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Together yet apart: Rethinking creativity and relational dementia care during the Covid-19 pandemic

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ABSTRACT

Culture Box was a creative project that responded to deprivation and distress experienced by those with dementia in care homes during the COVID-19 pandemic. Remote and digital creative activities were designed and delivered as 'Culture Boxes' to care homes, aiming to alleviate social isolation and loneliness for people with dementia. Eighty-eight people with dementia and 33 care staff from 33 care homes across England were recruited to the study, with 68 people with dementia and 28 staff completing the study 12 months later. Participatory Action Research combining mixed methods was used to evaluate the project. Baseline and follow-up surveys and dialogic interviews at 3 time points during the study collected quantitative and qualitative data and were analysed descriptively and via inductive thematic analysis respectively. Qualitative findings indicated that the project activities facilitated relational care through creative experiences characterised by sharing, building relationships, and developing a sense of community. Social health was promoted via participation in social activities and fostering independence. Future studies should further explore the utility of creative practices to develop relational care, to support care staff, and to maximise wellbeing benefits for those living with dementia.

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Introduction

Dementia is a progressive neurodegenerative condition for which there is no cure. The numbers of those diagnosed with dementia are growing rapidly with a worldwide prevalence of 55 million, predicted to increase to 139 million by 2050.¹ There are many different types of dementia, the most common being Alzheimer's disease. Symptoms of dementia include memory loss, confusion, speech and language impairment and problems with tasks of everyday living such as dressing and cooking. Responsive behaviours may be experienced by those with dementia. These are troubling responses to under or over stimulation that may manifest as irritation, wandering and calling out repeatedly.² This cluster of symptoms can challenge and transform relationships with others as people living with dementia may experience loss of independence as they become increasingly reliant on family members or professional carers to support them.³ As the condition progresses, personal care including bathing and assistance with using the toilet may be required. Caring for people with

dementia is challenging for both informal and formal carers,^{4–6} with high rates of burnout and depression reported.⁷ Most (around 61%) people living with dementia aged 65 and over live in their own homes, often cared for by informal carers, typically a spouse or an adult child. The rest (39%) live in supported environments such as care homes staffed by formal carers.⁸

In this context of pressure on formal and informal care givers, it is vital to explore the ways that relationships between those with dementia and their supporters can be reinforced and enhanced. This could support caregivers to provide better care for those with dementia.^{9–13} Improving these relationships benefits the wellbeing of individuals with dementia and those providing care e.g., by promoting the motivation of caregivers¹⁴ and building reciprocity.¹⁵

The Culture Box project involved sending out a range of interactive, creative materials and activities (referred to throughout as Culture Boxes) to care homes via post or digitally. This responded to the enforced restrictions of the COVID-19 pandemic for people with dementia and their caregivers in the UK.

This paper focuses on the impact of the creative materials and activities (in the Culture Boxes provided) on the health and wellbeing of people with dementia and their caregivers. This was assessed via

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surveys and interviews that explored feelings of loneliness, social isolation, and care practices. The research is underpinned by the conceptual domains of social health and relational care.

The COVID-19 pandemic and Culture Box

The pandemic brought immense challenges to those living in care homes. High levels of mortality were experienced, at one point half of all deaths across Europe occurred in care homes,¹⁶ and more than 400 000 deaths in 21 countries were of care home residents.¹⁷ Due to public health guidance to quarantine and to maintain social distancing, visits to care homes were curtailed. As well as family members and loved ones, this included those delivering enrichment activities such as visual artists and musicians. Figures from the Alzheimer's Society UK showed that 80% of 128 care homes reported that the lack of social contact was causing a deterioration in health and wellbeing for residents with dementia.¹⁸ Suárez-González discusses measures to mitigate the impact of confinement and isolation on people with dementia in care homes. These included the use of video calls to restore contact between residents and family members and the development of meaningful communication between residents and staff.¹⁹

The current project developed, produced, and delivered a novel creative activity programme (called Culture Box, see Procedure for details) that aimed to reduce social isolation and loneliness and to enhance wellbeing of people with dementia, assessed via surveys and dialogic interviews.

