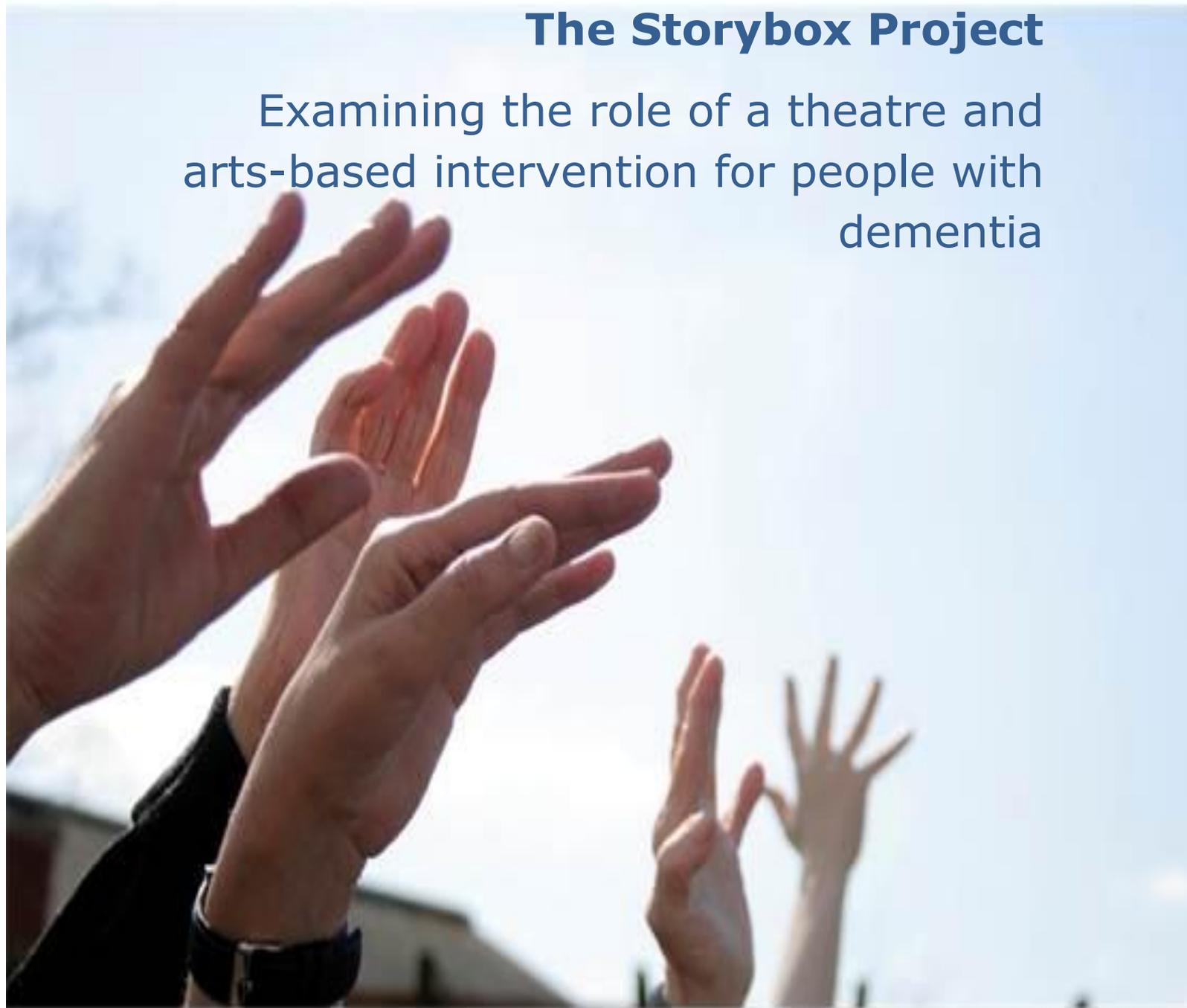


# The Storybox Project

Examining the role of a theatre and arts-based intervention for people with dementia



Storybox is a creative arts project delivered by the Library Theatre and funded by the Paul Hamlyn Foundation.

The lead artist for Storybox is Lowri Evans. The visiting artists were Sara Cocker, Claire Ford and Sheryl Clowes.

The evaluation has been conducted independently by the Manchester Interdisciplinary Collaboration for Research on Ageing (MICRA) at the University of Manchester.

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- March 2013



# Storybox

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## Section one: Introduction

This report presents the findings of an evaluation of Storybox, a participatory and participant-led theatre and arts based intervention in Manchester. Storybox works with people with dementia in residential, clinical and day-care settings. This study examines how living with dementia can be ameliorated through participatory creative activity. The primary focus is on the role of creative activity on people with dementia, but the knock-on effect of these activities on the working practices and well-being of carers is also explored. The report will be of use to carers and practitioners working or planning to work in dementia care and creative activity as well as academics who are studying the role of creative activity in dementia care settings.

Since dementia illnesses are incurable, improvement to overall care must include non-clinical interventions to support psychological discomfort associated with these disorders and to maintain or improve general well-being through what can be a prolonged disease course (Kinney and Rentz, 2005: 227). The benefits of art-based interventions have been recognised in the National Institute for Health and Clinical Excellence (NICE) (2006) guidelines on dementia and in England, the Department of Health's (2009) National Dementia Strategy recommend non-pharmacological interventions to support health and care systems. NICE advocates for the therapeutic use of music and dancing and multi-sensory stimulation and the Department of Health (2007) recognises the 'real and measurable benefits' of art and proposes art as an integral component of routine health care.

The importance of developing knowledge in the area of dementia care is felt more acutely now since dementia is understood to be the biggest challenge faced by health and care systems (Alzheimer's Society, 2012). Currently, the number of people with dementia in the UK is estimated to be 700,000. In the next 30 years, this number is predicted to double to 1.4 million (Department of Health, 2009). In addition to the impact on the lives of people living with dementia, whether as a person living with the condition, carer, friend or family, dementia has a significant fiscal and economic impact with an estimated annual cost to the UK economy of £23billion. These costs are predicted to treble over the next 30 years to more than £50 billion a year (Department of Health, 2009). One-fifth of all hospital patients in the UK have a dementia-type condition and one-third of people with dementia live in long-term residential care (Brown Wilson et al., 2013: 2).

In spite of these growing concerns, research on dementia care and participatory creative activities is relatively scant (Beard, 2012) and often lends from work done with older people (i.e. not necessarily with dementia) and on the role of creative activity in mental health more generally. A

literature review of participatory art programs by Castory-Binkley et al. in 2010, for example, found only 11 articles out of a potential 2,205 that incorporated more than just art and craft or 'art therapy' and were *participatory* rather than observant activities. Part of the problem is perhaps that activities that are ongoing are not documented in a systematic way (Beard, 2012). This is particularly difficult when the focus of research tends to be on the effect on well-being which is itself a subjective phenomenon to measure. Many of the challenges encountered when evaluating such interventions are discussed in the Section Two. In light of this context, the Alzheimer's Society argues that there is a need for increased funding for more research and development of quality dementia care.

This report will add to the growing body of academic research that suggests creative activity and, in particular participatory creative activity, can have positive effects on quality of life and general health. It is understood that creative activity can improve overall mood, residual skills and new learning (see for example Rylatt, 2012, Castora-Binkley et al., 2010, Kinney and Rentz, 2005). Participatory theatre activities and storytelling such as those implemented in Storybox have been found, in particular, to provide opportunities to express emotions, reduce stress and anxiety and improve cognitive skills (Olvera, 2008 cited in Hanna, 2012, Cohen et al., 2006, Noice and Noice, 2006). Furthermore, unlike ad hoc arts and crafts activities, participatory activities such as drama-based activities are said to build upon a set of developing skills and creativity from one session to the next (Castora-Binkley et al., 2010). What is more, there is evidence that creative activity can help people with dementia *to cope* with their condition (Schmitt and frölich, 2007 cited in Rylatt, 2012). This report will expand on this evidence-base to examine how a particular drama-based method has effects on the lives and social experiences of those participating. It is based on data collected by the artists during the course of their interventions and incorporates interviews with people with dementia and carers as well as observations and reflections on practice by artists. All the names in the report are fictitious and this and other ethical considerations are described more fully in Section Two.

## **Background and introduction to Storybox**

Manchester is the only UK city in the World Health Organisation's Global Network of Age-friendly Cities and yet, in spite of this, there are currently relatively few art-based interventions available in Manchester for older people. As elsewhere, the number of creative activities provided in care settings is patchy with some care settings, including one which participated in this project, having no activities at all. Those which do, generally provide ad hoc bingo, quizzes, and arts and crafts sessions, rather than the type of

participatory and multi-sensory activities recommended by NICE (2006) and the Department of Health (2007). In order to address this gap, Storybox was set up by the Library Theatre in Manchester in 2012 with funding from the Paul Hamlyn Foundation. According to the Baring foundation's UK-wide mapping study of arts organisations working with older people (Cutler, 2009) only 17 organisation are listed as delivering projects for older people with dementia and only three of these deliver theatre or drama-based activity, none of which are available in the North of England. This means that Storybox has provided a service in a field which is relatively new and which has until now been unavailable in the North West.

Storybox is somewhat unique in its approach in the way in which it integrates a range of art forms, incorporating drama and story-telling with singing, poetry and crafts to cater to different interests. This enables participation by people at varying stages of dementia and with different physical and linguistic abilities. It is also unique in that it not only gives people with dementia a participatory role, but allows the workshop to be somewhat participant-led. This has considerable effects on the relationships between artists, participants and carers through the nature of collaboration and challenges statuses of who holds the power to direct activity. This latter point, as will be discussed in the Sections that follow, has particularly significance in care settings where people with dementia are more often than not solely placed in the role of *recipient* of care.

Storybox has been led by a resident artist from the Library Theatre and she has been assisted by a series of visiting artists who remain present throughout a site's intervention. Each participating artist brings their own set of specialist skills to the project and the relevance of this cross-collaborative approach will be reflected upon in Section Three. To date, Storybox has been carried out in four residential homes, four day-care centres and two hospital in-patient wards<sup>1</sup>. The interventions have been carried out on a weekly basis. In all but the hospital settings, half-day sessions were held over the course of ten weeks. In the two hospitals, full-day sessions were held over the course of five weeks. The names of the sites are left out of this report in order to protect the anonymity of participants and carers. The method employed by Storybox during the course of this evaluation is also detailed in Section Three. A toolkit aimed at carers and practitioners is also available from the Library Theatre (<http://www.librarytheatre.com/project/storybox>).

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<sup>1</sup> Currently there are four interventions ongoing in day centres and there are plans to implement the project in other sites in the future.

## Summary of report

This report will begin by discussing the process of evaluating a creative intervention like Storybox. It explores some of the challenges faced when examining the role and impact of arts-based approaches in dementia care settings. It explains how the focus of this work has been on the process and participation in the interventions, rather than on determining any hard outcomes. This Section will discuss some of the reasons that such an approach is appropriate when working with people suffering from a disease which has a prolonged and varied course. Section Three will then talk in detail about the Storybox approach to creative activity. It summarises the different elements of Storybox and explains the rationale for each of these components.

Sections Four to Six draw particularly from the data collected by the artists. Section Four explores the way in which a sense of play is facilitated and considers the importance of the role of fun in the care setting, particularly for how this effects the environment and creates a *social* experience, rather than a 'clinical' one for the participants and staff. Section Five focuses on the way in which the method of Storybox emphasises the importance of collaborative working between participants, carers and artists and considers how this challenges the typical 'carer' and 'cared for' roles. Section Six brings together these discussions to consider the effect of the intervention on the recognition of people with dementia as having valuable and meaningful social roles. It also examines how Storybox plays an important role in focusing on the present and gives participants something to look forward to, which is something often lacking in approaches to dementia care. Finally, Section Seven will consider the legacy of Storybox and discusses some of the ways in which staff and participants would like to incorporate aspects of Storybox into routine care. It also considers some of the challenges faced by carers who want to implement creative activities.

