

## Research Article

# Engaging People with Dementia in Community Art Activities: The Perspective of Art Collaborators

Azam Bazooband , Helen Courtney-Pratt , Kathleen Doherty , and Laura Tierney 

*Wicking Dementia Research and Education Centre, College of Health and Medicine, University of Tasmania, Hobart, Australia*

Correspondence should be addressed to Azam Bazooband; [azam.bazooband@utas.edu.au](mailto:azam.bazooband@utas.edu.au)

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Community-based arts have the potential to offer multiple benefits to people living with dementia; however, the level of uptake of these activities is unclear. This study sought to examine the perspectives of key stakeholders: the presenting artists and those who are responsible for planning art activities within the context of community to examine opportunities for and barriers to participation of people living with dementia in community-based art activities. Inductive thematic analysis approach of Braun and Clarke (2006) was applied to identify, analyse, and report themes from the semistructured interviews with artists and art planners. Important factors to be taken into account when delivering community-based art activities inclusive of people living with dementia arose under three major themes: perceptions and knowledge of dementia, the inherently inclusive qualities of arts, and practical approaches to delivery of the activity. Both artists and art planners felt that understanding motivations and expectations, effective communication, access, and support for both themselves and people with dementia were crucial factors to create and deliver dementia inclusive arts in the context of community. Both artists and art planners believed that community-based art activities can be inclusive of people living with dementia. Changes in design, delivery mode, communication, and access to the activities might empower this group of people to take part in such activities in the community.

## 1. Background

Dementia is a progressive condition that affects memory, cognition, and communication. People living with dementia may find it more difficult to continue to engage in social activities [1]. However, research studies have shown that engaging in activities socially can improve their cognitive abilities, reduce feelings of isolation and anxiety, and improve their quality of life [2].

Community-based art activities offer new opportunities for social engagement. Through a wide range of creative expressions ranging from painting and sculpture to music, dance, theatre, literature, and cultural engagement, such activities have shown to have a positive effect on determinants of wellbeing in community-dwelling older adults [3]. People attending weekly music activities in community centres, for example, attributed improvements in quality of life to active engagement with music and reported a wide

range of cognitive, social, emotional, and physical benefits [4]. Socially isolated older adults have also found museum-based programs beneficial for social engagement [5]. For people living with dementia, community-based art activities can allow individuals to explore their strengths and boundaries without being constrained by stereotypes or stigma [2]. Community-based art activities are reported to offer many benefits including enhanced quality of life [6], enhanced social interaction, and decreased isolation [7, 8].

Many studies have explored engagement of people living with dementia in art activities that are specifically designed for their needs. Such activities include gallery tours and art classes [9], museum object handling [3], viewing and creative arts [10], artistic educational programs [11], and music and group singing [12]. However, engagement of people living with dementia in community-based art activities that are designed for the general public, supports ongoing interaction with the broader community and potentially offers

additional benefit. For people living with dementia, participatory community-based art activities have the potential to enhance the dignity of the individual, reaffirm a sense of identity, and provide social engagement [13]. However, for those delivering participatory art activities in the community, the inclusion of people living with dementia may be perceived as a challenge and on some occasions, they may be actively excluded [13].

People living with dementia can be perceived as disabled due to changes in their physical functioning [14], and this may impact their potential inclusion in community-based arts activities. For example, people living with Alzheimer's were found to be excluded from museum engagement in one study [15], as it was considered that they would not be physically able to attend. This exclusion highlights one of the many ways dementia impacts access to, engagement in, and enjoyment derived from leisure activities in general [16]. However, as stated in the Building Dementia-Friendly Communities framework [17], offering organised activities that are appropriate for the needs of people living with dementia can help address these challenges [18].

In a survey conducted by Alzheimer's Society in 2013 [18], respondents indicated that they needed more information on what social activities and opportunities were available, as well as more opportunities and support to attend. Access issues, including transit, ease of navigation of outdoor areas and community destinations for those living with dementia, are important considerations to minimise participation challenges for this group [19]. However, it is not only the impact of dementia that may present challenges to inclusion or participation in community-based art activities, and the design and delivery of such activities can also have a significant impact on whether people with dementia feel included and able to participate fully in these activities [2].

