Growing the Creative Ageing Movement: International lessons for the UK

Alice Thwaite

A partnership between The Winston Churchill Memorial Trust and the Baring Foundation
Acknowledgments

We would like to thank all the individuals and organisations who hosted our Fellows during their travels, welcoming them, giving freely and generously of their time, sharing ideas, food and often a place to stay, and enabling the Fellowships to be so successful.

We are also very grateful to our Fellows for their dedication to the development of the creating ageing sector and the improvement of older people’s wellbeing. It is this very dedication that enabled them to become Fellows, travel the world and return with innovative ideas, without which this report would not exist.

About the author: Alice Thwaite

Alice has been a pioneer in the field of creative ageing in the UK since developing Equal Arts to specialise in work with older people in the early 1990s. She received a Churchill Fellowship in 2010 and visited Ireland and the USA looking at good practice. Since 2012 she has been the Coordinator of the Baring Foundation and Winston Churchill Memorial Trust partnership.

Equal Arts, based in Gateshead, brings together the arts, care and health sectors to ensure older people have a better quality of life through access to creativity. The HenPower programme is run by Equal Arts and is now operating in care settings across the country, and internationally. The organisation also runs many intergenerational projects, encouraging young people and older people to create together.

Alice is keen to share good practice and was a member of the arts group of the Prime Minister’s Challenge on Dementia. Alice has also worked with the Royal Academy, presented at MoMa in New York and been part of a British Council delegation to Tokyo. She is also a Dignity Champion.

Cover photo: Kesen Boke Ichiza Theatre Company, Ofunato, Japan with WCMT Fellow Karin Diamond. Performing a dementia awareness play to communities throughout Japan.
Foreword

As one of the older generation myself and someone always interested in its welfare, I'm always delighted to hear of new and meaningful arts programmes specifically designed to encourage participation in creative activities into later life. I have been pleased to play a role in the WCMT joint programme with the Baring Foundation, and to have the opportunity to meet some of the Fellows and hear their stories.

In today's ageing society, where many more people live with challenges such as dementia and isolation, the arts have a powerful role to play in improving many aspects of well-being. It is well documented that participatory arts can help both physical and mental health – aiding mobility, as well as unlocking and evoking memory and cognitive function.

This report highlights many imaginative programmes that have been developed in communities across the UK by Churchill Fellows, following their global travels to witness inspiring practice in other countries.

Nowadays, the use of technology is more widely used in arts-based therapy, alongside traditional approaches such as music, drama, painting and dance. It is wonderful to see these projects connecting and engaging people and developing relationships across the generations.

I welcome this report and believe that the Fellows’ work will inspire others to actively set up or to participate in more community arts.

Baroness Joan Bakewell DBE
Kaleidoscope Acting Up project, Northern Ireland. Photo courtesy of Kaleidoscope
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Executive summary

Introduction

Since 1965, The Winston Churchill Memorial Trust (WCMT) has been funding UK citizens to investigate inspiring practice in other countries and return with innovative ideas for the benefit of people across the UK. Churchill Fellows are highly motivated individuals, who bring back a new focus and vision to improve their profession and community.

The Baring Foundation is an independent foundation working to improve the quality of life of people experiencing disadvantage and discrimination. Since 2010 it has focused its programme on participatory arts with people over 60, with the belief that everyone has a right to take part in cultural activities, but that these also bring benefits in terms of personal health and well-being, as well as community development.

Over a 4 year period beginning in 2010, WCMT collaborated with the Baring Foundation, to fund 47 Churchill Fellowships in a programme entitled ‘Creative Ageing’, examining the belief that the arts can play a positive role in older people’s lives, including those with dementia.

More detailed individual Fellowship research recommendations can be found within Fellows’ original reports, links to which are provided in Appendix B.

About this report

There are now 11.6 million people aged 65 or over in the UK, of which 1.5 million people are aged 85 or over (Later Life in the United Kingdom by Age UK – April 2017).

In recent years there have been many exciting developments in the burgeoning field of creative ageing, with a growing recognition that being creative can help us to age well, and support us later in life.

This report highlights some of the findings from the Churchill Fellows international, experiential research projects, particularly concentrating on the work around art and dementia. This is done under five topics: art form; day care; training for care staff; artists in care settings and evaluating impact. Where work has been transferred to the UK this is indicated by the phrase “Implementing
good practice”.

The Churchill Fellows are arts practitioners, dancers, therapists, care workers, writers, trainers and directors, providing community activities and opportunities for older people, covering creativity and person-centred care in many aspects of music, dance, drama and the visual arts.

Following their global findings, it is hoped that this report will offer ideas and examples of innovative practice that can be taken forward by practitioners and those interested in creative ageing, to adapt to their own specialism or context.

Key learning points

There are many examples illustrated in this report of Fellows delivering good practice influenced by their travels and these should have a wider impact on policy.

• Supportive, high-quality leadership is critical to the success of creative initiatives and their influence on organisational culture in care settings.

• Partnership working between the cultural, health and adult education sectors should support the development of imaginative day services for older people.

• The importance of developing artists’ networks to share ideas and best practice is essential for the growth of the sector.

• There is a need for ‘shadowing’ opportunities and more formal training opportunities for artists working in the field.

• There is a need for longer-term artists’ residencies in care homes rather than traditional two-hour weekly sessions, with an emphasis on involving managers, staff team and residents – a ‘whole home’ approach.

• Care staff training needs to incorporate creative approaches and the role of activities co-ordinators needs to be elevated, with a clear path to continued professional development.

• Better advocacy is required to raise the profile of the work.

• There is huge potential for delivering multi-sensory, multi art form approaches to support the quality of life for people living with dementia in care homes and this needs cross sector training.

• Creative and artistic initiatives should be used for care staff self-care to help staff retention.
What is creative ageing?

“Art enables us to find ourselves and lose ourselves at the same time.”
Thomas Merton, No Man is an Island

“There is no denying the problems that accompany ageing. But what has been universally denied is the potential. The ultimate expression of potential is creativity.”
Dr Gene Cohen, The Creative Age: Awakening human potential

Dr Gene Cohen, who founded the USA’s National Center on Aging in 1975, argued that the brain would continue to create new cells at any age as long as it was engaged in new and challenging intellectual activities. His work in a number of studies on ageing has supported this belief, including a 2002 study suggesting that involvement in the arts later in life led to a lower incidence of illness.

