



Intergenerational CONTACT between students and people with dementia through Creative education

## O1: Needs specification

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## The project

The European population is ageing and therefore persons affected by dementia are increasing, causing higher levels of demand on caring services. For people with dementia, social contact with other persons becomes increasingly difficult due to loss of memory, problems with language, recognition, and acting. At the same time, there is an increasing lack of health-care professionals in elderly care [2016, Eurostat]. Despite increased investments, nursing and wellbeing students are often not interested in this area, so the gap between supply and demand for elderly care services will become bigger.

The project iConnect aims to support the social inclusion of people with dementia and at the same time motivate students to choose elderly care as a viable option for their study. The project will develop a fun and innovative learning module for Higher Education based on principles of creative learning, with elements of arts, theatre, music and poetry. By applying these elements in a clinical setting, students will be able to connect with people with dementia, reinforcing their sense of wellbeing, identity and social inclusion. Students will gain new competences and skills related to communication, empathy and creativity, while experiencing the opportunities that are offered to them in the field of elderly care.

## Output 1

Output 1 reflects the results of the analysis on the needs and wishes of the stakeholders involved in the development and implementation of the iConnect module. Stakeholders are policy makers, teachers and students in Higher Education as well as older people with dementia and the people that support and take care of them. This Output 1 consists of:

- a) The results from the needs analysis in this report accompanied by an introductory infographic.
- b) A 'Quick Scan' for interested HEI's to check whether this learning module is suitable for them.

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# 1 Introduction

This output describes the needs of all involved stakeholders for the implementation of a creative learning module for students to connect with older people with dementia. The central research question is:

***What are the wishes, preferences and needs of the different target groups of a creative module in Higher Education (learning material and the blended learning platform) that reinforces intergenerational contact between students and older people with dementia?***

Creative elements are already used in many Higher Educational Institutions across Europe. Not only to motivate students but also to reinforce a set of competences or skills. Also there are several initiatives where creative elements, such as music, poetry, photography, dance, etc. are used as an intervention in care and wellbeing settings [Movisie, 2018]. iConnect brings these elements together to create a module for students about how to connect with people with dementia. First, this report gives an overview of current practices related to the use of creative elements in Higher Education and in care and wellbeing institutions for people with dementia.

Second, this report gives an overview of all the stakeholders that are involved in implementing this module and that were involved in the needs analysis. Stakeholders are policy makers, teachers and students in Higher Education as well as older people with dementia and the people that support and take care of them, including care organizations and care professionals.

Third, the document elaborates on the methodology used in the needs specification. It motivates shortly which methods are used to map the preferences and wishes of different user groups, the elements of the qualitative interviews, the recruitment of participants as well as the ethical steps undertaken.

Finally it describes the results of the qualitative research conducted in Finland, Greece, Italy and the Netherlands and the main conclusions that lead to the design and development of the learning material and the blended learning platform.

Based on these needs a first 'Quick Scan' has been developed that will help interested HEI's throughout Europe to make an inventory whether they can implement the iConnect module or not.

## 2 Literature and practice overview

This section gives a short overview of the theoretical background related to dementia in order to discover how creative elements such as theatre, dance, music and poetry can play a role in these theories. Then it describes the practices related to creative education and creative methods in care and wellbeing settings for people with dementia. These creative elements and practices will directly support the development and design of the learning material.

### 2.1 Theoretical background

#### 2.1.1 Life review of aged people

Life review is a very important process for people in the final stages of their lives. The process differs per individual, depending on life experiences and characteristics of a person. This means that life review can either lead to satisfaction and acceptance or to pain, resentment and feelings of guilt. Although life review is a naturally occurring phenomenon, it may also be influenced by and used in interventions. Guided life review can be used e.g. in psychotherapy and investigate, how current issues go back to experiences earlier in life, based on memories [Lewis & Butler, 1974; Haight & Webs, 1995]. End-of-life review applied in palliative care can also be used as a way of validation of the life someone has lived and a way of saying goodbye to loved ones [Aylor & Grimes, 2008].

#### 2.1.2 Reminiscence and recalling memories

Research of Ernst Bohlmeijer [2007] focused on reminiscence, a less structured way of recalling memories than life-review. In his review he gives an extensive overview of the application and effects of this concept. Although life-review can be considered as a part of reminiscence, reminiscence is a broader concept that includes more elements, including problem solving, teaching/informing, conversation, boredom reduction, bitterness revival, death preparation and intimacy maintenance. Reminiscence has both inter- and intrapersonal functions and the content is influenced by present circumstances. Reminiscence may enhance successful aging by strengthening identity, increasing meaning and coherence in life, preserving a sense of mastery and control, and promoting reconciliation and acceptance. According to this review, reminiscence as autobiographical memorizing can be seen as a reconstructive process and as an effective method for enhancing psychological wellbeing and diminishing depression. Reminiscence can be triggered through theatre and music [Schweitzer, 2005].

#### 2.1.3 Recalling memories with dementia: Böhm

The Böhm-care method doesn't discuss above-mentioned theory, but presents the outcomes of 40 years of study in practise with people in dementia. The theory of the originally Vienna-based practice is not accidentally based on famous Austrian science or surrounding German speaking countries. The classic school for depth-psychology is one of the main sources, many times partly based on the theories of Sigmund Freud. Alfred Adler, Viktor Frankl, Carl-Gustav Jung and Rüdiger Dahlke are many times quoted, but also studies from Konrad Lorenz and Luc Chiompi are involved. Apart from that, Böhm did have intensive contacts with Tom Kitwood, founder of the internationally rewarded Dementia Care Mapping method.

