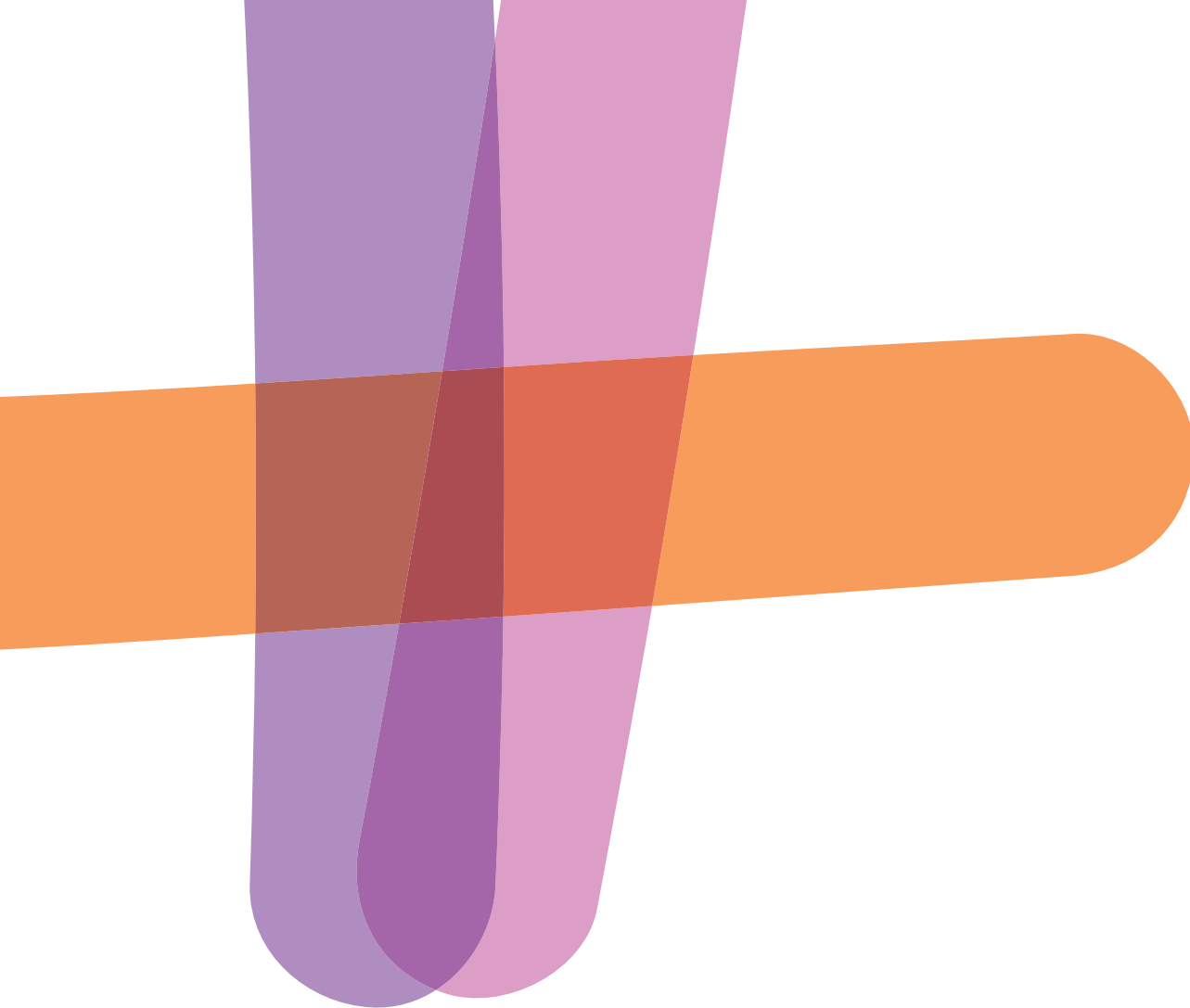




Arts on Prescription @Home

**A sector guide to deliver a personalised,
enabling arts program for people living
with dementia**





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Contents

Arts on Prescription @Home

What is the AoP program?	4
What is AoP@Home?	5
Who can deliver AoP@Home?	5
Important factors to consider when delivering AoP@Home for dementia dyads	6

