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RESEARCH ARTICLE

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Implementation of an Arts at Home program for people living with dementia: Learnings from key stakeholders

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Abstract

Issue Addressed: This study explores experiences of people with dementia and family carers who participated in an Arts on Prescription at Home (AoP@Home) program, artists who delivered the AoP@Home program and the managers who coordinated the AoP@Home programs.

Methods: Semi structured interviews were conducted with the three stakeholder groups to explore experiences around implementation of AoP@Home. Interview questions were specific to each stakeholder group, and designed to capture the varied experiences around coordinating, delivering and participating in AoP@Home programs when delivered as a standard service offering. Qualitative content analysis was applied to evaluate the transcripts.

Results: A total of 13 stakeholders participated in interviews: four people living with dementia and four family carers, three artists and two AoP program managers. Three overarching themes emerged across the stakeholder groups: 'what worked well', 'challenges' and 'moving forward'.

Conclusions: AoP@Home has potential as an important offering for community-dwelling people with dementia who may no longer be able to access group-based community programs. As AoP@Home is expanded, ongoing implementation monitoring and quality improvement will be essential to ensure maximal applicability of the program across the community aged care sector.

So What? The implementation of a new AoP@home service has been examined, and finds consumer satisfaction (person with dementia and their carer), and support from staff (artists and program managers). The novel nature of the service, however, requires considerable work to educate service referrers about the service and its benefits.

KEYWORDS
arts programs, dementia, implementation, informal carers, service development

1 | INTRODUCTION

Dementia is a leading cause of burden of disease in Australia, impacting the health and quality of life of the person with dementia and their family supporters.[1] With no cure yet available, and the majority of people with dementia living in the community supported by family,[2,3] access to life-enhancing services within this setting is imperative.

The benefit of arts-based interventions for wellbeing and quality of life in people living with dementia has been recognised.[4] For people with dementia living in the community, participatory arts in particular has been reported to have a positive impact on overall health and wellbeing.[5] Participatory arts involve a professional artist actively engaging people in art-making. In contrast to art therapy where the aim is around promoting psychological outcomes, participatory arts are ultimately focussed on engagement in the art-making process.[6] Arts on prescription (AoP) is one program where participatory arts are 'prescribed' alongside other reabling allied health interventions.[7,8] The personalised nature of AoP and AoP@Home whereby programs are tailored in collaboration with clients, means that program outcomes are intended to address client-identified goals and interests, and therefore may vary across programs. For example, one client engaging in a visual arts program may be interested in socialisation and social support alongside their art skills development, while another client participating in a creative movement and dance program may also be interested in supporting their health and wellbeing.[9]

AoP@Home is a new model of AoP where the professional artist attends the client's home to engage them (the client and their family supporters) in an eight week program.[10] AoP@Home was designed to address the barriers that people with dementia may experience around accessing community-based group programs as dementia progresses.[11] While AoP@Home was recently piloted, showing positive outcomes for both members of the dyad (person with dementia and family supporter),[10] this was conducted in a research setting, and knowledge around sustainable implementation of AoP@Home as a standard offering within a broader community aged care service provider remained lacking. To address this gap, an implementation feasibility study was undertaken to evaluate the implementation and program outcomes from delivering AoP@Home as a standard service offering within a real-world community aged care context.[9]

Therefore, the current paper forms part of a body of work that seeks to understand how a new arts program (AoP@Home) can be implemented within an existing community aged care service provider within the broader aged care system. After the potential positive benefits from AoP@Home were highlighted in a pilot study[10] within a research setting, the barriers and enablers to implementing AoP@Home within a real-world context were explored.[12] The identified barriers and enablers (which involved awareness and engagement of the sector and people impacted by dementia, practicalities of implementation, and the artists delivering the programs) were applied to the implementation strategy piloted in the current study. While the main results from this implementation feasibility study are reported elsewhere,[9] briefly, in terms of program outcomes, people with dementia who participated in the program reported improved health and wellbeing scores, and carer wellbeing scores improved from baseline to post-program. Regarding implementation outcomes, AoP@Home program delivery was feasible using government funding mechanisms, but limitations existed in how many referrals could be converted into delivered programs during the study period due to challenges around appropriately linking the largely casual artist workforce with client preferences around art modality across the broad geographical areas of Sydney.[9] The current paper builds on these findings, reporting on outcomes from a series of interviews conducted with key stakeholders involved in the implementation of AoP@Home within an existing community aged care service provider. Capturing these stakeholder experiences is an important component to ensuring holistic evaluation of this novel service to inform and refine future implementation efforts around AoP@Home[13] as a new service offering within a broader community aged care system context. The aim of this evaluation is therefore, to explore experiences of people with dementia and family carers who participated in an AoP@Home program, artists who delivered the AoP@Home program and the managers who coordinated the AoP@Home programs.

2 | METHODS

2.1 | Design and setting

This study formed part of a larger project investigating implementation of AoP@Home for people with dementia within an existing community aged care service provider, the methodology of which is described in detail elsewhere.[9] In brief, a hybrid effectiveness implementation feasibility study[14] was undertaken to evaluate the implementation process and explore program outcomes from the delivery of AoP@Home for people with dementia and their family carers living in the community. The implementation process was guided by the Consolidated Framework for Implementation Research (CFIR[15]). Effectively engaging with the varied levels of stakeholders within an implementation project is important for refining the implementation process and supporting sustainability of program implementation.[16–18] Therefore, to supplement outcomes reported from the broader AoP@Home implementation project (reported elsewhere),[9] the current study reports a qualitative exploration of the experiences of key stakeholders involved in the implementation of AoP@Home, using qualitative content analysis of interview data that was collected during the feasibility study.

