has given inspirational examples of the promotion of wellbeing through creativity, quoting from the relevant CQC reports that are all available on the CQC website.

» Peregrine House, Whitby – ‘A varied programme of activity: Zumba, Motivation, large drafts or Connect 4, film events, afternoon tea, pampering sessions, and music. The home supported them to run clubs such as poetry, walking, reading, gardening, Scrabble and singing.’

» Prince of Wales House, Ipswich – ‘Staff were finding creative ways to support people to live a full life – this included aromatherapy, music therapy, and foot, hand and head massage.’

» Deansfield Residential Care Home, Telford – ‘People’s individual histories and personalities were valued and made part of their lives, for example, people had a personalised place mat which they had helped make.’

» The Old Hall, Billingborough – ‘Reflecting the training they had received… the staff member told us of the importance of music in stimulating memory in people living with dementia… People were supported to attend local groups such as art classes and choirs that they had enjoyed being part of before they moved into the home.’

Sutcliffe further notes: ‘A key feature of the outstanding services we see is their person-centred approach which enables people to live full and meaningful lives […] so I was delighted last week to be invited to speak at the 2016 Arts in the Care Home conference.’

——— Meaningful activity and engagement ————

Activity theory has long held that older adults who remain engaged in the world around them experience increased levels of psychological and physical wellbeing as compared to those who are less involved (Havighurst and Albrecht, 1953). This position has been influential in the field of dementia care where the concept of meaningful activity has become ubiquitous. Activities do not need to be structured or complicated. The presence of meaningful activities is a quality indicator for the NHS (Bradshaw, Playford and Riazi, 2012). The scope of ‘activity’ is diverse, consisting of household chores, recreation, work-related endeavours and social involvement; what makes it meaningful is doing things that matter, the sense of pleasure, connection and the autonomy associated with activity participation, regardless of the level of dependency or cognitive impairment (Roland and Chappell, 2015).

Engaging with meaningful activity can help with coping, and this has been researched in young onset dementia (for a schematic view, see Figure 7.1).
Figure 7.1: The relationship between meaningful activity and transition in early onset dementia

This model illustrates the relationships between the emergent themes and how meaningful activity (with or without the expectation of value from participation in such meaningful activity) can affect a family’s coping ability through the transitions experienced in early onset dementia.

Source: from Roach, Drummond and Keady (2016, Fig. 1).

According to a wide range of wellbeing theories, involvement in activities plays an important role in reaching a good quality of life for people in general (Gerritsen et al., 2007). But the focus of the activity at any particular time must be on the person, and not the task.

Table 7.1 provides an overview of ‘meaningful’ activities.

Table 7.1: Meaningful activities for people with dementia that address fundamental psychological needs according to developmental psychological theory

<table>
<thead>
<tr>
<th>Meaningful activities for people with dementia</th>
<th>Fundamental psychological needs being addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life review therapy and life story work</td>
<td>Need for life review</td>
</tr>
<tr>
<td>Spiritual/religious activities</td>
<td>Need to place continuity of life in context and need for death preparation</td>
</tr>
<tr>
<td>Intergenerational activities</td>
<td>Need for intergenerational relationships, particularly understanding of family and friends</td>
</tr>
<tr>
<td>Reacquaintance with previously conducted leisure activities</td>
<td>Need for sense of control and to achieve life goals, and for physical activity and exercise</td>
</tr>
<tr>
<td>Pursuit of new leisure activities</td>
<td>Need to be creative and pursue wellbeing</td>
</tr>
</tbody>
</table>

Source: adapted from Nyman and Szymczynska (2016, Table 1).

People with dementia use professional supports for daytime activities and social company, but available services for such may not be meaningful or valued by
individuals with dementia or be matched to individuals’ varied interests and abilities (Hancock et al., 2006).

The interaction between residents and others is very important for the development of social capital (see Figure 7.2).

![Figure 7.2: Cognitive social capital refers to shared understandings, values and beliefs](image)

Relational social capital is represented by the characteristics of relationships such as trust and cooperation. Individuals who trust each other are more likely to work together in a cooperative manner.

Source: after Dicicco-Bloom et al. (2007, Fig. 1, p.16), cited in White, Cornish and Kert (2015).