## **Section two: The process of evaluation**

This section will begin by introducing some of the ways in which evaluations of arts interventions in dementia care have been approached. Within this research area there are concerns about how an intervention might be evaluated beyond producing a set of anecdotal pieces of evidence and without creating an overly scientific approach to assessing effects on well-being (Beard, 2012). The following will highlight some of the specific concerns that arise from research which emphasises clinical outcomes, particularly in relation to research on dementia care. It looks at some of the ways in which studies have been conducted to capture the effects on quality of life. These carry particular challenges since, as Nolan et al. (2006) note, whilst 'we know that quality of life is important [...] what that means is ultimately a subjective and individual experience' (21).

### **Understanding the effects of creative activity**

This report has two core aims. In the first place it is interested in what we can learn from Storybox about how creative activity can best be delivered for people with dementia and their carers. Second, it is interested in some of the residual effects of the type of creative activity provided by Storybox on what is often loosely termed 'quality of life'.

Two key weaknesses have been identified in studies of arts-based interventions in health and social care. Studies tend to be outcome oriented and do not take account of participants' views (Beard, 2012). Much of the currently available research employs clinical scales to measure outcome. Kinney and Rentz (2005), for example, evaluated an art program by asking staff to score participants against seven measures of well-being: interest; sustained attention; pleasure; negative affect; sadness; self-esteem; normalcy. Similarly, Rylatt (2012) used a scoring system to evaluate the benefits of activities on self-expression, levels of communication, pleasure and enjoyment and engagement. Scores were given according to levels of improvement as recorded by staff. Participants were given a zero for 'no improvement', one for 'some improvement' and two for 'marked improvement'. Whilst these measures might be useful indicators of well-being they do not say much beyond that. Indeed, the use of scoring mechanisms suggests a simplification of well-being and infers each measure is uniformly experienced. Such a mechanism of evaluation is therefore inappropriate within the contexts studied here.

Overly clinical methods of data collection and evaluation risk losing sight of the context in which the intervention works in and the importance of flexibility in approaches to dementia care. They also do little to improve our

understanding of *how* creative activity can have effects on people's lives. People with dementia do not always maintain consistent levels of attention and improvement in their psychological functioning and well-being. Improvement can also be particularly difficult to observe in a hospital environment when participants might have other ongoing medical issues which allow them to participate one week but not the next. In addition, whilst participants might be engaged for considerable periods in a workshop, they also choose to take breaks, often returning to re-engage later. Many of the participants in this study were also elderly and would tire during some activities. One man, for example, after dressing up and starring in an Oscar ceremony as Bing Crosby, fell asleep for a few minutes and woke grumpy and confused, only to start singing along with the group moments later. One of the strengths identified of Storybox, which will be explored in the Sections that follow, is the space that it provides for participants to dip in and out of activities of their own volition.

Many studies to date do not take account of the reported experiences of individual participants. This means that people with dementia are not given the opportunity to comment on and develop activities, treated instead as passive recipients of interventions. Using observation methods on their own, i.e. without including the voices of participants, also raises issues around subjectivity as well as the possibilities of misinterpreting different generational and cultural expressions of enjoyment. In other words, one interpretation of an observed emotion (or absence of) might be quite differently understood by the participant, or another observer. As a consequence, it is argued that observations should be supplemented with conversations or short interviews with participants and carers to take account of their experiences. Nolan et al. (2006), also conscious of these concerns, have developed a framework through which to conduct research in dementia care settings. This framework is constituted of six senses: a sense of Security; a sense of Continuity; a sense of Belonging; a sense of Purpose; a sense of Achievement; a sense of Significance. The purpose of adopting this more multi-faceted and person-centred approach is to help improve care for older people by taking account of how complex factors present in the care environment interacted and could be made to work better. The framework itself has been implemented in several studies (see, for example, Brown Wilson et al., 2013, Ryan et al., 2008) through a biographical approach. In other words, participants and carers were asked to talk about their experiences and these were then considered in relation to each of the Six Senses. Brown Wilson et al. (2013) argue that as well as helping improve the experience of care, the process of using a biographical approach can in itself also help staff to develop a greater understanding of the people with whom they are working (Brown Wilson et al., 2013). This latter point will have particular significance in this study given the way in which Storybox is

delivered by encouraging collaborative work between among people with dementia and members of staff.

This study engages with what participants say they think of and want from interventions. This was, as will be shown, encouraged by the intervention itself which is to a great extent participant-led, rather than solely participatory. This report will demonstrate how working closely with artists and adopting a multi-faceted qualitative research method can help to capture the complex relationships and processes that are produced through a versatile theatre intervention like Storybox.

### **Researching Storybox**

Storybox has to date been implemented in residential care homes, day centres and hospital in-patient wards. Participating groups in the different locations have been mixed, including people at varying stages of dementia and with varying physical and cognitive abilities and with different cultural, social and religious backgrounds. Storybox has also held sessions in a residential home catering to the Chinese elderly community in Manchester who have no English language skills. The locations also differ in terms of experience of holding creative activity sessions. Mostly, the sites have experience of running ad hoc sessions without professional artists present. One site had no previous experience of creative activity. The interventions have varied in length in the different sites: the residential and day care interventions were held over 10 weeks and the hospital interventions over 5 weeks. Groups have varied in size, but on average included ten participants.

In their study, Kinney and Rentz (2005) made comparisons with the effect of the creative arts project, Memories in the Making and other structured activities. This evaluation does not do so since it is not feasible in this type of study. Storybox has been implemented in a range of sites in which there are highly varying levels of existing activities (creative and not). That said, in sites where other activities are also run, staff and participants were asked to comment on how they compared.

Artists have collected data during the course of their interventions and this has been analysed by a researcher at the University of Manchester. The data has been collected via a combination of the following qualitative methods:

- Artists diaries/reflections on their experience of running group sessions;
- Artists observations during workshops;

- Short interviews/conversations with carers and participants conducted by artists at the end of each session;
- Preliminary, midpoint and endpoint feedback forms, self-completed by carers;
- Preliminary, midpoint and endpoint feedback forms from participants, filled in through conversation with artists;
- Creative outputs of participants collected by the artists;
- Photographs of sessions by professional photographer.

### **Ethical considerations**

This study has not required the kind of ethical approval typically required by a study of dementia care. The academic input has been to analyse solely secondary data collected by the artists employed by the Library Theatre from which this report has been written. Photographs included in this report were also captured by the artists or by the photographer employed by the Library Theatre. These were collected with consent and are publicly available elsewhere. The ethics committee at the University of Manchester are aware of this study and the methods employed for the analysis and write up have been approved by them (personal communication, 2 November 2012).

**The real names of participants, carers and artists are not included in this report. Where names appear, these are false names. The names of the sites in which the interventions took place have also not been included in this report.**

The combination of methods has helped to capture the different experiences of participants, artists and carers. In interviews, participants and carers were asked about their expectations of Storybox before it started and asked at intervals to reflect on their experience of workshops. Both participants and carers were also asked to reflect on the effect of Storybox on the group as a whole and, at the end of the intervention, they were asked whether they thought aspects introduced through Storybox might be incorporated into routine care. Observations were noted during the workshops themselves and a professional photographer was also present to record activities. After each workshop the artists completed diaries in which they were encouraged to reflect on their experience of being part of the group and on their own practice.

These methods have not come without their own challenges. One artist remarked on how it was difficult to keep recording their observations during the course of the workshop itself:

“The evidence of the workshops was very difficult to document throughout. However, maybe film could be incorporated to record tableaux and stories, to capture the special gems of stories, reactions and emotions. Or even creating a performance or exhibition to show the wider community” – Artist.

Another artist agreed as she was concerned there were too many things she would like to note down:

“There were too many special moments to document!” – Artist.

In spite of these concerns, the combination of methods was intended to capture as much of the process of the workshops as possible, including the multiple experiences by all participants, artists and carers. Whilst artists struggled to record all observations during the workshop, the opportunity to include their reflections immediately after a session allowed them to add to this data when thinking about the practical implementation of a workshop and its reception. The interviews with participants and carers and the self-completed forms from carers at different stages of an intervention contributed to a fuller picture and brought a person-centred perspective to the evaluation.

The flexible and multi-method approach to the research compliments the arts-based approach applied by Storybox, which is itself highly flexible and incorporates multiple methods. Taking a more linear approach to its evaluation would make it difficult to capture these multiple dimensions. The next Section will illustrate the relevance of this as it will begin to introduce the method devised by the artists.

## Section three: “Say yes to everything and be in the moment”: The Storybox method

### Introduction

Storybox is primarily a theatre based intervention but incorporates multiple arts-based approaches to cater to different needs and interests of the group. These are sewn together via a theme which is taken up in role play and connected activities. One of the aims of the project was to be able to cater for everyone: people of different ages; genders; languages; cultures, people at different stages of dementia and with different needs and interests. Although there is some structure to the intervention, there is also a great deal of flexibility integral to the approach in order to ensure that everyone can participate in their own way.

This Section explains the key elements integral to the design and implementation of a workshop. It is structured around the key sets of advice given by the artists in their trainings workshops. Examples of individual sessions are provided to illustrate how the different elements are pieced together (see Appendix One). For readers interested in setting up their own workshops, a practical toolkit and a video of a session is also available from the Library Theatre’s Storybox website <sup>2</sup>.

### Combining structure and freedom with individual needs

One weakness identified by Kent and Li (2013) in relation to the study of art interventions in older people’s care is that there is little reporting of the ways some activities might be beneficial over others. Since this report explores the ways that Storybox incorporates a multi-method approach it might be said to address this gap. However, the work here indicates that it is not possible to claim that one activity may be more successful than another since there are so many factors on which this is dependent. A particular song and action activity, for example, might work well in one site and not in another, or may work in a morning session but not in the afternoon. Instead, Storybox emphasises the importance of being flexible in approach and trying things in different ways. Consequently, the method described here is not meant as a prescriptive device but solely as a guide to activities. Practitioners, carers and researchers alike will be interested in how and why activities work *together*, rather than as separate activities.

The artists explain the importance of combining structure and freedom to facilitate improvisation and flexibility. This, they explain, is in order to cater

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<sup>2</sup> (<http://www.librarytheatre.com/project/storybox>)

to the range of interests amongst the participants and to the needs of people at different stages of dementia. This is summarised here by one of the artists:

“Having dementia can mean that continuity is difficult. Some people will struggle to understand what exactly is happening in group exercises, such as making up or acting out a story. We accepted this and it was able to be incorporated into the creativity. All responses were valid and often enhanced the stories. Quite often if we do a game that involves holding hands in a circle an impromptu “Auld Lang Syne” rendition starts up with the group. So we just go along with it and everyone has an understanding that in that moment we are singing “Auld Lang Syne” and have every right and reason to. We could then move on with the planned activity or accept the song and suggest, “OK, so it’s New Year’s Eve then. Where are we having our party?” And so on” – Artist.

This quote also starts to demonstrate how the direction of a workshop is influenced by the participants themselves, a point that will be returned to below. The workshop is described by the artists as ‘a bit of a journey’ of which ‘the destination is unknown’. It is initially led by a broad theme, which is then developed according to what the participants want to do with it:

“It’s a process-led project with little focus on the product” – Artist.

The workshops involve a series of activities that are brought together through a common theme<sup>3</sup>. The themes are selected in order that everyone participating can relate to them in some way. Hence, shared experiences such as the market or funfair are used and more fanciful experiences of which there is shared knowledge such as Oscar ceremonies and weddings are suggested, without prescribing what kind of wedding it might be to allow for different cultural interpretations. The artists explain that, “Simple ideas work best”.

One of the reasons that such a broad range of activities is offered is to appeal to the interests and needs of the participants. As one visiting artist commented:

“What was fantastic about the Storybox collaboration between [the other artist] and I was that we could use all types of creative approaches around a given theme...this means that more participants engage due to the spectrum of arts that are on offer” – Artist.

Each workshop includes:

- Dressing up;

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<sup>3</sup> List of themes used include: the high street; market; pub; funfair; seaside; wedding; travel; workplaces and mills; murder mystery; restaurant and food. Special seasonal themes include: Oscars; Christmas; Chinese Mooncake ceremony; Olympics.

