

THE IMPACT OF AN INTER-GENERATIONAL PROGRAMME ON THE WELL-BEING OF PERSONS WITH DEMENTIA

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This paper features insights into the impact of an inter-generational expressive arts programme (IGEAP) designed for residents with dementia (RWD) from a nursing home and children from an infant and childcare centre (ICC) co-located on the same site. Teams from the ICC and Allied Health Services Department (AHSD) developed the programme with the aim primarily of addressing the psychosocial and emotional needs of the residents via inter-generational bonding with young children through engagement in expressive arts.

INTRODUCTION

Institutionalised elderly with dementia who lack social engagement are often associated with psychological distress such as loneliness, depression and low mood (Alzina et al, 2015; Nikmat et al, 2013; Damian et al, 2017). These elderly are usually more vulnerable because they have difficulties expressing their needs and studies have found that their desire for emotional support and need for connection with others around them are often neglected (Terehova, 2018). Therefore, it is important to provide an environment to include social interactions that centres on meaningful engagement to help preserve their sense of well-being (Fazio et al, 2018; Boltz et al, 2017; Moyle et al, 2015).

In an attempt to address this issue, many long-term care institutions engage their elderly residents in daily social programmes. Intergenerational programmes (IGP) are one such example. It has been suggested that IGPs can promote life satisfaction and quality of life in both children and elderly (Burgman & Mulvaney, 2016; Isaki & Harmon, 2014). These programmes generally aim to reduce the risk of social isolation and loneliness by providing meaningful connections between children and elderly. For elderly with dementia, their overall well-being can improve through participating in IGPs, including creative activities with visual stimulation and interaction with children thus building relationship particularly through dyad and group works (Galbraith, Larkin, Moorhouse and Oomen, 2015; Kahn-Denis, 2013). In these interactions, the elderly with dementia can contribute much as they model good behaviours, share values and can establish friendships with children of different ages.

BACKGROUND OF THE ST JOSEPH'S HOME INTER-GENERATIONAL EXPRESSIVE ART PROGRAMME

St Joseph's Home is the first nursing home in Singapore with a co-located infant and childcare centre (ICC). This has created many opportunities for our elderly residents and children to interact on a daily basis. Many of these interactions are structured involving planned programmes using selected activities scheduled into the daily routine of both old and young. This paper features an inter-generational expressive art programme (IGEAP) designed by the art therapist from the Allied Health Services Department (AHSD) and illustrates an early collaborative effort between the AHSD and the ICC.

Using expressive art is an approach that our art therapist adopts to engage elderly residents as part of her regular clinical interventions. It is a method well received by residents and so to expand the benefits of the approach, the art therapist designed the IGEAP to foster meaningful engagement between residents with dementia (RWD) and children from the ICC. The programme had two phases conducted over a period of twelve months. Each phase consisted of between six to ten sessions and each session featured different expressive art activities. The activities chosen take into account the health condition and strengths of the RWD as well as the children’s developmental stages in motor and language abilities.

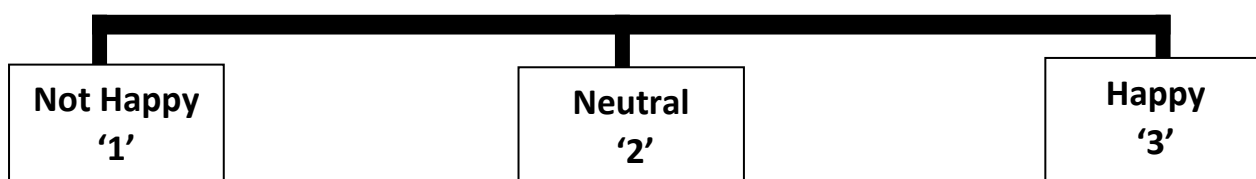
PHASE ONE – METHOD

Phase one consisted of two dyads with the simple objective to study the use of expressive arts to improve mood of the old when engaging in meaningful activity with a young art pal in a nurturing environment. This pilot consisted of all male participants. Both elderly chosen had mild cognitive impairment (CI) and were about seventy-two years old. The children were kindergarteners from the ICC aged six years. One of the pairs coincidentally was a grandfather partnered with his grandson. The other pair consisted of an elderly selected because of his frequent rejection of other activities. Unfortunately, we could not continue to have these pairings through phases two and three because the kindergarteners graduated from the ICC and both elder participants had passed on. A summary of the programme structure is shown below.