Creativity, the arts, and dementia

The current project builds upon a growing body of research evidence indicating the cognitive and relational benefits of creative activities such as visual art and singing for those living with dementia and their supporters/carers.^{20–22} A recent phenomenological study reported that arts-based approaches can shape relational, inclusive, and intentional care practices through fluid engagement, embracing difference and engendering trust.²³ Creative approaches have shown promise in developing the skills of the dementia care workforce.²² This area of research has indicated that elements of creative practice, such as being part of a group process, encourages social interaction that supports the development of positive relationships.²⁵ Whilst promising, the evidence has been criticised due to limitations of study designs and lack of diversity of participants.²⁴ There are calls to move away from literature reviews and to use 'rigorous, systematic and transparent methods' in future studies.^{26(p442)}

Social health

The current study aimed to support health and wellbeing by promoting social health, specifically social interaction and communication between care staff and residents. This was in response to the isolating effects of lockdown restrictions in care homes across the UK. Social health moves beyond the World Health Organisation's (WHO) definition of health "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".²⁷ Social health is a dynamic concept that promotes the ability to live well, even in the context of chronic disease. Further, it reinforces the importance of adaptation and self-management for every person with dementia.²⁸ Social health has three dimensions: the capacity to fulfil one's potential and obligations, being able to manage one's life with some degree of independence, and finally, participation in social activities.²⁹

Social health is a priority for future research as it provides a conceptual framework integrating individual and environmental factors that support the cognitive reserve (or capacity) of those living with dementia, as well as potentially slowing cognitive decline.³⁰

Relational care

The importance of compassionate relationships and person-centred approaches is widely accepted in dementia care. However, recent work has begun to problematise person-centred care, arguing that it tends to "decontextualise and isolate the individual from [their] relational world".^{23(p62)} In contrast, relational care is considered optimal for those with dementia and involves forging compassionate relationships, sharing common experiences, developing trust, and spending time together,³¹ and is 'vital to the care giving relationship'.^{32(p65)} Here, care is thought of as a verb to reflect "a mutual process of caring", as opposite to the unilinear dominant narrative.^{23(p63)}

The reciprocal and relational nature of this conceptualisation of care within a framework that promotes social health, offered opportunities for scholars involved in the current study to explore notions of dementia care from different disciplinary perspectives including psychology, gerontology, and the arts and humanities. This might be through the role that activities play both as a means of supporting cognitive reserve, and to build connections between those with dementia and their supporters.

Research approach

The study used a Participatory Action Research (PAR) approach combining mixed methods to assess the impact of the project in the lives of older people with dementia living in care homes, see Recruitment for demographic information. PAR does not follow a research design, rather it is characterised by collaboration and inclusivity.³³ In the current study, researchers and artists worked closely with people with dementia and caregivers during the challenging period of the COVID-19 pandemic.

PAR uses a cyclical model, that includes planning, action, evaluation, and reflection. The first phase, (Plan) worked with stakeholders to develop the Culture Box concept: people with dementia, care staff, family supporters, artists, and those from racialised communities were involved in the co-design of Culture Boxes including choosing the types of activities and materials used and the project branding. The second phase (Act) involved delivery of Culture Boxes. This structured delivery cycle aimed to mimic regular activities such as visits from musicians and artists that took place prior to the pandemic. The next phase (Evaluation) of PAR took place regularly via dialogic interviews, photos and reflections provided by participants. During the fourth (Reflection) phase of PAR, this research material was used to inform reflection and discussion amongst the research team. This model of iterative evaluation meant that the project could be adapted responsively and was inclusive of the perspectives of care home residents and staff. Due to the pandemic, all project activities including recruitment, data collection, delivery and evaluation took place online and remotely.

Sample

Ethical considerations

The project was approved by the NHS Health Research Authority Social Care Research Ethics Committee (Ref: 20/EE/0208). The main ethical challenge was gaining informed consent from participants with dementia. Two models of consent were used, including informed consent and process consent. In line with the Mental Capacity Act (2005), we recruited people with dementia who had capacity to consent at the beginning of the study, in this case we used an informed consent model, involving consultees or resident representatives as required. However, due to the length of the study, participants with capacity at the outset were likely to lose or experience fluctuations in their ability to participate. The team therefore included a model of process consent that involves ongoing negotiation and is not a 'static' process.³⁴ Due to the

pandemic, consent processes were undertaken by care staff in collaboration with the research team. Although it is not typical for care staff to be so closely involved in this, the research team prepared a script for the care staff to follow. In addition, a series of webinars were held in which ethics and consent processes were discussed with care home staff.