- Music;
- Singing;
- Poetry;
- Story writing/telling;
- Acting/role playing;
- Visual arts e.g. drawing freestyle, painting;
- Movement e.g. dancing, tai chi with scarves;
- The use of props for sensory stimulation, e.g. putting on sun cream and feeling shells for seaside theme.



Each different type of activity carries its own benefits. Music, for example, is included either through recorded music or singing and is described as “a simple activity to bring people together”. Participants respond quickly to music, particularly since it is chosen to appeal specifically to their interests. Songs that participants are all likely to know, such as ‘She’ll be coming round the mountain’, folk songs and ‘classics’ from the 1940s, 50s, 60s and 70s are used. This is in contrast to some of the music provided at other times in some of the care settings, which can rely on contemporary music and music television to which the participants are less likely to relate to.

“I thoroughly enjoyed the discussions we had before and after the sessions which reflected closely on the individual looking at ways of how to engage with individuals too. For example, Clive with the music and George with the keyboard” – Artist.

One of perhaps the less familiar elements incorporated into Storybox was the role of sensory activities which typically formed part of the drama and role-playing. Non-verbal communication is a primary benefit of drama-based activities. Through sensory-based activities the emphasis is moved away from spoken language and participants are able to communicate and interact with the activity in their own way. At the start of a workshop everyone dresses up using hats and scarves and other props and this tends to encourage laughter within the group. Participants sift through the different objects and develop a character through this exercise. Other objects were also incorporated. Balloons for the funfair theme were described by an artist as “something irresistible, they’re playful, satisfying and bring people to life”. For a seaside theme, sun cream was brought in so that participants could rub it into their skin and seaweed was used to feel and smell. Participants commented on how they enjoyed feeling the different objects and talking

about them. Many of the remarks that emerged through these exercises came to form lines to the poems.

### **At the Seaside**

A group poem based on handling a collection of sand and shells.

Shells  
Pretty  
Well washed.  
Oh you can smell the sea.  
It looks lovely.  
When you put it to your ear  
You can hear the sea  
We used to have a pot and collect shells  
Bristly, a crab, damp.  
Sometimes it's dry and fine.  
Bucket and spade  
Seaweed  
It feels like sponge, nice and soft  
It looks like a brain, a hedgehog.  
Oysters, scallops, I've never had them.  
We picked them up  
Sandy  
A cockle  
Sun tan oil  
Smells nice, fresh, creamy, soft on the skin  
Lanolin.  
Holidays.  
Driftwood.  
Smooth, a baby crocodile  
A head of a swan.  
An eel.

A snakes head.  
Lovely wood.  
From abroad  
The waves have brought it  
Somebody might recognise it  
It's seen it all  
Sharks, fish, boats,  
The Atlantic.  
A fine rope that fishermen use.  
A net. A piece of wire  
Made from a material called gut  
G-U-T  
A seagull's long feather  
A bit big for a gull,  
An albatross  
I've seen them in books.  
It feels like tissue paper  
Very weathered  
Light, it'll be worn out.  
They used to use them as pens years ago  
Hundreds of years ago  
Dipped in ink  
Sand like salt, when you pinch salt  
Sandcastles  
Sand is ground seashells  
Very soft  
Like flour  
Damp on your feet  
Washing your feet  
The sandworms work on it.

Old photographs were also brought in by artists to correlate to the theme and through this people made up or recalled poems and stories. This, as one artist noted, "allows for imagination and life memories to be entwined so everyone can participate". A parachute was also brought in for the participants to feel and have fun with. This was an effective means of bringing the participants together around one large object and was particularly pleasurable for participants with little or no sight:

“The parachute inspired a lot of special moments in my eyes, with participants such as Rose who is blind feeling the air and tactile qualities of walking underneath. It really allowed for freedom and a new exciting space” – Artist.

Role playing is encouraged throughout and the integrated activities are then balanced in order to allow each individual to enjoy one or more aspects – music, stories, objects. The experience of drama and other elements of the workshop will be discussed throughout the report. The following will now focus on the two key pieces of advice presented by the artists: the importance of collaborating with all involved and the importance of having fun and creating a sense of play. These elements will then be picked up on in the rest of the report, which will draw on the interviews and observations with participants and carers to consider the effect of this kind of approach.

### **Working together: the role of participants, artists and carers**

Crucial to the workshop is the way in which it relies on the artists, carers and participants to work together. This has a series of advantages which will be discussed in more detail in the following three sections. In the first place, it is intended to level the playing field within a workshop. Everyone takes on a role and everyone is encouraged to be silly and have fun. In this way, the typical carer-cared for roles are challenged. Carers are encouraged to join in and the effect of the activity on their well-being will also be discussed.

The participation of carers is described as very important by the artists as a means to enhance the sense of community and to lend individual support where necessary during activities. It is also very useful at the start to get things going when people are new to each other:

“We’re on new ground. You need people on the old ground to help you along” – Carer, talking about the carer-artist relationship.

What is perhaps most unique about Storybox is that it is not only participatory but also allows for the participants to take the lead and choose the direction of the workshop activities. This is quite different from other activities typically on offer. Craft making and colouring in, for example, is often presented as a prescriptive activity in which participants are given instruction to *follow*. That is not to say those activities may not have any benefit but, as will be discussed in the Sections that follow, encouraging imagination and improvisation and by giving control to the participants to take the lead has significant benefits for individual participants and the group. This unique approach to activity was commented on by both carers and participants in all of the sites:

“It’s different!” – Participant.

The themes were typically introduced by the artists at the start of a session, but were very loosely presented in order allow the participants to develop them in their own way:

“The workshops become more inventive as you allow them to be led by the participants and fearlessly allow them to go off in different directions”-  
Artist.

One example of this was illustrated above in the way in which a spontaneous rendition of Auld Lang Syne whilst holding hands could lead into a role play or dialogue about New Year’s Eve. Another example given by an artist involved the use of a horse’s head. The artist described how arriving at a workshop wearing a horse head could invoke different responses and she would adapt to whatever came up. Early on in an intervention, participants can find the whole thing funny, but quite strange and not know how to react. She described how in one workshop where people laughed but did not know how to interact she could pull off the head and declare, “Oh that’s better, I was feeling a bit hoarse!” This has the intention of introducing the fun and silliness of the forthcoming activity to people who may not be familiar with drama-based interventions. She also described doing this with a more established group and recalled how one woman immediately came over and stroked her nose and fed her sugar, immediately getting into character. In this way, it is the participants that lead the direction of the activity, often by choosing which elements to interact with.

Another aspect of the structure of the workshops is the collaboration between artists to facilitate the multi-faceted approach. On a practical level it was important for two artists to be present, as explained here by one of the artists:

“You need two people to deliver the session. It is important that one person can steer the group in general forward and keep the majority engaged whilst the other can check individuals are OK and following the activity. It also means that you can work like a relay race, taking it in turn to lead the activities, maintaining momentum and enhancing exercises with something different” – Artist.

By enabling cross collaborative art form approaches to develop, the artists also explained that they were able to learn from each other and develop their own practice:

“To collaborate with other practitioners is really key and can throw really wild dreams into the mix!” – Artist.

“My practice has developed dramatically since Storybox and now I feel much more confident to use the mix of art forms when delivering to this type of group” – Artist.

After the first series of workshops, the artists explained how they began to realise that Storybox is as much about staff training as it is participant activity. The workshops are therefore also intended to provide training to carers so that they might take up these activities once the artists have left. This was particularly important since many of the staff involved had not previously taken part in running creative activity. In general this type of training was well received.

“It’s easy. This is a try another way thing” – Carer.

The incorporation of training into the workshops has enabled elements of Storybox to be transferred into the care setting more broadly. This fits with the Department of Health’s (2007) guidelines which recommend support for staff to learn how to facilitate creative activity. Some of the ways this has been achieved is discussed in Section Seven. Section Seven will also discuss the requests for further training in addition to that provided in workshops, which was described as insufficient by some members of staff.

### **“It’s ok to be silly”: Take risks and be in the moment**

One of the key factors emphasised by artists in their formal training workshops and encouraged during the workshops themselves is to:

“Have fun, laugh and get to know each other” – Artist.

“Cultivate a sense of play and engage with creative mediums of self-expression” – Artist.

As described above, the workshops were led by a theme but the emphasis was on the freedom to improvise. Consequently, the artists stress that everyone involved in the workshop should, “Take risks and push the boundaries of themes”. The intention then is to create a ‘failure-free’ experience (Kinney and Rentz, 2005). The benefits of allowing participants, carers and artists alike to push boundaries and take risks has been recognised in other projects. Pancham, a dance and well-being project based in Liverpool, for example, argue that the success of the project is dependent on allowing activities to develop in unexpected ways and suggest that when this happens, it is evidence that both participants, carers and artists are comfortable enough within the group to experiment in ways they may otherwise not (Hanna, 2012).

One of the artists' concerns before the start of the workshops was that 'playing' games and dressing up in different characters with older people might be interpreted as patronising. This was particularly a concern when activities were quite simple in order to cater to all abilities, but when the group was mixed. The way in which the artists described overcoming this concern centred on maintaining the focus on the present moment and by emphasising that it is ok to be silly, and everyone in the group, including the carers are encouraged to be so. In this way, the participants, artists and carers alike are all participating and all bring different abilities and skills to the different activities (in other words, some people sing or draw 'better' than others regardless of whether one has dementia or not). The role playing element of the project facilitates this since it gives people the freedom to embody a character and participate in activities through that character. Keeping in character is important. One artist explained how, if people were to come out of character in the middle of a role play rather than focus on the laughter and fun that is being had, the workshop might not continue so fluidly. This was exemplified on one occasion when, towards the end of a workshop which had carried the theme of Oscar ceremonies and in which everyone had taken on the role of a famous actor of their own choosing, they began to make awards using paper plates. During the activity, one of the artists referred to the award as 'just a paper plate'. This was a noticeable deviation and caused people to stop for a moment to consider what they were doing, effectively drawing on a paper plate with a felt-tip pen and glitter glue. This momentarily detracted from the uninhibited fun that was being had and caused the artists to reflect on the importance of staying in the moment.

*A  
participant  
getting into  
character.*



"They can be pretty silly and extravagant but this playful and 'new' world can provide an enriching and hilarious situation for those participating" – Artist.

"The making up of stories. I thought the service users got a lot of enjoyment through this as it took them out of themselves for a while" – Carer.

"George came to life through the character!" – Carer.

### **"Accept everything": Flexibility and inclusiveness**

Another key emphasis made by the artists is the importance of maintaining flexibility in the delivery of workshops. Much of this relates to the need to cater to different needs, interests and abilities. It also indicates the need for flexibility in the artists practice in order to respond to improvisation and the diverse ways in which participants and staff can respond to and direct themes. Much of this is dealt with by the spectrum of different drama and arts-based activities that are incorporated into a session:

"I think a combination of activities optimise engagement, regardless of participants' ability. Music was the common denominator to get everyone doing the same activity (singing and moving) at the same time. This was satisfying for all because I think group activity is rare. It feels good to be part of something if communication is difficult and synchronicity is visually powerful and pleasing. It also means that in that moment everyone is equal: carers, participants and artists" – Artist.

This flexible approach encouraged people to participate that otherwise were reluctant to participate in activities:

"People got involved that normally sit on the outskirts of activities" – Carer.

Since activities are not prescribed, the artists can tailor sessions to the particular needs and interests of individuals or the group. Some groups are more physically able and more energised than others in which more vigorous physical movement such as dancing and clapping games could be incorporated. In others, more sedate activities and gentler movements were introduced. This was particularly important on one hospital ward where patients had other health issues:

"A lot of the patients today were in pain but they enjoyed touching fabrics and asking questions, they made puppets. It was a more challenging session. The singing lifted spirits, that and the pride in their puppets brought the session to a positive end" – Artist.

