

The Arts in Dementia Care

Dementia and Imagination

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DEMENTIA AND IMAGINATION
DEMENTIA A'R DYCHYMYG
2013-2017



Dementia and Imagination

Arts and science collaboration between universities, charities, artists and providers of cultural services



Nottingham
Contemporary



Goldsmiths
UNIVERSITY OF LONDON



The role of the arts in Dementia and Imagination



The impact of taking part:

evaluate the benefits to well-being, social connections and quality of life



A tool to understand the experience of living with dementia

The arts as a method for creatively interpreting research and engaging the public in conversations about living with dementia



Format of the art sessions

Delivered by professional artists * No experience required!

Art viewing/discussion Inspiration; artist-facilitator expertise; understanding dementia



Art making

Learning; fun; imagination; maximise residual skills; building strengths

Celebration
Collaboration
Achievement
Recognition



Art making

'In the moment; age appropriate; failure free; multi-sensory



Transforming environments

12 x 2 hours
per week



3 different sites- Residential care homes (NE England), NHS hospital wards (NW England) community (North Wales)

Mixed methods longitudinal design

1) a structured questionnaire including validated outcome measures and qualitative, open-ended questions

2) semi-structured qualitative interviews with a sub-group of participants

3) self-evaluation of impact of sessions and focus groups

4) behavioural observation with an active control condition

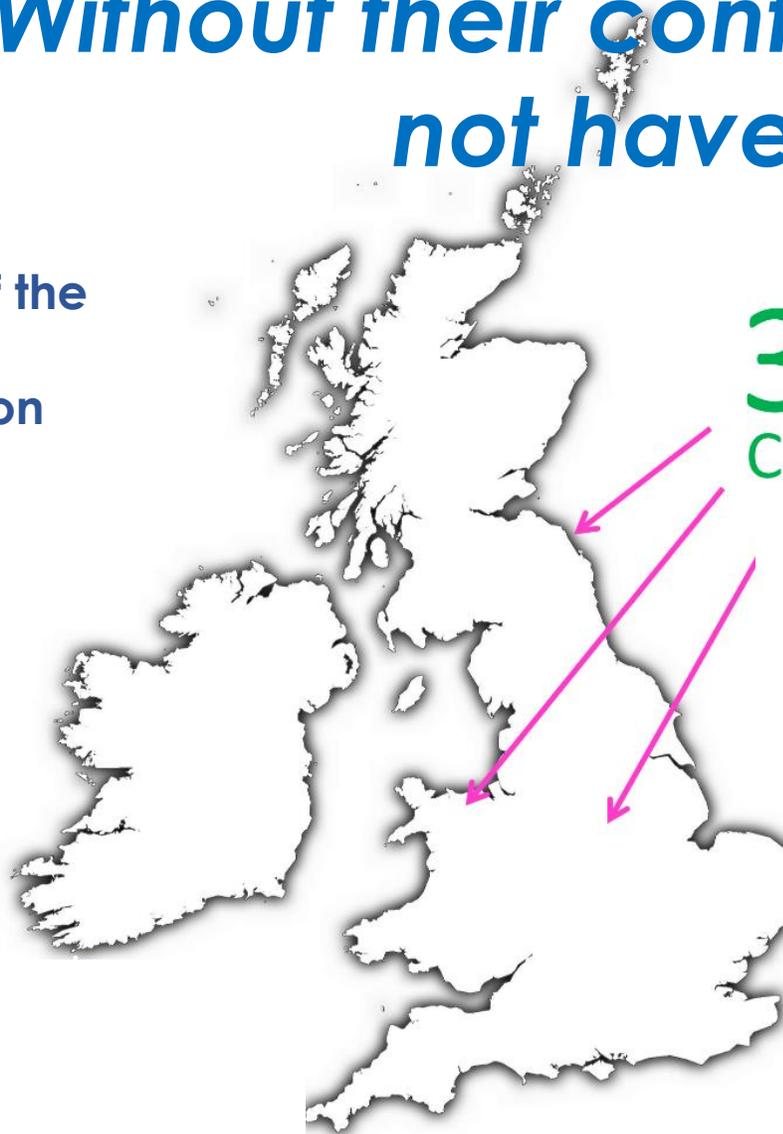
Data collected at different time-points



The most important people

Without their contribution this work would not have been possible

11 waves of the
arts
intervention



3 Research
Centres

Residential care homes (NE England)
NHS hospital wards (NW England)
Community venues (North Wales)

