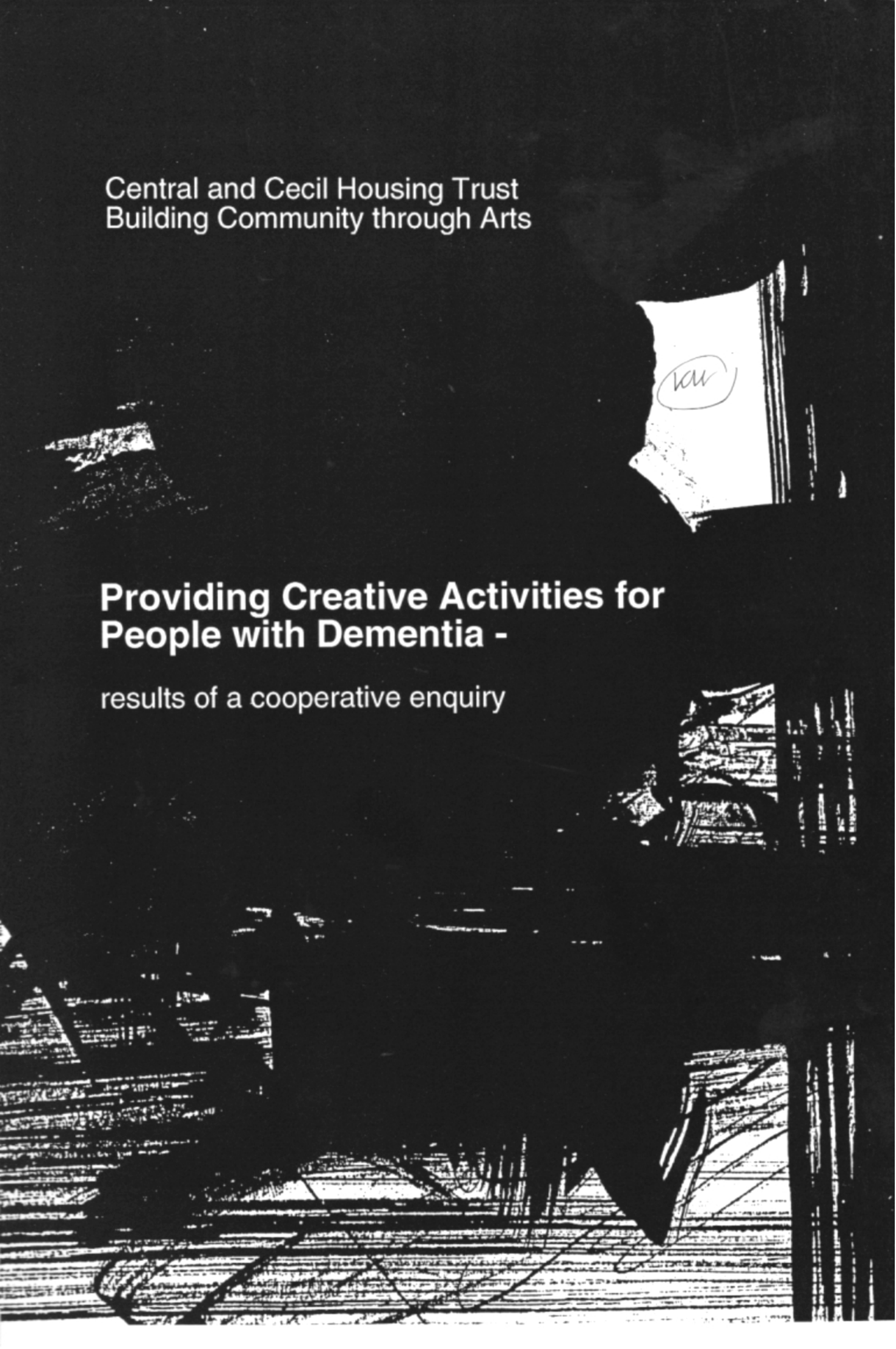


Central and Cecil Housing Trust
Building Community through Arts

**Providing Creative Activities for
People with Dementia -**

results of a cooperative enquiry



Providing Creative Activities for People with Dementia

Results of a cooperative enquiry

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**Central and Cecil Housing Trust
Building Community through Arts
1998**

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Introduction

The aims of the Project

In 1997 Central and Cecil Housing Trust (CCHT) commissioned Building Community through Arts (BCA) to work with them in looking at suitable approaches to arts activities for people with dementia and to give staff a structure within which to explore together the significance of creative activities and the facilitation skills needed to devise and run them.

A major aim of the programme, built into the structure itself, was that in between sessions, using their valuable first hand knowledge and experience, CCHT staff would try out some of the activities we had looked at and use some of the facilitation skills they had been considering. The consultations with the BCA facilitation trainer between workshops allowed staff to feed their personal experiences, learning and developing ideas back into the programme. We wanted staff to use what they were learning both when facilitating arts activities and in their day to day work and interaction with residents. The shared findings of all the participants, CCHT staff (both care and management), BCA team members, residents and volunteers, were then produced as a folder entitled 'Worksheets from a Cooperative Enquiry' which now forms part of the staff induction procedure.

Why the Project was undertaken

Homemead, a CCHT residential home in Teddington, has a large number of residents who have Alzheimer's or other forms of dementia (84%). The majority of new residents referred to Homemead by the local authority have dementia. This is quite a different situation from five years ago when the majority of Homemead's residents were both physically and mentally a great deal more independent.

As a result CCHT invited BCA, with whom they had previously worked, to design a project which looked in depth at the provision of creative activities for people with dementia and gave staff training and support, building on their existing knowledge and skills. All the activity workshops took place at Homemead as it was considered important to have an in-house programme in the environment in which the residents and staff were living and working.

How it was done

- an exploratory meeting with staff, volunteers and residents to consider aims
- a staff and volunteer introductory workshop
- three activity workshops in which staff, residents and volunteers participated together, working to evoke memories using words, clay, colour and the five senses
- three staff and volunteer consultations with the training facilitator one or two weeks after each activity workshop
- a final evaluation meeting

Who was involved

Programme participants were care staff and senior staff from Homestead, some of the residents themselves, two volunteers and, for one session, a relative of one of the residents. The CCHT Coordinator for Arts and Education for Older People worked closely on this programme with members of the BCA team. CCHT's Regional Manager was also involved in planning the programme and attended the evaluation discussion with staff. The House Manager and the Arts and Education Officer each prepared course objectives, both for the organisation and for individuals. Individual staff participants later developed their own objectives as well.

CCHT is a Registered Social Landlord providing care and accommodation for people in nine London boroughs including Richmond upon Thames. The Trust provides residential and sheltered housing for older people, hostels and move-on accommodation for homeless women and mental health schemes.

Building Community through Arts is an outreach programme of Kew Studio, a registered charity, and is run by a multi-disciplinary team including an artist-coordinator, a facilitation trainer, a social psychologist and a project developer. Its vision is to build community using the arts as a medium encouraging participants to communicate across boundaries "...for all that is human we have in common."

Building Community through Arts is not only the name of the outreach programme but also the name of the process that is being developed by the multi-disciplinary team. It is a process which has certain inherent values. These include the equality of all project participants, each with the opportunity to contribute and the encouragement for participants to recognise their own and other people's contributions. It is believed that people can be helped to realise their own creative potential to the benefit of themselves, others, and the communities within which they work and live together. Experiencing and valuing the quality of each moment and interaction is emphasised, releasing project participants from preconceived expectations of finished art products. The sharing and the mark is enough. The project itself was designed to include ideas and learning from all participants, and to accommodate this BCA's own Cooperative Enquiry Method was used.

The approach – a cooperative enquiry

Cooperative enquiry is a repeatable cycle of Idea, Action and Review. This gives an equal opportunity to all members of the project to make suggestions. In adhering to the value of equality of persons the roles of facilitator, observer and client are experienced by each participant in turn, even though at times, due to the frailty of some of the residents, their facilitation role was apt to be restricted to answering when being asked their opinion rather than their actually making an intervention. It was important to honour each participant's unique contribution, whether verbal or non-verbal.

The Challenge

While the approach was necessarily idealistic, with the aim of establishing a model for best practice, practical constraints such as time, space in the room, absence of staff members due to holidays or illness and confusion of residents when participating in experiential workshops were seen as inevitable elements to be taken into account in the development of appropriate approaches to working on creativity with residents with dementia.

The Project was capable of being interpreted on many levels. Participants were encouraged to select certain areas for their personal focus and to set personal development goals. Instruction ranged from the purely practical to professional pointers, through to consideration of the academic psycho-social significance of the activities being undertaken.

In order to provide the reader of this report with similar opportunities for personal focus, it is divided into four parts: 1) **The Ideas** behind the Project; 2) **The Actions** undertaken during the programme; 3) **The Review** in two parts; firstly reflecting on the actions and secondly drawing conclusions and making recommendations; 4) The ethos of the Building Community through Arts approach.

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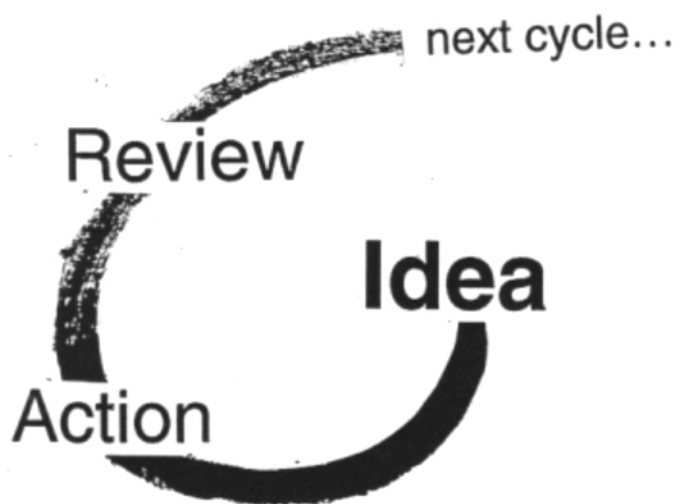
Summary of Recommendations

Attention should be focused on the issues of:

- 1) Residents' self respect through the fostering of independence and choice within the individual's capability, and involvement in the Home's day to day domestic routines
- 2) One-to-one interaction between all levels of staff and residents
- 3) Regular, open access to activities in a specially-designated room
- 4) Involving the wider community in the daily life of the Home as well as special events
- 5) Training for staff in communication skills and the principles of sharing and equality to boost self confidence
- 6) Supporting staff involvement to initiate activity through encouragement, supervision, monitoring and assessment and follow-up

The Ideas

Behind the Project



Dementia and Activity

Dementia is described by the Royal College of Physicians as 'the global impairment of higher cortical functions'. Thus the capacity to solve the problems of everyday lives, the performance of learned skills involving perception, the correct use of social skills, and the control of emotional reactions, all abilities which rely on memory, deteriorate. Memory can be considered to have two dimensions: the retention of past learning, and the ability to process new experiences and to recall these later.

We are not referring to the deficits which commonly affect the recall of details such as names and numbers, in all of us with the passage of time. This is 'benign' in contrast to the 'malignant' memory changes found in dementia, and which may characterise it. **Memory loss of the malignant type is a progressive blow to the centre of our very being. Without our memories our very identity as independent persons is threatened.**

Apart from episodes of challenging behaviour, inertia and apathy often mark people suffering from dementia. In the face of such negative states, we might be tempted to treat the sufferers as if they needed undisturbed rest. But being human, most of us intuitively believe that a balance - of activity of some kind and rest - is more natural, and is to be not only encouraged, but stimulated. Our instincts are justified, for it is in particular types of activity that the most benefit may be achieved.

Conversation — a form of sharing

So common-place an activity is conversation outside the institution that we usually take it for granted. It is not a trivial process, however commonly engaged in by the great majority of us. It is vital in many ways, both socially and cognitively.



When we converse we share thoughts, feelings, experience, needs, desires, personal histories. When we converse we also listen, interpret, comprehend, and respond more or less appropriately to what we hear. The sharing and the comprehending are basic functions in our social and emotional health and in our intellectual resources. Our very sense of identity is supported by the recognition offered by our fellows; even our sense of reality is confirmed.

The sharing benefits us at many levels, from the intellectual to the social. The very fact of sharing confirms our sense of self worth: we are worthy of recognition. To be ignored is a difficult experience for most people and therefore a good test of the strength of the binding/belonging role of conversation. Though an everyday experience it is of vital importance to our efficiency and well-being. It is the intuitive response to this awareness which leads carers to seek to communicate with clients.

Activities — competence and satisfaction

Activities are not merely ways of passing the time, though sometimes even this is a great asset where people have no duties, no active role, and their mobility may be impaired. In other words, when activity and socialising and therefore communication do not arise automatically in the course of everyday life, they need to be supplied.

Activities are not just ways of being active: they are vital opportunities for social experience, for individual satisfaction, and more. They are vehicles by which life itself, if seen as more than mere existence, can be sustained in the face of the negative elements of boredom, apathy, helplessness and depression, often a person's reactions to a shrinking of their life style due to age or incapacity.

This quality of life is composed not only of social recognition and interaction, vital though this is. Certain activities contribute to the recovery of what is deficient and to defences against deterioration, and this is in addition to their potential social benefits.

Skilled performance and satisfaction

Where a pursuit involves the possibility of acquiring or displaying skill its benefits are more than social. They concern satisfactions of the need to demonstrate competence on the one hand, and the necessity of focused attention on the other, and thus yield *enjoyment*. This is not a trivial outcome. It is central to our sense of self as human beings, and to our involvement in life *outside ourselves*. Since both these — the sense of an autonomous self, and the direction of our attention outside ourselves — are threatened when we are the recipient of care, the activity is directly compensatory and thus valuable.

