

## Remote cultures: using arts activities to support staff working with people with dementia in care homes

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People with dementia were disproportionately impacted by the pandemic. In England and Wales, 25 per cent of COVID-19 deaths were those with dementia, and in care homes in England and Wales they made up half of all COVID-19 deaths (Suárez-González et al., 2020). Lockdown measures and associated restrictions of the COVID-19 pandemic negatively affected the lives of those in care homes; this included restrictions on visits from family and friends. These were coupled with requirements for residents to remain in their rooms due to staffing shortages. Suárez-González et al. (2020) describe the effects of this situation leading to ‘confinement disease’, resulting from ‘leaving people alone in their rooms due to staff shortages with no assistance for drinking and eating’ (Suárez-González et al., 2020: 12). They argue convincingly that this may have been more deleterious than the virus itself. This is supported by figures from Alzheimer’s Society UK, which showed that 80 per cent of 128 care homes reported that the lack of social contact caused a deterioration in health and wellbeing for residents with dementia (Alzheimer’s Society, 2020). It was within this context that the Culture Box project was created: it sought to alleviate some of the negative impacts on people with dementia, particularly the rates of social isolation and loneliness in care homes that were heightened due to the lack of visits and confinement.

Through the project, the team designed and distributed pandemic guidance and creative activities to people with dementia and staff in care homes, with a particular focus on the inclusion of Black and racialised communities. This focus is significant since the majority of studies on the impact of COVID-19 for people with dementia have been carried out on predominantly white and female



Figure 7.1 Screenshot of performance 'Hello Love' by Akeim Toussaint Buck

participants (Masterson-Algar et al., 2022). Culture Box addressed this issue through prioritising inclusion from Black and racialised communities (including artists and people with dementia) in the co-design phase of the project. Alongside this, we sought to provide creative activities and artist commissions that foregrounded diversity and emerging talent from under-represented communities and people from the Global Majority.

The aim of Culture Box was threefold: (1) to alleviate social isolation and loneliness; (2) to provide stimulating activities that enhance social interactions within the care home; and (3) to offer accessible public health information with a focus on reaching those with dementia from diverse communities. Over the course of a year (December 2020–December 2021), a 'culture box' was delivered to the care homes each month, containing creative and participatory activities and resources. Activities were a mixture of online (music, videos, etc.) and physical resources (colouring, painting, crafting, etc.). The project used a remote working model where most team meetings, interviews and collaborative activities were undertaken over virtual platforms alongside some in-person coordination of packaging and mailing boxes.

Drawing on the lessons learned from undertaking Culture Box during the pandemic, this chapter sets out an agenda for care staff development and future research. We offer forward-facing recommendations to others who are considering care staff training and development and those undertaking participatory virtual or hybrid projects with people with dementia. These recommendations are directed to those working in dementia research and creative activity facilitation. They are shaped around each of the lessons learned, centred around four themes: (1) creative connection, (2) wellbeing, (3) agency and (4) methodological innovation.

Culture Box was a novel project that brought about numerous benefits for the participants involved, including inspiration and support for staff and decreases in social isolation and loneliness for people with dementia. Creative connection was a core factor in these improvements and developments; creativity and creative practice was the catalyst for social interaction, relationship and community building. Creativity brought people together during a difficult time. We therefore focus on examining how creative practice in care home staff that improves the quality of social care provision can be supported and facilitated. This is urgent given that there were 165,000 vacant posts in 2021/2022 due to difficulties in recruitment and retention (Skills for Care, 2022), and that a recent report states that people with dementia want social care staff to ‘deliver personalised care (and) with consistency of staffing that allows a rich, supportive, and trusting relationship to develop’ (Alzheimer’s Society and APPG, 2022: 6). The following sections explore these issues in more detail using qualitative findings from dialogic interviews undertaken during the Culture Box project.

## Lessons learned from Culture Box

### *Creative connection*

Creative connection is the use of creativity to access and feel connection and get yourself and those with you in the moment into a more connected space. (Tempest, 2020: 6)

This section focuses on artistic activity as ‘creative connection’: in this context referring to interactions between care staff and care

home residents living with dementia. The concept of creative connection is inspired by work on co-creativity, which is understood ‘as a relational practice that exists within a group’ (Zeilig et al., 2019: 17), that is, it represents a non-hierarchical participatory endeavour, that promotes understanding and collaboration with people with dementia with a focus on shared ownership and process, inclusivity, reciprocity and relationality. Creative connection builds upon conceptualisations of ‘being in the moment’ for people with dementia who engage in creative activity. This is understood as the multi-sensory processes involved in a personal or relational interaction and embodied engagement (Keady et al., 2022).