The study was undertaken at an existing community aged care service provider in Sydney, Australia which provides (among other services) home care services to community-dwelling older people through service teams comprising trained aged care workers, supervised by care (service and clinical) managers. The provider also has a parallel multidisciplinary allied health service which includes occupational therapists, physiotherapists, exercise physiologists and artists. The artists in the allied health service provide an established AoP group-based program. In Australia, community aged care services are largely delivered under government subsidised packages and

programs whereby a person is assessed for level of need and assigned either a program of individual services[19] or package of funding support[20] to use towards care and other services.[21] People can access AoP as an individual service, or as part of their care package. Care managers or health care professionals may recommend AoP. Older people not in receipt of eligible funding for AoP can be referred for a needs assessment through the government-run assessment portal.

In the current study, AoP@Home was delivered by specially trained artists, under the broader AoP program which is part of the multidisciplinary allied health service offered by the community service provider. AoP@Home artists were managed by the AoP program managers who were also trained artists. Once the AoP program managers received a referral, they implemented a triage process to determine whether the referred client would be suitable for an AoP group program or an AoP@Home program. This process considered factors such as whether the carer would be able to support the person with dementia's participation in the program, whether the person with dementia had complex behaviour that might impact their ability to participate, and whether there was an artist available in the client's area with expertise in the client's preferred art modality.[9]

2.2 | Intervention

The AoP@Home program was delivered by professional artists who had received the general training for the AoP program,[7,8] as well as specific training in AoP@Home and in working with people living with dementia.[10] Each artist on the team was an expert in their own art modality (e.g., creative movement and dance, visual arts, music and dramatic arts), and able to deliver a program in specific regions of Greater Sydney based on their own locality. An important part of the triage process undertaken by AoP program managers once they received a referral was to match the client to an artist according to the client's preferred art modality and geographical location. Therefore, if a client preferred a specific art modality but there was no artist with the relevant expertise within that client's geographical area, the client was offered the option of trialling a different art modality or being placed on a waiting list in the hope that a new artist from their geographical area with the desired expertise might join the team in the future. Once participants were enrolled in the AoP@Home program, they were visited in their home by a professional artist for eight weekly sessions. The participatory art sessions followed three phases that involved identifying creative interests, participating in art-making and concluding with reflection and celebration of the process.[9]

2.3 | Participants

Three key stakeholder groups involved in the implementation of AoP@Home during the study period were invited to participate in the evaluation: (1) all client dyads (person with dementia and family carer) who completed an AoP@Home program between November 2021 and September 2022; (2) AoP@Home artists who had delivered a complete AoP@Home program and (3) AoP program managers who had been involved in coordinating AoP@Home programs. Ethics approval was received from the University of New South Wales Human Research Ethics Committee (HC210033). Written informed consent was received from all participants, except where a person with dementia was deemed not to have capacity to provide their own consent (via referral information at service admission); in this instance, an appropriate person responsible was required to provide proxy informed consent and support the person's participation in the research. Each person with dementia and their family carer participated in the interview together in their dyad; interviews with staff were one-to-one with the researcher.

2.4 | Data collection

During this project, semi-structured interviews with the three key stakeholder groups to explore experiences around the implementation of AoP@Home were conducted by experienced qualitative researchers (first author, fourth author) who had not been involved with AoP@Home program delivery. Interviews with participant dyads (mean duration 26 min) were conducted in-person at the client's home after the conclusion of their AoP@Home program. Interviews with artists (mean duration 26 min) were conducted once they had completed at least one full AoP@Home program during the study period, and interviews with AoP program managers (mean duration 34 min) were completed once recruitment was complete; these were conducted either in-person or via video-conferencing technology (i.e., Microsoft Teams). Interview questions were based on those trialled in the original pilot of AoP@Home[10] and refined by the current research team which included an artist participant who was also involved as a research partner. Questions were designed to be specific to each stakeholder group, and to capture the varied experiences around coordinating, delivering and participating in AoP@Home programs when delivered as a standard service offering (the interview schedules for each participant group are included in Appendix A). During the interviews, interviewers clarified any ambiguous responses via further questions. Artists who were employed on a casual basis were financially compensated for their time participating in the interview at their usual hourly rate. No other participants were financially compensated for participating in the interviews.

2.5 | Data analysis

Interviews were audio-recorded and transcribed verbatim by an external transcription company; transcripts were checked against the audio recordings to clarify where necessary. The first author initially read all the transcripts for data familiarisation and the noting of initial ideas. A detailed, step-by-step process of qualitative content analysis was then undertaken where transcripts were summarised, coded and refined into preliminary themes.[22] A subset of interviews ($n = 3$; 33%) were independently audited by the fourth author, with codes and themes discussed and any disparities resolved through in-depth discussion. The three stakeholder groups were initially analysed separately using

this process. The whole dataset (dyad, artist and AoP program manager transcripts) was then analysed and organised into the final themes presented below. Themes are illustrated using verbatim de-identified quotes, annotated according to stakeholder role (person with dementia—D, carer—C, artist—A, AoP program manager—Mx) and participant number.

3 | RESULTS

A total of 13 stakeholders participated in interviews: four people living with dementia and four family carers (i.e., four dyads), three artists and two AoP program managers. An overview of participant demographics is provided in Table 1 (further demographic details are published elsewhere[9]). Three overarching themes emerged that are presented below according to specific stakeholder group: 'what worked well' (Table 2), 'challenges' (Table 3), 'moving forward' (Table 4).

3.1 | Client dyad interviews

3.1.1 | What worked well

Clients reported several aspects of the AoP@Home program that they felt worked well (refer to Table 2). The supportive nature of the artist and how they were able to promote engagement with the program by the person with dementia was discussed broadly by both family carers and people with dementia. Carers also discussed the positive way in which the artists facilitated the program, and the way the program and sessions were planned. Family carers commented on 'the fact that they bring everything to the house like we didn't have to buy anything' (C1) and the benefits of having tangible outcomes from the arts program so the person with dementia has 'got something to show' (C4).