The arts and ageing (or as we now call it, creative ageing) field has been evolving slowly but steadily since the 1980s. Originally it was dominated by ‘reminiscence’ practice – the idea that as we age we value looking back and sharing our memories of the past. In their report Seeing the Person Behind the Patient (2003), Clarke, Hanson and Ross say, “Biographical approaches provide older people with opportunities, if they so desire, to talk about their life experiences, family, friends, work history, hobbies often using photographs and personal belongings as triggers to discussion. Exploring older people’s past and present lives with them, particularly the circumstances that have shaped their experiences, potentially provides greater insights into their needs and aspirations and may help to challenge ageist stereotypes about later life. Listening to a person’s life story is a powerful way of showing that they are valued as an individual and may also have a cathartic value”. It is recognised, (although not always made a priority) that in “order to deliver person-centred care it is vital to know the life history of the residents in care home” (Caroline Twist, Fellow 2015).

Fellows also explored the potential of using ‘the imagination model’ which frees people of the need to remember and gives them the opportunity to create new stories and make new connections in a ‘failure free’ environment. This has been championed by, among others, Anne Basting, who created the model of storytelling called TimeSlips (see page 14). Andrew Larpent (Fellow 2010) was Chief Executive of Somerset Care Group when he undertook his Fellowship. He noted that it is becoming increasingly clear that decline in cognitive ability in some areas of brain function does not necessarily mean an inevitable loss of ability in others. Creative talents, hitherto underdeveloped and inhibited, can be
stimulated into rewarding creative activity.

The Baring Foundation recognises that the arts have intrinsic value, that they are “fundamentally important for their unique ability to give joy and express the world” (D. Cutler Ageing Artfully 2010). In addition, a review by the Mental Health Foundation of the evidence about the benefits of the arts on older people concluded that “engaging in participatory art can improve the well-being of older people and mediate against the negative effects of becoming older. This applies to mental and physical health as well as developing happier, more integrated communities”. An Evidence Review of the Impact on Participatory Art on Older People (Mental Health Foundation 2011).

The proportion of people over 65 in the UK has grown from 13% in 1971 to 17% in 2006 and is expected to reach 23% by 2031 (Office for National Statistics 2016). The largest percentage growth in population is among people aged 85 and over, the age group most likely to be in receipt of care services based on current information and trends. People’s sense of being old is changing and expectations of later life are higher than they have ever been. However, older people with high support needs have largely been left out of innovative service and practice developments. Within health and social care there has been a recognition of the importance of promoting dignity and choice; however take-up of direct payments and individual budgets is still lowest among older age groups.
Artists and art therapists – their respective roles

It is important to clarify the difference between artists working with older people and art therapists. Dance, art, drama, and music therapy are forms of psychotherapy that use an art form as its primary mode of expression, particularly to address emotional issues. It is a profession that requires specialist training. There are very few dance, art, drama and music therapists working in care settings with older people; these specialists are generally found in health contexts.

Richard Coaten (Fellow 2010) is a dance and movement therapist, with 11 years’ experience working in the NHS. He explains that dance and movement psychotherapy in dementia is underpinned by a number of key principles:

- Body and mind are inseparable and through ‘body action’ there are close links between movement, emotion and memory.
- ‘Rhythmic group activity’ is a key element and important in giving back to the person a sense of who they are, when that might be threatened (Marian Crace approach).
- Movement and dance help to reflect and also express personality.
- The therapeutic relationship is of central importance.

Dance movement therapy (DMT) involves the intentional and compassionate use of breath, movement, touch and dance to promote the physical, psychological, emotional and spiritual well-being of each person (Shustik & Thompson, 2001). Dance therapists are educated to Master's level in DMT and also have clinical supervision, which means that they have the opportunity to discuss their personal and professional responses to the clinical work. This helps practitioners understand the impact the work has on themselves and helps avoid burn out.

Many of these principles are also shared by dance artists and other artists who run sessions with older people. Fergus Early (Fellow 2010) runs Green Candle dance company and has more than 25 years’ experience of working in the field. As he says “One distinction is that the dance artist has slightly different objectives: they are not primarily aiming at a clinical or therapeutic outcome – they are looking to release and nurture the innate creativity within participants. Of course, there are therapeutic benefits, which we rejoice in, but the primary objective has a different slant. This is not uncomplicated; most of the people who
will employ us to lead dance sessions with people living with dementia or other conditions absolutely do have a clinical outcome in their sights.”

Accordingly, artists working in the field gather data, collaborate with academia on research projects and (in the case of Green Candle) create training programmes which aim to inform dance students of the nature of different conditions they may encounter, the psychological and physical effects of ageing, the importance of safe practice, the value of a ‘person-centred’ approach – all this alongside relevant dance and choreographic skills and investigations into improvisation. The issues around supervision and support of those delivering the programmes are key and those developing and delivering projects need to make sure this is budgeted for.
Good practice across art forms

The following good practice examples, observed by Fellows during their research, demonstrate how different art forms are being used to promote well-being among older people, particularly those with dementia, in a range of settings. There are also examples showing how Fellows are putting their learning into practice in the UK by establishing new programmes and using new approaches in their work. These are indicated by the phrase “Implementing good practice”.

Storytelling and poetry

TimeSlips, USA

A model of practice that has spread throughout the USA, and that had an impact on many Fellows, is TimeSlips. This method was devised by drama professor Anne Basting (University of Minnesota) and has been gaining momentum since the late 1990s. Anne had initially focused on reminiscence drama and felt that it wasn’t successful. She thought it put people with dementia in a difficult position, relying on them to answer questions about their past.

Amy Veale (Fellow 2014), who visited a TimeSlips session in the Bronx, describes her experience of seeing the model in action. “The dementia care facility I visited catered for people in the mid to late stages of dementia. Ten residents and two members of staff gathered round in a circle to create a story. A black and white photograph was produced by the facilitator. The photo was of an older gentleman, pouring champagne into two glasses which were held by an older lady. His arm was wrapped around her and they were smiling, wearing party hats and looking into each other’s eyes.

“Looking around the group I was a little sceptical that the process would work for everyone present. Some people in the group seemed distant and disinterested; two members of the group appeared to be in the later stages of dementia. When the facilitator asked what was happening in the photo, someone started the process by stating the couple were celebrating a wedding anniversary. This sparked another person’s imagination who thought that perhaps they had won the lottery.

Someone else noted that they looked very old and thought they could be celebrating making it to 100 years old. And a whole story developed about how and where the couple met (perhaps in Ireland, or maybe at school where she fell
over and he helped her to her feet), where they had their wedding and what they did with all their lottery winnings.

All responses were included in the final story and the story was repeated at intervals to remind people what had been said. With the freedom to imagine, to be creative and spontaneous, the story that developed was both original and entertaining. More importantly the group enjoyed the process, spirits were high and laughter filled the room.

