

Dementia Connect

What Innovation can bring to
Dementia and Creativity

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Foreword

Dementia and creativity are two words rarely spoken in the same sentence. This a pity because dementia is a medical condition that can be alleviated, but not cured, by drugs, whilst certain non-pharmaceutical interventions related to stimulating artistic, emotional and imaginative capacities through creative activity can have important health and wellbeing outcomes.

Bringing dementia – which now affects 47 million people worldwide – and art, culture and creativity together should be an urgent priority. The opportunities for change are enormous. The time is right. What stops two very different worlds – the clinical and the creative – colliding is the complexity of interactions between the different individuals, organisations, professionals and communities who are involved.

Dementia Connect was a one-year project led by Tim Senior that has pioneered a new model of collaboration. Supported by the AHRC as a follow-on study to its four national hubs to drive growth in the creative economy, it has piloted an Innovation Hub on Merseyside: it has created a participatory ecosystem of players, run a series of development labs, and supported the testing of new, experimental products and services through the incentive of a creative voucher scheme.

The principles generated by Dementia Connect have wide application, are both practical and inspirational, and they can be scaled up. We commend this report and hope it leads to an expansion of new forms of collaboration in the field. We hope too that, once connected, dementia and creativity roll off the tongue more easily together.

Dementia Connect Team

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Executive Summary

The Dementia Challenge

Dementia represents a major challenge for societies worldwide. There are currently 47 million people living with the condition, a number expected to almost triple by 2050 to over 131 million, making it a problem of global significance. At the moment, there is no cure for dementia. Maintaining quality of life has become a central focus, and here it is significant that people's artistic, imaginative, and emotional capacities can remain strong for years after dementia onset. A growing body of evidence suggests that engaging with creative activities can have important health and wellbeing outcomes.

New Directions

In supporting more creative lives with, and for, people living with a diagnosis, we need to think beyond creative activities themselves to ask whether our models of care, our understanding of person-hood, and the logistics of everyday living are conducive to leading a creative life. This will require innovative forms of collaboration between different disciplinary and sector partners. The barriers to forming such partnerships, however, can be considerable. They point to the need for new collaborative models beyond conventional sector-led approaches.

Dementia Connect

The value of the Innovation Hub concept lies in how it brings together the brokerage, research, production, and networking capacities needed to lead on new forms of cross-sector work. Dementia Connect was a one-year research project to design an Innovation Hub centred on the dementia and creativity field, one tailored to the complexity of living with a dementia diagnosis today. Building on learning from the nationally operating Hub programme funded by the Arts and Humanities Research Council (AHRC) between 2012-2016, Dementia Connect conducted three core activities:

1. Ecosystem Engagement

Dementia Connect drew together people from across the dementia and creativity ecosystem – including people living with dementia and their care partners, social care charities, cultural and creative industry partners, voluntary sector groups, the NHS, and university researchers, amongst others. The project's core activities were delivered at FACT (Foundation for Art and Creative Technology) in Liverpool, centring its work in the North West of England.

2. Development Labs

A Development Lab model was used to convene participants around the design of an Innovation Hub centred on the dementia and creativity field. Demonstrating how important it is to partner across different areas of expertise, Development Labs helped to map the dementia and creativity ecosystem, explore new trajectories for cross-sector engagement, address issues around participation in innovation activity, and explore different forms of evaluation, evidence, and value in the field.

3. Creative Voucher Scheme

A Creative Voucher scheme (totalling £20k) enabled Development Lab participants to continue working together, advancing the Lab's learning further through new cross-sector collaborative projects. Vouchers supported the early prototyping of new experimental work, products, and services. Findings from these projects also helped inform the design of the new Innovation Hub model.

- What's On for Dementia? – a Liverpool-wide 'What's on for Dementia Wellbeing' app;
- Sense of Self – an innovative musical chocolate box for reminiscence work;
- Drawing On Strengths – A creativity audit for post-diagnosis care;
- Care, Community, Culture – food-culture care guidelines designed with BAME communities in Liverpool;
- Activity Academy – a platform for best practice in creative person-centred care;
- Connected Care – guidelines for designing digital creative technologies in care home settings.

Innovation Hub

Dementia Connect has led to the design for an Innovation Hub aimed at helping the best ideas for new cross-sector activity come to fruition. Building on earlier work from the AHRC Hubs, the cycle has five key stages, outlined in detail in this report.

1. Ecosystem Investment: Hub support for established, community-embedded organisations working with people living with dementia to build capacity for future collaborative work.
2. Scoping and Interpretation: Hub activities aimed at idea discovery and concept development centred around critical challenges for target communities, sectors, and disciplines.
3. Idea Development: Hub activities to broker new cross-sector partnerships and support them in the exploration and testing of innovative project ideas.
4. Project Formation: High value, intensive project support through a Creative Producer, resulting in the creation of advanced prototypes and a substantive evidence base.
5. Evolution Support: Hub activities aimed at helping a team take their work towards further realisation through tapping into forms of support external to the Hub.

This Innovation Hub approach aims to deliver on six key ambitions established through Dementia Connect's work – the basis for a comprehensive, realistic, and sustainable response to the challenges of the field.

- Ambition 1 – Responding to dementia complexity: An innovation approach that recognises the need to pursue 'more creative lives' rather than a magic bullet. This takes places at the interface between creativity, meaningful forms of participation, and a focus on person-hood.
- Ambition 2 – Recognising diversity in knowledge: An innovation approach that targets the right constellation of expertise for a given challenge without privileging one perspective over another or reinforcing patterns of exclusion in who gets to participate in innovation activities.
- Ambition 3 – Countering fragmentation through connectivity: An innovation approach that supports the delivery of new cross-sector work whilst simultaneously helping the underlying creative ecosystem to be 'innovation ready' – a driver of new ideas and partnerships.
- Ambition 4 – Delivering on a plurality of ambitions: An innovation approach that recognises the balance between tailored cross-sector support and the need to tap into existing sector-led funding and support structures, so establishing multiple routes into and out of innovation work.
- Ambition 5 – Embracing the evaluation challenge: An innovation approach that can deliver on sector-led priorities in evidence and metrics, whilst also providing the research support needed to deliver a more nuanced and multi-faceted approach to project evaluation.
- Ambition 6 – Achieving Sustainability: An innovation approach that, in its breadth of cross-sector work, offers a vision of community-embedded working that can deliver where time-limited and short-term models of cross-sector innovation have failed in the past.

Hub Ambition

Section 1

What was Dementia Connect?

This report presents the findings of Dementia Connect, a one-year research project to design an Innovation Hub centred on dementia and creativity. Engaging experts in the field – including people living with dementia, artists and creative industry partners, health and social care organisations, and university researchers – the project aimed to reveal the potential for new cross-sector collaborative partnerships, and to show how a culture of responsible innovation might be developed sustainably and in the long-term. This report may be of value to those working in the dementia and creativity arena, but also those with an interest in new approaches to cross-sector working within complex health-related fields of interest.

The Dementia Challenge

Dementia represents a major challenge for societies worldwide: there are currently 47 million people living with a dementia, a number expected to almost triple by 2050 to over 131 million (World Alzheimer Report 2016; for the UK, see Alzheimer's Research UK 2018); in most high-income countries, it is estimated that only 40- 50% of people living with dementia have received a diagnosis (World Alzheimer Report 2016, 6). Dementia is a descriptive term defining significant changes from a person's usual level of cognitive functioning, for example changes in recalling memories, finding words, recognising objects, carrying out practical tasks, or making considered judgements (Alzheimer's Society 2017, 12-23). There are a number of underlying causes that affect the health of a person's brain in this way. Dementia can take many forms, with the most common being Alzheimer's-type dementia, vascular dementia, dementia with Lewy bodies, fronto-temporal dementias, and

Parkinson's dementia. The disease course varies according to sub-type and a person's health status, but, in general, there is a slow progressive decline in functioning over a number of years through to the point where individuals are unable to survive without a very high level of personal support. With dementia onset, individuals also become vulnerable to the breakdown in their sense of self, which can lead to anxiety, confusion, low self-esteem, and often social

disconnection and marginalization; the effects of dementia on friends and family can be devastating (World Alzheimer Report 2012; Alzheimer's Society 2013).

As diagnosis rates are driven up, and diagnoses made earlier, the dementia demographic increasingly includes those still playing active roles in their communities. The ensuing shift in sites of care (from predominately care home environments to family homes and everyday settings) is a new challenge, one without historical precedence. Our understanding of what it means to support care, health, and wellbeing within communities has not yet caught up – new approaches are now needed. The rise of the dementia-friendly communities movement (APPG on Health and Wellbeing 2017, 77-79) captures this new spirit. The Dementia Friends initiative, for example, aims to improve dementia awareness with the goal of helping those with a diagnosis access the same facilities, services, and opportunities as everyone else¹. Sectors such as banking, retail, transport, and arts & leisure are also working to build their provision as part of supporting a more dementia friendly world, including dementia awareness training for staff and adjustments to business processes or work programmes (e.g. Camic and Chatterjee 2013; Alzheimer's society 2016; Lloydsbanking group 2013).

At the moment, there is no cure for dementia. Pharmacological interventions aim to improve cognitive functioning or to reduce distressing symptoms, but there is currently no treatment that can convincingly alter the course of the underlying condition (in relation to Alzheimer's for example: Anand, Gill and Mahdi 2014; Khoury, Patel and Gold 2017). With dementia progression, sustaining contact and communication (both verbal and non-verbal) becomes ever-more important in maintaining quality of life and well-being. Here it is significant that people's artistic, imaginative, and emotional capacities can remain strong for years after dementia onset. A growing body of evidence now reveals that arts-based and cultural

interventions can elevate people above the stresses of dementia, slow degeneration, improve memory and communication, help drive social interaction and (re)-connection, and provide an important means of self expression (e.g. Beard 2011; Gould 2013; Basting, Towey and Rose 2016; Young, Camic and Tischler 2016; Dowlen, Keady and Milligan 2017; Windle, Joling and Howson-Griffiths 2018). The advantage of non-pharmacological interventions is multiple, with few, if any, negative side-effects and a positive impact that can even exceed those of pharmacotherapy intervention (Herholz, Herholz and Herholz 2013, 1236). Whilst strengthening the evidence base remains a key priority (Windle et al. 2016; Gray et al. 2017), the wider arts and wellbeing agenda is now receiving more attention from both national and devolved governments (Prime Minister's Challenge on Dementia 2016; APPG on Health and Wellbeing 2017; Arts Council of Wales 2018).