Table 1: Summary of Phase One programme structure

Dyads	2	Profile of elderly 1. Mild CI 2. Average age = 72 3. Both males 4. Consent taken	Profile of children 1. Average age = 6 2. Both boys 3. Parental consent taken
Total sessions	10	Sessions held once a week	
Each session	45 to 60 minutes	Dependent on expressive art activity	
Assessment used	Happiness Scale A (see diagram 1)	Conducted on elderly RWD pre and post session.	
Facilitator	Art Therapist	Assisted by a teacher from ICC	

Diagram 1: Happiness Scale A

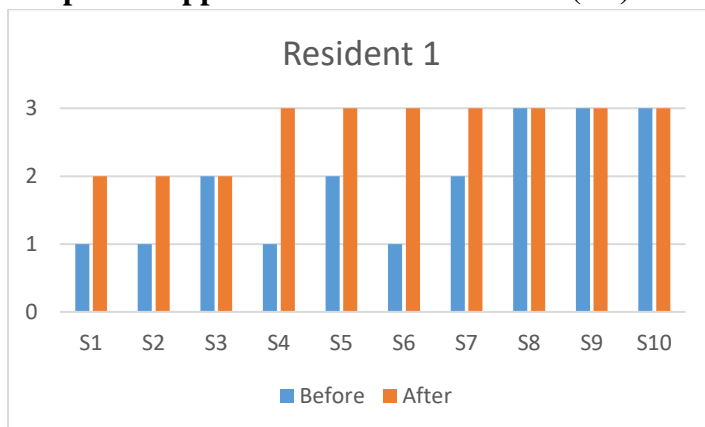


Dyad one comprised of male resident R1 and child one from the ICC. R1 was an elderly man who experienced constant pain in his feet due to his medical condition, resulting in him frequently having low mood. He shared a distant relationship with his spouse and children due to familial discord and from the point of his admission to the nursing home, generally expressed unhappiness and regret at life due to this state of affairs. Even though his grandson attended the on-site ICC, he only occasionally saw him from a distance. They did not interact nor participate in any activity or programmes together prior to the IGEAP. When invited by the art therapist to attend the IGEAP, R1 agreed reluctantly because he articulated that due to the poor family relations up to that point, he did not think he could find common ground with his grandson and may feel awkward in his presence even if they were together.

The second dyad comprised of another male resident R2 and child two from the ICC. R2 was a resident who had low participation in many social activities and therapeutic interventions. He often rejected group art activities as he claimed that he had poor vision and felt that art was only for children. One of his medical conditions was chronic eczema, which causes his skin to be red and inflamed. He would complain daily of itchiness and pain and would be found bleeding from constant scratching. He was selected in an attempt to help him manage his physical symptoms using distraction and to improve his mood and willingness to socialise. Fortunately, R2 accepted the invitation to IGEAP, possibly because it was explained to him that he was going to take on a teacher role in a project and he would have a young student to supervise.

PHASE ONE – RESULTS

Graph 1: Happiness Scale for Resident 1 (R1)