The most important outcome of this mix of practice and theory is the conclusion that people in (most varieties of) dementia suffer from a mental regression, that leads them back to their past in which they were not yet adults. In the beginning of dementia, they will re-experience their life as if they were

twenty. Later, they will go back to earlier stages. This conclusion is in line with the theory from Professor Erik Scherder (VU, NL), who discovered that people with cognitive impairments will appeal to their so called frontal cortex, which is a part of the brains that is developed from day one in someone's life, until they are mentally grown-up. It is a back-up system for difficult moments in life: you know to cry when you are sad, to flee from danger or to fight it, and to smile when you like something. It's a collection of emotional memories and values in the way someone stored them personally. When cognitive functions are damaged in dementia, it is the only memory left: there is nothing more. All other things around, are strange and most likely frightening. However, within the collection of memories of a frontal cortex, there are enough aspects to fill a personally experienced and meaningful day. The challenge is to collect the memories of the frontal cortex, because no-one else knows them. With knowledge of the related time-spirit, one can only have a bit of a clue.

#### **2.1.4 Creative arts and relationships**

The creative arts can be a catalyst for the development of a therapeutic person-centred relationship. Healing relationship can be woven through the arts of movement, dance, song and music (Innes and Hatfield 2004) and can become a creative bond for further expression and connection. These media seems to have the capacity to bring us back to our feelings, our passions, our need to be connected with others. When the care worker and the resident move together or sing together a bond can be made which is often felt to be closer than cognitive exchange. Singing and dancing seems to bring back emotions and make them alive again. It can bring a person back to the community and make him feel loved and cared for. The relationships we make in dementia care are often dependent on somatic, emotional and artistic sensitivity. When we use these modalities we can enforce a relationship with someone who is in a state of cognitive confusion and we can analyse the problem. [Hayes and Povey 2011].

## **2.2 Practices of creative methods in care and wellbeing**

The use of creative methods in the Netherlands is very diverse and mostly aimed at the stimulation of positive and mental health and social participation. The subsidy programme *Long Live Arts* has had an important influence on this aim (Movisie, 2018), which actively encouraged the use of arts and creative methods in care and wellbeing.

The Veder method is a theatre group that uses theatrical elements to motivate contact with older people in care settings (Veder Method). Reminiscence plays an important role in this intervention. During a theatre performance in a care setting professional actors give a performance for 12 to 14 participants. The actors use themes that are recognizable for the participants, such as the royal family, children's songs from the past and poetry, to activate the participants to join the performance.

Care culture organizes day activities for frail older people in an interactive process of dance, music singing and poetry. Sunshine soldiers is a foundation that aims to support wellbeing of older people and promote contact and social inclusion through music from the 30s and 40s, making contact with older people (with and without dementia). Het Belevingsconcert also uses music to make contact for people with dementia.

In **Greece** our partner Alzheimer Hellas provides for its target group a large variety of creative methods. The following is a short overview:

Drama therapy: Through drama exercises and acting games alongside the use of poems, monologues and dialogues, cognitive improvement is achieved. Improvisation with or without movement and

speech is highly supported. During the course of the year the persons who make up the theatre team are running rehearsals twice a week and in the end a performance is given.

Dance therapy includes mostly Greek traditional dances. The steps are slowly and carefully instructed to the participants but weekly practice is necessary. Dance seems to cultivate feelings of pleasure and satisfaction and it stimulates cognitive training.

Music therapy. Patients learn old songs from their past and can use musical instruments which are appropriate for people with dementia. In this way the memory will be stimulated in a fun way. In addition Byzantine music is taught and a choir is coordinated.

Art therapy. At first neuromuscular relaxation of patients takes place, and after that participants will be encouraged to visualize and create an artistic construction or painting. The teachers also involves elements of art history, like the analysis of the artwork of prestigious artists.

Speech therapy. Through written exercises of speech, patients will be encouraged to exercise mental alertness and memory skills.

Play therapy includes several games like puzzles, boarding games and various toys as well as pantomime, chess and backgammon.

Book therapy. In every session a different book will be analyzed and discussed through different exercises.

Laughter therapy is about games and acting improvisations that cause laughter. Additional material like pictures, videos, cards or music can be used in this type of therapy.

Sand play therapy creation of manifestations from individual's imagination, using sand, water and miniature objects.

Occupational tasks. Examples of this therapy/method is preparing orange sweet, making small biscuits and on a different note, creating candles for Easter.

Gestalt Reminiscence. Photographs, food, music, archive sound recordings, household and other familiar items from the past are presented to the group. This constitutes a way of emotional expression. Since this is a group therapy, through this process, intrapersonal relationships are established as well as social connection can be strengthened.

Additionally Alzheimer Hellas provides for the target group different specific interventions:

Dyadic Intervention: "Writing our couple's life book". Participants are couples, where one partner has been diagnosed with mild cognitive impairment or mild dementia. Based on the principles of narrative therapy, dyadic intervention helps the couple to re-narrate and rewrite their story, including dementia in their common life. Communication techniques are presented to the couples in order to improve their communication skills.

Support Group Intervention: "Listen to my story..." this intervention is based on the therapeutics benefits of art. It helps informal caregivers to express their feelings and find new meanings of their experiences. During each session, literature or poetry stimulates caregivers to exchange thoughts and emotions. Besides oral sharing, the members of the group write their own stories, using expressive and spontaneous writing techniques.



Theatre performance "Caregivers voice": Three professional actors and a caregiver present, the stories of the caregivers through a theatre show, which have been produced during the intervention "Listen to my story..."