Responding to the wider challenges of living with a diagnosis today – namely, that people living with a dementia want to remain independent for as long as possible, and to have choice and control over their lives through all stages of their dementia journey – a focus on dementia and creativity comes with a number of key commitments: the continued development and evaluation of arts-led interventions remains important, but we must also explore the different ways in which we are creative in our everyday (at work, at home, at play); we must address issues of access and participation in creative activities, finding ways of reaching those who are not already active and well-supported; we need to ask how traditional and emerging practices (such as around digital technologies) might help us rethink how, when, and where creative activities can take place; finally, we need to recognise that a creativity agenda can only succeed if we consider our models of care, mobility, information provision, and the designed environment in interaction with it. A dementia and creativity agenda that can parallel the complex realities of living with a dementia diagnosis today, therefore, will need to engage a broad spectrum of different disciplinary and sector partners if it is to drive the desired improvements quality of life. It will require not only the formation of new (often experimental) collaborative partnerships, but also new ways of working across more traditional discipline- or sector-led activities. This is where an important alignment with 'Hubs thinking' emerges, as explored in the Dementia Connect project.

Photo: Gareth Jones

¹The Alzheimer's Society now has the commitment of over 2.6 million Dementia Friends (Dementia Friends 2018).

A Hub Perspective

Dementia Connect built on insight from the Creative Economy Hubs programme funded by the Arts and Humanities Research Council (AHRC) between 2012 and 2016. The programme demonstrated the many ways in which new cross-sector partnerships can be built around a creativity agenda (AHRC 2017; Creativeworks London 2016; Design in Action 2016; REACT 2016; The Creative Exchange 2016; four detailed reports on the workings of the AHRC Hubs programme: Senior 2016; Senior 2018a; Senior 2018b; Senior 2018c; Creative Economy Hubs in context: Dovey et al. 2016). The AHRC Hubs tackled a broad range of themes, including those in the culture and heritage arena, publishing and documentary, open data and digital democracy, collaborative place-making, smart public services, gaming and entertainment, and much more besides. The action of these Hubs should be understood as putting in place the infrastructure and support needed for different sector partners to collaborate more effectively in innovative research, policy, service, and product development. Four key areas of insight from the AHRC Hubs have informed Dementia Connect's approach to the dementia and creativity field:

- Firstly, that knowledge production is now much more distributed in the 21st century. In recognising the decentralisation of knowledge work (beyond the university), more needs to be done to broaden access into collaborative work and support greater parity within partnerships. 'Crowding diversity' (REACT 2016, 17) in this way is an important means of generating insight where more siloed, sector-led work has struggled. The AHRC Hubs revealed the enormous extent and potential for such partnerships in creativity-oriented work (e.g. Senior 2018a).
- Secondly, that the building of strong multi-sector networks is an essential step to identify which areas of development will be of most value (and to whom), to support more diverse participation in innovation work, to identify and develop new ideas at the intersection between different sector cultures, and to support the diffusion and adoption of new work to those who need it. The AHRC Hubs revealed a variety of perspectives on network and ecosystem building (e.g. Senior 2018c).
- Thirdly, that innovative research and development (R&D) requires multiple stages of tailored support. Innovation programmes that can support iterative, stackable, and flexible approaches to project development are critical; they can serve

to reduce unnecessary risk for project teams, limit value loss from the innovation process, and help capitalise on the highly generative (and often unexpected) outcomes of such work. The AHRC Hubs exposed a common innovation framework, one highly adaptable to different types of cross-sector working (Senior 2018b).

- Fourthly, that establishing new forms of cross-sector collaboration is a culture-change project. Often working against the grain of more established sectoral practices, dedicated research-production capabilities are required to broker new partnerships, manage sector expectations, and respond to the challenges of innovative research and development. The AHRC Hubs revealed the importance of the Hub itself as a small, agile, and adaptive organisation with the autonomy to develop leadership in new cross-sector working practices (Senior 2018c).

A Collaborative Response

Drawing on the extensive body of work developed by the AHRC Hubs, the Dementia Connect project asked how 'Hubs thinking' might apply to the particular challenges of the dementia and creativity field. Supported through a collaboration between former partners of the AHRC Hubs programme, Dementia Connect built a network of participants from different sectors and disciplines to tackle together core issues in the design of a bespoke, Hub-led innovation programme. This included people living with dementia and their care partners, social care charities, cultural and creative industry organisations, voluntary sector groups, the NHS, and university researchers, amongst others (over three hundred participants in total – see Section 5 Case Study 1). The project's core activities were delivered at FACT Liverpool, centring its network in the North West of England.

The project's centrepiece was a sequence of four full-day Development Labs. The first (Mapping the Dementia and Creativity Ecosystem) brought together participants from the network to identify current cross-sector challenges, opportunities, and best practice in the dementia and creativity field. Building on this, this second Lab (New trajectories

in Creative Engagement) assembled arts practitioners, small businesses, voluntary sector groups and academic researchers to develop ideas for prototype products, services, and experimental work. The third lab (Understanding Co-design, and delivered with the Dementia Engagement and Empowerment Project) brought together people living with dementia from under-represented communities to identify principles for increasing participation in creative activities and innovation work. Finally, the fourth Lab (Connecting Evaluation, Evidence, and Values) explored evaluative practices and impact-revealing activities suitable to different project development pathways, such as public commissioning or business development.

A competitive Creative Voucher scheme (totalling £20k) supported Lab participants to continue working together after the event, advancing Lab learning further through new cross-sector collaborative projects. Creative Vouchers supported the early prototyping of new work and helped inform the design of the innovation programme presented in this report. Creative Voucher projects developed through Dementia Connect included: Activity Academy – a platform for best practice in creative, person-centred care (Section 5 Case Study 2);

Care, Community, Culture – food-culture care guidelines designed with BAME communities in Liverpool (Section 5 Case Study 3); DEEP Participation – guidelines for meaningful participation of people living with dementia in

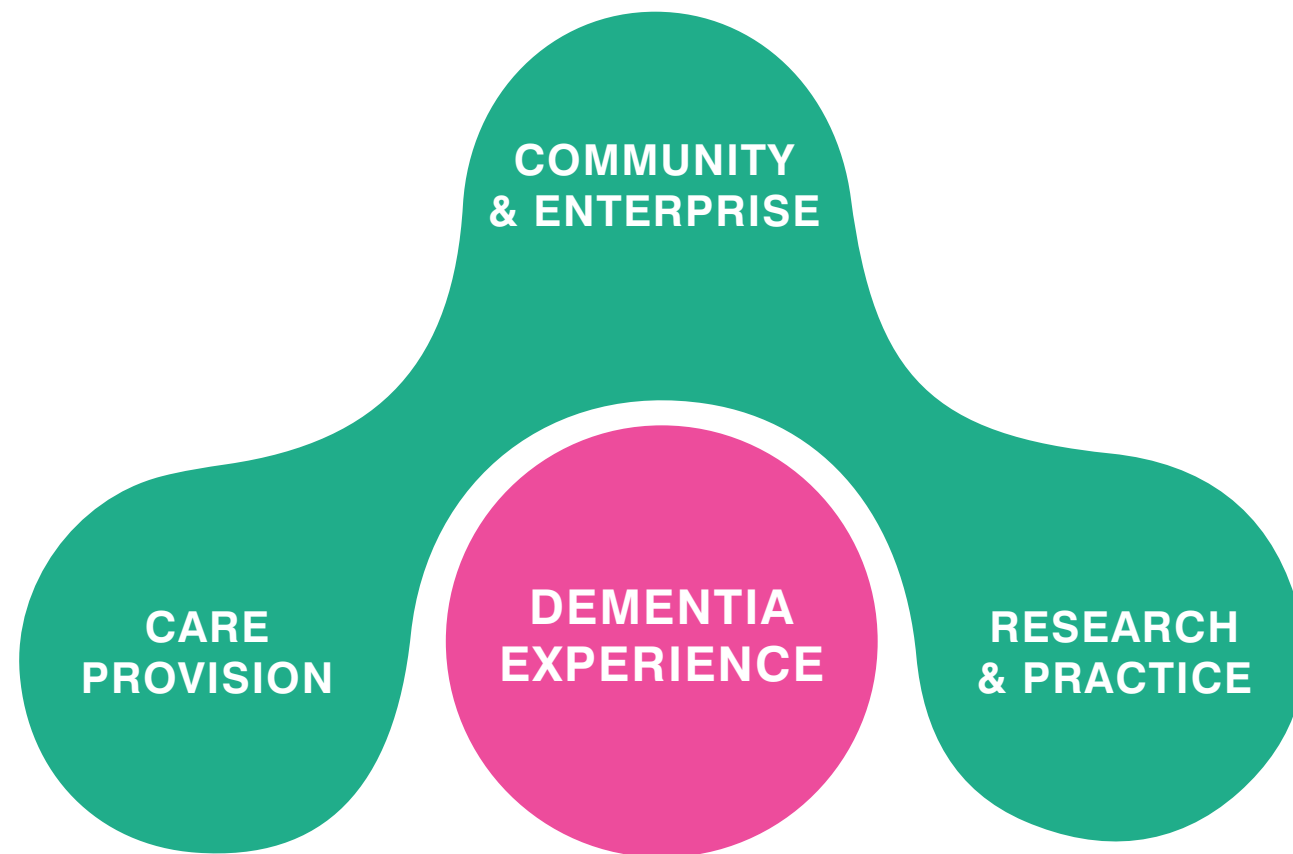
cultural and creative activities (Section 5 Case Study 4); Connected Care – guidelines for designing digital creative technologies in care home settings (Section 5 Case Study 5); Drawing on Strengths – a creativity audit for post-diagnosis care (Section 5 Case Study 6); Sense of Self – an innovative musical chocolate box for dementia reminiscence work (Section 5 Case Study 7); What's on? – a Liverpool-wide 'What's on for Dementia' app service (Section 5 Case Study 8).



Photo: Alzbeta Kovandova

Section 2

Responding to a Fragmented Ecosystem



Perspectives on Dementia and Creativity

In recognising the breadth of a dementia and creativity agenda, we can ask who has an active role to play and what are the opportunities and challenges in driving the agenda forward. Here, an 'ecosystem' perspective can prove instructive, directing attention to a whole system of activity in which many different participants act and are acted upon in turn. It is an emphasis not on individuals or organisations in isolation, but on the interactions between all parts of the ecosystem where valuable insight is to be gained (e.g. Sharpe 2010; Senior, Moreton and Dovey 2015; REACT 2016, 12-16; Crossick and Kaszynska 2016). Such a perspective can uncover potential partners who may be invisible to traditional forms of sector-focused support, or reveal more comprehensively the different values at play in driving new cross-sector work. By pointing to the interactions that exist between people and organisations, it can highlight where new and productive possibilities might lie (and always with an eye to the implications of such work for others in the ecosystem). Through Dementia Connect's network, a number of ecosystem snap-shots have emerged from key participants in this field of work, revealing the 'view from' different parts of the dementia and creativity ecosystem. These include, for example, perspectives from dementia experience, dementia research, creative practice, care provision, and community-embedded support organisations. Whilst a more complete picture of partners and relationships is beyond the scope of this report, these snap-shots do, none-the-less, disclose something of the state and dynamics of the ecosystem from which new collaborative partnerships might emerge.