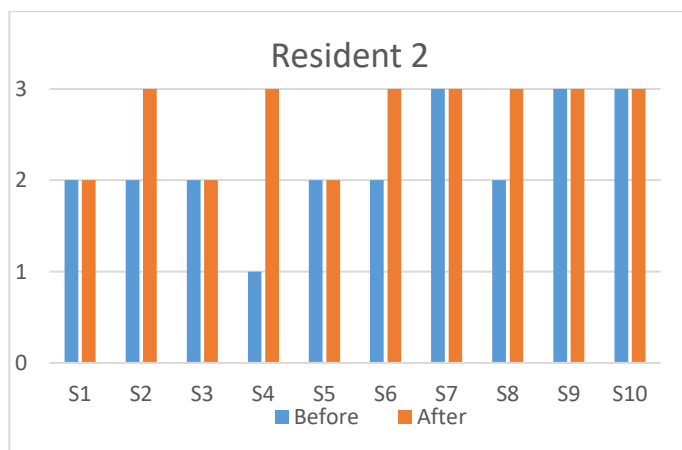


From graph one, one can see the Happiness Scores of R1 were low and neutral between sessions one and three (S1, S2 and S3) pre and post activity. When asked to comment why, he articulated that he was hesitant to attend because he was concerned that his pain may inhibit his abilities and will affect his participation and performance. The art therapist assured him that he could always pause during the activity if he needed to and encouraged him to try. He was also initially concerned about the potential unease with his grandson and this was evident in his distant connection with him during the first three sessions. As the programme progressed however, R1 began to change. He moved from being cautious in interacting with his grandson to visibly enjoying the engagement, making eye contact with him frequently and smiling. From the fourth session on until the end of the programme, he started to self-rate '3' on the Happiness Scale post-activity. He became less reluctant to attend the sessions prior to the scheduled activity and began to express an interest to

see his grandson in anticipation of the sessions. This is shown in the score of “3” pre activity between sessions seven and ten.

Unfortunately R1 was frail and in poor health during this IGEAP. Over the course of time, the pain in his feet worsened and his condition deteriorated. However, he expressed his desire to continue to participate in the programme despite this, as it was evident that he derived great pleasure engaging with his grandson. The relationship between grandfather and grandson was also beginning to change, from cold and distant to inviting and caring. They began to form a strong relationship outside of the IGEAP. For example, there was one occasion during the IGEAP, R1 expressed no appetite to eat his meals. His grandson in response, volunteered to visit him during the day to encourage him to eat his lunch and dinner. On one of these visits, the child demonstrated being attentive to his grandfather’s needs. The ICC teacher who accompanied him reported that he spotted slight bleeding from his grandfather’s toes and quickly informed his teacher so that they could get a nurse to attend to it. Care staff looking after R1 feedback that he often talked fondly about his grandson to them. During some of the social visits the grandson made, many care staff witnessed him hugging, kissing and combing R1’s hair with his little hands unprompted. Once, another care staff also observed the child to be sitting on R1’s lap and helping his grandfather eat his lunch. This relationship continued long past the IGEAP and lasted until the passing of R1.

Graph 2: Happiness Scale for Resident 2 (R2)



Graph two shows the scores for R2. Post activity they cycled between neutral and happy for the first five sessions but gradually became consistently “happy” from session six onwards. While the initial pre-session scores were generally neutral, these also moved towards “happy” from session seven onwards. R2 demonstrated several changed behaviours over the course of the IGEAP. He became more receptive to participating in art and was even able to immerse himself fully in the artistic process. Despite frequent comments that his skin was itchy and painful and therefore in his opinion, affecting his ability to use his arms, he never declined the invitation at the start of every session to join his art pal. From being someone who did not seek to socialise with others, he started to look forward to seeing his young art pal. Care staff would report to the art therapist that on the day of the scheduled activity, R2 would often park himself at the lift lobby and say he was waiting for “that kid to come and fetch him for his art session”.

When R2 discovered that his art pal and himself did not share a common language (R2 only spoke Hokkien – a Chinese dialect – and his art pal only spoke Mandarin or English), he began to learn simple greetings and phrases in English for example “good morning”, “thank you”, “yes” and “no”

so that he could better connect with the child. He learnt his art pal’s name and despite having some cognitive impairment, was still able to recall his name months after the IGEAP ended. On one occasion after the IGEAP session, he even invited his art pal to his bedroom and proudly showed him old photographs of his younger self. He also expressed to the art therapist that he hoped to see his art pal even after the IGEAP sessions were completed.