Ebert et al. [20] note that the strategies of support and inclusion applied by individuals from all walks of life can have a significant impact on how a person with dementia is able to live as a normal life as possible in the community. That is why art collaborators, such as artists and art planners, can play a crucial role in creating an environment that is welcoming and supportive for people with dementia. Working with a wide range of community members, community art collaborators possess real-life experience of designing or delivering art activities that are intended to provide social connection [21]. The perspectives of art collaborators can inform us of essential variables to consider when planning and implementing community-based art activities that fulfil the needs and interests of individuals living with dementia in an engaging, meaningful, and joyful approach.

In this study, the insights of community art collaborators were sought to explore the factors that might contribute to or hinder engagement of older people living with dementia in community-based art activities. The unique and distinguishing aspect of this study is its focus on an understudied population of community-based art collaborators in

the context of dementia. This study forms an integral part of a doctoral thesis that explored the inclusivity of community-based art activities for individuals living with dementia [22]. The investigation considered the perspectives of both individuals living with dementia [13] as well as the art collaborators. In addition, it involved an examination of the evaluation of participatory community-based art programs suitable for individuals with dementia [23], in addition to an exploration of the online information-seeking behaviour and communication of art activities on the websites of 29 councils in Tasmania.

## 2. Methods

*2.1. Methodological Approach.* An exploratory descriptive approach using qualitative thematic analysis of interviews was employed to explore the enablers or barriers of including older people with dementia in community-based art activities from the perspectives of art collaborators. Qualitative research methods are commonly used by researchers to answer questions about the meaning, perspective, and experiences of people [20]. Generally, qualitative research methods have been defined as a naturalistic and interpretive approach in which the phenomena are explored [24]. This study sought to recruit art collaborators in order to explore the unique perspective of service providers [25].

*2.2. Ethics.* Ethical approval was obtained from the Tasmanian Human Research Ethics Committee (social sciences) on 17 July 2018 (ethics reference: H0018167). The research study was discussed by the researcher with the participants, and signed written consent was obtained from all participants.

*2.3. Recruitment.* One of the major council areas in Tasmania was selected as a recruitment site as it provides community-based art activities inclusive of older people which potentially include those living with dementia. It was a pragmatic choice as it was locally accessible. While there may be situations where research conducted in distant locations is necessary or advantageous, the pragmatic choice of a local area for research offered various practical benefits. These advantages include cost savings, time efficiency, familiarity with the environment, access to local networks and resources, opportunities for long-term engagement, alignment with ethical considerations, and reduced environmental impact [26].

Following ethical approval, the researchers contacted the organisers of community-based art activities in the selected council area as well as a not-for-profit art activity provider via e-mail and invited them to participate in the project using an information sheet and a consent form. The participants were not required to have any specific experience or knowledge about working with people living with dementia; however, they needed to be involved directly in the delivery of participatory community art programs.

The participant pool for this qualitative research study consisted of two groups: artists and art planners, who collectively formed a category referred to as “art collaborators.”

Artists were defined as those who were artists by profession or had general art experience and were actively involved in delivering art activities of any type to participants in the community and within various community settings. The term artist is intended to be inclusive of multiple disciplines and media, including sculpting, acting, dancing, music, textiles, and different forms of craftwork or painting. Art planners were those who oversaw planning, managing, monitoring, assessing, and refining various art activities. Art planners oversee or manage the design (deciding about the types of programs to be delivered), planning (deciding about the venue, timetable, budgets, and other general aspects), and delivery of art activities to a general community.

Qualitative research experts contend that determining the ideal sample size is not straightforward and depends on various epistemological, methodological, and practical factors [27]. According to Sandelowski [28], qualitative sample sizes should be sufficiently large to provide a “new and richly textured understanding” of the phenomenon under investigation, but also small enough to enable “deep, case-oriented analysis” of the data (p. 183). Morse [29] argues that collecting more useable data from each participant reduces the need for a larger sample size. She suggests that researchers consider factors such as the study’s scope and design, the complexity and accessibility of the topic, and the quality of the data.

For the purpose of this research study, the data breadth and depth were ensured through conducting a flexible and open-ended interview. This approach allowed participants the freedom to express their thoughts, experiences, and perspectives in their own words. By adopting this method, the researchers aimed to capture the participants’ insights and nuances related to the subject matter. Participants were encouraged to delve deeply into their experiences, providing rich and detailed information that contributed to the breadth and depth of the data collected.