Individual disabilities and issues around anxiety were also often catered for by the artists. The sensory activities described above were particularly useful for blind participants who could not enjoy the visual effects of other props. Other times, the artists described a process of trial and error to find activities that were appropriate to individual difficulties. Here, one of the artists describes finding a role that best suited one participant who had a quite 'boisterous' mood that might otherwise have been distracting for the other participants:

"Kathy was quite difficult to work with at first, she went through waves of loving everyone around her to hating everyone around her every few minutes. I felt that must be quite exhausting. What became an outlet for her was quite boisterous singing, or a simple commands game that could become quite militant. She relished that energy and mood. Rather than telling her to "calm down Kathy", it was about saying "Come on Kathy, that's it!" – Artist.

The artists described how, in whichever circumstance, the most important thing was to find things that people could relate to. In a Jewish day centre, for example, elements of Jewish history and culture could be brought into the session which participants could relate to:

"Our [Jewish] culture is an advantage, we have a rich history of arts and stories" – Carer.

In another site, the participants were all from the Chinese community and spoke no English. This meant that the artists had to find ways to run the workshop that relied entirely on non-verbal communication and include activities that the participants could relate to. In consultation with the staff, they introduced the theme of a traditional Chinese tea ceremony and Mooncake festival, which was familiar to this generation. The participants engaged in the workshop through movement and sensory activities and this was said by staff to work well. This also provided a space for shared learning as the participants and carers taught the artists words in Cantonese (such as numbers and greetings).

A focus on non-verbal communication was also important in circumstances in which participants had limited speech abilities:

"By including activities around movement everyone can join in with something because no talking is needed. They only had to watch and copy" – Carer.

A further means to ensure flexibility centred on the set up of the workshops themselves. As noted above, this allowed participants to drop in and out of sessions if, for example, they tired. It also allowed people who

were not able to sit within the circle to interact with the group from a more comfortable position:

“I got stuck in from over there” – Participant.

“It flows...from morning to afternoon people can drop in and out” – Carer.

The method of delivery in terms of the way that the artists attempted to be inclusive was remarked upon by both carers and participants:

“You worked hard to please everybody” – Participant.

“Everybody enjoys it. [The artists] make it interesting” – Carer.

The nature of inclusivity facilitated by Storybox had an effect on the development of a sense of community and togetherness, a point which will be discussed in depth in Section Five.

### **Creating closure**

The artists stressed the importance of bringing closure to each of the individual sessions and course of workshops. This was achieved often at the end of individual sessions by holding hands and singing collectively. The intention here was to bring the group together as a whole to enhance the sense of community within the pre-existing group before the artists left. Alternatively, the poems that were created during a workshop were read to the group with the emphasis on how this had been a collective enterprise and all had contributed to it. Other products of their work were also presented and participants, artists and carers commented on each others work.

“The viewings of the painting were met with wide eyes and satisfaction of success” – Artist.

“You see a smile on their faces when they complete a task” – Carer.

At the end of the series of workshops, participants were presented with a book of the stories and poems collected during the course of the intervention. The artists recognised this as a very effective means of bringing closure:

“The storybooks and certificates of participation were greatly received at the end and without these it wouldn’t have come to an effective close” – Artist.



*A participant receives a book of stories and poems created by the group at the end of an intervention.*

## **Summary**

This Section has outlined the basic elements integral to a Storybox workshop. The relevance to these individual components will be expanded upon in the Sections that follow. These following Sections will also discuss how these are experienced and developed in practice.

## Section four: “Everyone deserves to do fun activities”

### Introduction

The Alzheimer’s Society argues that we need a radical change in attitudes to how we treat people with dementia (Jeremy Hughes, Chief Executive, Alzheimer's Society, 2012). Part of this requires recognising that people with dementia share the need for opportunities to enjoy life in the *present*, as well as support to cope with illness. We know that creative activity can be fun and pleasurable and therefore can have a positive impact on our lives. Fun has an intrinsic value itself, even before we look beyond to more complex or knock-on effects. The observable impact of this might appear to be temporary (Shore, 1997) and long-term positive results might not always be possible to observe, but this should not discourage the use of fun activities for persons with dementia (Beard et al., 2009). In spite of the importance of having fun in life, according to Beard’s (2012) systematic review of art therapies and dementia care, very few studies use the word ‘fun’ when talking about activities and when they do, this is often only a superficial addition.

In order to address this gap, the importance of creating fun and a sense of play is given considerable significance in Storybox. The ways in which fun and pleasure is said to be experienced by participants, carers and artists are described here. This Section also pays attention to the ways in which fun activity can transform the atmosphere and physical environment of the care setting into an enjoyable social environment in which humour and creative engagement are given centre stage.

“You have brightened up my day”

“Better than the professionals”

“I’ve had a lovely time”

“Excellent!”

“The most amusing bits were the best”

“I’ve had such a laugh”

“I enjoyed being part of it”

“It was magic!”

“It’s a very nice break”

“I didn’t expect to have so much fun”

-Quotes from participants

## 'Rediscovering' your fun side

By demonstrating how [people] manage their disability and enjoy life through the performance of various life-enriching activities... That is, when people are allowed to live with dementia, rather than exclusively fight against it, the condition becomes a 'manageable disability' rather than a (social) death sentence (Beard, 2012: 15).

As the review by Beard et al. (2009) suggests, the notion of fun is often somewhat missing from dementia care settings. From conversations with participants and carers it emerged that there is a sense that life with dementia has become serious and hence people are not given the opportunities to just have fun, because the emphasis is always elsewhere. Fun can, however, help people with dementia *to cope* with their condition (Schmitt and Frölich, 2007 cited in Rylatt, 2012) and to enjoy life. Overall, care is not just about dealing with dementia, but also about the difficulties and frustrations that people encounter in dealing with having a disease. In this study, carers remarked on how having fun was often perceived as something which belonged to the participants' past and in some ways the intervention was interpreted by them as a means through which participants could 'rediscover' their fun side.

"They're learning how to have fun. It's quite a shift" – Carer.

"Christine did brilliantly, she has been so serious lately" – Carer.

"I saw smiles from clients who'd not smiled all day" – Carer.

"A lot of laughing from clients who would normally be very quiet" – Carer.

The idea that fun was something to be *rediscovered* was also suggested by the participants themselves. In their preliminary conversations with artists, participants talked about how they *used to* enjoy going to the theatre and *used to* enjoy music. At the beginning of an intervention, one woman said she loved dancing but added, "I can't dance any more". However, later she spontaneously got up and started dancing the flamenco in the circle when Spanish guitar music was played. At the end of the session she talked about how much she appreciated the session.

Artist: Did you enjoy it?

Participant: Of course I've enjoyed myself!

One of the concerns articulated by carers at the start of the project was that service users would not benefit because some are quite withdrawn and depressed. This caused the carers to be surprised by the quick response to activities and the spontaneous participation, especially by participants who they had previously recognised as 'depressed' and 'withdrawn'. Mary, for

example, who was said not to speak much, got involved in the workshops. During one in which everyone made paper boats she began to speak lucidly about the boats and gave names to them. This was commented on by a carer who remarked, "I've never seen her like it. She normally just sits there". Artists also remarked on the spontaneity of people's involvement because they had been of the understanding that this might not occur when people have dementia. Artists remarked on how the participants would often start singing impromptu. In the session in which the boats were made the participants had a spontaneous boat race. One participant, after naming his boat, the Irish Rover placed a biscuit inside it when entering the race. When asked why, he jokingly replied he didn't think a boat shouldn't have someone on board.



In the same way that the carers did, the artists remarked on these unexpected moments, especially when participants were otherwise known to be quiet.

"Carol took the paintbrush out of my hand and painted the seascape with ease, smiling with pleasure as she did so" – Artist.

Levels of spontaneity increased as the interventions progressed. This was less about the kind of improvement recorded in Rylatt's study (2012) in which improvement to behaviour was interpreted through a clinical lens but more about people simply getting used to enjoying a social rather than a clinical environment and having fun again.

"[Storybox] gives them the sense that they are valued and can still do fun things to stay happy" – Carer.

In spite of initial concerns around the possibilities of 'learning' to enjoy sessions, it was fun that emerged as the most common response by participants when asked about their experience of taking part in activities.

"Once they are actually in the session they all report to love their time engaging" – Carer.

The experience of fun described provides justification on its own to incorporate creative activities such as that developed through Storybox into care. A lot more can be said about how fun activities affected participants and carers and will be reflected upon throughout the rest of this report. It is worth thinking a little more first about some of the immediate knock-on effects of bringing fun into the care setting.

### **Creating an enjoyable working environment**

Nolan et al. (2006) argue that good quality of care is only likely to be achieved if paid carers enjoy and value their work. This is a particularly important issue to address in the dementia care setting since work with older people is often devalued within the health and social care systems (Nolan et al., 2006). It is also important since carers are often dealing with difficult emotional circumstances on a daily basis.

"You have to have fun in this working environment. It helps" – Carer.

"We have lots of laughs at times but sometimes difficult times" – Carer.

At the start of the intervention, most carers described having a pre-existing good relationship with colleagues and said that, in spite of the sometime difficult circumstances, overall they enjoyed their jobs. Some explained that whilst they had fun at work they didn't have enough. Other activities such as quizzes were described as "stale" and did not have the same impact as Storybox.

"There's a lot of quizzes, singers, music, but Storybox is the highlight. When will you come back?" – Carer.

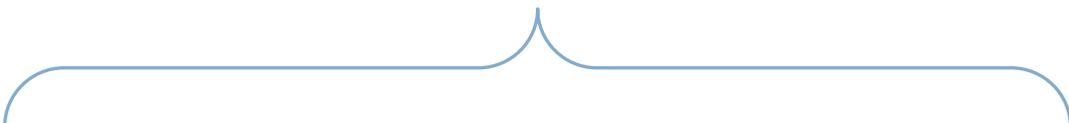
In preliminary interviews with artists, the carers stated that one of their main hopes for Storybox was that it would be fun and allow people to have a good time. The intervention was positively received and in conversations with artists and in their written feedback forms at the end of the intervention, the carers they said that it had a very positive impact on their attitude to work and the work environment.

"I love it so much! I look forward to coming into work because of the Storybox and it's really fun!! XOXO" – Carer (written comment).

The importance of enjoying the work environment was not only described as necessary for their own well being, but was also described by carers as important for their relationship with residents or patients. They explained how through participating in fun activity together with residents created a good balance and positive environment.

“You have to have a laugh at work. It helps the patients as well” – Carer.

“It is setting a good balance for everyone seeing both [staff and participants] happy” – Carer.



“I laughed till I cried on some occasions”

“It’s the most fun I’ve had all week”

“Come more often! More than once a week”

“I wasn’t sure how it would go, but what a way to spend a morning”

Do you think creative activity can improve your well-being? DEFINITELY

- Quotes from carers



## **Transforming the atmosphere and breaking up the routine**

Storybox helped to “break up the day”, as one participant put it. Other activities that also had the intention of doing that were, as noted above, often described as “stale”. In addition, Storybox affected the environment. Both carers and participants remarked on how Storybox transformed the atmosphere and “brought life” to the care environment. Part of the difficulty in the usual care environment is that staff can find it difficult to find the time to incorporate fun activity into routine care.

One issue raised by participants was that life in a care setting can become routinised and dull. This can then add to the difficulty in coping with difficult circumstances. Stephen, for example, who had been on an in-patient ward for some weeks explained he found the environment difficult to cope with and would like more excitement on the ward and to see people happy. He talked

nostalgically about how he likes reading and loves fishing. When asked about his anticipation of Storybox before the intervention began he said he was excited by the thought of having something interesting going on, adding that he was prepared to have a go at anything. Mary remarked on how she would often wake feeling depressed because of the lack of interesting activities available, but commented on how her mood had changed through her participation in Storybox:

“I was so depressed this morning but this I’ve enjoyed” – Participant.

Television is commonly a feature around which the social spaces are oriented in care settings, but here one participant comments on how this is not always helpful in terms of enlivening the environment:

“It’s what I’ve always believed – audience participation – if you’re miserable go to the theatre. What’s the cost? TV is a dead loss. It’s put things into perspective” – Participant.