Culture Box promoted, prompted and supported creativity during lockdown for the residents and care staff. The Methodological Innovation section below includes a description of how Boxes were developed, what they contained and how this was evaluated. However, here it is important to note how creativity acted as a *catalyst* for social interaction, ‘moments’ as referred to above, and relationship and community building, within the confines of a digitally delivered project. Creative activities provided a catalyst for connection for the residents and staff, supported by the regularity of the activities arriving in their virtual inboxes each week and in their letter boxes once a month. This section focuses on three dimensions of this creative connection: (1) how Culture Box supported activity provision; (2) the connective role of creativity within care homes; and (3) the routinising of creative activities through the regularity of Culture Box activity provision.

### *Supporting activity provision*

Staff indicated that the usual programme of creative activities, for example visits from artists and musicians, had been disrupted or cancelled as a result of the pandemic. One of the care staff was overwhelmingly positive about the impact of the Culture Boxes, reporting that they had filled the gap in the activities timetable which had been affected by the COVID-19 restrictions. Another care staff member told us:

I love the Culture Box first of all, I think it is very informative, lots of information, and there are different things to do which I find really useful, because at the moment obviously we can’t have people come into the home for entertainment or anything like that, so the Culture Box, helps us to do an activity.

Care staff appreciated that Culture Boxes provided materials, instructions and guidance for implementation. Some did, however, need additional support to enhance their level of confidence in using the materials provided. One care worker reflected that she was experiencing a creative block and that Culture Box brought inspiration and helped to re-ignite her passion and enthusiasm for activity provision: 'I know that my creativity has just kind of stagnated and I'm not bringing the best I can to residents. So something like this has helped to lift me up and has meant that they're getting something different and I think that is really beneficial.'

Towards the end of the project, one staff member described Culture Box as a 'magic box', which contained supportive materials and ideas for creative activities:

It has supported me because it was, I can say something different for people with dementia. But with these materials [it] is not just for them, these materials can be for the others as well, it is good, because painting or music or sounds, it is a sensory feeling [...] it was like magic box, it was like a magic box.

The facilitation of material outcomes through Culture Box was important – for example, completed colouring pages, sock snowman puppets and paintings. These objects acted as souvenirs from the residents' creative endeavours which could be shared with the care staff, wider care home, with family and friends via video call, and perhaps could be used to trigger empathic 'moments'. These moments were also able to facilitate future care practice through using creative outputs to support personalised and culturally sensitive care, for example including music from different cultures, as requested by those with lived experience (APPG on Dementia, 2022.). The ability of the Boxes to support activity provision is very encouraging; we argue that future projects should explore the use of virtual and hybrid creative practice to support care staff development and training. Alongside this, it would be useful to investigate how virtual and hybrid creative practice may support personalised and culturally sensitive care provision. Finally, we suggest that it would be useful to explore whether this has any impact on staff recruitment and retention.

The care staff noted that the creative activities during the pandemic provided a space for social interaction, and relationship and

community building among the residents. Conversation and interaction meant that new stories and memories were shared. One care staff worker told us that:

And it is like totally changing them and it brings them out of themselves a little bit, which is nice [...] It is new, and I mean something that we learn, something we can learn new thing all the time and so yeah, it is lovely, we are absolutely loving it actually.

Participants reported that the activities in the Culture Boxes provided stimulation, fun and enjoyment – effects that were urgently needed during the harrowing experience of the pandemic and its restrictions. Another care staff member noted the joy that was present during the Culture Box sessions:

A lot of laughs coming. With snowman activities like that so they have to create something. (What) they created was a bit funny because one put the eye up and one the eye down and after they were looking, oh look. And after they had to correct it so that's something good as well. What can I say, they love it.



