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Structured abstract

Purpose – This article outlines the first stage of an innovative developmental study addressing the educational and emotional needs of dementia care home staff using arts-based materials.

Design / Methodology / approach – The arts workshop was developed using a mixed methods approach. This included ethnographic observation within a dementia care home, in-depth interviews with senior care home managers, a thematic analysis of focus groups and the development of a comic. At all stages, the multi disciplinary project team collaborated closely with the care home staff. A comprehensive literature review of the policy, practice and academic background to dementia workforce education provided a contextual framework for the study. Perspectives from the medical humanities informed the project.

Findings - Despite the high prevalence of people living with dementia in care homes, there is a lack of appropriate training for the workforce that provides their care. This study found that an arts-based workshop offering an interactive mode of education was an effective way to engage this workforce. The workshop empowered participants to recognize their skills and focus on person-centred care; reflecting current recommendations for dementia care.

Research limitations / implications – The workshop was delivered in a single dementia care home and therefore findings may not be generalisable. In addition, the management did not take a direct part in the delivery of the workshop and therefore their views are not included in this study.

Practical implications – The arts based approach can offer a means of engaging the dementia care workforce in education linked to their experience of caring.

Originality / value – The article identifies the gap in relevant education for the dementia care workforce and outlines one possible way of addressing this gap using the arts.

Introduction

Despite the high prevalence of people living with dementia in care homes, there is a lack of appropriate training for the workforce that provides their care. This article outlines the first stage of an innovative developmental study addressing the educational and emotional needs of dementia care home staff using arts-based materials. While the wider applicability of the arts-based workshop is yet to be proven, establishing its acceptability and potential has been possible.

Education for the dementia care workforce

The policy context

In the UK, nearly half of all people with dementia live in a care home (Knapp et al., 2007) (Macdonald and Cooper, 2007, All Party Parliamentary Group, 2012) and almost three quarters of people in residential homes have dementia (Macdonald and Carpenter, 2002).

Research has repeatedly emphasised the urgent need for workforce training for those who care for people living with dementia (Banerjee, 2009; Hare, 2009, Davies, 2011, All Party Parliamentary Groups on dementia, 2009, 2011; Skills for Care 2010). In addition, 'an important skills gap' amongst the dementia care workforce has been highlighted (Hussein and Manthorpe, 2012). The Care Quality Commission (2012) and the All Party Parliamentary Group on dementia (2011) both highlight shortfalls in the quality of dementia care connected with inadequate staff training. As a corollary, higher perceived levels of quality by users were positively associated with a highly trained workforce, among other factors (Department of Health, 2012). Adequate training then, can be linked to a higher quality of care.

Staff who provide care for individuals with Alzheimer's and other dementias are at risk of burnout (Ballard, Lowery and Powell, 2000; Hallberg and Norberg, 1995). Training programmes or interventions aimed to increase levels of self-efficacy for managing challenges at work could assist in reducing this phenomenon (Duffy et al., 2009).

An adequately trained care home workforce, will have increased confidence and this encourages positive interactions with clients (Moyle et al., 2011). The further advantages of training for this workforce are supported by studies demonstrating that appropriate training can significantly improve staff morale (Train et al., 2005, Popham and Orrell, 2012) sense of hopefulness towards people with dementia and can also improve competence at forming relationships with residents (Goyder et al., 2012). Evidence (Banerjee, 2009) also suggests that good training can reduce the use of antipsychotic medications, which have serious health implications when given to people with dementia.

Nevertheless, there is a general dearth of training initiatives; especially training that has been robustly assessed as appropriate, of high quality and effective for this workforce. This is surprising given the widespread political and public concerns about how to care for a growing population of older people with dementia. There is a lack of clarity at policy level concerning the exact skills necessary for the dementia care workforce. Although there is some requirement

by the Care Quality Commission for registered homes to ensure that the workforce has a fundamental level of awareness and training about dementia (supported by Skills for Care), there is no direct specification about the courses that people should undertake.

Despite the many positive effects associated with training, this sector relies on a workforce that has very few and low qualifications, a deficit requiring urgent attention in order to improve the lives of people with dementia in care homes.

The arts in dementia care

There has been scant use of the arts in the education or training of the dementia care workforce. This is despite a contemporary sociopolitical context that is increasingly interested in the instrumental value of the arts for delivering health and social care (Clift, 2012) while an expanding medical humanities stresses the value of using cultural texts for educating healthcare professionals and others (Anderson and Schiedermaier, 2003).

Nonetheless, there has been some preliminary work deploying the arts in dementia workforce education. Reflective narratives have been investigated as a means of helping dementia nursing staff think about the patient as a whole person (Graham-Pole and Lander, 2009). Fiction has also been used to contextualise the experiences of dementia and encourage imaginative empathy in the education of health care professionals (Morris, 2012).

There are indications then, that the arts can encourage empathy and holistic caregiving which contrasts with the task-oriented medical model that tends to dominate much dementia care. The possibility that the arts may provoke new perspectives for care home staff formed the rationale for developing workshops.

Arts based workshops for the dementia care workforce

Methods

The workshops were a creative and cooperative enterprise. They were developed with the staff from one dementia care home and a multi disciplinary team based at UEA (comprising a consultant old age psychiatrist, a professor of social research, a poet and a social gerontologist). However, this partnership

(between academics and care home staff) was initially fraught with complex challenges, notably to communicate effectively with the care home staff.