**2.4. Data Collection.** Face-to-face individual interviews were conducted by the researchers. Interviews were audio-recorded with the consent of the participants, and notes were taken to provide context for the researcher during analysis. An audio recorder device was used to record the interviews. Interviews were guided by an open-ended interview schedule. Each participant attended only one interview session, which lasted an average of 45 minutes and was held either at the university or at their office. Reflecting on the ethical requirement of respect for participants, the interviews were conducted maintaining flexibility, with a recognition that rescheduling or discontinuing the session might be required, if the participants were tired or identified they needed a break. The interviews were recorded, and the recordings were then transcribed verbatim; transcripts were audited by a third party for accuracy. Transcripts were returned to participants on request.

**2.5. Data Analysis.** All personal identifiers were removed to preserve anonymity and each participant was given a unique identifier number (e.g., artist 1–4 and art planner 1–3). Thematic analysis was used to identify, analyse, and report themes using the inductive approach of Braun and Clarke [30]. The NVivo software was employed to support the data analysis, providing robust tools to organise and manage the qualitative data efficiently, thereby enhancing the accuracy and reliability of the thematic analysis. An initial coding framework was developed by the first author who independently identified words and phrases which described the perceptions of participants about the research context. Following that, three authors separately coded subsets of the dataset and compared the results, from which final themes were identified. The participants’ own words were used to illustrate the themes and subthemes. To protect the anonymity of participants, the subthemes that were derived from their own words were anonymised by assigning them with labels rather than using their names or identifying information (artists and art planners). The findings and conclusions were critiqued collaboratively throughout the research process by three authors to achieve a rich interpretation of the meaning and a consensus on the content and explanation of each theme.

### 3. Findings

**3.1. Participant Group.** Seven art collaborators (four artists and three art planners) aged between 34 and 69 were recruited to this study. Additional demographic information, such as gender and education level, was not collected as it was deemed not crucial to the research outcomes. The focus of the study was on the professional perspectives and experiences of the participants, rather than their demographic characteristics, ensuring that the analysis remained centred on the thematic content of their contribution. All participants were involved in providing community-based art activities to the selected council area.

The artists in this study had broad experience of delivering different types of art activities including basket weaving, jewellery making, creative stitching, and music. They delivered activities in various settings including community hubs, community centres, aged care facilities, councils, art centres, and schools. None of the artists in this group had dementia-related education. They had quite extensive experience (between 16 and 21 years) in working with the community and with individuals and groups of various capabilities. Their educational backgrounds span from undergraduate degrees to Master of Arts qualifications.

None of the artists reported being involved in activities that specifically targeted attendance of people living with dementia. Two artists in this study discussed their connection with individuals living with dementia, primarily in relation to their familial relationships. In addition, one of the artists specifically described their direct involvement in working with people living with dementia in an aged care setting. However, there was awareness that the artists had probably been supporting people living with dementia in their community-based sessions. Arts planners recruited to

this study were responsible for planning the art programs run at two centres, one by local government and the other a not-for-profit organisation which designs the projects, seeks facilitators, and promotes the projects to community. Two of the art planners also had experience working as an artist. Art planners did not report any experience of working directly with people living with dementia.

Interviews were structured around the concept of community-based art activities inclusive of people living with dementia. Figure 1 summarises the elements discussed by art collaborators as important factors to be taken into account with respect to including people living with dementia in such activities. For all participants, personal attitudes toward dementia, knowledge of dementia, their experience of the practical delivery of community-based art programs in the community, and their understanding of the innate inclusivity of arts informed their perceptions about the inclusion of people living with dementia in such programs.

**3.2. Personal Attitudes toward Dementia.** Personal attitudes towards dementia were informed by knowledge of the condition, accepting the person beyond the diagnosis, recognition of stigma, and their perceived level of confidence in interacting and communicating effectively.

**3.2.1. Knowledge of Symptoms, Progression, and Capability.** Although participants were not specifically prompted to discuss their understanding of dementia during the interviews, the concept of dementia and its manifestations was spontaneously brought up by all participants. There was an understanding that dementia may present differently in different people:

*“Some people might be living with dementia, but they are very mobile and active and able to dig in the garden or whatever, and some people might be quite frail and limited in their mobility. . .”* (Artist 1).

People living with dementia were commonly characterised as experiencing symptoms affecting memory:

*“Dementia to me has always been a memory thing but I’m not sure if it can be more than that. . .”* (Art planner 1).

*“They just tend to remember things from a long time ago, rather than, more recent things, as I understand it with dementia.”* (Artist 4).

There was also a subtle understanding about the relationship between dementia (as a progressive condition), functionality, and engagement in the activity.

*“but I guess it is how you engage them, depending on what stage of dementia they are at.”* (Artist 3).