**Figure 7.2** Residents enjoying the snowman-making activity.

*Source:* Culture Box 2021

As noted above, the creative activities offered enjoyment, cognitive stimulation and distraction from the pandemic. They also provided an opportunity for residents and staff to engage socially. Some formed strong relationships through the project, so, for example, during one interview, a resident stated that she felt that the care staff worker she was partnered with was like a daughter to her.

Regular interaction through doing the creative activities together supported the dyads' relationships to develop and grow, thus enhancing personalised care practice. The context of the pandemic meant that residents' family members were unable to visit, something that would have been challenging and likely to create distress and separation anxiety. The dyads learned new things about each other, shared stories and reminisced about the past. For one resident, the colouring-in and drawing activities sparked memories. A tree-themed activity centring on a baobab tree ignited memories of growing up in rural Somalia. Another activity involving drawing a landscape led the same resident to illustrate a seascape with a ship, which provoked reminiscence of time travelling around the globe while working as a ship mechanic. These small moments need to be recognised as part of the social fabric that was keeping the care home community together during the pandemic.

### *Routinising creativity: creating moments*

Staff and residents noted the importance of the regular deliveries of Culture Boxes that arrived via post or digitally once a week for 52 weeks. However, initially, care staff spoke of the challenges they experienced in making the activities routinised and habitual. They spoke of the difficulty of building them into a busy workload that was more pressurised due to pandemic restrictions that included use of PPE and the need to promote social distancing to protect residents from COVID-19. Given this context, routinising the activities and the need to honour participation in a national research project facilitated protected time and space for the creative activities provided. The activities were reported to become embedded in the life of care homes, with boxes eagerly waited for and residents coming together regularly in groups to complete the activities. The care staff developed innovative ways of embedding activities into the routines of the care home through creating incentives and



**Figure 7.3** Resident finished his colouring activity which made him reminisce about his early years in Somalia.

*Source:* Culture Box 2021



competitions. For example, one care staff member ran a colouring-in competition in the home to engage residents:

So colouring competition for example I put four or five residents [together]. They do the colouring and after we show to the others and say which one is the best you think. [...] We put a prize for example for the best colouring. And that gives them a motivation.



**Figure 7.4** Residents taking part in a colouring competition.

*Source:* Culture Box 2021

Some, however, found the amount and range of activities provided overwhelming. Hannah, spoke about her difficulties in getting through all the material. To prioritise the activities, she began scheduling them in:

I haven't been able to interact as much with the residents with them. [...] We've just got a new online system for recording everything as well. [...] I've already booked out two slots a week for Culture Box, so that I can engage with them more. So we're going to go back and look at some of the digital boxes that we missed.

Scheduling allowed dedicated time and space for care staff to work on the creative activities with the residents.

This routinisation by the care staff was well received by the residents. They enjoyed the regularity of receiving the physical boxes each month; this became an 'event' within the care homes with some residents waiting eagerly to open boxes with the staff as the following extract illustrates:

It will be quite sad, won't it, when it [Culture Box project] comes to an end because we look forward to them coming every month. We get excited when we are opening them [...]. They are always quite annoyed if it arrives, and I am not here because obviously they can't open it.

This description of an exchange between a resident and their care staff demonstrates how the project became a focal point in the lives of the residents and care staff during the pandemic. Each box was eagerly awaited, and there was a sense that something might be lost or missing when the project concluded, with a member of care staff in another interview suggesting to the resident that 'it is going to be weird not having it anymore, isn't it?' The resident's response to this was: 'We are going to miss it. We can carry on with it.' This indicates a desire to carry on using the Culture Boxes beyond the life of the research project and demonstrates a potential legacy for the project. Yet, looking forward to the post-pandemic context, we can imagine that the ability to integrate creative activities into care home schedules has become more challenging, as space and time for this has become squeezed. This observation has been generated from interactions with care homes

during the Culture Box Show, as many found it hard to respond to the interactive elements of the exhibition.

Culture Box was a catalyst for connection, supporting the concept of ‘moment’ creation and reflection (Keady et al., 2022). This was aided by the routinisation of the creative activities promoted by the regularity of activity provision from the project centrally and the organisational labour of the care staff in scheduling in weekly time to support the residents with the activities. An implication of this is that provision of frequent creative activities, including materials and clear instructions can support care staff in their work. During the pandemic, having a regular creative intervention created a point of connection for the residents and wider community involved, offering a space for social interaction each week, and promoting personalised and culturally relevant care practice. Future studies and practice should consider any longer-term impact of the project on care home practices, the utility of this approach beyond the pandemic and utilising the archive created with a wider population.