Program details

Program details	7
Example structure for an 8-week program	8
Program evaluation	9
Artist strategies used while delivering AoP@Home programs	10

Implementation support

Marketing the program	13
Funding and program access	14
Tips and challenges around implementation	15

Resources

A: Artist notes template	16
B: AoP@Home Flyer	17
C: AoP Referral Form	18
D: AoP@Home Triage Considerations	19

Arts on Prescription @Home

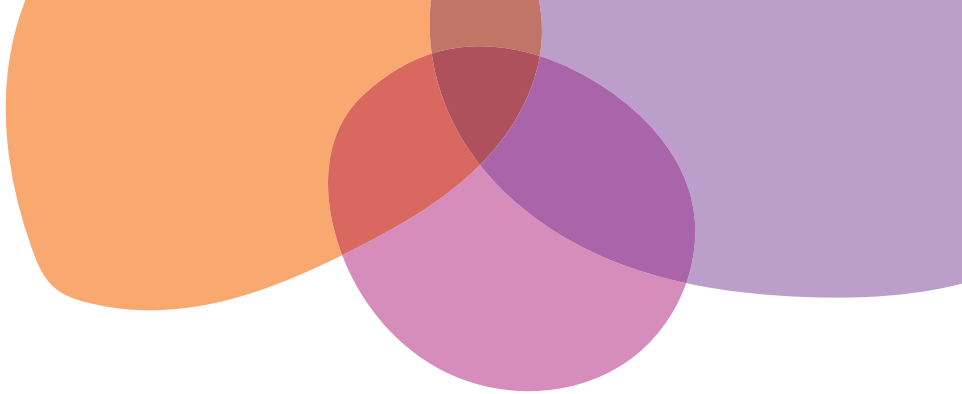
What is the Arts on Prescription program?

Arts on Prescription (AoP) is a reablement and wellbeing program where professional artists work with groups or individuals in the community, supporting them to engage in the creative arts.¹

The program involves a high level of participation in the creative experience, as artists assist people to find and foster their connection with the arts, supporting their overall wellbeing and enjoyment.

Detailed information about AoP and how AoP is run is available in the original AoP sector guide². The present guide is a companion document to this original guide, outlining how to deliver AoP within the home environment (i.e. AoP@Home).





What is AoP@Home?

AoP@Home involves the delivery of AoP within a person's home either on a one-to-one or on a dyadic (e.g. person with dementia and their family carer or supporter) basis.

AoP and AoP@Home are two of the programs provided by HammondCare's AoP team, the latter sitting within HammondCare's Centre for Positive Ageing.

Who might be interested in an AoP@Home program?

- People unable to access group based AoP programs.
- People living with dementia, people with mental health needs, people with physical limitations, family carers.
- Someone keen to learn something new, someone with previous interest in arts or someone with no previous connection with arts, someone in need of more meaning and activity during the day.



Who can deliver AoP@Home?

Professional artists should be engaging, warm, patient, and passionate about empowering and enabling others to experience meaningful creative engagement. They should also be willing and capable to respond and adapt to participants' changing abilities and creative desires, and tailor activities accordingly.

Training for artists includes the following important modules:

- AoP foundational training: to develop skills in conducting arts in health programs, including working with older people.
- Dementia training: to develop skills in working with and engaging people living with dementia who are participating in an arts program e.g. Internal HammondCare dementia training 'Introduction to dementia care'; UTAS MOOC 'Understanding dementia'.
- COVID-19 and infection control safety training: to cover safety practices and protocols when delivering services to vulnerable clients.
- AoP@Home training: building on the AoP foundational training, this specialised course incorporates further training in delivering arts programs specifically for dementia dyads in the home.

