

THE ALIVE! DIFFERENCE

An evaluation of Alive! workshops and training

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1.0 OVERVIEW

There is increasing recognition of the need to provide high quality, meaningful activities as part of supportive care for the growing numbers of older people in the UK. The importance of creativity is beginning to be understood within health and social care. Creative and arts activities led by skilled facilitators can offer a range of health and wellbeing benefits. These can include physical benefits such as improved mobility, clinical benefits such as reduced need for medication, personal benefits such as emotional, creative, intellectual and spiritual stimulation, and social benefits including enhanced relationships, reduced stigma and improved working conditions for care staff.

It is important that older people are at the centre of decisions about care. High quality creative and arts based approaches recognise the need for choice, control, involvement and self-determination by participants.

The evidence base for creative approaches to care is currently in development and there is an ongoing need for research to examine outcomes and impacts of arts in health and wellbeing. This evaluation of the work of Alive!, a Bristol-based charity dedicated to improving quality of life for older people in care through meaningful, person-centred activity, uses qualitative methods within a broad outcomes framework, developed in consultation with a wide range of stakeholders. This approach can contribute to robust evaluation that reflects a wide range of views and is also sensitive to the needs of participants and the settings.

The evaluation provides rich insights into the ways in which creative approaches can enhance the lives of older people living in residential care. It reveals the breadth and depth of activities that can enhance care by building relationships, supporting staff and offering value for money. It also highlights the challenges of delivering sustainable programmes, providing insights into the skills, resources, attitudes and values that are needed to support high quality care.

Professor Norma Daykin, 3rd August 2015
University of the West of England



“This evaluation provides rich insights into the ways in which creative approaches can enhance the lives of older people living in residential care. It reveals the breadth and depth of activities that can enhance care by building relationships, supporting staff and offering value for money.”

Professor Norma Daykin



2.0 EXECUTIVE SUMMARY

Alive! is a Bristol-based charity set up in 2009 and dedicated to improving quality of life for older people in care through meaningful activity that meets their individual needs and improves their mental and emotional wellbeing. It seeks to achieve this through delivery of a range of activity workshops, through the provision of training and professional development for care home staff, and through advocacy and strategic work aimed at achieving cultural and legislative change in the residential care sector.

This is a summary of the findings of a 2014-2015 evaluation of the impacts of delivery by Alive! of activity workshops for older people in residential care and training for care staff. The evaluation was conducted by specialist arts consultants and evaluators, Willis Newson, in collaboration with Professor Norma Daykin of the University of the West of England. The evaluation looked at outcomes in four areas: supporting older people in care; building relationships; supporting staff; and care home culture and practice. It also sought to describe and characterise the nature of the activities that Alive! delivers and investigate value for money questions.

Supporting older people in care

"I don't know how we managed before Alive. I'm just trying to think - what did we do?"¹

Since it was established in 2009, Alive! has successfully created and increased opportunities available for older people in care to engage in activities that have meaning for them. In 2013-14, Alive! delivered 2,263 workshops and recorded over 25,000 individual attendances at these sessions, reaching an estimated average of 20 participants in each care setting over the year. In the same period, it delivered training in how to engage older people in meaningful activity to 520 staff from 113 different care settings.

Alive!'s facilitators deliver a range of activities including arts workshops, music and movement and guided reminiscence. These appeal to and engage a wide range of participants, including those living with dementia. The activities offer opportunities to older people in care to recover and share elements of their life histories and to explore and express their personal identity, knowledge and skills through creative activity and shared interaction with others. Through attention to individual interests, Alive! offers opportunities for individuals to express personal choices and emotional needs. The ability to 'hold' a group while engaging individuals can make demands of even skilled and experienced presenters. Large groups of participants with complex needs, including moderate or advanced dementias, offer a particular challenge, which Alive! engages with willingly.

This evaluation suggests that Alive! activities impact positively on the mental and emotional wellbeing of those who participate. The workshops provide enjoyable activity, enabling social connections between residents and staff within the care settings, and giving participants opportunities to demonstrate skills, knowledge and to experience a sense of pride and achievement. Activities are observed to provide a 'lift' to the physical and mental energy levels of the older people who take part.

Alive! is valued by care managers and staff for the impact it has upon individuals in their care and for the sensitivity it displays towards them. It is clear, however, that maintaining the positive wellbeing impacts of the activity sessions continues to be a challenge for staff within the care settings, given the demands of their daily routines.



Building relationships

“There is one lady, B, who through Alive! and through the painting with Alive! is now responding better to everything [...]. She was in a quiet world, locked away, but she has now somehow found a way out which means we now have a way in.”²

Alive! activities help to build relationships and enhance communication within care settings. They provide opportunities for residents to share experiences and to create personal and social connections with other residents. They create a ‘buzz’ of communication and interaction that can ripple out within a care setting. Our evaluation suggests that care settings may experience additional benefits from involving relatives and the wider community with activities delivered by Alive! Those staff who engage with residents during Alive! workshops experience opportunities to interact positively and meaningfully with residents and may find this gives them ‘ways in’, or points of entry into the worlds of residents who do not always communicate and which can be used later during routine care. Alive!’s use of technology, and iPads in particular is seen as a particularly successful tool in encouraging individual and positive interaction.

Supporting staff

“I find my job really hard. I find it hard to put all my theoretical knowledge and ideas into practice. This has inspired me to keep trying.”³

Alive! delivers training for staff responsible for both personal care and activities, in how to engage successfully with the older people in their care. Those who attend the training report that it improves their knowledge, skills and confidence in delivering activities, enabling them to share knowledge and experience and providing them with inspiration and new ideas.

In addition, staff and management within the care settings benefit from the modelling of effective methods of engaging with residents by Alive! presenters as part of their delivery of activity workshops. As has been already noted however, staff and management face continuing challenges and barriers to delivering person-centred care and would benefit from ongoing guidance, support and skills development.

2. Alive! Annual Care Home Survey, 2014

3. Active Care Forum Bristol workshop attendee, July 2014.

Care home culture and practice

“I haven’t got an activities budget as such, but if I did, I would quite willingly spend the whole lot on Alive!”⁴

The work of Alive! in providing training, guidance and modelling delivery of meaningful activities has played a positive role within a shift towards person-centred care within many of the care settings in which they work, according to managers and staff. However, this evaluation suggests that there is some way to go before all members of staff responsible for the care of older people fully understand the benefits of meaningful activity for those in their care and for them as carers. Alive! has an important role to play in advocating for meaningful activity and enabling care organisations to navigate new standards and requirements.

Value for Money

The cost to care settings of Alive! workshops is comparable to that of other kinds of ‘entertainment’ and activity but they are viewed as delivering specific benefits and impacts for residents. There may, however, be a potential clash between the needs and desire of care providers to engage large groups of residents effectively and economically, their belief that Alive! does this particularly effectively, and the need to ensure that activity and engagement is meaningful for individuals.

Characteristics of the Alive! approach

The evaluation has identified three themes that characterise the Alive! approach to activity delivery. Alive! delivers a ‘variety’ of content and format, makes ‘personal connections’ with individual participants and uses ‘skilled presenters’. These three elements will combine in successful workshops, giving those who take part experiences and interactions which have meaning for the individual, and which also contribute to and create a positive shared experience for the group.

About the evaluation

This evaluation has been informed by direct and independent observation by the evaluators, feedback from a range of viewpoints and full access to extensive secondary data collected between 2009 and 2014.

Alive! has demonstrated a significant commitment to developing and strengthening its own, already impressive, internal evaluation processes during this time. These strengths mean that, although this evaluation was limited in terms of sample sizes and some aspects of data collection, it is possible to say certain things with confidence, in particular in relation to the characteristics and the key benefits of the Alive! approach. Further evaluation might usefully explore issues surrounding sustaining impacts, group size and tailoring of activities for participants with complex needs as well as building on the existing strengths of the Alive! evaluation approach.





3.0 INTRODUCTION

3.1 ABOUT ALIVE!

Alive! is a Bristol-based charity set up in 2009 and dedicated to improving quality of life for older people in care through meaningful activity that meets their individual needs and improves their mental and emotional wellbeing. It seeks to achieve this through delivery of a range of activity workshops, through the provision of training and professional development for care home staff, and through advocacy and strategic work aimed at achieving cultural and legislative change in the residential care sector.

The workshops delivered by Alive! draw on models used in therapeutic reminiscence, life story work and cognitive stimulation therapy. The focus is on human connection and the use of techniques to engage deeply with participants. Alive! has been pioneering in its use of technology, and iPads in particular, in its work with groups and individuals.

3.2 THE CONTEXT: POLICY AND RESEARCH

This section summarises key learning from a wider review undertaken for the evaluation. (Appendix 1)

In 2014 the CQC estimated that there were around 465,000 care home beds available in the care home sector in the UK (CQC, 2014). These were provided through 12,525 care homes and 5,153 nursing homes.

There were an estimated 426,000 people resident in care homes in 2014, of whom nearly 60% were aged 85 or older (Age UK, 2015).

The Alzheimer's Society estimates that 850,000 people are living with dementia in the UK in 2015. Dementia affects one person in six over the age of 80 (Alzheimer's Society, 2015).

A 2012 report of the *My Home Life* programme by the Joseph Rowntree Foundation found that the majority of residents in care homes (approximately 78%) are women and 48% are aged 85 or over. Two thirds of older people living in care homes experience some level of cognitive impairment and 75% are classified as being severely disabled (Owen et al, 2012).

There is widespread agreement that the availability of activities and opportunities for occupation is a major determinant of quality of life for older people, including those in residential care. It has been shown to have an impact on mortality rates, depression, physical function and behavioural symptoms.

The National Institute for Health and Care Excellence (NICE) defines meaningful activities as physical, social and leisure activities tailored to the needs and preferences of the individual, including 'activities of daily living' or leisure activities. NICE suggests that such activities can provide 'emotional, creative, intellectual and spiritual stimulation' for older people living in residential care, playing a role in promoting their health and wellbeing in areas such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support.

The Care Act of 2014 enshrines in law the duty of local authority providers to promote the wellbeing of individuals in their care, including physical and mental health and emotional wellbeing, control over their day to day life, and in relation to domestic, family and personal relationships.⁵

Choice, control, involvement and self-determination are at the forefront of current government policy in relation to older people and principles of 'person-centred care' are central to enabling these for people who receive care, either in their own homes or in residential, nursing homes or acute hospital environments.

In guidance issued in February 2015, NICE further connected the successful provision by care providers of meaningful activity and person-centred care to success in ensuring that wellbeing and safeguarding responsibilities are met. This guidance suggests that person-centred care and meaningful activity may help to avoid challenging behaviours and enable structures and practices within care settings that can help to mitigate against neglect.



“A person-centred, integrated approach to providing services is fundamental to delivering high quality care to older people in care homes.”

NICE, 2013

5. <http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted>

The *My Home Life* report of 2012 noted that half a million people work in care homes in the UK. Staff turnover is high, with many feeling undervalued by society (Owen et al, 2012).

A shortage of time, training and resources available to enable opportunities for activities within residents' daily lives is an issue for many care settings. The CQC's 2014 *Cracks in the Pathway* report notes:

"Having the right knowledge, skills and time is essential to good care. Key to achieving this is ensuring that there is the right number of staff, with the right values, who are supported through training, supervision and access to resources." (CQC 2014)

Managers in care settings report that the major challenges to providing good quality care are: finding staff with the right skills; funding training; disseminating learning from training; and maintaining staff morale and motivation (Alzheimer's Society, 2007). Staff report frustrations including lack of opportunity to spend quality time with residents, difficulties with communication and engaging with challenging behaviours.

The impacts of artistic and creative activity for older people in residential care have been explored in academic research (e.g. Castora-Binkley et al 2010). Gene Cohen (2011) has presented evidence that creative engagement in general can have positive effects on general health, medication use and occurrence of falls. Other elements have been cited as having a positive impact on mental wellbeing for older people; for example, the acquisition or re-acquisition of skills and the self-observed benefit of participation in an activity which gives a sense of purpose, which may have been a valued or everyday part of previous life and which allows opportunities for reminiscence (Clift et al, 2012). The Mental Health Foundation's 2011 review of the impacts of participatory arts activities on older people found evidence of a range of positive impacts of the arts for older people, including those relating to individuals' wellbeing, cognitive and physical abilities and those that suggest there may be wider benefits at a local community level and for society as a whole.

Cognitive stimulation therapy has been related to benefits for people with dementia, including improved cognitive functioning, self-reported quality of life

and wellbeing and staff ratings of communication and social interaction (Woods et al, 2011).