**3.2.2. Stigma.** Stigma associated with the condition was also discussed as a factor which should be considered in

including people living with dementia in community-based art activities:

*“Stigma is a concern. . . I might not be able to cope in some way; and that there wouldn’t be a support person there to help with whatever might happen; so, that might be that and that could be a barrier.”* (Artist 3).

Another artist also expanded the discussion on the impacts of stigma and noted his perception was gleaned from his own experience:

*“Yes stigma, having had a mother with dementia living at home before she moved into a nursing home, so I would imagine that is a major barrier [to participation].”* (Artist 2).

**3.2.3. Accepting the Person beyond the Diagnosis.** All participants seemed to be accepting people irrespective of their diagnosis.

*“The same that there are people in wheelchairs, people with diabetes; Look it is not for us to know, we don’t need to know, we are welcoming of everyone into those activities.”* (Art planner2).

**3.2.4. Confidence in Working with People with Dementia.** Based on their limited understanding of dementia, participants expressed a lack of confidence about how to manage particular needs, as well as a lack of “support staff who have dementia knowledge” to help with issues that might arise. One individual stated that:

*“Just thinking about, sometimes people’s behaviour is a bit confronting, and it is probably in our setting just good to have a few people; so, if somebody is a little bit stuck about how to respond or how to manage the situation, there is often somebody who can step in.”* (Artist 1).

The lack of knowledge of dementia and how best to communicate with a person living with the condition was counted as a potential source of anxiety:

*“Not knowing dementia. . . not knowing how to communicate. So, that’s where I like to have the focus. . . . . without that barrier of anxiety around, which I think can be on both sides - if I am behaving appropriately?”* (Artist 1).

The lack of dementia knowledge was also acknowledged by another artist, and general dementia awareness education for the wider community was discussed as a potential solution.

*“One of the main barriers would be that people without dementia don’t know enough about dementia. I imagine there would be fears of carers, as to, you know, who could handle certain things so the lack of information would be*

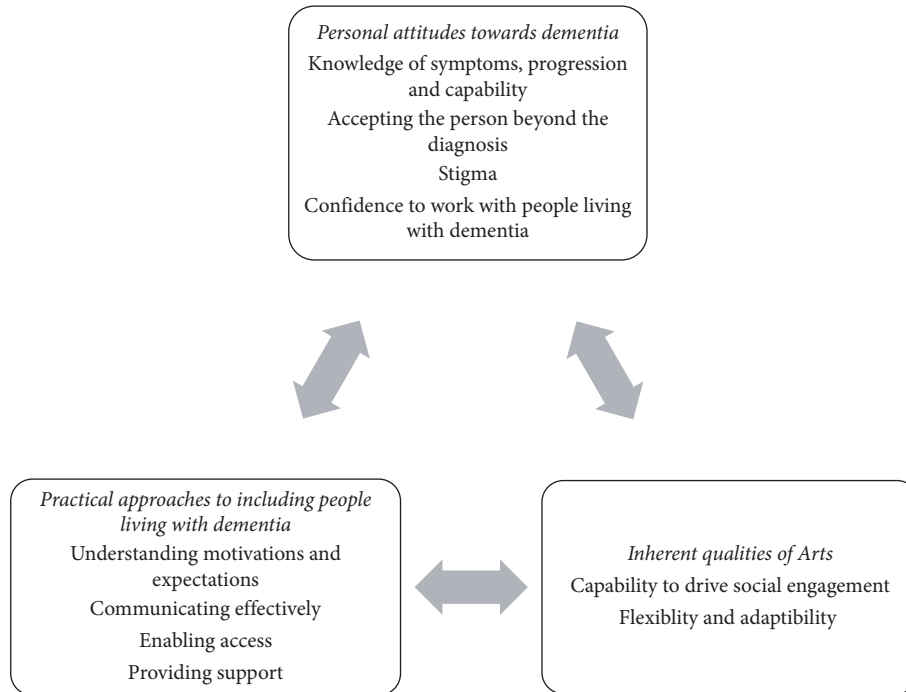


FIGURE 1: Factors to be considered in including people living with dementia in community-based arts.

*certainly a barrier. I mean all over the place the lack of information would be a barrier. How you would provide that information I guess is the tricky thing, do you seek to educate people on dementia, do you do something else?" (Artist 3).*

**3.3. Inherent Qualities of the Arts.** All participants believed that all people (including people living with dementia) could be included in community-based art activities, regardless of their background, age, confidence, or capabilities because of its inherently inclusive qualities. Social engagement was considered an inevitable outcome of community-based art activities, and the creative aspect of art was itself considered to be innately adaptable to circumstances.