Important factors to consider when delivering AoP@Home for dementia dyads

Flexibility	<p>Unexpected or unavoidable issues commonly arise for the individual with dementia or their family. It is important to be prepared and accommodate these by being flexible with program planning and scheduling. While the program itself should be structured, it will need to be adapted and reshaped as it progresses and the artist and the client's relationship develops.</p> <p>Depending on the needs of each client, programs can be delivered to the person with dementia independently or dyadically with their family carer/supporter. Carers have benefited greatly from being equally involved in the arts programs, whereas others have used the time that their family member was engaged with the artist as respite.³</p>
Artistic instruction and supplies	<p>Professional artists should be trained in delivering AoP and trained in delivering AoP@home to individuals with dementia. Skill development should include creativity in being able to respond to the person with dementia by thinking on the spot, changing plans when required, helping the client to engage in the art activity, and holding attention.</p> <p>Education for the family is important, to ensure an understanding or broadening of what art is and can be. This includes a key focus of understanding that AoP is about doing, enjoying, and being 'in the moment', rather than solely focusing on the end result.</p> <p>Art activities should be age appropriate.</p> <p>Provision and use of appropriate, quality art supplies also helps to validate the process, and support better outcomes. The equipment required will depend on the artistic endeavour selected.</p>
Arts program	<p>The artist will be guided by the person with dementia and their family/support person, as they collaborate to select a creative endeavour to be undertaken. A focus on the personal interests of the person with dementia and their family or support people is vital for creating meaningful participation.</p> <p>A range of art forms are possible, such as:</p> <ul style="list-style-type: none"> • Visual arts: painting, drawing, printmaking, clay work, sculpture, photography • Creative movement and dance • Music and performance: singing, musical instrument, percussion, performing arts, artistic movement <p>Within these forms are many ideas and activities to suit each person's uniqueness. The art activities selected should be appropriate for delivery in the specific home that is going to be visited, i.e. not too large, messy, or requiring large specialist equipment (e.g. screen printing).</p>

Program details

Program length	8 - 10 weeks
Session regularity, length and format	<p>1 x 1.5hr session per week</p> <p>Each session should factor in 15 min set-up and 15 min pack-down time, and allow for up to 1 hr of face-to-face art engagement time. Note: less face-to-face time may be suitable for some people.</p> <p>An extra 0.5 hrs should be factored in for session preparation and report writing.</p> <p>Some program formats may allow for delivery of select sessions virtually, which would allow artists more time to factor in session planning and tailoring content within program funding parameters.</p>
Between sessions	<p>The artist will provide participants with supplies and guidance on how they can continue to pursue their individually tailored art activity throughout the week. A member of the AoP Team will keep track of the program and delivery by checking in with both the participant(s) and artist. This may be done in collaboration with a care manager if appropriate.</p>
Delivery and benefits of the program	<p>Artists use a range of skills in delivering arts in health programs, in combination with specific skills obtained through the dementia training module. Specific strategies such as getting up for a short walk during a session, having breaks, changing the activity, can all help support the client to have more meaningful engagement.</p> <p>The art sessions are an opportunity for the family carer and person living with dementia to have shared positive experiences, and to help carers, family and friends deepen their understanding of their family member with dementia. Participating in the arts is an opportunity for the person with dementia to nurture a sense of accomplishment and feelings of dignity through newfound achievement.</p>

Example structure for an 8-week program

Introduction	<p>Week 1</p> <ul style="list-style-type: none"> • Introductions • Begin building relationship - talk and connect • Identify creative interests • Simple creative shared activity <p>Week 2</p> <ul style="list-style-type: none"> • Re-introductions • Review previous week's session • Continue to establish and build relationship • Practice and experiment with techniques • Develop ideas and plan program together
Build and Experiment	<p>Week 3</p> <ul style="list-style-type: none"> • Review previous week's techniques and work • Continue to establish and build relationship • Build on techniques and skills • Adjust plan if needed <p>Week 4</p> <ul style="list-style-type: none"> • Review previous week's work, discuss plans • Consolidate relationship • Continue to engage in art making activity, using techniques and skills developed <p>Week 5</p> <ul style="list-style-type: none"> • Review previous week's work • Build on art making, furthering techniques and skills and allowing for additional activity/ies in line with participant wishes
Reflect and refine	<p>Week 6</p> <ul style="list-style-type: none"> • Review previous week's work • Build on art making activity/ies, furthering techniques and skills • Reflect on journey so far and plan for celebration <p>Week 7</p> <ul style="list-style-type: none"> • Review all art making from previous weeks • Provide opportunity to revisit any artworks, or engage in a new activity
Celebrate	<p>Week 8</p> <ul style="list-style-type: none"> • Celebration of work • Validation of the art making journey for participant • Provision of resources/guidance to continue the creative journey