Recruitment

Working with the National Activity Providers Association (NAPA), care homes from their network were identified and used to 'seed' the project by raising awareness of the study, aiming to be as inclusive as possible. The project aimed to include care homes in England and diverse populations, particularly those from racialised communities, due to the disproportionately negative impact on them due to the pandemic, this included higher rates of illness and mortality compared to their White British counterparts.³⁵

The research team approached 40 care homes to participate in the study. Of these, 33 took part, spread across a wide geographical area in England. Within each care home staff were asked to identify potential participants living with dementia who may wish to take part in the study. The diagnosis of dementia was not formally checked. Staff were asked to confirm that residents had capacity to consent and were asked to proactively approach residents from racialised communities. Given the pandemic, and the fact that the research team could not visit in person, they relied on staff to provide information about dementia and capacity to consent. Webinars were held for care staff to discuss this process and to address any questions that they had about the research. In total, 88 people living with dementia (19 men, and 69 women) and 33 members of staff were recruited (see Table 1). Over the 12-month data collection, there was attrition due to care homes closing or staff leaving, dementia progression, or death. Thus, 68 people with dementia, and 28 carers completed the study.

In terms of demographics, at Baseline most care home resident participants were aged 80–89 years of age and three quarters were female (78%). The majority were White British and 9% were from Black and racialised communities.

Procedure

Weekly Culture Boxes were sent to care homes via post and digitally for 12 months. To promote social interaction, all materials were designed to be completed in dyads (care home resident and staff member). The project created and shared many different types of creative material. This included visual art activities such as adult colouring, watercolour painting, puppet making and collage, music including commissioned and pre-recorded songs, and creative writing including poetry.

Three important factors informed the production of the materials in Culture Boxes. These were: 1) variety, to provide choice; 2) bespoke, tailored to personal preferences identified at the start of the study through the Baseline survey; and 3) adaptability, suitable for a range of abilities and diverse audiences.

All activities included guidance which has been archived via the project website and the website of the National Activity Providers Association (NAPA) for activity facilitators to use across the social care sector.³⁶

Table 1
Baseline- residents and staff (Time 1 - T1 survey data).

	Female	Male	Total
Residents	69	19	88
Staff	31	2	33

Measures and qualitative data

Surveys were designed and administered via Jisc Online Surveys. The Baseline survey was included to collect data re: social isolation, loneliness, responsive behaviours, and personal preferences. This was devised by the research team, informed by prior literature.

A member of the research team talked through the questions with each participant living with dementia over a video call. Most staff completed these independently although some were assisted by the research team. The research team manually inputted the survey responses into Jisc Online Surveys. These conversations lasted between 15 and 30 min.

A follow-up survey was administered during the Reflective phase of the project. At least 2 attempts were made to collect this data via an online survey link.

Dialogic interviews (eliciting qualitative data) were held with resident/care staff dyads over three time periods (at four months (T2), eight months (T3), and twelve months (T4)). The interviews (see Schedule, supplementary data) explored topics about health, wellbeing and the use of the Culture Box activities. Dialogic interviews involve an interactive negotiation which does not seek to simply recount or describe events but rather co-constructs new narratives.³⁷ Interviews were completed by 4 team members using MS Teams and were video and audio recorded. Topic guides (see Supplementary materials) were used to guide the interviews (developed in Planning phase of PAR, reviewed in subsequent phases of the study). Interviews lasted 15 to 60 mins. The resulting data comprised completed audio-recorded interviews that were transcribed and imported into NVivo (1.0).

Data analysis

Descriptive analysis was used to present the quantitative survey data from Baseline (T1) and Follow-up (T4) using Microsoft Excel and SPSS (Version 27).

Thematic analysis was employed to analyse the qualitative data derived from the dialogic interviews. The team used Braun & Clarke's guidelines for conducting inductive thematic analyses.³⁸ Thematic analysis is flexible and allows an in-depth exploration of interview data, which permitted data across the different care home sites to be analysed together.

The qualitative data was coded in NVivo, using an inductive approach to identify major events and to investigate topics regarding isolation, interaction, and wellbeing. In line with PAR methodology, data analysis took place iteratively and periodically throughout the project to enable responsive change. Coding was done jointly between the research team members and codes were then collapsed into themes which helped to structure an overview of the project in a framework (see Fig. 1).

Participant dyads who had taken part in interviews over time series i.e., T2 ($n = 21$), T3 ($n = 9$), and T4 ($n = 5$) were included in qualitative analysis to explore their experiences over the duration of the study. This was an approach that stayed close to the intentions of the dialogic interviews, which value self-reflection and the 'flickers of transformation' that appear when space is provided to capture the complex and emergent nature of social experience. In this way, the team aimed to establish if and how Culture Box activities contributed to social health and relational care in the context of the COVID-19 pandemic. Pseudonyms are used and place names changed to protect the anonymity of participants and italics indicate verbatim quotes.