*"I do think, art has an ability to speak to people in a very emotional way, that gets some emotional response. But also, people who do not speak the same language, might have a shared response to this that they couldn't share in a conversation. So, it is quite powerful" (Artist 4).*

**3.3.1. Art Fosters Social Engagement.** Artists believed that their art activities were people-oriented, and social engagement which goes with the activity is equally as important as the art activity:

*"... the social aspect of this is just as the important as the actual physical activity that is running." (Artist 2).*

Having an opportunity to connect socially with other participants while actively involved in the art activity was highlighted as a further positive aspect:

*"... actively making something with your hands has a very calming effect, I think, on people. It also gives people an opportunity to connect with others, enjoying doing the same thing." (Artist 4).*

From the standpoint of art planners, it was evident that they recognised the implicit role of social connection within community-based art initiatives. The fostering of community engagement was highlighted as a focus of delivery, with one planner stating:

*"This role - it has changed since I've been here - but it is really about doing the community engagement at grassroots level." (Art planner 3).*

The interconnectedness of community engagement and social connection was also emphasised indicating that these two elements go hand in hand when delivering activities within the community:

*"... we've developed a program with the community ... social connection is really important, and we hope that people come together." (Art planner 2).*

Art was itself situated as the conduit to social engagement:

*“I do think, art has an ability to speak to people in a very emotional way, that gets some emotional response. But also, people who do not speak the same language, might have a shared response to this that they couldn’t share in a conversation. So, it is quite powerful.” (Artist 1).*

Participation in art activities could occur simply by having a chat, being in the space, and there was an acceptance that people may simply enjoy the social interaction in the art session:

*“So, they are in a room with the rest of us and generally what happens is usually we show people how to do something, and they will sit around and do things, and there are just lovely conversations that are had. So random topics come up, and people just join in, and I think that. . . yeah, interesting. I really don’t know if the person with dementia would actually join in or just sit. . .” (Artist 2).*

**3.3.2. Art Can be Adapted to Meet the Needs of Participants.** The artists indicated that the flexible, creative aspects of art also supported inclusiveness. They felt people may participate in any way they wish, and artists would be able to deliver the activity in a way that meets the participants’ needs. One artist described how this occurred and the suitability of his medium (Ukulele) for people with different abilities.

*“ . . . can lend itself, because if people are reasonably capable with the fingers, then they are ok with learning 2 or 3 simple chords.” (Artist 3).*

The ability to be flexible and adaptable was considered an advantage of their programs which might particularly foster the inclusion of people living with dementia. As one interviewee suggested:

*“ . . . I think a lot of the activities that we would offer, could be um. . . simplified, if you like, for people who maybe do have dementia.” (Artist 4).*

Different materials or instruments could be chosen that delivered enjoyment but were not dependent on skill or capability:

*“ . . .there is an instrument called a reverie harp. . . , and all you have to do is, run your fingers or a pen or pencil or anything over the strings and it makes a very nice sound. . .and that sort of instrument can be used with people with dementia.” (Artist 3).*

Overall, the artist’s approach to be flexible in their support for all, including people living with dementia, could be summed up by:

*“ . . .once they are actually there, we would address any barriers that might come up.” (Artist 2).*

Art planners also had trust in the versatility of arts programs to respond to the needs of participants, drawn from experience with other groups:

*“We . . .went to all the different disability groups . . .- and took workshops to them . . . and depending on their ability we matched it.” (Art planner 3).*

In another example, one artist referred to the experience of a participant with dementia in an art session in a community setting and demonstrated how that person was included in the actual activity by personalising the task, further highlighting the capacity of the artist to tailor the approach:

*“ . . . She struggled a little bit with the workshop that we were doing but we could just tailor it a little bit. We’d simplify what she was doing a little and she produced some work at the end of it and she was happy, and we were happy, and her daughter was very happy to have spent that time with her doing something creative. . .” (Artist 4).*

Connecting the innate sense of creativity with the opportunity to express, it was also mediated through community-based art:

*“Another lady, who was there every week. . .she came about four weeks and one day she just picked up the knitting, knitted a perfect square and said, “I surprised myself” . . .she was ready and had the opportunity to participate.” (Artist 1).*

### 3.4. Practical Approaches to Including People Living with Dementia

**3.4.1. Understanding Motivations and Expectations.** Despite a lack of confidence in their knowledge of dementia, participants articulated some strategies for inclusion of people living with dementia in art activities. For instance, this art planner commented that:

*“ . . . thinking about activities that can make the symptoms of the illness be less impactful . . . talk to the carers, to know about what their limits are, and then work around those by offering something that doesn’t impact them in those ways.” (Art planner 1).*

Art planners were highly engaged in fostering art programs that are responsive to community needs; there was an expectation that their programs would be inclusive of a range of individuals and groups.