Program evaluation

Artists should record details of each session using the artist notes template (resource A on page 16).

AoP Team to connect with artist and the participant's support network including home care package manager (or equivalent) if relevant.

In order to ensure appropriate monitoring of AoP@Home program outcomes, we suggest that outcome measures are collected before the program begins (or at the beginning of a program) and again at the end of the program. The following are some of the outcome measures we used in our implementation pilot⁴:

Baseline carer:

- Wellbeing
- Goal Attainment Scaling-Light⁵
NB: While implementing programs in our pilot, artists in the field have prioritised the importance of immediate rapport building rather than structured goal setting, which could be viewed as imposing structured goals that 'need to be achieved', rather than immersing yourself in the experience of art-making. To account for this, the Lead Artist/ Arts Manager used the assessment guide 'in the background' to set program goals using the artist's detailed notes from 'less formal' initial discussions with clients.

Post program carer:

- Wellbeing
- Goal Attainment Scaling-Light⁵
- Experience measures:
 - I feel that my interactions with X have improved because of AoP@Home (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree)
 - My overall experience of the AoP@Home program was (very poor, poor, fair, good, very good)
 - How likely would you be to recommend AoP@Home for others living with dementia? 1 not likely at all – 10 extremely likely)

Baseline and post program person with dementia:

- Goal Attainment Scaling-Light (see previous note re. scoring)
- Overall, how would you rate your health? (very poor, poor, fair, good, very good – visual analogue scale with faces)
- Overall, how would you rate your wellbeing? (very poor, poor, fair, good, very good – visual analogue scale with faces)

If it can be avoided, the artist themselves should not collect the outcome measures. Instead, the care coordinator should collect the measures (e.g. by telephone). If this is not possible, then the clients could fill out an evaluation between week 7 and 8 and put it in a sealed envelope for collection.



Artist strategies used while delivering AoP@Home programs

Strategies	Exemplifiers from artist notes
Use abstract art to build confidence and promote a sense of achievement	<ul style="list-style-type: none"> • I then introduced a simple drawing activity of tracing around the plant- looking at shapes and shadows rather than getting tied up in making it look exactly like the plant. This worked well and he said he really enjoyed this process as he was worried that he was going to have to draw the plant exactly and thought that would be very difficult. • AoPa [AoP artist] encouraged encouraged [the client with dementia] to try rotating her artwork. She did this and was pleased with the other 'versions' that created for the beholder, offering a different perspective and interpretation.
Managing family dynamics and expectations about art program i.e. AoP about engagement and enjoyment	<ul style="list-style-type: none"> • The wife and daughter seemed to have a strong [opinion] of 'good' art and wanting [the client with dementia] to do something 'good'. I spoke a little about the different forms of art and the importance of process and enjoyment not the end result. Finding a new relationship with art. • Modelled and emphasised the importance of creating a calm and quiet atmosphere to support her artmaking.
Involve family carer meaningfully in program, even if not actively engaging in program	<ul style="list-style-type: none"> • Thinking of ways to involve wife that are gentle and not asking anything of her... even just a small amount of time to check in with her and to talk about something creative and meaningful to her... Involve it in [the client with dementia]'s project • Something to be aware of with other artists on this project- ways to include both [members of the dyad] but careful to not let one need offset the experience. • With [the daughter] taking the initiative to work alongside [the client with dementia] on this joint project AoPa took a more backseat, supportive and encouraging position.
Strategies to support the client's participation in the program e.g. providing simplified instructions	<ul style="list-style-type: none"> • [the client with dementia] was confused with suggested instructions. These need to be simplified and delivered step by step along with the actual art process, if and when needed. • Left a laminated A5 photo of artist with name on photo for [the daughter] to reference between sessions.