“a feeling of
being valued”

Activity which calls on the highest level of skill available to an individual at a particular moment yields an array of satisfactions. The sheer experience of competence in an activity also has value beyond what appears on the surface. **In the case of the staff, this Project challenged them to acquire greater skill and awareness of complexity in their interaction with residents. The developing facilitation skills and support of the staff in turn enabled the residents to feel competent.**

The awareness of our competence is of great importance to our morale, our sense of well-being. **The exercise of skill, of choice, of autonomy are affirmations of our humanity. For someone in care these are valuable sentiments, as there is so much which could convey the opposite messages of dependence.** Thus the participation in skills based activities such as those employed in this Project is not just a pastime: it is restorative of self-confidence, a vital ingredient in self-esteem.


Activities necessitate the use of mind and of body. In a situation where there is every temptation to avoid effort, the rationale for activity is easily stated: disuse is deadly. Yet exercises pure and simple are not very motivating, while exercise which has extra purpose is. Again and again the care staff during the Project remarked “I like to see the residents motivated”. What was meant by this was the accompanying unspoken sentiment — that motivation is the opposite of inertia and apathy.

But it is apparent that there is an even deeper realisation: that the involvement with objects, materials, with movement, purpose, and achievement as well as, often, with other people, is the very stuff of life, and that without this we can deteriorate sadly.

Helplessness

Work carried out over the past 25 years exploring the effects of a feeling of helplessness and what it can lead to — depression and death — has proved how vitally significant purposeful activity is for our mental health. There are beneficial effects, too, in feeling in control of what affects us.

The lessons for residential care are manifest. While all activity is beneficial to some degree, the virtues of considered and well-planned activities are great. Our comments on the benefits of shared activities, of interaction, of companionship, of feeling valued and recognised, as symbolised in conversation, demonstrate this.



“... with very
confused residents
they know if you
are really
listening. They
can read our faces,
if we are not listening
they just walk away...”

*Let us now look
more closely
at what is involved in
specific sorts of activity...*

The Actions

Practices and Activities
explored within the Project



Providing creative activities for people with dementia

Creative activity a process for improving quality of life

An article published in the journal *Geriatric Nursing* in 1994 entitled 'Art Activities for Patients with Alzheimer's and Related Disorders' examined the provision of art therapy for geriatric patients. The authors reported "There was no attempt to analyse the content of the works created or to use them in diagnostic evaluation. Art activities were utilised as a therapeutic treatment, with emphasis on process rather than product." Building Community through Arts takes the provision of arts activities even further away from 'therapy' or 'treatment'. There is no attempt to analyse the content of works created. The process extends the arts activity as a way to enhance the interaction between participants; at Homestead these were care staff, managers and volunteers as well as residents.

Recommending that nurses need to learn about the use of art activities, the above article says that "As nurses incorporate creative modalities into patient care, research will be needed to investigate the effects on behavioural functioning, quality of life, and other variables." **The Homestead Project was more than care staff learning to use art activities. It attempted to break down the barriers which separate "patients / clients / residents" from care staff and managers. One purpose of providing creative activities in this Project was to help staff, whose job descriptions tend to emphasise physical aspects of care, to relate at a deeper, personal level with the residents, and to include volunteers and relatives in the process.**

The range of arts activities introduced into the Project was wide — the use of words, clay, colour and the stimulus of the five senses. However, in each session, necessarily very limited by time, the art medium was hardly more than 'tasted'. The purpose of all the sessions was rather to develop the communication skills which enabled the residents to experience a new dimension of activity — sharing something of their own lives with something of the lives of those who were caring for them.

The staff were encouraged to bring their own experience into the sessions, working alongside the residents as far as possible as equals.

We found that even limited sessions unleashed memories, feelings and comments — from both residents and staff. This process was appreciated by positive comments from residents, and made the work of the care staff more rewarding.

It was essential to carry out the Project in situ, so that the training given was thoroughly grounded in the real situation, even if the occasion was still somewhat artificial. Working with residents as well as the staff in the Homestead Project enabled us to address issues directly — from the stage management of art work, to the physical needs of residents, and the possibilities of developing more enriching relationships between both staff and residents, and between residents themselves.

Development of communication skills and the value of play

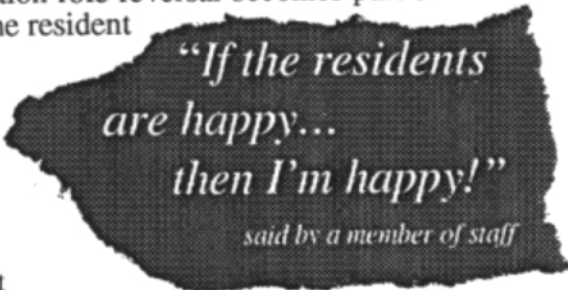
Staff and volunteers were encouraged to keep individual journals to record the thoughts and feelings about the sessions (see page 12) work and their own development in between sessions. Materials were provided, and one-to-one or small group sessions were set up by them in order to practice the facilitation of creative activities and communication skills which had been identified. Our emphasis



throughout was on the benefits which flowed from the use of very simple creative work as the stimulus for communication which is an essential element of establishing 'community'. Communication has been described as 'the bedrock of all human relationships', whether written or oral, verbal or non-verbal. Six communication skills — cooperative enquiry, body language, listening, ways our history affects our language, emotional competence, and self and peer assessment — were practised, even though some at the beginning of the Project felt they 'knew' about these. Our belief is that communication between any two or more people is infinitely variable, and awareness of, and the continuing conscious practice of, communication skills is invaluable.

A recent article in the *Journal of Dementia Care* argues for the value of play. By providing art activities which do not demand the exercise of skill, but rather provide the opportunity for participants to experiment and play, we found that we were able to challenge some of the damaging inhibitions left over from early experiences of being told that we were 'no good at art'. But to balance the playing it is important to avoid the 'Parent'/'Child' mode which reinforces feelings of impotence, rather than releasing latent creativity. A patronising manner is avoided when play is seen as an integral part of the creative process and in addition role reversal becomes part of the activity. The care giver becomes the artist and the resident

is given the part of facilitator or observer. Even where the resident was unable to understand what was happening, by behaving 'as if....' the care staff were able to make residents feel significant, having their opinions asked for, and being treated with respect. Rather than certain activities being classified as play, others as work, and still others as self care, what makes any activity play is the attitude of spontaneity, humour, creativity and fun with which it is carried out "...for the underlying implication is that what we do with our clients is nothing like as important as the way we do it." Our experience at Homestead confirmed that the sharing of childlike amusement in simple creative activity, in laughter or delight, does not demean the resident, and both carer and resident are enriched.



*"If the residents
are happy...
then I'm happy!"*

said by a member of staff

Accepting the full richness of life in the present moment

We accepted that with dementia a resident may have no lasting knowledge of the session. However, it is impossible to know how much or how little is understood, and the sessions are more rewarding for others if the uncertainty is accepted, and each moment valued for itself. To share a smile, or hold a hand in a moment of sadness is in itself worthwhile, making the work of the care staff more enriching, and the relationship with the resident more significant.

Some commentators believe that unpleasant or traumatic events should be excluded. However, we found that creative art activities may well arouse memories of such events, and while the natural inclination may be avoidance — pain, grief or fear are emotions which can be shared with healing effect.

We hoped to enrich the interaction between staff, volunteers and relatives with the residents by introducing creative activities as a springboard for sharing experience, memories and feelings. Accepting sad or negative feelings was valuable, allowing healing to occur. For instance word association starting from the word 'precious' led one resident movingly to the sequence "Precious - my husband - my children - myself". Such sharing and enriching interchanges are not aroused by playing bingo or sitting with a TV set, which so often provides background noise that blots out awareness and increases apathy and isolation.



Programme Structure a cooperative enquiry

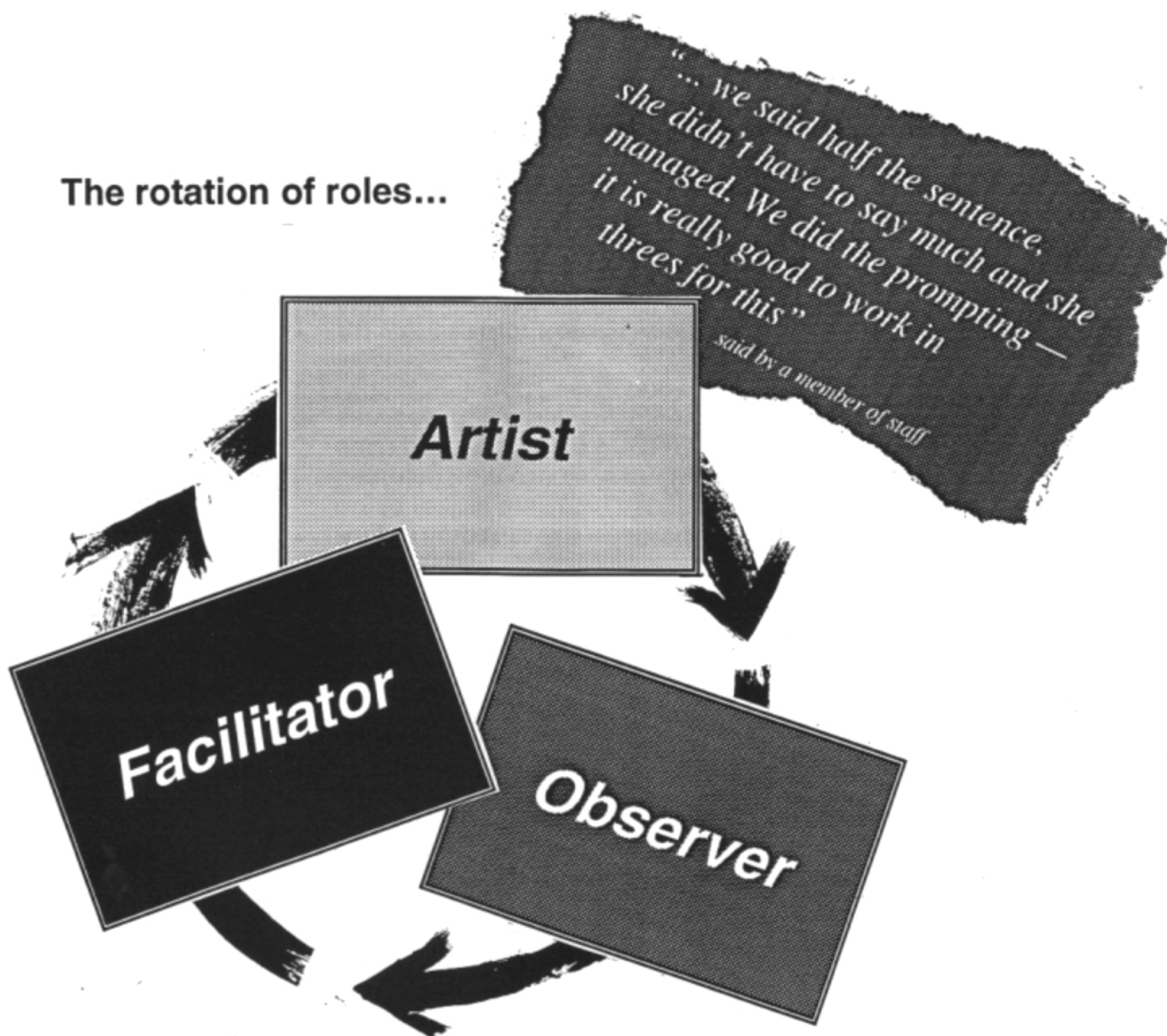
Staff, residents and volunteers worked together. They concentrated on **language awareness, word, colour, clay and the five senses**. The aim was to achieve better communication and the release of memories and feelings. Those taking part were encouraged to share their experiences using one of the arts as a medium. The approach allowed a wide range of responses.

In each session participants used the **cooperative enquiry** method — agree an **idea**, put the idea into **action**, then hold a **review** to observe the results of the action and decide what should be done next time. This led to new insights and participants were encouraged to identify ways in which each of the sessions could be used by them later when working in small groups or one-to-one.

Participants worked in threes taking turns to try out three distinct **roles** — **Artist** (the person trying out the medium and being facilitated) **Facilitator and Observer**. The roles were kept as distinct as possible allowing participants to become aware of the possibilities within each role. As well as cooperative enquiry, participants were encouraged to use five other communication practices which are: body language, listening, language awareness, emotional competence and self and peer assessment.

The programme was designed to give staff a **structure** within which to explore together the significance of creative activities and the facilitation skills needed to devise and run these activities. **Consultation visits** were held between sessions for staff to discuss their experiences and ideas for encouraging creative activities. **Personal journals** were designed allowing participants to record their observations, make personal commitments to practise awareness of particular skills and reflect on outcomes.

The rotation of roles...



Participants took the roles in turn which meant that staff, when taking their turn as Artist, had to enable the resident to be a facilitator. The sessions generally started with the Facilitator being a member of staff, the Artist being a resident and the Observer being a volunteer. The next part of the process was to rotate the roles so that each had experience of the three functions...