3.3 ABOUT THE EVALUATION

This evaluation was conducted by arts evaluators and consultants, Willis Newson in collaboration with Professor Norma Daykin of the University of the West of England (UWE).

Willis Newson is a leading UK arts consultancy with particular expertise in arts and health evaluation, developed through a longstanding relationship with Professor Daykin and UWE. Norma Daykin is an academic with 20 years experience of research in applied health and social care.

Outcomes framework

At the start of the evaluation we worked with Alive! staff and a group of key stakeholders (including care home managers, care home staff, funders and commissioners) to identify and agree an appropriate outcomes framework for the evaluation. This identified four outcomes for investigation, informed by the aims and objectives of the organisation and the needs of its stakeholders. The outcomes framework developed and the indicators used are included in Appendix 2 of this report.

This framework has given us the four main outcome areas which guide and structure this evaluation:

- Supporting older people in care
- Building relationships
- Supporting staff
- Care home culture and practice

Within these outcome areas we looked at specific impacts on the mental and emotional wellbeing of residents, their opportunity to express their personal identity and personal choice, and the way in which Alive! activities enable shared interaction and communication between residents, care staff and others.

In addition to the above we wanted to identify what was characteristic, if anything, of the Alive! approach to delivering activity and to investigate some value for money questions.



Data

For the purposes of this report, two main sources of data were considered.

The first were secondary data, collected by Alive! over the five years to the end of 2014. These included monitoring and attendance records for both activities and training delivered, Alive! Annual Care Survey questionnaires responded to by care home managers and staff, reflective records completed by presenters following each session they delivered, feedback forms completed by training attendees and records from a follow-up telephone survey conducted by Alive! with 39 people who had attended training sessions in 2013 and 2014. In addition, we have looked at meeting minutes from an Advisory Group of stakeholders which includes care home residents, relatives and staff.

The second set of data was collected by Willis Newson in 2015 and comprised:

- Detailed 20-30 minute semi-structured telephone interviews with a sample of four care home managers and four activity staff drawn from different care settings.
- Detailed 30 minute semi-structured telephone interviews with four Alive! presenters.
- 5-8 minute vox pop interviews with two members of care home staff in the care settings in which we completed observations and five members of care home staff attending the Alive! training we observed.
- Semi-structured observation of two Alive! hour-long Variety Hour activity sessions in different care settings and unstructured observation of two training workshops.
- An audio-recorded focus group with six care home residents who had participated in Alive! workshops
- Film collected by a professional film-maker of five activity sessions.

Sampling

For this report we sampled data in two ways.

Between October 2013 and September 2014, Alive! presenters created over 2,000 individual records of reflective feedback relating to sessions delivered. A structured sample of 20 of these records was identified to reflect the range of presenters, activity types and settings in which Alive! works.

We also conducted telephone interviews with four presenters and four care home managers and staff. The presenters interviewed facilitate a full range of the types of activity provided by Alive! The care managers and staff interviewees were selected from a sample reflecting a representative choice of settings, with variables including length of relationship with Alive!, characteristics of residents (including whether or not they were living with dementia) and the type of activity session received.

Activity sessions were filmed in five different settings by a professional film-maker. These settings reflected different activity types and characteristics of residents. This sampling was limited because of logistical restrictions involved in filming.

Analysis

Interviews were audio-recorded and elements that were relevant to the evaluation questions identified were transcribed. These quotations were then analysed for themes and discussion in relation to the outcomes framework for the evaluation. Observation records and focus group transcripts were analysed in a similar way, as was the text of the structured sample of reflective feedback from presenters.

Reporting and dissemination

A film-maker was commissioned to create a film to accompany and illustrate the evaluation. The film-maker's brief was to attend and film five different activity sessions and to interview presenters, care home staff and managers and participants. with the

aim of recording impacts on residents and helping to capture and tell the story of what happens during an Alive! workshop. Footage recorded provided additional data for the evaluators, and supported their observations. The film is available through the Alive! website, www.aliveactivities.org.

Ethics and confidentiality

This was a service evaluation and therefore no formal ethics approval was necessary. However, all of those interviewed by Willis Newson gave written informed consent for their words to be used. They have been anonymised in this report.

Limitations

While the number of interviews, observations and focus groups was small, these samples were structured to reflect different session types, a variety of care settings (including settings supporting people with and without dementia) and to include a range of presenters and interviewees, hence the data reflect the breadth of viewpoints and experience found within the project.

Willis Newson was not involved in collecting any of the monitoring or secondary data referred to in this report, but has been given full and unrestricted access to this data. Alive! has worked openly and constructively with Willis Newson throughout the evaluation process.

A focus group was conducted with residents within one care setting and participant voices were reflected in the secondary data through Advisory Group meeting minutes and through reported quotes in the presenter reflective feedback. Greater representation of participants in future evaluations will give further breadth to evaluation results.

Part of the work of this project has been to establish a robust framework for evaluation by interrogating Alive!'s existing approach and developing a set of evaluation tools that the organisation can use in future to collect and analyse data. This report represents

4.0 SUPPORTING OLDER PEOPLE IN CARE

4.1 THE RANGE OF ACTIVITIES

In 2013-2014 Alive! delivered activity workshops for an estimated 6,400 older people in 320 different care settings across regions including Bristol, North Somerset, Bath & North East Somerset, South Gloucestershire, Gloucestershire, Wiltshire, Dorset, Hampshire and West Sussex, with the majority of workshops being delivered in Bristol, West Sussex, North Somerset and Dorset.

Alive! works with a trained team of facilitators or 'presenters' who deliver a variety of activities. Between November 2013 and October 2014, Alive! delivered eight different types of activity. The majority of these were what it terms Variety Hour and Guided Reminiscence sessions.

Variety Hour workshops include music and singing, poetry, dance and movement, storytelling, reminiscence and current affairs. The sessions encourage gentle movement with activities that are energising (such as playing percussion instruments or conducting the orchestra) and relaxing (such as Tai Chi and yoga). iPads are used to engage participants and stimulate memories and discussions. Distinctive props, such as giant balloons, ostrich feathers and parasols, are used to add playfulness and fun.

Guided Reminiscence workshops are specifically designed to help residents re-live important memories using the internet and memory boxes full of intriguing items from the past. iPads are used to access music, film clips, poems and images that are projected to a large screen, allowing older people to make personal requests and choices. Participants are also supported to enjoy hands-on use of specialist iPad apps to make music, create art, or revisit a hobby. Group work encourages communication and connection between fellow residents, fostering a shared sense of belonging. Workshops often combine elements of both Variety Hour and Guided Reminiscence.



"I don't know how we managed before Alive. I'm just trying to think – what did we do? Well, it was probably just this man on his organ somewhere."

Care home Manager, March 2015



In addition, specially trained presenters lead groups of residents in themed participatory creative activities. These include Dance and Movement, Art and museum collection sessions. Dance and Movement (including Biodanza and Dance Movement Psychotherapy) enable people who struggle with verbal communication to express themselves through movement and to experience comforting touch. In creative arts workshops, residents are also encouraged to make individual choices and learn new skills. In a development of this work, Paint Pals pairs older people with junior school age children. Each pair correspond by painting postcards to each other and writing a little about their interests and experiences and also by painting together.

Links with the national Wallace Collection and the Russell-Cotes Museum and Gallery in Bournemouth have enabled Alive! to connect care home residents with museum and gallery collections through specially created themed boxes. Presenters base workshops around some selected reproduction paintings, handling items, fabrics and costumes from the collections. As well as enabling older people to enjoy great works of art, these sessions enable participants to express personal opinions - something often lacking in care settings.

Alive! also offers one-to-one sessions to residents who are unable to leave their rooms or to join in with group activities. These are user-led and tailored to individual physical and cognitive abilities, often using iPads to locate and explore where the person grew up, make music or paint, and to find favourite songs or films.

Each session is adapted to the abilities and preferences of individual participants, and older people are encouraged to guide and dictate the content of the sessions as far as possible.

4.2 GROWTH IN ACTIVITY PROVISION

The number of activity workshops delivered by Alive! grew rapidly between 2009 and 2013. In 2009, it delivered around 300 workshops in 35 care settings.

This figure had risen to 2,263 workshops in 320 care settings by 2013-2014, with 25,147 attendances. Unique individual attendance is not recorded, but Alive! estimates it reaches an average of 20 residents in each care setting over a year.

Sessions are delivered on a weekly, fortnightly, bi-weekly, monthly or an ad-hoc basis, the frequency depending on what has been requested by the individual care setting.

In 2014, 4% of homes booked weekly, 10% fortnightly, 31% monthly and 55% booked sessions bi-monthly or on an ad-hoc basis.

4.3 MAKING THE “DIFFERENCE”

“I don’t know how we managed before Alive!. I’m just trying to think - what did we do?”⁶

Our interviews with care managers and other care home staff, including activity co-ordinators, suggest a varied pattern and picture of pre-existing or complementary activity provision within the settings in which Alive! works.

In five out of the eight settings sampled, activities were planned and provided by one or more full or part time activity co-ordinators. Three settings did not employ activity co-ordinators; in one, the care manager was responsible for ensuring residents engaged in meaningful activity during the day; in another, different members of care home staff were given responsibility each day for delivering an activity; in the third, a Resident’s Social Club planned, funded and organised all activities for residents in the setting.

Activities provided in-house for residents included sing-a-longs, quizzes, bingo, 'pampering' or beauty treatments such as nail-care, gardening, art sessions, reminiscence, spiritual or other interest conversation groups and trips out. Activity co-ordinators also mentioned delivering one-to-one engagement ranging from simple conversation or watching a DVD with residents, to iPad reminiscence in the Alive! style.

In addition to in-house provision, outside organisations and entertainers are commonly used. For example: an organisation offering gardening therapy, specialist providers of music for health, arts activities involving local artists, individual and groups of musicians, a theatre group and music and movement specialists.

Staff told us about the challenges they faced in planning activities for residents, including time, resources, confidence and a perceived lack of skill to engage residents successfully. One manager mentioned that her staff found it easier to put on a DVD or organise a simple sing-along than to plan a workshop or other activity. Several talked of feeling frustration when the opportunities for activity they provided in-house were not taken up by residents.

It is against this picture of existing provision that care managers and staff comment that Alive! provides something 'different'. They commonly relate this difference to the variety of activities that Alive! offers, as well as the range of stimulation that may be experienced by residents within a session itself.

Residents' attention may not be held by other 'entertainers' or by activity staff in the same way that it is by Alive! One manager said:

*"Alive! Activities are very good at going round and trying to get people involved in the music that they're [...] playing, whereas other entertainers will come in and just sit at the front of a room and play..."*⁷

Alive! Variety Hour and Guided Reminiscence workshops, in particular, were perceived as fully engaging a room of people (of between 6 - 30 participants) in a way that other activities might not.

Interviewees described individual residents engaging in Alive! activities in ways that they did not during their daily routines. For example, a care manager said of the Paint Pals project:

*"[...] people that don't communicate during the day with staff - you know, that have got difficulties eating and drinking, but they're able to hold a pen, a paintbrush, and direct a child what to do..."*⁸

Managers and staff told us that they saw Alive! workshops as contributing to changed levels of engagement outside the workshops themselves. They suggested that sometimes that this might be the result of increased communication between residents during the workshops, or mentioned specific advice, training and guidance given by Alive!.

Challenges

There was some disagreement around whether increased frequency of sessions made them necessarily more beneficial. Staff and managers mention that residents experience pleasurable anticipation in 'looking forward to' Alive! workshops. It is possible that this might not occur if the activity took place infrequently or at irregular intervals. It might also be possible to infer that workshops would have less impact if they were less frequent, because participants were not familiar with the presenters, with the experience of engaging with the activity as a group and with the content of the activity itself - something that presenters describe as being helpful to them. However, one care manager we interviewed suggested that, for her residents, the 'novelty' of less frequent activity contributed to its beneficial impacts.⁹ Another told us that the residents who organised the activity calendar made a particular decision to have the workshop monthly rather than more often.

7. Interview with Care home Manager A, March 2015.

8. Interview with Care home Manager C, March 2015.

9. Interview with Care home Manager C, March 2015.



4.4 ENABLING EXPRESSION OF PERSONAL IDENTITY

Alive! activities are designed to allow individuals to express their personal identity. Presenters told us that every workshop will include some elements structured or built around the experience of individuals within the group.

We observed participants answering ‘quiz’ questions, responding to questions about likes and dislikes (in relation, for example, to music or film clips), sharing elements of personal history, taking part in arts-based activities involving personal expression including music-making, and discussing reminiscence objects with reference to their own lives and histories.