Supporting the clients' initiative in art making/ engagement	<ul style="list-style-type: none"> • Adding watercolour to his printmaking. It was something he could feel he could do and built on his skills of using watercolours over the last few weeks. He was delighted with the results and was very independent in it. • AoPa observed [the client with dementia] trying to glue-stick her chosen fern onto her prepared background choosing not to interrupt her process. At the point where [the client with dementia] displayed a degree of frustration with fern not sticking AoPa suggested doing a printed image, [the client] agreed and AoPa added a pair of hands to hold fern as [the client] applied paint... [the client] then progressed the artwork independently and confidently, expressing pleasure with the end result. • [the daughter] had given me a whole list of songs which I managed to find and include on my playlist. It was a real success because [the client with dementia] could sing along to every single song. One could tell that she loved being able to dance to songs which she knows very well.
Managing practicalities of program delivery	<ul style="list-style-type: none"> • Balancing quantity of supplies needed with transport of same supplies. • AoPa conscious to try to balance management of time with appropriate timing of visual engagement completion.
'Icebreaker' props/ objects to build relationship and engagement with the client	<ul style="list-style-type: none"> • [the daughter] said that at the beginning of the session, before I arrived, [the client with dementia] mentioned that she didn't feel like dancing today. However, when I arrived with my boxes full of props, curiosity took over and before not too long she was happily singing and dancing along. I didn't push my agenda; I just talked to her and arranged the props on the table, talked about the different props, and started singing and dancing myself. It only took a few minutes for her to sing and tap along, followed by standing up and dancing around the table! • Engaging with an object I had brought in that was playful and could prompt and engage in conversation and brought up stories for her.
Music used to support art engagement e.g. background music, culturally specific music, or personally relevant music	<ul style="list-style-type: none"> • [the client with dementia] became stressed painting the cat. I could feel the tension rising and could see this wasn't working. I suggested I put some music on. Elton John's Honky cat was the choice. He relaxed immediately and started tapping his foot. I joined in and we sang a little together. It shifted the mood and he said could he go back to the watercolour on his printmaking • Music: Light Piano. [The client with dementia] commented on enjoying the background music. • The play list with her favourite Greek songs is proving very beneficial.

Environmental set up e.g. reducing distractions, creating an appropriate art space	<ul style="list-style-type: none"> • I suggested for [the client with dementia] to not sit in her favourite lounge seat, but at the dining table on a chair. This proved to be very helpful as [the client] had better access to the props on the table, and it was easier for her to get up from her chair when she wanted to dance standing up. Throughout the session [the client with dementia] was taking turns dancing standing up and sitting down. She paced herself well, and I was amazed how much better this set-up worked. • Setting up peaceful atmosphere for drawing was important for [the client with dementia]. There was a lot of noise- TV on, people talking. Putting on some gentle music seemed to help [the client] get into the flow.
Strategies for managing client distraction during the session	<ul style="list-style-type: none"> • Having a number of different things to work on to keep him engaged seemed to help with the flow of the session. If he was getting distracted or frustrated, he refocused and became settled moving onto something else. It also helped him feel a sense of accomplishment and he liked to have some options of things to go back to. • Breaking up the session [worked well]. Flow of concentration and then shifting to conversation.
Meaningful, personal engagement, and adjusting the approach throughout the program to fit with the client	<ul style="list-style-type: none"> • As per [the client with dementia]'s comment of session #1, that she found white paper was intimidating, AoPa suggested the option of brown craft paper to work on. • Mirroring and following her are good ways to encourage her to keep dancing. • Meaningful objects supporting stories and memories important to her and connection to her Italian heritage.
Celebrating journey and achievements	<ul style="list-style-type: none"> • [The client with dementia] enjoyed taking some of his work outside to show his family- proudly talking about it to them. It was a little like a mini exhibition. • A celebration of our shared journey through presentation to [the client with dementia] of a folder portfolio photo record. • Framing the artwork and displaying it [worked well]. Framing the finished work made a big impact- not just for [the client with dementia] but for her daughter too. It put value on it and the work she had put into it and she was very proud.
Supporting ongoing art opportunities beyond the program	<ul style="list-style-type: none"> • Having worked as a staff member at the 'local' Social club [that does art activities], and having become aware of space availability recently, AoPa shared a flyer and club info during a private moment with [the daughter]. [The daughter] knew of the club and received this information enthusiastically. • Her daughter asked me about the program and was wondering whether the program could be continued after the eight weeks and I suggested for her to get in touch with the organisers.