125 people living with dementia

Mean age=81.4 ($SD=8.5$)

58% were female

CDR scores ranged from 0.5 (questionable) to 3 (severe)

Participant attrition was low

80.8% complete outcome data for quantitative measures

146 staff and carers

Results of systematic observation of well-being: D&I visual arts activity vs social activity

Compared to the social activity – the visual art activity led to significantly higher scores for:

- Attention
- Pleasure
- Interest
- Self esteem



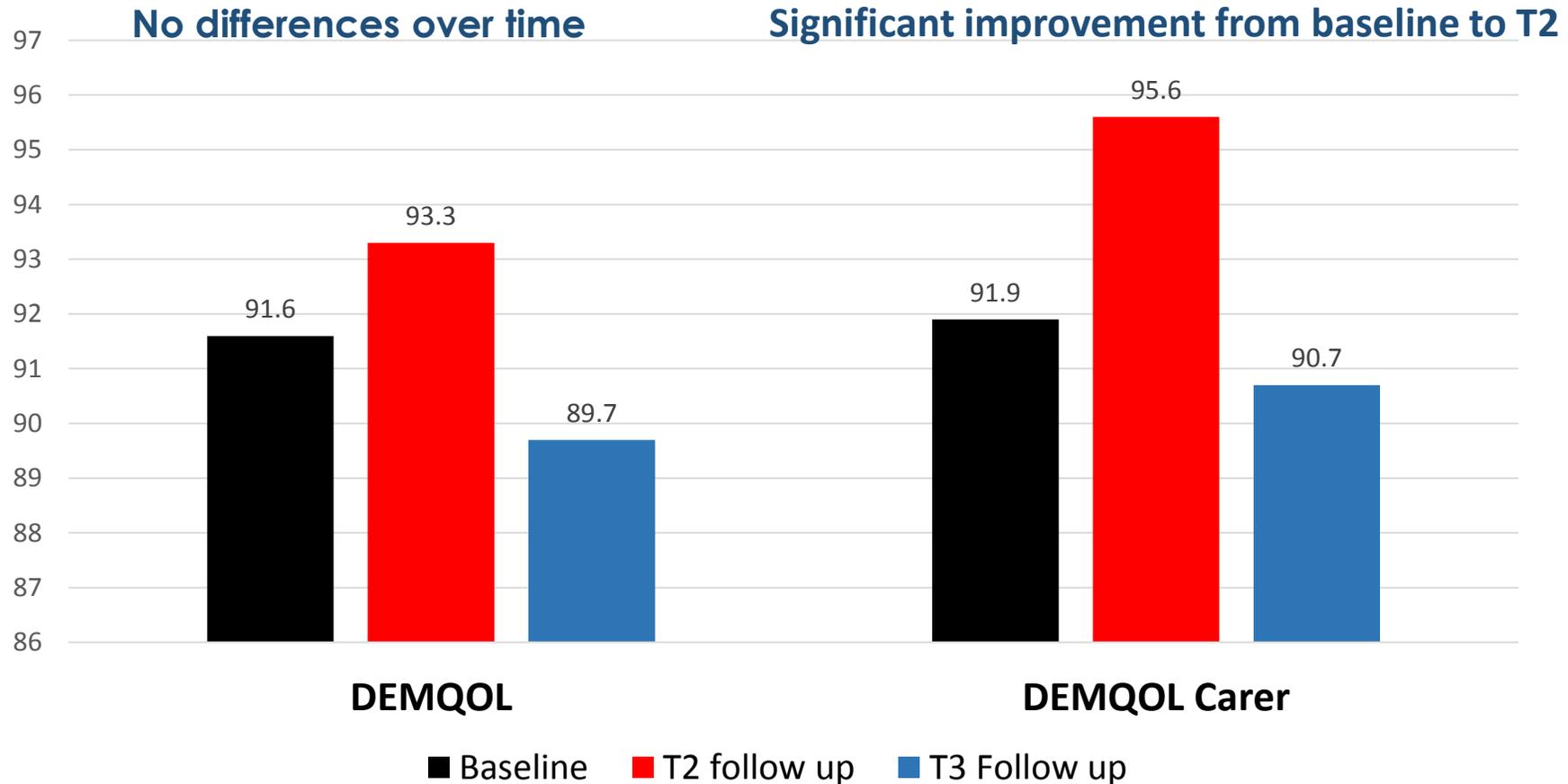
Compared to the social activity – the visual art activity led to significantly lower scores for:

- Sadness
- Negative mood

There were no differences between the three sites in changes over time

Results: Quality of Life

(Control for SES)



There were no differences between the three sites in changes over time

Qualitative themes

- Reflection, opinion and recall of activities
- Well-being and inner strength/personal resilience
- Social connectedness
- Stimulating experience
- Factors influencing participation

Well-being and inner-strength

- Changes to mood and confidence
- Sense of achievement
- Looking forward to the future
- Relaxation
- Fun, humour and laughter
- Feeling valued
- Meeting people in same situation



“The group sucks you out of the abyss, lifted me out of depression”

FINAL PRODUCT – PRINCIPLES OF EXCELLENT PRACTICE



Parkinson, C., Windle, G., Taylor, K. (2017).
Research informed approaches for visual art
programmes. Available online at
[http://www.artsforhealth.org/resources/dementia-
and-imagination.pdf](http://www.artsforhealth.org/resources/dementia-and-imagination.pdf)

Dementiaandimagination.org.uk

Exploring the economic impact/ Archwilio'r effaith economaidd

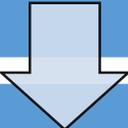
- Funding decisions for the NHS- **evidence based**
- How can the **benefits of arts** activities be measured and valued?
- How can we capture the **spillover effects** to people other than those taking part in the activities, for example families?
- Social Return on Investment (SROI) analysis

Steps for the analysis/ Camau i'w cymryd

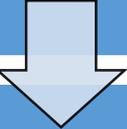
Establishing scope and identifying stakeholders



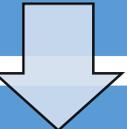
Mapping outcomes



Evidencing and valuing outcomes



Establishing impact



Calculating the SROI

Establishing scope and identifying stakeholders/ Sefydlu cwmpas a nodi rhanddeiliaid