DEMENTIA EXPERIENCE

A View From Dementia Experience

There is increasingly a recognition that the dementia experience needs to play a more central role in how a dementia and creativity agenda is put into action (e.g. Innovate Dementia 2013, 47; East Dunbartonshire Council 2014; Zeilig, West and van der Byl Williams 2018). A full understanding, however, of what this might look like is still very much in its infancy: 1) it means delivering on the personhood status of people living with dementia, addressing questions of choice, rights, agency, and participation. This includes striving to support those living with a diagnosis to contribute not just to 'dementia-focused' creative activities, but creative activities in general; to addressing the balance between autonomy and exploitation in collaborative partnerships; and to help get the voice of dementia experience (and not just those of care partners) heard; 2) it implies greater attention being paid to the, often, hidden networks of dementia support necessary to deliver a full creativity and health agenda. This includes identifying, supporting, diversifying, and growing that base, so tackling an over-reliance on a small number of advocates and organisations. It also means responding to the need for clear support infrastructure, planning protocols, and resources that can help broaden engagement with creative activities wherever they take place; 3) it means being responsive to the enormous variation that characterises the dementia experience. This could include adding diversity to the role and form of arts participation in a variety of care settings; tying creative interventions more effectively to post-diagnosis support that is tuned to different dementia characteristics and time-courses; developing a closer contact between commissioning decisions and the rich variety of work being done on the ground, and/or; better developing the role of cultural advocates to raise and enrich dementia awareness. Whilst the big achievement in the last five years has been to fight for the recognition of these key aspects of personhood, the drive now is to improve on their delivery – and that will involve much closer and more effective partnerships with a range of partners active in the dementia and creativity field.

CARE PROVISION

A View From The Care Home

Care home settings can be ideal locations for supporting creative engagement, whether for individuals, groups, families, or communities. There is a recognised need for new, meaningful, and creative offers for care home residents, but also that new approaches to delivery and participation are now required. Three core challenge areas that need to be addressed are: 1) Care Priorities: care can be 'hypnotised' by core business, namely delivering on the physiological and safety requirements of residents rather than their psychological and self-fulfilment needs. With politically driven care targets taking up the time and energy of staff, little resource is left for more than "priority care". With arts and cultural activities low priority and under-funded, what should be regarded as part of care's core business is being carried out by external organisations, such as not-for-profits. 2) Staff Potential: care home staff are the driving force behind the care sector, but the way in which staff are organised and demands made of them can mean they feel disempowered, where, in reality, they could be driving and sustaining a culture of social and arts engagement to the benefit of those they are caring for (and themselves); 3) Community Partners: not-for-profits active in this area are good at attracting volunteers, with many successful examples of integrated partnerships between NHS/social care and cultural organisations on a project-by-project basis. Yet, there are considerable barriers to embedding care homes more effectively into the community and volunteer base. Whilst there are pockets of best practice, care culture can be reactive rather than proactive, limiting future-scanning for new opportunities and diminishing responsiveness to advances in the creativity and health field. Good at 'keeping on keeping on,' maintaining the status quo can arbitrarily prolong both good and bad practices. Working with a range of partners to develop meaningful offers for resident's that simultaneously address the core challenges of care provision is now a key priority.

A View From NHS Commissioning

Clinical Commissioning Groups (CCGs; operating as part of NHS England) play a central role in commissioning local healthcare services (The King's Fund 2017). Any service provider that meets NHS standards and costs (including social enterprises, charities, and private sector businesses) can receive a commission. Whilst the evidence base for the value of arts and cultural engagement in delivering health outcomes grows, it continues to be a very challenging commissioning environment (Bagwell, Bull and Joy 2014, 23). Increasingly, a number of health policies are being put in place that offer considerable potential for delivering on a dementia and creativity agenda, including Health Coaching, Integrated Personal Commissioning, Social Prescribing, and Personal Health Budgets. The move towards a social prescribing model is particularly relevant here, a recognition of the value non-clinical interventions bring to the delivery of health outcomes (Ward 2016). Whilst this might constitute the underpinnings of an active innovation agenda, the route to commissioning is fraught with challenges: high-levels of arts and cultural sector fragmentation that introduce barriers to communication and exchange, persistence of procurement approaches inappropriate to the arts and cultural work, contested models of value and evidence, and lack of visibility all apply limits on effective commissioning. An 'air of mystery' can surround the commissioning process, with external organisations left questioning how agendas are set and decisions made. Commissioners can feel isolated in the task of finding promising new programmes or projects in their region. Equally, many voluntary and arts organisations below the radar of commissioning are faced with the task – often beyond their resources – of re-organising, clustering, and lobbying in order to become visible. Commissioning may benefit from new cross-sector operating platforms that can help broker relationships with innovative, trustworthy partnerships, those developing new work with appropriate evaluation measures and pathways to wider adoption in place (e.g. Harris and Rowley, 2017, 12, 18).

A View From Community Organisations

A key component of the dementia-support ecosystem are the charitable, and voluntary sector organisations that act as an interface between people living with dementia and local health or care services. These might include small charitable organisations delivering culture-specific homecare services, dementia meeting groups, or dementia cafes, for example, but also programmes operating out of cultural institutions, sports clubs, and local retailers. This work (whether driven by individuals wanting to make a difference or funded at scale through large charitable organisations) provides direct support to those living with a diagnosis, empowers families and carers, unlocks critical community assets, delivers – or fill gaps – in care provision, can act as a driving force behind social movements (such as person-centric care), and plays a vital role in raising dementia awareness within civic society and community life. The strong grass-roots nature of such work (people and organisations identifying where support is needed and what they can offer) can result not only in high levels of support fragmentation but also duplication. A resource-limited and highly changeable funding environment can lead to a culture of project-based work, short-term provision, and limited scope for future planning. Considerable potential grounded in developing care provision, up-skilling, pooling resources, and forging alignments with policy, health research, and evaluation best practice remains untapped. A lifeline to people living with dementia and their families, this vital area of care provision exists in a patchy and precarious state – greater connectivity to help share resources, gain collective visibility, and develop care offers is an important goal.

A View From Creative Enterprises

The creative economy is dominated by micro-businesses (those with ten or fewer employees), with many entering into the creativity, health, and innovation arena in response to first-hand experience or a commitment to delivering some form of wider social good. Small creative enterprises can bring a number of important perspectives to this field of activity, such as an understanding of the values at play in user-centred design, the importance of developing real-world test-beds for innovation work, and a vision of how creative technologies might open up new solutions to old problems. Together, this can translate into the development of new products, services, and experiences that are firmly grounded in the dementia experience itself, where engaging people living with a diagnosis in design and testing activities is a recognised starting point. Yet, there is a perception from many creative enterprises that the inclination of care organisations towards patient- over person-centred care, combined with a culture of cost-cutting, creates environments

where an innovation-orientation is hard to adopt. This can mean that user-centred approaches are not considered, for example, when developing care home services and offers, and that the interest of people living with dementia to engage in collaborative innovation work with small businesses is not encouraged. Discussions around new technologies can be mistaken as offering “be all and end all” solutions rather than opening up more subtle and nuanced ways to enhance existing good practice and care activities – a vision of “technological solutionism” that is not common amongst the most engaged, knowledgeable small enterprises working with contemporary technology today. Small enterprises thrive on the connectivity that helps them create new work and build reputation, but they can struggle to access the expertise, development opportunities, and funding they need to grow towards stability; support in developing this wider connectivity is critical, but rarely enabled through traditional business development programmes.

RESEARCH & PRACTICE

A View From Creative Practice

Key priorities for creative practitioners in this field include collaborating with health and care organisations to develop work with people living with a dementia diagnosis, their families and care partners – works that are aesthetically meaning, socially engaged, can support intergenerational partnerships and involve marginalised groups. Developing work in this field is time-consuming in terms of brokering relationships, iterating new work, and establishing a participant base. In the health and care sector, there are considerable challenges faced: this includes a resource-thin working environment, common disparities in how funding decisions are made (determined by the agendas of funding bodies and curators, rather than artists and designers working on the ground in care environments), and a need to respond to different types of (often shifting) evaluation demands. The result can be a culture of short-term project-by-project engagement with partners, one that may deliver work far from its full potential or quality, that falls short on positive legacy effects, and that fails to reflect the structure and process of practice-based methods. With a few exceptions, creative practitioners can often feel ‘forced’ to dive in and out of care settings to deliver ‘quick fixes’ or ‘ad hoc’ solutions to more complex challenges. Support organisations (from Arts charities to Arts and Health coordinators on NHS Health Boards) play a critical role in helping artists gain access to project partners, funding, and resources. A central concern is that as such work becomes increasingly multi-domain (requiring expertise that incorporates digital practices, research methods, and business management), new forms of training or educational programming in collaboration with other sector partners are required; in reality, these are thin on the ground.

A View From Academia

Universities offer platforms that can bring together research, innovation activity, training, and cross-sector collaboration. The broader Arts and Health field is an active one within universities, supported through a variety of research programmes, undergraduate and post-graduate education, design and creative-economy focused innovation centres, cross-sector collaborative platforms, but also professional education and training, and care home accreditation. In the absence of an ‘arts and health’ industry, university-led interventions can play an important role in driving innovation. A strong sensitivity to the value of ‘action research’ promotes engagement with new forms of cross-sector working. In the context of dementia and creativity, this can include: 1) driving new forms of co-creation, co-design, and co-production that place the dementia experience more meaningfully at the centre of research activities; 2) activating links with external sector partners – such as the creative and cultural Industries – to build new routes for research and development; 3) developing new forms of training platform that can help dementia-care workers engage with advances in person-centric care and gerontology research. More generally, universities can be well equipped to reveal the complex relationships between intervention process, outcome, and pluralities of evidence (an important counterpoint to sectors that may attach a premium to particular forms of activity and insight), an understanding that is essential if the full effects of a dementia and creativity agenda are to be properly implemented. As universities strengthen their engagement with such activities, more needs to be done to coordinate and support new partnerships as a driver for innovation. Deep challenges still remain, however, in fostering the external relationships needed to achieve this, especially where there is little history of such engagements. Reflected in a limited understanding of different sector cultures, university contracting, budget, and Intellectual Property (IP) practices can be prohibitive for small external partners, with many universities focused principally on large-scale relationships with science and technology partners.