Results: surveys

At Baseline, 45% ($n = 40$) felt lonely sometimes or often and 53% ($n = 47$) felt more isolated since the pandemic began. As one member of care staff noted *the isolation from their [resident's] family and friends has become apparent*. Distressing symptoms of depression were

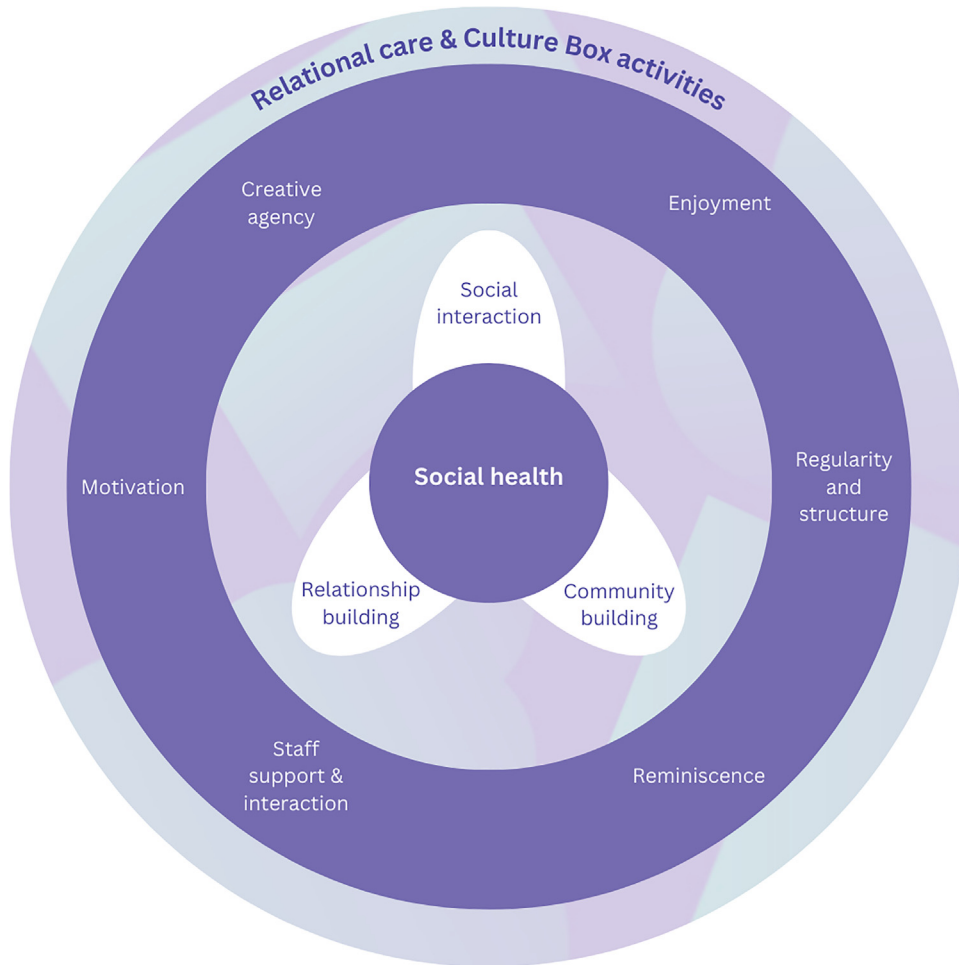


Fig. 1. Culture box framework.

experienced by 32% of people living with dementia ($n = 28$) with 35% ($n = 31$) noted to experience anxiety and irritability respectively. Deterioration was noted in residents' demeanour and behaviour as care staff reported: *we are more restricted in terms of what activities we can do, less freedom equals more irritability, Shelly is more irritable and depressed due to residents being unable to mix with other residents.*

At 12-month follow-up (T4) responses from 7 participants living with dementia and 9 members of staff were analysed. Most ($n = 6$) of those living with dementia responded positively to the project, and 5 reported that they were confident using the materials. Music, nature, and visual arts-based activities were popular. One participant living with dementia reported negative feedback, noting that they did not enjoy poetry or dance activities. Only one respondent stated that the activities for those from racialised communities resonated with them. They reported that these elicited memories of black staff working on her family farm during World War II. Loneliness remained an issue for 3 of the care home residents. Two indicated that anxiety was an issue at follow-up however all staff respondents indicated a subjective improvement in responsive behaviours for those with dementia since participating in the project