PHASE TWO – METHOD

With the positive experience of IGEAP’s phase one, the planning team wanted to test it further with more dyads. The broad objective of phase two remained the same – to evaluate the impact of an inter-generational expressive arts programme on the mood of elderly residents with dementia.

Phase Two separated into two parts due to scheduling issues. The first part consisted of six sessions and the second, eight sessions. Seven dyads participated in this phase. As the ICC did not have any kindergarteners enrolled during this period, the children selected came from the nursery group, aged four years old. Since they were of a younger age, the teachers had to prepare them for the IGEAP by talking about the visits and activities during several lessons prior to the start of the programme proper. In this phase, the selection criteria for the elderly were:

1. Must enjoy being with children
2. Present with signs of low mood
3. Have no aggressive behaviour
5. Able to follow 2-3 step instructions

In all seven dyads, the choice of which RWD and child to be paired was made by the art therapist and teacher taking into consideration as much as they knew of each individual to determine optimal pairings. A summary of the programme structure is below.

Table 2: Summary of Phase Two programme structure

Dyads	7	Profile of elderly 1. Moderate CI (MMSE > 11) 2. Average age = 80 3. 2 females, 5 males 4. Consent taken	Profile of children 1. Average age = 4 2. 1 girl, 6 boys 3. Parental consent taken
	Pairings	Resident A (male) Resident B (male) Resident C (male) Resident D (male) Resident E (male) Resident F (female) Resident G (female)	Child 1 (male) Child 2 (male) Child 3 (male) Child 4 (male) Child 5 (male) Child 6 (male) Child 7 (female)
Total sessions	12	Phase 2 Part 1 – 6 sessions Phase 2 Part 2 – 8 sessions All sessions held once a week	

Each session	60 to 95 minutes	Duration dependent on chosen expressive art activity
Assessment used	a) Feelings Chart (see diagram 2)	Conducted on elderly RWD pre and post session in Part 1
	b) Observational notes	Documented by facilitator and teacher in Parts 1 and 2
	c) Happiness Scale B (see diagram 3)	Conducted on elderly RWD pre and post session in Part 2
Facilitator	Art Therapist	Assisted by a teacher from ICC

Diagram 2: Feelings Chart used in Phase 2 Part 1



For Phase Two, a new Feelings Chart (Diagram 2) replaced the previously used Happiness Scale (Diagram 1). It included five descriptive words with accompanying pictorials because the art therapist wanted to find out if having a wider range of emotions reflected was more useful as a self-rating scale. As the RWDs in phase two had moderate cognitive impairment, the art therapist also wanted to see if this new pictorial chart would make it easier for them to rate their mood pre and post sessions. The reason for including pictures of children in the Feelings Chart is when offered similar elderly representations of these expressions, our RWDs reacted negatively towards it. Majority commented that they “did not want to look like these elderly” and that the pictures were “not pleasant to look at” and refused to use the chart.

PHASE TWO (PART ONE) – RESULTS

Having never met nor interacted prior, both groups of participants needed time to overcome their initial shyness, learn and recall names of partners. Initially majority of the RWDs prefer passively observing the children. A few of them mistook these sessions to be for them to join the children, but as an audience. Some even refused to participate in the art making.

For the first four sessions, the RWDs used the new Feelings Chart (Diagram 2) to self-rate their mood pre and post session. However, it discontinued after the fifth session because of feedback from the RWDs that it was not useful. Observations by the art therapist also showed that RWDs tended to make their selection depending on the pictorials they find attractive rather than that which accurately corresponds to or best describes their emotional state. They also often mistook her instructions and picked the colour on the scale rather than the descriptive. Hence, for the rest of the program, in place of this new chart, the art therapist and assistant teacher recorded observational notes instead. The observations are summarised below:

1. It took four sessions for all dyads to be familiar with the routine of coming together for the IGEAP once a week and to recognise each other as partners. The planning team concluded that these could be the possible reasons:
 - a) The younger children in this phase needed more time to know the routine and expectations of the activity.
 - b) The RWDs with moderate cognitive impairments also needed more time to be familiar and comfortable with their partners and the activity proper.