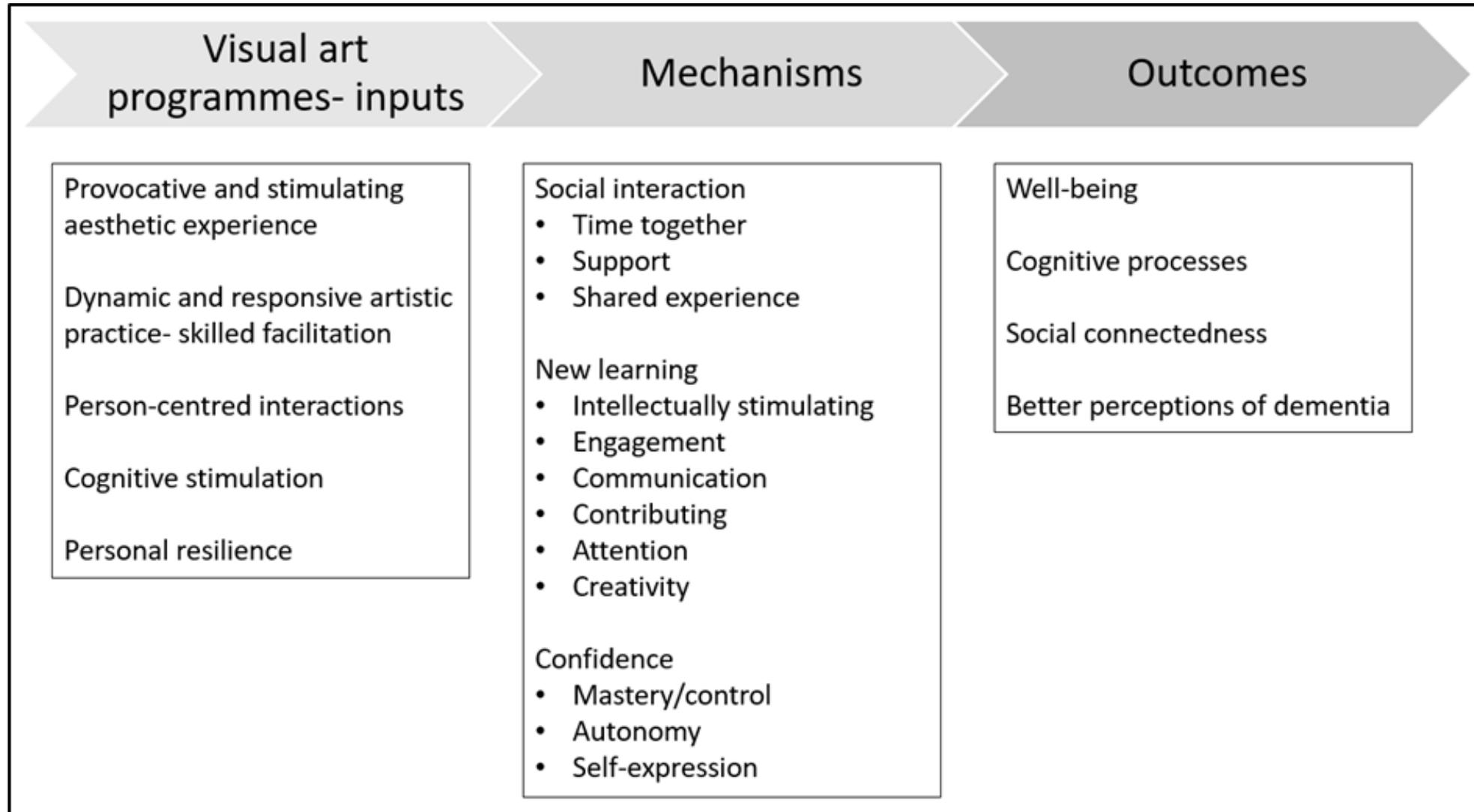
Included

- People living with dementia
- Their families
- Staff (NHS and care homes)
- 'The state'

Not included

- Artists delivering the intervention
- Community partners

Mapping outcomes/ Mapio canlyniadau



Mapping outcomes/ Mapio canlyniadau

Stakeholder	Outcomes
The state/ partner organizations	132 sessions delivered
People with dementia	Increased well-being/ improved mood
	Increased engagement with art
	Increased confidence/ self-esteem
	Increased feeling of control over their life/ personal environment
	Reduced social isolation/ increased sense of belonging
	Increased physical activity
Families/friend caregivers	Increased engagement with art
	Increased social support network
	Change in attitude towards participants
Care home staff	Increased engagement with art
	Opportunity for professional development/ increased feeling of prestige
	Increased community engagement
	Change in attitude towards participants

Evidencing and valuing outcomes/ Dylanwadu a gwerthfawrogi canlyniadau

- **Proxy**- a stand in value for an outcome that is difficult to measure
- **Financial proxy**- a £ value assigned to an outcome e.g. the assigned £ value of having a year of good overall health for people aged 50+ is £20,323
- Calculated through willingness to pay questionnaires and surveys such as the census
- Sources used- The HACT Social Value Bank (<http://www.hact.org.uk/social-value-bank>) and PSSRU unit costs (<https://www.pssru.ac.uk/project-pages/unit-costs/>)

Establishing impact/ Sefydlu effaith

- To minimise the risk of overclaiming the benefits, we account for deadweight, displacement, attribution and attrition.
- **Deadweight:** the proportion of change that people would experience over the course of the study period, regardless of participating in the study
- **Displacement:** the proportion of change that is being displaced by the activity
- **Attribution:** the proportion of any experienced changes that we can confidently say are due to taking part in the study
- **Attrition/ drop-off:** the proportion of outcomes that will be lost after a year