Language Awareness a programme emphasis

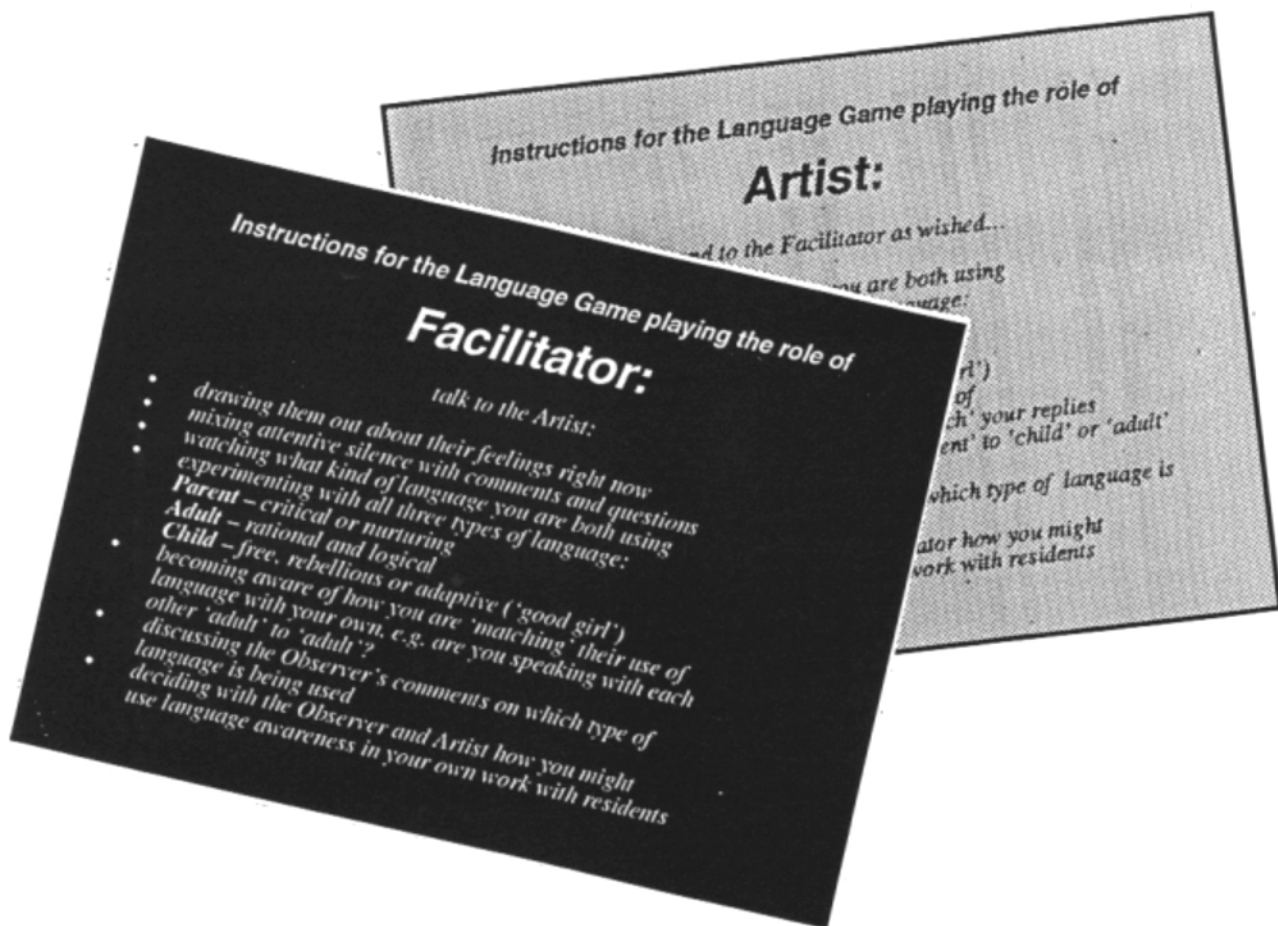
The Artist was encouraged by the Facilitator to talk about their feelings at the moment. Both experimented using three different types of language indicative of different ego states: (see page 17) **Parent, Adult and Child.**

The Observer reflected back certain phrases used in the conversation afterwards leading a discussion on the type of language being used. Together the three participants then reviewed the exercise to learn what worked well, what could be done or expressed differently and how the awareness of language could be used in future contact with colleagues and residents.

Instructions for the Language Game playing the role of **Observer:**

help the Artist and Facilitator by:

- writing down the words and phrases of the Facilitator with responses from the Artist
- reflecting back and discussing what type of language you think is being used
- **Parent – critical or nurturing**
- **Adult – rational and logical**
- **Child – free, rebellious or adaptive ('good girl')**
- watching and noting how the process works so that you can review the exercise together later and learn from what worked well and what you could do differently
- leading a closing discussion on how points learned during this exercise can be used in future contact with colleagues and residents
- reminding your colleagues to keep to their roles



Some observations from the Review Stage

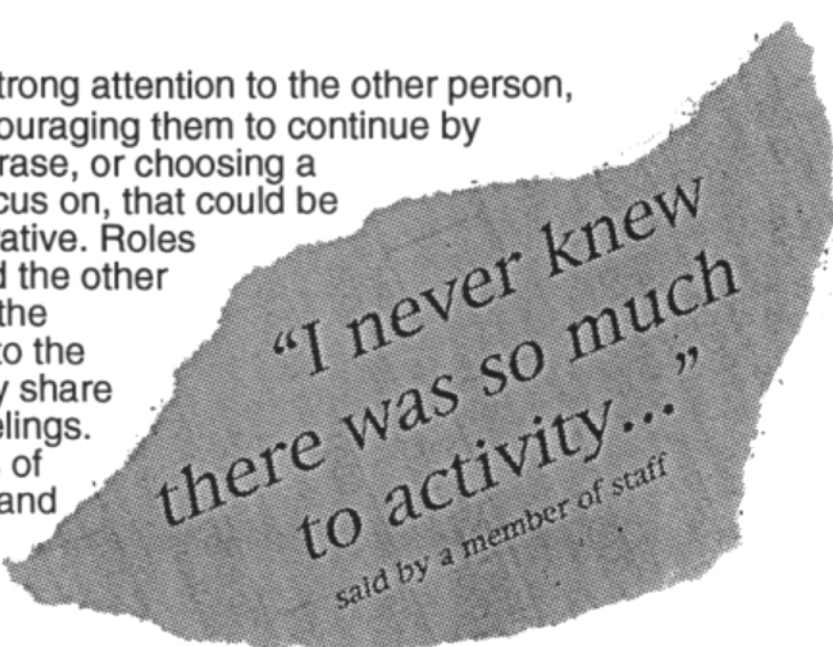
- Use of body language, touch, keeping eye contact and with speech spoken slowly and waiting for an answer, was not felt to be 'Parent' to 'Child.' Sharing information about self and children, like treating residents as family, made for equality, i.e. 'Adult' to 'Adult.'
- Comment of "If you listened you would know" was felt to be 'Parent' addressing 'Child.'
- We agreed 'Adult' to 'Adult' meant giving thought to what you were saying.
- There were times when it was necessary to talk 'Parent' to 'Child', although speaking slowly was no different from speaking carefully with a foreigner. Shared amusement at the difficulty of communication was considered to maintain an 'Adult' to 'Adult' relationship.
- Questioners wanting a specific outcome can manipulate through 'Parent/Child' interaction. 'Adult' to 'Adult' was more like asking open questions. A wheedling tone might sound 'Parent' to 'Child.' The same phrase, in a matter of fact tone and phrased from 'I,' is more likely to sound 'Adult' to 'Adult.' Staff know residents well, and the best way to approach each individual. Language awareness exercises allow staff to refine their sensitivity and skill and become more aware of what is needed by the other person in order for them to be motivated.

1 Working With People – These six practices are very basic and their strength comes from using them with increasing awareness. Making occasional entries in a personal journal of your use of these skills will help you understand the successes and ‘mistakes’ of your practice. Both these are important and can be built on in future activity sessions.

Cooperative Enquiry – a repeatable cycle of IDEA, ACTION and REVIEW, is the method used by Building Community through Arts. This gives an equal opportunity to all participants to make suggestions and in adhering to the value of the equality of persons to interchange the roles of facilitator, client and observer. At times, due to the frailty of some of the residents in this Project, their roles as facilitators were restricted and they were asked their opinion on an issue rather than being asked to make interventions. (see pages 18 — 24 for ways the three roles were used in the creative activity sessions)

Body Language – including eye contact, open posture and a sense of being with the other person is an eminently important and essential adjunct to good listening. This is a way of silent communication that demonstrates that we are listening without interrupting the person whose turn it is to speak. Touch is important and if both persons are comfortable with it, helps to promote relaxation and increased ability to concentrate and, seemingly, to hear better.

Listening – with strong attention to the other person, and if necessary, encouraging them to continue by reflecting their last phrase, or choosing a previous phrase to focus on, that could be important to their narrative. Roles are then reversed and the other person who now has the facilitator role listens to the staff/volunteer as they share their thoughts and feelings. This carries the ethos of equality into practice and the mutual exchange is an important one.



“I never knew
there was so much
to activity...”
said by a member of staff

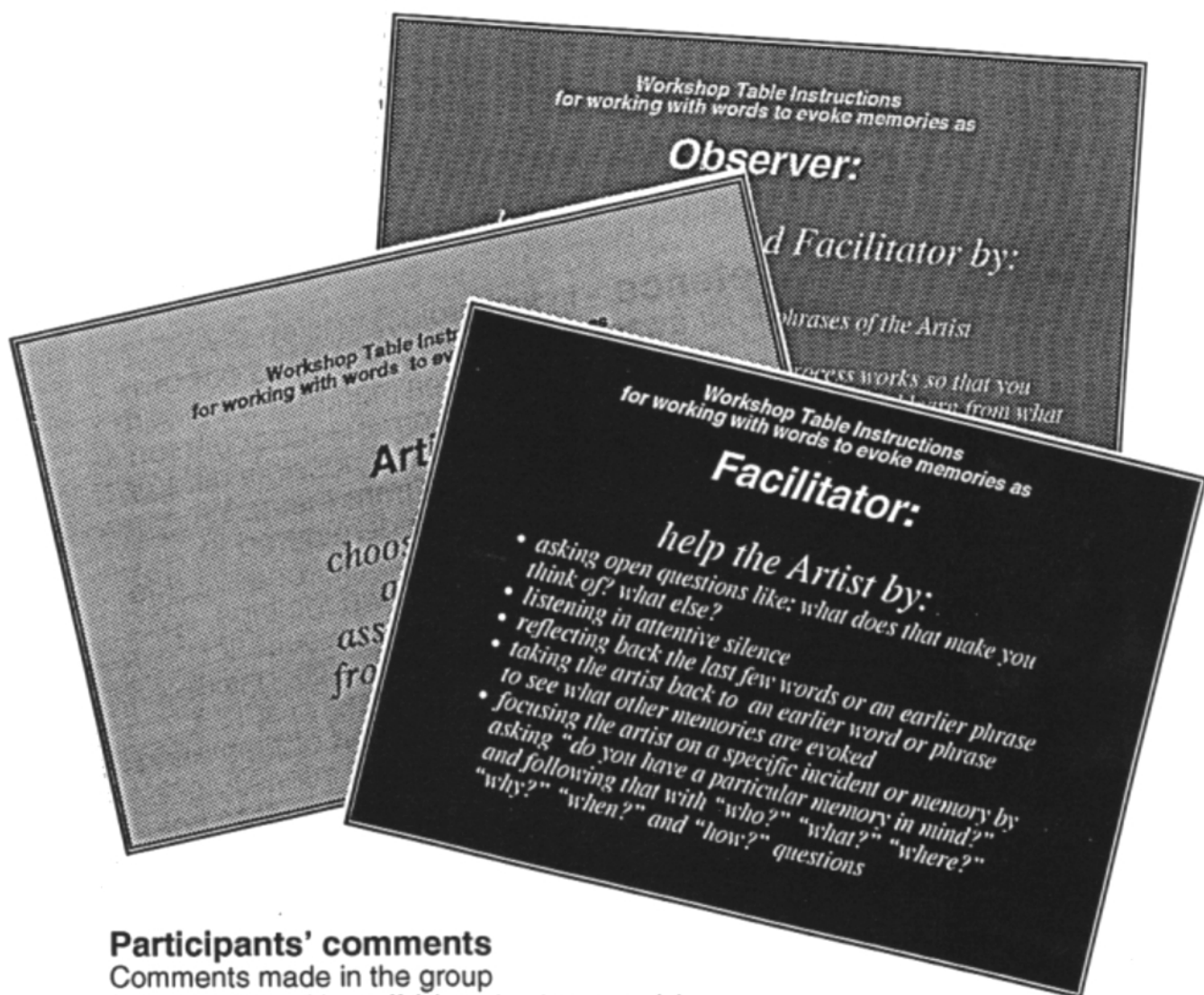
Ways our History affects our Language – the Parent/Adult/Child 'ego states' (Eric Berne's 'Transactional Analysis' in *Games People Play*) was described briefly and staff were asked to notice their ego state when addressing residents and when talking among themselves. We described how speaking from a Parent ego state often elicited a reply from the Child ego state and that this can provoke uncomfortable feelings of inequality and resentment. However speaking from an Adult place was more likely to bring a reply from an Adult place, thus ensuring more equality and therefore more respect between people. Intention is a key factor around Parent/Adult/Child ego states and if equality is being striven for then this will come through in the speaker's timing and tone of voice.

Emotional Competence – in this project was briefly described as a facet of our awareness; when we noticed our own feelings and realised that they were separate from the other person's and possibly different from theirs. We endeavoured to 'bracket,' or set aside our own feelings, so that they would not affect our interaction with others. It is important to speak about our feelings and often stating them relieves us of the intensity of a feeling that can seem too difficult to hold and might impede our facilitation. For instance if another person is angry, while we could know and understand logically that this was not necessarily caused by us, a feeling of guilt or anger might be provoked and this would need to be bracketed for us to continue effectively.

“even the offering of an activity is important”

Self and Peer Assessment – self assessment is when each person, who knows themselves best and can assess most accurately when given the chance, shares their self-evaluation. The second part of the process, which is peer assessment, means that people hear from each other, eg “I tell you what I do well and what I don't do so well, and the reasons, then you give me your comments on my self-assessment. Then you tell me what you do well and what you don't do so well and I give you my comments on your self-assessment” (feedback). This self and peer assessment makes a very effective tool for joint evaluation.