2. Over the course of the six sessions of part one, signs of well-being in the RWDs observed included:
 - a) RWDs making consistent eye contact with their young art pal throughout the activity.
 - b) RWDs initiated some physical contact with the children by holding their hands to guide them during the art making process.
 - c) RWDs showing warmth and concern for their art pals and initiating simple conversation with their art pal for example, by greeting them before the activity started, asking them what they ate for breakfast and saying goodbye to them after the activity ended.
 - d) Several RWDs recalled the name of their art pal by the fifth session. The rest could not recall the exact name but could recognise their art pal in person as their specific partner
 - e) By the sixth session, all RWDs articulated to the art therapist that they look forward to the subsequent sessions so that they could see their art pal again.
 - f) By the end of part one, almost all elderly began to actively participate in the art making process together with the child rather than being an audience
 - g) The warmth and friendliness of the RWD-child relationships extended outside the program. Often time, the RWDs would ask after their art pals while in conversation with the art therapist when they were not attending the IGEAP.

PHASE TWO (PART TWO) - RESULTS

In part two of the second phase, the art therapist re-introduced an updated Happiness Scale B (see diagram 3) to RWD to track their moods pre and post sessions.

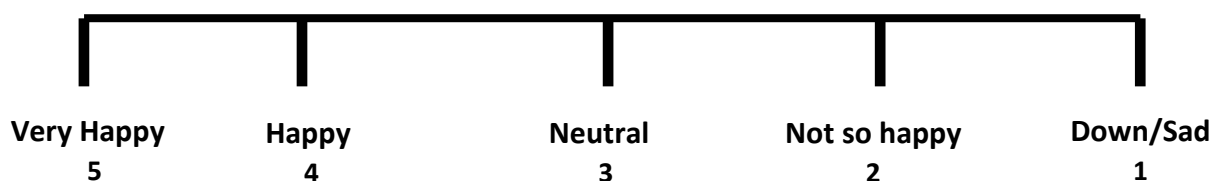
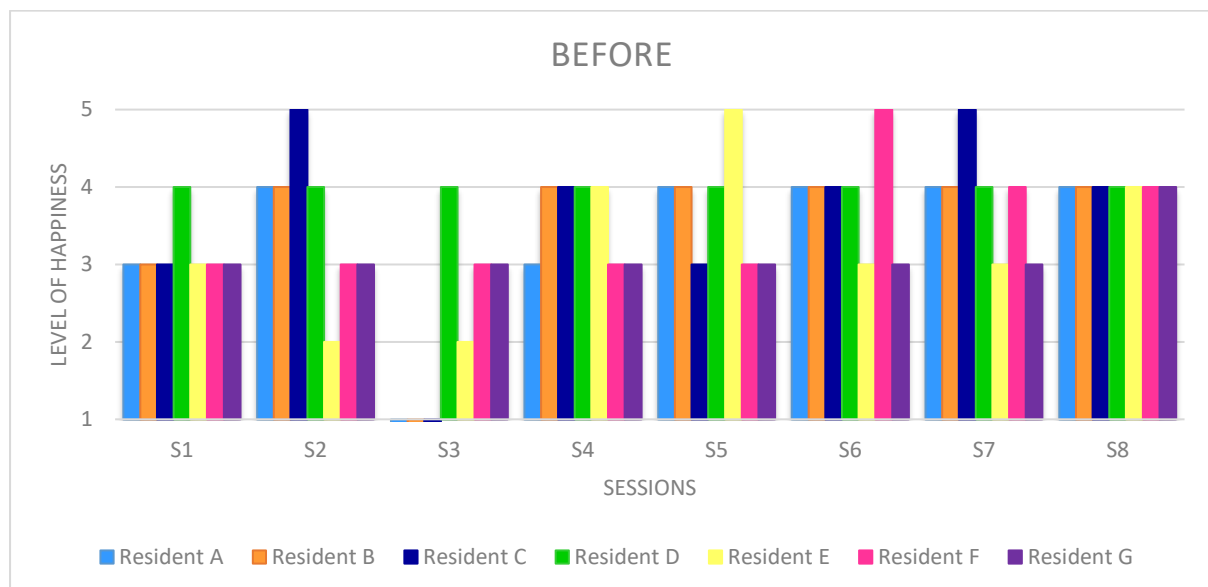