Members of the group who had been quieter to begin with joined in enthusiastically. What really struck me about the session was that the TimeSlips method seemed to foster a sense of community. Everyone got involved, including staff. The two members of the group who had more advanced symptoms were encouraged and supported by other members of the group and staff. When one of the individuals became distressed, a member of the group noted this and suggested that they should sing for her."

Online training in this method is available and it is becoming established in many care facilities. Anne Basting’s book *Forget Memory: Creating better lives for people with dementia* had an impact on many Fellows. The role of life story is now an established part of care provision; the next important step will be to embed play and imagination into everyday life in care.

**Gemma Seltzer (Fellow 2016)** was also initially sceptical of the technique. She thought that the online training was fairly rigid and was worried about the quality of creative facilitation, as it is not only artists that lead the sessions, but caregivers and family members too. Having spent time with the team in Milwaukee and seeing TimeSlips in action, she changed her mind. She quotes Anne Basting who says that “artists working with elders aren’t sole practitioners, they are part of a community of practice”.

**Romi Jones (Fellow 2014)** notes, “What would it take to run TimeSlips sessions in every care setting in the UK? A few hours’ online staff training, a change in attitude, a willingness to try something new, to take risks. Mostly it takes a commitment to prioritise relationships to the same extent as physical care tasks and the belief that older people with dementia are capable of being creative storytellers.”
The Alzheimer’s Poetry Project, USA

Gary Glazner, a poet who set up the internationally acclaimed programme The Alzheimer’s Poetry Project, made a lasting impression on Fellows.

He uses the ‘call and response’ method. This involves delivering lines of poetry that are repeated back to him by people in the group, often with their own contributions which he then incorporates into the poems. Gemma Seltzer (Fellow 2015) says, “Call and response is an effective technique in reaching people living with dementia... it uses what is known as ‘echoic memory’. A brief mental echo that is thought to last up to about three or four seconds after an auditory stimulus has been heard.” The time span of four seconds is close to the length of a line of poetry in iambic pentameter.

Gary always starts with a warm-up exercise, during which he connects with each individual in the group. He then recites a poem which reflects the theme of the session. The poem is then recited again, but this time the participants repeat the line together. Then the group creates a poem together, with Gary asking simple questions and weaving each person’s response into a group poem.

This is very skilfully done and Fellows who visited The Alzheimer’s Poetry Project commented on how impressed they were by the professionalism and empathy shown by Gary.
Meet Me at MoMA, Museum of Modern Art, New York

Many Fellows were interested in the high-profile Meet Me at MoMA programme which has been very successful in igniting a real interest among galleries and museums around the world to create programmes for people with dementia. This project was set up in 2007 to develop the Museum’s education programme to engage people with dementia and their care partners. A grant from MetLife enabled the Museum to create free online resources and funded staff dedicated to sharing the project nationally and internationally. Eighty-eight museums now have similar programmes including the Royal Academy of Arts and Dulwich Picture Gallery. The programme enables people to reflect on the Museum’s paintings without needing an art historical context. Rich conversations are generated, connections are made, smiles are exchanged, relationships built.

“The program provides a wonderful opportunity, not only for the family members with dementia to participate, but everyone’s invited to participate in the discussion.”

Michelle Weiner (Fellow 2014), who worked on the Good Times programme at the Dulwich Picture Gallery in London, visited a range of museum programmes during her Fellowship. She identified a strong set of principles that increase the chances of success:
• Provide a caring environment
• Incorporate ritual, routine and repetition
• Enhance language and communication
• Provide an ‘in the moment’ experience
• Ensure professional quality
• Accommodate individual creativity
• Be equal
• Celebrate creativity
• Share commitment

This set of principles was echoed by all the Fellows and many examples are described throughout their reports.

Interestingly MoMA has changed its focus and its new PrimeTime programme is more inclusive (age-friendly rather than just dementia-friendly) and focuses on art making as well as art looking. Francesca Rosenberg, Director of Community, Access and School Programs, said that this in part has been inspired by ‘pioneering projects’ led by Fellows Michelle Weiner (Fellow 2014) from Dulwich Picture Gallery and Alice Thwaite (Fellow 2010) from Equal Arts. This emphasises the two way nature of the Fellowships which result in Fellows impacting international practice and developing relationships with host organisations over time.

Music

Music and Memory, USA

“The impact of music has solid neuroscientific and psychological bases. Music facilitates communicative and relational processes and emotional expression. It can increase some cognitive functions such as memory and executive function”

(Brotons M, Koger SM)

Claire Ford (Fellow 2011) was particularly affected by Dan Cohen’s Music and Memory project, which aims to bring personalised music into the lives of older people by creating personalised iPod playlists. Dan Cohen had a background in social work but realised how iPods were a poorly utilised resource in nursing home care. Rather than simply picking music from an era, Cohen realised the
importance of personalising the playlists and this also had an impact on staff morale and reduced antipsychotic drug use.

Music is shown to have a powerful impact on people by enabling them to connect. This concept is now widely understood, although not practised enough in care settings. The skill is in finding out what music each individual wants to have on their playlist and developing staff’s skills to enable them to work with family and residents.

Dance

“Why older people dance is as varied as every older person... why does anyone dance? Maybe they danced when they were young, and they remembered it and they were told they couldn’t do it past the age of 30, and all of a sudden they’re having this other opportunity. Or maybe they’ve never danced before and they’re looking for something that will allow them some new ways of moving their body. I think the second half of life is often about reinvestigating parts we’ve left behind. What we’re used to is no longer sustaining us in the same way and we’re open to new ways... I think people also come to it for health reasons, I’m going to get in shape – I’m going to dance...”

Amie Dowling, choreographer and professor in the Performing Arts and Social Justice Department, University of San Francisco

Fellows found that dance can transcend cultural and economic differences, health challenges and attitudes to ageing, and give people opportunities to enhance the quality of their lives, especially in becoming healthier, more connected and more expressive older adults.

This was observed by Filipa Pereira-Stubbs (Fellow 2014), who visited three hospitals in the United States to research wellness and arts programmes. These were the Montefiore Hospital in South Bronx, New York; Shands Hospital in Gaine, Florida; and San Francisco General Hospital and Trauma Centre. The hospitals’ wellness and arts programmes exist to promote the quality and experience of the hospital stay, and to transform healthcare environments.