Social interaction with the artist was another positive aspect discussed by the dyads in relation to the AoP@Home program. One carer also discussed the benefits felt through shared engagement in the arts alongside her mother with dementia: 'it was still good to be there with her…a shared experience' (C2). Being in the home was raised as an important quality of the program that was enjoyed by both carers and people living with dementia, and this format also facilitated one-to-one engagement with the artist, which was seen as superior to group-based settings. In addition, the one-to-one approach in the home facilitated flexibility in tailoring each program to suit the client.

Finally, participants discussed how the program was valuable in terms of generating active engagement from the person with dementia, which was viewed positively by both family carers and people with dementia. For example, when asked about the best part of the AoP@Home sessions, one participant with dementia commented that the program prompted him to put in an effort: 'I don't know just the trying of it' (D1). When asked the same question, a carer responded, 'How proud she [mother with dementia] is of what she's produced, that's probably the best thing about the program' (C4).

TABLE 1 Participant demographics.

Program participants
Person with dementia ($n = 4$) Age (years range): 81–90
Family carer ($n = 4$) Age (years range): 56–88
Arts program modality • Visual arts: $n = 3$ • Creative movement and dance: $n = 1$
AoP@Home team
Artists ($n = 3$) • Visual artists: $n = 2$ • Creative movement and dance: $n = 1$
Managers ($n = 2$)

3.1.2 | Challenges around participating

When asked whether there were any problems that arose as a result of participating in the AoP@Home program, all dyads reported that there were no issues, making comments such as 'No, no problems. It ran like clockwork really' (C2), and 'No, not really. No, not at all … You want me to be more critical, and I don't know if I can be' (C3). Refer to Table 3 for further details.

However, when asked about any challenges around participating in the program, one carer identified the challenge of facilitating the engagement of her mother in the program, while others commented on the need to get their care recipient ready for the sessions. When asked how the program could have been improved, carers commented that they wanted more program, both in session length and program length (see also Table 4).

3.1.3 | Plans for future artistic endeavours

At the time of the interviews, which were conducted post-program, a number of participants were continuing to engage with their respective art forms.

> She [the artist] said this is a set of paints. So I will use those until they wear out and [I'll go and] get some more. I saw them all and I'm using them … still use them … that painting isn't finished everywhere but just touching it up a little bit (D1)

> I mean we play music regularly, like absolutely—and it is the one thing that can get her going, yeah. So I would rather put on some Greek music and chase her around the table than do the exercises sometimes, because exercise is so tedious … Yeah, yeah, she loves it, and she sings with gusto, I mean really loudly (C3)

TABLE 2 'What worked well'—Subthemes identified across stakeholder groups with illustrative quotes.

Subthemes		
Client dyads	**Program managers**	**Artists**
Artist's facilitation of program and skills in promoting engagement; supportive nature of artist 'What was the best thing? [The artist] was the best thing. Yeah, she's just a very intuitive, good person, knew how to handle my mum.' C3 'She was always there to help you and to do it for you. Because that is the challenge, is if it doesn't get done you just lose interest. You can't get interested in something that looks like a bag of [poop]' D1 'Yeah, like she was very organised. She knew exactly what she wanted to do… I think she realised what he could do mentally and she worked to that program.' C1 'The variety of art involved and the surprise of what was going to be coming each week was … it was wonderful that there were so many different mediums that we were using and how innovative she was in getting us to do a variety of art…very creative, yeah.' C2 'you know having someone dance with someone and completely communicate with you through music, is a really very different and much more direct way, I think, to communicate—certainly for my mum… in my mum's case, she just can't be bothered. Like I have to tease stuff out of her, she's quite happy just to not be involved. So you need something more than words' C3	Experienced artists and program manager 'I think the expertise of [program manager] has been … so valuable. So having somebody who very much is at the forefront of arts and dementia who has that expertise has worked incredibly well having her be the person who has driven this program on the ground. That has been a massive advantage and has been very valuable for the service and the other artists as well who … because of their prior training in Arts on Prescription they have already touched on this and many of them have already delivered services to people living with dementia. So it was not a long stretch to be able to train them and to have them understand this specific service.' Mx1	Person-centred interactions with clients 'I found that one-on-one work was much more beneficial for the person. I mean the groupwork is also beneficial, but I think the one-on-one is much more to the heart and the core of the person with dementia. Because I can individualise the program so much more to whomever I'm working with.' A1
Flexibility in approach 'the way it's put together when they come, it's quite good because it suits me quite well.' D2 'Yeah, the timing was good, the evening…Very flexible with what time of day to turn up, because…obviously we have a certain routine in the morning. So yeah, very flexible with the time, which is good' C2 'The flexibility, you know the tailoring to the person. The fact that she found out what my mother liked, what music she liked and what she connected with—it was just quick and immediate. So yeah, I think the fact that clearly there's a tailoring aspect to what you guys do, like you're listening, you find out about the person, and you come prepared—I thought that was pretty awesome.' C3	Being part of broader community aged care service provider	Flexibility in program delivery 'I think you have to be extremely … versatile, to be able to change gears straightaway and go down another pathway, just like this is totally not working, let's just do something completely different. Just be able to just change on the spot and have—and pull something else out of your hat.' A1
Program and session planning 'Well I had a really long conversation with her [arts coordinator] before it started, and so clearly she was able to brief [artist] really—or she identified [artist] as a good fit. She must have given her a lot of information about my mum. So she [the artist]	Integration of the AoP@Home team with multidisciplinary allied health team 'us being part of Allied Health, that has definitely worked well. Because we've got referrals from exercise physiologists … They will	Pictorial record of client's journey in the program 'What was very, very valuable, and I think it should be part of what we offer as a standard, and that is some sort of pictorial record of the journey … it's very impacting for them … for me to have presented the folder to her [client with dementia], and for us to

(Continues)

TABLE 2 (Continued)