### *Care staff wellbeing*

The project’s core aims were to improve the wellbeing of residents through increasing social interaction to combat social isolation and loneliness. By wellbeing, the authors refer to a variety of behaviours and approaches that support optimal physical and mental health (see NHS, 2021). The aspects of wellbeing most relevant to Culture Box are connecting with others and new learning. While not the focus of Culture Box, the team noted that there were significant challenges to care staff wellbeing during the project. This included high levels of stress, resident illness and mortality during the project. Given the lack of in-person contact, the remote and virtual nature of the research meant that ad hoc, informal conversations about these stresses and pressures facing the care staff were often revealed and discussed during the dialogic interviews. There has been research to suggest that online communication can increase instances of self-disclosure, for example, between adolescents (Davis, 2012), in online health groups (Yang et al., 2017) and with virtual reality technology (Lucas et al., 2014). This could be further explored in future studies.

In one interview, a member of care staff was very honest about the toll that the pandemic was having on the daily functioning of the care home and the pressure she was under:

I am not going to lie to you, it has been pretty stressful, there are two of us [activity] coordinators, 89 residents, so it's a lot of work to do. So I mean I always have a smile on my face no matter what, but you know, there are days when I go home and I can't even feel my feet, can't think straight. No one talk to me for an hour please.

In relation to this, Suárez-González (2020b: 28–29) argues the 'need for greater recognition of the psychological support including counselling they [care staff] may require for coping with the trauma sometimes experienced'. Staff reported that interactions with residents kept them motivated during a difficult time. Playful interactions with residents made working life bearable as was highlighted by one care worker:

I think the residents keep me going, because they make me laugh and I go and see them, they might not want to do what I want them to do, but it's just, you know, we have a laugh about it and it keeps me going.

In this context, wellbeing is relationally orientated – positive and joyful interactions between residents and care staff are reciprocated and support the wellbeing of both. The creative activities acted as a playful catalyst for these affects to be felt. Here, intrinsic motivators, the satisfaction derived from undertaking actions that benefit other people and the interest or enjoyment in the task itself (Lagarde et al., 2019), are important factors in providing high quality care. However, intrinsic motivators should not be used to exploit or underpay care workers, as identified by England (2005) who argues that they are part of the 'prisoners of love' care work framework, within which these types of motives can be used as a way for employers to justify underpayment. The emotional satisfaction from this work is the reward for the labour, leading to a commodification of emotion. This issue is particularly pernicious in an overworked and underpaid care sector, particularly during a global pandemic that exacerbated existing pressures and burdens. A call from *The Lancet* to governments to treat care workers not as 'pawns to be deployed, but as human individuals' that are 'every country's most valuable resource' (The Lancet, 2020). Post-lockdowns, reports suggest that UK social care is experiencing high

rates of staff turnover, with vacancy rates being the highest since records began and issues regarding pay, contract and working conditions (e.g. zero-hour contracts and low pay) greatly affecting the sector (Skills for Care, 2022).

Some care homes struggled to keep up with the content of the project, with many staff members apologising for being behind or not being able to complete all the activities. The research team were aware that the project might place extra burden on care staff during an already precarious and challenging time and provided regular reassurance. Towards the end of one interview, a care staff participant expressed anxiety over completing all the activities:

All I am worried about is the fact that I am on my own at the moment and so I am going to have to restructure how I do things in terms of it because I have to fit in other activities as well obviously. But these are really good because some residents, even the ones that you don't see, other residents enjoy it as well. So, I will have to try and work out how I am going to fit it all into my schedule.

The research team advised staff to pick and choose the activities that seemed most appropriate for the individual resident, thus promoting personalised care. Yet, there was a clear sense that the care staff were struggling initially to integrate the activities into the routine of the care home. However, as the project progressed, routinising the activities allowed Culture Box to ease some of the burden regarding activity provision with the regular resources relieving pressure to devise new creative activities each week.