*“We want the whole city to be a platform for creativity, and it’s not just from one voice, it is a real diverse collection of voices. You, we realize we have a diverse community, and so anywhere from, you know, the aboriginal community, you know. . .the senior community, and of course that’s*

*a big part of people with Alzheimer and dementia.” (Art planner 3).*

All art planners shared examples of how they might support engagement of diverse groups in their arts *“I’m doing the whole suite of programs, that are looking at engaging with that community in different ways” (Art planner 3).*

**3.4.2. Distributing the Information.** From the perspective of artists, disseminating information about the existing or upcoming opportunities was considered a shared responsibility between artists and the providers they were working with. For example, one artist mentioned:

The responses revealed that, regardless of who conveys the information, a diverse array of methods is currently used to disseminate information and reach a wide audience. Artists and art planners reported using various approaches to distribute information including e-mail, mail, fliers, posters, newsletters, Instagram, Facebook, Eventbrite, or using word of mouth. As an example of communicating the information, one artist described a particular newsletter:

*“and “What’s On” . . . which comes out four times a year, so they do on seasonal basis through Council Website; and it’s also hard copy which is mailed out to those who need it, and hard copies are available to pick up at the centre which the artist is working with, just here in their front area, and it’s also emailed out to anybody who is signed up to get it.” (Artist 3).*

There was a sense that once people were engaged with the centre, communication about different events was possible:

*“Once people are engaged, then I can actively source them, and use them if you like.” (Art planner 3).*

However, they also suggested that particular types of distributing the information may be unsuitable for people living with dementia:

*“I think in this day and age, a lot of arts providers will use the internet, will use Facebook, social media, and I don’t know. I assume really that a lot of people with dementia are probably not actively involved in social media and the internet, so that is probably a barrier.” (Artist 4).*

Another art planner also shared awareness that the communication approach they are using does not reach all areas of the community:

*“We also know we only talk to older people who we know. So, how we reach the others - that is an ongoing question. . .*

*we often talk about how you reach the most isolated people? how do you reach them?” (Art planner 2).*

All art planners also reiterated the opinion that sharing information about the existing opportunities with individuals living with dementia in the community could be challenging. For example, one art planner perceived poor communication as a barrier to sharing the existing opportunities to people living with dementia and to enable them to decide whether to attend such programs and reported:

*“Yeah, knowing that those opportunities exist, so right from the beginning. Do they understand what’s available to them? So, making them aware and letting them know about the opportunity and getting them to those opportunities. . . I’m saying if they don’t know about it, that is a barrier.” (Art planner 1).*

In some instances, such information can be accessed by carers, potentially enabling the bridging of the circulating information gap for people living with dementia.

*“. . . even if the person with dementia isn’t on social media or doing anything with social media. Their carers, or people in contact with them, or their neighbours, or whatever, may well be on social media so you get it to them that way.” (Artist 3).*

Limited resources were considered a barrier to reach a broader range of community groups:

*“Because [working] on three days a week, I don’t have time to go out and as a very niche part of my role to go and select community members. All we can do, is make it as public as possible and let them to know about what we do, and then It’s up to the community to come in and participate.” (Art planner 3).*

One of the artists suggested actively targeting dementia-dedicated groups to spread the information. She commented:

Opportunities to leverage and partner with other organisations were also considered:

*“. . .make these connections with the support organisations to get those people here. . . eventually, it is going to a partnership with (dementia support organisation).” (Art planner 1).*

**3.4.3. Enabling Access.** Preconceptions about the needs of people with dementia were expressed, and it was presumed that people living with dementia might require greater support to access art activities:

*“If they are at the level, where there is some impairment of some sort of functioning, then presumably, they would be needing some sort of support in that area. Whether it be transport, whether it be communication, or dealing with their affairs or whatever that might be.” (Artist 3).*

Participation of people living with dementia was also considered by another artist to rely on their carers' ability to bring them to the activity and provide transport.