Subthemes		
Client dyads	**Program managers**	**Artists**
just hit the ground running; she just came in and knew exactly what to do. So it was really very well organised, thoughtful, all of those things, yeah.' C3	go out and say, I just saw [a client] the other day and while I was—she talked about her love of dance when she was younger.' Mx2	have gone through the journey together, and it's something that stays with her, she thoroughly enjoyed that … it's hugely, hugely enriching to the process. I really think it's core with our—with the clients and their dementia' A2
Being in the home 'It's quite nice to have it in here with us, we don't mind that, do we?' D1 Social interaction 'I'd say, not answering for him, I would say the interaction. It was good. [D1: Yeah, she's a lovely lady.] She understood him and they had good conversations. [D1: Yeah, she knew what I was on about and yeah it was great.]' C1 'Not just only that [the art], but it's just—just to sit in there chatting, it's doing something, something that they may not normally do……which broadens the scope a bit more.' D2 'Yeah, because mum used to be very sociable and that's kind of all dropped away, so it's good to have someone else other than myself to interact with.' C2 Shared engagement between dyad 'I liked that we managed to get something done together. Our little patchwork square there, we did that together…Yeah, so we went through the journey together in choosing what pattern, then choosing what colours and then what paint.' C2 One-to-one engagement with artist 'in a group setting, you wouldn't get the one-on-one, so would you get the same outcome? Question mark, so I don't know… But the one-on-one at home, because of the pandemic, and I suppose even if there was no pandemic, that was good. At least it gave her—gave her something. She doesn't want to go out … There are a lot of excuses. This at home was really good' C4 Active engagement from people with dementia 'What's the best part? Oh, it's just…exhilarating really and the after result of the program, what you had to think about to put together, yeah, it's a thought inspiring situation to be in actually, because you think and plan. You design, all of those things, yeah.' D2	Being in the client's home 'So having a program such as this designed for a home environment I think that's just worked so well in terms of extended care for [the client] or an ongoing routine, which I think is very key to restorative care … we can kind of hand over resources or experiences to their networks.' Mx2	Being in the home 'that worked really well because she was—it's a very familiar space to her. It's her home … she was very relaxed in the space. Very familiar. So I think the home environment for that worked very well' A2

TABLE 3 'Challenges''—subthemes identified across stakeholder groups with illustrative quotes.

Subthemes		
Client dyads	**Program managers**	**Artists**
No issues	COVID-19	No obstacles
Generating engagement in PWD 'Yeah, as you can see you need to try—you need to get her in the mood, you need to get her there, you need to communicate—that's the challenge. But as I say, [artist] did it really well.' C3	Small size of service 'The other challenges that we face I think in terms of implementing a new service is the alignment of an artist and their skill set, of the client and what they're hoping to—what their interests are and geography, so the location … Sometimes we haven't overcome it. We've had to say, no, we can't provide that service at this stage. We don't have that person. We don't have a musician who could do that in that area.' Mx1 'the challenges of only having casual artists and only having them in certain areas…So even if we did receive a referral, if we didn't have an artist that was available in that area…' Mx2	Home environment (physical and social) 'So I would say about the space; I think there are aspects that are very important, and they could be compromised … like lighting, furniture … those could be obstacles' A2 'In [the client's] home there was a lot of noise and a lot of behaviour from her family that I felt wasn't supportive to someone with dementia. So lots of loud noises, television on in the environment … Lots of shouting. Lots of 'don't you remember this?' … sometimes they would shout at her to concentrate or to get back to work or to remember me and I actually felt like that is more disruptive to [the client's] experience than helpful.' A3
Getting PWD ready for the sessions 'The only challenging thing was getting her organised to be ready because…She doesn't remember from week to week. It's like push, push, push. That's the same if we have an appointment, a doctor's appointment, or anything like that, it's like, push, push, push.' C4	Communicating the service to all stakeholders 'it's still very new for a lot of the clients, they still don't completely understand what it's like to have an artist come and visit them in the home. Particularly if their loved one might be living with dementia and maybe experiencing so many different challenges with what that might be for them. The idea of having an artist come in, if they don't really understand it requires quite a lot from the coordinator to ease them into understanding what that might be like.' Mx2 'one of the challenges I guess we have, is communication and being able to communicate what the program is and being able to communicate that to home care managers to help them to understand the nature of the program.' Mx1 'just a really big, huge turnover of staff, which has been—it's been really hard to make those networks within the organisation of [aged care provider] to help us to reach the people that we need to reach, the clients.' Mx2	Engaging with family (e.g., family expectations around arts program, relationship between family and PWD, family seeking to have own needs addressed) 'I had this one lady who switches between her two daughters, like two weeks she's [with] one daughter and the other two weeks with the other, and I found that the dynamic in both houses are very different … one household where the daughter's more engaged, the person with dementia would dance 100 per cent of the time. In the other household where the daughter is not so engaged, she will probably dance—like she would dance on her feet 60 per cent of the time, and the other 40 per cent she'd be in her chair. So these are very different two environments.' A1 'there were times when … we were interrupted when we were in a state of flow, myself and [the client with dementia], by family members needing to offload their own experience or have someone to talk to.' A3 'One of the better ways to overcome that [family interruptions] was to share in the success of [client with dementia's] achievements with family because … when they were able to see the benefit and how good it was making [client with dementia] feel they were a bit more—maybe supportive of the experience and sessions.' A3
	Obtaining referrals 'it's when we were able to offer a program to a client … then that could then be reported back to the team and then it would be like, oh wow, actually my client would really benefit from a program like this. It's sort of them understanding what it was, that it wasn't just this, oh, I've heard about something called Arts on Prescription at Home, I don't know what that means though. Being able to be like, well, actually a dancer went and visited [my client] for this period of time and she really enjoyed it, this is what she got out of it.' Mx2	Working with PWD, e.g., documentation, fatigue 'I think one challenge is when they tired, because my program is very active because we dance the whole time. So when they get tired, so I make sure that there's a chair ready and that I will always make them comfortable that when they need to sit down, or get puffed out, that it is completely fine to go and sit down, have a drink, have a bit of water and catch your breath. Then we go again.' A1

TABLE 4 'Moving forward'—subthemes identified across stakeholder groups with illustrative quotes.