Calculating the SROI ratio/ Cyfrifo'r gymhareb

Stage 1	Stage 2		Stage 3							Stage 4					Stage 5	
Stakeholders	Inputs		Outputs	The Outcomes (what changes)							Deadweight %	Displacement %	Attribution %	Drop off %	Impact	Calculating SROI
Who will we have an effect on? Who will have an effect on us?	What will they invest?	Value £	Summary of activity in numbers	Indicator How would we measure it?	Source Where did we get the information from?	Quantity How much change will there be?	Duration How long will it last?	Financial Proxy What proxy did we use to value the change?	Value £ What is the value of the change?	Source Where did we get the information from?	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution	Discount rate
																Year 1 (after activity)
THE STATE	Cost of running D&I, excluding research costs (artists, materials, etc)	£103,292	132 D&I sessions delivered	Records of number of sessions delivered	Intervention costs, supplemented by information from weekly diaries completed by the artists describing time and materials used	132	1	Average cost per session	£783	Intervention costs, supplemented by information from weekly diaries completed by the artists describing time and materials used	18%	20%	15%	80%	£57,595.98	£57,595.98
PARTNER ORGANISATIONS	In kind contribution	£44,846	132 D&I sessions supported	Records of number of sessions delivered	Intervention costs, supplemented by	132	1	Average in-kind per session	£340	Intervention costs, supplemented	18%	20%	15%	80%	£25,006.13	£25,006.13
Participants- INPUT	Time assumption: 3 hours per session attended @ £7.20ph (2 hours attendance and one hour travel/ organising)	£19,634	See below for outcomes	See below for outcomes							-	-	-	-	-	-
Participants- OUTCOMES	-	-	(36/98) 36.7% experienced an increase in wellbeing	Change in DEMQoL total score between baseline and T3	Interviews with participants and proxies	36	1	HEA1603: Good overall health age 50+	£20,323	HACT Social value bank	10%	30%	19%	80%	£373,349.77	£373,349.77
Participants- OUTCOMES	-	-	(53/100) 53% reported a maintain or increase in art activities	At baseline, art activities in last 12 months were recorded (visits to museums, galleries). At T3, participants were asked if they had taken part in art activities in the last few weeks	Interviews with participants and proxies	53	1	HOB1602: Hobbies age 50+	£2,424	HACT Social value bank	10%	30%	19%	80%	£65,559.26	£65,559.26
Participants- OUTCOMES	-	-	(17/61) 27.9% reported an increased confidence	Change in DEMQoL Q5 between baseline and T3	Interviews with participants and proxies	17	1	HEA1601: High confidence age 50+	£12,565	HACT Social value bank	10%	30%	19%	80%	£109,002.63	£109,002.63
Participants- OUTCOMES	-	-	(18/61) 29.5% reported an increased their feeling of control	Change in DEMQoL Q13 between baseline and T3	Interviews with participants and proxies	18	1	HEA1406: Feel in control of life age 50+	£16,427	HACT Social value bank	10%	30%	19%	80%	£150,888.57	£150,888.57

Results/ Canlyniadau

- Inputs were valued at £189,498
- Outcomes were valued at £980,717
- SROI ratio of **£5.18 of social value generated for every £1 invested**
- Sensitivity analysis- a range from £3.20 to £6.62 per £1 invested (depending on assumptions about benefit materialization; financial value of participants' time; and length of sustained benefit)

Interpreting the findings/ Deall y canlyniadau

- A step towards **evidencing the value** of arts activities
- Useful for **service commissioners at all levels**, from local authorities running arts programmes to individual care homes looking at how best to invest their activities budget
- Work mapping the theoretical foundations has led to a **better understanding** of what to include in future arts programmes for people living with dementia and those who support them

Acknowledgements



All those living with dementia willing to help with our research, to try out the art activity and help us understand what works best; their family, friends and carers for their honesty and support; artists, partners & funders.

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