Presenters told us that they plan workshops that will resonate with individuals’ life stories. We observed, for example, a presenter showing images of local interest, and using reminiscence props such as a cigarette packet made by the local cigarette manufacturer - a major historical employer in the area. The value that was placed on the story of each individual was reinforced to participants in this workshop by the presenter showing a film of an interview he had recorded with a resident in another care setting about his work on a ‘banana boat’, and

through a recording of the same resident playing ‘White Cliffs of Dover’ on a harmonica.

Examples of life story resonance included invitations to individual group members to share information about their past, such as where they were born or where they had worked. We saw a presenter encouraging further conversation around the information, or illustrating it using props, storytelling, or use of the Internet on the big screen (for example, using Google Maps on Streetview so that the group could virtually ‘walk down’ the street where a resident used to live).

The workshops we observed included multiple references to - and activities based around - film, television and music likely to be of common interest to participants. Comments and spontaneous interaction from participants demonstrated that these were familiar and resonant. Presenters told us that workshops might be themed loosely around a place that was of particular interest or relevance to a group (London or Ireland were two examples mentioned) or that an activity might be designed specifically to relate to an individual’s story (e.g. an exploration through art activity of fairgrounds with a participant who used to work in them).

Presenters note residents' comments that activities can bring back memories they believed were lost. They also told us that they will sometimes continue the exploration of a life story with an individual after the end of the workshop. A care manager told us that, following a visit to a resident's former home through the Internet as part of an Alive-inspired activity session, she organised for the resident to be driven past her former home, with positive results.

*"The lady who we were talking [to] about her bungalow, when we drove past it, it was really nice because she said that she had a chance to say goodbye to it, which she hadn't before."*¹⁰

Art workshops also offer opportunities for individuals to express their personal identity through creative activity. One example given by a presenter was artwork created around the topic of 'Favourite Places':

*"...one lady in particular, there was a church in Somerset which is where she always thought she would get married as a child and then had a lovely story of she's running over fields, she'd left her heels in the church and the Bibles being chained and she spent weeks on this painting of the church and she told me about it and I wrote it up and put it with the painting."*¹¹

During a focus group held with residents who had attended an Alive! session earlier in the day, one participant told the group that he had been thinking about a particular period in his life as a result of attending the session; he had made extensive notes about it, and read these aloud to the group.

Challenges

One of the challenges for Alive! presenters may be balancing the limited amount of time available in a large group session with the need to allow individuals to have a meaningful opportunity to express their personal identity. In one of the workshops we observed participants being engaged in a number of short interactions with activities such as watching the

presenter searching for several individuals' former homes on Google Maps which, although welcomed by and of interest to the individuals involved, did not automatically allow for an opportunity to explore the stories in any depth or result in further group interaction.

Presenters are required to be sensitive to individuals' desires not to contribute or discuss their experience within the group. We observed them eliciting life story information through invitations to share and not pressing for further information if it was not forthcoming, even if this meant moving on quickly to another type of activity.

Sharing individual stories can be very emotive for all involved:

*"One particular guy [...] we took him back to his place, and he was just blown away because he planted a tree about 40 years ago, a sapling, and this tree was absolutely massive and it was just a symbol of his life to him. It meant so much to him. Yeah, we were all in tears [...] it was such a simple thing and yet it meant so much."*¹²

Two care home staff and manager interviewees commented that residents might not, for example, want to talk about particular moments in their past which were not happy. In the example of the 'Favourite Places' topic within art workshops above, the presenter mentioned that one participant found the subject too painful because it re-awakened memories of her parents. Exploration of individual life stories requires sensitive handling.

10. Interview with Care home Manager B, March 2015.

11. Interview with Presenter D, March 2015.

12. Interview with Presenter B, March 2015.



“... entertainers come in and they presume that it’s the age group that they’re dealing with. They, it’s all your Vera Lynns and things like that, and actually, that was quite a horrible time for... it wasn’t anything to be joyful and happy about.”¹³

In this context, Alive! is consistently praised for not making assumptions about participants’ experience and preferences, and for its sensitivity to their needs. In the focus group with participants, this was contrasted with an art workshop activity delivered by another provider which one participant described as dissatisfying because it had failed to teach her anything new, despite her requests for change or a different kind of activity.

4.5 ENABLING CHOICES

Enabling participant choice is seen as an important part of Alive! activity sessions. Choice might be expressed through the simple decision to attend a workshop, or through choices made within the workshop by participants that combine to direct the course of the activity.

The choice to attend or not

We asked managers and activity co-ordinators how residents made the choice to attend an Alive! workshop. Several interviewees mentioned that there were a ‘core group’ of attendees who would never miss them, others told us that residents ‘looked

forward’ to Alive! coming. Staff mentioned that they put posters up on boards telling residents what the activities were; more frequently though, they reported that they talked to residents shortly before the activity, explaining briefly what it was and then asking them whether they wished to attend. One interviewee reported that the distinctive props used by the Alive! presenters were useful in reminding residents of what the workshop might include (e.g., ‘the big balloon’). The manager of one care setting in which all activities are planned and organised by a Resident’s Social Club, told us that residents had made a specific decision about which kind of activity they wanted Alive! to provide (Variety Hour) and how frequently (once a month).

In the settings of those we interviewed for this report, we were told that the proportion of residents in the home attending an Alive! workshop was generally high in comparison to other activities, both those organised internally and those delivered by other providers.

In the workshop we observed, there were residents who stood on the sidelines before making the decision to engage more fully and there were also residents who made the choice to leave during the session. Care staff can usefully support residents making these decisions; in one example we observed, placing a chair beside a door for a resident who watched for a minute, went away and then returned to sit down on the chair and participate.

13. Interview with Care home Manager C, March 2015.



Choice within an activity workshop

The presenters we interviewed described the provision of opportunities for participants to make choices as integral to the structure and content of the workshops they delivered. Wallace Collection sessions, for example, are guided by the interests of the groups in particular museum objects or items within a ‘Wallace Collection box’ that is brought into the setting for the session. Presenters of a Variety Hour or Guided Reminiscence session will go into the activity with a particular structure in mind, but this may be changed ‘in the moment’ as a result of an individual’s expressed interests or request.

This free-flowing structure is possible because presenters are flexible and come prepared with a wide range of materials and resources to hand.

The presenters interviewed commented that a straight request for a ‘favourite song’ is not useful, particularly for participants unused to expressing choices. Instead (and we also observed this) they note that they prefer to present choices as opportunities to contribute answers or opinions in relation to more general questions. One presenter also said that he liked to ask staff within the care setting to do some preparation or research beforehand about residents’ likes and dislikes so that this might inform his planning of the workshop. Residents taking part in a focus group for the evaluation commented several

times on the importance they placed on having their choices recognised during activity sessions. One lady commented that the music played should be a variety but should reflect the age group of the people attending: “We’re the people supposed to be being entertained!”¹⁴

One of the key components of an Alive! activity workshop is the engagement of individual participants at the level of individual conversation, or appropriate close contact (e.g. holding a hand, maintenance of eye contact, dropping down to the level of a seated participant). Presenters told us that they pay close attention to both voiced and unvoiced cues to guide this element of the activity and that if they feel that a participant does not want to engage in this way, they will not do so.

“By giving people the permission to say no, you invite them to say yes.”¹⁵

14. Resident attending focus group, July 2015.

15. Interview with Presenter B, 12 March 2015.

Challenges

While we never observed opportunities for close contact being offered by presenters in anything other than sensitive ways, one activity co-ordinator mentioned that some presenters might not be as skilled as others in understanding the cues of a particular resident:

*“...there’s one lady who really doesn’t like that [close personal contact] and it’s become more apparent. She’s withdrawing more so. When they first came in, she was quite happy for them to hold her hand, I mean, but the last session where I was present in, they... and she makes it quite clear that she doesn’t want to speak.”*¹⁶

However, it is interesting to note that this activity co-ordinator also reported that the sensitive offering of individual personal contact is something that she has seen care staff in her setting picking up on and using in their own work successfully after observing Alive! workshops.

4.6 IMPACTS ON MENTAL AND EMOTIONAL WELLBEING

Interviews and observation data reveal that Alive! activities impact on participants’ wellbeing in three areas: mood, feelings of social connection and through enabling a sense of pride or achievement. Staff told us that many participants ‘look forward to’ workshops, deriving pleasurable and optimistic feelings from the anticipation of activity. Participants in a focus group commented that they always enjoyed the sessions. In their feedback presenters consistently note their impression that participants’ mood, interaction, engagement and energy levels are ‘better’ or ‘significantly better’ at the end of a session.

Mood

Both observation and interviews suggest that Alive! activities can enhance the mood of those taking part. Participants displayed clear indicators of positive mood during the workshops, including increased alertness,

smiling, laughter and engagement in conversation with others.

Presenters report residents enjoying activities and describe residents’ reactions to them, using words and terms such as ‘positive’ ‘pleased to see me’, ‘smiling’, and the atmosphere as involving ‘chatter and fun’, ‘lots of smiles’ and ‘animated’. Care home staff use phrases such as ‘happy’, ‘smiley’, ‘more alert’ ‘show recognition of what’s happening in the room’ to describe residents during and after participation in an Alive! workshop.

A participant interviewed by the film-maker for this evaluation said of the Alive! presenter’s interaction in the session that she had just attended:

*“He just made me feel different... that I was wanted...”*¹⁷

One presenter said:

*“We hear it a lot in our feedback from care staff, that the room is a different place when we leave. That people come alive, they do literally come back, they’re upright, they’re smiling, they’re chatting, they’re laughing [...] their whole demeanour shifts and that happens again and again and again and it’s just an amazing thing to be able to do.”*¹⁸

Alive! workshops are described as introducing energy into the care setting, with terms like ‘lift the mood’ being used by care home staff.

Gentle physical activity plays a part in many of the workshops delivered, even those that are not specifically labelled as movement or dance-based. In their feedback, presenters often described workshops as having a ‘slow start’ and then moving towards a more animated atmosphere.

16. Interview with Activity Co-ordinator B, 12 March 2015.

17. Filmed vox pop interview with participant, March 2015.

18. Interview with Presenter A, March 2015.



“Residents appeared quite sleepy and withdrawn when I arrived but they perked up when the music started and seemed to be grateful for some attention and entertainment.”¹⁹

“Some were very sleepy at start, and a few stayed asleep. Most became more and more responsive as [the] session developed.”²⁰

Staff in the care settings suggest that a change in mood and energy levels of residents can continue after the end of the workshop:

“... one of our staff came out [after an Alive! workshop] and she said ‘oh they were so happy’ and just seeing them, that carry on, through a mealtime and afterwards, it’s lovely, so it does have a positive impact, not just for the time that they were here, but afterwards - more cheerful.”²¹

“...it really lifts the mood of the whole home. [...] Our residents often request lively music after the session has ended because they want to carry on having a

good time.”²²

Pride and achievement

Alive! activities provide residents with opportunities to express their own knowledge or skills. In the workshops we observed, participants derived clear pleasure in answering quiz type questions, and congratulated fellow participants who answered correctly. Participants creating work in Alive! art workshops are given opportunities to display their work in exhibitions within their care settings.

19. Presenter feedback, 2014-15 #431

20. Presenter feedback, 2014-15 #575

21. Interview with Activity Co-ordinator A, March 2015.

22. Alive! Annual Care Survey, 2014

Social connection

While Alive! does provide one-to-one activities for residents, the majority of workshops were delivered in groups of between 6 and 16 participants. In 2013-14, the average number of participants in a workshop was 11. Group sizes vary according to the activity type and the size of the setting. Art workshops are usually limited to around 8 participants.

Both presenters and care home staff reported that residents who take part in groups generally welcome the group dynamic, taking the opportunity to respond to and engage with others during and after the activity.

"...it's something to talk about afterwards, like [resident] was just saying there about how it brings back memories. [...] It makes everybody happy to be engaged and doing something. And I think they [residents] like that togetherness, getting together and joining in." ²³

One presenter commented that regular workshops can become social occasions in which participants, relatives and presenters get to know each other well:

"There's a session I go into weekly... the relatives come, and one lady comes from the Methodist church and comes just to enjoy it, you know. She used to have somebody who was in that home and she knows that I'm going to be there and for her it's just a social event in her life. She just comes along because she wants to enjoy and be part of something. It's become kind of a social thing." ²⁴

Comments from a participating resident recorded in the minutes of an Alive! Advisory Group meeting note that:

"The group stays together after the session and has a chat and a cup of tea - we interact more as a group after the session." ²⁵

Comments from care managers responding to the Alive! Annual Care Home Survey in 2014 support this

observation.