"Who am I, grandpa?" A workshop for children and adolescents: this workshop raise awareness and provide knowledge to children concerning dementia. Grandchildren have the opportunity to express their feelings and thoughts towards the disease and find out ways to interact with their grandparents with dementia. Experiential techniques and expressive means are used (Fairy tale, Photo Painting, Collage, Team games, Pantomime, Hidden treasure, Memory games). (ADI-MetLife Foundation Awards 2014)

The creative methods which are used in Italy are for example: Storytelling as a Model of Conversation for People With Dementia and Caregivers (Fels et al, 2011) proposed by the Centro Alzheimer (<http://www.centroalzheimer.org/la-narrazione-di-storie-come-modello-di-conversazione-con-pazienti-affetti-da-alzheimer/>), occupational therapy (that includes activities as hand-made objects, cooking, drawing, knitting,...), a reading group, a café Alzheimer group, the snoezelen sensory therapy and the theatre lab group adopted in some nursing homes. For example: starting project (2017/2018) regarding theatre method adopted in a nursing home, in which organized drama skill-labs develop body language abilities and drama approach to share experiences, emotion and empathy with persons with cognitive and physical decline and professionals.

In **Finland** creative methods in practice is very diverse: creative arts, music and music therapy, reminiscence, drama in many forms, plays, needlework and other handwork, literature therapy, occupational therapy, empowering photography, storycrafting-method. There have been several projects about developing the use of creative methods in care in the 21<sup>st</sup> century. However, use of creative methods is not uniform: in some care units they use these methods more but in other none.

### **2.3 Practices of creative methods in learning**

At the HU there is a difference between the use of creative methods between the education of Social Work and the education of Creative Arts. The education of Social Work includes several kinds of creative means as part of the curriculum. The aim of these creative methods contributes to the well-being of the client. Students look at the methods as an integral part of the life of their clients. The starting point for the students will be the request for help. The Social Work student integrates drama, music, art, dance, photography, play, sports etc. as experience focussed interventions in his own professional development and in the application of his work.

Students of the education of Creative Arts learn to use creative means (drama, music or art) in their professional, therapeutically skills. Creative Arts differs from Social Work in the way the creative tool will be applied. Students of Creative Arts use their specialism as a diagnostic resource and as a way to develop their own personality. Students can choose between drama, music or art.

Some examples of practices at Social Work:

- Organizing an afternoon for cuddling with animals to reinforce affection and social contact between elderly people.
- Organizing an afternoon for people with dementia where they can make a painting together with somebody without dementia. The aim of the painting is to make contact with each other and to speak about the subject.

- Working with narratives / storytelling by making a digital or analogue live book with elderly people.

Some examples of practices at Creative Arts:

- Introducing the use of personal music in reminiscence by people with dementia (as a music student).
- Develop music and arts workshops for family care givers to stimulate connection with each other and to create a place for relaxation (as a music student).

<http://www.uoi.gr/en/university-life/student-associations-and-groups/>

In **Lahti University of Applied Sciences (LAMK)** the use on creative methods in learning is common, in particular in the Degree Program Social Services but also in Nursing and in Physiotherapy. They use drama, simulation, stories, dance and movement, photographing, photocollages, crafts and many combinations of those. Students have both mandatory studies and professional complementary studies related to creative methods in their curricula.

The learning objectives of the Nursing Curriculum of the Bachelor in Nursing of Udine University are inspired by the Dublin descriptors and provide the application of knowledge and problem understanding within the nursing domain, independent decision-making, communicating abilities and independent learning.

Considering these descriptors, the teaching staff predominantly adopt active teaching methods in particular applied in the field of elderly and elderly with dementia. Movie clips, storytelling or narrative medicine/nursing are the most used. These methods are integrated with small group discussion and/or skill-labs that precedes the clinical training - a fundamental part of nursing curriculum to reach the integrated nursing competencies. So the clinical training experience is inspired by the experiential learning model defined by White & Evan (1991, Figure 1), facilitated by University and Clinical Tutors (mentors).

Figure 1: The clinical learning cycle of the Bachelor in Nursing – Udine University



## 2.4 Practices of blended learning in partner HEI's.

Practices of blended learning at the HU is the website HUBL (Hogeschool Utrecht Blended Learning). Students and teachers of the HU can exchange information and content (course information, teaching materials, video's, articles, Power Points etc.).

Blended learning has been used for many years in **Lahti University of Applied Sciences (LAMK)**. It is a combination of virtual learning and learning in "face-to-face" contact with teachers, other students and working life partners etc. Moodle is LAMK's virtual learning environment. It ensures students

flexible learning independently and in teams/groups. It helps in sharing information and course material, returning written assignments, evaluating learning outcomes etc.

Finally the Bachelor in Nursing of Udine university has not adopted a blended learning platform up until date and is interested in implementing one.

### 3 Description of target groups

The project iConnect has to take into account two overarching target groups that will work directly with the outputs from iConnect. These are the Higher Educational Institutions (HEI's) on one hand and the people with dementia and their network on the other hand. The following section is a small introduction on each target group and the main information we aim to derive from them.

#### 3.1 Higher Educational Institutions:

**Policy makers:** Policy makers at HEI's are the persons who are responsible for the overall policy in the HEI and the direction of the framework of skills and competences in the education. From policy makers we will learn how the course can be shaped, for how many credits and hours the course can be developed, whether it should be an elective course, in which year, etc.

**Framework of Skills and competences:** The framework of skills and competences for new courses defines the subjects and criteria of a new education. In order to develop a new course we need to know from each country how iConnect fits into the goals of the education and the program, what it takes in terms of staff and infrastructures and what quality measurements are required.

**Teachers:** Teachers have an important influence on the use of the course and material. What would motivate them to teach iConnect as a course? What do they need in terms of supporting material? What do they need from the blended learning platform? What background do they have? Can any teacher give a creative course or do they need to have a background in theatre, music or other creative elements? How should the mix between theory and practice be, where can the blended learning platform support them.