*“... I think they're probably relying on carers to bring them along or family members to bring them along...” (Artist 4).*

While one of the art planners agreed transport as an issue for people living with dementia, another art planner suggested:

*“Transport is (an) issue for everyone.” (Art Planner 2).*

**3.4.4. Providing Support.** Participants acknowledged that all people approach activities differently and have varying needs and capacities, regardless of their background or condition. Adjusting to the environment, and what to expect, was suggested by one of the artists to impact participants' engagement. As one artist commented about participants living with dementia:

*“Sometimes when people arrive, they are a bit anxious. Even if they've been in before they might not remember that space and they might be a little bit unsure what is going to happen.” (Artist 5).*

A further participant reflected with empathy on the different capacities of those attending:

*“I guess, if I was to be in that situation and I had, I was with this lady, we go through what we are doing, show people how to do it, and get people started... a lot of people do find things difficult.” (Artist 2).*

Switching to more manageable tasks was considered as an adjustment to help participants with impaired capabilities feel that they are still able to do artistic tasks. As one artist commented:

*“... Because they used to be so good... or their ability of their hands, and losing their capacity to follow the pattern, or remember how to do things. But the basket weaving type, or the fibre work is more chunky and manageable.” (Artist 1).*

Another strategy to incorporate people's needs suggested by one of the artists was providing an individually focussed approach. She commented:

*“So, I think, one on one time, patience, clear instructions, hearing what the person is saying too, and assisting them to make some decisions.” (Artist 2).*

## 4. Discussion

This study sought the perspectives of art collaborators (artists and art planners) about the inclusion of people living with dementia in community-based art activities. A key finding to emerge was the firm belief in the inclusive essence of art which, with sufficient knowledge, adaptation and support allow people of all capabilities to participate, experience, and engage socially. This supports previous work showing that community-based art activities can accommodate the needs of participants (regardless of their dementia diagnosis) to deliver increased enjoyment, socialisation, and respite [2, 9].

Improved dementia awareness is essential for artists who are working in the community to become more confident in working with and including people living with dementia in art activities. The combination of artistic skills and understanding of dementia can assist in focusing on the participants' strengths [31, 32]. Considering the crucial function of the facilitator (artists), having a basic understanding of dementia can support the participation of people living with dementia in community-based art activities [3]. Raising awareness and education across all societal sectors has been known to minimise stigma and enable social inclusion [33]. Reported benefits of dementia education for the general public include attitude change, enhanced ability to effectively interact and communicate with individuals, improved community inclusiveness, and intersectoral collaboration to support people. [34].

Enhanced dementia knowledge in art collaborators may support them to understand dementia, associated symptoms, and needs and may broaden their perspective toward possibilities of including people living with dementia in community-based arts rather than dementia-dedicated art activities. This may involve understanding how to convey artistic concepts and instructions in an accessible manner, fostering a supportive and inclusive environment that encourages creative expression among individuals with dementia.

Collaboration with diverse community stakeholders maximises independence and creates supportive, inclusive, and enabling environments as demonstrated by both dementia-friendly and age-friendly initiatives [35, 36]. There is a room for progress in cooperation between organisations, and in information sharing about the available services/programs, to allow better service provision for people with dementia [36]; however, resource constraints and capacity to develop relationships were cited by the participants in this study as barriers and have been recognised in the past [7].

Art collaborators emphasised the inherent inclusiveness and adaptability of art activities as a key to include people with dementia in their activities. This perspective broadly supports the work of other studies in community-based arts activities for people with different capabilities. For example, in a community-based theatre for adults with psychiatric disabilities, written pieces with different forms can save participants from memorizing long dialogues or monologues [37]. Other studies also identified the importance of balancing the needs of the individual with the needs of the group to improve participation [38, 39].



Encouraging community leaders to be accountable, to ensure that as many people as possible are informed and are given the opportunity to participate, is among the key features of community development and enhanced community engagement [40, 41]. Keeping people informed of the existing or upcoming opportunities is considered to be the lowest rung in engaging the community, necessary, but not sufficient to constitute full community engagement [42]. A survey conducted by Alzheimer's Society in 2013 [18] demonstrated that respondents with dementia were very clear on identifying that they need more information on which social activities and opportunities are available and that information should be readily available to help people living with dementia make decisions about their day-to-day life and the activities they engage in.