"[The residents are] more sociable when the alive sessions are going on than at any other time." ²⁶

"Lunch followed the session - everyone wanted to stay in the room together for lunch [...] and the atmosphere was very companionable." ²⁷

Challenges

In our observation and analysis of presenter feedback and interviews, some less clearly positive mood indicators were also noted, including tearfulness related to particular memories and participants withdrawing from workshops or falling asleep during them. It was also noted that residents are not always happy to participate and that they may occasionally display this unhappiness through verbal or physical aggression. Presenters told us that they are trained in how to react to these situations, either by further individual attention to an individual, by respecting their choice not to engage, or by working with care staff to help individual participants to choose the level at which they participate.

23. Vox pop with Activity Co-ordinator C.

24. Interview with Presenter B, March 2015.

25. Advisory Group minutes 16/09/14, feedback from resident

26. Alive! Annual Care Home Survey, 2014

27. Alive! Annual Care Home Survey, 2014



4.7 SUMMARY

Since it was established in 2009, Alive! has created and increased opportunities available for older people in care to engage in activities that have meaning for them.

Alive! activities are viewed as:

- ‘Different’ to those that are provided by other organisations, or internally by the care setting.
- Appealing to a wide range of participants and capable of involving a large number of participants if required.
- Engaging residents in ways that take them outside the daily routine of their care setting and which may have an impact on the level of engagement they display beyond the workshops themselves.
- Offering opportunities to those who participate to recover and share their elements of their life histories and express their personal identity through creative activity.

Alive! activities offer residents opportunities to express personal choice in:

- Deciding on whether and at what level they wish to participate in or during a session.
- Affecting the course or content of a workshop through the decision to share information or experience with the group.
- Interacting with the presenter or other residents during the workshop.

The Alive! approach to personal identity is valued by care managers and staff for its sensitivity and attention to the needs of the individuals who participate. The way in which choice is offered demands sensitivity, particularly for participants who have become unused to making choices or who have difficulty expressing their feelings as a result of cognitive or physical impairment.

This evaluation suggests that Alive! activities impact on the mental and emotional wellbeing of participants by:

- Providing activities in which residents enjoy participating.
- Providing opportunities for participants to express both positive and negative emotions.
- Providing activities that may give a ‘lift’ to the physical and mental energy levels of residents.
- Enabling social connections between residents and providing opportunities for residents to connect personally and closely with both Alive! presenters and staff within the care settings.
- Providing activities in which residents have opportunities to demonstrate skills and knowledge and to experience a sense of pride and achievement.

It is clear that maintaining the positive wellbeing impacts of the activity sessions may be a challenge for staff within the care settings, given the demands of their daily routines.

5.0 BUILDING RELATIONSHIPS

5.1 ENABLING COMMUNICATION

Activities provided by Alive! are structured to enable individual participants to communicate with the presenter and other participants through shared conversations and experience. Technology is used particularly effectively as a tool to engage participants in discussion or reminiscence and to encourage interaction. A presenter describes an example of this within a Guided Reminiscence session using iPads:

*“...the conversation continued and flowed and so I was following the lead of people and kind of facilitating their conversation in a sense through finding, doing searches through the iPad. So we had this incredibly wide-ranging conversation, somehow we started off with the Scottish referendum and we ended up with Welsh cockle-pickers.”*²⁸

Care home staff observe that Alive! workshops can bring out unexpected elements in individual residents, including memories, skills or engagement at a higher level than would normally be displayed day to day. For example:

*“There is one lady, B, who through Alive! and through the painting with Alive! is now responding better to everything especially singing. She was in a quiet world, locked away, but she has now somehow found a way out which means we now have a way in.”*²⁹

*“One guy doesn’t talk that much but when [Alive! presenter] read out a poem he responded by reciting one that he had written in the past.”*³⁰

28. Interview with Presenter C, 18 March 2015.

29. Alive! Annual Care Home Survey, 2014.

30. Alive! Annual Care Home Survey, 2014.



“There is one lady, B, who through Alive! and through the painting with Alive! is now responding better to everything especially singing. She was in a quiet world, locked away, but she has now somehow found a way out which means we now have a way in.”

Activity Co-ordinator, Alive! Annual Care Home Survey, 2014



Challenges

The use of technology by Alive! is consistently cited as unique, different and effective in stimulating and engaging residents, particularly when used one-to-one. However, it may be less successful when used in a large group or when used more directly to provide an activity of itself. For example, in one workshop we observed involving a group of 12-15 residents, a presenter used an iPad app that placed images of plants into a photograph of the group on a big screen to create a representation of a ‘garden’ around them. Residents were asked to choose which plants went on to the image, but choices of plants were limited and the majority of residents demonstrated limited engagement in the activity.

5.2 ENCOURAGING SOCIAL INTERACTION

Alive! presenters encourage participants to share information about themselves with others during workshops and bring participants together in a group. We observed, and care setting staff and managers report that an increased buzz of communication and interaction during and after an Alive! workshop is common.

This interaction may have a sustained impact. A care manager noted of a resident:

“We have a gentleman who has always been

*monosyllabic. In the sessions he is much more verbal. [...] Also the other residents are now including him more...”*³¹

In an example given by a presenter:

*“... a chap asked for ‘Shaking all Over’ by Johnny Kidd and the Pirates. So we played it and a few people got up and danced around and people were singing, and I said “Brian, why did you ask for that?” And he said “I was the drummer for Johnny Kidd”. And it was just like, suddenly he was a celebrity!”*³²

Challenges

Care settings face a challenge in sustaining levels of interaction created during the workshops. Our interviews suggest that the settings which may benefit most from this are those in which the managers or activity co-ordinators are actively aware of these impacts and take the opportunity or have a structure in place to sustain them through continued activity. We observed positive interaction between residents being interrupted prematurely at the end of workshop sessions because staff needed to move residents into another room or on to another part of the setting’s daily routine.

31. Alive! Annual Care Home Survey, 2014
32. Interview with Presenter A, March 2015.

5.3 ENGAGING STAFF AND THE WIDER COMMUNITY

When care home staff participate in workshops, the positive nature of the activity and the enjoyable interaction it enables may lead to deeper relationships between residents and staff. A presenter described an interaction observed in a dance workshop in which a care worker helped a resident in a wheelchair to participate. The presenter commented that at the end of the workshop:

*“...there was this little murmured conversation where they were just talking and they ended kind of forehead to forehead, just, when this piece of music finished, and they were just sat together.”*³³

Activity staff and care home managers particularly value the iPad reminiscence activities which can bring to light previously unknown information:

*“When they’ve had some of the iPad sessions talking about people’s past, I do learn things about people which is good, you know because it’s nice to be able to talk to them about it afterwards - their history or where they’ve lived in the past [...] Yeah, it gives you a stronger connection with people.”*³⁴

The involvement of relatives in workshops may be very positive for all those involved.

*“Audrey’s son was visiting and joined in with the whole session. He was very enthusiastic and encouraged the residents to get involved...”*³⁵

Most care staff interviewed were unaware of whether relatives actually attended workshops. However one care setting manager suggested that this might be a valuable way to demonstrate the setting’s commitment to residents’ quality of life:

*“We [care setting] encourage visitors to come to Alive! sessions too so that they can see what their family member is doing and enjoying.”*³⁶

In one of the two workshops we observed, a

participant attended with a relative and this appeared to be a positive experience for the resident involved, with both relative and resident smiling and encouraging each other during the workshop.

One presenter interviewed spoke very positively about relatives being involved in sessions and another described an exhibition of resident artwork which relatives attended and enjoyed.

The intergenerational Paint Pals project connects care home residents more closely to others within their local community. Its impacts were highly praised by a manager in one home in which it operates.

*“...they [residents] really are getting something out of that. A sense of achievement from that, a sense of belonging. They’re talking to, because they haven’t all got grandchildren, they haven’t all got family, so they’re meeting new people, they’re - I don’t know who’s learning more, the children or the residents.”*³⁷

Challenges

There are clear benefits for care settings in demonstrating successful involvement of residents in meaningful activity, and in engaging members of the community outside the care setting. This would seem to be an area that would benefit from further exploration in future evaluations and in general.

33. Interview with Presenter A, March 2015.

34. Vox pop with Activity co-ordinator C, March 2015.

35. Presenter feedback, 2014-15 #701.

36. Alive! Annual Care Home Survey, 2014.

37. Interview with Care home Manager C, March 2015.

5.4 Summary

Through the activity workshops that Alive! provides, the charity helps to build relationships and enhance communication in the following ways:

- Providing opportunities for residents to share experience and stories that create personal connections between them during workshops.
- Creating a 'buzz' of communication and interaction that can ripple out beyond the immediate workshop.
- Providing staff with opportunities to interact positively and meaningfully with residents during workshops.
- Providing staff with 'ways in' - points of entry into the worlds of residents - that can be used to facilitate communication after the workshops.
- Giving staff insight into residents' as individuals, outside of the daily routine of the care setting.
- Through the Paint Pals project, providing opportunities for residents to interact positively with other members of their local community.
- Are observed to be particularly successful in using technology as a tool to encourage positive interaction.



"...there was this little murmured conversation where they were just talking and they ended kind of forehead to forehead, just, when this piece of music finished, and they were just sat together."

Activity co-ordinator, March 2015



6.0 SUPPORTING STAFF

6.1 DELIVERING TRAINING

The main focus of the training delivered by Alive! is on giving staff the knowledge, skills and confidence to deliver a variety of activities designed to improve quality of life for residents using a person-centred approach.

Alive! delivers training in four main areas:

- Activities and Reminiscence to engage older people, including those who are ‘hard to engage’.
- Connecting with people living with dementia.
- Use of iPads to engage with older people.
- Facilitating person-centred dance and movement sessions

As the table below shows, 2013-14 saw a major increase in the number of training sessions the organisation delivered.

Training courses delivered 2009 - 2014

| | 2009-2010 | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|
| Training Courses | 0 | 6 | 11 | 16 | 42 |
| Individuals trained | 0 | 70 | 120 | 178 | 520 |
| Care settings taking up training | 0 | 18 | 37 | 58 | 113 |



Active Care

Alive! also runs Activity Coordinator Forums to provide professional development and peer support for care home staff responsible for providing activities, who are frequently isolated and under-resourced. Alive! currently facilitates these forums in Bristol, South Gloucestershire, North Somerset, Dorset, Wiltshire and West Sussex, and in 2013-2014, 160 care home staff attended them.

The Forum meetings include master classes on topics such as Using Drama, Poetry and Song; The Benefits of iPads; and Working With Hard to Reach Older People, as well as providing opportunities for people to share their experiences, ideas and challenges.

The Bristol area Forums have been commissioned and funded by Bristol City, South Gloucestershire and North Somerset Councils as part of Alive!'s Active Care project, which began in March 2014.

As part of this project, Alive! also facilitates an online forum (<http://aliveforum.aliveactivities.org>), a place for anyone who runs activities in care settings anywhere to meet, share ideas, find resources and feel supported.

6.2 THE IMPACT OF TRAINING

Alive! conducted a telephone interview survey in 2014 of 39 care home staff attending its Activity and Reminiscence and iPads and Older People training in 2013-14.

Responses recorded in this survey were positive. Benefits discussed included: an appreciation of the opportunity to share ideas and experience and to access new ideas; a sense of inspiration, 'refreshment' and validation; an understanding of and desire to deliver elements of person-centred care. In addition, interviewees reported on challenges and issues around putting the training into practice.



"I find my job really hard. I find it hard to put all my theoretical knowledge and ideas into practice. This has inspired me to keep trying."

Active Care Forum Bristol workshop attendee, July 2014

Increased knowledge, skills and confidence

The majority of participants who completed feedback forms following training reported a perceived improvement in their knowledge, skills and confidence following Alive! training.

Knowledge and confidence are reported as being very high following iPad training, although some attendees still felt they lacked some skills to deliver sessions using this technology.

Shared ideas and experience

The telephone follow-up survey with training attendees included questions relating to implementing learning and the impact it had had upon their work. 87% of respondents identified 'more ideas for activities' as the primary impact of the training on their working practice.

Respondents suggested that this awareness had the effect of enabling them to tailor activities more to the residents' interests (75% of all responses).