The intervention changed the environment to produce a more relaxed space in which the carers remarked that the participants appeared “more settled” and “at ease”, making their work less intensive. The carers also remarked on how this relaxed atmosphere enabled the participants to remain focused throughout the activity without getting distracted by other things going on around them. This also allowed for a comfortable environment in which even anxious participants could contribute:

“It’s helped me relax. It’s good for my imagination” – Participant.

“Ann is worried but stays” – Carer.

“Everyone’s out of their shell” – Carer.

The transformation of the environment was commented on by visiting family members, one declared, “What fun!” “What magic!” on a visit. The sound of the enjoyment also attracted a hairdresser visiting one of the hospital wards to come over to find out what was happening:

“You sound like you have so much fun! Every week I hear the sound of enjoyment” – Hairdresser who came over to see what was happening.

The celebratory atmosphere was somewhat infectious. As the sessions went on more people would come and find out what was happening and to join in. Artists remarked on how at one of the hospitals they started the session with just four people but the numbers then doubled as people came over, curious to see what was causing the laughter. It also facilitated an atmosphere in which everyone wanted to contribute to the sessions. One man, for example, who had been very quiet during the early part of the

session later took part in a scene and was laughing a lot throughout. One woman who appeared quite agitated at the start of a session started to smile and dance of her own accord on her feet.

“Nobody sat there and got bored, even Margaret joined in” – Carer.

“The laughs in the room really created a special energy which everyone left the session with...extraordinary!” – Artist responding to a participant’s theatre contribution (George the shopkeeper).

### **“It ignites the imagination!” Humour and creative engagement**

A key effect of Storybox was the reorientation of the care setting into a social space full of humour and creative engagement. In an environment that was described by participants as often ‘dull’ this became a valued aspect of their participation.



The participants developed a good rapport with each other and much of this was directed through a sense of humour that developed throughout the intervention which brought a sense of play to the groups. As one participant joked, Storybox “is good for cheeky swines”. In a session based on the high street one participant went into a butcher’s shop and ordered vegetarian sausages which resulted in a great deal of laughter.

The nativity story that was created by the participants in one site just before Christmas was, as one Carer described it, “a mix of nativity and funny details”. During this session, the participants threw in little details to narrate an alternative nativity. These included “an atheist shepherd” and participant added, “Mary’s feeling a bit rough around the edges, not so immaculate”.

This was coupled with more serious contributions which were specific to the scene.

### **The Nativity Story, as told in Storybox**

Abraham the atheist Shepherd is showing the way for the Wise Men: Bono, David, Eric and Samuel.

The star in the East is guiding them.

They walk through Jerusalem, through stones, boulders, hills...

It is here they see the Angel Gabrielle, 'Behold this night a son has been born, he will be our saviour'. Bono is upset; he will not be the star of the show tonight. The Shepherd likes the sound of Angel Gabrielle.

Suddenly the sky is alight. The Angel speaks again, 'Fear not, I bring good tidings' ' A son has been born!'

The Angel leads the wise men to the stable where Mary, Joseph and baby Jesus rest.

They wise men each carry gifts for the new baby; frankincense, myrrh and gold. Samuel's the richest of the wise men, he carries the gold.

They all traipse over the many hills to reach Jesus. It's very warm in the desert (they have all brought their swimming costumes just in case!)

At the stable baby Jesus lays in the manger, the Ox and the Ass lie down and kneel with Mary and Joseph.

The wise men finally arrive with their gifts, Abraham the Shepherd too with his gift of a baby lamb.

Baby Jesus cries, 'I want to go back. I was in a warm place and now I'm cold and hungry. I'm hungry!'

'Sorry son' says Mary 'you'll have to wait-there's an audience'

Joseph thinks this whole spectacle is wonderful.

The Angel Gabrielle carries a message from God, 'This is truly my Son and I will make a foot stool of his enemies'. There are three gospels on Christmas day.

Abraham the atheist Shepherd says 'it's fun to be naughty!'

Wise man Samuel says Jesus is 'all right'

'Me, me, me' cries Bono.

They each present their gifts to Jesus...

'Welcome son' says Mary

'Pleased to see you' say the Wise Men

'Welcome baby Jesus' says Joseph

The whole gathering serenades baby Jesus to sleep with their Silent Night choir.

Carers commented on many occasions about the level of concentration of participants which they described as "excellent". This was often attributed to the emphasis that the workshops had on being in the moment:

"This focuses more on imagination than memory" – Carer.

In week two at the hospital the artists noted how "Patrick sustained engagement throughout which was a big difference from the first week. He

contributed and followed.” The support worker also commented on how it was unusual for Patrick to do art but in this session he had taken the initiative to finger paint. Brian was described as:

“A different person in the sessions compared to the first week. He’s interested, responding to others, making jokes, reporting enjoyment. The session’s really made a difference” – Carer.

Another participant who was described to the artists at the start of the intervention as someone who cannot communicate well spontaneously began to talk about a visit to Australia after the group sang *Waltzing Matilda*.

The participants engaged deeply with the activities and this was illustrated particularly in the way they took up their characters in role-plays. During a wedding theme Richard got down on one knee and Catherine caught the bouquet. This also inspired Sonia to talk about being in love. In the funfair themed session Sarah began to improvise owning a hot dog stand and began cooking hot dogs for everyone whilst Roy got so involved in the coconut shy stall that he emulated throwing the ball at the (imaginary) coconuts. During a role play about dining around the table together, one participant declared:

“This is a bit like *Come Dine with Me!*” - Participant.

The humour was retained following the sessions and in conversations with artists at the end of workshops, when asked what he liked most about Storybox, one participant said cheekily:

“I rather like the chatting. I do the chatting up!” - Participant.

One participant on one of the wards had participated in a workshop by playing a character of a captain. When he returned to the ward he stayed in character to entertain everyone else and was saluting everybody, smiling and sharing his story with the other patients and staff.

## Summary

Fun was the most commonly reported effect of Storybox by both participants and carers. The environment was generally described as both relaxed and energised and full of laughter. This is perhaps commented on so extensively because it is a transformation from the typical ‘clinical’ setting. Participants and carers remarked on how the care setting becomes transformed into a “very social” environment. This leads into the next Section, in which the social and sense of togetherness is discussed in more detail. Section Seven will also reflect on the longer term effect of Storybox in this respect, i.e. how social engagement is maintained once the artists have left as well as some of the difficulties carers articulate in facilitating this level of interaction.

## Section five: “We’re all in it together”

### Introduction

Social engagement and ‘meaningful’ social roles are understood to be necessary to a good quality of life. Nolan et al. (2006) explain how activities that encourage meaningful social interactions give older people the important opportunity to feel part of a group or community. This is something often lacking in older people’s lives. Cohen et al. (2006) argue that this also then has the effect of improving physical and mental health. This Section will consider the ways in which Storybox can produce and encourage a sense of community. Storybox is designed as a participatory activity and, as described in Section Three, integral to the design of the workshops is the creation of a space in which *everyone* contributes. This includes the participants, artists and carers. The artists emphasise how they see this shared responsibility as key to the success of Storybox and here closer attention is paid to the effects this facet of the approach has. It begins by considering how roles are worked out equally and then looks at the effect of this method on the sense of togetherness in the group.

### Levelling the playing field

From the start of the session, the artists emphasise that they are there to guide the group through a workshop of a fixed period. What happens during the workshop is left open so that the participants can shape the direction. Much of this is aided by the artists through the way in which they set up the physical environment and suggest a range of activities through which participants can take up the themes.



The physical lay out is always in a circle so that everyone can see, hear and touch each other and participation is encouraged from everybody. Participants, staff and artists sit in the circle together and are encouraged to participate in the same way:

“Circles are great, you can’t get out of them!” – Carer.

In all of the settings a space was also made available for people to come and watch the session if they were apprehensive about joining in, this was described as particularly important in the initial sessions when people were often apprehensive about participating in an unknown workshop. People could therefore choose to sit outside of the circle, but very often then participated from this position by supporting people in the group. This was particularly important in the hospital settings where some people were not physically able to sit in the group due to other health problems. In these circumstances, and as far as it was possible, people were encouraged to participate from a distance if this was more appropriate. This worked well for example when, during the spontaneous boat race mentioned above, those who were not participating in the actual making of the race participated by becoming the audience:

“I witnessed the boat race. The whole ward participated. If they weren’t in the actual race they were watching and cheering. Fab!” – Carer.

The way in which positions are more evenly distributed is also developed through the ways in which roles and activities are decided upon in the group. At the outset, a broad theme is introduced and then everyone is invited to take on a role or character. These are always similar in the sense that there is never a leading role or a leading character. In this way, everyone is working from the same starting point. For example, a theme around the high street can include characters such as shop keepers, shoppers, or police officers, but these are made up at the time. The outcome in each group was therefore always different and the size of the role is determined by how much an individual chooses to participate:

“We’re all in it together” – Carer.

“Everyone made a contribution” – Carer.

“Everyone can make a contribution” – Carer.

The idea of an equal setting was facilitated by encouraging everyone to participate in the same activities. This was particularly effective when the activities were understood to be potentially ‘silly’ or ‘embarrassing’, because they brought people together. Singing raucously and dressing up in hats and scarves, for example, was nerve-wracking for some participants and staff when they were concerned about how they would look and sound:

“At first I thought it was silly but then it became very entertaining” – Participant.

“I liked the fact that I joined in...I was nervous before” – Carer.

“At first there appeared to be some resistance from some staff but now on board with joining in” – Carer.

This fear of participating out of self-conscious embarrassment could sometimes act as an inhibitor at the start of an intervention. This, according to artists and carers, was overcome partly through the persistence of the artists, but also because of the way in which the group was imagined as containing equalising roles. The shared experience of being ‘silly’ and dressing up was therefore not only beneficial for enhancing the experience and fun of the activities, but also brought everyone together as a group in overcoming their self-consciousness:

Artist: What will stay with you?

Carer: Nobody taking the Mickey, it doesn’t matter how old you are. It’s acceptable to us all.

“Everyone had such a good time without feeling embarrassed” – Carer.

“Every week we’re going more positive. Staff are more involved, we’re letting go, getting warmed up” – Carer.

“It builds up courage to interact” – Carer.

From the artists’ perspectives this made for an improved creative environment, which could then feed back into the workshops:

“It is never certain what will work, what won’t work. That unknowingness, the improved nature of creativity is what brings us together” – Artist.

The way in which the roles are levelled is somewhat unusual in a care environment in which typically there are ‘carer’ and ‘cared for’ roles. The contrast between the Storybox method and a typical care environment was illustrated by one comment made by a member of staff before the intervention had started:

“It’s hard telling them to have fun” – Carer.

What is interesting about this quote is that the staff member suggests that older people have to be ‘told’ to have fun. The method employed by Storybox is instead intended for fun to emerge more naturally or organically through the process of voluntary participation. The participants described this method as integral to the pleasure of participating. At the end of sessions, the artists were often thanked by participants and told they enjoyed the coming

together of people in an equal setting. This was an opinion shared by the staff too, once the way of doing Storybox was understood through the experience of a workshop:

“We received a lot of feedback from all involved that said it was wonderful to do something together and be part of a team” – Artist.

The following will look more closely at the role of coming together in a social setting.

### ♪Getting to know you...♪

Nolan et al. (2006) describe the importance of creating a sense of togetherness, or ‘belonging’ for both older people and staff. This is then in turn described as giving people ‘meaning’ and ‘purpose’. Having fun is typically described through social experiences and therefore usually necessitates the presence of others. Descriptions of fun experiences of Storybox were entwined with the pleasure of being in other people’s company and sharing good times.

Artist: What do you enjoy about Storybox?  
Participant: The company and the laughs.

“I think the activities that were enjoyed most by carers were the ones where they got to find out new or more things about the participants. Therefore workplaces, shopping and travel were rich in drawing memories. For example we found out Barbara could remember to make paper boats, something she had done as a teacher many years before, Fred was an expert butcher in a shop all the group and the carers knew well, and Jean had been a ticket inspector on the Manchester trams. Stimulus (music, photos, props, costume) aided discovery and newness” – Artist.