Implementation support

Marketing the program

Focus	Strategies
Prospective clients	<p>Opportunity to try AoP e.g. trial period, open days</p> <p>Build awareness – educate GPs, geriatricians, Aged Care Assessment Teams, Regional Assessment Services, medical centres, care managers, dementia consultants, independent living villages</p> <p>AoP Website – case studies, videos etc</p> <p>Flyers e.g. Resource B</p> <p>Have a contact person available to discuss the program e.g. AoP Coordinator</p> <p>Include families in marketing and open days</p> <p>If person with dementia unable to attend open days, care managers could show videos of artists/AoP@Home programs to inform of the program</p>
Referrers e.g. ACAT, RAS, GPs, Home Care Manager	<p>Regular education/liaison/in-services with referrers</p> <p>One pager on services offered by provider, including a focus on AoP programs</p> <p>Include program information in onboarding package for all new referrers</p> <p>AoP Website – case studies, videos etc</p> <p>Flyers – for referrers to leave with clients at assessment visit</p> <p>Include as much information as possible on My Aged Care portal</p>
Referral form	See Resource C
Triaging of referrals	<p>Referrals received were triaged by the Lead Artist/ Arts Manager to determine suitability for an AoP@Home – Arts and Dementia Program</p> <p>See Resource D</p>

See 4 under References on page 15

Funding and program access

Referral	Referral for AoP, including AoP@Home could be via a number of sources: self-referral, ACAT, RAS, Home Care Manager, GP.
Funding	<p>Include 'AoP' and 'AoP@Home' on cost schedules within the organisation to embed the service as an available offering.</p> <p>AoP programs could be funded via a range of funding sources:</p> <p>CHSP: only available in areas serviced by CHSP approved providers; Allied Health and Therapy.</p> <p>Home Care Package: could be used to access AoP/AoP@Home programs.</p> <p>STRC: AoP/AoP@Home could be a component of an STRC program.</p> <p>Private: An AoP@Home program can be costed to facilitate private funding of an 8-10 week program.</p>
Cost	<p>Artists</p> <p>Casual artists are paid hourly. Consideration should be given to artist time for planning sessions and tailoring programs, as well as the allocated 2 hours per session for set up, creative session, pack down, and report writing. Be aware of minimum hours award requirements for the employment of casual staff.</p> <p>Consideration should also be given to the time required for artists to complete training modules.</p> <p>Equipment</p> <p>Equipment should be factored into service delivery costs.</p>



Tips and challenges around implementation

Challenges	<p>Generating referrals for AoP@Home programs.</p> <p>COVID: hesitancy from clients about having artists come to the home; staffing challenges (i.e. isolation requirements, illness etc); personal protective equipment hindering communication and relationship development with clients with dementia.</p> <p>Lack of knowledge in the community about AoP@Home, so clients often unaware of program.</p> <p>AoP Team only able to recruit within capacity i.e. trained artists in client's region with desired art medium (e.g. music, movement, visual arts), and availability.</p> <p>Funding e.g. not enough funds left in client's package for a program, or fitting AoP@Home into a Short-Term Restorative Care (STRC) package alongside allied health within the 8-week STRC timeframe.</p>
Tips	<p>Emailing flyer to all home care service managers and attending meetings. Presenting and speaking directly to managers to help them understand the program and identify suitable clients.</p> <p>Sharing flyer with community care workers to share with their clients.</p> <p>Sharing stories of clients' experiences who have done the program (clients have also shared with their care managers how they have enjoyed their program).</p> <p>For people who may be hesitant about trying arts, it is important to know how to introduce them without pushing. Be encouraging. Demonstrate what is possible. Start simple (e.g. abstract exercises). Early success and encouragement will drive greater engagement. Find personally meaningful way to engage people. Involve family. Potential to offer 'try before you buy' sessions so less pressure about trying the program.</p>