Inspiration and motivation

Participants in Alive! training commonly use the word 'inspiring' or 'inspirational' to describe the experience, delivery and content of the training. Some note increased positive feelings, or motivation and a desire to pass on the inspiration and ideas to others. An Active Care workshop participant notes:

*"I find my job really hard. I find it hard to put all my theoretical knowledge and ideas into practice. This has inspired me to keep trying."*³⁸

An Active Care training participant refers to the course content as 'validating':

*"It has validated that I am on the right track."*³⁹

Care home managers describe staff as 'buzzing' with ideas after attending training and describe resulting positive changes within their care settings. One said that the training had made her staff 'think out of the box'⁴⁰

6.3 PERSON-CENTRED CARE

Participants express greater ability and more confidence in connecting with and engaging individual residents as a result of attending Alive! training, including an understanding of new ways to approach this task. When surveyed 59% of training attendees said they felt more confident in delivering their role as a result.

In contextualising this increased confidence, it is useful to understand some of the challenges for staff attempting to deliver good quality, person-centred care for older people in residential care.

Within the training sessions we observed, attendees discussed the barriers they saw as affecting their ability to provide successful activities for residents. These included lack of resources, low staffing levels, lack of time, the problem of finding activity that pleased all residents, coping with challenging behaviour, issues with the space or environment available for activity and the expectations of management.

47% of those interviewed in the 2014 follow-up telephone survey of training attendees conducted by Alive identified the primary barrier to putting learning into practice as a lack of time to prepare sessions. This was closely followed by lack of budget (43%) to buy materials or resources.

In their feedback, staff attending training expressed a desire to deliver more, different and varied activities. However, motivation and inspiration do not always equate to real change.

38. Active Care Forum Bristol workshop attendee, July 2014.

39. Feedback from Activities & Reminiscence training attendee, July 2014.

40. Interview with Care home Manager B, March 2015.

“I’m feeling inspired and depressed at the same time because I know how hard it will be to put into practice what we want to.”⁴¹

One care manager we interviewed expressed a desire for all her staff to receive training together, as this would enable them to support and motivate each other in delivering practical change following the training.

Staff gave specific examples of improvements in the quality of person-centred care they delivered resulting from attending Alive! training. The use of technology, including iPads, was particularly praised as a tool for engaging residents one to one, including those who had been previously difficult to reach.

“I did things like, we’ve got a lady who’s really, she’s quite challenging, and I got the iPad and she loved the Royal Family and so we put on the Royal Family [...] and that really helped me.”⁴²

Alive! presenters told us that they try to model and provide guidance to care staff on how they might effectively engage residents in activity. This is noted by care home managers, who also report that skills and knowledge is passed on by presenters to staff during activity workshops and that this is helpful in their day to day work.

Clearly, given the many challenges they face, both staff and management require ongoing support and inspiration to ensure that positive impacts from training and guidance delivered by Alive! can be maintained within individual care settings. The Active Care training programme delivered by Alive!, in partnership with local councils, has been partly a response to this need; it offers a network of resources and skills development sessions for care staff which also allows them to share experience and knowledge in a supportive environment.

41. Feedback from Active Care Forum Bristol workshop attendee, September 2014.

42. Vox pop with Activity Co-ordinator D at Active Care training session, March 2015.



“There’s this lady who can sort of sit on the sidelines and not really take part very much and this enables her to participate and acknowledges her past.”

Member of care staff attending Active Care Forum, March 2015





6.4 SUMMARY

Those who attended Alive! training reported that it:

- Improved their knowledge, skills and confidence in delivering activities for older people.
- Enabled them to share knowledge and experience.
- Provided inspiration.
- Contributed to the delivery of person-centred care by providing information and skills to allow them to deliver a greater variety and amount of meaningful and individually tailored activity for residents.
- Contributed, in particular, to development of activities that effectively engage hard to reach residents, and which make use of technology as a tool for engagement.

In addition, staff and management in care settings benefit from modelling of effective methods of engaging with residents and guidance provided by Alive! presenters as part of their delivery of activity workshops. Staff and management face continuing

challenges and barriers to delivering person-centred care and would benefit from ongoing guidance, support and skills development in engaging residents in meaningful activity.

7.0 CARE HOME CULTURE AND PRACTICE

7.1 OVERVIEW

Care home managers report that Alive! has been responsible for increased knowledge and awareness of the importance of person-centred care within the settings in which they work. This is reflected in both the interviews we conducted and the feedback given to Alive! as part of the 2014 Annual Care Survey and following training.

Support from management is seen as important in removing barriers preventing staff from delivering person-centred care effectively. One care home manager described the support she received from the umbrella organisation managing her care settings as 'forward-thinking'. This had enabled her to act on advice and guidance provided by Alive!, to train staff and to purchase resources such as iPads. She described these impacts as delivering benefits for residents, with examples of specific benefits for individual residents and discussion of innovative activities that she was engaged in delivering.

Another manager told us that while changing 'ingrained attitudes' was hard, sending staff on Alive! training had helped to achieve this, as well as giving her the enthusiasm to continue fighting for such a shift in attitude. This manager also cited recent changes in Care Quality Commission standards as vindicating her fight.

Challenges

In addition to the challenges discussed above, interviewees also mentioned that they sometimes experienced resistance from colleagues to the idea of activities provision as of equal importance and value as physical or personal care.

One care manager reported that after having sent some of her staff to training, it appeared difficult for them to maintain their enthusiasm:

*"...the novelty wears off, especially if they feel that they're the only ones that are doing it. If they think nobody else is doing it then they'll think, 'why should I be bothering?'"*⁴³

A presenter told us that she had given support to an activity co-ordinator receiving negative comments about the value of her work. Another commented:

*"I often hear activity co-ordinators saying that when they are sitting down with residents to have a chat, they hear their teammates, their care staff, going 'Oh what are you doing? You're just sitting there having a cup of tea; that's not working'."*⁴⁴

So, while there are examples of Alive!'s work contributing to a change in the culture of care in some homes in which they work, there are also significant challenges in ensuring that the positive impact the organisation has on individual staff members is able to have a similar effect within a wider care setting.

7.2 VALUE FOR MONEY

The costs of Alive! activities and training

Figures provided by Alive! show that an activity workshop costs, on average, £110 to provide, taking all costs into account, including wages for presenters, resources, travel and administrative support. The majority of care settings pay £59 per workshop, however, some pay less as discounts are made for Local Authorities and charities.

These figures are comparable or lower than the amount charged by 'entertainment providers' working within care settings. A search on www.carehome.co.uk for entertainment providers, found 607 individuals or organisations offering services across the UK. Of those that included details on prices, the majority were in the £51-£75 bracket.

43. Interview with Care home Manager C, March 2015

44. Interview with Presenter A, March 2015.

However, unlike the activities provided by Alive!, entertainment generally is not designed to have specific benefits for residents. Most activity providers listed on www.carehome.co.uk do not provide details of session costs, but one competitor, Oomph Wellness, which provides a package to care settings including movement classes and support and guidance for staff, quotes an average cost to the care setting per participant of £7.30 per session on its website ⁴⁵. Activities providers will often use funding to provide subsidised or free sessions for care residents.

The average training session provided by Alive! costs the organisation £572, including all costs. Participants pay £65 per person for a day's training and £30 for a half day. The cost of in-house training for a care setting is negotiated on a case by case basis, but generally amounts to between £400 and £500 per day plus expenses.

The value of Alive! activities

We asked our interviewees to tell us about how their activities provision was funded and to comment on what they valued about Alive! activities. Some settings had activities 'budgets', but not all. One setting raised funds from residents and relatives to pay for activities. Not all settings employed activities co-ordinators; some relied on care staff to provide activities, in others the responsibility for organising activities fell on the care manager. Many activities co-ordinators were not aware of what the budget was for activities provision.

One manager with no specific activities budget said that she paid for a monthly Alive! session because she saw it as 'effective' even though this was considerably more than her spending on other outside 'entertainers'. Another, again with no specific activities budget, said:

"I haven't got an activities budget as such, but if I did, I would quite willingly spend the whole lot on Alive!" ⁴⁶

Managers and staff made direct comparisons between

the success of delivering activities in-house and by external organisations such as Alive! and it is important to recognise that they valued two things in particular:

- That Alive! workshops were capable of engaging a large number of residents effectively, where this number might not be fully engaged successfully by internal activities or other 'entertainers'.
- The personal connection and quality and depth of the engagement of individual residents offered through Alive! activities, both in groups and one-to-one.

Those who had commissioned or received training also valued it highly. One manager said:

"It's a value for money when it makes them [staff] think about what they're doing and not just be like robots really." ⁴⁷

Aside from monetary costs, the value that staff and managers ascribe to Alive! activities varies. For some, value is related to particular perceived benefits, often including improved mood of residents, particularly if this is perceived as being sustained beyond the end of a workshop. Others valued the opportunity activities offer for residents to interact with someone from outside the care setting and the increased engagement they were able to see in residents.

45. www.oomph-wellness.org.uk

46. Interview with Care home Manager C, March 2015.

47. Interview with Care home Manager B, March 2015.



7.3 SUMMARY

The work of Alive! in providing training, guidance and modelling delivery of meaningful activities:

- Has contributed to a shift towards person-centred care within care settings in which activities are delivered.
- Will have a greater effect if all members of staff responsible for care of older people in residential care (not just those designated as 'activity co-ordinators') understand the importance and benefits of meaningful activity for residents and for them in their role as carers.

This shift may be part of a wider movement, encompassing changes in Care Quality Commission standards, for example, and Alive! has an important role to play in enabling care organisations to navigate inspection criteria effectively.

In terms of value for money:

- The cost to care settings of Alive! workshops is comparable to the costs of other kinds of 'entertainment' and activities.
- The workshops are viewed as delivering some very specific benefits for residents. In particular, managers and staff say that they value the activities provided by Alive! because they engage and 'entertain' both a large group of residents effectively and individual residents at a meaningful personal level.

It should be noted, however, that there may be a clash between the needs and desire of care providers to engage large groups of residents effectively, and the desire of the activity provider to ensure that activity and engagement is meaningful for individuals.

8.0 WHAT CHARACTERISES THE ALIVE! APPROACH?

Having identified a range of impacts resulting from Alive! workshops, it was important to us to understand how and why they might do this.

This discussion is framed by three broad questions:

- What, if anything, makes Alive! activity sessions different from others that engage and support older people?
- What makes an Alive! activity session ‘work’?
- What is the theory of change implied by this approach to delivering activity?

The evaluation has identified three themes that are characteristic of the Alive! approach to activity delivery. In combination, these create the Alive! experience for participants in successful workshops.

‘Variety’, ‘personal connection’ and ‘skilled presenters’ combine to allow participants to engage in activity which has meaning for the individual, and which - further - is likely also to contribute to and create a positive shared group experience.

8.1 VARIETY

Alive! presenters deliver a variety of types of workshop, meaning that care settings can choose an activity suited to the needs of the setting and particular residents. Presenters also deliver activity sessions whose content is multi-faceted.

For example, in one hour-long ‘Variety Hour’ workshop we observed the following activities taking place: individual conversation between presenter and participants; listening to recorded music; simple verbal ‘quizzes’ to which participants responded; use of a big screen and presenter’s iPad to show images and film clips, to use interactive iPad apps including My Garden 3D, to manipulate photographs of participants’ to resemble famous paintings, to visit Google Maps and to search for images such as old postcards of participants’ birthplaces; discussion of printed images of film-stars; singing along to familiar songs with and without song-sheets; encouragement of gentle seated movement to music through props such as a conductor’s baton and parasols; use of physical

objects for reminiscence, including old money and carbolite soap; and recitation of familiar verse by both presenter and participants. These elements were woven together through the presenter’s storytelling, humour and conversation.

A presenter who delivers art workshops told us that each one might include listening and singing along to music, facilitated discussion and use of visual props and other resources for inspiration, in addition to a specific art activity such as drawing or painting.

This variety of content is seen as part of the workshops’ appeal to a range of participants. There is no suggestion that presenters, care home managers or staff view this variety as anything but positive:

*“With Alive!, because they do short bursts of things, it’s something new, it’s something different. So, they may come in and do a bit of singing, and all of a sudden the singing stops and out comes the balloons. Then it’ll be a film clip from Morecambe and Wise, and then they’ll put some hats on... so, [residents] don’t get time to get bored. It’s new, it’s like a new little story each time they do something different.”*⁴⁸

*“It’s always different every time they come and the residents enjoy it because it’s not just doing the one thing for the whole session, it’s a mixture of things, so if somebody doesn’t like doing one thing they can do something different later on.”*⁴⁹

Care home managers told us that they appreciated the lack of assumptions made by Alive! concerning individuals’ experiences, backgrounds or interests. Presenters said that having a variety of content and resources at their fingertips enabled them to respond easily to the expressed needs and interests of participants in the moment.