Jill Sonke from Shands Hospital explains, “Dance can really help heal the divide that happens in the body – sometimes when we’re not well there’s the sense that our body has let us down, and we can be disappointed in our bodies, and when we’re in pain we just don’t want to be in our bodies. If we can have a few moments of dancing and have a joyful experience that can close the gap a little bit, and reconnect with their bodies.”
A recurrent theme in the findings of many of the Fellows investigating dance was what **Diane Amans (Fellow 2014)** called ‘the process-product tension line’. Most of the sessions Diane visited in Australia focused on technique – ‘getting it right’ – the aim being to reproduce what the teacher is demonstrating. Diane visited Tasmania to spend time with dancer Glen Murray (who received an Australian Churchill Fellowship in 2012 and visited the UK).

Glen Murray is the founder and artistic director of MADE (Mature Artists Dance Experience), which aims to provide mature adults with dance and theatre skills development opportunities as well as highly aesthetic contemporary dance theatre.

Dances are choreographed by Glen and there is an emphasis on technique. “We like the technique,” says participant Annie. “We wouldn’t come if it was improvisation.” Annie is enthusiastic about the fact that Glen pushes them. “You’ve got to work hard on that stage,” says another dancer. “Something happens inside me when I get out there.”

Diane says, “Glen has clearly developed the choreography to suit different
abilities and experiences. This inclusive approach was rather unexpected – probably because he is fairly firm and sets very high standards. This delightfully quirky choreography would really suit some of the groups I work with in the UK. The performance by MADE was brilliant”. The fact that MADE was performing in Hobart’s well known Theatre Royal to a paying audience sets the event apart from many community dance performances in the UK. Although some community dance groups charge for their performances it is unusual for them to perform as part of a mainstream programme. There is a long history of improvisation in dance in the USA and a few practitioners, like Paula Turner (Fellow 2014) in the UK working with older people favour this approach.

Jane Hackett (Fellow 2012) created the wonderful biannual Elixir Festival at Sadler’s Wells on return from her Fellowship, which celebrates lifelong creativity and the contribution of older artists, and includes performances, workshops and conference.

Implementing good practice: Dance and dementia

Since returning from his Fellowship in Canada, Richard Coaten (Fellow 2010) experienced a growth in self-confidence and a growing awareness of the important legacy of the Fellowship. He says, “I appreciate that in the field of movement, dance and dementia wherever I have gone to lecture, to run workshops, to train dance and movement psychotherapists, it is the underlying values of respect for personhood, of appreciation for difference, diversity and ‘other-ness’, plus the importance of non-verbal communication that have reaped a rich harvest in changing hearts and minds. Hopefully too, we have been able to reduce not only the social isolation, loneliness and depression associated with the condition, but also the stigma in society here and abroad that attaches to what is a major societal problem all over the world. I also founded and co-ordinate the world’s first virtual Centre of Excellence in Movement Dance and Dementia, hosted by my NHS Trust employer, at South West Yorkshire Partnership NHS Foundation Trust.

Richard’s current focus is to develop his practice as a dance movement psychotherapist in an older people’s acute assessment and treatment ward. “I am also working with colleagues to bring the dance and dementia and dance and Parkinson’s work together, as a very significant percentage of people with Parkinson’s go on to develop a Parkinsonian type dementia. It makes sense therefore that both fields work together more, while also appreciating their similarities and their differences. I am also part of the DAWN (Dementia, Arts and Wellbeing Network) at Nottingham University’s Institute of Mental Health, which is partnered with Worcester University in developing arts and dementia-based practices nationally.”
Implementing good practice: Dance and Parkinson’s disease

In the last few years there has been an upsurge in dance programmes for people living with Parkinson’s, a long-term neurological condition that currently has no medical cure. As an art form, dance is uniquely placed to support people with Parkinson’s because dancers have knowledge and understanding of the body in movement, thinking skills that support efficient and mindful action, and an understanding of the way dance can transform the stages of the disease through an engagement with expressive movement. Dance enables people living with Parkinson’s to be dancers, not patients, and offers them possibilities, not limitations (David Leventhal, Director of Dance for PD). In this respect, dance has a way of making people feel whole again.

**Mel Brierley (Fellow 2014)** visited different dance and movement based Parkinson’s projects within New York and California. She worked alongside other artists to establish practice, approaches to delivery and aims for the future.

Mel says, “The development of this movement has been due to the work of independent dance artists like myself, who have partnered with dance
organisations such as Dance for Parkinson’s Disease in the United States and the English National Ballet in the UK, to create a new field of community dance practice supporting the lives of people living with Parkinson’s”.

A significant outcome of this engagement has been the establishment of the Dance for Parkinson’s Network UK, directed by Kiki Gale, supported by the Baring Foundation, and now as a special interest group in People Dancing, (the Foundation for Community dance, a UK development organisation). As a steering group member Mel has helped develop the vision and practice of the Network to help it achieve its mission that ‘everyone with Parkinson’s has the opportunity to engage in high-quality, diverse and creative dance activity across the UK’.

Mel continues: “Back in the UK I have been able to share practice with members of the Network, including emerging artists through our new mentoring scheme, and with community groups and organisations in the North West such as Pioneer Projects. I attend and contribute to conferences with my continuing PhD research into dance and Parkinson’s and over the last two years I have created a unique service of one-to-one practice in people’s homes, called Home Performance, which currently requires funding for its development”.

As an artist Mel has come to understand the significance of dance and Parkinson’s for the people she works with, having witnessed them dancing to embody movement and moving to share their dance about living with this neurological condition. This empathetic practice helps to bridge the gap in understanding between the dance artist and the person living with Parkinson’s. In doing so, it provides a shining light for the way that people living with long-term health conditions can be valued and nurtured in community care.

**Theatre**

**Implementing good practice: immersive, non-verbal theatre for people with dementia**

**Re-Live, Wales**

**Karin Diamond (Fellow 2010)** and Alison O’Connor run Re-Live, a Cardiff-based charity that provides a dynamic programme of life story theatre. Through the programme they invite people and communities to share their experiences, so that audiences can witness the untold stories of their lives.

In 2010 Karin travelled to Japan to research theatre and memory work with older people with Dr Yukimi Uchide. Dr Uchide is a leader in the field of creative
and reciprocal approaches in dementia care. She manages 16 care facilities and is a director of a theatre company that promotes a greater understanding of dementia by delivering performances throughout Japan. She is the founder of, and driving force behind, the first ‘dementia friends’ initiative in the world and is an advisor to the Alzheimer’s Association, Japan.

Karin says, “Working closely with Dr Uchide was a deeply inspiring experience. I was able to visit care homes and day centres, shadow care workers, social workers, doctors and nurses. I talked to people living with dementia, families affected by dementia and visited people in their homes”.

Karen attended experiential training days for health and social care workers and participated in dementia conferences. She was also privileged to tour with Dr Uchide’s theatre company, experiencing the power of theatre to both entertain and inform community audiences about dementia”.