Art collaborators acknowledged that people living with dementia may need support to access art activities. Transport is a critical part of the independence and quality of life of older adults, and this is relevant and true for people living with dementia as well [43]. Having access to transportation, for example, was considered by people living with dementia and their carers among many attributors to live better lives in their community, to be connected and engaged with the community and social life [44]. Access is also a key element of inclusive (social) citizenship for disabled people including people living with dementia [45] and various service providers including but not limited to local community hubs and transport services have a role to play in assisting people in their quest to avoid isolation and the risk of loneliness [46].

All artists believed that people living with dementia are able to join in art activities, either by doing the actual art activities or through the social interaction in the activity group, which accords with a person-centred approach that focuses on individuals' needs and values and respects the individual, meeting their needs and empowering them to take part or have fun in a welcoming environment [2, 9].

Considering shared tasks, providing participants with reminders before beginning the activity, giving clear instructions, and having other choices available for participants were among the suggested ways to tailor activities to the needs of participants. The suggested techniques have been utilised in the past by researchers to meet the needs of people living with dementia during community-based art activities in their studies. For example, incorporating participants' hobbies and interests [10, 32] and ensuring that themes, topics, and resources were biographically appropriate and relevant to the participants [32].

## 5. Implications for Practice

In order to create dementia inclusive community-based art activities, efforts are needed to ensure that art collaborators have access to general dementia education and feel confident to include people living with dementia in community-based art activities. Dementia knowledge may be provided to the artists through professional organisations or members of research teams [7]. Such education might result in greater intensity of engagement during the activities [32]. There is

a need for further research in this area to refine the focus required in dementia education for art collaborators who are working in the community.

Secondly, information sharing approaches (online and non-online) need to be revised in terms of content and delivery mode to enable better access for people living with dementia in the community to information about existing opportunities. Thirdly, art activities should be accessible for people living with dementia in the community. This may happen by meeting the transport needs of people living with dementia, implementing social prescribing schemes, or ensuring the proximity of the activities to where people live. Fourthly, supports need to be available while people living with dementia attend community-based art activities. This once more calls for a dementia awareness education, not only for art collaborators but also for the community to enable a dementia inclusive environment, where people living with dementia are welcomed, can disclose their diagnosis if they choose to do so, and activities are tailored to their needs. Further implications for policies and practices may include addressing the challenges associated with the costs of the activities. In practice, there may also be a need for incorporating inputs from participants living with dementia to improve the outcomes of community-based art activities.

## 6. Limitations

The scope of this study was limited in terms of the small number of participants; however, themes were consistent across the group. The structure of the interviews included open-ended questions to produce richer data. However, still, the results may be reflective of the experience of these participants within the local setting and may not be transferrable to other settings. A particular limitation was that this study did not actively seek the insights of artists and art planners who were already working with people living with dementia; this would have added depth to the findings through being able to explore the experience.

This study is limited by the lack of information from different stakeholders as well as artists and art planners. Dementia organisations, for example, could have provided deeper insight into challenges that may be involved with communicating the opportunities to people living with dementia. Such organisations may have been able to provide suggestions to overcome challenges in including people living with dementia in community-based art activities.

## 7. Conclusion

The aim of the study was to examine the art collaborators' (artists and art planners) perspective about enablers and challenges of including people living with dementia in community-based art activities. The most obvious finding to emerge from this study is that from the viewpoint of both groups of participants, the flexible nature of art will make art activities inclusive of different people with a range of capabilities, which applies to people living with dementia as well. Including people living with dementia may present some challenges in community-based art activities, but once

they attend the activity in the community, their individual needs can be accommodated. Through improving knowledge and confidence, applying practical strategies/tactics, and by relying on the inclusivity of arts, their needs can be addressed, and they will be able to join the activity and enjoy their experience.

Overall, this study strengthens the idea that community-based art activities can be inclusive of people living with dementia. Slight changes in design, delivery mode, disseminating information, and access to the activities might empower this group to participate more fully in such activities in the community. The findings reported here shed new light on the need for more attention to consider people living with dementia as potential attendees in community-based art activities when planning and delivering such programs. This approach will prove useful in expanding our understanding of how to make art activities more dementia inclusive. While the study may have benefited from additional perspectives, our research process has broadly called our participants' attention to the subject. These interviews may have challenged participants and made them more curious about those who attended art activities in the community.

### Data Availability

We acknowledge that access to data is essential for replication, verification, and extension of research findings. The data and materials that support the findings of this study will be made available upon request. Please contact the first author for further information regarding data availability.

### Conflicts of Interest

The authors declare that there are no conflicts of interest.

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