48. Interview with Care home Manager C, March 2015.

49. Interview with Activity Co-ordinator A, March 2015.



“Sometimes it’s about keeping variety, and you try one thing and you think ‘that’s not going down very well’, so you move on.”⁵⁰

Much of the content of workshops is intended to involve participants actively - with the presenter, with music, with props or other objects, or with an arts-based element such as dance / movement or an art activity. We observed participants singing, moving to music, engaging with props, tapping feet and getting to their feet to dance. We also observed one or two participants sleeping in their chairs, or refusing invitations to engage.

Within the variety provided, there is also space for more passive ‘entertainment’ in which participants may listen to music, watch film clips, listen to the presenter, or listen to an experience or story being shared by another participant. The variety means that participants are free to make a choice about the level of participation that suits them on the day and at any particular point during a session. Presenters commented that care staff have an important role to play in enabling residents to make this choice. In one session we observed the activity co-ordinator attending very sensitively helping a resident experiencing physical discomfort to leave the workshop quietly.

As with any activity provided by an external organisation, care home staff comment that Alive! workshops give participants an important opportunity to interact with someone other than themselves or fellow residents.

8.2 PERSONAL CONNECTION

Each Alive! workshop begins and ends with personal greetings and farewells. The presenter addresses each individual and spends a short time in conversation, coming close to each participant, dropping down on one knee perhaps, asking their name and remembering it, and making eye contact and appropriate physical contact, such as holding a hand, if this is welcomed. Presenters told us that they pay close attention to body language and unvoiced communication to gauge if personal contact, whether physical or otherwise, is welcome.

During the workshop, presenters make an effort to address individuals by name. When greeted, participants were observed to generally welcome contact, smiling directly at the presenter and responding to questions.

A participant member of the organisation's Advisory Group, commented:

*"The Hellos and Goodbyes make us feel special and part of the group."*⁵¹

Care home staff and managers are also particularly aware of and value this contact.

*"I think the sessions work because [the presenters are] talking to each individual in the room [...] and I think the information they're getting from the people, they're using that information to give them something at that time for that person."*⁵²

8.3 SKILLED PRESENTERS

The Alive! approach is not that 'one size fits all'; individual presenters bring their own skills, experience and personality to their delivery. However, in describing what they do, they and care managers and staff refer to certain common skills. These are: an element of 'theatricality' - being the 'professional' or the 'entertainer' as interviewees sometimes term it; belief in the value of what they are doing ('heart and passion'); flexibility; and an ability to successfully engage an individual whilst also holding the attention of the group.

In addition to these common elements, presenters are trained in practical skills such as how to manage appropriate and sensitive personal contact with participants, specific training around dementia, and the use of a variety of specific resources for reminiscence and other purposes. They are also expected to be able to model or provide guidance to care staff on how to deliver activity effectively.

8.4 INDIVIDUAL INTERACTION AND THE GROUP EXPERIENCE

When individual interaction with an activity leads to a shared group experience, presenters describe a workshop as 'flowing' or talk about it as one from which they can 'stand back'.

One presenter described how she engages an individual while also holding the attention of the group in a particular workshop:

*"...one lady [...] she tends to wander a lot, but if I can get her to make a mark on a piece of paper while she's standing, I can normally get her to sit down. The rest of the group was singing and I was with [this resident] doing that. [...] it's a bit of a juggle and my eye is just going round and round the group all the time..."*⁵³

Another presenter comments on the experience that is required to enable an individual to contribute in this way:

*"...maybe it's something that is expressed very quietly, [...] a lot of [participants] are very uncertain... they almost talk directly to the person in front of them... we have to then, as long as they're happy to share it, in a kind of broader way, we then bring it to life. [...] So a lot of it comes from the experience of, whoever the facilitator is..."*⁵⁴

It is this combination of variety of content and format, a deep level of personal connection between participant and presenter and the considerable skills of the presenters that is seen to combine in the creation of interactions which have the most beneficial impact on participants, either as individuals or a group.

51. Participant feedback, noted in Advisory Group Meeting minutes, 21/5/13

52. Vox pop with Care home Manager D, March 2015.

53. Interview with Presenter D, March 2015.

54. Interview with Presenter A, March 2015.

9.0 RECOMMENDATIONS AND CONCLUSIONS

This evaluation has shown that the activities offered by Alive! for older people residing in care homes impact beneficially on them in a range of areas. These include expression of personal identity, enabling of personal choice, interaction with others and general wellbeing. In addition, care settings benefit from the impact of activities when they are delivered and when the impacts are sustained past the moment of delivery. This and the delivery by Alive! of training and mentoring is seen as having contributed to positive changes in the culture of care and practice within the care settings in which they operate.

9.1 RECOMMENDATIONS: ACTIVITY DELIVERY

Alive!’s delivery of activity workshops depends on the commitment and experience of a dedicated team of presenters with a very particular set of skills, including the ability to successfully engage individuals at a close, personal level whilst ‘holding’ their attention and enabling a positive shared interaction for the group as a whole.

Large groups and complex needs

There are conditions and contexts that present barriers to delivery of a successful session. In particular, the presence of a large number of participants and a group that includes those with complex or differing needs, including those with more severe dementia, may be challenging. These participants might benefit more from the activity delivered in a different form, from different kinds of activity or as a one-to-one engagement. Whilst care settings value Alive!’s ability to engage large numbers of people, this may come at the expense of the opportunity to effectively engage with individuals and provide a satisfying group experience.

With large groups, the start and end of the session includes a period of time during which most participants are not engaged. Presenters often

counter this by putting on music. While we observed most participants waiting their turn patiently and expressing dissatisfaction if they were missed out, say, because the progress around the room was interrupted; we also observed participants asleep or sitting unresponsively during this part of the session. In one session we observed, shortage of time meant the ‘goodbyes’ at the end were curtailed as some participants were already moving on, or being moved on by care staff to another part of their day.

Technology use

The use of technology by Alive! is consistently praised by care staff as unique, different and effective in stimulating and engaging residents, particularly when used one-to-one. However, Alive! may wish to explore what aspects of technology use are more or less successful when used in a large group or more directly to provide activity, particularly given the physical challenges of participants involved, including visual and hearing impairments.

Frequency of delivery

There are questions around the most effective frequency for workshop delivery; the benefits of novelty and interest must be weighed against those of familiarity with a presenter or the format. An additional consideration here might be the characteristics and physical and cognitive abilities of those residents participating. Alive! may wish to consider how it can evidence how beneficial a particular frequency might be for a particular set of participants.

Sustaining the impact

While there is some evidence that the positive impacts of workshops on residents are sustained after the session finishes, care staff need support and guidance to enable this further. Some simple solutions might help, such as exploring with care settings the most effective timing of workshops so that residents are not instantly moved on to other activities within the care home routine, thereby interrupting conversations

Further advocacy for benefits of person-centred care

This evaluation suggests that in some care settings there is still a lack of understanding of the benefits of and need for residents to engage in activity that is meaningful to them, particularly among care staff not officially engaged in delivery of meaningful activity. It is by no means the norm that homes have a designated activities budget or activities co-ordinator, or the resources and funding to deliver individually tailored activity. There is therefore a continuing need for the activity provider to understand the structure of each care organisation in which it works and how activity is delivered and funded there. This knowledge would enable Alive! to continue to improve the way in which meaningful activity is delivered in individual care settings, and help in advocating for person-centred care and the guidance and mentoring of care managers and staff delivering it.

9.2 RECOMMENDATIONS: FUTURE EVALUATION

This evaluation has been informed by direct and independent observation by the evaluators, feedback from a range of viewpoints and full access to extensive secondary data collected by Alive! over the past five years. This means that while it has been limited in terms of small sample sizes, and lack of baseline data collection, follow-up interviews and significant quantitative measurement, its strengths mean that we can say certain things with confidence, in particular in relation to the characteristics and the key benefits of the Alive! approach.

There are many strengths to the organisation's existing evaluation approach. In particular, Alive!'s monitoring is accurate and effective. It is exemplary in gathering feedback from and following up with training attendees and in inviting and collecting constructive and open feedback from care managers and staff in the settings in which activities are delivered. Presenters capture monitoring information and record reflective feedback about every session they deliver. This provides an extensive body of data for analysis.

As part of the evaluation we have reviewed Alive!'s existing evaluation methods and are therefore able to make a realistic assessment of whether it is possible to address gaps and issues using internal monitoring and evaluation in future.



“We hear it a lot in our feedback from care staff, that the room is a different place when we leave. That people come alive, they do literally come back, they’re upright, they’re smiling, they’re chatting, they’re laughing [...] their whole demeanour shifts and that happens again and again and again and it’s just an amazing thing to be able to do.”

Alive! presenter



In future, as part of the organisation’s internal evaluation practice, we recommend:

- Implementation of a robust outcomes framework developed with the needs of the organisation and its stakeholders in mind and based on that used for this evaluation.
- Streamlining of existing evaluation tools using this framework, including the Annual Care Survey and presenter feedback.
- Presenter feedback and observation should be streamlined and focused on capturing specific examples to illustrate impacts.
- Implementation of tools to ensure that benefits and impacts for residents are captured accurately, including a structured observation tool incorporating elements for quantitative measurement of impacts of workshops on participants.
- Development of a benchmarking mechanism that will help to capture the impact of Alive! activities and training for individual care settings.
- A particular focus on capturing the views and experience of participants in Alive! workshops, through the development of a programme of ‘focus group’ type feedback discussions and

interviews throughout the year.

- Feedback of relatives captured through a short questionnaire administered by presenters to relatives attending activity workshops.

The investigation of value for money in this evaluation has been limited in scope and could benefit from more in depth investigation in future, particularly in relation to the question of group size, benefits relating to frequency of sessions, cost per resident and the value ascribed to effective engagement of individuals.

Future funded external research would further enable Alive! to deepen its understanding of the impact of its activities for older people in care.

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APPENDICES

10.0 APPENDIX 1: POLICY AND STRATEGIC CONTEXT REVIEW

Prepared by Willis Newson in collaboration as part of an evaluation of workshops and training delivered by Alive!

CONTEXT REVIEW

The current government's stated social care policy is to support all those within the population who need its help to live a full and active life, to remain independent for as long as possible and to play an active part within their local communities (DoH, 2012a).

Governmental care and support policy is currently built around two core principles - the promotion of the independence and wellbeing of the individual and the need to give individuals control over their own care and support.

These principles and policy and the strategy by which the government proposes to deliver them were laid out in the 2012 White Paper, *Caring for our Future: Reforming Care and Support*, and the Care and Support Bill drafted in 2012. In addition, the Social Care Institute for Excellence (SCIE) was commissioned by the Care Quality Commission (CQC) to develop a definition of excellence for social care for a report published in May 2011.

In the UK there are now more people over State Pension age than there are children. Government statistics suggest that, by 2020, more than a third of the working age population will be over 50 and up to 70% of acute hospital beds are currently occupied by older people.¹² In relation to older people, therefore, these health and social care policies must be considered in the context of the strain that a growing ageing population places on creaking NHS budgets. There is a clear economic imperative behind policies that seek to maintain older people's independence in their own homes for longer and that focus on early prevention of conditions that may result in hospitalisation or entry into residential care. There is a similar imperative informing the drive to cut down on levels of medication prescribed to older people, including the over-reliance on medication used to deal with challenging behaviours of those with dementia living in residential care.

1Department of Health (2009). *Living well with dementia: A National Dementia Strategy*. Department of Health; London. 51-53.

2 <https://www.gov.uk/government/policies/improving-opportunities-for-older-people>

Care homes have experienced significant reductions in fee levels offered by local authorities, resulting in real challenges as they attempt to provide a service on very minimal amounts of state funding

THE CARE HOME SECTOR

In 2014 the CQC estimated that there were around 465,000 care home beds available in the care home sector in the UK (CQC, 2014). A survey of the care sector in 2014 suggests that these were provided by 12,525 care homes and 5,153 nursing homes and that 426,000 people are resident in care homes in the UK. Of these, nearly 60% are aged 85 or older (Age UK, 2015).

The Alzheimer's Society estimated in 2015 that 850,000 people are living with dementia in the UK and that dementia currently affects one person in every six over the age of 80.³

A report of its My Home Life programme issued in 2012 by the Joseph Rowntree Foundation found that the vast majority of residents in care homes (approximately 78%) are women and 48% are aged 85 or over. Two thirds of older people living in care homes experience some level of cognitive impairment and 75% of them are classified as being severely disabled. (Owen et al, 2012).