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Resources

A: Artist notes template

Client(s):	Artist:	Location:	Program: AoP@Home- Arts and Dementia
Funding: Care Manager:			
Goals:			
Client name:			
Session number:	Date:	Time:	COVID Screening:
Brief description of session activity:			
What worked well in this session? Why did it work well?			
List any challenges that you faced in facilitating the session and how these were, or may be overcome.			
Other comments?			

B: AoP@Home Flyer



Arts on Prescription @Home

Engaging people with dementia and their family supporter(s) in the creative arts

What is AoP@Home?

AoP@Home is a participatory arts program where a professional artist visits with a person living with dementia and their family supporter(s) to explore and enjoy a range of creative endeavours in the comfort of their own home, including art, music or dance.

Whether you're a beginner or have experience, you're very welcome to join in.

How do I access AoP@Home?

Contact the AoP team on **02 8788 3900** or **aop@hammond.com.au**

There are a few ways to access AoP@Home using Commonwealth funding support:

- Commonwealth Home Support Program Allied Health & Therapy Service
- Short Term Restorative Care
- Home Care Package

Call us today on 02 8788 3900 to learn more!



C: AoP Referral Form

Short term restorative care program AoP referral

This AoP Referral Form is related to the 8-week Short Term Restorative Care program which aims to address a person's goals to keep them at home and engaging in day-to-day tasks and other activities that are important to them.

Name	
Contact details (phone, email)	
Emergency contact number	
STRC Coordinator (include contact details)	
STRC program dates	
Number of sessions approved	
Preferred visit days	
Suggested arts program (from discussion with client)	<input type="checkbox"/> Visual Arts (e.g. painting, sketching) <input type="checkbox"/> Music (e.g. instrument/singing) <input type="checkbox"/> Dance/creative movement <input type="checkbox"/> Drama/storytelling/poetry

What interests the client and why would they like to participate?

Relevant health information

- ☐ Frail or pre-frail
- ☐ Declining physical activity or function
- ☐ Chronic pain and illness affecting wellness
- ☐ Anxiety
- ☐ Depression
- ☐ Mild cognitive impairment / early dementia
- ☐ Moderate dementia – carer must be able to attend with patient
- ☐ Declining sense of overall wellbeing
- ☐ Socially isolated / declining social interaction
- ☐ Carer burden
- ☐ Recent bereavement or loss
- ☐ Other relevant health information:

Health and wellness aims for the program (select three main aims):

- ☐ Increased physical activity levels
- ☐ Improved mental health
- ☐ Increased social connections
- ☐ Cognitive stimulation
- ☐ Create new interests
- ☐ Help manage loss / bereavement
- ☐ Help find contentment / spiritual wellbeing
- ☐ Enrich relationship with caregiver
- ☐ Other

D: AoP@Home triage considerations

Factor	Consideration
Carer factors	Carer may decide for them not to participate in the program. Carer load and how much of a burden they consider the program might be – i.e. not wanting to commit to something that they think might add extra stress on them.
Dementia symptoms	Person with dementia may have complex behaviour that would need to be considered for whether an artist could deliver a program in the home – e.g. if there was a history of unpredictable behaviour.
Artist availability	There may not be an available artist for the client's preferred art form in the client's area. There may not be an artist in the client's location.
Artist suitability	Does the artist have enough experience for a specific client? Does the client have preferences for the artist e.g., gender, language spoken?