Recognising a Common Ground

Within this shared ecosystem, the importance of partnering across different areas of expertise to deliver better outcomes for people living with a dementia becomes clear: this might be through forging stronger alignments between academic research and the design of new creative products and services, the development of more effective channels between innovation activity and health commissioning, or closer coordination between care services and community organisations in re-thinking person-centred creative care. As captured in the snap-shots, however, a number of barriers to collaboration are in place; these are often highly specific to the disciplines, sectors, or organisations in question. Building a common foundation from which to work with a plurality of perspectives and agendas is, therefore, now necessary. To these ends, Dementia Connect's mapping work has sought to identify some principles that might underlie this spirit of intensification in cross-sector working, and so lay the common ground for a dementia and creativity innovation programme.

1 Responding to Dementia Complexity

Dementia is a complex condition, and each person's journey from diagnosis to end-of-life care will be different. Similarly rich – and in direct corollary – are the ways in which people can be creative, in which creative participation can make a difference, and in which creativity can be embedded into our everyday lives. This is an innovation space broadly resistant to models of technological solutionism, to one-size fits all approaches, to 'creativity' as something deployed on demand: an innovation approach in this field must recognise the need to pursue 'more creative lives' rather than magic bullets. It is this interplay between person-hood, creativity, meaningful forms of participation, and long-term engagement that should inform thinking in this area. This will require a responsible approach to innovation with the dementia experience placed at the heart of it.

2 Shared Understanding Through Connectivity

There is a high level of fragmentation in the field, with voluntary, public, and private sector activities revealing distinct bodies of knowledge and a pursuit of different agendas, albeit around a common goal – that of supporting people with a dementia diagnosis to enjoy a higher quality of life. Characteristics include cultural and systemic barriers to collaboration, differing visions of care, and patchy insight into how each part of this shared ecosystem operates. The result is a number of disconnects between sources of funding, sites of innovation, the identity of decision makers, and so on. There is a recognition that new ways of working together – supportive of the full range of partners active in this field – are now required. This highlights the need to broaden access into innovation work and actively challenge barriers to collaboration.

3 Recognising Diverse Sources of Knowledge

In the dementia and creativity field, there is considerable diversity in the sources of expertise, knowledge, and insight at hand as drivers for new work – sources that can often go unrecognised. The experience of living with a diagnosis, medical and research expertise, front-line staff know-how: all have their part to play. Yet cross-sector work is often conducted with key perspectives missing from the conversation, or carried out in a way that privileges one account at the expense of another. An approach to building collaborative partnerships that instils parity of opportunity and expression – whilst recognising the particular expertise that a sector or discipline may bring – is going to be critical. This will require targeted forms of collaborative support and project production; sectoral and institutional working practices that hinder partnerships may also need to be tackled.

4 Delivering on a Plurality of Ambitions

There is no single pathway to success that defines a dementia and creativity agenda: no single sector or innovative product can deliver on this agenda's promise alone. Indeed, a plurality of ambitions need to be embraced if this field is to thrive; the promise of new digital technologies is real, but so are more traditional forms of creative engagement; the development of disruptive new products and services can be the right goal to pursue, but so might refining or repurposing what already works. For these reasons, there are important benefits to be gained in aligning, rather than segregating (as is common practice), different types of innovation activity in the production of cross-sector bodies of knowledge. This will mean striking a balance between common forms of support suitable to all new collaborative teams (independent of project focus) and support tailored to each project team individually.

5 Embracing the Evaluation Challenge

Whilst there is increasing evidence for the effectiveness of arts and cultural activities on a broad range of health-related outcomes, there are still considerable challenges faced in building an evidence base for such work. Differences in sector-driven approaches to evaluation are only compounded by serious limitations in how often subtle and subjective changes in quality of life are evidenced. In a complex health field that is sustained by, rather than in spite of, the diversity of sector partners involved, an important aim is to deepen our understanding of what counts as evaluation and who it serves. If effective cross-sector partnerships are to be developed in this area, the interconnectivities between different forms of evidence and valuing practice need to be mapped and comprehensively understood.

6 Delivering on Sustainability

Much current work in the dementia and creativity field is conducted through time-limited institutional or sector-led programming, resulting in project-by-project activity that puts the development of best practice and long-term learning at considerable risk. An innovation programme that aims to deliver an effective dementia and creativity agenda cannot be developed on these terms. Only a programme that can be sustainably implemented will stand a chance of driving long-term changes in sector working practice or equip partners in the field to transition from a culture of 'making do' to one based on 'horizon scanning' in anticipation of future challenges and opportunities. This will require forms of cross-sector working that can take advantage of multiple funding sources, operate flexibly across different institutional partners, and become embedded within the communities they serve.

Section 3

An Innovation Hub Proposal

Founding Principles

Much of the work required to build on the Common Ground proposed will mean operating at the peripheries of current sector interests or across multi-sector spaces where little provision or support is currently available. As such, this points to the need for new approaches to cross-sector collaboration in the delivery of improved wellbeing and quality-of-life outcomes for people living with a dementia. In rising to this challenge, the Dementia Connect project has turned to insight from the AHRC Hubs programme (see Section 1). Here, considerable expertise was developed in the programming of cross-sector innovation.

An Innovation framework

A common underlying innovation framework highly suited to tackling new areas of cross-sector interest emerged from the four AHRC Hubs (Senior 2018b). This framework (first proposed by the Design in Action Hub; Woods M. et al., 2015) is characterised by a five-stage innovation cycle, connecting team development, project prototyping, and advanced forms of project realisation together around a chosen innovation theme:

Scoping

The first stage defines Hub activities aimed at idea discovery and concept development. Centred around the identification of critical challenges for target communities, sectors, and disciplines (whether near-at-hand opportunities or in anticipation of far-horizon challenges), this stage underlies the importance of ‘crowding diversity’ in establishing the right targets for an innovation focus.

Interpretation

The second stage captures Hub activities that further develop and frame scoping work into calls for multi-sector participation. Expertise across multiple sectors is essential in producing calls that not only recognise diverse sources of knowledge but also set the stage for the most productive interactions between them.

Ideation

The third stage is where collaborative partnerships are first formed around new ideas. The careful brokerage, curation, and networking of participants at this stage is essential; it captures a key moment when the ‘ideas base’ around a call is first established and its principles (relating to representation, person-hood, and diversity, for example) are put to the test.

Formation

Only in the fourth stage does project development actually begin, resulting in agreed outputs such as prototype products, services, experiences, or other outcomes. Here, risks associated with innovation can be curtailed through mobilising peer-to-peer learning, assembling experts to support project development, and building connectivity around projects teams; all serve as a foundation for stronger, long-term collaborative relationships.

Evolution

The final stage marks the transition from prototype development towards advanced project realisation or market launch, for example. This is the stage when teams start tapping into external funding and support mechanisms best suited to their specific ambitions, i.e. enabling them to strike out on their own.

Tailoring a Strategy

Far from prescriptive, the AHRC Hubs revealed how this broad framework can support a variety of different strategies for intervening in complex multi-sector work, i.e. a tailoring to the particular interests, needs, and pressures uncovered in an innovation landscape (Senior 2018b). This included: 1) a ‘seeding innovation’ strategy centred on a large number of low-commitment, smaller projects awards in the Formation stage, its aim to increase and diversify participation in innovation activities (Creativeworks London Hub); 2) a ‘design-led business development’ strategy oriented towards a national productivity agenda, supporting a small number of innovative products and services through to market launch (Design in Action Hub); 3) an ‘action research’ strategy in which university research (connected to a PhD training programme) could become a generator of highly diverse, experimental work to be fed back into the innovation cycle (The Creative Exchange Hub); and a ‘practice of cultural ecology’ centred on a high-value and ambitious R&D programme that aimed to strengthen regional networks of creative talent (REACT Hub). In this way, the AHRC Hubs demonstrated the flexibility of the broader innovation framework, for example orienting it towards highly specific types of output (such as experimental research, physical prototypes, or new businesses), setting the investment at each stage to be commensurate with the work required of it, or tailoring the duration/spacing of each innovation stage to better suit the sectors participating in their programme. It is this inherent flexibility in the framework that has been put to work in developing an Innovation Hub for the dementia and creativity arena.

The Hub as Interface

The AHRC Hubs programme also revealed the value of the “Hub” concept itself, and some of the principles that allow a Hub to deliver an innovation programme (Senior 2018c). Much less a bricks-and-mortar presence with a centralising effect on activity around it, a Hub is, rather, an organisation that acts as an interface within a network of partners, delivering a programme of work that serves as a focal point for key strategic, research, and production activities. It drives a moment of cross-sector engagement and defines the values it wants to instil in the creation of new collaborative work. From the AHRC Hubs programme, a Hub model with four core characteristics emerged:

A Leadership Role

A Hub is an organisation that can become embedded within multiple sector networks, whilst attaining the degree of autonomy needed to hold a critical and functional distance from them. Through this position, a Hub can become well placed to understand the operation of different sectors, and so help forge a shared trajectory amongst different partners united by common underlying interests, i.e. establish a leadership role.

Effective Programming

A Hub is an organisation that can deliver an innovation programme with strong governance, supporting the delivery of time-limited, targeted outcomes in response to near- and far-horizon challenges. Through an understanding of the wider innovation landscape, a Hub can tailor its programming to best support project development and transition work into other forms of support and funding.

A Focus on Partnerships

A Hub is an organisation that provides the key brokerage, administrative, and support roles needed to build new forms of parity-driven collaborative partnership. In this way, a Hub can assist in delivering the right partner composition for the innovation task, and can help to protect new partnerships from damaging bureaucratic and administrative hurdles by actively contesting those barriers in place.