The level of interaction in the different care settings before the intervention took place was very variable. In one of the participating hospitals a carer described a pre-existing sense of togetherness among patients and noted that they could be supportive of each other. At another, the relationship was described as non-existent and “patients tend to stick to own bays”. To a certain extent, interaction was more likely in day care and residential homes because of the ways in which these are set up. However, although residents in a care home are often sat in the same room together, what emerged in discussions with participants is that they rarely socialise with the other people they live with or attend day care with, even though they may have known each other to a certain degree for some time.

The physical layout of communal spaces in care settings often does not encourage meaningful interaction. Lounges are, for example, organised in a

fairly typical way with winged chairs placed up against three of the walls of the room with a television forming a common focal point. The wings on chairs, although great for leaning on, do not make it possible to talk easily with the person sitting next to you, because they are placed in a line. Meanwhile, whilst you can see the people opposite they are usually too far away to engage in conversation.



*A typical lounge set up*

The physical lay-out of the workshops which involved rearranging chairs into a circle was an important intervention in this respect:

“Being in a small circle where you can see and hear and touch everyone is important” – Artist.

“It’s nice to be with people, mixing” – Participant.

“I felt close to others who I wouldn’t normally” – Participant.

“It’s been an enlightening experience. It helps some people chat more” – Participant.

The activities provided an opportunity to get to know each other. They were designed in part around shared interests. Hence, the themes and music centred on a familiar topic. Songs that everyone knew, for example, allowed the group to sing in unison and themes such as marketplace, pub and funfair encouraged people to share stories about these places through their imagining of the places for the purpose of the role play. Often this meant that the participants would discover that they had visited the same places as children or travelled to the same countries. During the market theme, for example, one participant began to talk about Smithfield market in Manchester and another interjected, “Ooh, I know Smithfield Market!”

In one session, the participants began to talk about their experience of working in the cotton mills in Manchester. This was a shared experience that they had no previous knowledge of. As part of the session, the artists had

brought in various props including pieces of wool and fabrics and aprons and hair nets. Feeling these objects and chatting together, a poem was created from these shared experiences.

### At the Mill

Based on a photograph of an old factory

I was a weaver,  
They called it a weaving shed,  
See them all over mine,  
It looks like beads,  
They looms were right,  
You had to squeeze by,  
It was so noisy,  
We used to say 'woo hoo'  
And we'd lip read, across the machines  
'Are you going out tonight?'

Tootle Broadhurst Lee was the name of  
one of the factories,  
I worked in the office opposite,  
All Sorts,  
Manchester was famous for cotton,  
Tea Towels, bath Towels, all types of  
towels.

I worked where the trams came out,  
Number 22's gone past!  
Where's 24 – its still in the yard!  
By the Irwell,  
I used to take all of the fares!  
'FARES PLEASE!'  
I loved the open air,  
And back to Manchester,  
I was a baker,  
My Grandfather was a bus driver.

All kinds of noise,  
The noise was horrific!  
Howards Mill was a big one,  
Near Regents Road,  
We were women,  
They wouldn't let us work  
My man worked there,  
Look how near they are,  
They can all sit next to each other.

The tattler and the shuttles would fly  
out and give you a crack,  
We had some good times,  
A weaving shed,  
Plain cotton on a bobbin,  
It goes on and on and on and on,  
It must be illegal now,  
So many men!

Team work,  
We had a number drawn,  
Out of the wages  
Like a raffle and you got paid more,  
Them were the days,  
The buzzing noise,  
Gears turning,  
A whistle sometimes,  
Everybody had to stop,  
A lot of chatter,  
Plenty of time to talk.

It was these kinds of activities that coupled creativity with the sharing of experiences that the participants said they enjoyed:

"I've liked the intellectual aspect, spiritual togetherness" – Participant.

"By talking to us, you get more people talking to each other" – Participant.

"It's a good chance to find out where we've all been, I enjoyed the travel one, it's been good" – Participant.

“Patients that are quite isolative have opened up to working with each other and sharing life events and ideas” – Carer.

This benefit was not exclusive to the relationships between the older people. It was also described as an important benefit for carers. For staff, connecting in a meaningful way with people was said to be often difficult in their busy work environments. This was said to be particularly difficult in hospital environments because, as one member of staff explained, each day they might be working with different patients. Indeed, it was common for staff on hospital wards to explain that whilst they had ‘met’ most of the patients on the ward, they had little contact beyond this.

“We have learnt a lot about the clients and enjoyed spending the time getting to know more about them” – Carer.

“The thing I am taking away...getting to know the patients better and making patients smile ” – Carer (written comment).

More generally, in all of the sites, the motivation to get to know the older people was said to not always be there. This may again be a consequence of a busy workload. One carer added that she thought it does not always happen, because staff do not necessarily think it is part of their role. There is also some indication that this is sometimes connected with broader representations of older people and particularly people with dementia who are effectively excluded from social roles. Conversations with carers before and after the intervention indicated a change in perception about the role of *social* interactions. This will be discussed in Sections Six and Seven. Sharing experiences with each other also enabled participants to create memories in the *present* and challenged perceptions of what people with dementia can do. This emerged as a key feature of Storybox and is perhaps what also makes it unique. This is something that will be discussed in depth in Section Six.

### ***Relationships amongst staff***

The collective activity also had an impact on the relationships between colleagues. These were described as generally good anyway, but it provided an opportunity for staff to interact more with each other and get to know each other through fun activity, rather than through discussions of the serious matters of care work. This was then said to have a broader impact on the social environment in the care settings more generally as it encouraged a friendly atmosphere:

“There is a sense of togetherness amongst the staff during sessions” – Carer.

The emphasis on the social had an effect which was said to continue after the artists had left for the day, because it had improved the relationships within the care environment. In one location, the intervention had also facilitated relationships between staff across different wards through their common participation in Storybox:

“I didn’t know the staff on [the other ward]. Since the first session we have all worked together well and do joint groups four times a week” – Carer.

This kind of longer lasting effect of Storybox will be explored in more detail in Section Seven.

### **Having a social life: Relatedness and empathy with others**

From the observations from artists and the artists’ conversations with staff, two ‘problems’ with the current set up and available activities in care settings were identified. Firstly, the majority of activities are competitive and do not encourage people to work together. Second, there are few opportunities for older people to come together and share experiences beyond their experience of being in the care setting.

The artists noted how the other activities on offer in each of the care settings (where they were available) tended to revolve around competitive activities and activities which were very structured and therefore did not encourage socialising. Activities on offer, for example, included bingo and quizzes and whilst these can be enjoyable, they involve a two-way relationship: the quiz master or the bingo caller and the respondents. The artists were not, it should be added, advocating against these other activities, but remarked on how there was a lack of activities that would encourage social exchanges and meaningful interactions within the group. These other types of activities also do not challenge the roles of ‘carer’ and ‘cared for’.

Storybox was perhaps most different to pre-existing activities because of the way it brought people together in more evenly distributed roles, recognising the contribution by everyone participating:

“We all have the responsibility to contribute, support, enjoy and listen to each other” – Artist.

Storybox provided an avenue for participants and carers to discover each other, but also to build social bonds with each other:

“I like working with people similar to me. I used to head a team of people in the building trade” – Participant.

The phrasing of the above comment in terms of '*working with*' people is significant, because it emphasises the recognised collective effort put in by participants. The affect of this was described by the staff as something which produced a greater level of empathy and support within the group. One member of staff described how the participants "looked after each other" during the workshops.

"It's nice to see the clients listening, laughing and working together" – Staff.

The artists also observed how everyone clapped and supported each other, making comments such as, "That's lovely that" about other people's work. The sensory activities described in Section Four helped to develop this amongst the group as they passed objects to each other and fanned each other, pretending to be film stars.

"The fanning was such a decadent and pleasurable action" – Artist.

The seaside theme was very good for reviving memories. The participants sat with their eyes closed with the sun cream on, imagining they were lying in the sun.

"The sensory box brought the group together to reminisce about their own experiences" – Carer.

This also suggests how deeply everyone began to engage with the role-playing and interlinking activities. Before Christmas, one group made a nativity scene using some pieces of material brought in by the artists. After making the figures the participants then went on to act out a nativity scene using the characters they had made. The engagement in this activity was such that they all gathered around the baby Jesus and started cooing over him like one would a baby.



The support among the groups particularly came to the fore at the end of an intervention when reviews of everyone's contribution or award ceremonies were held. At the close of a workshop which had used The Oscars as a theme, the participants were suggesting titles for awards for each participant. Brian, for example, declared that Roy should get an award for his dancing. Other awards were suggested for funniest person, best singer, most glamorous and so on, until everyone was given an award.

The participants said that they both enjoyed sharing personal stories and listening to everyone else in the group. The sense of community that was described also allowed them to rediscover a social life which, as described above, had been largely missing. Through their reflections on these experiences it is also evident how this developed empathy within the group by causing them to reflect not only on their own lives but also the lives of others:

Artist: What did you enjoy about today's session?

Participant: That thing with the coconut shy (funfair theme) and Roy's pretend throw...that's how he'd have been with his grandkids.

"I saw the delighted look on [the other participants'] faces. There was only one man who walked away...some people can't face the past" – Participant.

This sense of togetherness was established quite quickly in the intervention and participants that joined later were subsequently welcomed and engaged quickly with the group.



*Two participants sharing a joke.*

The second concern, voiced by members of staff was that the older people they worked with rarely shared experiences beyond moaning about their environment:

“You don’t hear them sharing stories, they usually moan about the ward, the food...but they have something to talk about, be positive about” – Carer.

Storybox was said by both carers and participants to give them something new and positive to share and talk about. The staff reflected on how it was good for the older people to discover they have things in common through their joint activities:

“When you do it on a broad theme they can associate with it through their own memories and because many of them are of a similar age and from Manchester they could relate to each other’s stories” - Carer.

The idea that, via these activities, stories were being produced in the present and memories were being created with each other is a valuable element to emerge from Storybox and will be picked up in the next Section.

## **Summary**

Storybox provided an avenue through which participants and carers could discover things about each other. This made the environment pleasurable and supportive. It also facilitated meaningful social relationships beyond the shared experience of care. Storybox encouraged a sense of community as recommended in the literature (see in particular Beard et al., 2009, Nolan et al., 2006, Beard, 2012).

## **Section six: "I've got memory problems, but I'm still here"**

The previous two Sections described the ways in which Storybox created a social environment and facilitated relationships between the staff and participants. This Section picks up on some of those themes and considers their significance for the lives of people with dementia more broadly and in the context of attitudes to older people in the UK more generally. Gilmour and Brannelly (2010) argue that an emphasis on maintaining the rights of people with dementia as 'citizens' is only a relatively new development. This has, to an extent, been discussed through the recent focus on the idea of 'dignity' in older people's care. However, what this actually means and how it can be achieved is not clear (Nolan et al., 2006). One definition suggests that 'dignity is essentially about feelings of personal worth and identity and is necessary for a good quality of life' (Davies et al., 1999 cited in Nolan et al., 2006: 24). Part of this is about 'a need to know the patient' (ibid.). This Section will consider how getting to know people with dementia and giving people meaningful roles in activities help to recognise people with dementia as people with something to contribute in the present and in the future.

### **"Its nice to see people being appreciated": Recognising people with dementia have something to contribute**

The voices of people with dementia have been marginalised and silenced (Gilmour and Brannelly, 2010). This is reflected to an extent in the way that studies have excluded people with dementia from participating in evaluations (See Section Two). More broadly, it is symptomatic of a society in which ageist attitudes mean that older people and people with dementia are not always recognised as citizens. As a consequence, activities that are introduced within older people's care are not always considered in relation to people's needs and interests. As one carer puts it:

"Sometimes it seems that activities are an afterthought and dementia clients can be left out" – Carer.

This was further emphasised by Petra, a participant who explained that whilst she does not mind the arts and crafts sessions in which they crayon in pictures, she finds it babyish. She explained how she wants to do things that would give her a sense of "independence". Similarly, the carers also explained how they were keen to incorporate activities that would let patients "develop a sense of belonging" and to know that "they are relevant". These comments often emerged at the outset of the intervention when staff were asked about their hopes for the project, but were also raised at the end of the project when they expressed concerns of how possible it might be to

extend Storybox-type activities into routine care given the tendency of managers to opt for more 'typical' kinds of activities. This latter point will be returned to in Section Seven.