**Students:** What would motivate students to choose such a creative course. What kinds of creative elements interests them? What is their attitude towards older people with dementia?

#### 3.2 Older people with dementia and their surrounding

**Older people with dementia:** In this study we focus on people at the age of 55+ with dementia (either diagnosed or still in the process of diagnosis) that are participating in a care and wellbeing setting. This can be day care or an activity centre. iConnect will probably be mainly interesting for people who already experience problems in connecting with other persons.

People who are in an advanced state of dementia cannot be directly questioned, so we will focus on involving people in an early stage of dementia and on informal and formal caregivers and family.

How do people with dementia feel about interacting with students? Do they like theatre? Do they like dance or music? Would they be comfortable if a (small) group of students would perform a theatre play for them? What would be a comfortable surrounding for them?

**Family members:** The study includes the partners and children. Besides the fact that the module can provide fun and facilitate social interaction, it can help the informal caregiver to get a better understanding of and more respect for how the person with dementia acts and reacts. On the other hand we have to take into account if they feel comfortable when students interact with their loved ones who might not be responsive anymore. Do they feel that their loved ones would become nervous or uneasy or do they think it can have positive effects?

**Professionals:** Professional caregivers are working with elderly people with cognitive impairments, either in a nursing home, home-care setting or as day activity, who take care of the elderly person in an individual setting. They can be a person at a higher managerial level or a person who works directly with elderly people (e.g. an occupationalist at a day care centre). Similar to the case of the informal caregivers, the course may also help the professional caregivers to get a better understanding of and more respect for how the person with dementia acts and reacts. At the same time it will be important to know whether they are open to such an initiative, how they feel about the involvement of students and discuss with them the effects of the course on their clients.

## 4 Methodology

In order to answer the formulated research question and to define the needs specification for the course to be developed we collected from the different target groups the needs through a qualitative research approach. It is considered that a qualitative approach in this context would give more in-depth insight into the specific needs and targets.

### 4.1 Qualitative research

Based on literature studies, qualitative semi-structured interviews with each target group are carried out in Finland, Greece, Italy and the Netherlands. In addition, focus group sessions with students are organized at each HEI.

Interviews took place in a time of three months in four different countries at different locations at the universities, care organizations, partner offices and participant homes. The following table gives an overview of the total interview numbers per country. The next section gives a more in-depth insight into their profiles and background.

Target group	Method	NL	FI	IT	GR
HEI policy makers	Face to face interview	2	2	1	1
Teachers	Face to face interview	5	4	4	4
Students	Focus group sessions	8	8	8	8

Target group	Method	NL	GR	IT
Older people with (beginning) dementia	Face to face interview	0	3	0
Family members of people with dementia	Face to face interview	4	4	0
Professionals care and wellbeing organizations.	Face to face interview	7	4	2

### 4.2 Interview components

The interview questions and components are taken from the literature analysis and also from a workshop held during the kick off meeting with the support of all partners. The structure of the interview is:

- Short introduction of the iConnect project
- Informed Consent to participate in the analysis
- General demographic questions
- Specific target group questions
- Online learning platform rating

Specific target group questions are focused as reflected in the following table:

Target group	Question components
HEI policy makers	<ul style="list-style-type: none"> <li>- Motivation and interests</li> <li>- Skills and competence framework</li> <li>Requirements for implementation (CDT, year, electivity, etc.)</li> </ul>
Teacher	<ul style="list-style-type: none"> <li>- Motivation and interests</li> <li>- Experience and skills</li> <li>- Attitude and interaction with older people and dementia</li> <li>- Needs for support</li> <li>- Theory and practice</li> </ul>
Students	<ul style="list-style-type: none"> <li>- Motivation and interests</li> <li>- Experience and skills in art forms</li> <li>- Attitude and interaction with older people and dementia</li> <li>- Needs for support</li> <li>- Theory and practice</li> </ul>
Person with dementia	<ul style="list-style-type: none"> <li>- Motivation and interests</li> <li>- Needs for support</li> <li>- Interest in theatre, music, poetry, etc.</li> <li>- Attitude towards students</li> </ul>
Family	<ul style="list-style-type: none"> <li>- Motivation and interests</li> <li>- Attitude toward students</li> <li>- Interest in theatre, music, poetry, etc</li> <li>- Needs</li> <li>- Doubts</li> </ul>
Professionals	<ul style="list-style-type: none"> <li>- Motivation and interests</li> <li>- Attitude towards students</li> <li>- Needs</li> <li>- Requirements for implementation</li> </ul>

The overall interview guidelines per target group can be found in the annexes of this document.

### 4.3 Inclusion and exclusion criteria

The inclusion and exclusion criteria are:

HEI policy makers	<ul style="list-style-type: none"> <li>- Age 18+</li> <li>- Decision power on inclusion of new courses</li> </ul>
Teacher	<ul style="list-style-type: none"> <li>- Age 18+</li> <li>- Teacher at HEI</li> <li>- Preferably some teachers in care and wellbeing, but also other disciplines to scope the potential across disciplines of iConnect.</li> </ul>
Students	<ul style="list-style-type: none"> <li>- Age 18+</li> <li>- Student at HEI in different disciplines</li> </ul>
Person with dementia	<ul style="list-style-type: none"> <li>- 55+</li> <li>- Able to give consent</li> <li>- Participating in care/wellbeing setting</li> </ul>

<b>Family</b>	<ul style="list-style-type: none"> <li>- <b>Age 18+</b></li> <li>- <b>Family member of informal caregiver of a person with dementia who visits a care or wellbeing setting</b></li> </ul>
<b>Professionals</b>	<ul style="list-style-type: none"> <li>- <b>Professional from a care and wellbeing setting in dementia</b></li> <li>- <b>Working with people with dementia</b></li> </ul>

#### **4.4 Interview processing**

All interviews are recorded and field notes are made during interviews to record the impressions. Consequently the most important answers are transcribed (instead of word for word transcription). After the transcription the interviews are open coded. This means that fragments are taken from the interviews and labelled and sorted. Each group of sorted labels is then clustered in a theme (axial coding) and used for the development and design of the material and blended learning platform.