The same report notes that half a million people work in care homes, they are mainly women and a significant minority (19%) were born overseas. A typical wage was found to be less than £6.50 per hour. Staff turnover is high and there is a real lack of value of their work, with many feeling unvalued by society (Owen et al, 2012).

To achieve its stated policy and objectives, and continuing the work of the previous Labour government, the government is promoting an evolving concept of 'personalisation' as the backbone of its social care policy.

3 Alzheimer's Society statistics. Accessed online at: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2761 (Checked August 2015).

PERSONALISATION

Put simply, personalisation involves the recognition of each person as a unique individual whose strengths and needs are placed at the centre of their own care and support. It works on the principle that people are able to, or should be supported to, identify their own needs and make choices that enable them to live their lives in the way that they want.

These principles apply equally to the care of older and younger people and are not dependent upon the care and support setting.

The Department of Health makes it clear that: “the ability to make choices about how people live their lives should not be restricted to those who live in their own homes. It is about better support, more tailored to individual choices and preferences in all care settings.” (DH 2008, cited in Carr, 2012).

PERSONAL BUDGETS

One of the ways in which personalisation is being delivered is through the introduction of ‘personal budgets’ or ‘self-directed support’. To meet care and support costs, local authorities are encouraged to administer means-tested payments to all eligible individuals which, in tandem with a tailored support plan, are to be used to pay for some or all of their care needs.

These payments can be received either directly as cash, or can be managed by the local authority if the recipient requests. Many local authorities place personal budgets with third parties so that day to day care arrangements are between the service user and the third party provider.

The eligibility criteria, means-testing scales, amounts and details of how the budgets are administered vary according to the local authority.

Numbers of older people with personal budgets are increasing (though there is still great variability across the country) and this increase is primarily of managed personal budgets. Various local councils are working on options for delivery of managed budgets. Some are doing this by developing relationships with third sector and voluntary organisations, such as Age UK, who will manage the personal budgets on the individual’s behalf (Routledge & Carr, 2013).

From April 2014, every person receiving NHS Continuing Health Care had the right to ask for a personal health budget. This is a developing area of health policy and it is not clear that Clinical Commissioning Groups (CCGs) within all regions yet have the capacity and capability to deliver personal health budgets and how this will affect older people who choose this option.

Some older people will be eligible for ‘personal budgets’ to pay for their care and support. There is evidence that the majority of older people opt for the ‘managed’ budget option (Routledge and Carr 2012; DH 2012b). If cognitive incapacity means that an older person cannot take responsibility for managing their budget, it can be managed for them by a responsible other person or by the local authority or nominated care provider.

Although personal budgets can be used to pay for short-term respite, they cannot be used to pay for long-term residential care, and it does not appear common that the nominated care provider managing a personal budget is the care home. A proposed pilot of direct payments for residential care has not been implemented (DH, 2012a).

Personal budgets can, in theory, be used by individuals within residential care to pay for an alternative day time activity (Gheera, 2012), but there is little indication that this is common practice.

PERSON-CENTRED CARE

Choice, control, involvement and self-determination are clearly at the forefront of current government policy in relation to older people and principles of ‘person-centred care’ are central to enabling these for people who receive care, either in their own homes or in residential, nursing homes or acute hospital environments.

“A person-centred, integrated approach to providing services is fundamental to delivering high quality care to older people in care homes.” (NICE 2013)

The Alzheimer’s Society defines person-centred care in the following way:

This approach aims to see the person with dementia as an individual, rather than focusing on their illness or on abilities they may have lost. Instead of treating the person as a collection of symptoms and behaviours to be controlled, person-centred care considers the whole person, taking into account each individual’s unique qualities, abilities, interests, preferences and needs.¹

National Institute for Health and Clinical Excellence (NICE) guidelines state that older people in care homes should be ‘enabled to maintain and develop their personal identity’ and goes on to define personal identity as ‘a person’s individuality, including their needs and preferences’ and that this is about building a meaningful and satisfying life, as defined by the person themselves’, noting that:

“Central to personal identity is the feeling of having a purpose in life, feeling valued, having a sense of belonging and a feeling of worth.” (NICE 2013)²

The guidelines further explain that care providers must take action to ensure that older people can maintain and develop their personal identity.

Improvements in both quality of life and mental and physical wellbeing are the goals of person-centred care. Quality of life becomes particularly important, of course, when considering the care of people with dementia since there are currently no curative treatments and it is therefore important to focus on improving quality of life now for people with the condition.

By 2025 it is estimated that there will be 1 million people with dementia in the UK, 80% of people living in care homes have dementia or another severe memory problem and the estimated annual financial cost to the UK of dementia is £26 billion.³ It is clear that dementia and the care of people with dementia must be a key area of focus for government policy and anyone involved in providing care and support for older people.

¹ http://alzheimers.org.uk/site/scripts/services_info.php?serviceID=167

² <http://www.nice.org.uk/guidance/qs30>

³ Alzheimer’s Society statistics http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341

MEANINGFUL ACTIVITY AND MENTAL WELLBEING

Ensuring that older people within residential care have regular opportunities to take part in activities that are ‘meaningful’ to them is a cornerstone of person-centred care. Both person-centred care and the provision of meaningful activities are central to any definition of ‘excellence’ in relation to residential care. More than this, they are seen as a ‘major determinant of quality of life’, affecting mortality rates, depression, physical function and behavioural symptoms’ (Alzheimer’s Society, 2007).

NICE guidelines include a number of quality statements relating to meaningful activity:

“Older people in care homes [should] have opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.”¹

This ‘meaningful activity’ is further defined as physical, social and leisure activities tailored to the needs and preferences of the individual, including ‘activities of daily living’ or leisure activities. It is suggested that they might provide ‘emotional, creative, intellectual and spiritual stimulation’.

The state of mental wellbeing that these activities are intended to promote includes ‘areas such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support.’

In addition, the SCIE has stated:

“An excellent service supports and enables people to engage in activities, pastimes and roles which bring them pleasure and meaning and enhance their quality of life.” (Carr, 2012)

When defining what the NICE quality statement about meaningful activity might mean for service users, family, friends and carers, NICE states that that older people should:

“...have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life.” (NICE, 2013)

Older people’s engagement in ‘meaningful activities’ within a health and social care setting can address some very specific needs, including the maintenance of a sense of personal identity and meaning, and tackling the debilitating effect of isolation and loneliness.

1 <http://www.nice.org.uk/guidance/qs50>

MENTAL WELLBEING AND QUALITY OF CARE

The mental wellbeing of older people in care is defined by policy guidelines in relation to three areas: maintaining personal identity, participation in activities that are meaningful to the individual ('of choice and interest') and continued involvement and contribution to the community.

Owen (2006) argues in an influential report entitled *My Home Life: Quality of life in care homes* that without structure or meaning in a day, older people in care can suffer debilitating feelings of helplessness, powerlessness and loneliness - all of which can contribute to mental illness and other chronic conditions. The report suggests that these feelings can be alleviated by a motivating and challenging environment with opportunities to socialise and become involved in meaningful activity.

The Social Care Institute of Excellence (SCIE) report of 2012 into personalisation identified the elements that contribute to 'excellence' in a social care service, such as a residential or nursing care home. It states that service users should be able to maintain choice and control over day-to-day and significant life decisions; maintain good relationships with family, friends, staff and others; and enabled to spend time purposefully and enjoyably doing things that 'bring them pleasure and meaning'.

The Care Quality Commission identifies some common elements for care services that deliver good care, maintaining people's dignity and treating them with respect:

"...they recognise the individuality of each person in their care, and help them to retain their sense of identity and self-worth; take time to listen to what people say; are alert to people's emotional needs as much as their physical needs; and give them control over their care and the environment around them." (CQC, 2012)

The elements which contribute to mental and emotional wellbeing that are most commonly cited within the general policy context for care:

- Having a purpose in life
- Feeling valued
- Having a sense of belonging

- Having a feeling of self-worth
- Relationships with others

These may be facilitated by services that maintain the dignity, control, choice and personal identity of those who use them.

SOCIAL INCLUSION

Older people have repeatedly identified social inclusion as important to their quality of life and independence. Opportunities to participate, and make a positive contribution to community and society, are integral to autonomy and therefore dignity. In a Department of Health (DH) online survey in 2006, older people raised a number of issues and concerns including lack of social contact with others, lack of activities and wanting to feel needed and to have a purpose.¹

For those with dementia, social inclusion is an important determinant of quality of life.

*"Giving people with dementia opportunities to be involved in and make a positive contribution to their community supports their ongoing independence, helps maintain their dignity and therefore can substantially improve their feelings of wellbeing."*²

1 SCIE, Social inclusion <http://www.scie.org.uk/publications/guides/guide15/factors/socialinclusion/index.asp>

2 NICE Quality standards, Living well with dementia <http://www.nice.org.uk/guidance/QS50>

STAFF: CHALLENGES AND TRAINING

There is a growing recognition that care staff are key to delivering a service of high quality and which delivers high quality of life for older people in care and particularly for those living with dementia.

This was recognised within the Home from Home report from the Alzheimer's Society in 2007. This stated quite clearly that 'the expectations of the quality of life that can be experienced by people with dementia in care homes need to be much higher' and that:

"Long term care is about living one's life. Good care homes have a good atmosphere and warm relationships among residents, staff and relatives."

The Society conducted a survey for the report which found that the typical resident in a home spent only two minutes interacting with staff or other residents over a six-hour period of observation, excluding time spent on care tasks.

This report goes on to suggest that while there are many types and levels of activity that could be made available to residents, the major challenge for care providers is how to 'apply occupation and activity as part of regular care practice'. Care staff reported that they enjoyed providing opportunities for activity and one-to-one engagement with residents, but that they had little or no time to do this. NICE guidance is that staff should be 'trained to offer spontaneous and planned opportunities for older people to participate in activity that is meaningful to them and that promotes their health and wellbeing.'

That time, training and lack of other resources to enable opportunities for activities within residents' daily lives is still an issue is reflected in the CQC's 2014 Cracks in the Pathway report which follows the experiences of people moving between care and acute hospital environments.

"We spoke to several managers and staff who expressed frustration that, due to a lack of resources, they were not able to provide the care needed." (CQC 2014)

This 2014 report goes on to say that:

"Staff have an important role in supporting people living with dementia to have a good quality of life. Having the right knowledge, skills and time is essential to good care. Key to achieving this is ensuring that there is the right number of staff, with the right values, who are supported through training, supervision and access to resources." (CQC 2014)

NICE has issued support and guidance for Clinical Commissioning Groups with responsibility provision for meaningful activity in residential care and this clearly states that commissioners should work with service providers to ensure that 'staff have sufficient time to interact with people in their care' (NICE 2013b).

It is likely that the major challenges identified by care staff in the Home from Home report in 2007 are still relevant. These were:

- Communication (not being able to get through to residents)
- Dealing with challenging behaviour
- Understanding residents' behaviour and frustrations
- Not being able to spend quality time with residents

A Commission for Social Care Inspection (CSCI) study conducted in 2008 found a statistically significant relationship between staff training and development and residents' wellbeing.

The conclusion must be that training that gives staff the skills and the confidence to tackle these challenges is vital for the sector, for both the wellbeing of older people within residential care and that of staff.

It is interesting that the Cracks in the Pathway report notes that:

"The most effective training involved a practical element and included time for staff to reflect. However, providers did not routinely monitor whether training improved the quality of care for people living with dementia." (CQC 2014)

There is an implicit call there for better measurement of impact of staff training on the quality of life of people with dementia and others within residential care.

IN SUMMARY

It seems evident that the same criteria for wellbeing might apply equally to all those involved in the care system - service users and their relatives and care staff.

The influential report published as a result of the Joseph Rowntree Foundation's My Home Life programme proposes six essentials that should apply equally for service users, relatives and staff in care homes if quality of life is to be maintained (Owen et al, 2012). These are:

- Security - feeling safe
- Belonging - feeling part of things
- Continuity - experiencing links & connections
- Purpose - having a goal or goals to aspire to
- Achievement - making progress towards goals
- Significance - feeling you matter as a person

There is a continuing need for better and more training of staff, and for more effective ways to measure the impact of this training on the quality of life of people with dementia, older people within residential care generally, family members and carers and on staff themselves.

EVIDENCE REVIEW

The literature around provision of activities giving both occupation and pleasure to older people within residential care is clear about the impact these activities have upon outcomes for residents with and without dementia. This is reflected in the emphasis on the provision of meaningful activities discussed in the review of the strategic context above.