Karin returned to the UK with lots of new ideas. “Over the years, I’ve been able to weave the learning gained from my Fellowship into Re-Live’s work,” she says. “In 2011 Alison and I designed an experiential dementia training programme, inspired by the training I attended for health and social care workers in Japan. In 2014 we devised a theatre show, Memoria, that enables people living with dementia to share their stories on stage. Memoria was performed to sold-out audiences and was live-streamed via the internet to over 4,000 people in 12 countries”.

The Memoria group continues to perform, raising awareness and influencing policy. In 2015 they wrote Belonging, a bilingual play that reflects the real-life experiences of people affected by dementia. The production had a critically acclaimed national tour of Wales in 2016, raising awareness of the complex issues around dementia for health and social care audiences as well as community audiences. To have been given the chance to travel and explore new ways of living and working has been life changing. Dr Uchide continues to influence Karin’s practice and the ripple effect has been extraordinary.

The Garden

Arti Prashar (Fellow 2014) described her Fellowship as an invaluable opportunity to reflect on her own practice and test out ideas in a ‘safe’ environment that didn’t require funding or specific outcomes. Two years after her travels she created The Garden.

“The Garden was designed specifically for people living in the later stages of dementia. It is a piece of non-verbal theatre, that immerses you in the seasons by delighting the senses using light, evocative images of the outdoors, sounds
of rain and birdcall, freshly laundered clothes, autumnal leaves, butterflies and worms. It not only brings the outdoors in, but enables a sense of play, by ‘doing’ everyday tasks like sweeping leaves, folding clothes and planting seeds. It offers you a space to relax and contemplate life, it provides a moment of serenity. This on one level is simple fun, on another a complex hour that gently makes one consider stillness, end of life and the acceptance of death. A path we all tread.”

Digital Arts

Implementing good practice: We engAGE, UK

Claire Ford (Fellow 2011) trained as a visual artist and visited a wide variety of arts and dementia programmes on her travels to the USA. She was influenced by multi-sensory approaches when working with people with mid to late stage dementia. Most memorable for her was Dan Cohen’s Music and Memory (MoMA)
project in New York, Kairos Dance in Minneapolis and Poetry for Alzheimer’s, New York.

When Claire returned to the UK she set up iPad EngAGE (now We engAGE). The main aim of We engAGE is to empower and develop creativity and innovation including music, art and animation through the use of iPad technology and the range of apps on offer, with a person-centred approach. Claire piloted the approach in a variety of settings and then developed a programme for residential care homes. More recently she has piloted intergenerational projects, working with Year 5 classes (9-10 year olds) and residential care homes, with the aim of building social connectedness and a better community to create a lasting legacy.

Claire Ford and participant, We EngAGE, UK.
Incorporating creativity into day provision for older people

Many Fellows highlighted examples of different creative approaches to the delivery of day centre provision. In the UK there has been a marked decline in day centres, because of a combination of local authority funding cuts and an understanding that the traditional provision of a minibus to a centre for lunch and bingo is not something that appeals to many of the ‘new’ old.

Iona Wellness and Arts Centre, Washington DC, USA

One excellent, easy to replicate service is the Iona Wellness and Arts Centre in Washington DC. It is an award-winning day programme for adults over 60 that provides support for older people who are living with a cognitive or physical disability. Creative and community engagement is integral to Iona’s mission. It offers a range of enriching activities (visual arts, yoga, dance, tai chi, music and poetry). It has a full time art therapist creating programmes tailor-made for participants and an artist-in-residence scheme, and honours older artists.

It also had a poet-in-residence, an older poet who responded to art in Iona’s gallery. As Gemma Seltzer (Fellow 2015) noted, “The poet often sat within the exhibition, scribbling at a desk. A note alongside them was visible, saying ‘The poet is here’ and inviting visitors to talk. This idea related to Iona’s ethos of unveiling what is often hidden. A day centre as a public art gallery. An artist as a living and working person”.

Laura Menzies (Fellow 2015) wrote, “The centre was a completely nurturing environment where participants could thrive and had choice in the activities on offer. It was fantastic to witness a building solely dedicated to a wellness programme for elders and to see how both the staff and participants had worked together to take ownership of the space and developed such a creative, welcoming and caring environment for all”.

VUK (Voksenskolen for Undervisning og Kommunikation), adult education school, Aalborg, Denmark

Alison Ward (Fellow 2015), spent four weeks at VUK, an adult school of education and communication that provides special education. Its philosophy is to match education at an individual level, focusing on the person rather than the diagnosis.
She discovered that attending the school meant meeting new ‘challenges and tasks’ which people looked forward to and welcomed. Those who attended stressed the importance of the school adding that it supported their ‘sense of purpose.’

Alison concludes that such a service would be possible in the UK and she is working towards this. It is important to develop a curriculum with a variety of activities available, such as working with computers, history lessons, music and art, woodwork, gardening, cooking etc, so that people can engage with more than just ‘cognitive training’.

Alison used the Fellowship to develop creative activities (particularly photography) to support people with dementia to participate in research activities. The use of photography not only enabled the students with dementia
to be creative but also supported them to have a voice to share their thoughts, feelings and experiences.

Implementing good practice: Meet Me at the Albany

David Slater (Fellow 2010) investigated how arts and cultural practices can support isolated older people to connect and contribute to the cultural life of their communities. He travelled from the west to the east coast of the USA, and recalls an inspiring moment during a visit to an older people’s singing group in Brooklyn, New York.

“I had arrived late and expected the music session to be in full swing so was a bit surprised that everyone still seemed to be just sitting around chatting. ‘Seven months pregnant and she didn’t know anything about it and she’d only been to the doctor a month before.’ Then the penny dropped! The gossip was an integral part of the work: people’s energy, curiosity and urgent stories were being channelled by the artist into breathing exercises and then vocal scales and finally amazing songs. The art that was being created wasn’t separate from any other part of their lives. It was just a natural and necessary extension of them”.

David took this moment back to London and with his colleagues at Entelechy Arts and the Albany they created Meet Me at the Albany, a weekly arts club for isolated elders. The project has been running for three years now and is a reminder of what day care could and should be like. They ask simple questions – what if you were living home alone, feeling a bit anxious and uncertain, what if you went to an arts centre instead of a day centre? The effect has been incredible. Every Tuesday for 50 weeks a year more than 45 (formerly isolated) older people creatively occupy the café spaces of a large regional arts space, the Albany in south east London. People who were formerly invisible have become celebrated and contributing members of their communities.