All ratings per functionality of the blended learning platform are brought together and grouped per type of stakeholder.

#### **4.5 Ethics**

All the participants are asked to sign an informed consent to declare that they are well informed about the project and that they take part voluntarily. They also declare that they are aware of the fact that the interview is recorded and that they know where their information is being used for. All participants are able to give permission and have signing power.

Ethical committees have been consulted by UNIUD, LAMK, TEI and HU. Approval has been given by the ethical committee of Alzheimer Hellas.

## 5 Results

This section describes the results of the interviews and focus group sessions, starting with an overview of the interview participants and their general background, followed by an in-depth analysis of the main results.

### 5.1 Interview participants

The following is a short summary of the different participants in the qualitative interviews and a general background.

#### 5.1.1 Students

In total 32 students were interviewed of which 5 male and 27 female. We spoke to 8 Dutch students, 8 Finnish students, 8 Greek, 6 Italian, 1 Moldavian and 1 Ukrainian student in focus group sessions. 6 students were in their first year, 17 in their second year, 8 in their third year and 1 in the last year of their studies. They study social work (10), nursing (17), art, drama and music therapy (4) and physiotherapy (1). They follow a wide variety of modules, ranging from psychology, pedagogics, clinical nursing, music, arts and drama.

In their free time students enjoy a wide variety of activities ranging from singing and music, to arts, drama, poetry, dancing, sports, drawing, etc. In the Netherlands and Finland, students use their hobby activities at school, but they don't do that in Italy and in Greece it is not clear. Students believe that any student could follow a course that includes creative elements, although the activities have to match their specific interests. Most students have personal experience with dementia, mainly within the family. Students in general are not sure whether they want to work with people with dementia, although some students understand that it would be beneficial for their professional career because it is an increasing population and people within regular nursing homes may have symptoms of dementia.

#### 5.1.2 Teachers

17 teachers were interviewed, 14 female and 3 male. The nationalities were Dutch (5), Finnish (4), Greek (4) and Italian (4). Their average age is 43, varying from 60 to 35.

The education of the teachers varies from bachelor degrees (1), Post Higher Education (2) to Master degrees (10) and PhD's (4). Their professional backgrounds are mainly teachers, nurse and researcher. The courses and modules they teach varies from nursing to supervising several fields and geriatrics.

The teachers engage privately in music, singing, dancing, sports, poetry, visual arts, drama, photography and storytelling. Most activities are basically a hobby, but some are also used in their methods of teaching. The teachers believe that creative methods in teaching helps students in their search for connecting with people with dementia. Only four teachers work directly with people with dementia. Five of the teachers have personal experience with dementia in the family, the rest only further away. Nine teachers learn their students the basic elements of dementia. Most teachers focus on learning to connect directly or indirectly with people with dementia by using creative methods.

#### 5.1.3 Policy makers

We interviewed 6 policymakers in total: 3 males and 3 females. 2 of them are Dutch, 2 are Finnish, 1 is Italian and 1 is Greek. Most policymakers have a master's degree and 1 has a PhD. Most of the policymakers are either education manager or faculty head.

The HEI curriculum entails drama, arts, sports, music, dancing, storytelling on clinical cases, movies and essays. In HU creative methods are used as an inherent part of the curriculum, for Udine and TEI



as support of communications and interactive courses and for LAMK as part of social work and physiotherapy. Also dance, photography and advanced simulation is used.

The policymakers think that the amount of ECT's of these courses has to be between 5 and 15. They consider the learning outcomes of these creative courses to be: development of communications and interactions skills, to use arts if conversation is no longer an option.

The teachers that teach the creative courses are required to have scientific, pedagogical skills and theatrical experience. The size of the group for these creative modules is generally small, 15-20 students and has collaboration with a clinical setting. The number of teachers teaching creative modules in the different HEI's, ranges from 2 – 12. In general the school promotes the use of creative methods, some would like to focus more on how to use them. For TEI and UNIUD the use of creative methods is still fairly new or unused, in Finland and the Netherlands is this already a normal practice in teaching.

#### **5.1.4 People with dementia**

Three persons with dementia were interviewed of which 2 were a women and 1 was a man. They are all Greek, with an average age of 78. Two of them are married and one person is divorced. Together they have 6 children and 7 grandchildren. Two persons live at home with their children and one person lives alone. They do not receive any other support other than from their children. They have a background as a cook, a tailor and a museum employee. Dancing is a general interest and they all listen to music and enjoy theatre.

#### **5.1.5 Relatives of people with dementia**

8 persons were interviewed of which 6 women and 2 men. 2 of them have a partner living with dementia and 5 have a parent living with dementia. One person had a grandparent living with dementia. The average age of the relatives of people with dementia is 53 years old. 4 of them are Greek and 4 are Dutch. 4 of the family members have late stage Alzheimer, 1 has an early stage Alzheimer, 1 has Parkinson with Alzheimer in a late stage and 1 was deceased. All Greek family members and one Dutch family member live together with their partner with dementia. One person lives by himself and three persons lived in a care home.

Most people indicate that they have a good relationship with the person with dementia, despite the increasing problems due to the disease. The relatives indicate that they can still make contact through touch, walking or doing certain creative activities as (watching photos, etc.). Two persons indicate that contact is no longer possible.