Examples of ways of promoting wellbeing through meaningful activities might include:

- hobbies and crafts: crossword puzzles, painting, gardening, picking berries, visiting a garden centre, knitting or other crafts
- exercise: going for walks, trying yoga or tai chi, or going for a swim
- reminiscing: talking about old times, watching family videos, going through photo albums, making a life story book
- daily tasks and chores: baking together, cleaning up together such as sweeping, wiping the table, folding towels, polishing silverware
- music: listening to favourite music, dancing, singing along.

Engagement in activities is assumed to generate feelings of fulfilment and meaning in life (Westerhof et al., 2010). The question of the meaning of these activities for people with dementia has not been directly addressed. Moreover, most of this research has been conducted in formal care settings with severely impaired individuals, even though the majority of people with dementia live in their own homes (Phinney, Chaudhury and O’Connor, 2007). Indeed, participating in activities may be more
important to the psychological wellbeing of people with dementia than the general physical and social environment (Marshall and Hutchinson, 2001).

It is difficult to ignore the impact of activities on general health and wellbeing. One example is a personal view given by Sarah Crockett (2013):

People may have better continence or better bowel regulation, be more motivated, or calmer, their mood will be better, they will be able to express themselves, they will remain safely mobile for longer, have less pain and have fewer periods of ill health. They will be happier and healthier individuals.

(Crockett, 2013, p.23)

Crockett then provides very easy to follow advice on planning activities.

The preventive value of occupational therapy interventions for community-living older people has been demonstrated in the US (Jackson et al., 1998). Occupation has been described as an involvement in life in a way that is personally significant and that engages time, attention and environment (Smit et al., 2015). Occupational therapists define occupations as the activities that we need or choose to do that allow us to live as independently as possible, from self-care to employment, hobbies and interests. A lack of occupation can lead to boredom, apathy, distressed response, a lack of confidence, social exclusion and solitude. Occupation should incorporate meaningful activities; these can be defined as enjoyable activities that engage the resident to the extent that they improve either their emotional wellbeing, cognitive status or their physical function (Morley et al., 2014).

Activity engagement of long-term care residents is not only recognised as an indicator of quality of care, but also through the lens of promoting wellbeing and social interaction. Sometimes it is even assumed that a lack of activity involvement will cause excess disability, meaning more loss of skills and functional capacities than can be explained by the disease on its own (Wells and Dawson, 2000). Activity involvement seems to be beneficial for people with dementia in relation to the care relationship (a resident accepts help, no conflicts with the care staff), positive affect (a resident is relatively content with a positive mood), social networks (has friendly contact with other residents) and having something to do (has things to do without help from others) (Smit et al., 2016). Brooker, Wooley and Lee (2007) have developed a model to stimulate sustainable activities for people with dementia living in long-term care: the Enriched Opportunities Programme. This model is highly impressive and innovative and has been carefully built up by the triangulation of evidence for each element of the programme from the published literature, expert opinion and from feedback from practice (Vernooij-Dassen, 2007).

How wellbeing is promoted in activities is relevant to the mental health of residents (first introduced in Chapter 4). Residents who displayed agitation and/or apathy were more likely to be excluded from activity programmes (Buettner, 1988). Newly admitted nursing home residents with depression were found to
have low social engagement, independent of other risk factors (Achterberg et al., 2003). Cognitive impairment and deficits in physical function, as well as visual and hearing deficits, also predicted low engagement (Schroll et al., 1997).

Finally, continuity is vitally important in behaviours promoting wellbeing. Being allowed to carry on with everyday activities for as long as possible will not only help the person hold on to these skills and encourage independence, but will allow him or her to feel able to contribute and know that the help is valued. The challenge of evaluating complex interventions aimed at changing the culture within real-life settings has been discussed previously (Fossey et al., 2006).

— Promoting wellbeing —

Arts, drama and theatre

The general perception now is that artists and arts organisations are clearly taking a lead in developing creative responses to the challenge posed by dementia. There is the potential for such programmes to improve a broad range of outcomes, such as: wellbeing, quality of life, cognitive function and creative thinking; increases in communication (including non-verbal), facilitating reminiscences and meaningful conversation; regaining a sense of self; increasing self-esteem; and improving the quality of life of carers. This has been suggested by some studies (e.g. Windle et al., 2014).

Article 30 of the UN Convention of the Rights of People with Disabilities invokes participation in cultural life, recreation, leisure and sport.

Article 30(1) states that:

1. States Parties recognise the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

   a) Enjoy access to cultural materials in accessible formats;

   b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;

   c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

Within dementia care, artistic expressions such as music, pictorial art and dance have been shown to have a positive influence on patients’ quality of life (Gjengedal