Inactivity, boredom and low levels of engagement amongst older people within residential care have been linked to earlier mortality rates, a greater likelihood of being depressed, loss of physical function, social isolation, behavioural symptoms and poor quality of life. (Sutcliffe, 2005; Mozley et al, 2004; Mor et al, 1995; Alessi et al, 1999). For people with dementia within the community, taking part in a variety of everyday activities, including housework, social involvements and recreational activities can provide meaning in life and support their sense of self (Phinney et al, 2007 referenced in Alzheimer's Society, 2007). More specifically, there is evidence that creative engagement has positive effects on general health, medication use, cognitive functioning, levels of anxiety and depression, mental wellbeing and some specific physical functions for older people within care homes (see, for example, Cohen, 2006 and 2007).

A number of elements have been found to affect how 'well' residents live in care homes. A systematic review of qualitative studies on the subject, conducted in 2012 (Bradshaw et al, 2012) suggests that having variety and meaning in life was important for residents' quality of life. Other elements of importance for living well were: support for residents adapting to a new environment and a sense of some control over that environment and life within it, and high quality and frequent social interaction and engagement with others, including staff. This review cites studies that suggest that relationships between residents and staff carers, based on shared knowledge of each others 'stories' can foster a mutual sense of worth and respect, important for wellbeing.

Even brief 'meaningful moments' or interactions between staff and residents may have a positive effect on wellbeing (Stokes and Hillier, 2012; CSCI, 2008).

PARTICIPATORY ART AND CREATIVE ENGAGEMENT IN GENERAL

For older adults with dementia, participatory art has been shown to improve cognitive functioning, communication, self-esteem and pleasure and enjoyment of life (Mental Health Foundation, 2012). It also delivers a series of well-documented perceived benefits for participants, including increased confidence and self-esteem.

For those with dementia, participatory art activities have been shown to offer meaningful opportunities for social contact, friendship and support within care homes and it has been suggested that they can “foster a better sense of social cohesion and community for those with dementia.” (Mental Health Foundation, 2012).

Physical benefits from dance, music and singing in particular have been shown (and are discussed below), and it has been suggested that creative activities may also lead to an increase in general daily activity, even if they are not in themselves physically exerting (Mental Health Foundation, 2012).

DANCE

Dance has been shown to have a positive effect on the emotional and affective states of older adults. It has been shown to enhance mood (Arent et al, 2000) and may have a positive impact on the general mental health of participants (Eyigor et al, 2007). It may even play a role in mitigating psychological deterioration related to ageing (Cooper, 2002).

A review of the literature relating to dancing as an intervention in care homes found evidence from a limited number of studies that ‘problematic behaviours’ of residents decreased as a result of the intervention (Guzman-Garcia et al, 2012). It is not clear that this is sustained beyond the period of the intervention.

Some studies have shown that dance proved beneficial in helping participants to communicate, both verbally and non-verbally (Dayanim, 2009). Another author (Sixsmith & Gibson, 2007) notes that:

“For many, including those with a severe level of dementia, activities such as dancing provided much appreciated opportunities to communicate feelings and maintain an emotional connection with loved ones.”

Hui (2010) explored the impact of participation in a dance project delivered by professional facilitators in care settings in Nottingham. The personal benefits of participation identified included increased self-awareness and confidence and ‘a freer sense of self-expression’. Cooper (2002) and Sixsmith & Gibson (2007) have suggested that skills learned in dancing offer a way of becoming visible and aesthetically pleasing, bestowing a valuable sense of worth and achievement. Lima & Vieria (2007) note that enabling participants to achieve above perceived limitations has positive benefits for self-identity. Palo-Bengtsson et al (1997) note that dance interventions may support the identity of people with dementia in particular, by allowing the opportunity to keep up previously learned skills. It also provides valuable opportunities for reminiscence.

A review of the literature (Keogh et al, 2009) relating to the physical benefits of dance for healthy older adults notes evidence that dance can enable these participants to significantly improve their aerobic power, lower body muscle endurance, strength and flexibility, balance, agility and gait.

Within the care setting, dance sessions may promote interaction between residents and between residents and staff (Guzman-Garcia et al, 2012). Guzman-Garcia also notes the potential that these activities have for enabling change within the care environment. A number of the studies reviewed relied on care staff or caregivers to provide support during dance sessions. The study concludes that engaging staff in dance gives them an opportunity to engage with residents in an enjoyable manner and may result in improved job satisfaction. The same study notes that family members also view dance sessions very positively.

MUSIC

Participatory music activities may have a beneficial impact on the mental health and wellbeing of older people in residential care. They can make people “feel happy and ready to express happiness physically and emotionally” (Sixsmith and Gibson 2007; Bungay et al 2010; Sung 2011).

A number of other elements may have a positive impact on mental wellbeing, including the acquisition or re-acquisition of skills and the self-observed benefit of participation in an activity which gives a sense of meaningful purpose to life, which may have been a valued or everyday part of previous life or which allows opportunities for reminiscence (Clift et al, 2010).

Music can get people interacting with each other (Sixsmith and Gibson, 2007; McLean et al, 2011; Bungay et al, 2011) and music activities can counter feelings of isolation (Cohen 2011). This may be particularly the case for people who are not easily able to communicate verbally (Cooke, 2010).

Music gives people the opportunity to be involved in activities, such as singing and dancing, that may support and reinforce their positive feelings towards relatives, carers or others (Sixsmith and Gibson, 2007). Musical therapeutic activities in a residential care setting can result in care home staff, residents’ families and friends and other visitors joining in or contributing to the activity (Pavlicevic, 2013).

There is evidence to suggest that music interventions can significantly decrease the anxiety of participants, at least in the short term (Sung et al, 2011; Raglio, 2008).

Many researchers have noted evidence of improvements in individual wellbeing, positive social behaviours and self-identity for people with dementia engaging in music activities. These include reductions in activity disturbances, agitation, aggressiveness and anxiety (eg, Svansdottir and Snaedel 2006; Sung et al, 2011; Pavlicevic et al 2013). Research has also found that music activities can decrease wandering behaviour in people with dementia (Groene, 1993), during the period of the intervention.

COGNITIVE STIMULATION

Cognitive stimulation is defined as an intervention for people with dementia which offers a range of enjoyable activities providing general stimulation for thinking, concentration and memory, usually in a social setting such as a small group. This type of therapy has been shown to have clear and consistent benefits for people with dementia, including improved cognitive functioning, self-reported quality of life and wellbeing and staff ratings of communication and social interaction (Woods et al, 2011).

A study looking into improving quality of life of residents with dementia in a care home using cognitive stimulation found that lack of control, or dependency, and depression were significantly correlated with low quality of life at the baseline (before the intervention), but that the relationship between quality of life and cognitive function was complicated; low cognitive function did not determine how well a resident felt their life was being lived, but that improvements in cognitive function were related to improved quality of life (Woods et al, 2012).

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11.0 APPENDIX 2: OUTCOMES FRAMEWORK

The table below presents the outcomes framework used to inform this evaluation, along with the indicators attached to each outcome.

Table 1: Outcomes framework

| Outcome area 1: Supporting residents | Indicators |
|---|---|
| Alive! activities deliver for care residents increased engagement in meaningful activity | Changes in opportunities for older people to participate in activities. |
| Alive! activities reinforce personal identity. | Extent to which activities resonate with participants’ life stories. |
| Alive! activities enable choice. | Extent to which participants influence session delivery. |
| Alive! activities contribute to improved mental and emotional wellbeing for participants. | Reported changes in mental and emotional wellbeing. |

| Outcome area 2: Building relationships | Indicators |
|--|---|
| Residents are better known and understood by other residents, care staff and relatives | Extent to which activities foster positive interaction, e.g. sharing. |
| Alive! activities foster improved relationships within the home | Extent to which activities foster improved communication between staff, residents and carers. |

| Outcome area 3: Supporting staff | Indicators |
|--|--|
| Care staff possess increased motivation, skills, knowledge and confidence. | Changes in reported motivation, skills, knowledge and confidence following Alive! training |
| Improved provision of better quality, person centred-care for residents | Changes in knowledge and awareness surrounding person-centred care following Alive! training and activities. |

| Outcome area 4: Care home culture and practice | Indicators |
|---|---|
| Care home managers and staff value and prioritise meaningful engagement with residents, resulting in a cultural shift towards person-centred care | Changes in knowledge and awareness surrounding person-centred care following Alive! training and activities |

In addition, stakeholders expressed a desire to investigate value for money issues.

12.0 APPENDIX 3: INTERVIEW TOPIC GUIDES

Semi-structured interviews were conducted with Alive! presenters, care managers and activity co-ordinators. Shorter vox pop style interviews were conducted with care staff and others attending Alive! training. The topic guides for these interviews are included here for information.

12.1 ALIVE! PRESENTERS

Introduction

- Introduce interviewer
- Thank you for agreeing to be interviewed
- Give information about recording, length of interview etc
- Can you confirm your name?

Firstly, can you tell me a little about the sessions you deliver?

- How long have you been working with Alive!?
- Tell me about the type of session you deliver.

Can we now talk a little about the impact your sessions might have on the personal identity of participants. Thinking about the last few months:

- Can you think of any occasions where an activity session has enabled an individual resident to share or express their story?
- How did that come about?
- [As appropriate] I wonder if there have been any difficult or challenging / more positive occasions that you can tell me about?

I'd like to talk now about the way in which participants influence the content or structure of your sessions. Thinking about the last few months:

- Can you give an example of an occasion where the personal choice of a resident or a group of residents has influenced the way in which a session is delivered?

I'd like to take a few moments to think about your observations of the involvement of the care staff in

the setting with the activity:

- Do care staff generally get involved or contribute to the activity?
- Can you think of any examples, from your observation, which demonstrate how your activity session might have had an impact on care staff, either personally, or in relation to how they deliver care to residents?

Thank you. Is there anything else you'd like to say?

12.2 CARE SETTING MANAGERS AND ACTIVITY CO-ORDINATORS

Introductions

- Introduce interviewer
- Thank you for agreeing to be interviewed
- Give information about recording, length of interview etc
- Can you confirm your name, job role and care setting?

Firstly, can you describe your care-setting to me?

- How many residents do you have?
- Tell me about the characteristics of your residents (e.g. nursing, emh, age range, percentage with dementia?)

I'd like to find out a little more about the activities you offer your residents

- Do you have a dedicated Activity Co-ordinator?
- Apart from Alive! what other kinds of activities do you offer your residents? What activities do you value most? Why?

Can we talk a little bit more about your relationship with Alive!

- What is the history of your relationship? How long have you been having Alive! sessions?
- What kind of sessions do Alive! deliver for your residents?
- How many of your residents will typically participate in an Alive session?
- How often do you have Alive! sessions?
- What proportion of your activities budget is spent with Alive!?
- How does the cost of Alive sessions compare to other activities you commission?
- What is it, if anything, that you value about Alive! sessions?
- What would persuade you to commission an Alive! activity session, as opposed to anything else?

Now I'd like to ask you about the impact Alive! activities have had upon your residents:

- Can you give me an example which shows you how the activities have resonated with an individual

residents' life story?

- Can you give me a specific example which demonstrates that Alive! activities have had an impact on the mental and emotional wellbeing of your residents?
- Can you think of any examples that suggest that the approach taken by Alive to working with residents might need to be changed or re-considered?

I'd like to talk now about whether there have been any wider impacts upon staff or the care setting as a whole through having Alive! deliver activities or training there:

- Can you give me an example that shows that Alive! activities have an effect on the way in which your staff and residents communicate or relate to each other? What about communication between staff and relatives or carers?
- Can you give me any examples of ways in which Alive!'s activities or training have had an effect on the wider environment of the care setting?
- Can you think of any ways in which the approach taken by Alive! could be made more effective within your care setting?

Thank you. Is there anything else you'd like to say?

12.3 VOX POP INTERVIEWS WITH STAFF ATTENDING TRAINING

Introductions

- Introduce interviewer
- Thank you for agreeing to be interviewed
- Give information about recording, length of interview etc
- Can you tell me your name, role and where you work?

I'd like to talk about the training today.

Why did you decide to attend?

- What do you feel you got out of today's training?
- Have you attended other kinds of training? How does this compare?
- Was there anything that you felt was less useful?

Now I'd like to talk about 'person-centred care'

- What does 'person-centred care' mean to you?
- How do you think that the training might enable you to better relate with, or understand your residents?
- What do you see as the main barriers to this?

How do you think you will use the training you have received?

- Can you give me an example?

Thank you. Is there anything else you would like to add?

13.0 APPENDIX 4: REFERENCES

An evidence and strategic context review was carried out as part of the evaluation. This is available on request as a separate document.

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