



## ACTIVITIES in CARE HOMES for PEOPLE with DEMENTIA - FACTSHEET

### **Activity is important to us all**

Everyone has an inbuilt need to participate in activity and what we do makes us who we are. Engaging in a balance of self-care, work and play activities is essential to our physical and mental well-being and thereby, our quality of life. People with dementia are no exception - but dementia inevitably affects the ability to 'do'.

### **The high level of inactivity in care homes**

Most busy people would probably admit to sometimes wishing they could just sit and do nothing for a few hours. But imagine the reality in the long term. Sadly this is often the case for care home residents. The high level of inactivity in care homes has been documented since the 1950s and continues today. This is despite the evidence that participating in activity can reduce the levels of depression, challenging behaviour, falls and dependency in care home residents. A recent study assessed daytime activities as an unmet need for 76% of care home residents with dementia (Hancock et al, 2005). Considering that approximately three quarters of care home residents have some degree of memory impairment this level of inactivity is an important problem for care home staff to address. But it must be addressed - not least because the National Minimum Standards for Care Homes for Older People (DoH, 2003) require care homes to provide "opportunities for stimulation through leisure and recreational activities in and outside the home which suit the residents' needs, preferences and capacities". A number of factors influence activity provision - for better or worse, including: residents' abilities, interests and motivation; the physical environment; staffing levels and skills; and the organisational culture. The selection and provision of appropriate and personally meaningful activities requires staff to understand the nature of dementia and how it affects the ability to 'do'. It is however possible to utilise a range of skills and strategies in response to these difficulties.

### **How to select appropriate activities**

The main considerations when selecting and presenting activities are **knowing the person**

and **analysing the activity**. It is vital to 'match' the person's level of ability and interest with a meaningful activity of the correct degree of challenge. Confronting a resident with an activity that they no longer have the ability to complete, or have no interest in, is doomed to fail and can leave both staff and resident feeling defeated and frustrated. Conversely offering an activity that is too easy can be seen as boring, or even patronising.

### **Knowing the person**

There are two aspects to this. Firstly, gather information about the person's life, background, family and social networks, past interests and hobbies. It is not sufficient just to list the individual's hobbies and interests. What was it about the activity that they valued? It might be assumed that because a resident did a lot of dressmaking that she enjoyed needlework. The reality may have been that financial necessity led her to clothe their family in this way. A number of formats can be used to produce a Life History Profile, including: a scrapbook, loose leaf folder, or container such as a shoebox - if personal objects and memorabilia are to be included. Producing such a resource can be a satisfying activity in its own right, often shared with relatives. The information obtained can then inform care staff about the person, thus enabling individualised care to be provided, and personally meaningful activities to be offered. Remember, though to ensure confidentiality of the information.

Secondly, it is important to understand how dementia affects the individual's ability to 'do'. Think about an activity that you thoroughly enjoy doing. Now, try to imagine doing this activity whilst experiencing any of the difficulties associated with dementia, for example; what if you forget (memory loss) the sequence or goal halfway through? What if you cannot communicate with the other participants (language impairment/aphasia). Perhaps you are disorientated in time, place and person; or perceptual problems affect your recognition of colours, shapes, objects - even your ability to use them (agnosia); or you have difficulty learning. Would it matter? Would it affect your ability to participate, or your

enjoyment? The effects of these impairments will differ over time, so consider what stage of dementia the person is at. Remember that a resident may have other conditions that also affect their ability to 'do', for example: arthritis, Parkinson's disease, poor sight or hearing, and these also need to be considered.

### Understanding the activity

Most activities need a combination of skills to perform, so break the activity down into its component parts:

Physical	range of movement, strength, co-ordination, physical endurance, speed
Sensory	enable us to interpret and interact with the world around us: smell, kinaesthetic, touch, sight, hearing, taste
Cognitive	memory, problem solving, logical thought processes, ability to organise oneself and time effectively, communication
Emotional	internal drives & beliefs motivate and enable us to 'do', borne out of culture, life experiences – in turn influence our choice of activities
Social	interaction with other people and the development of relationships influences and motivates our selection of, and participation in, activity.

### Types of activities

It is impossible to be prescriptive about suitable activities. It can be difficult to distinguish precisely the stage a person is at, and activity preference is very individual. However, there are some useful general principles. In the early stages people can still follow the 'rules' and work towards a goal, for example: sports and board games (draughts, Scrabble, bowls and darts), group discussions and quizzes (about topics of interest / relevance); structured crafts (craft kits, knitting from a pattern). As thought processes and language are further impaired, it is difficult to follow such rules. However, familiar routines are retained, as is the ability to use familiar objects, so now offer: music, dance and movement, reminiscence (using objects to prompt), painting and expressive crafts. As the individual's world 'shrinks' further activities need to: stimulate the senses, encourage movement, be rhythmic and repetitive, one-step and simple. Examples include: movement to music, dance, simple games using balls and balloons, folding, dusting, polishing, rummaging (using items with life history relevance, for example: fabric, lace and buttons for a dressmaker), massage and multisensory stimulation, including the use of dolls, soft toys and animals. Ultimately the person's world is only experienced through reflex responses to direct sensory stimulation, and people are unable to 'do' in the traditional sense. At this point, staff need to give of themselves by smiling, holding, rocking and

responding to any movement and vocal noise made by the resident.

Use knowledge of the resident and the ideas above to select and try out an activity. If the first attempt does not succeed, then reflect on the possible reasons and then - try a different activity. Effective activity provision can be challenging, but the benefits to residents' well-being are significant.

### Further reading

Hurtley, R., Wenborn, J. (2005). *The Successful Activity Co-ordinator: A learning resource for activity and care staff.* London, Age Concern England

Perrin, T., May, H. (2000). *Well-being in Dementia: An occupational approach for therapists and carers.* Edinburgh, Churchill Livingstone

Pool, J (2002) *The Pool Activity Level (PAL) Instrument for Occupational Profiling. A practical resource for carers of people with cognitive impairment.* London, Jessica Kingsley

### Organisations

City & Guilds Certificate (6977) in Providing Therapeutic Activities for Older People [www.city-and-guilds.co.uk](http://www.city-and-guilds.co.uk)

NAPA (National Association for Providers of Activities for Older People) [www.napa-web.co.uk](http://www.napa-web.co.uk)

OTOP (College of Occupational Therapists Specialist Section for Older People) Care Homes Network: [www.cot.co.uk](http://www.cot.co.uk), follow the links to OTOP - Care Homes Network

Pets as Therapy (PAT Dogs): [www.petsastherapy.org](http://www.petsastherapy.org)

### References

Hancock, G. A., Woods, R., Challis, D., Orrell, M. (2005) *The needs of older people with dementia in residential care.* International Journal of Geriatric Psychiatry.

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## PSSRU

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The views expressed in this factsheet are those of the author, not necessarily those of the NWDC .

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