### Creative agency

This section focuses on the agency of the care staff involved in the project. By 'agency' the authors refer to the choice and decision-making concerning creative activities that Culture Box afforded to research participants and through which participatory research processes were supported. Care staff were observed shaping the creative activities to fit individual capacities and capabilities. Agency was witnessed in the ways in which staff were responsive to the fluctuating capacities of the residents, a process that involved improvisation and unpredictability. One staff member reflected that 'you can't predict creativity though can you to be fair? Some days are

better than others for it.’ This fluctuation was clear during another interview, where a member of care staff expressed anxiety over the abilities of the residents she was paired with: ‘Sometimes it’s very difficult to communicate and sometimes very difficult to do the activity in full. Sometimes I don’t know what kind of result you are expecting from us [...]. But I feel like we try our best you know.’

Care staff demonstrated considerable skill in improvising and working creatively to make activities bespoke to individual capacities and capabilities of residents living with dementia. They spoke about recognising the fluctuating nature of residents’ capacities and worked to change the activities to meet their needs:

I think that challenged me nicely because it meant I amended things. I knew the colouring sheets weren’t going to work for everybody and it meant that I could bring in things that I knew would work like doing the poetry because that’s something we do quite often. And I know it plays to people’s strengths and they enjoy it.

This member of staff continued to speak about the process of altering the materials, drawing on a person-centred approach to offer activities that were suitable for the residents:

It [the boxes] will contain everything you need but at the same time, you could personalise it by adding music or adding art or adding whatever works for your residents [...]. You can personalise and individualise this and you can add things that you know your residents really enjoy.

However, part of this work was emotional labour: using a person-centred approach meant that additional work *was* needed to shape the expectations and confidence of the residents. Some needed extra encouragement and cajolement to continue with the activity if frustration arose from the challenges that come with living with dementia:

We can easily adapt things and I would do them at the level of that person but I would always try and push them a little bit more to see if they could do things. [...] But it depends on where people are at on their journey. But mostly there’s always a way to get someone to do something and stimulate.

The creative agency exercised by care staff and observed through this project indicated that this group work with considerable skill, and in some cases intuitively, drawing on their experience, training

and communication skills to work effectively with people with dementia. This complex skillset is not fully (if at all) acknowledged in a staff group who receive poor remuneration, where there is high attrition and a workforce crisis. Yet, such person-centred and institutive skills are essential to enable those living with dementia to thrive (APPG/Alzheimer's Society, 2022). Future work could consider how to harness this skill and expertise in developing training and career pathways that have the potential to lead to improved recruitment and retention of excellent care staff.

### Methodological innovation

The project used a Participatory Action Research (PAR) framework which involved a mixture of surveys and dialogic interviews at four time points during the study. PAR has been described as 'collaborative co-governance of research, involving researchers and those affected by issues under study or who are in positions to act on the knowledge generated by research (e.g. end-users including participants of an intervention, clinicians, health managers, and policymakers)' (Kowe et al., 2022: 1013). This methodological approach was chosen primarily to effect change, in that the project aimed to reduce social isolation and loneliness in care homes during the pandemic. This core intention was strengthened by working with dyads (residents and care staff), allowing them to be involved throughout the research process. Previous research attests to the merits of a participatory approach when working with people with dementia, allowing researchers 'to understand and address some of the complex and social problems faced', while 'contributing to individual and community capacity building' (Blair and Minkler, 2009: 651). Agency is a key aspect of a participatory approach, meaning that participants are included in all phases of the research process. During the Culture Box study, PAR involved: (1) Planning, (2) Action, (3) Evaluation and (4) Reflection. At each stage, participants were included and consulted.

During the planning stage, the dyads were consulted about their activity preferences via an online survey disseminated via email which informed the content of the boxes. Stage 2, action, involved