Subthemes		
Client dyads	**Program managers**	**Artists**
'How could AoP@Home be improved'	**'Suggested changes'**	**'Advice to new artists'**
More sessions, longer sessions 'like an hour and a half I thought it could have been the two hours. It was—it just seemed to be a little bit too short and [de-identified] generally did a little bit longer.' C1 'Oh gosh, [could have had another one]…Yeah, eight weeks just seemed to come really quickly…It's like oh, is this our last class? It's like oh, we're not going to see [artist] again, yeah, so…More time, yeah.' C2	Wide communication about program: increased advertising, promotion, education	Adequate preparation
	Dedicated program coordinator	Building rapport 'we're not going in to a workplace, we're going in to a personal space of a home so to always respect that—respect that people have invited you in to their space and that it is personal for them even if it's not as personal for you … To have the same softness and warmness as you would expect if someone was in your home … things like including the family who are there and acknowledging them … observing of what the dynamic is … just the way environment is set up you can learn so much about a person. Then that's a way that they've been able to share a bit about their character with you…. just a lot of insight by being in their environment and understanding their family dynamic a bit.' A3
	Further integration into allied health team 'I think once we make those connections, I think it runs pretty smoothly, but it's making—like generating those referrals and getting that support from the wider team. That's what's been just way harder I think and that's where I feel like that's going to make a difference from a higher level than just within the small [AoP] team. That's what needs to happen on more of like a leadership level to connect services a little bit more and for people to really know that it exists and that artists are part of allied health service that clients can access for their health and wellbeing.' Mx2	Being flexible and resourceful 'if all I've planned and everything I'm bringing is not working, what else can I do. Really listen to the client and see okay, if the client just really wants to sit there and look out the window and watch the boats, then that's what we're doing. So you can't force it really—you just bring what you can and if it doesn't work, that's okay too' A1 'allow space around the 'productivity of the session'. So again, the aim is the engagement. The aim is not the end product. The end production is a wonderful bonus in there but that the aim is to use that time together to be a creative and engaging experience for [client with dementia]. So that things like taking lots of breaks if that's the natural flow of things or mixing it up with other creativity. Again, that's great for concentration as for people with dementia….So [my client with dementia], for example, had lots of bursts of concentration for a while and then her concentration would dwindle and that's when we would do singing or story—she would tell me stories and things like that … that's still valid. It's not, not successful if she's not paintbrush in hand the whole time. There's different ways of creative engaging. In fact, having those little break times, opportunities, then allowed her to refresh that concentration and focus on her painting again. But the experience was a bit more holistic than just a painting class … allowing the participant to lead a bit … in things like duration of how long that they can concentrate for a time and just stepping back and allowing that to happen.' A3
	Staffing permanent artists	Benchmark client's abilities to tailor activities appropriately 'I had found it helpful to—for the first session to be doing something which actually practically helps you to ascertain where the client is at in terms of their hand/eye coordination and dexterity holding a pen or a pencil … are they able to sort of look at an image and transpose it onto another piece of paper' A2

Every carer reported that they would be interested in doing another program.

> I asked him this morning. I said would you like to continue the program? He said yes that he was quite happy to do it. He liked it. (C1)

> Sure, I'd absolutely do it again, yeah … Absolutely, if it was on offer, yeah. For sure. (C3)

Finally, some carers discussed future planned arts activities that they have arranged since the AoP@Home program. One carer reported enrolling their care recipient in a day centre that does arts activities, while another shared that she had sought out colour by number activities in the hopes her mother would continue with the arts engagement. Refer to Table 4 for further details.

3.2 | AoP program manager interviews

3.2.1 | What worked well

AoP program managers reported that having experienced artists on the team and being experienced AoP program managers themselves (the established AoP group-based program at the aged care service provider has been running since 2015) with specific arts and dementia expertise was valuable as they had a clear understanding around AoP and could communicate this effectively with clients and referrers. Additionally, being part of a broader community aged care service provider and through this, having access to referrers (via the established AoP and multidisciplinary allied health services) 'who have seen the value of this who have already had experience of the [AoP] service in general and so were open to suggesting this to clients and to passing on referrals' (Mx1), was valuable. In parallel, developing an effective triage process to 'really ascertain if this is an appropriate service [for each client]' (Mx1) was reported as being a useful strategy.

Further to being part of the broader community aged care service provider, integration of the AoP team with the multidisciplinary allied health service was seen as being 'really, really, beneficial and really key' (Mx2) in terms of both referrals, potential to expand the service, and supporting clients to address their personal goals.[23]

AoP program managers also reported that the home-based nature of the program was pivotal to being able to 'set up creative routines for [the client] and it's a familiar space for them' (Mx2) that can be continued beyond the end of the AoP@Home program.

3.2.2 | Challenges faced in coordinating and implementing programs

AoP program managers identified a number of challenges. The first was the impact of COVID-19, which extended to both the clients, who demonstrated a 'hesitation to want to be involved in something' (Mx1), and the community service teams who have 'been … really stretched in terms of their own service delivery. So it's been challenging to then add another thing into the mix' (Mx1).

A second identified challenge was the small size of the AoP@Home service, which impacted service delivery in terms of staffing and geography. The importance of the AoP program manager role to coordinate the service in the face of a largely casual and part-time artist workforce was highlighted. Where geography was an issue, the team attempted 'to align an artist going to visit two clients in the one area so that we're maximising the service delivery' (Mx1), and where the desired art modality was unavailable in an area, families were offered 'another type of engagement through somebody that we know would be available more locally' (Mx1).