The working day for dementia care staff is task driven, allowing little time for extended conversation. Here, arts based education projects may seem both remote and esoteric. At first, the care staff were understandably skeptical about participating in the study.

To address these challenges, a comic was designed that emphasised the central role of the staff as consultants for the academic team. The comic functioned as a 'flare,' a means to simultaneously attracting the attention of the care home staff while also demonstrating how the team hoped to use the arts. An unexpected additional audience for the comic was the residents of the care home, for whom the drawings provoked general hilarity. Whilst the use of comics in medical education is well established (Bartlett, 2013, Green and Myers, 2010), this method of communication has not been explored in dementia care settings.

In our project, the comic successfully facilitated communication with both the care home staff and residents (all living with dementia) and was a key factor encouraging staff attendance at the focus groups. A wide range of staff from care assistants to domestic and night staff attended the focus groups in their own time (22 individuals representing 63% of the total staff). Recurrent themes from the discussions formed the structure of the workshops, discussed below.

In addition, observational data about the affective and practical aspects of care - home work was gathered and analysed. Therefore the project benefited from an understanding of the contradictory emotions that accompany care work and the difficulties of providing person-centred care whilst also satisfying the task-oriented demands of the job to feed, medicate, dress and clean residents.

The workshop

Four themes emerged from the focus groups and structured the workshop:

- Identity: as a carer and the identity of those living with dementia.

-Awareness: how to understand the mood changes of those living with dementia / how to behave compassionately towards those living with dementia.

- Language and communication: between care home staff as well as between staff and residents. The need for attention to language was a central theme. Care staff referred to themselves 'bum wipers' and mentioned that they worked with 'nutters' or 'fruit cakes'. This powerful derogatory language influences the way in which society thinks about dementia (Zeilig, 2014) and is one of the profound prejudices that the workshop addressed.

- The work of caring: care home staff expressed a need for new ways of conceptualizing the daily tasks of being a carer. This is a role that is dominated by practical physical work such as lifting, bathing or taking frail older people to the toilet, which can all be times of conflict and distress for both residents and staff.

Each theme was addressed using poetry, music, film, TV documentary, art, interactive games and excerpts from plays. A single two-hour workshop was created and delivered to the care home staff, who also evaluated it.

The workshop opened with music by Elvis Costello. The use of catchy pop music that nonetheless deals with complicated emotions set the tone for a session confronting feelings that can be hard to articulate. This was followed by reading '13 snapshots of Maisie', a poem in which an older woman living with dementia introduces herself. The voice of a distinct individual who retains wit, warmth and charm radiates from this poem and incited lively discussion about the unique humanity of each person despite the diagnosis of dementia. This poem and other carefully selected texts and paintings were all discussed in terms of the personhood of people living with dementia.

The evaluation of the workshop was overwhelmingly positive. Several unsolicited, positive comments were added to evaluation forms, including:

This was the best dementia course I've done in 4 ½ years in this job. It was REAL. Well done.

This workshop would benefit anyone who works with dementia.

The rationale underpinning the project – that the arts and humanities, which have been so successfully used in other health care settings might also form an integral part of dementia care education – was substantiated.

Limitations of the workshop

Although a cross-section of the home's dementia care staff was included, its management did not take a direct part in the focus groups or the workshop. The workshop could not therefore include the views of those who manage the care home. Another limitation was the lack of time for discussion following each of the arts-based activities. The workshop could not be more than two hours to ensure staff could cover so there was not enough time to develop discussions in any depth. Finally, the very small sample of care home staff within one care home means that the study findings cannot be seen as representative. The approach needs to be developed and tested in other environments.

Conclusion

In the UK there has recently been a blaze of publicity about dementia friends, champions, communities and a number of well-publicised scandals about the poor care that some people living with a dementia receive in care homes. There have been numerous reports, a G8 summit and there have been repeated All Party Parliamentary Groups that emphasise the gaps that remain in social care for dementia and in workforce education about dementia. Yet there is still no clear regulatory framework concerning the education that the dementia care workforce requires. The need for adequate education for the dementia care workforce underlies the arts based workshop.

The workshop offers training or education about people with dementia, which departs from conventional formats and content. Rather than offering statistical analyses or biomedical information, the voices of those living with dementia were privileged. Above all using the arts generated a non-threatening open situation in which participants were prompted to reflect upon their experiences. The workshop allowed the care home staff to use their imaginations, and to

concentrate on the individuality of the residents that they provide daily care for. As one participant stated, the workshop's efficacy was in helping him see

"...the things we deal with everyday from a different point of view"

While definitive conclusions cannot be drawn about the impact of the arts-based workshops for the care home staff, participation rates were clearly high and participants' overall feedback was overwhelmingly positive. Bearing out medical humanities' approaches, using the arts for this dementia care workforce enabled the researchers and care home staff to co-investigate and give meaning to experiences routinely overlooked by more biomedical emphases in dementia care education.

Although the wider applicability of this work is yet to be established, there is reason to consider that use of the arts in staff training can help bridge experiential boundaries between service providers and people with dementia and open up new ways of communicating and interacting with individuals with dementia.

(1,916 words)

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