#### **5.1.6 Professionals in care**

A total of 13 professionals were interviewed of which 12 female and 1 male. Their average age is 42 years old. Seven of them are Dutch, 4 Greek and 2 Italian. They are all higher educated with a bachelor's degree (7), a master's degree (2) or a PhD (1).

Their current positions are coordinator or manager of a care center (6), a case manager or elderly advisor within a care organization (3), psychologist (2), occupationalist (1) and working in a home care team (1).

They work in a Alzheimer organization (4), a large care facility, which includes a care at home unit and day care services (4), a wellbeing organization (3) and a nursing home (2). Most professionals indicate that they already use creative methods in different activities, such as singing, dance, theatre, ipad

training, or intergenerational activities. Three persons indicate that they do not use any creative methods at all. Most organizations work already with HEI's mainly for internships, 2 not at all.

## **5.2 Learning module Results**

The following section describes the main results and conclusion of the needs analysis. Each interview was coded and clustered around a set of themes. Each of these themes and the interview results were then discussed among all the members of the project staff as experts during an interactive workshop. The overall results will be presented per theme. These results will give direct information in order to develop the learning material and the the blended learning platform.

### **5.2.1 Ways to connect and interact**

We have derived a large variety of ways to connect and interact between students and older people with dementia from the interviews: history, touch, music, non-verbal communication, photos, cooking, scent, observation, animals, exercise, senses and respect.

Main highlights are:

- Music and touch is mentioned as an important tool for contact with older people with dementia, especially by relatives and professional caregivers.
- Students should prepare the interaction with the older person with dementia by studying the (regional) history and culture of the older person. Both relatives and caregivers indicate that it is important to present not only a theatrical routine, but to use arts as a means for interaction and improvisation based on different studies.
- Teachers indicate that they already teach students about ways to connect with people with dementia, both directly and indirectly and that different arts can be used, such as drawing or painting.
- Respect as a competence is mentioned very often by all stakeholders. Patronizing or banality should be avoided.

Among the expert project staff, the following main issues are discussed:

- The participants discuss the importance of going outside as a means to make contact, to move or walk, using a nice garden with plants as part of the connecting experience.
- When people are at a further stage of dementia it can sometimes help to bring a pet to a session. This can help to trigger people.
- By interaction The importance of non-verbal communication is highlighted but cooking or preparing coffee is also mentioned.
- It is important to give space for grief or mourning in the interaction. Students should not be scared of this and let things happen.

These aspects of interaction between students and older people with dementia can be used in the learning material.

### **5.2.2 Older people with dementia, their needs as a target group**

The interviewed older people with early stage dementia don't seem to be enthusiastic about the idea to connect with students through theatre. They think they would feel embarrassed or have no talent. Several professionals mention that this project should focus on older people in a more advanced stage of dementia, although in some cases little interaction might be possible. For people with early stage dementia a very different form should be set up.

Initially it was planned to perform interviews with Dutch people with dementia as well. However it soon became clear that people capable of participating in the interviews themselves, were not in the right mindset to participate in such an interview. They are all still in a phase where they are coping with the disease and finding their way to process this. Therefore it is decided not to include Dutch participants and instead include more professionals in care and family. This feedback was taken as an important note towards the target group, and it is clear that we should focus on older people in a more advanced state of dementia.

In the workshop the discussing opinions were varied:

- Students have to learn about all stages of dementia, so in principle we do not have to distinguish on this, as long as the older person is interested and happy to join.
- What is more important is the context of how people are living and if they are able to participate. Most practical would be to have a common place where people can come together. This can be a care setting or a day care center where care staff can support the process. However in Greece, people with dementia normally live with their family. In those cases a local activity center could be used to organize such a session. HEI's have to take this into account.

### **5.2.3 Skills, competences and needs of teachers**

When it comes to the skills and competences, many of the interviewed teachers indicate that any teacher could give a creative course that connect students and older people with dementia. However it is necessary to be properly prepared, receive a training first or/and feel comfortable with using creative elements. Using creative elements has to be natural and cannot be forced. This also requires a certain level of open mindedness. In both the Netherlands and Finland the interviewed teachers are already very familiar with using creative means such as theatre, music and song in their teaching. In Greece and Italy teachers without a specific education are more hesitant. Therefore it is also important to offer some kind of mentoring to these teachers from the project partner staff.

Teachers need to have previous experience and knowledge on dementia as well as on theatre or arts to give such a creative course. Also it is important to have tools and resources that inspire and give tips and tricks.

In the workshop the following was discussed:

Many of the skills mentioned in the interviews are basic skills for teachers. Of course teachers need to be able to create a safe environment for students and support their confidence. In this sense teachers need to be a role model for their students. Be kind if you teach about kindness, make contact if you teach about ways to connect. Therefore teachers also need support in being self-reflective, as well as their students. Teachers has to be a great example in front of their students.

### **5.2.4 Skills, competences and learning outcomes of students**

Most students who were interviewed seem to have hobbies, specifically music and theatre. In Finland and The Netherlands students already use their creative hobbies in their studies. In Italy and Greece this is often not the case. In general the students think that any student could follow a course with creative elements as long as the activities match their interests. Most of the students think that it works best to make contact with people with dementia through touch, scent, the past, books, non-verbal language, exercise, children, cooking and family pictures.

Most of the students we spoke have personal experiences with people with dementia through grandparents or other relatives. They describe it as a neurodegenerative disease, confused people who need support in their daily activities and cognitive decline. Most Dutch and Finnish students indicate that they see themselves working with people with dementia in the future. Half of the Italian students do not, while the others consider to work with people with dementia but they need still more competencies.