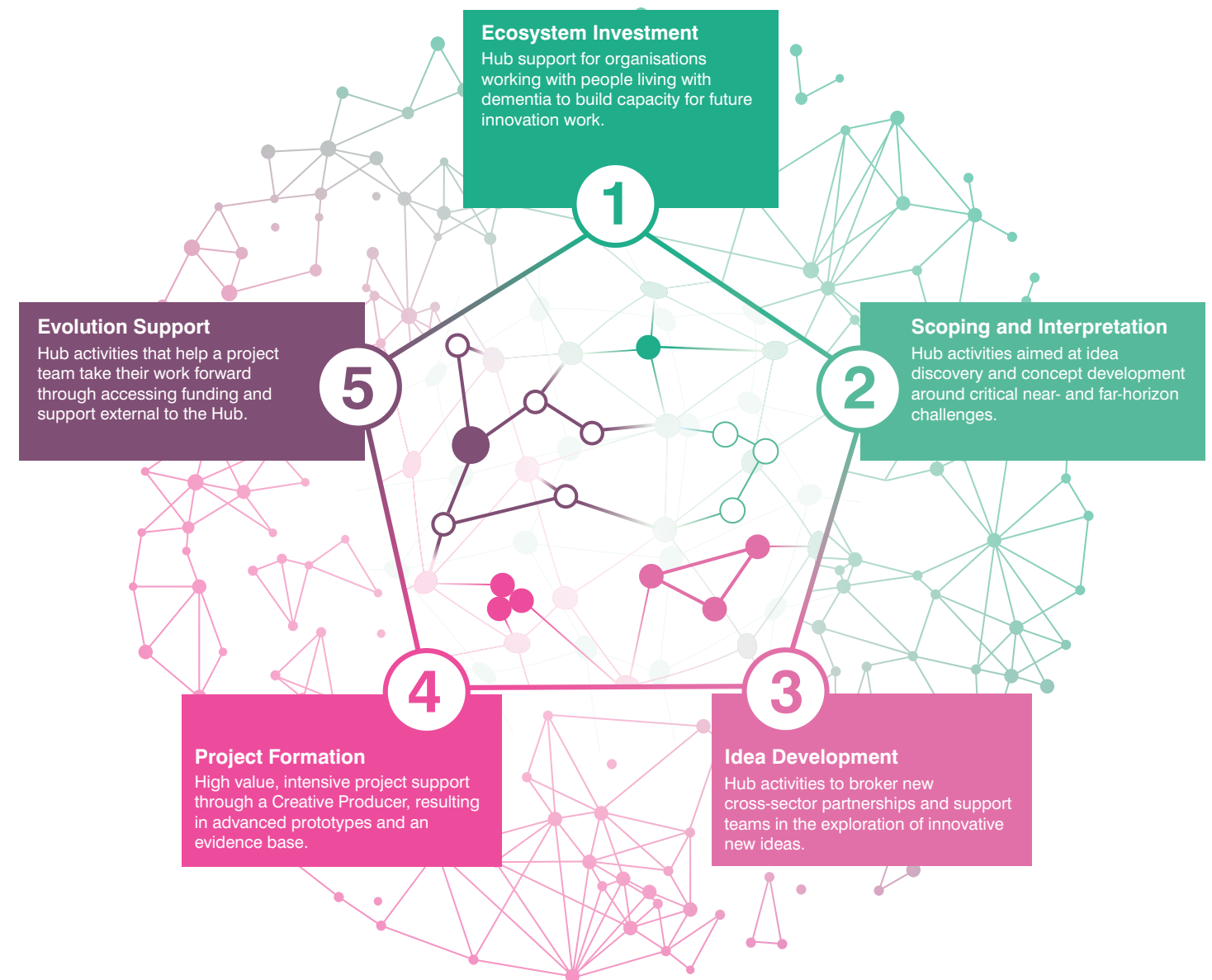
Built-in Adaptability

A Hub is an organisation that is operationally agile and adaptive, one able to embed learning arising from its own work. This can help in building a consistent and effective commitment to a target innovation space, and adapt to an innovation landscape as it changes. Only by achieving sustainable operation can a Hub operate in this way, breaking free from the limitations of time-constricted Institutional or sector-led funding.

A Bold Approach

Through Dementia Connect, we have asked how the innovation framework outlined by the AHRC Hubs might be tailored to the needs of the dementia and creativity field. Each stage of the framework, as it might be delivered, is detailed on the following pages.

Key themes around the highly distributed nature of knowledge production, the support of innovation work beyond conventional sector silos, and the value of adopting an ecosystem perspective are emphasised throughout.



STAGE 1

Ecosystem Investment

Aim

The foundation for the innovation programme presented here is support for the diverse, community-embedded organisations that serve as a critical interface for people living with dementia, their families, and carers. Whilst such community actors vary in size and funding security, there is wide-spread need for investment in the essential work they do. An additional, pre-stage to the AHRC Hubs innovation framework, Ecosystem Investment would aim to strengthen partners within a regional ecosystem, helping them to develop capacity in the field and lay the foundations for new cross-sector partnerships that can deliver innovation activities to the communities who need them. This level of engagement would also generate invaluable on-the-ground sector insight; allow the identification of 'leading lights' for future collaborative activities; help build user-testing environments for future innovation work; and strengthen the Hub network.

Delivery

Building on existing partnerships already poised to advance their work further, projects would be expected to deliver achievable, relatively prescribed activities that advance the core aims of their host organisation further. This stage might be delivered through a rolling, competitive voucher scheme, supporting short-duration projects (of up to four months) worth each between £5-7K. Delivered at scale, this could have a transformative effect on the field. Funding might enable the following types of work: sharing of best practice and key learning; micro-residences to enable information gathering and engagement with key influencers; network intensification to promote organisational stability and resilience; the development of evidence-based evaluation and dissemination activities; and trial delivery of existing activities at an increased scale of operation. With a focus on engaging with trusted community-embedded partners, the scheme would come with minimal administrative and reporting requirements for project teams.

Hub Role

In this first stage, core Hub activities would likely focus on programme delivery rather than project facilitation. With projects expected to be relatively straightforward, voucher scheme advocacy, recruitment, and application support would take centre stage. As such, the strength and extent of a Hub's network is a key determining factor in the success of these activities, with established communication channels and sector 'gate keepers' playing a key role in identifying candidates for support. An example of this Ecosystem Investment approach can be found in the way DEEP (Dementia Engagement and Empowerment Project) operates through its Influencing and Working Together grant schemes across the UK (DEEP 2017).

Photo: Widnes Vikings

Relevant Case Studies

The Activity Academy (p40)
Care, Community, Culture (p42)

Dementia Connect Insight

Two projects funded through Dementia Connect's Creative Voucher scheme capture the type of activities and potential impacts envisioned of the Ecosystem Investment stage (Section 5 Case Study 1). The first is the Activity Academy which brought together leading figures in creative engagement and social care to further embed person-centred support at the heart of local care home routines (Section 5 Case Study 2). The project built on an existing local partnership, recognising the influential position of the project's lead organisation – Widnes Rugby club – as a driver of positive change locally and across the region. The Creative Voucher enabled the team to consolidate earlier work and reach out to fifty additional care home managers and front-line staff, with longer-term impact on care home services now recorded. A second project – Care, Community, Culture – sought to address the lack of cultural sensitivity in food preparation within care services and negative impact it can have on Liverpool's BAME communities (Section 5 Case Study 3). Turning to the experience and culture-specific culinary knowledge of those

receiving care, the project generated, amongst others, a framework for cultural diversity awareness training. Whilst many of the project partners had previously worked together, the Creative Voucher enabled an expanded project team to be formed around an important, shared challenge. Both projects reveal the enormous value of supporting already-productive local partnerships. Both teams continue to develop their projects after the end of the end of Dementia Connect. Built on long-standing, community-embedded organisations, these partnerships should form the bedrock on which future innovation activities, including substantive cross-sector work, could be built and best practices sustainably implemented.

Photo: Gareth Jones

STAGE 2

Scoping and Interpretation

Overview

This second stage marks the decision by a Hub to engage their partner network around a target theme. Sector scoping activities have been identified as a critical step in reaching out across different stakeholders to build up-to-date, 'live' multi-sector snapshots of pressing near- and far-horizon themes for innovation programming (Coulson and Woods 2016; Senior 2018b, sec. 3). This stage, therefore, serves to identify the most suitable themes for cross-sector activation, asking: 1) what work has already been done and what is the current state of cross-sector activity?; 2) which principles need to be embedded in sector-specific calls to maximise participation?; 3) which network partners might be well suited to participate in new collaborative activities?; 4) where might valuable outcomes and potential pitfalls be expected to arise in innovation work? Expertise developed through the AHRC Hubs programme has pointed to the value of workshops, design-led activities, formal/informal interviews, and literature reviews (such as reports, sector publications, and grey literature) in conducting scoping work. The Interpretation phase that follows Scoping requires a high degree of research excellence and sectoral knowledge from the Hub's core team to bring together insight from a complex, multi-sector landscape and shape it into a themed call for stage 3 Idea Development (where new collaborative partnerships are first formed). Themed calls, for example, need to be carefully tuned to the expectations of targeted sectors: specific enough to attract a body of participants who may have common underlying interests, but also sufficiently broad to bring new or 'unexpected' angles on the chosen theme. The ongoing development of a broad partner network linked with the Hub, combined with the activities of the Ecosystem Investment stage, is expected to be critical in delivering effective scoping activities and reaching out to potential participants for stage 3 work.

Dementia Connect Insight

Uncovering Hub Principles

Two projects funded through the Dementia Connect Creative Voucher scheme give insight into principles a Hub should invest into its Scoping and Interpretation activities. The first is the DEEP Participation Guidelines project that sought to understand the values behind meaningful participation in arts and creative engagement for someone living with a dementia diagnosis (Section 5 Case Study 4). Raising, amongst others, issues around the nature of person-centred support, opportunities and rights to access, transport logistics, and information, these guidelines should inform how new cross-sector partnerships centre their work on the dementia experience and approach the design of creativity-based activities. The second – Connected Care – was a micro-study into the realities of delivering creative inclusion in care settings through digital technologies, exploring the principles that should underlie the design of bespoke digital policies for individual care homes (Section 5 Case Study 5). Looking at perceptions of technology, the state of available infrastructure, and the extent of digital literacy amongst care staff, such an understanding reveals the conditions within which new products and services will need to work (or assist in changing) if there is to be a chance of meaningful innovation uptake. Both projects have placed person-hood, the development of social assets, and a focus on sustainable and resilient engagement at the core of what should be sought out in future project work. Indeed, they identify that a Hub must not act to reinforce or amplify existing patterns of exclusion and practices of exploitation (for example in the social or digital domain). A Hub can draw attention to such principles through the way Scoping is conducted, Interpretation is contextualised, themed-calls are developed, and through the projects it chooses to fund. Reviewing and updating the principles that underlie a Hub's activities is a core part of establishing a Hub culture.

Uncovering Potential Themes

Insight into broad themed areas for new collaborative partnerships has emerged through Dementia Connect's Development Labs and research activities². Grouped into seven areas, all serve as a platform for creative arts and cultural practice; all are open to advances in digital technology or respond to the potential of the digital; all can target the untapped potential of new forms cross-sector ways of working; all can be responsive to different forms of dementia, their characteristics, and time-courses; and all can serve as a suitable vehicle for implementing or advancing learning from areas of policy, clinical practice, and university research. In short: these are themes that can respond to the complexity of living with a dementia diagnosis today.