For staff, 8 out of 9 responded positively to the project, with music and nature-based activities the most popular Culture Box activities. Four staff appreciated the content aimed towards residents from racialised communities. Comments included: *It was interesting to find out about other cultures.* Comments attested to the benefits of regular and structured time to complete activities within the dyads, one care staff member wrote: *my paired resident has looked forward to the next culture box arriving and generally enjoyed being part of this program,*

this has been an enjoyable project to take part in and has been invaluable working with the same resident whilst giving me ideas to use in future activities. Most were positive about the number of materials in Culture Boxes. Some illustrative comments included: *a useful tool that can be adapted for lots of different abilities and stages of dementia, gave lots of good ideas especially for use of things online,* and: *a fantastic project that our residents still talk about and still enjoy the activities. To do this during Covid was a lifeline to our residents and to me as an activity coordinator.* Some comments were ambivalent or negative, for example: *We enjoyed the boxes but some of them were a little complicated for our residents. [There were] too many similar painting/colouring activities.*

Culture Box framework

The role of Culture Box activities in catalysing social interaction between residents and staff dyads and within the wider care home is represented in Fig. 1. The figure indicates the key qualitative findings relating to relational care and social health.

The development of relational care

The dimensions identified in the outer circle of Fig. 1, including creativity and creative agency, enjoyment, regularity and structure, reminiscence, staff support/interaction, and motivation, were integral to the practice of relational care. Ultimately, these supported the development of relational outcomes and social health, which is explored in the next section in this paper.

Creativity and creative agency

The tailored and individualised nature of materials and activities supported creative engagement with them for people with dementia.

One resident participant (Paul, Forest Grove, T2) stated that [he appreciated]: *“creatively expressing yourself and putting yourself onto paper and I enjoy the . . . experiment here and there. It’s interesting just to play around, that was very satisfying. Seeing it sort of meeting what I wanted at the end of the day. Very, very satisfying. Like feelings of a task completed well”*.

The importance of the bespoke nature of these activities was evident from the resident (Dabir’s) comments (Forest Grove, T3). He noted that an art-making activity that involved colouring-in trees reminded him of his nautical occupation in his country of origin (in Africa):

Staff:	<i>So you like to do things with your hands?</i>
Dabir:	<i>Yeah.</i>
Staff:	<i>So to get your hands busy.</i>
Dabir:	<i>Yeah a lot.</i>
Staff:	<i>He has been a busy man in engine of the ships so to use your hands.</i>
Dabir:	<i>The first I start the ship and tell me what you want to do, I say I want to learn the mechanical. But before I was learning in my car and garage in Somalia.</i>

Simple acts of creativity involved agency and imagination for the residents. This was apparent in interviews where care staff and residents recounted the different activities they had taken part in, such as making a sock puppet as a staff participant recounted in this excerpt: *‘We were meant to do that but Libby didn’t want to make a snowman. She made like a puppet with the head and the body, big body and then she called her puppet Samantha. And I was like so it’s not a snowman. She’s like no it’s Samantha. And I was like does that mean anything, does that name, do you just like that name, do you have a friend called Samantha, is that your sister? She just said no, I just like it.* (Karolina, Park Crescent, T2).

Alongside providing residents with a sense of creativity and creative agency, the Culture Box activities promoted the agency of care staff as they equipped them with inspiration and materials with which they could increase their own skill set, as one said: *“and for me with the job I do as the wellbeing lead it helps me bring maybe other ideas that have stemmed from these [Culture Box] into other activities”*, and used to enhance relational care provision, *“yes I mean. . . , it just brings out different stories and different scenarios of when you [care home resident] were younger and things like that.”* (Joy, Amber Park, T2 & T3)

Agency was also expressed by residents who rejected Culture Box activities. One resident, Claire stated that *“they’re a waste of time to be honest”* (Fairleigh Manor, T2). Claire was content with doing her own activities:

“I’m completely happy with what I’m doing, which is my natural embroidery, completely involved in it. I do it all day, and when I want to do it, and that the summer months, it’s coming to summer, I’ll be out, hopefully in the garden doing things, I don’t want to be indoors” (Clare, Fairleigh Manor T2)

Enjoyment and reminiscence

Pleasant experiences when taking part in the project activities were common. Care staff reflected on the positive atmosphere that the activities created, with Thea commenting that there were:

a lot of laughs coming. With snowman activities like that so they have to create something. [What] they created was a bit funny because one put the eye up and one the eye down and after they were looking oh look. And after they had to correct it so that’s something good as well. What can I say, they love it. (Forest Grove, T3)

One resident suggested that the Culture Box activities offered a chance to socialise, debate, and reminisce. He mentioned that the creative activities brought back memories of doing art in school. Alongside this, the activities provided a talking point for he and the other residents. He even stated that he was ready to debate other residents over any disagreements that arose:

Yeah, I feel more social. And, you know, I can have a chat with somebody about anything. [. . .] I’ll just put over my point of view and wait for them to come back with what they have to say. And if I if I particularly don’t like it, then I will have an argument with them. (Paul, Forest Grove, T2)