2 Working with words – The Artist was encouraged by the Facilitator to use free associations arising from a single word. The Observer recorded the memories or associations in clusters which formed the basis for further reminiscence or writing. One resident started “Precious... my husband... my children... myself”



Participants' comments

Comments made in the group from residents (r), staff (s) and volunteers (v)


(In reviewing as a group participants were asked to speak from 'I' and provide personal learning points for the group)

- Good idea (r) – very interesting (v) – making a time and place for facilitation (s) – knowledge, information and education (s) – Good idea, get to know our staff more (r) – needs only a little time and it is meaningful (v) – So much out of an ordinary word (e.g. tomato, apple) (s) – When I started I couldn't stop words coming out of my mouth, the memories came back so strongly (s) – Important to go with the flow (s) – Promotes good concentration (v) – Luxury to be listened to so attentively (v) – Made the decision to listen, good (v) – Good to talk to each other, relieves stress (s) – Helpful for key worker to listen to their clients (s) – Gets to the root of the problem (s) – Controls attention to have to listen (s)

Thoughts from consultation meetings with staff between sessions

- It is difficult to share thoughts and feelings when your everyday role normally means you are the one asking for rather than giving information. Asking questions is the more powerful and authoritative role. Anxiety in letting go of power makes it difficult to share feelings and risk vulnerability. Effective facilitation is a mixture of instinct, intention and technique.
- Exchanging roles may arouse strong emotions. It is difficult to focus on skills previously taken for granted. Practise first with other staff or volunteers to gain confidence.

- Working with very confused people may mean relying more on non-verbal communication. Even if they cannot follow our words people with dementia gain comfort from focused attention and conversation, even if somewhat one-sided. Staff became more concerned with the residents' abilities to hear, looking at such issues as their good or bad hearing side or their need for hearing aids.



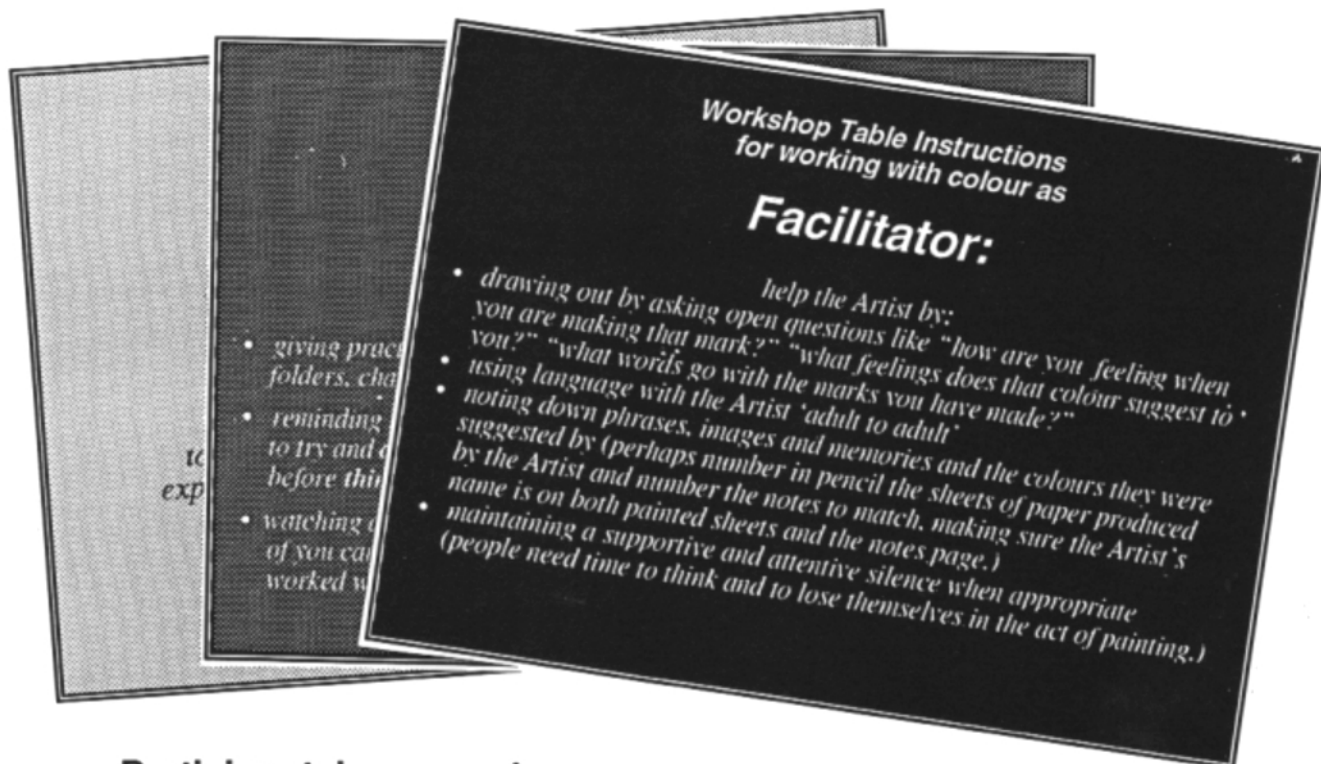
“Holding her hand... she seemed to hear better”

- Using words and evoking memories lends itself to working many times with one resident until quite a lot of communication can build up. The exercise could be used as a ladder for practising skills, first with residents with whom communication was comparatively easy, then progressing to those with more confusion. Sessions could be as little as 10 minutes yet yield a great deal.

Learning points

- Encourage communication with diffident or confused people by assuming that you are understood until they change the subject. Follow their line of thought or return to the original subject which you are ‘holding’ for them.
- Appropriate body language, and focused attention when working with people with limited understanding, can reassure and improve attention and response.
- When a resident as ‘facilitator’ does not fully understand the process, the ‘artist’, staff or volunteer, needs to work to enable them to feel included. It is important in this case that the ‘artist’ brings in their own material and self-disclosure, which gives other people the confidence to share theirs in turn. This means taking some risks. In return it is possible to get a much richer exchange.
- Where a confused resident is the ‘observer’ then sitting and listening is still taking part. It is important to allow the residents an opportunity to hear other people’s stories. Silence can also be valued.
- Disclosure of our own thoughts and feelings, admitting that we are nervous, is sharing — our listeners might be nervous too. We may lose our own nervousness once it is admitted. We don’t always have to cheer people up.
- Sharing emotions, especially those of loss or fear, is important and can help people to integrate ‘good’ and ‘bad’ lifetime experience. Ensure that the setting for such disclosure is right, possibly taking a private opportunity to follow up if necessary.

3 Working with colour (paint) – Using ready-mixed tempera paint and different sizes and types of brush, the Artist was encouraged by the Facilitator to experiment and talk through memories or associations stimulated by the feel of painting and the colours themselves. The Observer noted the interchange of memories and feelings, often prefaced by “I can’t paint...” or “I was never any good at doing this at school...”



Participants’ comments

Comments made in the group

from residents (r), staff (s) and volunteers (v)

(Participants were asked to speak from ‘I’ and provide personal learning points

- (s) Too much choice for some clients – (v) Fixed paper and paint would help – (s) Notice if questions are disturbing the artist’s painting – (r) Just liked it – (s) Physical contact helped client to relax (s) Information about resident given to facilitator (the resident had vision problems in perceiving colour and also that green was her favourite colour) – (s) Client artist might want to return to painting at another time – (s & v) facilitator needs to take notice — is it what you want or are you helping client to make decisions of her own?
- (v) need to concentrate on one activity – (s) client interested in painting because she had done it before – (s) sensitivity not to impose facilitator’s medium and ideas – (s) client did not grasp concept of workshop - (s) concentration on roles made people tense and unable to relax and enjoy it – (s) everybody joining in makes more conversation – (s) artist being absorbed is important – (s & v) too much talking. Resident might not concentrate (s & v) painting was being stopped and started by facilitator’s interventions – (s) needed more time for artist to express feelings – (s) group sharing important – (v) careful that facilitator does not blot everything else out – (s) satisfaction for staff with residents’ products – (s & v) paint, colour often evokes important memories.

Thoughts from consultation meetings with staff between sessions

One resident had found the facilitation by a member of staff during the training session distracting, and when spoken to had stopped painting. The Facilitator felt that the resident was happy to do the painting by herself, and that speaking to her had been an interruption.

In this case it was also possible that the resident was distressed by her lack of competence now in an area in which she had had considerable previous experience and hence stopped painting. The member of staff wondered if the experience of being able to paint less competently was bringing up feelings of distress, whether of pain or of anger. Despite the member of staff's discomfort at the resident's distress it was felt that it could be beneficial for the resident to be given the chance to share her feelings.

Learning Points

- Staff when working alone should give more time for a painting exercise to let residents enjoy the painting and then later sit and talk with them about it.
- Clarity of workshop instructions was vital for absentee staff or those coming to the programme later.
- Some felt that the workshop objectives were not clear enough and staff needed training time separate from the residents.
- With painting, the older you are the more likely it is that you were taught that "There *is* one right way and you haven't got it!" To counter-balance this experience it is important to realise that there are as many different ways of being an artist as there are people. In the face of past discomfort most of us defend ourselves by avoidance, public self-deprecation and / or a supreme effort to achieve. Success, i.e. pleasure in her own work, is an encouragement, though this *may* not be enough.
- Residents seeing activities as childish can be helped to regard the activity differently by the Facilitator joining in, and sharing their own reactions and memories.
- One participant suggested that the workshops covered too much theory and more hands-on time was needed.

"Too many questions on my part — trying too hard to draw her out. Aware of quizzing."

"... it turned a conversation that would normally be just gossip into something much richer"

said by a member of staff

4 Working with Clay – The Facilitator began by offering the Artist a hand massage (intended as a caring and relaxing introduction to the session). Then, using craft clay and a variety of tools, the Facilitator encouraged the Artist to mould the clay and speak about the memories or feelings which were aroused.

Workshop Table Instructions
for working with clay as
Artist:
model the clay
forming and referring to
while considering
the memories and feelings
evoked by the creation of the clay
or the shape created

The Observer made notes and gave observations to the Artist and Facilitator so that they could review the effect of the exercise together.

Workshop Table
for working with clay as
Facilitator:
help the Artist and Facilitator by:

- giving attention through hand massage
- mixing attentive silence with drawing out by asking open questions like "What words or phrases are you using?"
- using language with the Artist
- noting down phrases, marked with the name of the Artist
- maintaining a supportive atmosphere (people need time to think)

Workshop Table Instructions
for working with clay as
Observer:
help the Artist and Facilitator by:

- giving practical support as necessary
- reminding the Artist and the Facilitator to stay in their roles
- watching and noting how the process works so that you can review the exercise together later and learn from what worked well and what you could do differently
- leading a closing discussion on how points learned during this exercise can be used in future contact with colleagues and residents

Participants' comments

Comments made in the group

from residents (r), staff (s) and volunteers (v)

(In reviewing as a group participants were asked to speak from 'I' and provide personal learning points for the group)

- (s) Facilitator jealous that she could not be artist
- (s) Facilitator modelling important for reluctant artist
- (v) Excellent structure for conversation
- (s) Make allowances for tired Artist
- (s) The resident when 'Artist' had mixed feelings but when it reminded her of baking it 'took off'
- (v) Artist concentrating and not wanting to be spoken to
- (v) Contact with clay good without words

Thoughts from consultation meetings with staff between sessions

- One member of staff, working between training sessions and about to facilitate an activities period, decided to try a clay workshop in which she could allow experimentation and originality, instead of using printed colouring books as she had previously intended. The participants would have a choice of responding to the material as they wished, evoking or seeking to express their own subject matter. She worked with residents and volunteers and reported that two out of three residents responded very positively.
- One resident who had not particularly enjoyed the introductory clay experience during the training session really began to make things.
- One resident who did not really like the clay work stayed with the group.
- A third resident, who had enjoyed the word session, also enjoyed this clay workshop.
- The member of staff commented that it was really 'lovely' facilitating, sitting next to the residents and seeing what they had done.
- During the training session with clay one of the residents had made a model of a sad face with a turned down mouth and another with a smiling mouth. The member of staff was able to talk to her about her depression and how the sad face was like her own had been before lunch and the happy one like hers now. The staff had previously been worried about how to approach this short stay resident.
- A member of staff said that it was best to encourage one resident who was confused to sit in on activities with the others but to make sure that the resident sat next to the facilitator so that the resident felt positively included and could have some individual attention.