Writing for the Arts Council England, journalist Tanya Gold has said of the project, “This is what society would look like, if only we scrubbed out our ignorance and fear”.

The Meet Me concept has now spread beyond the arts space into the communal lounges of sheltered accommodation housing schemes and new clubs such as Meet Me at the Movies are springing up.

“It’s a theme that runs centrally through all of my practice since my Fellowship,” says David. “Recently I co-devised a production called BED. It was a live art/guerrilla street intervention that abandoned two older women in their night clothes in beds on high streets. If approached, the older performers gave passers-
by glimpses into unheard and avoided stories of isolation and loneliness. BED was commissioned by Brighton Festival and many other street arts festivals across southern England. It’s just been another part of the incredible journey that so many of us are on, fuelled by the indelible experiences of our Winston Churchill Memorial Trust Fellowships”.

Implementing good practice: Imagine Arts Centre, Northern Ireland

Kerry Rooney (Fellow 2014) is Artistic Director of Kaleidoscope, an arts organisation based in Northern Ireland. Following his Fellowship and inspired by time spent at Stagebridge, the USA’s oldest theatre programme for older people, Kerry set up the Imagine Arts Centre in 2015. It hosts 200 older people weekly and delivers a varied programme of drama, dance, singing, ukulele playing and visual art. Kerry credits the experiences he gained through his Fellowship as greatly influencing the design and structure of the programme. Kerry received an MBE in 2016, awarded for services to older people and drama in Northern Ireland, particularly for his role in developing the award winning Acting Up programme. He also runs the Imagine Arts Festival, an annual celebration of arts for older people.
Training for care staff

“An excellent service supports and enables people to engage in activities, pastimes and roles which bring them pleasure and meaning and enhance the quality of life.”

A definition of excellence for regulated adult social care services in England, Social Care Institute for Excellence, 2010

The issue of training for care staff was a consistent theme throughout the Fellowships. Sylvie Silver (Fellow 2015), who is Director of the National Activity Providers Association and Jennifer Garratt (Fellow 2014), who was then working in Abbeyfield’s Learning and Development Team, both focused on finding examples of good practice in the USA and Australia. Jennifer Garrett’s report clearly defines the issues. “In care environments, roles are sometimes focused around easily quantifiable aspects of care, such as getting residents up, washed, dressed and fed in the morning.”

A factor that may exacerbate staff reluctance to engage in artistic initiatives is the distinction made between the role of the carer and the other staff member who provides activities. It is the Activities Co-ordinator’s job to provide service users with experiences that are enjoyable, fun and creative. This perceived division of labour can encourage a tick-box approach to task completion and result in staff missing opportunities to develop meaningful connections with service users. Meeting deeper, emotional needs of the individual is an unclear process and difficult to define. Can we blame staff for not meeting these needs if they have not been taught the necessary skills and behaviours? While staff may feel comfortable helping service users wash or dress, the realms of art and creativity may be completely foreign, with fear of the unknown being a very real barrier. A lack of resources can also result in ‘non-essential’ artistic activities being the first to go when time is of the essence.

Valuing activity provision

Both Jennifer and Sylvie found that in the overseas settings they visited the activity teams seemed to be more valued and recognised for their contribution to both well-being and health. Sylvie notes that in the US there were more likely to be teams who supported each other to deliver programmed group and one-to-one activities with little connection or support from the nurses and carers.

In Australia she saw more carers supporting activity and engaging with the
activity staff, who were generally a smaller team or solo provider. Many different titles were used in the USA, director of activities, programme manager, lifestyle team leader or the engagement team. Many activity staff held a degree in recreational therapy. In Australia diversional therapists (DTs) are recognised health care professionals. Not all care settings Sylvie visited in Sydney and Adelaide had a DT, but they all had a skilled person in the lead role that had a nationally recognised Certificate 4 in Leisure and Health as a minimum.

In the USA, New York State is not alone in requiring at least one of the activity team to be a Certified Therapeutic Recreation Specialist (CTRS). A CTRS is expected to undertake continuing professional development (CPD) in order to retain their qualification. Sylvie asked activity team members how they had gained their qualifications. Some had gone to university and done a degree course in recreational therapy, although none had planned to work with older people at the time. Others had come into this work later in life but had related degrees in topics such as psychology.

Several activity directors had come into the role as activity assistants and had self-funded a degree course or CTRS qualification, studying in their own time, in order to advance their career. Sylvie got the impression that people expected to pay for their own study if they wanted to progress.

Sing for Me: MADE Performance Theatre Royal Hobart, Australia, 2014. Photo courtesy of Diane Amans
In Australia, Sylvie was struck by a comment from a senior manager who said they would not interview anyone who did not already have at least a Certificate 4 in Leisure and Health. This was the most commonly held qualification for those that were not degree qualified in DT. DTs in Australia are nationally recognised with the same status and pay scales as other allied healthcare professionals. It was clear that it was accepted practice to gain qualifications and that an employer would encourage and support talented people. Although most were expected to study in their own time they would attract a pay rise once qualified. CPD was also seen as usual practice and the employer would support this through formal supervision and the appraisal process.

In the UK there no equivalent degree-level course. The National Activities Providers Association (NAPA) has been instrumental in developing recognised qualifications with an Award at QCF Level 2 and a Certificate at QCF Level 3. NAPA also offers training to gain these qualifications but had to develop a cohort of markers and assessors in order to do so, as none existed. NAPA is currently developing a relationship with an academic partner to develop a degree-level qualification in activity provision, and to develop a model for accessible leadership training.
Creative arts professionals in care settings

Activity providers in the USA and Australia seemed to value the knowledge and skills that specialist creative arts professionals could bring to their work. A number of settings, particularly in the USA, routinely included artists in their programmes and in some cases they were permanent employees. More commonly they were sessional workers who were booked on a fairly regular basis, which enabled them to get to know the client group and tailor their work to suit.

Sylvie noted that there is a growing recognition of the value of skilled artists in care settings in the UK, but a reluctance or inability to commit resources to fund their work. NAPA has been involved in a number of initiatives to promote the use of skilled artists to work alongside activity and care teams to support them to engage more through the arts. It has found that it can be a challenge in the UK to find artists of the right calibre and skill sets. Other organisations in the UK, such as Equal Arts, support and train artists to work in care settings. Equal Arts have developed a long term relationship with the local training provider, the Tyne & Wear Care Alliance, which enables care and activities staff to receive artist-led training.