In Storybox, the participants were encouraged to reflect on the skills they could bring to the group. The participants tapped into their own experiences to contribute to their own characters and to shape the theme into a tableau through which they could all participate together.

"It taps into their own experiences" – Carer.

During the pub theme, for example, Susan started to polish the glasses in the pub. According to one of the artists, she "really got into it". Through this, the group not only discovered that she used to work in a bar, but also were able to interact with her behind 'the bar' and develop their own characters. Graham is keen on puns and interwove these in a humorous fashion into the role plays. Evelyn quoted Shakespeare and Ian who explained he "loves" musicals brought songs to the different scenes. These kinds of roles went beyond reminiscing, by bringing the emphasis on to the present and recognising individual skills:

"You're doing things you've done when you were young. I was a driver for Age Concern, doing the caring" – Participant.

"When we discussed George's love for music and how he used to be a pianist he became quite tearful and it really affected him. This emotion was very powerful and he understood what we were aiming to do which was really powerful" – Artist.

Before beginning the interventions, the artists expressed apprehension about working with people with dementia when they had not done so in the past. For example, a new artist that came on board expressed her concerns at the outset about the potential unpredictability of behaviour of the participants. Her reflections throughout the intervention demonstrate how these views were challenged by the participants themselves. These preconceptions are somewhat unsurprising given the ways in which people with dementia are represented more broadly within UK society. There is a lingering understanding that people with dementia are always limited in what they can contribute. This is an attitude common to other areas of older age care and mental health.

The shared experiences encouraged through Storybox therefore not only served a purpose in bringing the group together, but also offered the opportunity to see the individual members of the group as having something quite individual and specific to contribute. In doing so, it transformed conceptions of people with dementia. This was described by members of staff,

who had not previously had the opportunity to find out about the older people's lives that they were working with on a daily basis:

"Storybox has allowed me to view clients as individuals with a story to tell" – Carer.

"You enter the world of the participants!" – Carer.

"Doing this really opens your eyes" – Carer.

"They were able to tell the stories themselves" – Carer.

"You hear things about the participants that you've never heard before" – Carer.

### **Creating memories: being in the moment and looking forward**

The absence of meaningful activity for people living with dementia, particularly in care homes, is a well-recognized issue (Brown Wilson et al., 2013). Much of the activity that is available is often focused on the past; this is perhaps most evident in reminiscence work. Whilst these activities have a role in dementia care, the emphasis on the past, coupled with prevailing ageist attitudes more broadly mean that the present and being in and of the moment is often forgotten in older people's care and treatment.

"[Storybox] is more about the moment. It's the only time they're in the moment together. This is far better than the other activities we do for that" – Carer.

"The reminiscence groups don't give the same space to participants as this does. This maintains a freshness. It's about being in the moment and that's what matters" – Carer.

Within the context of the intervention, stories emerged from the participants about their history but did so without placing emphasis on "reminiscence" per se. As described above, this allowed for the participants to get to know each other and for the carers to view them as people with stories to tell. Not placing emphasis on reminiscence also relieved the participants of any pressure to remember, but also allowed the participants to connect these stories to the present moment. In other words, these activities were not disconnected from the ongoing activity and rather than being memories of the past, allowed participants to recreate these memories in the present in the company of the group. This was also described in Brown Wilson et al.'s study (2013) in which they noted that through creative activities, carers were able to recognise that significant moments in people's pasts can bring

pleasure to the present moment and can be integrated into the daily routine in care settings.

“This morning I remember wearing the cowboy hat. I liked that” – Participant.

Part of this also meant that participants were creating memories with each other which they could also share with friends and family. This was particularly important in care settings which participants explained could be dull and in which carers remarked on how they had little to discuss beyond the shared experience of being in the care setting, often through negative emotions (see Section Five).

“They’re having fun and socialising with other and I think they’ll always remember it” – Carer.

“It gives people stories to tell their families....memories” – Carer.

At the day centres, an opportunity for family members to attend the final workshop in an intervention also allowed for families to participate too and see what kind of work was being done. The story books presented at the end in all the settings also allowed the participants to show friends and family what they had created.

“The [families] thoroughly enjoyed the sessions and you could see from their faces how proud they were of their loved one” – Artist.

Another benefit of emphasising the importance of being in the moment is reflected in the way this also then gives people something to look forward to. The importance of giving people a future is particularly important when so much of dementia work focuses on the past and when living with a disease can be difficult.

“If you’re dull or dismal, there’s no future” – Participant.

In all of the settings, there was a sense that Storybox became one of the highlights of the week and participants waited with anticipation for the sessions to begin.

“Clients have sat outside my room on the day of the group waiting for the session to start” – Carer.

This was also noted by the artists who remarked on the way that the participants greeted them when they returned each week and said that they were happy to have them back. Jeremy who was a participant in one of the hospitals explained that typically he does very little on the ward but “look at

the walls” and play Jenga. He explained that he would like more *active* activities on the ward and enjoyed Storybox for this reason. Having something fun to do, thus gave participants something to look forward to each week. One participant, Betty, described Storybox as good because it “keeps us going”.

“I can sleep when I’m at home” – Participant.

The level of engagement in the project was also evidence of how much the participants enjoyed the activities. This was reflected through the ways in which the individual participants got involved in their characters and began to improvise. The artists and carers remarked on how this was also evident in the way that the stories grew in length and complexity each week.

“If you look through that book they’ve wrote it gets more advanced as the weeks go by. From the first story to the last” – Carer.

### ***Learning new skills***

In Section Four the idea that participants were rediscovering their fun side was considered. It was suggested that this can be particularly the case when life with dementia often focuses on what has been lost; hence the carers and participants’ emphasis on ‘rediscovery’. As a consequence, participants talked reticently about their ability to participate now, or “any more”. However, through encouragement by the artists and the group and through the emphasis on everyone “being silly”, participants participated in activities that they had not done for some time and tried new things. George, for example, initially said that he did not want to draw, but after giving it a go he said he had surprised himself. When painting was incorporated into one theme, one participant explained that they had immediately thought, “Oh heck! I’ve not painted since school”, but said they had thoroughly enjoyed taking up this new activity.

In this way Storybox challenges participants to try new things and push the boundaries of what people typically assumed they were capable of.

“It gets people involved in things that they didn’t think they’d like” – Carer.

The participants described enjoying being encouraged into new activities and learning new skills:

“You really do learn something fascinating everyday, who would have thought spaghetti would do this!” – Participant.

“I’ve never painted like this. We’ve learnt something today totally new, how simply you can make a painting” – Participant.

“Clients that I thought would not get involved did and were very creative with a bit of help” – Carer.

This was not solely a case of the artists instructing the participants, but the participants too would show each other by drawing on their own skills and interests. Edna, for example, enjoyed teaching the group new songs and Thomas who recalled making paper boats as a child was able to help the others in the group.



### **“It makes you feel your mind is endless”: The empowering effect of creative activity**

One of the key outcomes noted by the participants was the sense of achievement that they felt at the end of a session and at the end of an intervention. Because the project is largely participant-led it allowed participants to take ownership of the project and the creative products which emerged. Participants described having a sense of pride in their own achievements. This was also often described through a sense of group ownership when the participants recognised and appreciated each other’s contribution.

“It’s an achievement” – Participant.

“Well, we all did it didn’t we?!” – Participant.

“Oh, I did that didn’t I? It looks good doesn’t it?” – Participant.

Noice and Noice (2006) describe the role of drama-based approaches through what they call ‘active experiencing’ and describe its positive effects on mental

health and well-being. Storybox is a very active experience in the sense that it encourages activity across the senses even when participants may not be very physically able.

“I have a picture mind so to go back to the past has been delightful. I could imagine it over again. The fairs...it makes you feel your mind is endless” – Participant.

The inclusive nature of the project means that everyone has a role within the workshops and can thus take collective credit for the products that emerge. The activities allow participants to choose how and to what extent they will participate. With role playing it is possible to be “in” the story and also possible to watch. This is particularly important when activities are fitting around people’s lives. Gloria for example said she loved the role playing but remained an audience member. She was also struggling with the death of her son.

““It was wonderful to see how clients interacted with the theme to create a story. Also saw bonds being formed” – Carer.

“Out of all days, today [last session] they were all the narrators and I loved listening at the end” – Carer.

Batson (1998, cited in Beard, 2012) describes how drama-based approaches can empower people with dementia through activities such as mime, storytelling, role-play, object work, movement and music, and games and play. Giving control to the participants allows them to:

“Create projects and themes that reflect their personal culture and values”  
– Carer.

The activities were only loosely structured in order to allow participants to improvise. In a painting activity for example two women took very different approaches. Kathleen really enjoyed painting neat stripes of red, white and blue, in different orders whilst Edna enjoyed mixing the paints and produced swirls of colour. Edna who had worked as a machinist also then went on to cut beautiful flowers to decorate her painting. The participants were described as enthusiastic by artists and carers when taking up their roles and improvising with the props. Mary, for example, took on the role of Captain Hook and began doing different voices and Walter donned a captain’s hat and asked to be saluted:

“Highlights included more far-fetched themes, such as Pirates. This sense of ‘out of ordinariness’ lets participants play quite freely with less inhibition. For example Mary did not hesitate to take on the role of Captain Hook, or voice over a scared parrot or assume the role of artists in a New York gallery showing off their spaghetti print pictures and making up a sale price. There was a lot of laughter” – Artist.

One of the aspirations of the project voiced by carers at the outset was that it would provide the participants with a sense of self and sense of belonging. This became particularly evident in the ways in which throughout an intervention the participants took ownership of the workshops.

“There was a natural flow and the story crept up through a mixture of memories, role play and imagination, everyone was in costume. The end result was a long story featuring each patient and staff member and I think that gave them a sense of ownership, escape maybe” – Artist.

As the interventions proceeded, the participants began increasingly to take the initiative in sessions and offer suggestions for story lines. For example, in one session Shirley, Bernard, Ian and Ken initiated a painting session. This is however perhaps most clearly illustrated in this conversation captured by an artist:

Participant A: We can make the next chapter.

Participant B: What’s the next chapter?

Participant C: We’ll decide what the next chapter will be.

Participant B: We’re going to do it together, all three of us.

And also here during a discussion of how a particular story should develop:

“It’s not Lady and the Tramp, it’s Romeo and Juliet!” – Participant, dramatising the theme.

Carers remarked on how acting out the stories brought out the participants’ imagination. They explained how they were surprised by the group’s ability to participate in storytelling and make a cohesive dialogue and requested plans and practical pieces of advice on how to help shape stories in their own sessions. The sense of improvisation also began to affect the carers:

“We adlibbed and used our own initiative” – Carer.

“This is the first activity I’ve seen Roger do and he was stuck in” – Carer.

## **Summary**

Storybox provides a platform through which participants are recognised as key contributors and recognises their relevance in the present moment. The voices of the participants emerge strongly here in their descriptions of the ways in which they describe being positively affected by their participation. Storybox has provided a somewhat unique opportunity for participants by empowering them through giving them creative and decision-making roles.

This is perhaps best captured in the creative process itself, as well as some of the products of the workshops, including role-plays, artwork and creative writing.

## Section seven: “Oh no, has it finished?!” The legacy and future of Storybox

### Introduction

This Section begins by reviewing some of those responses which were recorded by artists at the end of an intervention in order to consider what the more long-lasting effects of Storybox might be. The following also reflects on some of the ways in which Storybox can be taken up and embedded in more routine care practices and explores some of the challenges faced in doing so. Finally, it considers some of the potential difficulties in implementing creative activities more generally.

### The Storybox legacy

The response to the Storybox intervention from participants and staff has been overwhelmingly positive. Many of the carers said that the project was better than they had expected it to be. They explained that the combination of methods and the overall effect on participants had come as a surprise to them, but were keen to establish many of these learned activities into their routine care.