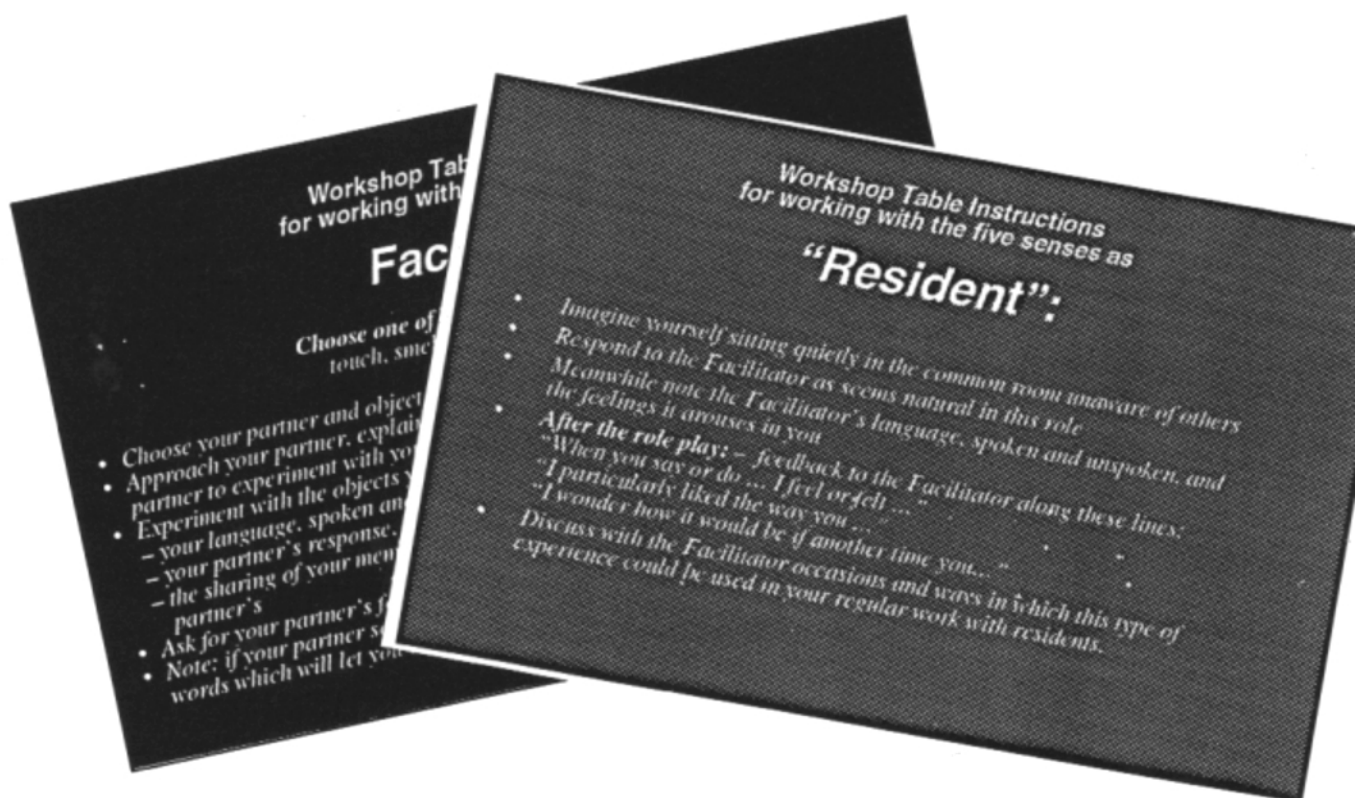
Learning Points

- Where a variety of materials were being handed out three or four helpers were needed to move between tables.
- It is important to have enough time for people to get adequate instruction, absorb it, play with the activity and then develop it. Considerable pleasure and satisfaction was expressed in the activity itself, as shown by the comments above.
- Staff working alone between sessions can plan a single focus with as much time as they feel is required compared with the training workshops in which more than one session was tried, leading to pressure of time and hence some confusion.
- One partially sighted resident was identified as a good candidate for work with clay. The hand massage was effective for a resident who enjoys physical contact.
- One resident on a diet found the clay reminded her of baking; everything seemed to revolve around food. She was helped by being able to talk — It was felt talking was her 'emotional food.'

"...she's never said so much"

5 Working with the five senses – Five trays were prepared, each with a variety of objects relating to Touch, Smell, Taste, Hearing and Sight. The Facilitator chose a tray and showed it to a resident as a basis for stimulating memories, associations and feelings. The two cards below were used before presenting the trays to the residents, by staff and volunteers practising together with role play. They took it in turns to be the Facilitator (person presenting the objects), and role play the “Resident.”

Later, after working with the residents in the lounge, staff and volunteers shared their experiences together in a joint review and planned further ways to develop opportunities for working creatively with residents during their regular routines... They noted the interactions, the effects of the objects themselves, and the emotions aroused during the exchanges. Smell and taste were thought to be very evocative, even the sight of an old fashioned sweet opening up a lively exchange!



The noise level steadily increased with animated conversation as the facilitators took their trays round spending varying amounts of time with different residents. More time was needed to try working with the different trays, each bearing objects to stimulate a different sense, as 10 minutes per tray was insufficient time for both parties to benefit fully from the interaction.

Touch

What went well

- The resident enjoyed some of the objects he touched and would like to do it again. He particularly liked the Chinese exercise balls; one resident liked to hold them to her ears because she found the music lovely.
- This seemed a very successful exercise.
- By simply holding the person's hand, a lot was communicated in silence.
- It enabled close eye and hand contact and two way conversation was provoked.

What was not so successful

- Balls, balloons and smooth round objects were better than rough objects.
- Not so successful in trying to get the resident to touch various objects when it was physical contact with another human being that she needed.

What could be done differently

- Objects could be chosen that would allow the resident to play with them and demonstrate to the Presenter.
- More time needed with each object.

Other comments

- A greater variety of shapes could be good.
- I like holding a resident's hand but I am aware of residents' needs and know the importance of treading carefully.
- I have learned that the objects on the tray are a trigger, a lead-in, but they do not have to play a large part in the ensuing communication.

"... just holding the person's hand, when a lot was communicated in silence"
said by a member of staff

Smell

What went well

- My resident was good to work with — responsive. I enjoyed the conversation.
- The resident commented on the samples but also on her own lack of abilities.

What was not so successful

- Resident did not like this at all, not interested in the smells.
- Resident happy to have someone around, but not aware of what it was about.
- The orange crush and strawberry and artificial chocolate block were horrible!
- It was distracting as it was teatime and another activity was taking place.

What could be done differently

- Ask the resident to choose the things s/he would like, being given the choice.
- I would try to use things that were familiar, to evoke memories.
 - Smells could have been more familiar and stronger suggestions: furniture, silver and floor polish, disinfectant, soap, flowers, cloves, lavender — and nasty smells

"Allow painful as well as joyful memories as these are equally worthwhile..."
said by a member of staff

Taste

What went well

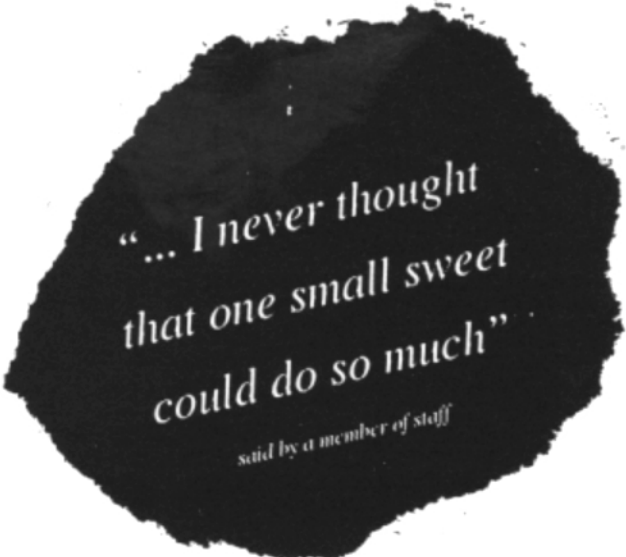
- The sweets were enjoyed, evoked lots of memories about the past.
- Sweets were a good starting point, an opportunity for sorting old/new, favourite/not liked etc.
- Our conversation was about the size of the sweets, rather than taste.
- Letting her eat the sweet bit by bit.

What was not so successful

- I stayed with this activity too long.

What could be done differently

- We could have had a variety of activities and foods, eg herbs to choose from.



“... I never thought
that one small sweet
could do so much”

said by a member of staff

Hearing

What went well

- The tape with the sound of the bells was loud and strong.
- The background noise was distracting — sounds for the hearing exercise could have been louder.
- Music and sounds were a good tool to start thinking and talking to the resident.
- The sounds were more of a background than a stimulus.

What could be done differently

- I would prefer a quiet room, more time, more sounds.

Sight

What went well

- The pictures of different things and places went very well, better even than the ‘taste’ objects and provoked a lot of talking.

What was not so successful

- I would spend more time with the residents on this activity.

What could be done differently

- I feel some period background music would be helpful.

Learning Points – Participants' comments and suggestions

Preparing for the session

- It would help to know a bit about the resident's disabilities and background.
- The task seemed impossible, especially without knowing the resident's background and what she might respond to.
- It would help to start with what is familiar.
- Could we have a tray with mixed objects to stimulate all the senses?
- Go through the instructions handed to the staff and volunteers before pairwork is undertaken and clarify the extent to which they enter into their roles.
- In the role play attention was drawn to the use of silence to support and encourage a "resident" and gentle questioning focusing on the present.

Residents' attitudes

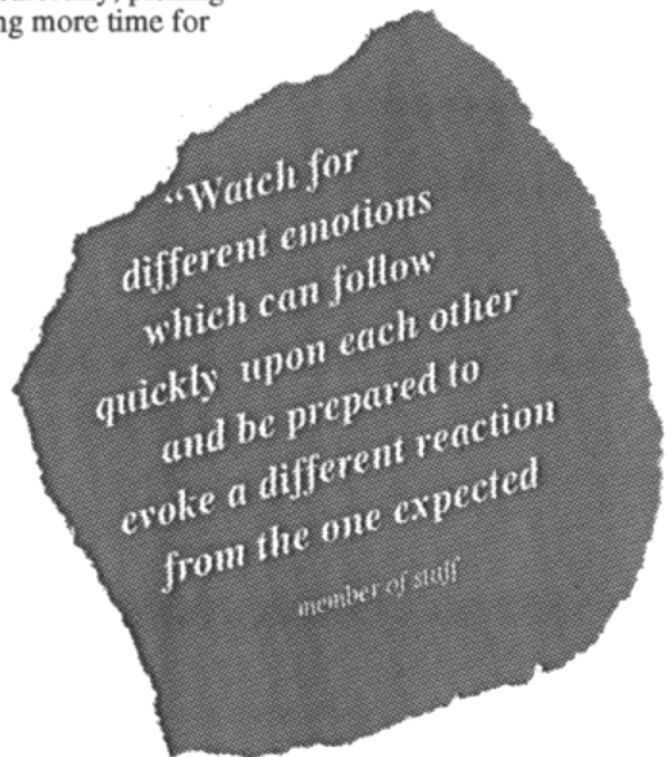
- Some of the residents do not like being involved in any activity; nevertheless it is important still to give them the opportunity to choose, rather than assume interest.
- One resident preferred to have the oil (provided as a smell) used for rubbing in (this moved from smell to touch which suited the resident better).
- The resident could not understand, and did not want to cooperate.
- The resident was overwhelmed by the number of people in the room.
- In an everyday situation it might be preferable to respond to a resident showing that they wanted to get involved rather than approaching 'cold'.

Effects noticed in the sessions

- These objects provoked interesting information from residents.
- Having a variety of objects on the tray meant you can work with different senses.
- Bringing the resident's attention back to the present showing how different it is for younger generations now, allowing a real exchange of experience.
- Writing down a memory can be important to validate a resident's contribution.
- Painful and joyful memories are equally worthwhile.

Developing communication skills and interacting with residents

- I could have slowed down, listened more carefully, picking up on her incoherent commentary, allowing more time for reflection on the part of the resident.
- Be prepared for a different reaction from the one expected.
- Watch for different emotions which can follow quickly upon each other.
- I asked too many questions trying to draw her out. I was aware of 'quizzing'.
- Holding the resident's hand was very good in helping communication.
- I enjoyed introducing myself, a two way conversation was enjoyable.
- I felt good about my demeanour, body language and touching.
- Filling silences is a temptation.
- A member of staff appreciated listening to a volunteer's experience.
- I would like to involve her in another session where she could play a part.



6 Working on a daily basis - continuing practice
It is important not to keep these communication skills for special occasions but to use them in your day to day interactions with residents, eg as you are bathing them, dressing them or perhaps just spending a few minutes beside them before moving on to your next task... Some of the ideas tried out in the activity sessions can be used on a daily basis while others will need more planning, time and space.

You can work with words without pencil and paper, using your listening skills to reflect back and encourage the resident to continue talking. You can respond to a resident's thoughts by sharing your own as this makes for a more equal and deeper relationship. It shows respect and prevents you from slipping into a Parent ego state (see page 17).

You can remember together with residents their work in paint or clay and the conversations that you had. You can remind the resident of your experience together and continue the conversation during your normal routine. This will help you to keep an Adult relationship with them and allow you to build on it on a daily basis.

You can work with the five senses during your regular routine in several ways: for example you could carry some old-fashioned sweets in your pocket, or keep a favourite postcard with you to share. You could just stop and notice some sound or smell and call a resident's attention to it, so that you can share reactions and memories together.

The aim is to develop your practice by integrating as much of these activities as you can and to give the residents and yourself a much richer and more 'present' experience of living and working in the home.