In the USA the National Center for Creative Ageing is a representative body that brings artists together. The Australian Creative Arts Therapies Association fulfils a similar role. Many artists have connected through the excellent international conferences run by Arts and Health Australia. The UK has no Creative Ageing national body, that delivers training for this work. However, the diversity of artistic and creative initiatives would make many aspects of standardised training irrelevant for different groups. The training should be in core values and principles and improvisation techniques so that each artist can bring their own skills and talents to deliver bespoke programmes.
Evaluating impact

Jennifer Garratt (Fellow 2014) visited 14 organisations and found a total of 13 formal measurement tools. These included The Creative-Expressive Abilities Assessment Toolkit (CEAA), which was designed and developed by Dalia Gottlieb-Tanaha, Hilary Lee and Dr Pete Graf in Canada; the Zeisel Stigma Scale; the Myers Research Institute Engagement Scale; and the Quality of Life in Dementia tools. Whilst these tools are important and effective, having such a wide range of tools and statistical measurements makes it difficult to compare the interventions and their impact.

There was also a marked difference between those Fellows who see the need for this type of ‘impact’ measurement and those who believe that there is now plenty of evidence that creative practice enhances the quality of life for older people and believe that there is a need to ensure that the resources are spent on quality engagement rather than measuring impact. Diane Amans (Fellow 2014) is developing ‘meaningful measurement’ and person-centred evaluation. She explores this in her forthcoming publication An Introduction to Community Dance Practice (Palgrave Macmillan, 2nd Ed 2017).
Conclusion

The commitment and vision of the Winston Churchill Memorial Trust and the Baring Foundation have changed the landscape of the creative ageing field in the UK. Fellows have brought back innovative practice examples and are now delivering exciting programmes of work, all over the UK. The challenge exists to scale up the practice without losing the quality of delivery. There are still issues relating to the fact that ‘community’ and ‘participatory’ art have very little status in the art world and also few resources. However, there are now many community interest companies setting up to address some of the gaps and large arts organisations are beginning to understand the importance of engaging with the 75-plus demographic.

Gemma Selzter (Fellow 2015) highlights an issue that was brought up by many Fellows. “One of the challenges of facilitation is that which faces all artists working independently – ensuring the creative work offers a high-quality experience. There is less opportunity for peer support, space to test ideas and time is often limited. It is rarely possible for artists working in hospitals and care homes to shadow each other.”

Good practice evolves when an artist is also connected to an arts organisation or centre and a care provider. The artist needs to be supported rather than taking full responsibility for the project design, management and evaluation.

As the field grows, there is an increasing demand for high-quality programmes, particularly in care settings. There are unprecedented pressures on an underfunded social care system which relies on a workforce which gets little training and support. The combination of an exciting arts programme and a care workforce that is well trained and resourced could revolutionise the experience of older age. Churchill Fellows are leading the development of this important area of work and inspiring others to deliver new approaches.
Afterword

We would like to thank Baroness Bakewell for championing this programme – and for being its ideal role model – and Alice Thwaite for both writing this insightful report and giving expert guidance for the development of the programme more generally.

This report makes a compelling case for the role of the arts in enriching lives of any age and the profound impact of international exchange. So rather than elaborate on that, we would like in conclusion to relate the impact of the programme on both our organisations.

In the case of the Baring Foundation, it was an object lesson for us in real partnership, where both sides share a common interest but have different expertise and resources. The Baring Foundation had developed a growing portfolio of arts organisations with expertise on engaging older people, while the Winston Churchill Memorial Trust was deeply experienced in organising Travelling Fellowships and maximising the benefits of these. This very positive relationship has led the Baring Foundation to expand into many further partnerships with other funders, for instance all four of the national Arts Councils in the UK. Secondly, although our arts programme is primarily dedicated to work in the UK, it has opened our eyes to the rich possibilities of international exchange. This has led to the Long Live Arts partnership led by the Dutch Culture Ministry and including Belgium and Germany, and a relationship with the British Council which has led them to develop work on creative ageing in Japan, Korea and Taiwan.

For the Winston Churchill Memorial Trust (WCMT) this was also a first partnership and marked a step change in the way we run our Fellowship programme. It demonstrated to us the value, and pleasure, of working with organisations with a shared ethos and values, and specific expertise. Not only was this an inaugural partnership, but it was the first time we had funded Fellowships in the same field over a period of several years. This has resulted in a network of highly motivated and creative individuals from all over the UK who continue to share their collective learning and create quality participatory arts programmes for older adults. Watching the development and celebrating the ongoing achievements of our Fellows has been deeply rewarding. The success of this partnership has encouraged us to work collaboratively with leading organisations in other sectors and we now focus on a particular subject for longer, thus building up nationwide networks of individuals who are committed to effecting positive change in their communities and professions.

David Cutler
Director, The Baring Foundation

Julia Weston
Chief Executive, WCMT
Appendix A: References

Later life in the United Kingdom (Age UK, 2017)

The creative age: Awaking human potential (Dr Gene Cohen, 2003)

Seeing the person behind the patient (Clarke, Hanson & Ross, 2003)

An evidence review of the impact on participatory art on older people (Mental Health Foundation, 2011)

Forget memory: Creating better lives for people with dementia (Anne Basting, 2009)

An introduction to community dance practice (Diane Amans, Palgrave Macmillan, 2017)
Appendix B: List of Fellows

The following is a list of the 47 participating Churchill Fellows who contributed to this report with a link to their online profile on the WCMT website, which includes the option to download their full report where available. All of the Fellows’ findings contributed to the development of the overall themes and approaches described in this report. The key learnings and case studies were chosen from a selection of the Fellows’ reports, interviews and surveys.

Diane Amans
Research into different approaches to community dance with older adults in Australia and New Zealand, 2014
http://www.wcmt.org.uk/users/dianeamans2014

Chris Avis
Connecting communities, curating and exhibiting artwork of the’ Third Age’ in Denmark, Germany and The Netherlands, 2013
http://www.wcmt.org.uk/users/chrisavis2013

Daniel Baker
Older people and public art: an international evidence base in Australia, New Zealand and the U.S.A., 2012
http://www.wcmt.org.uk/users/danielbaker2012

Jane Bentley
Music and wellbeing in Older Adults, East to West in Japan, Malaysia, Singapore and South Korea, 2015
http://www.wcmt.org.uk/users/janebentley2015

Janet Bolton
Dementia and the use of creative arts to maintain personhood in Australia, 2012
http://www.wcmt.org.uk/users/janetbolton2012

Claire Bolton van Weert
http://www.wcmt.org.uk/user/2751

Melanie Brierley
Gathering practitioner and participant perceptions of dance for people with Parkinson’s in the U.S.A., 2014
http://www.wcmt.org.uk/users/melaniebrierley2014
Clair Chapwell
_Participative Arts: New Families for Older People_ in the U.S.A., 2013
http://www.wcmt.org.uk/users/clairchapwell2013