**Figure 7.5** The PAR cycle.

*Source:* Culture Box 2021

the production and delivery of the boxes every week (one via post, followed by three digital boxes each month) for 12 months. These included a range of materials (subject to co-design). Digital boxes included downloadable and printable materials suitable for one-on-one interaction between staff and residents with dementia who were isolating and subject to social distancing. The evaluation stage included a series of three dialogic interviews at three points throughout the project. Interviews were shaped by a participatory approach that was collaborative, relational and responsive (Wiesner, 2021), eliciting conversation, laughter and storytelling. A dialogic approach was chosen to facilitate a responsive and flexible interview style. All the interviews with residents and care staff were undertaken on virtual video conferencing software such as Zoom or Teams. Evaluation was iterative. The cyclical approach of PAR meant that data were collected and analysed periodically during the study. This included the perspectives of all participants,



especially care home residents living with dementia, to foreground their experiences. Reflection by the researchers and care staff involved ongoing teamwork and discussion throughout the project using remote and digital methods of communication. A final online survey was commissioned and disseminated via email to residents and staff to capture overall responses from the project and the effects the boxes had on social isolation and responsive behaviours. This stage of the project also included the Culture Box Show which involved a virtual exhibition of work from four new artists (Helena Tomlin, Polly Townsend, Iirumva Isaac and Kate Munro) commissioned to create work in response to the project. This aimed to facilitate further reflection on the project and engagement with the materials created, in keeping with the reflexive stage of PAR.

The virtual, remote and digital nature of the project shaped the way the research was conducted, allowing for the inclusion of a larger geographic area than was previously feasible and enhanced accessibility for the participants. Receiving regular boxes through the post and via email facilitated participation from the care homes, allowing them to integrate the arrival of a box into their activity schedule and routine. Conducting interviews online allowed for ease of participation, alongside reducing the costs and energy spent travelling to different locations. Although the researchers and production team were at a physical distance from the residents and care staff, the act of sending post and emails brought a sense of community and solidarity during the isolating and challenging time of the global pandemic.

However, the digital nature of the project also posed some challenges, including implications for the way PAR was conducted, ethical procedures and the participation of the care homes. PAR normally relies on face-to-face interactions to build trust, community and an inclusive atmosphere to enable participation across stakeholders and participants. The virtual nature of work during the pandemic meant that creating lasting, sustainable and close relations with care homes was more challenging, as ad hoc conversations over tea and biscuits in break rooms with care staff, and in communal rooms with residents, were not possible. Instead, all discussions were formalised through organised and scheduled video calls, which inevitably made it more challenging to access

these more hidden knowledges or experiences that would be discussed in informal settings.

The research team reflected regularly on the pressures being experienced by care staff. Many discussions about the problematic nature of undertaking research during a global pandemic took place. These included consideration of how the care staff may have been stretched in unforeseen ways through taking part in the research, recognising that it might perhaps have been providing them with yet another task to complete. The extra pressures and burdens faced by care staff during the pandemic, where non-essential tasks were quickly abandoned, meant that additional research activities including collection of reflections and photos from care homes were scaled down considerably. The moral dilemma of undertaking extractive and transactional research during a global pandemic was considered by the research team. This was unresolved and is worthy of consideration by other researchers in future, particular in times of crisis or when working with populations who may be deemed vulnerable.

Another challenge faced was how to gain informed consent from the participants via online platforms from people with dementia in care homes. The team drew on a wide range of literature including insights from anthropological literature to overcome this challenge; specifically a paper about working ethically with the Indigenous non-literate population of Papua New Guinea (Benitez et al., 2002). This resulted in the project team devising a form of process consent that relied on working closely with care staff. This was particularly important as the capacity for participation for people with dementia can fluctuate during a study. The research team collaborated closely with care home managers to ensure that staff understood fully what they were consenting to and what was involved, for example: leading webinars, using specifically designed consent scripts and ensuring that the research team maintained ongoing regular contact to check that consent processes were adhered to.

The digital and virtual methodology shaped and mediated the ways that care homes participated in the research, as poor Wi-Fi and low levels of digital literacy meant that accessing the online resources, responding to emails and taking part in the interviews posed challenges for the research team and the care staff. Interviews

were disrupted by poor audio and video along with low signal strength and a high frequency of calls dropping midway through an interview. Additionally, some staff found it difficult to access the online resources due to a general lack of, or access to, technological equipment. One care staff worker described the challenges she was facing: 'I don't get those emails. This laptop isn't mine, so clicking on links isn't very easy for me. I am having to do everything on my phone.' Others reported having to buy new equipment due to the change in working cultures prompted by the pandemic: 'I didn't even have an iPhone when COVID started. And basically, I had to go out and buy one. I just wouldn't have been able to cope really in the job that I do without it.'