1. Stepping into a Creative Future: With a dementia diagnosis, leading a creative life is not only possible but takes on a new significance. Remaining creative or re-engaging with creative assets at home, in communities, and across generations is an important area of exploration.

2. Building Dementia Friendly Environments: Leading a creative life is subject to issues of mobility, transport, and living environments. More than just a question of access, there is potential in how transport services and infrastructures can themselves become part of creativity support.

3. Coping with Transition: Each person's dementia journey is different, and coming to terms with transition is an important undertaking. Creative activities can open up new possibilities for making sense of, or confronting, those transitions. It can help others to understand that journey.

4. Empowering Care: Empowering carers to lead on the design, implementation, and sharing of
- new practices in creative care is now vital. From innovative forms of care training to embedded artist residencies, such activities are also an important route to supporting carer wellbeing.

5. Innovation in Information Services: Meaningful engagement with creative activities is shaped by the quality and availability of information. In the digital age, important questions need to be asked about new forms of information access, data ownership, and identity protection.

6. Building Networks and Partnerships: A strong dementia and creativity agenda will require different forms of networking, partnership, and community building. This raises important questions around the status of ethically informed participation for people living with dementia.

7. New Experimental Horizons: The relationship between contemporary dementia research and creative practice – for, with, and by people living with dementia – is a new focus of work³. Where might new, productive alignments shed light on the dementia and creativity field?

²The innovation briefs of the 'Transform ageing programme' has proven useful in validating and framing this work (Transform Ageing 2018, 8, 10-23).

³The cross-disciplinary research project 'Created out of Mind' – residents of The Hub at Wellcome (2016-2018) – is significant in this regard (Created out of Mind 2018).

STAGE 3

Idea Development

Aim

Delivering on a themed call, the Idea Development stage would drive the formation of new, experimental cross-sector partnerships. Entering into this stage, it is likely that project partners will have different levels of experience in cross-sector working or in the extent of their engagement with the dementia field; support, therefore, for an initial period of collaborative engagement can be formative in helping partners better understand the opportunities and challenges of operating in such a complex innovation space. With a focus on generating viable project ideas for future development (for example through Stage 4 Project Formation), the Idea Development stage is a key opportunity for teams to take some of the risks associated with new project ideas, to test the strength of their partnership, and to assess possibilities for future, longer-term collaborative activities. In this context, it is the generation of innovative ideas within a partnership structure – rather than the ‘transfer’ or ‘exchange’ of sector-codified knowledge between participants – that is expected to define new work. It is, therefore, project teams that are best able to develop and exploit their ideas in the long run. To these ends, teams would be awarded control of project IP; even if largely symbolic at such an early developmental stage, it is an important step in giving teams confidence in the ownership of their ideas.

Delivery

The Idea Development stage could be delivered along the lines of Dementia Connect’s own Development Lab and Creative Voucher model (Section 5 Case Study 1), itself a version of Ideation activities originating with the AHRC Hubs (Senior 2018b, sec. 3). Led by a Creative Producer, around 20-25 invitees would participate in a Development Lab event designed to unpack the target theme, identify points of common interest, and develop new project ideas (outlining possible partners and roles, project incentives, and critical resources). A simple application following the Lab would enter teams into a competitive Creative Voucher scheme for awards of £5-7K; each Development Lab might expect to offer up to five awards. Project lead-time and delivery (around five months) would be flexible, responding to the time-constraints faced by many active in this field of work (for example in the public sector). Low-level project reporting combined with a collaborative project review would be mandatory at the conclusion of this stage of development.

Hub Role

This third stage in the innovation cycle marks an intensification in the activities of a Hub. New, experimental cross-sector projects are almost always harder to deliver: they require additional support to manage team interactions and project expectations – a core function of the Creative Producer role. There is also value in seeding a number of new projects together, a cohort-based approach that brings value to individual teams through broadening the insight brought to bear on a target theme. From this perspective, the exposure of project partners in stage 3 to ideas and contacts from beyond their normal frames of reference (and often beyond their comfort zones) is one of the most critical functions of the Hub. Even if only a small number of project teams continue to work together (for example progressing to Stage 4 Project Formation), increasing participants’ awareness of different parts of the dementia and creativity ecosystem is an important long-term role of the Hub (an effect that may be best seen when delivered at scale). The work a Hub undertakes in building its network of partners will impact its ability to curate new partnerships or establish test-beds for idea development – all important factors in helping put projects on a more secure footing.

Relevant Case Studies

- Drawing on Strengths (p48)
- Sense of Self (p50)
- What’s on for Dementia (p52)

Dementia Connect Insight

Three projects funded through the Dementia Connect Creative Voucher scheme give insight into how the Idea Development stage can support new, ambitious cross-sector partnerships. The first, Drawing on Strengths, developed a pioneering creativity audit tool for post-diagnosis dementia (Section 5 Case study 6). Revealing the viability of this idea, the team have come to understand the central issues at the heart of any future project development: this includes asking how to build routes for tool uptake, how the tool might be tailored to different formats of post-diagnostic support and regional context, and how different co-design methodologies might impact the conception and affordances of a creativity audit. The second voucher, Sense of Self, proposed the development of a multi-sensory confectionary experience that could be customized to trigger particular flavour memories (Section 5 Case study 7). It was the encounter, however, with care home residents further along in their dementia journey that signalled a shift in the team’s thinking. Forced to question how such experimental work can be evaluated, and left asking whether everyday (rather than bespoke) foodstuffs could bring taste-based reminiscence approaches to a wider audience, the team have outlined the parameters for important future R&D. The third voucher, What’s on for Dementia, scoped out the feasibility for an online, region-wide dementia wellbeing service, revealing the strength of a ‘piggyback’ approach to digital innovation that adds value to existing products and services (Section 5 Case study 8). Scraping the surface of what’s possible in this information services arena, the team are continuing to work together, focusing on how a platform for data submission to the service, and integration with existing Social Prescribing approaches, might be possible.

All three projects reveal how a ambitious new partnerships and project development in the how important it is that already in place to enable i.e. to turn good ideas into

Creative Voucher scheme can serve set the stage for more extensive future. This serves only to affirm support mechanisms are that critical next step, viable prototypes.



Photo: Alzbeta Kovandova

STAGE 4

Project Formation

Aim

Tied to the same strategic theme as the Idea Development stage, stage 4 Project Formation would deliver project teams through an extensive programme of collaborative R&D, enabling projects that should establish a quality benchmark for cross-sector working in the field. A competitive entry process would determine participation in stage 4, one open to project teams emerging from earlier stages in the innovation cycle (those ready to take this next step), but also to more established teams from elsewhere in the broader Hub network and beyond. Open to different team ambitions, project outputs from this stage might include advanced working prototypes for a new product, an innovative service redesign, a series of experimental pieces, or projects that may respond to local-needs or demonstrate the potential for scalability. At this stage in the innovation cycle, it would be the needs common to all projects in navigating a complex multi-sector space that would be the key focus of a Hub's support activities. Stage 4 Project Formation aims to equip teams with a clearer idea of their work's target audiences and better align them with more established sector-based investment and support pathways (stage 5 Evolution Support). For example, a project team might align themselves with the priorities of a particular public health commissioning pathway and, through stage 4, develop the confidence that commissioning is the appropriate route for them to take.

Delivery

Here, the AHRC REACT Hub Sandbox could serve as a model for this stage of project development – a three month programme built around a backbone of workshops, business development support, prototype iteration, user testing, industry consultation, and public showcasing events (REACT 2016, 18-19; Senior 2018b, 27-32). A cohort-based approach – enabling stronger exchange between project teams, advisors, mentors, industry experts, project users, and so on – has proven valuable in this space (Senior 2018b, 29). This model of support should be understood as reaching above and beyond the typical provision for projects offered through traditional accelerator and incubator programmes. As such, it instils the values of an 'ecosystem approach' in helping new partnerships deliver innovative new work (Moreton and Dovey 2013; Dovey et al. 2014). Recognising a commitment to the wider inclusion of people living with dementia throughout project development (with associated costs), stage 4 would aim to deliver 40-60K into each new project. A cohort of around five new partnerships (totalling 20-25 participants) would enable the intensity, but also the intimacy, required of a Sandbox process. Finally, and reflecting the same principles discussed for stage 3 Idea Development, project IP would belong to the project teams, giving them the confidence they need in shaping the future trajectory of their collaborative work together.

Hub Role

As an ambitious project development programme that will test the strength of partnerships and actively contest different sector cultures, stage 4 Project Formation is where most demands are made of a Hub's research, networking, and production expertise. With the support of the Hub team, the Creative Producer role is understood as central to these activities. Through the development programme, an experienced producer can help manage points of tension in the collaborative journey, help projects with creative and practical advice, and support teams to understand their collaborative responsibilities through inhabiting the challenges of different sectors or disciplines active in the project partnership (Senior 2018b, 29-30). This type of Creative Producer role – one combining networking, intermediary and collaborative activities – is gaining wider recognition in cross-sector work (UWE Bristol 2018; Virani 2015a). In addition to the stage 4 activities themselves, the Hub team plays a wider role in actively tackling institutional and sectoral barriers to project development, whether, for example, in relation to contracts, budgets, ethics, or IP. An important component of this longer-term culture-change activity is the role a Hub can play in producing an extensive body of public-facing articles, press reports, industry papers, and project showcasing opportunities.

Dementia Connect Insight

Insight into Participatory Practice

By enshrining dementia experience at the centre of this field of work, a commitment is made to developing new forms of participation that can bring that experience to bear on responsible innovation activities. These new forms of participation must parallel the variation that characterises living with a dementia diagnosis today: this could include being a participant in conversational, collaborative, or user-testing events, through to being an active member of a funded project team. stage 4 workshops would be the ideal venue to support dementia awareness training for project partners and to explore best practice in co-design activities involving people living with dementia. These could address, for example, the value of collaborative participation for different stakeholder groups, principles underlying participatory engagement (such as the role of structure, flexibility, and improvisation in co-design activities (Tseklevs et al. 2015; Woods L. et al. 2015; Zeilig et al. 2018), and a deep-dive into 'routes to impact' in the dementia and creativity field (see Table 1). For people living with dementia to be more fully involved in project activities, the Hub will need to develop an approved ethics framework with its project teams and partner institutions. So long as people living with dementia are recognised only as 'vulnerable patients', more meaningful forms of participation will be limited. These changes will require re-thinking the patient status of participants, the complexity of ethics approval when partnering with universities, the role of fair compensation and IP protection, and how informed and continued consent is managed as a function of a dementia journey. These are culture-change activities to which the Hub model is ideally suited.