Noting your experiences and results with these 'experiments' in your journal occasionally will enable you to build a deeper and better practice in your work. (See page 12)

This form was given to staff and volunteers to elicit their own ideas for continuation practice:

CONTINUATION SUGGESTIONS

The aim is to interest the resident AND to share your own experience

TOUCH

- Take some hand cream of your choice and share with a resident, exploring likes, dislikes, associations etc.....
-
-

SMELL

- Choose different bath oil to use at night.....
- Carry a stick of lavender or 4711 cologne and share with a resident.....
-
-

TASTE

- Carry 2 or 3 sweets in your pocket and share with one resident each day, sharing likes and dislikes.....
-
-

HEARING

- Set up a tape to listen to with a resident for 10 - 15 minutes each week.....
-
-

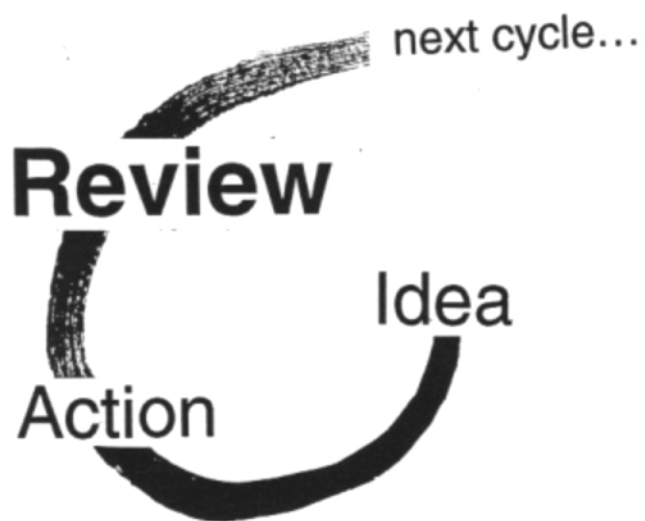
SIGHT

- Carry your choice of postcard around with you, and share your memories or associations arising from it with one resident each day.....
-
-

*"Good to listen to
volunteer's experience"
said by a member of staff*

The Review (1)

Some reflections on our actions



The Exercise of Faculty — Memory

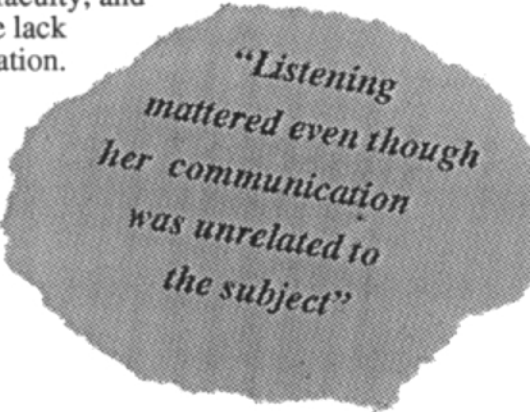
This whole process is not just about words: it employs words and images, seeks to communicate them, and is made possible by social interaction, itself a powerful instrument in the fullness of living.

Since memory loss is responsible for many of the burdens which dementia imposes, one activity which deliberately encouraged reminiscence constituted the substance of the first session. In exchanging memories between care staff and residents in small groups there was, in varying degree, the opportunity to recall memories of events and people and the self in earlier life. This obviously encourages brain activity in the area of cortex concerned in reviewing past experience. A related but different cortical area is articulating the picture which was recalled, or the words spoken, even previous rehearsals of the same scene, event, or person. This is exercising one part of the memory apparatus: the storage of images and the like, and conveying these in symbolic form in the act of communication.

While memory is called on in communication, and is sustained, as far as possible, by its use in reminiscence, it does, of course, pervade and underlie every interpersonal process. Whatever residents engage in with their fellows and with care staff practises memory. The activities presented during the sessions certainly did this, but also much more.

As well as having emotional effects, active reminiscence exercises parts of the brain with their own activating functions. There is certainly the stimulation of neural pathways, and areas necessary for picturing and communicating. It is likely that brain cell activation contributes to the maintenance of faculty, and that disuse allows for cell loss, which, coupled with the lack of replacement, must contribute to intellectual deterioration.

Reminiscence is encouraged by the sympathetic and interested attention displayed by others, and by the exchange of memories between, in this instance, the care staff and the residents. The practice of conscious and active attention was encouraged throughout the programme and first experimented with while working with words.



“Listening mattered even though her communication was unrelated to the subject”

Listening — Working with Words

This first group session introduced working with words enhanced by the emphasis placed on listening. Listening, which was deliberately focused on by the care staff involved, is the key to face-to-face communication, and also of immense importance in building and maintaining relationships. Where these are hard to attain in frail later life the care staff in their daily work perform a vital function in the process. Listening is an important part of this, a fact of which we all need reminding in everyday life.

Language and creative activity

Shared experience in many activities provides an excellent vehicle for interaction and communication. This sharing is symbolised both in the style of conversation and the topic, ie its manner is as important as its content. The manner of conversation has several dimensions. As demonstrated in this Project, the ‘Parent-Adult-Child’ ego states and modes of address are highly relevant. These link with attitudes to others: the ‘Parent-Child’ mode can reflect greater knowledge and power in the speaker-as-parent, and can elicit the opposite tendency in the hearer: childish deficits in knowledge and in power, with all that this implies in relation to mood and self-image.

Providing Creative Activities for People with Dementia – CCHT and BCA 1998

Parent - Adult - Child — ego states affecting communication

The negative responses in a person who is addressed adversely as 'Child' are damaging or reinforcing of damage already done so that 'Adult-Adult' communication should obviously be sought instead of 'Parent-Child' where possible. The comments made by staff in this Project show that this may be difficult. For example, the mere raising of the voice when addressing someone who is hard of hearing, or speaking very slowly and emphatically when speaking to a person who has attention deficit can induce *in the speaker* an attitude highly reminiscent of similar styles used in addressing young children or non-native speakers of one's own language. This is a danger always present when we have one group — the carers — interacting with another group — the cared-for. Most experienced care staff are aware of this tendency, and it takes considerable effort to compensate for it and to change the attitudes and habits perhaps of long-standing use.

Conversation — a mutual valuing

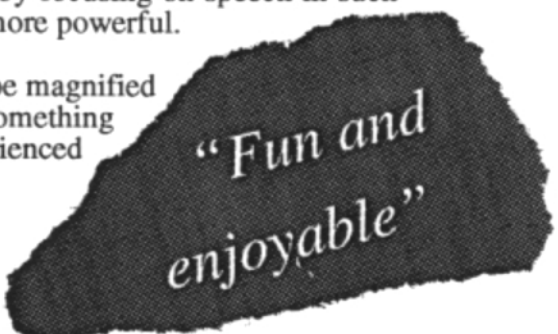
After all, a residential home for the elderly is, in many ways, the setting for what seeks to be normal community life, as far as this can be maintained, in what is not a normal setting and perhaps where residents have not much choice in their companions or place. In ordinary life, conversation arises naturally in any interaction with others, differing in style according to subject matter, occasion, and social relationships. This naturalness is difficult to attain in a residential Home.

Where a general community of interest does not prevail, then there may be a lack of what community provides: social support, shared interests, consideration for others and positive feeling towards them. Thus activities are introduced which go some way, it is hoped, to provide these desirable and even vital experiences. We have looked at the need for social interaction among equals, and this is epitomised in conversation. But social interaction is often at its best when it takes place among equals and in a context of sharing, of community, of mutual valuing, and consequent validation, ie of each participant as a sentient human being.

Encouragement to become more aware of our speech featured throughout the Project, whether in exchanges between participants who included not only residents but care staff, volunteers and participant observers or, more specifically, in the Language Game. (See p 14) Here ego states were shown to influence tone, manner and content of utterance, as in the 'Parent/Child' ego states and other modes of discourse discussed earlier.

Conversation was as important in the natural unstudied interaction of people between sessions as it was while enjoying the freedom of choice in making shapes in clay, and in working with paint of many colours. Conversation is a feature of joint simultaneous practical activity which is very much underestimated as a feature of cooperation, where two or more people enjoy doing something in the company of others doing the same. It makes even the mundane everyday routines more enjoyable, or even tolerable for all of us. Thus what is achieved by focusing on speech in such contexts of creative exploration as these may be even more powerful.

The enjoyment of what we do as individuals seems to be magnified when in the presence of others who are also enjoying something similar. The energy and the sense of play, of fun, experienced by the person is enhanced when there is co-presence. The sharing during the activities, by residents, care staff, volunteers and participant observers, was notable. The 'Parent/Child' ego states perspective were naturally replaced by the equality,



“Fun and
enjoyable”

('Adult to Adult' the homogeneity of play, of experiment. The situation, the process, dictated sharing, communication and warmth. There is a vital lesson here in the search for the normalisation of life in a residential setting, surely an aim vital to those for whom it is the *only* life.

Working with colour and clay

The work with clay and the experiments with colour and paint were liberating as there was no judging of relative attainment, only a mutual appreciation. This made the process one of simple enjoyment. It was not being done for some subsequent effect as a step to something else, or an attempt to secure approval. The impression of the experimentation on care staff was notable. As many remarked, of this as well as other activities, they would be more willing to foster such activities subsequently since their confidence had grown.

Such experimentation with materials for its own sake is *living in the moment* which can be so difficult to achieve, yet the present moment is the only one available, especially if memory loss is severe. Simply being with another person can be difficult for the staff to achieve if the proof of care is normally seen to be more of a practical/tidy nature. Yet such being-with can be of immense value. Residents and all who took part not only enjoyed: they learned. The effects on residents were positive.

Clay — a tactile and emotive sensation

The appeal of clay lies in the sheer sensuousness of moulding the soft material, of making shapes so easily, and altering them at will. The clay offers no resistance, and the shaping, the hand movements, the visual impact of acting to change, and without effort, all conspire together to give a feeling of power over the environment. This offers a momentary compensation for possible disability in the awareness of power, and the consciousness of choice, of decision, untrammelled by resistance. Since ageing, especially in an institution, continually carries a threat to impair independence and to sacrifice the ability to alter events, this experience can contradict these.

The appeal is multiplied by the presence of others, to make something which did not exist until this moment; to give it form, the essence of creative power, to see myself and it through the eyes of others. This can provide opportunities that strengthen, empower and transform.

Further, in the right setting, the only standard is *not* derived from comparison with others, but with an individual's own achievements. With encouragement this may well motivate the resident (or the carer) to seek to emulate their previous performance and thus, especially at the highest level of skill attainable at that moment, to achieve 'at-oneness' with the task. This will also bring the loss of awareness of self, with all that means in relieving the brooding mood, the anxiety and the concern, and the useless preoccupation which threaten the consciousness, keenly aware of the self.

Colour — an experience of creativity and choice

Working with colour is similar in its effects on the individual except of course that the medium is different, appealing to the vision, the eye, but similar in the act of making something which did not previously exist.

With a good teacher, satisfying effects may be had in the first exploration with colour — the contrasts, the harmonies, the clashes, the covering of the paper as rapidly as one chooses,

"...the approach had shown you did not have to be a 'good artist' or painter and every bit was valuable."
said by a member of staff

the meticulousness which some enjoy, and the freedom of movement which a blank surface and a charged brush promise. These again are moments of creative power, and contrast dramatically with an existence which threatens individual room for manoeuvre and initiation.

To have these achievements — of power, of choice — available *at will* is liberating without doubt. And again it is not used to assert superiority over others, but rather in collaboration with others, and enjoyment is magnified by the presence of like-minded residents *and* care staff in the enjoyment of the moment.

This exercise of choice, of volition, provides a model of what is possible for someone living in restricted circumstances. And this experience of possibility and potentiality gives hope, a state essential to the enjoyment of life itself.

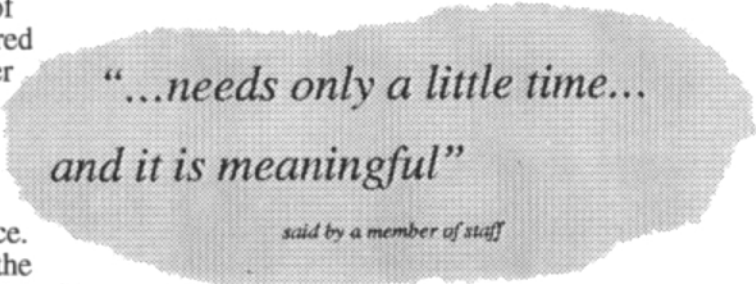
Working with the five senses

Working with the five senses evoked memories in the residents by the use of stimuli for each of the senses: taste, smell, sound, sight and touch. Various smells for example were tested by the residents and their responses,

either spontaneous or the subject of question and answer, were compared with another, whether staff or other participant. While all the senses depend on memory, smell is particularly evocative of previous encounters when the smell was part of the experience.

Basic learning theory shows how the concomitants of, for example, pleasurable

or threatening experience are linked in memory. Thus the evocation of one, a smell perhaps, revives the emotional state which accompanied it on a previous occasion. Smell is particularly powerful because of its direct and rapid access to the brain: the olfactory pathways are very short.



*“...needs only a little time...
and it is meaningful”*

said by a member of staff

One issue here is that the senses tend to lessen in efficiency with ageing; thus, a stimulus will need to be proportionately stronger in later life to produce a response. This is true of sight, hearing and smell. Taste is closely linked with smell. Touch, of which we shall say more later, is more complicated, because the skin is so extensive, and the touch pathways are more profuse than others. This is an advantage because of the great psychological importance of touching.

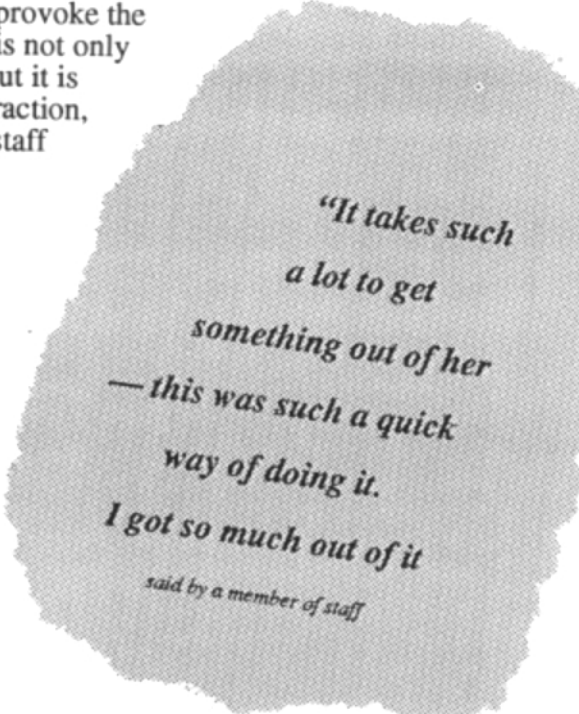
Smell and touch proved particularly evocative in this session. The reminders of earlier life must have activated channels which need to be kept open if memories and memory itself is to be preserved to the extent that they can be in the face of the deprivations of dementia. Notable again is the human interaction in these shared experiences.