All groups of stakeholders that were interviewed emphasize that empathy is the most important skill for students in this module. The module must be a combination of theoretical tutoring on dementia and on creative activities and practical developing creative and other skills. They should be enthusiastic and cheerful. With the right support, all students expect to feel confident enough to follow the module through. They would like to see some information in the course on how to deal with sadness, aggressiveness, no reaction at all or other behavioral and psychological symptoms. Professional caregivers mention the importance of good preparation by and for the students, but think also that a lot is learned by doing. The skills that are mentioned most are: empathy, respect, creativity, sensitivity, knowledge, motivation, sincerity, openness, comfort, self-mockery.

### **5.2.5 Barriers and challenges**

As barriers and challenges are concerned, a lack of time is the main barrier for most teachers and professionals. Care professionals consider unpredictable and aggressive behavior as a big barrier, but on the other hand, no reaction is also seen as quite a showstopper. Teachers seem to think that it will be difficult to motivate students and help them with their self-confidence.

During the workshop the following was discussed:

In the Netherlands and in Finland a lot is already done when it comes to the use of creative methods. A module on how to use creative methods when connecting with people with dementia is new and innovative. We have to reinforce this module otherwise it won't be sufficiently attractive in these countries. At the same time it will be a challenge to develop a module that will also be attractive for Italy and Greece, where very little teachers have experience in applying creative elements in their teaching and where the module should not be too creative either, as it will be difficult to implement. This balance will be a challenge in the development of the module.

### **5.2.6 The module**

In general all parties involved (students, teachers and policymakers) think that the module should be an elective module as part of a wider learning programme. The group of students should be small, with a maximum of 15 students. The module should earn students approximately 5-15 ECTS (European Credit Transfer System).

The module should consist of a theoretical and a practical part. Theory should consist of knowledge on dementia, the progressive nature of the disease with different phases and its effects on people and their surroundings.

The theory can also focus on different creative methods to connect, such as the Veder method, with four phases (introduction, reminiscence, experience guided care and saying goodbyes) as a basic module and then focus on different suggestions for variations in terms of arts and methods. The methods used to share experiences can be interactive video techniques for example. It is thought to be very useful to create a module with a fixed order to be able to adjust different art forms.

A phase in between the theory and practice can be implemented where students do an exercise to learn more about the history of older people in their region, discovering the music they used to listen to when they were young and their interests and surrounding. This will help students to reflect on the memories of older people with dementia and facilitate the process of reminiscence.

The clinical setting within the module is very important. Getting to know the local rules and regulations is important in developing the performance. The students indicate they would like to meet people with dementia before they create a performance. The setting of the creative performance should be with a small group of people and students, in a safe environment provided by the professionals in care. Care professionals need to be present to support both the students and the people with dementia.

Repetition is considered to be useful both for students as for older people. A follow up is considered to be nice, but not necessary. Reflection is very important for the students. Reflection on what they learned, what went well and what did not go so well.

### 5.3 The Blended learning platform

Specific functionalities have been derived and gathered together with the end users. The following table gives a complete overview of the functionalities proposed and the ratings yes/no per stakeholders. This table will feed directly into the implementation of the online learning platform.

QNr.	Portlet	Description	Total		Students		Teachers		Policymakes	
			Yes	No	yes	no	yes	no	yes	no
Q0-1	User Profile	To manage student/teacher profiles	46	7	28	4	12	3	6	
Q1-1	News	To receive news of the course	51	1	30	1	15		6	
Q1-2	News	To provide news to others	47	4	29	2	14		4	2
Q2-1	Contacts	To find new contacts who also follow the course	47	6	30	2	12	3	5	1
Q2-2	Contacts	To find new contacts who also follow the course in a different country	50	3	31	1	14	1	5	1
Q2-3	Contacts	To connect with relatives of people with dementia	36	15	20	10	13	2	3	3
Q2-4	Contacts	To communicate with contacts via e-mail	46	6	27	4	14	1	5	1
Q2-5	Contacts	To communicate with contacts via video calling	30	21	14	17	12	3	4	1
Q2-6	Contacts	To communicate with contacts via telephone calling	24	29	13	19	6	9	5	1
Q2-7	Contacts	To communicate with contacts via chat	42	11	22	10	14	1	6	
Q2-8	Contacts	To share photos and experiences with contacts	39	14	22	10	13	2	4	2
Q3-1	Material	To receive information about dementia	52	1	32		14	1	6	
Q3-2	Material	To receive information about creative ways to connect	53	0	32		15		6	
Q3-3	Material	To learn about care practices	50	3	31	1	14	1	5	1
Q3-4	Material	To have an overview of the module	52	1	31	1	15		6	
					30	2				
QNr.	Portlet	Description	Yes	No						
Q4-1	Learn	To do practical assignments	51	2			15		6	
Q4-2	Learn	To report about practical assignments	50	3	30	2	14	1	6	
Q4-3	Learn	To do exams	37	15	20	11	12	3	5	1
					27	3				
Q5-1	Events	To organize an event	48	3			15		6	
Q5-2	Events	To manage events with a calendar	49	4	28	4	15		6	
					29					
Q6-1	Groups	To join groups	48	5	29	3	13	2	6	
Q6-2	Groups	To create groups	46	7	27	5	13	2	6	
Q6-3	Groups	To manage groups	43	10	24	8	13	2	6	
Q7-1	Media	To find interesting media (audio, video, documents, presentations)	29	24	8	24	15		6	
Q7-2	Media	To provide interesting media (audio, video, documents, presentations)	48	2	27	3	15		6	
Q8-1	Network	Basic information about care and wellbeing organizations on dementia	50	3	30	2	14	1	6	
Q8-2	Network	To get in contact with care and wellbeing organizations	49	4	31	1	13	2	5	1
Q8-3	Network	To exchange information with care and wellbeing organizations	48	5	29	3	14	1	5	1

## 6 Conclusions

In general we can conclude that the idea of iConnect was overall received very positive by the different stakeholders across the four countries. All policymakers were interested in implementing such a module, almost all teachers except 2 could imagine teaching the module to students. All questioned students were interested in following the module and all care professionals were willing to provide a clinical practice for the module. All family members of people with dementia indicated that it would be nice for their loved ones to connect with students in this way.