Insight into Evaluation

The breadth of cross-sector engagement proposed in this innovation model commits a Hub to a deeper exploration of different evaluation methods and the values attached to them. Creativity-based participation has valuable "in the moment" effects but also longer-term health outcomes. Each is subject to unique challenges in data collection and impact observation (e.g. Gray 2017). Questions of impact are also intimately tied to the expectations of different disciplines or sectors active in the field: the success of a creativity-based intervention might be measured against personal forms of expression, indicators of improved quality of life, targets on the reduction of hospital admissions from care settings, or favourable financial return on investment within a commissioning pathway. Practically speaking, the parallel roles served by different impact measures has an important place: in public sector commissioning, for example, there is a desirability both for particular evidence-based approaches but also "good narratives" to give that evidence real-world context and a sense of human impact. Unfortunately, the use of simplistic and linear evaluation approaches to plug difficult evidence gaps is common where deeper reflection, or mixed approaches, is needed. And, whilst progress is being made in understanding how creativity-based interventions might influence changes in health outcomes (Windle 2014; Windle 2018), the need to stimulate, test, and discuss new evaluation methods is ongoing (e.g. Thomas et al. 2018). Linking up innovative cross-sector work to the right dimensions of these evaluation debates is now critical: on the one hand, project teams will need to tune into recognised evidence streams appropriate to their long-term project goals; on the other hand, there will be scenarios where new approaches to evaluation (or push-back on traditional evidence pathways) is needed. Stage 4 Project Formation serves as the ideal platform to support both these aims, equipping teams with the sector insight they need to deliver an appropriate evidence base for their work, whilst also helping teams to question what forms of evidence and evaluation are appropriate, and why.

Table 1: Routes to Impact

Domain	Local	Global
Content	Content tailored to individual needs, histories, interests, and time-scales	Content that is generic, mass-produced, and broadly accessible
Participation	Activities built around forms of co-design, co-creation, and co-production	Activities that are led, coordinated, and deployed by trained professionals
Delivery	Locally embedded delivery through friends, family, care partners, and carers	Delivery through dedicated partners, care staff & services, contracts and franchises
Context	Adapting existing settings, activities, and processes to respond to localized needs	Designing new and scalable activities, settings, and processes
Enterprise	Working with everyday knowledge and common conceptual models	Working with curatorial, disciplinary, and design expertise or leadership
Evidence	Evaluation that captures personal experience and challenges categorisation	Evidence that delivers on institutional, and financial or economic metrics
Strategy	Intervention strategies that are home-grown, tailored, and unique to context	Strategies that are generic, globally-oriented, and can operate at scale
Language	The use of everyday language and culture-specific terminologies	The official language of policy, care, and institutions

Table 1: Understanding routes to impact in the dementia and creativity arena

In any wide-ranging approach to innovation, a variety of different ‘domains’ (such as content, evidence, strategy, and so on) need to be considered when defining a project’s route to impact – an understanding essential to project development in stage 4. New project teams can gain insight into their work, for example, from understanding the sites and scale of its action within different domains, mapping out a particular vision of creativity, impact, and even care. Different patterns of effects emerge, for example, in models of creativity based on: 1) local arts practitioners embedded long-term into a care home, delivering tailored, co-creative, and extended experiences for each resident; or 2) the delivery of activities for groups of participants at target community sites by trained creative delivery partners; or 3) a socialised approach that is situated widely within communities and homes, one based on more standardised activities that are less expertise-, space-, and time-dependent; or 4) ‘all-purpose’ creative activities that can reach the widest possible audience and operate in a stand-alone fashion, requiring minimal levels of training and delivery support.



Photo: Alzbeta Kovandova

STAGE 5

Evolution Support

Aim

Project teams entering into stage 5 would be expected to have not only a viable project idea, but also the partnerships, assets, and evidence-base needed to convince others of that viability. This final stage in the innovation cycle would see the Hub work to maximally engage teams with external funding and support structures that can help project teams deliver advanced research agendas, scale their activities, or push towards adoption and diffusion of their work. It is here – outside of the Hub – where teams are better placed to access incubator & accelerator support, tailored marketing, legal, and business advice for investment readiness, or secure more substantial funding for ambitious R&D (for example within the university system) (Senior 2018b, 30). Our claim would be that stages 1-4 of the cycle will have given project teams a competitive advantage in accessing these forms of support, i.e. that participation in the Hub's innovation programme will have equipped teams with the expertise they need to operate in a complex cross-sector space whilst responding to sector-specific needs and cultures of innovation. With IP ownership in the hands of project teams, they will have greater control in how their projects are developed further outside of the Hub.

Delivery

In this transition period, a Hub can help broker connections with key, influential sector partners and programmes, as well as help publicise new work through opening up showcasing opportunities or facilitating project dissemination through sector-specific publications (Senior 2018b, sec. 3). Whilst earlier stages in the innovation cycle can benefit from being held to a particular time-frame (helpful in coordinating support and driving project momentum), transitioning out of Hub support is much more project-dependent, a question of helping teams transition at the right time and pace for their ongoing development. Indeed, the directionality of this relationship between project and Hub is expected to change during the transition: whilst, for project teams, association with the Hub will likely continue to be of use (a 'value added' to external applications for development funding), the Hub itself now gains an important source of evidence into the effectiveness of Hub-led interventions and the possibility of new funding streams through an equity share in projects themselves (Design in Action 2016, 40; Senior 2018c, 18-22).

Hub Role

As such, stage 5 marks an important moment in the independence of project teams, i.e. one where core Hub involvement begins to tail-off. Tailored Hub support through this transition from an experimentally oriented R&D space into more traditional forms of sector-led support will, however, be critical – it is here where the well-documented 'valley of death' between project prototype and 'final product' takes place. In some cases, the transition to external Hub support can challenge a project team's understanding of their core aims and offer, a process that could require a fundamental reformulation (or re-orienting) of the partnership itself and its work together (Senior 2018b, 30); here, a Hub may be instrumental in helping manage these changing relationships. Over the course of this transition period, the impact of continued Hub association may change as project teams come closer to securing future investment or attaining full independence. Flexibility in the partnering between Hub and project teams (including the possibility of full 'separation') will be needed if that relationship is to remain mutually beneficial beyond the innovation cycle outlined.



Photo: Widnes Vikings

Hub Impact Strategy

Summary

Driving Cross-sector Innovation

The Hub-led innovation model proposed focuses on supporting new cross-sector partnerships in the dementia and creativity field. It aims to connect responsible innovation – tied to new products, services, and experiences – to the needs of people living with dementia. A five-stage innovation cycle is proposed that can connect impactful ideas to project development and on towards innovation adoption. Establishing new forms of cross-sector collaboration is a long-term culture change project, one that requires meaningful and sustained engagement. Taking this challenge seriously, the Hub model affirms the need for active intervention, working to broker new partnerships, support R&D, establish user-testing environments, and, most importantly, taking the risks required to drive innovative new work.

Crowding Diversity

The model operates in an innovation space where drawing together diverse and multi-sector perspectives is paramount. Enshrining greater opportunity and parity in the collaborative process, this is a vision of cross-sector working that strongly differs from more traditional sector-led models of knowledge exploitation, exchange, or transaction (often bound with IP practices that affirm a sector's claims to knowledge ownership and their expectations of knowledge use). Here, we propose investing IP directly in those best able to understand and mobilise these new types of cross-sector innovation activity – the project teams themselves. This serves to promote the development of new work and empower team members as innovators in their own fields (Senior 2018b, sec. 3; 2018c, sec. 3).

A Commitment to Inclusion

Each sector differs in their support for collaborative activities involving the general public or vulnerable persons/groups. The patient-to person-centric turn in dementia care raises serious questions around the status of people living with dementia within collaborative R&D projects: how can we support those who wish to participate more closely as project partners, and how should those relationships be managed as a function of the dementia journey? A Hub has an important role to play in countering existing patterns of exclusion in innovation work. This can be achieved through the participatory principles it embeds in its activities, and by working with partner institutions to generate the insight needed for new ethics guidelines to be developed and adopted in the long-term.

Strengthening an Ecosystem

Thinking beyond the delivery of individual projects, the model aims to foster new cultures of community-based innovation in the long-term. Recognising that a dementia and creativity agenda is only going to succeed if a plurality of approaches are developed, tested, and embedded, the model works to marshal greater diversity into the development of new ideas and the formation of partnerships. Three core activities – investing widely across a network of partners; supporting a variety of projects tuned to different real-world needs; and transitioning projects into, but also out of, Hub support – capture the spirit in which the Hub is an ecosystem-embedded, rather than a centralising, entity. In this way, the Hub serves as an active interface in the delivery of much-needed innovation work.

For People Living with Dementia

The Hub model aims to increase participation for people living with dementia and their care partners across all stages of the innovation cycle. This might be through participation in shaping the innovation agenda (stages 1, 2), direct involvement in project development as a project partner, advisor, or in a user-testing capacity (stages 3, 4), participation in public-facing work and dissemination activities (stage 5), or as lead-users and first-time buyers of new products and services. The Hub can play a critical role in changing the conversation around participation through, for example, enshrining core principles around inclusion in its activities, easing the logistics of co-production, and driving culture change in IP practice and ethics frameworks.

For Care Providers

The Hub model proposed offers a variety of opportunities for organisations delivering care provision: a care organisation might serve as a project-lead developing innovative new work as part of their care offer; or they might work with a Hub to develop an in-house Innovation strategy that establishes them as a testing ground for other project teams active in the field. Innovation work might, for example, focus on growing local multi-sector partnerships, improving the delivery of person-centred care through re-thinking in-house and community-based care provision, or developing new artist residency and training programmes. The model creates – perhaps most importantly – a route for care staff and care givers to become empowered as innovation champions, supporting the adoption of best practice, leading in the development of new work, and embedding the best ideas into everyday care practice.

For Innovators

Whether an entrepreneurial individual, a small business, a creative practitioner or a community-embedded organisation, this Hub-led innovation model offers a number of important advantages to those wishing to drive new cross-sector work: a Hub can make space and funding available for new R&D that may not be possible in the context of everyday working pressures and routines; enable a stronger engagement with people living with dementia, driving the development of more meaningful activities in a variety of innovation

contexts; provide access to the production, research, and evaluation expertise required to operate in this complex field; introduce a full-cycle innovation pathway that means long-term partnerships can be built and legacy planning put in place; and create tangible/intangible assets with relevance to more traditional sector-led work.