This sentiment was echoed by a care staff worker who saw the wider applicability of the activities and started sharing them more widely within the home with other care staff and residents who were not part of the project:

I am doing photocopies of this and I just share in the lounges where the carers can do [it] with their residents because you can’t be in [at] the same time [with] all residents. [. . .] So yeah, but it’s very helpful, in my opinion. (Thea, Forest Grove, T2)

One resident (Roberta) enjoyed the colouring activities, and a care staff participant remarked on how Roberta had become more social when joining in with the activities:

She seems to enjoy it. She enjoys the sort of colouring and stuff. And in previous times, when I’ve asked her if she wanted to do something, she might have said no, but more often now she will join in. (Lindsey, Granite View Lodge, T2)

Regularity and structure

The regular delivery of Culture Boxes was an important part of the project as it provided structured, timetabled activities that would have been present prior to the pandemic. This timed delivery schedule promoted relational outcomes as the project facilitated time for connection and interaction.

This was appreciated by participants and created a sense of anticipation about spending time together, as this staff participant extract reveals:

[I] know now that we are on to box three going into box four, so with the last box, box three she [resident] did say, “oh what have we got today?” So, there was some excitement there as to “oh what is in the box?” (Charlotte, Fairleigh Manor, T2).

In another care home, residents waited eagerly for a care staff member to open the boxes. A social group had formed around the project activities, as evident from this dyadic extract:

Sally:	<i>It will be quite sad, won’t it, when it comes to an end because we look forward to them coming every month. We get excited when we are opening them, don’t we?</i>
Jane:	<i>Oh yes [laughs].</i>
Interviewer:	<i>That is good, I am really pleased. So, when you open them, how do you do that? Do you all sit around together or, do you do it one at a time?</i>
Sally:	<i>No, we all sit around together, don’t we, when it arrives. They are always quite annoyed if it arrives and I am not here because obviously they can’t open it.</i>
Interviewer:	<i>You have to wait for it to happen?</i>
Jane:	<i>Yes.</i> (Evergreen Care Home, T4)

Staff support and interaction

All Culture Box activities and materials were designed to be completed in dyads, with residents and staff paired up together for the duration of the project. The role of staff in the delivery of the box activities was crucial. The project identified the motivation and mutuality that supported development of relational care. One shared that:

I love my job. I love working with them. The activities, it's what suit in my character. And sharing with them everything, [Culture Box] activities, a lot, a lot of stuff. So, they enjoy it . . . So they appreciate for example that I am spending [time] with them and keeping them engaged as much as I can. (Thea, Forest Grove, T3)

Further, reciprocity was evident in supporting staff-resident relationships as illustrated by Thea:

I think the residents keep me going, because they make me laugh and I go and see them, they might not want to do what I want them to do, but it's just, you know, we have a laugh about it and it keeps me going (Thea, Forest Grove, T3)

For staff, the boxes were a very useful resource, described by some as a 'lifeline' as they relieved the pressure of having to come up with new activities each week.

It's really nice to have something set out for me, it's kind of difficult each day to come in and think of something new. And so to have that, like, already set up with, like, a couple of activities and some, like stimulating stuff for them and some information. (Lindsey, Granite View Lodge, T2).

Staff worked hard to actively engage and focus residents so that they could gain a sense of satisfaction through developing their creative skills. One spoke about the relaxing and calming nature of the activities, particularly the ones that involved multiple senses:

It is relaxing very much when they paint, when they colour, they concentrate. [. . .] the sensory, what I told you is really nice, because these things and you know, these are sponges for example, it's a nice one and painting one was very good, they did it altogether and was amazing, because they concentrate. (Thea, Forest Grove T4)

Social health

This section uses findings from the dialogic interview data to explore the ways in which acts of relational care and participation in activities catalysed social interaction, relationship, and community building (Framework inner circle, Fig. 1). This had positive impacts on the social health of the resident participants.

Social interaction

Social interaction in the homes increased as residents and care staff met regularly in dyads but also in wider groups within care homes (as social distancing restrictions eased) to do the Culture Box activities together. The project activities facilitated conversation, debate, and fun, bringing the residents out of their rooms and into common areas as one care staff participant recalled:

His name is Andrew and he is relatively new, but he has been very much on his own, he doesn't want to communicate or you know, be around other residents, but since the Culture Box he is, he comes out of his room, he is sat, I actually saw him sitting in the lounge with other residents, I could not believe it. (Joy, Amber Park, T2)

She reflected that it had "brought him out of himself" and he had begun conversing and socialising with other residents and the care staff.