Digital literacy was challenging for some of the staff members, as a perceived lack in competency meant that they were not able to access all the materials provided. One noted:

I haven't managed to access the digital stuff. With the box being there and physical, that's been great. [...] I have to set up a projector [in the lounge] and a trolley and a speaker and then I have to hope the WI-FI's playing ball. I haven't used the digital stuff and I regret that because I think you would have enjoyed [it]. So I think that's me letting you down in some ways.

This situation was common among care homes, along with the trepidation that the care staff felt in having to change their habitual ways of working: 'you can do FaceTime and stuff like that but sometimes, even my age, technology, you just don't get it do you?'. However, those that persevered and immersed themselves in the digital technologies were afforded new skills and competencies. Both the research team and the care staff acquired new digital expertise and resources through the experience:

We have learned quite a lot from the experience of COVID really, especially where technology is concerned. Like, the different things that you have sent us as well and, you know, being able to do FaceTime and Zoom. I am doing things that I would have never ever considered doing. I mean, we Zoom people, well, face-time people, relatives in New Zealand. [...] We have made quite a lot of different connections. That we would have never made.

The project was able to purchase iPads for the care homes in need of digital equipment, allowing them the chance to access the digital

resources, gain new competencies and participate in the interviews in a more mobile fashion.

In this section we have sought to demonstrate the ways in which the digital nature of remote working during the pandemic shaped the methodological approach taken in the Culture Box project. This mode of working brought many challenges to the research team and care staff, but they also enabled reciprocal growth and learning through the uptake of digital technologies and competencies. Here, the participatory nature of the research was exemplified by the shared engagement with new technologies, methodological approaches and forms of interaction.

## Recommendations

In this final section, the authors offer recommendations for future work for researchers in dementia care and those involved in creative activity facilitation in health and social care settings.

### Creative activity facilitation

- 1 Ensure regular provision of activities over a longer-term period to promote the legacy and sustainability of a project. This supports embedding of creative activities into the routines of the care homes – creating a culture and community around creativity.
- 2 Continue to design activities so that they represent diverse communities that are often under-represented or marginalised in mainstream arts activities. For example, Culture Box included work by Black artists from Britain and the Global Majority so that residents (and staff) of colour could see themselves represented in the material, promoting culturally appropriate provision. The authors encourage further development of this.
- 3 Provide support, supervision or mentorship for care workers undertaking creative activity provision, to develop skills and confidence.
- 4 Create communities of care staff to facilitate sharing of resources and ideas.
- 5 Create open access resource archives for care staff and others who wish to work creatively (see Culture Box's archive on the

NAPA website: <https://napa-activities.co.uk/services/projects/the-culture-box-study>).

- 6 Build flexibility into activities, acknowledging diversity of experiences and interests, and demands on busy care staff time.

### Research and dementia care

- 1 Hybrid models should be standard practice for arts-based interventions to maximise inclusivity and to reach a wider demographic, including more remote communities.
- 2 More attention and support are needed to upskill care staff and residents in digital technologies. This could involve offering IT equipment and support or having this built into project and grant proposals.
- 3 Future research should focus on experimentation and participatory creative methods that are non-extractive and non-transactional. This can include creative methodologies, using arts-based activities (e.g. collage, photography) to explore resident experiences, for example (see Von Benzon et al., 2021).
- 4 Build in supervision and wellbeing support in grant proposals for the participants (and perhaps the research team) to acknowledge the challenges of undertaking sensitive research with 'vulnerable' participants and the potential to experience vicarious or contagious trauma and grief.

### Key insights

- This chapter has set an agenda for care staff development and future research through offering recommendations to activity facilitators and research in dementia care.
- Creativity was found to be the catalyst for connection, improving social interaction, relationship and community building. The chapter highlighted the importance of regular activity provision to improve wellbeing of residents and job satisfaction among staff.
- Future attention needs to be paid to the existing expertise of care staff in the sector, to harness these skills to develop training and career pathways that lead to improved recruitment and retention of excellent care staff.

- Hybrid models are recommended for future interventions; however, this needs to be paired with sufficient training and resource for care staff and residents when using digital or virtual communication methods.
- Future research needs to understand the creative spaces of care homes post-pandemic and whether interventions that arose during COVID-19 restrictions have longevity in a post-pandemic landscape of care.

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