A third challenge was the process of communicating what AoP@Home involved and how it would work for both the person with dementia and their family members. This was quite resource-intensive. Similarly, challenges were identified around liaising with referrers and care managers who are largely the gatekeepers for service referrals. An added layer of complexity was staff turnover, so that maintaining knowledge of the program within the broader networks was challenging.

A final identified challenge was that of promoting the new AoP@Home service within the community aged care service provider to facilitate referrals and uptake. The AoP program managers 'would send emails out to the care managers of the [community services] team. Then I would ask to be invited to connect to their team meeting [with the care managers and referrers] and speak on Teams, which did make a difference. I did notice that when I was able to connect on Teams and they were able to see my face and connect, ask questions, it made it a little bit more real' (Mx2). However, AoP program managers felt the most effective method of growing the service was through clients reporting the positive benefits of the AoP@Home program back to the referrer (e.g., their care manager).

3.2.3 | Suggested changes moving forward and advice for service providers interested in introducing and developing an AoP@Home service

AoP program managers discussed the importance of sharing information about the program 'widely with the community, that this is something … that benefits health and wellbeing. This is something that benefits people living with dementia, and these are the ways that it can benefit it … So, the service gets—feels valid and people trust that' (Mx2). It was felt that being able to drive 'increased promotion and advertising, increased education among providers and other health networks … So increasing awareness and education of what the service is' (Mx1) would be largely beneficial, and that this would probably take 'a targeted person within the team to be able to spend that time to do that, to do it effectively' (Mx1).

Having a dedicated AoP program manager who was able to spend the time needed to effectively manage and promote the service was a strong thread throughout the AoP program manager interviews.

Suggestions around staffing were further discussed in terms of having artists who 'are employed so that they've got time to do their notes and [write back], that it's not just based off a casual rate, I think that … it's really hard to give people expectations of workload when you've got to pay them only for a short period of time' (Mx2).

While the AoP@Home and broader AoP services sit within the allied health service within the aged care service provider, AoP program managers indicated a desire for further integration of the arts into the allied health team and into the community aged care provider more generally. AoP program managers felt this would be an important contributor to generating more referrals, improving access to arts programs for clients with dementia, enhancing service provision and managing program costing by factoring AoP into client's existing care plan packages.

3.3 | Artist interviews

3.3.1 | What worked well

Artists reported that what worked well for them was being in the home environment of the person with dementia, which facilitated more person-centred interactions, and being able to be flexible in delivery of the program to allow for the differing needs of clients. One artist used a pictorial record of the client's journey within the program to provide an ongoing connection with the program for the person who may not otherwise remember once they program had ended. See Table 2 for additional details.

3.3.2 | Challenges in delivering AoP@Home programs

Initially, two of the artists reported 'there were no obstacles that I faced going into that home' (A2), however, upon further reflection, all artists were able to describe a range of challenges faced when delivering AoP@Home. See Table 3. While discussed as a positive feature of AoP@Home, being in the home was also a source of potential challenges, both in terms of the physical environment and the social environment. To address some of these challenges, artists discussed the importance of setting up the home environment at the beginning of the session, and modelling to family carers appropriate communication and effective engagement strategies with the person with dementia: 'Just trying to lead a bit there through showing patience and that it was okay when [client with dementia] gets distracted … gentle redirecting but also allowing [client with dementia] the space to enjoy interacting with me' (A3).

Interacting with the family carer(s) was discussed as a salient part of delivering AoP@Home programs, and that this could generate challenges or even impact on program delivery. For example, the family might have certain expectations around the arts program and how the person with dementia will engage with the program, or the relationship between the person with dementia and family carer(s) might impact on program engagement. There were also challenges where family carers were seeking to have their own needs addressed (Table 3). Inviting the family to share in the achievements of the care recipient was an important way that one artist addressed some of the challenges experienced with the family.

Working with the person with dementia was also associated with challenges around delivering the AoP@Home program. For example, managing the documentation required at the beginning of the program (i.e., outcome measures that were collected as part of the main implementation feasibility study that included the word 'dementia'[9]) was a challenge for one artist because the client with dementia 'in no way accepted her diagnosis … so we sort of weaved our way around that a little bit, which sort of did mean, I suppose that there was that sense of just working to get the documentation to the side … her daughter kind of handled that part of the paperwork with her in private, and then we just didn't touch on it again' (A2). For the artist whose expertise was around music and movement, fatigue in the person with dementia was also a challenge. Preparation before beginning a program and then building connection and rapport with the person with dementia was identified as being 'quite crucial' (A1).

> there was this lovely Greek lady and I was told she loves flowers. So I brought a bunch of flowers when I walked in the door [on the first visit] and that was just an icebreaker straight away. She just was so excited about the flowers … Immediately we connected, and I feel like all—knowing the songs that they love, or what really clicks for them, that very first initial meeting and entrance, the talking and the connecting, the eye contact. I find it's very important (A1)

3.3.3 | Advice to new artists embarking on their first AoP@Home program

When asked about what advice they would give to new artists about to deliver their first AoP@Home program, artists highlighted the importance of adequate preparation in order to 'know about the person and who they are and make sure that whatever they do will meet what is important and meaningful to the client' (A1). Refer to Table 4. Making a connection with the client by 'tuning-in with whomever they are as people, and be very careful not to have your own agenda when you come in' (A1) was also seen as important. Artists commented that 'the biggest gift is to be able [to] just go with the flow, and if they are enjoying the process the outcome is really not—it's just whether they've enjoyed the process, that's important' (A2), and that artists should be mindful about being in the client's home and being respectful as an invited visitor within their personal space.

Resourcefulness and flexibility around delivery of the program were discussed as important attributes when working with clients with dementia. Finally, one of the artists shared how they use artistic activities to 'benchmark' the client's abilities to be able to appropriately tailor the arts activities throughout their AoP@Home program (Table 4).