The enjoyment and satisfaction expressed by participants and carers is captured in many quotes, but most obviously in those from participants which requested that the group of artists return. Many of the participants would often stay to talk to the artists after the workshop rather than going for lunch. Satisfaction was also particularly pertinent in comments from carers who described Storybox as having a positive effect on their working lives. One member of staff had come in to support the group on his holiday and brought in his guitar because he enjoyed it so much.



“I think I’m going to cry. I really appreciate you coming” – Participant.

“I’d have you again!” – Participant.

Artist: Have you enjoyed being part of Storybox?  
Participant: Yes. That’s a quick answer.

“Better than I’d expected” – Carer.

“I haven’t been to as many [sessions] as I’d of liked. I feel as if I’ve missed out. Boo hooooo!!” – Carer, written on evaluation sheet.



Following on from the interventions, the carers explained how participants were more settled and more relaxed. They were also said to be more likely to engage in other activities once they had experienced Storybox. As a consequence of these reported positive effects, some of the care settings had been encouraged to explore other activities.

“The clients are always in a great mood after each session with more energy” – Carer.

## Future directions

In light of the extent to which the participants and carers described enjoying Storybox, there was a strong impulsion to continue with similar kinds of activities:

“I hope we continue. It’s not a waste of time like some meetings” – Carer.

Over the course of the first series of workshops the artists observed how the staff seemed increasingly keen to get involved as it went on and were laughing and smiling. The staff started to make suggestions for what to do, such as suggesting music the older participants would respond to. Storybox gave carers energy and inspiration to design their own activities after seeing what potentially can be achieved. In two day care centres, the staff had been confident enough to practice and develop their own sessions without the artists present. On one ward, staff had decided to make a big papier mache snowman for a ward competition and did so through a participatory group activity, rather than decorating the ward *for* the patients.

“I have more confidence working with the clients. I’m making Christmas decorations with them” – Carer.

“I’ve seen staff members be enthused with ideas and spirit through the day and after the sessions” – Carer.

“It’s given me more ideas of what to do with our service users, things we can expand on in the future to give them a better experience of attending day care” – Carer.

Ideas from the project were also developed into other aspects of care. In some locations, carers incorporated activities into their routine activities. A fancy dress afternoon tea was held. In one site, a carer explained how she had taken a puppet with a patient to the toilet and demonstrated how the activities could feed into more mundane activities.

“This carried on the interaction into day to day care. This was nice as I think [the carer] had felt a bit embarrassed in group situation but she filtered it nicely her way, in her role” – Artist.

One carer also remarked on how the physical nature of the workshops provided a creative means to incorporate exercise into the daily routine:

“Getting people moving their wrists and ankles in a creative way. We learnt about wrists and ankles in training and now I can see it being applied in this” – Carer.

### ***Future collaborations***

Following on from the interventions, two day centres explained that they wanted to do a shared evaluation at the end of the project to learn from each other and share experiences. These two centres have also since initiated a carer exchange programme to gain an insight into different approaches to care. Inspired by this, the artists have since also considered the possibilities of doing mixed groups in day centres in order to connect communities across Manchester.

In one hospital which had single-sex wards the staff confirmed that following on from Storybox (which had worked with both wards simultaneously) they had begun to do cross-ward collaborations.

“This project has united staff through engagement in Storybox. It has allowed for cross-working relationships between wards” – Carer.

This type of collaborative work had not been one of the intended outcomes of Storybox and consequently, the artists have expressed a great deal of pride in the project for forging these links:

“This was better than I could have imagined. I offered to revisit all the day centres in a couple of months to roll out staff training for other carers that we didn’t work with” – Artist.

### ***Future training needs***

The plan at the outset of Storybox did not include staff training. However, it became clear early on that this was a necessary element that needed to be included. The artists therefore incorporated elements of training in the workshops themselves and have since also held a training workshop for carers and practitioners. In doing so, the artists aimed to give carers new ideas and the confidence to take up activities once the artists have left. This was particularly welcomed by carers who had no previous experience of delivering activities and said that they sometimes felt intimidated by leading creative activity.

“I feel much more confident now [to lead an activity] than I did at the beginning of this project” – Carer.

However, although this integrated training in the workshops was welcomed by staff it was not always deemed sufficient and carers reported that they would benefit from more expansive training sessions:

“It has given the team new ideas as to engaging clients with dementia. I do feel that additional training by facilitators would be an added benefit” – Carer.

“I would have liked more sessions and used staff as joint facilitators but I understand why this isn’t yet possible” – Carer.

The need for further training was recognised by the artists and it was agreed that it would be helpful for staff to facilitate and deliver sessions whilst the artists were there for support.

### **Management and other issues**

Whilst there was a great deal of enthusiasm from the staff who participated in Storybox, there was less involvement generally from members of management, although this was very variable across the different sites. In general terms the project was most easy to implement in day centres and in sites in which creative activities are already part of an existing agenda. This might be because staff and participants in these sites have some awareness of either the benefits of being active or are accustomed to it being part of their day to day experience. In contrast, in medical and residential settings, the artists described that it felt harder to stand up for the value of participation, creativity and culture, or indeed anything that was not deemed a ‘necessity’, because there is already so much to do. The presence of good management however, can reach beyond this, but the carers themselves have very little power to make these changes themselves even when they do recognise their important value:

“We have to push for everything” – Carer.

“Management would be too forceful or take it over, they can be heavy handed” – Carer.

“I’m going to get the manager to see this” – Carer.

The need for a supportive management structure is also crucial in order to maximise the knock-on effects on the routine care and ensure activities are extended beyond the sessions that are facilitated through Storybox. In these sites there was a sense of anxiety amongst artists and carers that the effects will be allowed to fade away.

Other challenges described during the course of interventions were more specific. Medical wards on which people can have serious health problems and may be in pain or restricted in movement present very particular challenges and whilst the artists explained ways in which they attempted to accommodate this, they also posed questions as to whether they were better placed to work in settings that stand a chance of creating a legacy of creative activity. In addition, in hospital, the shift patterns can get in way of continuity. This is problematic since having the same staff involved each week was understood to give a greater sense of continuity and sustainability:

“In three of the four day centres we had the same carers every week supporting the sessions, and in two of the centres we had two of the same carers every week. This is where I feel the legacy of creative activity will best be achieved. The commitment from the carers and management of the day centres demonstrates the level of investment they have in the project. Two of the centres have already run sessions of their own.” – Artist.

## **Summary**

Storybox was overwhelmingly well received by both participants and carers. This report has attempted to encapsulate the multiple and varied ways that the project has affected participants and carers. The ways in which carers report a strong impetus to continue creative activities and embed these practices into routine care is emblematic of the positive reaction to Storybox. One of the key challenges to the extension of creative activities is the role of management in care settings and this is highly dependent on individual structures.

**“Come again!”**

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## Appendix One

The following are some examples of session guides created by the artists.

### **The funfair**

1. Play carousel music as participants arrive
2. Possibly share Funfair poem or we could use in the afternoon:

#### The Funfair

People arrive for the time of their lives,  
Children and husbands and also their wives,  
Music and lights fill the night air,  
and the smell of candy floss at the fun fair,  
Slow rides and fast rides for the masses,  
fun filled balloons filled with strange gases,  
Coconuts a flying off their stands,  
as an accurate ball on target lands,  
Win a cuddly toy and a goldfish too,  
now on to the next ride joining the queue,  
It is getting late when the lights go out,  
the smells have gone nobodies about,  
Fair people packing and rallying round,  
and the very next day they're gone from our town.

By Roy Amers

3. Share sensory/visual stimuli: balloons, spinning top, bubbles, coconut, candy floss, wrist bands, photographs of the funfair. Invite group to contribute words that are associated to the stimuli, record these on paper. Invite to recall experiences at fun-fair ; which funfair's they have been too, what was favourite ride, favourite game etc? After share the stories/words with the group
4. Group create the carousels. The earliest references to carousels can be found around 500 A.D. as an Arabian game adapted by Spanish crusaders and carried with them on their quests. Carousels can be toys, games, or the more popular machine that can carry individuals into their own fantasy worlds. Process:
  - Hole-punch paper plate in the centre
  - Hole-punch card template
  - Paint paper-plate (the top)
  - Colour/paint horse card template

- Thread embroidery thread through card and secure onto paper plate
- Attach pipe cleaner through centre of paper plate as a hook

5. Invite group to share carousels, titles such as 'classic gallopers' , 'colourful horse' etc

### **The Funfair-drama session**

1. Movement warm up; riding the rollercoaster, the carousel, the loop the loop, 'roll up, roll up' fairground people gathering crowds.
2. Pass the balloon game
3. Fun-fair sing along? How about Scarborough Fair?

Lyrics: Are you going to Scarborough Fair  
 Parsley, sage, rosemary and thyme  
 Remember me to one who lives there  
 She once was a true love of mine

Tell her to make me a cambric shirt  
 (On the side of a hill in the deep forest green)  
 Parsley, sage, rosemary and thyme  
 (Tracing of sparrow on snowcrested brown)  
 Without no seams nor needle work  
 (Blankets and bedclothes the child of the mountain)  
 Then she'll be a true love of mine  
 (Sleeps unaware of the clarion call)

4. Characters-costumes, hats etc
5. Coconut shy game (using tins & bean-bags) give out rosettes.
6. Possible scenarios: getting stuck on the rollo-coaster, have to be rescued (Fireman or Hero character?), feeling sick after being spun too fast on the waltzers, falling in love at the fun-fair, people queue jumping-starts an argument
7. Close, pass the wave or equivalent

## **Theme – The Sea (Seaside)**

Physical Warm Up – GOING FISHING

### **TRACK 1**

SONG – ‘Oh I do like to be beside the Seaside’

With Actions / Follow the Leader

### **TRACK 7**

1. Sea Painting in response to SEA MUSIC - Using Various Medium to create our own Sea (Brushes, Pens and Pencils on Long Canes for ease)
2. Soundscapes of the Sea – Making various sounds and noises to represent / respond to the Sea with one group composition
3. Story Associations using Props – Seaweed / Ice Cubes / Shells
4. Each participant makes up a sentence (Recorded and Read Back at the end)
5. Postcard Tableaux in Two Teams – Performers / Audience (Vice Versa), Various Scenarios

### **TRACK 2 / 3 / 4 / 5 / 6**

1. Parachute – Movement and Exercises responding to various music
2. Fabrics can all be incorporated too to make various visuals of the Sea
3. Paper Boat Making - (White Paper to show up on Parachute)
4. Sending off Boats into the Sea (Parachute or Fabrics)

### **CD TRACKS**

- 1 – Oh I do like to be beside the Seaside
- 2 – My Bonnie Lies over the Ocean
- 3 – We’re all going on a Summer Holiday
- 4 – What should we do with the drunken Sailor?
- 5 – For those in Peril on the Sea
- 6 – Surfing USA
- 7 – Song of the Sea / Sea Music

### **Material List**

- Shells

- Paper A4 White
- Ice
- Music
- Seaweed
- Fabrics (Silk and Net, Various Colours)
- Folding Boats (Simple) Template
- Ice Bag and Ice Packs
- Paint / Large Paper / Pots for Paint and Small Canes with Brushes etc

### **Film Premier**

Warm Up: Simply the best –take in after shave / perfume / combs / lipstick to get really glam?

Give out costumes; identify stock Hollywood characters, introduce each one- do a call and response (catch phrase and action for each one). Which film character are you Q and A

Play some of the stock soundtracks from classic films: the good the bad and the ugly, Dracula, Gone with the Wind etc.

Hollywood Commands Game: Paparazzi, Strike a Pose, The Winner Is, etc.

Make rosettes / trophies as a group- can we do this with paper plates we already have? Can we decorate with tissue paper, pens? Attach safety pins to the back and collect in for later

Sing You Are My Sunshine or Bring Me Sunshine (or both) using Song Sheets

Pass the hand shake, air kiss, hug, pat on the back around the circle, to start the celebrations.

Tableaux / Role Play of an awards ceremony. Set the scene- red carpet, rivalries, glamour etc.

Give out the awards and story books one at a time, shake hands and group can interject with compliments for each person. The award of best laugh / funniest put downs / always turning up etc.

Have a We are the Champions hand holding in circle

Thank everybody.