Diagram 3: Happiness Scale B

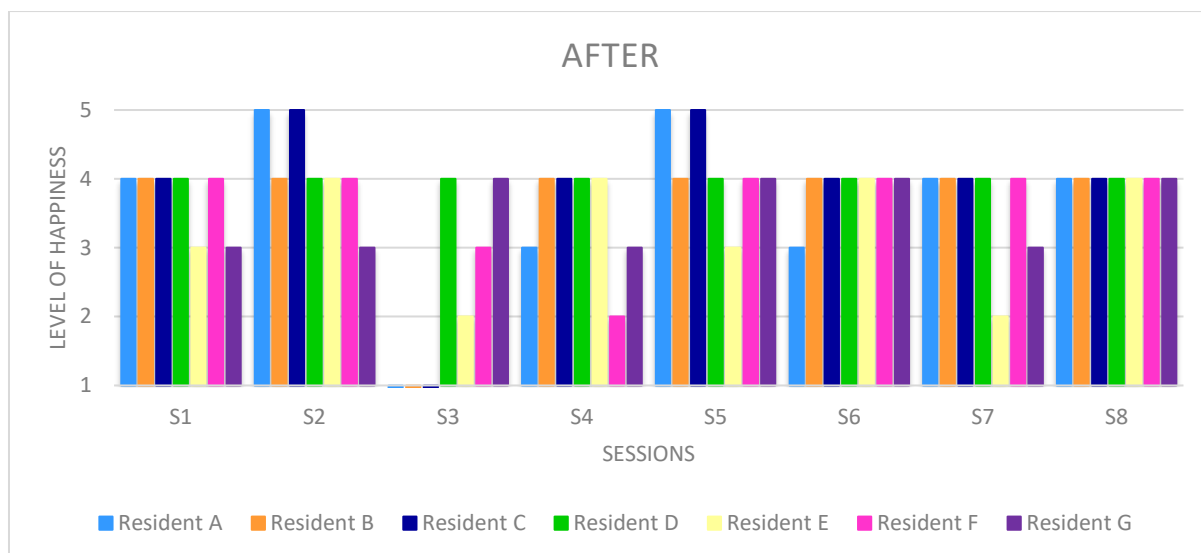
Feedback from the RWD indicate that this version of the Happiness Scale was easier to use compared to the previous Feelings Chart (Diagram 2). RWD were able to use the improved Happiness Scale B to associate their feelings better before and after the IGEAP sessions. Some RWD were even able to provide reasons to why and what made them feel how they feel. For example, during session 4, Resident F verbalised that she felt neutral because “it was just another day” in the beginning of the session. At the end of the session, she rated herself “not so happy” because she “could not bring her art pal back to her residence”. Another resident, Resident C, was able to verbalise that whenever he saw his art pal, he felt happy and would consistently rate himself 4 on the scale. Resident A could even feedback that the words used for the scale - “very happy”, “happy”, “neutral” and “not so happy” - helped him relate his experience during the activity to his feelings.

The graph below summarises the group’s results at pre-session using the new Happiness Scale.



Graph 3. Happiness Scale scores at pre-session for Residents A to G.

In general, the average score before sessions suggested that most of the RWD felt ‘neutral’ to ‘happy’. At session 3, Residents A, B and C were absent as they were attending a rehabilitation program. Thus, we omitted their pre and post scores indicating their absence. Three residents (C, E and F) scored ‘very happy’ and gave feedback that they were delighted to see their art pals again. Of all the residents enrolled in the program, Resident E was observed to be the least articulate of his emotions and needs within the group. The art therapist had great difficulty engaging him in using the Feelings Chart.



Graph 4. Level of Happiness after sessions for Residents A to G.