4 | DISCUSSION

This evaluation explored the perceptions of AoP program managers, artists, family carers and people with dementia, around the implementation of AoP@Home within a real-world community aged care context. The outcomes reflected a similar pattern across stakeholder groups who discussed what worked well, challenges that arose out of their experiences with AoP@Home, and musings about what could support program and implementation improvements into the future.

Being in the client's home was raised as an important feature of the program across all three stakeholder groups. In addition to increasing accessibility of the program for people with dementia, this facilitated person-centred, one-to-one interactions between artists and clients, flexibility in program delivery and tailored use of strategies to promote active engagement with the program. Being in the home means that the person with dementia is able to stay in their own familiar environment, and the artist must be flexible to work within that environment (e.g., carefully considering what equipment can be brought into the home).[24] The benefits of having one-to-one, person-centred arts sessions with people living with dementia and allowing flexibility in the approach to program delivery has been previously highlighted.[5,25] While being in the home was seen as an important feature of AoP@Home, artists also discussed challenges around working within the home environment, which aligns with previous research.[25] One of the challenges shared was around managing family expectations around the art-making process and potential end results; indeed, research supports this notion that the emphasis should be placed on 'being in the moment' and engaging in meaningful art-making, rather than on artistic skills and outcomes.[5,26,27] Interestingly, these challenges around working within the home environment and navigating engagement with family of the person with dementia were identified as potential challenges during focus groups conducted in the implementation planning phase of this project,[12] and the concept of navigating family relationships while in the home has been previously discussed.[28]

In addition to benefits to the person with dementia such as enhanced self-esteem,[29,30] meaningful engagement of people with dementia in arts activities can have important social benefits including enhanced connection and communication between family carers and the person with dementia.[31,32] These shared social interactions were reported by carers in the current study, and reflect outcomes reported in the original AoP@Home pilot around facilitating communication and positive interactions between family carers and the person with dementia.[10]

The experience of artists and their specific skills in delivering the program, including program planning, interacting with clients with dementia and using supportive strategies to enhance engagement were highlighted as key to being able to deliver effective AoP@Home programs. Indeed, skilled program facilitation has been said to come down to a deliberate amalgamation of arts and dementia expertise,[27] and these same features were described in a recent systematic review as essential to underpin positive outcomes from arts programs with people living with dementia.[26] In addition to the artist skills in facilitation, program planning has been previously reported as a useful strategy to maximise effectiveness of arts sessions,[25] and sessions should be meaningful, stimulating and enjoyable.[5,26] Clients in the present study shared positive experiences around the personalised nature of the AoP@Home program, pointing to the importance of relationship building between the artist and the clients to ensure client needs and wants are met in a person-centred manner.[26]

While clients and artists largely discussed their experience on a program level, managers took a broader view, considering how the AoP@Home program fits within the established AoP service within the community aged care service provider, and the broader context of the aged care sector. Integration of the AoP team into the broader multidisciplinary allied health service (e.g., including the AoP program managers in allied health team meetings to promote AoP as a potential program to run in parallel with allied health service provision) was discussed as both something that was working well, as well as something that the managers hoped would continue to develop over time. The importance of social health and integrating this with traditional bio-medical models of care is an emerging area of interest.[33,34] Further, when people with dementia spend more time with others and experience better communication, this has been associated with better functioning in everyday living ability.[35] This suggests that by engaging in AoP@Home alongside their usual allied health programming, people with dementia may experience enhanced outcomes to their functioning and wellbeing. The effective implementation of this will largely rely on cooperation from members of the allied health team to work collaboratively with the AoP team. Positively, health professionals have been found to view arts engagement as having an important impact on health and wellbeing,[36] therefore, arts service teams should promote the broad-ranging benefits from engaging in AoP@Home when establishing support with a collaborating allied health service.

Being part of the larger community aged care service provider was also seen as a positive by the AoP program managers to highlight that AoP is a legitimate offering alongside allied health, and to facilitate referrals to the AoP@Home program, with specific mention made of the need to enhance referrals and communication about AoP@Home as an available service offering for further development of the program into the future. AoP program managers discussed the challenges around being able to effectively describe the novel AoP@Home service to referrers (e.g., care managers) in a way that would lead to referrals. This contrasts with a recent Australian study evaluating implementation of a new community-based occupational therapy intervention, which found that the innovative nature of the programs was seen by managers as being a point of differentiation and beneficial to bringing in new clients to their service.[37] This difference may be due to the fact that the present study describes implementation of a novel arts-based program, and wellbeing interventions are often viewed as secondary to those that address physical health care needs.[12,38] In a separate occupational therapy implementation study, the need to educate the broader sector on the scope of practice of the intervention for people with dementia was discussed as important.[39] This suggests that for AoP@Home, a considered

communication strategy may be needed, that leverages the novelty of the program but clearly articulates how it works for people with dementia living in the community. While the evidence-base for art and dementia is growing, more work is needed to demonstrate the benefits of these programs, particularly for novel programs such as AoP@Home. By illustrating the benefits and challenges around implementing AoP@Home, the current study provides an important contribution to the literature to inform future studies and service development in this field; this will support improved communication about and access to arts programs for people living with dementia.[40]

Each of the stakeholder groups raised challenges around the AoP@Home service. While most of the clients reported no challenges, the challenge of getting their person with dementia ready for the session was identified. Caring responsibilities such as managing appointments are known to add to the stress often experienced by family carers,[41] however, supporting their person with dementia to participate in an activity such as AoP@Home that can improve the person's confidence and self-esteem also has benefits for the carer's own health and wellbeing.[42] Managers discussed challenges pertaining to broader logistics around coordinating the AoP@Home service. This evaluation was conducted during the COVID-19 pandemic, which as with other services throughout the world, impacted on AoP@Home roll-out, for example, people with dementia and carers were identified as frequently cancelling home care services due to fears of COVID-19 being brought into their home.[43] While sometimes seen as a pragmatic approach for establishing a new service through greater flexibility and lower costs,[44] AoP program managers also discussed limitations around the casual workforce of artists, which has been previously discussed.[12] In parallel however, the established AoP service facilitates group-based AoP@Home training that creates a supportive team environment. Stability in teams has been shown to support implementation, where teams can share development and support from management to on-the-ground staff, such as artists.[37] The identified challenges around communicating the service to referrers to drive up referrals and the strategies implemented to address this reflect those highlighted in a recent study that evaluated barriers and facilitators to home-based service access for people with dementia.[45] There is potential that broader program communication may support access to AoP@Home by reaching multiple stakeholder groups (e.g., referrers, potential clients, allied health professionals etc), with one study promoting the use of social media to share information with the community.[46]