Only persons with early stage dementia were not interested or willing to participate as they were very much coping with their disease. This makes it clear that we have to focus on older people with more advanced phases of dementia, confirmed by family members and care professionals.

In answer to the central research question: *What are the wishes, preferences and needs of the iConnect target groups in order to implement a creative course (learning material and the blended learning platform) that reinforces intergenerational contact between students and older people with dementia?* We can conclude the following:

### **Policy makers**

Policy makers need to be able to demonstrate that a new learning module is effective in terms of:

- The job market potential of their students. iConnect will help a student to become a better professional, encounter more joy in their future work and provide better care to any kind of client. They will be more motivated to work in elderly care where there is a growing job potential as care needs are rising among an ageing population.
- Efficiency in its implementation. iConnect can be implemented as a module across a variety of faculties, making it efficient in its implementation.
- Reaching new students: The module will help to contribute to establishing an attractive curriculum with innovative and creative elements that supports students in having joy in their studies while contributing to society.

### **Students:**

Students prefer to work in small groups in such a module. They need a safe environment where they can learn about the theoretical elements of dementia, its symptoms, phases and effects on persons and their surroundings. They would like to get familiar with different creative elements and how they can apply these elements before bringing it into practice in a performance within a clinical setting. They prefer to get acquainted with a care setting and older people with dementia before participating in the performance. They are interested in a wide variety of creative arts, such as theatre, singing, drawing, painting, poetry. This makes it possible to combine these tools with their own interests and skills.

### **Teachers**

Teachers need a good basis to work on with time to invest in preparing themselves and with flexibility to adapt the module to their own views and preferences. They would like to have teaching material with tips and tricks and exercises to work with as well as video material and specific cases. They prefer to work with small groups of students and support in self-reflection. They would need an elective module of around 5-15 ECTS.

### **Family of people with dementia**

Family members would like their loved ones to have joy and to be respected and comfortable at all times. Family members do not have a specific need to be involved in a clinical practice, although it

would be nice to be informed so they can continue a the conversation with the person they are caring for.

### **Care professionals**

Care professionals indicate that in general they have a lack of time to organize additional activities for their clients. Therefore they have an open mind to the idea that students would make a theatre performance or activity for older people with dementia. They would like to supervise and support the activity where necessary. They can offer a selection of suitable persons in the participation of the different activities.

If we compare the theoretical background, literature overview and results from the interviews we can conclude the following main items:

### **Reminiscence and history**

Out of the interviews and background information we can conclude that reminiscence and recalling memories are important to support the identity of people with dementia. People living with dementia re-experience their life in early twenties and therefore it is important that students investigate the regional/local history and potentially even the life stories of older people with dementia. Students will have to go back to the 1940s and 1950s to reach those older people with dementia that are 70 to 80 years old. History can be reflected through drama, drawing and poetry. Music and old tunes from the past are an important tool or method to trigger the memory people with dementia.

### **Expression and therapy**

We can also conclude that creative arts can be a stimulant for the development of a person-centred relationship between the student and the person with dementia. Movement, dance, song and music can create a bond for further expression and connection as these media have the capacity to reinforce our feelings and passions. From the literature review and the interviews with professionals in care it became clear that a large variety of creative methods is already used in care and wellbeing to support the identity of older people with dementia (Veder method, Care culture, Sunshine Soldiers). It can provide cognitive therapy to people with dementia (music, play, dance) and can promote a sense of wellbeing and joy in occupational therapy (painting, knitting, snoozelen, etc.) Arts will help a student to become a better professional, encounter more joy in their future work and provide better care to any kind of client.

### **Dementia**

Theoretical elements of the module should focus on the background of dementia, the disease, its symptoms, phases and the effects on a person and their loved ones. Experience in working with people with dementia is preferable. If not, they should do a clinical practice beforehand. Also students should meet people with dementia before they create a performance. Students should get familiar with the rules and regulations of a care setting. Therefore it is important that the HEIs establish a close collaboration with care organizations that can facilitate such a clinical practice prior to the start of the module.

### **Levels of experience in creative elements**

In the Netherlands and Finland creative methods are often used in learning. Especially in art therapy in the Netherlands students are taught to use arts as a method to communicate and connect with the client, most of the time when speech is not possible anymore. Although not applied to people with dementia, these modules form a rich basis for the development of the learning module.

In Greece and Italy the focus is currently more on medical and nursing aspects when caring for people with dementia. Video and photography tools are sometimes used in learning to reflect on cases as a basis to discuss how to handle a certain situation. The diverging experience in the use of creative elements represents a challenge to the development of the creative learning module. It has to be

sufficiently innovative for those with more experience and sufficiently accessible for those with less experience. At the same time this brings opportunities, as it will be possible to create a module that can be truly applied all over Europe.

An option is presented to develop a baseline module, focusing on four fixed elements (introduction, reminiscence, experience guided care and goodbyes) and a small set of creative elements (e.g. theatre, and music). Based on these four elements different art forms can be introduced and applied by teachers and students, depending on their level of experience in arts introducing also other surroundings (outside, gardens, drawing, painting, etc.).



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