Graph 4 above suggests that generally, most RWD scored “happy” after all sessions. Residents A and C even scored “very happy” for sessions two and five. They reported it was because they were “able to work closely” with their art pals in those sessions. Contrastingly, Residents A, G, F scored either “neutral” or “unhappy” after sessions one to seven. The scoring however was not congruent with what the facilitators observed in them during those sessions. Despite their low scores, these RWD appeared to be very happy; some were observed to be excited throughout the sessions. When the facilitators asked the RWD for the reasons for their low scores, all three RWD mentioned that whenever the end of sessions approach, they felt disappointed for unable to see their art pal until the next week.

Additional personal comments made by the RWD during the IGEAP include:

1. Resident A shared he was very sad because he could not bring his art pal back home as he enjoyed being in his company.
2. Resident C was observed to have grown very attached towards his art pal. He would hold his hands throughout the sessions and exhibited a nurturing nature, treating the child like his own son. His art pal, in return, would call out his name and spontaneously hug him before and after session.
3. There were occasions where both Residents A and F were not well physically and were in pain, yet both insisted to attend the session just so that they could see their art pals.
4. Resident F’s relationship with her art pal became so strong that when the child saw her outside of the IGEAP program, he would recognise her and run towards her to give her a hug. In turn, she also recognised him and would reciprocate the contact by giving him a hug and kiss.
5. Resident G shared with the art therapist that she used to work in church as a childcare teacher. Therefore, seeing her art pal reminded her of her young students and the days when she worked in church.

LIMITATIONS AND CHALLENGES ENCOUNTERED DURING THE PROGRAMME

1. The IGP team concluded that the Happiness Scale used in the IGEAP may have captured some insight into the moods of the RWD before and after each session, but it does not indicate the extent nor the depth of the relationships established between the children and the RWD. The team agreed that the nature of the relationships established and built between the older and younger generations was a more important indication of the programme's success than a momentary captures of mood status of participants.

For example, the ICC teachers observed that Resident B generally increased his social interaction with his art pal outside the programme proper, most likely due to the meaningful relationship they established during the programme. This is not evident though the Happiness Scale even though his scores after the sessions were consistently 'happy'. During the programme, Resident B was observed to not be participative initially but as the programme progressed, there was a positive shift in his attitude and response towards young his art pal. From being distant at the start, Resident B became friendlier and more comfortable interacting with his art pal. He gave his art pal a nickname since he was unable to pronounce the child's name. In return, the child happily accepted the nickname by responding to it when Resident B called him. Whenever his young art pal introduced him to others in the group, he would introduce Resident B as "everyone, this is my uncle". These words made a very positive impact on Resident B as he would smile widely whenever the child acknowledged him as such publicly. This example highlights that important information can be better gathered from observations rather than a scale.

2. The art therapist, who was the main facilitator and programme designer, conducted all aspects of the programme - planning, execution and data collection and analysis. These multiple roles can lead to subjective biases and therefore the information gathered may not present a completely objective view of the overall programme. It would have been more ideal if collaborators were recruited to carry out different tasks related to the programme.
3. The art therapist did not consider the use of evidence-based assessments such as the Well-being Profiling Tool. She also did not consider using video recording for the sessions as an alternative method to for example, capture the interaction, facial expressions etc. of the RWD and children. Videography could have captured information that could easily have been missed out since she was not only facilitating the sessions but also carrying out observations at the same time. Additionally, there were no assessments or plans to monitor the impact of the programme on the elderly or children post-programme completion to determine if there was a carry-over effect on participants.

CONCLUSIONS

The overall results suggests that a structured expressive arts programme provides a good platform for children and persons with dementia to establish new relationships, which in turn can improve the mood of people with dementia. However, future programmes will require the use of proper assessment and measurement tools to collect objective data and evidence. In light of this, the Well-being profiling Tool and the Dementia Care Map are two assessments considered by the

intergenerational programme planning team. The ICC and AHSD teams plan to continue to improve the design of the IGEAP and embed it within the general programming of the activity calendar of residents at St Joseph's Home.

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