This study was limited by the small sample of participants from a single service in Sydney, Australia, therefore, the results may not be representative of all stakeholders who may be involved in an AoP@Home program. Due to the clinical context within which this implementation feasibility study was conducted, participants were not requested to review their transcripts prior to analysis. This decision aligns with previous research highlighting that member-checking may be perceived as demanding to participants who have already volunteered their time for an interview.[47] Nonetheless, including a diversity of stakeholder groups in the interviews (AoP program managers, artists, client dyads) added strength through facilitating triangulation of the data,[48] and builds on preliminary pilot data that only included interviews with artists and carers.[10] Including people living with dementia in the interviews was an important strength to the current evaluation to ensure that the key 'end-users' of AoP@Home are represented and able to actively contribute to future service refinements.[49] Finally, this evaluation was conducted via an established AoP service with artists and program mangers already experienced in working within a broader community aged care service provider. Therefore, it is likely that stakeholder experiences from a newly formed service with less experienced artists may lead to different perspectives on program implementation. As AoP@Home is expanded, ongoing implementation monitoring and quality improvement will be essential to ensure maximal applicability of the program across the community aged care sector.[50]

5 | CONCLUSIONS

The implementation of a new AoP@Home service found consumer satisfaction (person with dementia and their carer), and support from staff (artists and AoP program managers). The novel nature of the service however, requires considerable work to educate service referrers (e.g., care managers) about the service and its benefits in order to reach community-dwelling people with dementia who may no longer be able to access group-based community programs. Service providers wishing to deliver AoP@Home should consider establishing a permanent AoP team that is embedded within a community allied health service to support ongoing referrals, utilise available funding streams and foster program sustainability.

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CONFLICT OF INTEREST STATEMENT

To facilitate a collaborative partnership between the AoP team and the researchers and to best support implementation, an AoP artist was included as a research partner at the time of funding application for this study. Due to the small scale of the AoP@Home model, it was important that the artist research partner, who is an author on this paper, was included in the interviews as a participant; this research partner was involved in the design of the study and reviewing the manuscript for publication, but was not involved in analyses of interview outcomes. The authors have no other conflict of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Ethics approval was received from the University of New South Wales Human Research Ethics Committee (HC210033).

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APPENDIX A: AoP@Home SEMI-STRUCTURED INTERVIEW QUESTIONS FOR EACH PARTICIPANT GROUP

A.1 | PROGRAM PARTICIPANTS—POST PROGRAM

Questions to be asked to both family carer(s) and the person with dementia as appropriate.

1. (All) In what ways, if any, has the Arts on Prescription at Home program benefitted you personally?
2. (Directed to the carer) How do you feel the program has benefited X, if at all?
3. (Directed to the carer) In what ways, if any, has the program helped you in your role supporting X?
4. (All) Are there ways in which the program has impacted your extended family or your circle of friends?
5. (All) To what extent did the Arts on Prescription program meet your expectations?
6. What has been the best part of the Arts on Prescription program?
7. Was there anything challenging about participating in the program? In what ways did the program fail to meet your expectations?
8. (All) Do you have any comments on how the program was run? For example:
   a. How it could be improved?
   b. What aspects of the program were particularly good?
   c. Was it important for you that the program was run in your home? Why?
   d. (All) What problems, if any, arose as a result of the Arts on Prescription program?
9. (All) What are your thoughts on the costs of the program?
10. (All) Do you have any plans to continue your artistic endeavours into the future?

A.2 | AoP@Home ARTISTS

1. Please describe your experience of delivering Arts on Prescription at Home programs.
2. What challenges did you face in delivering Arts on Prescription at Home programs? How did you deal with these challenges?
3. In your opinion, how did this program impact on both the person with dementia and their family carer(s)? What changes, if any, did you see? (e.g., levels of stress, emotions, behaviour, relationship and so on).
4. How have you developed professionally or personally as a result of being involved in this Arts on Prescription at Home program?
5. What advice would you give an artist who is about to take their first Arts on Prescription at Home program, with a person with dementia and their family carer(s)?
6. What works well, or doesn't work well for participants in this setting?
7. To what extent did the training you received prepare you for work delivering AoP@Home with a person with dementia? In what ways could the training be improved?

A.3 | AoP PROGRAM MANAGERS

1. Please describe your experience of coordinating Arts on Prescription at Home programs?
2. What challenges did you face in coordinating Arts on Prescription at Home programs? How did you deal with these challenges?
3. In your opinion, how effective or useful has the service model been? For example, generating referrals, arranging funding, coordinating artists and so on
   a. What changes would you suggest moving forward to improve this service model?
4. How have you developed professionally or personally as a result of being involved in coordinating these Arts on Prescription at Home programs?
5. What advice would you give an organisation who is interested in developing an AoP@Home service for people living with dementia and their family carer(s)? What works well, or doesn't work well for developing and delivering this service in a community aged care setting?
6. In your opinion, to what extent did the AoP@Home training prepare the artists for delivering AoP@Home with a person with dementia in their home? In what ways could the training be improved?
7. If you dealt directly with clients:
   a. Why were clients interested to receive the program?
   b. What feedback have you received from clients about the program?