In another care home, a member of staff spoke about the positive social impacts that the activities were having on the residents. They brought life and animation to the home, providing stimulation for social interaction and fun:

When they are alone or when they are, you know, in their rooms, they [are] just quiet, you think that these people don't at all interact but when you bring them on the table, memories, some of the memories are coming, not all of them, but some. [. . .] you can see the difference in their faces. So, we wish we can do this every day. (Thea, Forest Grove, T4)

There were also opportunities for social interaction outside of the home. The use of video calling, and instant messaging allowed residents to share their creative work and techniques with their family. Maintaining contact with their wider social networks was important to the residents. These virtual forms of communication allowed them to maintain contact and share the activities they were doing with the boxes. One resident spoke about remotely enlisting their grandson to help them with some water colour painting.

Relationship building

Relationship building flourished through sharing the Culture Box activities. This included learning new information about each other and feeling closer and more comfortable with each other. The following staff participant quote demonstrates the growing bond since the project started:

When I first came in, I was a stranger to her. So she [Roberta-resident] feels a lot more comfortable with me now, which is great. But yeah, and I think she's just sort of started to feel more comfortable around me. And yeah, she's she seems to enjoy it. She enjoys the sort of colouring and stuff. And in previous times, when I've asked her if she wanted to do something, she might have said no, but more often now she will join in. (Lindsey, Granite View Lodge, T2)

This dynamic was echoed in other interviews. One example of this was the relationship that was cultivated between Joy (staff) and Georgia (resident). Georgia had moved into the home three months before the first interview (T2), she explained that: *I wasn't doing so well with my memory*. By the second interview (T3), she said that she now felt *good and safe* in the care home where *they take care of us*. For the staff member, this time with the resident had built a close bond between them:

Researcher:	<i>Would you think about doing any of these activities with someone else? Someone else in the care home? Not just Joy but with someone [else]?</i>
Georgia:	<i>I have to get used to the person first. I am used to Joy; I rely on Joy. I rely on her.</i>
Joy:	<i>It would be a member of staff here. Would you be happy with someone else to do some [Culture Box activities], for instance?</i>
Georgia:	<i>I know but I am not that close with them like you. You [be] come like a daughter to me.</i>
Joy:	<i>Oh bless you, I am going to cry now. So lovely, God bless you.</i>
Georgia:	<i>I am lucky I get in touch with you. My family, that is important.</i>
Joy:	<i>Well that makes me feel good that I am doing my job well and that the residents are happy to come in and the visitors are happy as well because it is not nice not seeing your family.</i>
Georgia:	<i>You are looking after me.</i>

Joy also found the relationship nourishing, she reflected that she was learning new things about Georgia and wanted to continue to support her to increase her ability to form bonds with others:

You know today I was sitting chatting and I found out more things about her [Georgia] that I didn't know. I thought wow okay that is helpful to me because I can maybe mould that activity round her more. So that she can take part in stuff and then gradually bring little groups together. (Joy, Amber Park T3)

Community building

Community building refers to the development of group relationships involving 2 or more residents and staff members, both within and outside of the care home. Whilst the previous section examined relationship building within the dyads, this section focuses on the social bonds that were forged amongst the residents and care staff within the care home, and as part of the wider research project – creating a community around participation in the study. Some care homes did these activities in groups, offering an opportunity for residents to socialise and develop relationships with other residents.

Like it'll bring them more as a little group and spark conversations off between them because that's what it's already done just like with a couple of people. So I'm hoping that will start happening as we get like a bigger group together for it. (Heather, Nash Park, T3)

The project was a catalyst for community building – allowing residents to come together through the shared experience of being creative and engaging in conversation. The project community was also geographically wider than just the care home, it spanned the virtual connections forged between the researchers/artists, care staff, and residents as was demonstrated with participants sharing information about being part of the project via social media channels.

One participant, Dabir, really enjoyed feeling included in the study. He was feeling tired during his final interview but that didn't stop him from taking part:

He is a bit tired but if he had been on his own he would have been sleeping all day. But just remind him that we have an appointment planned, and he reacts to when I say we have an appointment or a meeting or we have somebody to talk to, to you, he likes that. (Thea, Forest Grove, T4)

Discussion

The findings demonstrate the importance of the relational dimensions of Culture Box that in turn supported the social health of participants. This is novel as the project did not aim to improve care, rather it aimed to support creative service provision that had been withdrawn during the challenging time of the pandemic.

The qualitative findings indicate that the Culture Box activities alleviated isolation and improved social interaction, enabling relationship and community building, which was inspired through relational acts such as sharing, learning about each other, and developing mutually beneficial relationships and togetherness. These build on Jonas-Simpson et al's²³ findings as the activities activated joyful and nurturing engagement and developed trust between participants.