Whatever was recovered and savoured in memory there is now no doubt of the opportunities for conversation with all that this implies. Care staff and residents shared together in this fundamental reliving of associations, and of events and significant people from the past.

Reluctance to take part

One outcome observed in the third workshop was the reluctance of some of the residents to take part, even though only a minority. Many factors contribute to this.

Certainly dementia has a variety of effects, and the tendency to withdraw, to preserve peace of mind, and to conserve what seems to be draining away is among them, varying according to the degree of deterioration experienced and the personality type. Here is a serious issue. The residents who most need stimulation and the opportunity to respond can be the ones who are the most difficult to reach. The effort to provoke the responses, which may help to contain the losses, is not only a matter of the energy, in this case of care staff, but it is more subtly related to the economy of social interaction, which will be discussed later, when we consider staff motivation more extensively.



*"It takes such
a lot to get
something out of her
— this was such a quick
way of doing it.
I got so much out of it
said by a member of staff*

The Review (2)

**Conclusions, Implications and
Recommendations**

Making a home — staff the vital element

The purpose of a residential home is to care for people who can no longer look after themselves in their own homes, and the ways in which this is done are critical. The aims of 'care' are extremely demanding to fulfil. The 'Home' is expected to reproduce the functions of the real home; security, familiarity, freedom of choice of daily life, sharing with others whether as a visitor or family, being useful and feeling needed — all these and other functions which people in their 'own home' enjoy. In fact, one of the deepest and most enduring desires that most people have is 'a home of my own'. The aim begins to be expressed in adolescence and does not diminish, as far as we know, throughout life. Such a home is a condition of individual life.. Substituting for such a total structure of existence is demanding indeed.

In fact, the residential home in the later stages of life is called on to do even more than the traditional home that most of us enjoy or have enjoyed. It has to fulfil another significant function which is experienced in the traditional home but which usually does not need deliberate engineering: to provide for the social life which accompanies and is made possible by living in one's own home. While such provision is found at a very high level in the group of homes of which Homestead is part, it is not universal.

The social aspect of 'the own home' cannot be reproduced in its entirety in a residential home because, as noted above, this is a matter of individual life style, a style outside the residential home which is constituted by freedom of choice and is tied, usually, to a certain locality. However, while the residential home cannot completely replicate the conditions of the own home, it does have a potential advantage which distinguishes it from the latter in a beneficial way: it is a larger and more varied social setting. It is a potential advantage because this setting depends on the other people in house, both residents and staff.

"...she is one who would just sit if left to herself, yet once doing the activities has been able to talk a lot and come out of herself"
said by a member of staff

Many of the residents will be hampered in their ability to respond to others in positive ways. In any case, the social climate of any institution is conditioned not only by the nature of the participants, but also by the style of management. Thus there are many variables in the pathway to an acceptable social setting for the residents in a Home.

As to the management and human operations at Homestead, these are good examples of good practice, which makes the goal of substituting for the own home easier to attain. Participating in this Project is one sign of the quality of these social elements.

Conclusions – skills and attitudes

In the Home organisation there were two features which emerged from the interviews with staff. One was the skills demanded; the other must be summed up by attitudes.

The skills — demanded of and by staff

The skills the staff, both junior and senior, wanted were those which training of the right type could supply, and which this Project demonstrated. These reflected the

awareness of the residents' needs for activity, and how best to meet this. Some staff remarks in interviews illustrate 'trainable' knowledge and skills:

'I am becoming more aware of what clients need'

'More aware when talking to clients'

'I would like to do more activities. I have gained more knowledge, skill and ideas'

'I could probably lead in Art now'

'This (Project) has given me a different outlook'

'There are more opportunities.'

'I am now confident about activities'

'I am more patient'

What is emerging here is the need for more training, for example in the use of activities and their benefits for residents, since this knowledge gives staff confidence and perhaps more insight into their clients and their needs. This is of vital importance to the social-interactive role of the care staff, at every level: what you do with clients, and in what kind of spirit. The activities necessitate interaction and this is basic to the ability of the residential home to provide as real and as deep a social life as is possible in the circumstances, individual and collective.

"My whole attitude towards myself and my work has changed"

said by a member of staff

The attitude to residents and staff — professionals have human needs too

Coupled with the abilities that care staff need in their role as activity leaders, it is the attitudes to residents and, interestingly, to self which have emerged strongly as determining job satisfaction on the one hand and the meeting of residents' needs on the other. It is not too bold to assert that these are connected, and in both directions. This is summed up in the staff comment: 'If I see the residents happy then I feel I'm good at my job. It gives me satisfaction.' These brief remarks illuminate a whole volume of connections between staff motivation and actions and their counterpart in residents' motivation and actions.

Behind each professional are human needs. **A telling personal observation was 'If you can't get the resident's attention you feel rejected.'** That is a deep and honest reaction. And how does one respond to that feeling? There are two kinds of response. One is to withdraw, to evade contact in future, to blame the resident. The other is to persist, to try alternative ways of getting the attention which is vital for the resident to give and for the care staff to receive. The corollary of getting the resident's attention is continued satisfaction in task performance by the staff member. This is an illuminating aspect of work with other people — partly professional and partly personal. The best professional work is experienced where both sides are achieving satisfaction of their needs. We know of the need to feel competent, about the contribution of esteem for the self as a factor in a person's self-actualisation, and about commitment in supporting the 'hardy personality'. Work provides opportunity to meet these significant needs, and nowhere more than in the 'people' professions, and certainly in the provision of care.

The concentration on activities with individuals, as opposed to groups, emerged as a strong feature of successful practice. Several

comments were of the character: "The more they have one-to-one, it adds something. You get to know each other better." And another 'They like me more. They're able to come to me with problems'.

A very telling observation: 'They like getting your attention. It makes them feel valued'.

"the exercise showed me how clients must feel"

said by a member of staff

Reciprocity of staff needs and residents' needs

We have reciprocity of a very high order. Both sides are securing basic satisfaction, through the activity process, through the sharing and informal communication. Both feel valued and liked. These are needs which nearly everyone has, and to meet them in ways which are beneficial to both is a model for settings other than the residential home. **We emphasise again the concept of sharing activity, of equality, of enjoyment, of purpose, of choice. This is social life, and based not in one's own home but in a Home which must strive to compensate for the threat of aloneness, even in a crowd.**

"... it shows staff a new side of the residents"

said by a member of staff

"... good idea,

get to know our staff more"

said by a resident

Resident's Responses to the Project

Staff observations at evaluation meetings

Positive Mood Change

Mood Enhancement

'change of mood'
'relief of frustration'
'enjoyment and fun'
'distraction'
'new experiences'

Interaction with other residents

'can allow understanding between residents'

Interaction with staff

'chance to share things about themselves'
'quality time with residents'
'regular ongoing activities leads to gaining trust'

Attitude of staff to residents

'staff's sensitivity to residents' mood changes and their intuitive ways of dealing with them plays a key role'
'resident's feeling of being valued'

Intellectual and Physical Effects

Reminiscence

'some activities — reminder of the past'

Motivation to move

more active
physical opportunities of bringing residents out of their chairs

Intellectual stimulation

'chance to exercise brains'
'more alert'
'mind opening'

Staff commented, in relation to shared activity, that 'It makes the job easier when they're smiling instead of immobile or crying'. It does, of course, make a difference to the mood of the staff member, as it does for any one of us outside the residential situation. And 'You learn more things about them — easier to approach them subsequently in activities of daily living'. Also important was the element of residents' choice: 'The offering of an activity was important, even if it was declined'.

What can residents get from activities?...

Learning

Reminders of the past

Satisfaction of achieving something —
creating something

Relief of frustration & boredom

The chance to share
things about themselves

Relief of feeling of isolation

Chance to share emotions,
feelings, thoughts and memories

Feeling of trust —
with staff & other residents

Enjoyment and fun

Understanding

Motivations — feeling of purpose
Feeling of being valued

Chance to socialise
with staff and other residents

A chance to exercise the brain

Change of location

Distraction

Change of mood

Choice

Relaxation

Stimulation

Confidence

Chance to spend quality time
with staff and other residents

Chance to try something new

Deeper understanding of resident
Chance to involve relatives
Change from daily, practical tasks
Chance to build good relationships with residents
Chance to be on a more equal footing with residents
Chance to strengthen bond with resident

change of role

Confidence

What can staff get from activities?...

Stress sometimes!

Break from routine

Fun and enjoyment

Knowledge — staff can learn a lot from residents

Chance to be creative

Job Satisfaction

Chance to share things about themselves

THINGS TO THINK ABOUT...

Relaxation

Activities will not always go as you intended.
Sometimes you may feel that you and residents got nothing out of an activity — this is unlikely.
Just the fact that you tried to do something can be positive.

If you enjoy an activity it is more likely that it will be enjoyable for residents when you do it — try to do activities you are enthusiastic about and which allow you to use your skills, talents, interests etc.

Implications for care of people with dementia

All these observations have implications for the status, training and especially the time allowed for various aspects of the work of care staff. High levels of skill are called for in leading activities. Above all, the claims of 'one-to-one' and unhurried listening and being with residents necessitate more staff time. Both activities and interaction are highly beneficial, even vital, to the quality of life of residents, and fortunately this is recognised at Homestead.

The majority of these suggestions are for an ideal world, and may not always seem possible or practical. They relate to the aspirations of residential homes in general with special reference to those caring for people with dementia.

Even more thought needs to be put into designing care for people with dementia in the future. At present residential homes receive more and more referrals of people with dementia and high dependency needs; however this has to be balanced with caring for those who are mentally and physically quite independent. Separate provision may be an option to be considered.

Nutrition is crucial in health care and this is something that needs to be looked at more closely. Where possible residents could be involved in the planning of menus. Links have been made between Alzheimer's Disease and nutrition and therefore more research in this area is needed.

Medication for older people often has unpleasant side effects. The use of complementary therapies such as Aromatherapy, Reflexology and Reiki have been shown to help combat anxiety, restlessness, repetitive behaviour and sleeplessness. They are especially helpful for people with dementia.

Recommendations — areas for consideration

Self respect

- The 'home from home' Home (see page 38)
- The need for acceptance as a person with dementia rather than it being kept quiet (see page 11)
- The acceptance of and willingness to honour painful feelings (see page 29)
- The issue of residents' rights, including being able to entertain in however modest a way, by making tea for visitors or showing visitors where it can be made
- To know where the art activities are and to be able to request them
- To be using the communication skills discussed in this report when having any interaction with residents
- Being able to feel useful — perhaps cleaning own room with help and making it an opportunity for interaction and communication (this has implications for basic organisation of staff, ie separate cleaning and care staff where it is possible that residents and cleaning staff have very little interaction, as well as the potential roles of volunteers and relatives)

- Being able to choose when to have a bath
- An agreed place downstairs where personal things may kept, not always moved
- Having choice in the meals served, and being able to help in the preparation, laying and clearing of tables
- If appropriate, residents can be given responsibilities such as befriending new residents and looking after the library. Many older people have led very busy lives before moving into residential care and may need to keep active and independent. By helping with the running of the Home they can keep a sense of self-worth and usefulness, which is well worth the extra time and training required of the staff.
- The decor and lay-out of a Home contribute a great deal to the atmosphere. Where possible, residents should be consulted about the colours and furniture. They should be encouraged to choose the decoration for their own rooms and this may also be a way of involving relatives.

Interaction with the Home's staff

- The needs of 'one-to-one' and unhurried listening and being with residents necessitate more staff time
- Residents could benefit from interaction with domestic staff, who could gain from a broader canvas in their training to develop such skills
- Consideration could be given to involving residents in any special projects or developments planned for the Home

Activities

- Activities can contribute to the overall health and happiness of residents and long term this may have positive cost implications in terms of medication and extra care
- Every Home should have a room specially set aside for activities (and ideally only used for this purpose) with storage for art materials and other activity resources. The activities cupboard with kits ready for use should be easily accessible. The room would be a place where relatives could go with residents and spend time together on an activity or sitting listening to music etc. Tea making facilities should be available, and there should also be space set aside to display art and reminiscence work
- Thought should be given to how far activities can be shared through all grades of staff and more able residents



The Wider Community

- Relatives have a crucial part to play and their involvement should be sought as much as possible by encouraging them to call in and give help, interest and time and by welcoming them as part of the care plan to help avert the often-felt guilt at placing their relative in a home. Thought should be given to the fact that they may have difficulty in visiting and uncertainty about telephoning care staff and fear of being seen as a 'nuisance'. Relatives could possibly set up an activities committee or help with activities such as the Home's gardening or outings.
- The local community should be involved as much as is appropriate and possible. Ideally residential homes should be an asset for the community and should involve older people living independently, as well as children and other interested adults. Interested volunteers from the wider community — business, neighbours — could be invited to participate in training programmes as they have in other BCA projects. However, a word of caution: this may not always be appropriate and residents should always be consulted as far as possible, since it is after all their 'home' and they may not wish to have interaction with outsiders. However, this may be an initial reaction and the residents if sensitively introduced to volunteers often grow to welcome them.

Training

- Induction procedures for all grades of staff should incorporate the holistic concept of sharing.
- As high levels of skill are called for in leading activities, training programmes, especially for care and domestic staff, should incorporate at least a basic level of training in communication skills.
- The overall running of a care home has to be a joint enterprise where responsibility for the quality of life is accepted by all grades of staff. While this may demand high levels of cooperation, it will result in all staff, especially the primary care staff, having more flexibility and time to respond to the individual needs of the residents. It may appear 'messy', without rigid boundaries, yet it may make the Home a more 'homely' place for the residents to live in.
- Our experience was that residents were both surprised and pleased to sit down with staff, and to have staff prepared to share *their* own vulnerability. This is a style of working which requires careful preparation and training to enable staff to recognise and work with expanded, but still appropriate, boundaries.
- It would improve care staff's work satisfaction if they were more themselves in their work. This would also please the residents and help them to feel more at home. People don't live with strangers.
- Motivation for care staff is crucial and activities can help provide this since they allow them to spend quality time with residents doing things together which can be enjoyable, creative and stimulating.
- Training in activity facilitation helps to give staff the confidence and skill needed to run activities.