David Clegg
_Art making in dementia care: learning from learning disabilities_ in the U.S.A., 2012
http://www.wcmt.org.uk/users/davidclegg2012

Richard Coaten
_Developing embodied communications in dementia care_ in Canada, 2010
http://www.wcmt.org.uk/users/richardcoaten2010

Karin Diamond
_Theatre and memory work with older people_ in Japan, 2010
http://www.wcmt.org.uk/users/karindiamond2010

Teleri Dyer
_American approach to music therapy in dementia care_ in the U.S.A., 2010
http://www.wcmt.org.uk/users/teleridyer2010

Fergus Early
_Dance and older people_ in Japan, 2010
http://www.wcmt.org.uk/users/fergusearly2010

Claire Ford
_Enriching life with creative expression_ in the U.S.A., in 2011
http://www.wcmt.org.uk/users/claireford2011

Sylvie Fourcin
_Exploring evaluative and research models used to assess the impact of creativity on older people_ in Canada and the U.S.A., 2014
http://www.wcmt.org.uk/users/sylviefourcin2014

Jennifer Garratt
_The Arts and Older People: facilitating culture, development and training_ in Australia and the U.S.A., 2014
http://www.wcmt.org.uk/users/jennifergarratt2014

Sharon Goodlet
_Arts and older people: exploring models of best practice_ in Australia and the U.S.A., 2015
http://www.wcmt.org.uk/users/sharongoodlet2015
Helen Jane Hackett
Enhancing Elders’ wellbeing through dance performance, reminiscence and oral history in Chile; Cuba, Mexico, and U.S.A., 2012

Clare Hammerton
http://www.wcmt.org.uk/users/clarehammerton2015

Nicky Hatton
Participatory Theatre with people with dementia and their carers in Canada and the U.S.A., 2013
http://www.wcmt.org.uk/users/nickyhatton2013

Sue Jennings
Theatre and performance with older people including those with dementia in Czech Republic, Malaysia and Romania, 2012
http://www.wcmt.org.uk/users/suejennings2012

Romi Jones
Creative writing to benefit older people and develop dementia friendly communities in Canada and the U.S.A., 2014
http://www.wcmt.org.uk/users/romijones2014

Andrew Larpent
Traditional storytelling and new media in dementia therapy in Australia, Canada, New Zealand and the U.S.A., 2010
http://www.wcmt.org.uk/users/andrewlarpent2010

Tom Makin-Bell
Disadvantaged older people and creativity: an international perspective in Ireland and the U.S.A., 2010
http://www.wcmt.org.uk/users/tommakin-bell2010

Laura Menzies
Arts & Older People: Exploring the Value of Creative Expression in Canada and the U.S.A., 2015
http://www.wcmt.org.uk/users/lauramenzies2015

Kate Organ
Arts in a state of change in Japan, 2012
http://www.wcmt.org.uk/users/kateorgan2012
Ruth Osborne
*Exploring Creative Volunteer Roles for Individuals Aged 50+ in American Art Museums* in the U.S.A., 2013
http://www.wcmt.org.uk/users/ruthosborne2013

Filipa Pereira-Stubbs
*Moving from Problem to Potential: Dance and Wellness* in the U.S.A., 2014
http://www.wcmt.org.uk/users/filipapereira-stubbs2014

Arti Prashar
*Spirituality and dementia* in Australia; U.S.A., 2013
http://www.wcmt.org.uk/users/artiprashar2013

Rachel Rogers
*Time and Tide: research into dance provision for older adults* in the U.S.A., 2012
http://www.wcmt.org.uk/users/rachelrogers2012

Kerry Rooney
*The Imagine Arts Centre* in the U.S.A., 2014
http://www.wcmt.org.uk/users/kerryrooney2014

Bisakha Sarker
*A comparative study of Indian dance & ageing* in Canada, 2013
http://www.wcmt.org.uk/users/bisakhasarker2013

Gemma Seltzer
*Professional and creative development for writers working with older people* in Australia and the U.S.A., 2015
http://www.wcmt.org.uk/users/gemmaseltzer2015

Jade Shaw
*RnD in NYC for life-changing Parkour Program aimed at UK seniors* in the U.S.A., 2015
http://www.wcmt.org.uk/users/jadeshaw2015

Sylvie Silver
*Comparison of activity provision and the arts for older people* in Australia and the U.S.A., 2015
http://www.wcmt.org.uk/users/sylviesilver2015

David Slater
*Growing old creatively: staying valued and engaged* in the U.S.A., 2010
http://www.wcmt.org.uk/users/davidslater2010
Georgina Spurgeon
*Movement to music: wellbeing of older people* in the Australia, 2010
http://www.wcmt.org.uk/users/georginaspurgeon2010

Nicky Taylor
*Creating together: connecting people with dementia, families, communities and theatre* in Australia, Canada, New Zealand and the U.S.A., 2014
http://www.wcmt.org.uk/users/nickytaylor2014

Philip Thomas
*Wales Seniors’ theatre initiative* in the U.S.A., 2012
http://www.wcmt.org.uk/users/philipthomas2012

Alice Thwaite
*Creativity and ageing: learning to replicate best practice* in Ireland and the U.S.A., 2010
http://www.wcmt.org.uk/users/alicethwaite2010

Paula Turner
*Improvisation and circles as models for community belonging/wellbeing* in Australia, Spain and the U.S.A., 2013
http://www.wcmt.org.uk/users/paulaturner2013

Caroline Twist
*Artists’ engagement with life story work in nursing homes* in Brazil, Denmark, Germany, Switzerland and The Netherlands, 2015
http://www.wcmt.org.uk/users/carolinetwist2015

Amy Veale
*Arts based interventions for early stage dementia: an American perspective* in Canada and the U.S.A., 2015
http://www.wcmt.org.uk/users/amyveale2015

Alison Ward
*Photography and storytelling: people with early stage dementia’s experiences explored* in Denmark, 2015
http://www.wcmt.org.uk/users/alisonward2015

Melaneia Warwick
*Research health and social benefits of attending arts studios* in Japan and the U.S.A., 2013
http://www.wcmt.org.uk/users/melaneiawarwick2013
Michelle Weiner
*Gallery and Beyond: training to transform arts for older adults* in Australia and the U.S.A., 2014
http://www.wcmt.org.uk/users/michelleweiner2014

Kay Wells
*Creative expression, communication and AIDS dementia complex* in Canada and South Africa, 2010
http://www.wcmt.org.uk/users/kaywells2010
Grand Gestures dancing, Walter Matthews.

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