The project materials were successful in building social interaction at both individual and community levels as they supported interactions between staff and residents, between residents within the care homes, with their family members and loved ones, and by creating a community of care homes across England that were

participating in the study. This supports other findings that emphasise the communicative potential of arts-based activities for those with dementia and their supporters.²² The creative and customisable creative activities in Culture Box were key to this due to their engaging, interactive features, and the shareable finished products e.g., pictures, puppets, and colouring sheets. This has been reported in other studies e.g., Cousins et al. found that specific dimensions are present in arts activities including the artistic focus and materials that make them effective for supporting wellbeing for people with dementia,³⁹ and Tischler et al. reported that creative outputs can be shared widely, challenging negative perceptions of dementia, and engaging the public with the condition.⁴⁰

Culture Box activities combined a range of creative activities, to appeal to different interests, abilities, and tastes e.g., visual arts, music, board games, and nature-based soundscapes. The activities fostered social activity and was critical in supporting the agency of both staff and residents and contributes to independent behaviour in terms of social health. This was reinforced using clear printed guidance, regular emails, and digital video 'how to' guides, which supported the agency of both staff and residents. In terms of fulfilling each person with dementia's potential to maximise their social health, the findings are less clear. The findings did however demonstrate engagement that supported meaningful discussion related to interests, hobbies, and early life experiences.

The importance of enjoyment and pleasure experienced by participants was apparent throughout the project. This reinforces the importance of social and creative activities. This was especially relevant at a time of national and global crisis experienced during the pandemic and in a population of care home residents who had experienced some of the poorest outcomes in terms of mortality and isolation because of COVID-19.

The findings demonstrate the importance of supporting care staff who worked under immense pressure during the pandemic.⁴¹ Culture Boxes provided them with regular ideas, inspiration, and materials. The unwavering commitment of staff participants was evident, as was the importance of the relationships developed with residents. This support was mutually beneficial, a factor contributing to maximising relational care practice.

Finally, the importance of the regularity of provision and structured delivery model was important to supporting social health and relational outcomes. The regular deliveries and the activities within created a sense of anticipation and enjoyment and they brought residents together to open the physical box to see what was inside. Similar findings have been reported when using activities within boxes in care homes e.g., containing multi-sensory archive objects.⁴² The findings indicate that regular creative activities promote social health, lead to relationships being developed within the home, and a sense of community being created through a shared pastime, both within the care home and beyond through participating in national research. The project team was mindful of the diversity of the communities we worked with and therefore many of the activities related to or were produced by those from global majority populations. To the authors knowledge this is novel and there was evidence that this supported relational care through sharing of experiences and mutuality e.g., discovered shared interests in varied global destinations.

The study benefited from its remote delivery model, meaning that a larger group of participants, across a wider geographical area could be included than would be normal practice in this type of research. The study was novel as it demonstrated successful remote and digital delivery of a creative activity programme that could be rolled out more widely in future.

The study had several limitations. Attrition rates were high and were mostly attributed to care staff leaving. This is reflected in the large number of care staff sector vacancies. Despite

attempts to replace staff participants who left this was often unsuccessful meaning that resident participants had to withdraw due to the dyadic model adopted by the study. Despite two attempts at collection, response rates to the surveys were low. This meant that this data could only be used descriptively. The study was delivered remotely which meant that the team were challenged when establishing and maintaining rapport. The diagnosis of dementia, type of dementia, and length of time since diagnosis were not formally assessed. This means that conclusions cannot be drawn regarding the project's impact on these variables. Finally, the team was aware of ethical issues regarding the tensions in participating in dementia care research at a time when care staff residents and staff experienced illness and mortality. Many however expressed how grateful they were to take part and that the study represented a positive experience at an otherwise dark time.

Conclusions

Culture Box was a pandemic-responsive project that promoted relational and social health outcomes supporting social interaction, building relationships, and developing communities. This builds on the developing evidence on the use of creative and interactive activities to support social health. The study demonstrated the value of bespoke, meaningful, and appropriately challenging creative materials that promote lifelong learning, independence, and quality of life for people with dementia.

Future research should further explore the utility of creative activity for those with varying types and stages of dementia, and the benefits of working remotely or using a hybrid delivery model. It should also consider the role of different facilitators, including care staff and potentially how such activity can be used to upskill caregivers. Finally, future studies could address whether staff training in creative practice can overcome barriers to attracting and retaining those who can provide high quality relational care for those living with dementia.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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(Using multisensory culture boxes to promote public health guidance and to support the wellbeing of people with dementia in care homes).

Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.gerinurse.2023.08.012.

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