"Quite a challenge for the staff to let go and express their own emotions. Sharing bits of yourself instead of the usual role of being a good listener is difficult."
said by a member of staff

Supervision and assessment

- For activities to work it is crucial that staff and all people providing them to have the support of the Home's management. Managers and senior staff must be made aware of the importance of activities and the fact that they can have much more significance than merely being a way of passing the time.
- It is important to assess priorities, weighing essential 'tidiness' against quality time.
- Care staff are increasingly being asked to incorporate activities in their work - perhaps the notion of care needs to be looked at and re-defined to take this in, with emphasis that care is not just a question of looking after bodies but minds and emotions as well. Job descriptions may need to be updated. Care staff are doing an important job and making a valuable contribution to society and this needs to be recognised, especially as many more older people will need to be cared for in residential accommodation in the future.
- Supervision and self-assessment procedures need to recognise and encourage activity facilitation — detailed monitoring of the amount of time spent, initiatives taken and training undertaken in promoting activities of different kinds should be integral to all reports and assessment procedures.
- An ongoing cooperative enquiry process with residents, staff and relatives at every stage to hear how they experience any changes and to overcome the possible lassitude of the residents with dementia.

*“Maintaining
a supportive silence is quite difficult!”
said by a member of staff*

Follow-up work

- Development of programmes where staff are supported in running their own activity based programmes.
- Wide publication, dissemination and discussion of the concepts and experience outlined in this Report at both professional and popular levels.

*“I never knew
there was so much
to activity...”*

said by a member of staff

The Building Community through Arts approach...

Building Community...

Fragmentation of society

Scott Peck in *The Different Drum* describes his own experience of the "isolation and fragmentation that have become the order of the day". Our aim is to combat the forces which separate people from each other, and disintegrate society. We aim to enable people from differing backgrounds to communicate more effectively, to release their innate creative gifts and enable others in turn to find greater enjoyment.

Increasingly in the years since the second world war, divisions have widened between the rich and the poor. In spite of comprehensive education the divide between the private sector and the state system has increased. The '80s saw great emphasis on personal responsibility and individual goals. Lip service is paid to the alternative to institutional provision of welfare — Care in the Community.

However, lack of planning and inadequate funding has increasingly isolated those dependent on Care in the Community. Friends, families and neighbours have not been able to fill the gaps left by the closure of mental hospitals, or the needs of the mounting elderly and increasingly aged population, or those with physical or mental disability. Economic and social stress experienced by carers living in three — or even four — generation households serves to isolate both the carer and the cared for.

Isolation breeds depression, stress, and breakdown in the increasingly fragile structure of our present day society. While for years lone voices have called for 'investment in prevention', there has never been a government able, even if willing, to do more than provide a minimal framework of provision, geared to crisis response rather than building up family or local networks of support either through the voluntary sector or statutory provision.

A community-building process using creative activities

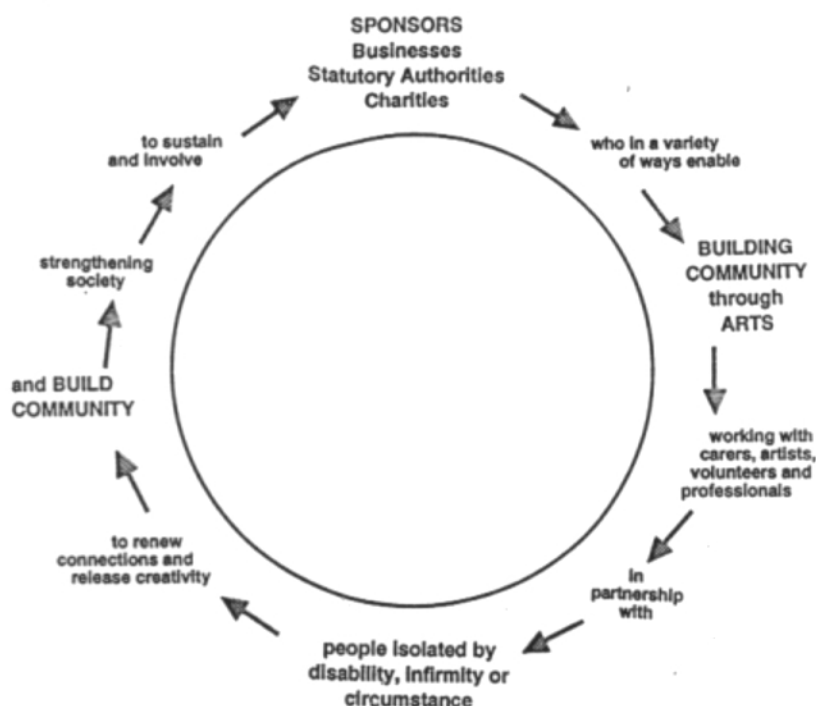
Building Community through Arts is an innovative process which can help to relieve the loneliness, depression and stress suffered by so many. Drawing on the arts as the medium we find the BCA process releases the creativity which is part of being human and which, when offered the stimulus and opportunity, can go on to affect ever widening circles in society. Scott Peck describes the community building process which he has developed very much in psychotherapeutic terms. However, while seeking similar ends, BCA has found that using creative art activity has the advantage of not being felt to be 'therapy', nor is there a need to probe, analyse or interpret to have a lasting effect. By encouraging each participant to become more aware, more attentive to others through the sharing of the activity, fresh attitudes develop and new relationships may be formed.

Ideally in this Project we would have wished to be able to include more volunteers, perhaps from a local school or business concern. People from all walks of life can benefit from working with a very mixed group of people where perforce assumptions will be challenged. This in itself can release creativity. At Homestead we worked across the boundaries of care staff and residents, volunteers and professionals, and one relative joined temporarily. Nevertheless within this limited group some unexpected reactions came both from care staff and residents. Sitting down together in a project, sharing memories and feelings, was new for all participants, and marked a beginning which was powerful enough to ripple out into the day to day life of the Home.

*"Isn't it brilliant for the staff
and residents to be sitting
and working together?"
said by a resident*

We found that using the arts as a medium dispensed with many preconceptions about status and ability. Those who have artistic expertise may even be at a disadvantage, as in every workshop we start with experiment and playing with the materials — whether black ink, colour, words, imagination, improvisation, music or any other creative activity. Discovering hidden talents, talking to each other about memories, personal associations, feelings and common areas of experience and understanding, we found exciting and on many occasions profoundly moving and healing.

Tackling the issue of 'community' from the different standpoint of organisation, in *The Empty Raincoat* Charles Handy pleads for smaller manageable units within the wider structures of society. "We need both the comfort of friends and the stimulus of strangers. We relax in the company of people like us, but we also need a connection with a bigger and wider society both to *keep us from falling asleep (our italics)* and to make us feel part of something bigger". Frequently in residential homes for older people, falling asleep has become the norm. The BCA process seeks to provide activities and new relationships which stimulate and contribute to a feeling of being valued within a wider society than the homogeneous group within the Home.



Community develops where small groups come to know and trust each other. With self awareness comes the confidence to share our experience with others. However to make an impact on the wider community we need to identify those organisations — statutory, voluntary, residential or providing care in the home — who are willing to work as partners to create cross-boundary groups. Also we need to 'build community' with business and through schools or colleges. The above diagram 'The BCA Energy Circle' indicates the interdependence of all aspects of the wider community with which BCA aims to *build community*.

Despite the many differences between us — in our workshops we include old and young, able-bodied and those with disabilities, professional and voluntary care workers — we affirm our common humanity: "...for all that is human we have in common" (Franck). We start with the belief that more effective communication is achievable through the release of creative energy innate in each member of society. By raising awareness and understanding across boundaries, we believe the development of mutual respect can create 'true community', whose ultimate purpose is reconciliation rather than confrontation (Scott Peck, *The Different Drum*) generating throughout society ripples of tolerance, support and generosity of spirit.

Providing Creative Activities for People with Dementia – CCHT and BCA 1998

...through the Arts

The Building Community through Arts process brings people together from widely divergent backgrounds, circumstances and age, using the arts as a medium. Participants are given the experience of expressing themselves through the arts and learn how to encourage others to do the same. As a result they find an enhanced self-confidence and appreciation of themselves and their possibilities. They also gain an understanding and appreciation of others in whose company they spend their time.

“As if one could kill time without injuring eternity” Thoreau wrote adding later in the work that “the mass of men lead lives of quiet desperation”. Whether you kill time in work, in the home or in residential institutions you and your community lose by this approach. In his memorable work *Flow, the psychology of happiness*, Mihaly Csikszentmihalyi explains clearly the conditions needed for the flow experience, amongst which is an ability to lose oneself in concentration, to be able to bring something to completion and to receive immediate feedback.

This results in a completely different perception of time and removes, momentarily, the worries of everyday concern. A concern for the self disappears and yet the self emerges stronger after the experience. Flow is defined as “joy, creativity, the process of total involvement with life”.

“Forgot
others
in the room...”
said by a member of staff

When faced with the constraints of circumstance, job, work or care setting it is the element of *choice* that is vital. The creative act is all about choice, of what to express and how. This can lead to a change in the way we perceive ourselves and our lives and also those around us. It can lead to a change in our attitude.

Sometimes all that we can change *is* our attitude but this is enough to start a very different set of experiences unfolding - work on existential time-limited therapy proposes: “...imagine two individuals incarcerated in two separate singular cells, who develop very different attitudes to their predicament. While the one can become completely desperate and search for possibilities to commit suicide, the other could find meaning in spirituality or in writing a book telling the story.”

The existential position, that the world has no intrinsic meaning other than that which we give to it, focuses our attention firmly on how important our interpretations of the world are in determining the ways in which we experience our lives. Indeed, Emmy van Deurzen-Smith likens existential counselling to an *art tutorial* saying that “what is needed...is the discovery of a way to express the inner truth artfully and constructively, rather than clumsily and destructively or not at all”. Exploring our world views through the arts allows and encourages us to express ourselves with originality; to make something new, to create a new order or pattern and to experience, perhaps, a momentary unity with our world. If we do not express our original ideas we and our communities lose a unique contribution to the whole.

...the approach taken to the arts in a BCA programme...

In a Building Community through Arts programme our approach to the arts is based on the premise that we are all artists and not that the arts, as so commonly found in the West, are the exclusive province of a talented and esoteric elite. The artist Frederick Franck provides us with our theme of “...for all that is human we have in common” and creativity is surely a fundamental and vital aspect of that humanity. Art is seen as a means and not an end. Artists are seen, not as special kinds of people, but people are seen as special and different kinds of artists.

Providing Creative Activities for People with Dementia – CCHT and BCA 1998

This is our starting point as we set out on another workshop, another 'cooperative enquiry' into creativity...

We begin by encouraging participants to let go of the notion of 'perfection' and to enjoy the surprising dialogue that emerges with their 'mistakes'. For example, when working with ink we illustrate this with two circles, one 'perfect' and 'sterile' and the other 'imperfect' and vibrantly alive with unique, original and unrepeatable brush marks.



We encourage experimentation for its own sake, a form of play, for the unexpected results it can bring. Later we show how to 'edit' artwork and re-present it in its own white space. We allow the marks to suggest images and words. We learn how to facilitate and encourage each other, drawing out the 'inner truth' for each of us. We may finish by creating a book together, or an exhibition or perhaps end with a workshop in which we invite yet others to experience our approach to the creative process...

...and the outcomes of this way of working:

A retired scientist, working on a BCA programme in the residential home where she lived, commented on the *enhanced use of her time and a new sense of purpose* as she said "This is not just something to fill the time, something for a wet Wednesday – you are asking me to be original. Now I have something to get up for".

Delighted users of a day centre, hosting an exhibition, welcomed local dignitaries and press to a place they had been trying to 'put on the map' for a very long time.

Witnessing the results of people seeing their work in print for the first time and enjoying the interested response of friends and colleagues, Dr Sidney Jones referred to the '*psycho-social effects of presentation*,' whether it be in an exhibition of work presented with names printed, in a BCA book of words and images or simply in a group workshop enjoying the experience of improvisation and other participants' reactions to your contribution.

One member of the care staff in a residential home used a book illustrating one of her residents' artworks to talk to the family, helping them to communicate deeply as they realised that their grandmother, whose memory was sadly confused, had been mourning the death of her son. Her powerful imagery had moved even complete strangers. Books such as these can prove a *lasting resource for sharing* with friends, family and staff.

Perhaps the most important reason for using the arts is that they *set the imagination free*. One of the school volunteers training with the BCA process and frustrated by being confined to a wheelchair, was very clear about the role of the arts in her life as she said "My imagination is my salvation".

"My imagination is my salvation!"

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Training Courses

Details can be obtained from the following organisations:

Age Concern, Astral House, 1268 London Rd, SW16 4ER Tel: 0181 679 8000

Age Exchange, 11 Blackheath Village, London SE3 9LA Tel: 0181 318 9105

Building Community through Arts, 19c Kew Gardens Rd, Kew, Richmond, Surrey
Tel: 0181 287 8498 Fax: 0181 287 9309

Dementia Services Development Centre, University of Stirling, Scotland FK9 4LA
Tel: 01786 467740

National Association for Providers of Activities for Older People (NAPA), Flat 2,
124 Sutherland Avenue, London W9 2QP Tel: 0171 286 8855

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