of the sessions might have a therapeutic impact so we have designed the trial to consider only one variable. As stated above we accept as a starting point that the experience of art is of value so the only change for the “control” group will be the replacement of the creative, practical workshop with a session of identical duration to view and discuss works of art from the Ben Uri collection. This assesses two key forms of traditional outreach arts engagement; practical art making in creative workshops and talks.

Intended Outcomes and Evaluation Methodology:

Evaluations were conducted throughout the study immediately following each session. These were taken from the UCL Museum Wellbeing Measures Toolkit [4], specifically the ‘Positive Wellbeing Umbrella’ and ‘Generic Wellbeing Questionnaire’. The questionnaire will act as the baseline indicator given that it is straightforward and familiar in comparison to the umbrella format. Full details of the UCL Wellbeing toolkit can be found at the following address:

www.ucl.ac.uk/museums/research/touch/museumwellbeingmeasures/wellbeing-measures

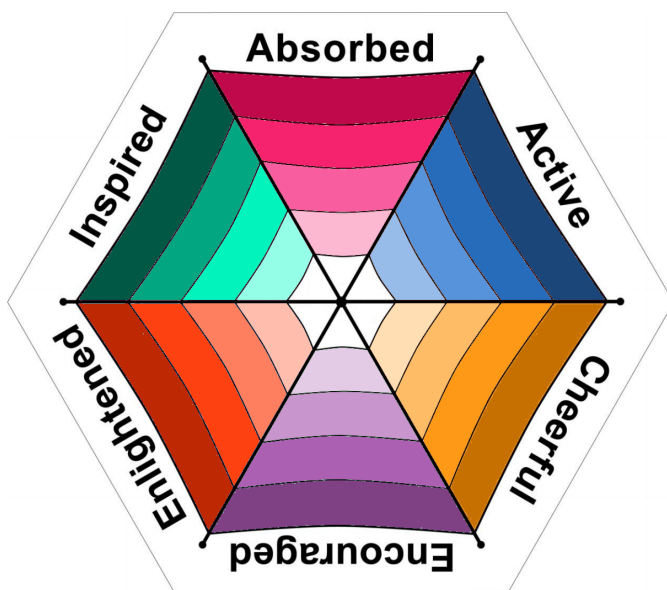


Figure a.

During the feasibility study at Hammerson House it became clear that the wellbeing umbrella would benefit from clearer colour differentiation rather than a colour wheel transitioning effect. Also, the presence of numbers, colours and a small to large selection area provided too many indicators and caused confusion. Ben Uri consequently made these alterations to achieve *figure a*.

The primary outcome measure is the change in cognitive function over a period of 12 months. In addition to wellbeing tests administered following each session tests will be administered at the start, three months later (at the end of the intervention period), 6 months and one year comparing the Group A (practical art making) with Group B (seminar).

Secondary outcome measures will include quality of life and health economics. The Health Outcomes Research Unit at the University of Sussex and the CTG at UCL will control the provision and analysis of these outcomes independently.

Phase III studies rely on the continued feasibility of the study. If positive the study will roll out in suitable venues across a broad cross section of society in order to achieve a useful generalisability with which to progress.

- **RESULTS:**

Over a total of twenty four sessions, two groups averaging four participants with an average age of 93 attended weekly practical art making sessions and weekly art discussion seminars respectively.

As originally stated, intervention with Hammerson House represents the feasibility study phase of the project and so it is too early to expect to extract useful quantitative data. This said, *Figure b* represents a summary of the total data collected across the twenty four sessions. This demonstrates a positive variability of outcomes and the potential to gather comparable data on a wider scale.

Figure b.

Variables	Group A (Practical)	Group B (Seminar)
Average age	93	93
Age Range	87 - 98	87 - 98
Number attended (over 12 weeks)	24	29
Mean Umbrella assessment score (xx/30)	16.75	17.1
Range Umbrella assessment score (xx/30)	8 - 29	14 - 29
Mean Questionnaire assessment score (xx/30)	18.92	22.86
Range Questionnaire assessment score (xx/30)	13 -28	12 - 30

Perhaps more significant at this stage are the qualitative assessments made following each session. These considered overall success of the session, also detailing observations and quotes concerning individuals. In this sense it is possible to more accurately monitor a perceived improvement in wellbeing whilst also gaining useful feedback on content and structure. For Phase II a journaling system will be undertaken.

- **DISCUSSION**

In the longer term ProVACAT seeks to achieve a generalisability applicable to varying demographics. To take this data to the University of Sussex for formal evaluation assessing the comparative impact of art making and art viewing. To use this evidence if positive to demonstrate that art has the potential to improve health and wellbeing and to open up avenues for further collaboration with a variety of likeminded organisations.

Three key changes following Phase I (the feasibility study):

- The seminar artworks will not be addressed in chronological order following feedback that the theme of forced escape due to Nazi persecution of the Jews was troubling when addressed week by week. Instead key themes will be addressed.
- The screen printing process takes too long to fit into one session and due to the nature of the screen block it is difficult to continue over to the next session so will need to be adapted.
- The evaluation collection process can be lengthy even to a point of inadvertently evoking a negative response. It also does not account for participants leaving before the end despite taking part. For this reason we changed from the 12 question to 6 question generic wellbeing questionnaire [4] and will administer questionnaires one to one during the session, rather than on its conclusion. We would also follow up with anyone who leaves early for consistency.

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1/ *Later Life in the United Kingdom: August 2016*, Ageuk.org.uk. (2016). [Accessed online 24.08.16]. Available at: http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

2/ *World Health Organisation: WHO Definition of Wellbeing*. who.int/en/ (2016) [Accessed online 24.08.16]. Available at: <http://who.int/about/definition/en/print.html>

The correct bibliographic citation for the definition is:

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

The Definition has not been amended since 1948

3/ *How to improve your mental wellbeing*: mind.org.uk (2016). Accessed online 24.08.16. Available at: <http://www.mind.org.uk/information-support/tips-for-everyday-living/wellbeing/#.V7nmo5MrKCQ>

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