For Academics

The more experimental and collaborative ways of working proposed in this Hub-led model of innovation is understood to differ from, but complement, models of Knowledge Transfer and Knowledge Exchange common in academia. As such, it may offer more effective routes for academics to develop and demonstrate the value of their research in this complex multi-sector space. New collaborative opportunities would emerge not only for researchers in gerontology and dementia studies, but more widely across the arts, humanities, and sciences. Critically, the model tackles a number of barriers to increased academic participation in cross-sector work (Senior 2018b, 8-9), through making collaborative spaces available, brokering new partnerships, and offering tailored project support. A new generation of ambitious academics with multi-sector interests and cross-disciplinary research agendas will identify with this approach.

For Health Commissioners

A Hub would aim to bring greater clarity to commissioning activities by introducing channels of communication between commissioners and the most promising project teams. As such, it offers a tangible foundation for the Social Prescribing model. For example, the Hub model can deliver the horizon-scanning activities that commissioners are hard-pressed to undertake; can deliver the operational activities that link on-the-ground dementia realities with targeted innovation activity best suited to commissioning interests; and can serve as a point of contact for accessing innovative new work and innovation partnerships. In corollary, the model equips new project teams to deliver original work, drive network development (or consortium formation), and build an evidence base that can boost their visibility/credibility in the commissioning process.

Section 4

Reflection and Next Steps

The Open Innovation Movement

The constellation of principles outlined in this Innovation Hub proposal finds parallel with ‘open innovation’ approaches in the health arena. Here, open innovation strives to address real-world health issues through multi-stakeholder collaborative activities, so better identifying and responding to complex health needs. Research for the innovation foundation Nesta has identified how open innovation can tackle failures in the health system through, for example, 1) better directing available resources towards identified areas of need; 2) bringing innovation work into stronger engagement with the expertise and insights of a diverse body of stakeholders, and; 3) by responding more strongly to the needs of those affected by innovation activities, including individuals and communities (Gabriel et al. 2017, 5). In this way, open approaches expand beyond the predominantly technological and economically motivated accounts of innovation of the past. Tackling the most resistant challenges in the health field means recourse to new products, but also new services, system reform, training, organisation development, and policy change (e.g. Gabriel et al. 2017, 10). The need to broaden participation in order to achieve these innovation aims is now being recognised; it is key to diversifying the drivers and enablers of innovation, and, most critically, to reflecting the plurality of values (economic, social, and cultural) active in the health arena. In this expansion, the ‘new’ in innovation might also be understood to include forms of reworking, repair, or ‘making fit’ for use. The premium of the “solution” also diminishes in the face of the health arena’s increasing complexity.

In Nesta’s analysis, attention is drawn to how different open innovation activities define their targets within this complex innovation space. In practice, this can mean drawing on the particular strengths of a single sector in leading innovation activities; focusing on one developmental stage within an innovation cycle; honing-in on a problematic cross-sector relationship (e.g. between organisations and the public); or delivering on a specific set of health challenges (such as increasing the efficacy of a given process or activity). In many areas of work, as in the dementia and creativity field, the need to draw-together multiple stages of innovation activity and support a variety of innovation pathways has now emerged. Such models can be helpful in situating the Innovation Hub proposed here in this report. Three illustrative approaches include Nesta’s People Powered Results, the European Living Labs model, and UnLtd’s Transform Ageing Programme.

1. Nesta has developed their People Powered Results (PPR) model to empower health professionals and frontline staff to “test out different approaches and work across professional boundaries within a defined period” (Gabriel et al. 2017, 52). In PPR, an innovation cycle consists of challenge design, a 100 Day Journey (in which new ideas are iterated and prototyped), and a Sustainability and Dissemination phase (aimed at consolidating learning and assessing the scalability of proposals). The importance of a ‘facilitating team’ to help coordinate and coach new partnerships is a necessary step in enabling the “conditions needed for effective innovation and change” (Gabriel et al. 2017, 52). With emphasis placed on supporting teams within existing regional health systems, the programme centres around intra-sector innovation.

2. The European Living Labs (Robles et al. 2015; Malmberg and Vaittinen 2017), many with a health innovation focus⁴, aim to broaden participation through a Quadruple Helix principle, denoting the inclusion of public sector, university, business and citizen representatives (Malmberg and Vaittinen 2017, 65). An innovation cycle is broadly defined by an Exploration stage to understand current and possible future challenges, an Experimentation stage to prototype future scenarios, and an Evaluation stage to assess project impact and propose go-to-market strategies (Malmberg and Vaittinen 2017, 14-16). The importance of brokerage in partnership formation and a responsiveness to local embeddedness is deeply recognised. With a strong emphasis on broadening participation, Living Labs pivot around ideas generation and speculative design futures.
3. The Transform Ageing Programme (TAP; delivered in partnership between the Design Council, UnLtd – the Foundation for Social Entrepreneurs, the South West Academic Health Science Network, and the Centre for Ageing Better; Transform Ageing 2018) offers a stacked model of support for social entrepreneurs wishing to develop a project from an initial idea through to market (Do it – up to 5K; Grow it – up to 15K; Scale it – up to 25K). Wrapped around this funding is project and design support, and the expectation that funded social enterprises will work with local stakeholders in the localities targeted by the programme. TAP builds on extensive multi-stakeholder insight into health challenges and the close involvement of strong local partnerships and delivery partners. With a focus on solutions to identified challenges, the programme centres on social entrepreneurs as the driving force behind innovation work.

All three programmes highlight the importance of a stacked (sequential) approach to project development, the role of sector scoping, the need for bespoke brokerage and collaboration support, and a sensitivity to local and regional conditions – all principles that have informed the Innovation Hub model proposed here. It is, however, how these principles are brought into alignment around ‘ecosystem thinking’ that, we argue, gives the current model its strategic position in driving new cross-sector work.

- The first hallmark of this alignment is a broadening of Hub focus away from the delivery of specific, targeted solutions towards growing an ecosystem that is itself ‘innovation ready’. The role of Hub activities in strengthening regional partner networks, building community-embedded test-beds, identifying ‘would be’ innovators for future work, and diversifying channels of influence in-to and out-of the Hub are all critical in this regard.
- The second is that whilst a Hub can play a central role in connecting different innovation stages together, this must be in recognition of the wider innovation landscape (and other centres of activity) in which the hub operates. This means actively seeking to help new partnerships connect to other sources of support, funding, and influence that can assist them (even if this creates alignments that run counter to a Hub’s core ‘open’ innovation principles).
- The third is the understanding that a complex, multi-sector innovation space needs greater flexibility in accommodating different approaches to innovation, and that important new work is put in jeopardy by reinforcing traditional innovation silos that distinguish between a social and technological orientation, between academic and industrial R&D, and between activities targeting the private and public sphere. There are enormous benefits to be had by operating across these pathways.
- Finally, is the explicit recognition that an innovation ecosystem can continue to be generative in response to emerging challenges and opportunities. The dementia challenge is neither going away, nor will it remain static – each new generation is going to express different needs, interests, and capabilities (especially where technology is concerned). Sustainable and adaptive working in this changing ecosystem is required: a Hub’s work is done when it is no longer needed, not with the end of funding or with a shift in the wider policy landscape.

⁴The European Network of Living Labs (ENoLL) has identified a number of core thematic domains including Wellbeing and Health, Social innovation and inclusion, Public service innovation, Culture, cultural heritage and creative industries, amongst others (Robles et al. 2015, 122). The Innovate Dementia Transnational Living Lab at Liverpool John Moores University (UK), for example, has a dedicated dementia and innovation focus (Innovate Dementia 2013).

Routes Towards Implementation

Dementia Connect was a one-year pilot study, a wide-reaching exercise grounded in an engagement with individuals, organisations, and communities active in the dementia field. As such, it is tied to insight from knowledgeable partners with an interest in seeing a more collaborative and inspirational approach to cross-sector work. The Hub-led innovation model proposed here suggests a realistic, but also ambitious, vision of what might be achieved. If it were to be implemented in practice (as a full-scale demonstrator project), we can ask how the core values expressed in the model might outline potential routes towards implementation.

Four Principles

1. **Embedded Autonomy:** The model proposes that a high-degree of Hub autonomy will be required if cross-sector leadership is to be developed, raising the question of the vehicle best-suited to its delivery. A Community Interest Company (CIC) is one option, an autonomous enterprise with broad fund-raising powers that enshrines a social mission consistent with the responsible innovation ethos proposed here. The operation of a CIC from within other institutional structures, such as a university or community body, could help to establish it within existing networks of influence central to its core aims. Within universities, the 'research centre' model can also be a way of assembling a community of interest with multi-disciplinary and cross-sector expertise: small enough to agilely work between different sectors whilst retaining access to the infrastructural, networking, and administrative base of a much larger institution⁵.
2. **Funding Streams:** Whilst a single, time-limited source of funding might enable a Hub's work to be initiated, its full generative potential will only be realised through a sustainable funding model. The cross-sector focus of the Hub aims to deliver innovation activities that respond to the needs of sector partners, potentially opening up access to different sector funding streams or laying the foundation for more bespoke forms of support. Although a Hub-centred approach to funding new cross-sector partnerships confers a number of advantages in shaping the direction of an innovation programme, targeting (and aggregating) external funding sources may enable key elements of the innovation cycle to be delivered. (stages 3-to-5 of the pathway, for example, find parallel in many current models of research, innovation, and incubator support). An equity share in projects or Hub spin-outs (e.g. focusing on innovation brokerage and consultancy) may generate additional income streams in the long-term.
3. **A Full Innovation Cycle:** The full innovation cycle approach proposed aims to support unbroken project progression from ideas to target audiences, raising the question of whether a full implementation of the cycle is always necessary. Each stage is understood as delivering value in its own right and to operate in a semi-independent fashion, such that, for example, stage 1 Ecosystem Investment could benefit organisations independent of entry into a subsequent innovation track, and Stage 4 Project Formation could support cross-sector partnerships already active in the field in a standalone fashion. Conceived in this way, completion of one stage is not a precondition for entry into the next, nor would project teams be expected to complete the whole programme. A Hub-in-development might demonstrate part of the full programme before scaling up to a number of themed innovation cycles a year.

4. **Collaborative Spaces:** Much attention was given by the AHRC Hubs to the important role space plays in supporting collaborative production (Senior 2018b, sec. 3), raising the question of where a Hub might deliver its partnership support activities. The importance of a dedicated space where project partners can fully 'extract' themselves from their own institutional environments (and the sanctioned biases and behaviours that go with them) to focus on a new collaborative orientation together rises to the fore in stage 4 Project Formation (e.g. Senior 2018b, 29). It is here where a Creative Producer can generate a 'charged' collaborative space for project (and cohort) work. This may be where the Hub manifests itself most tangibly as an entity in its own right, rather than just an interface between partners. In contrast, stages 1, 3, and 5 might be best delivered within the Hub network itself or through community and project partners, i.e. situated visibly within the ecosystem itself.

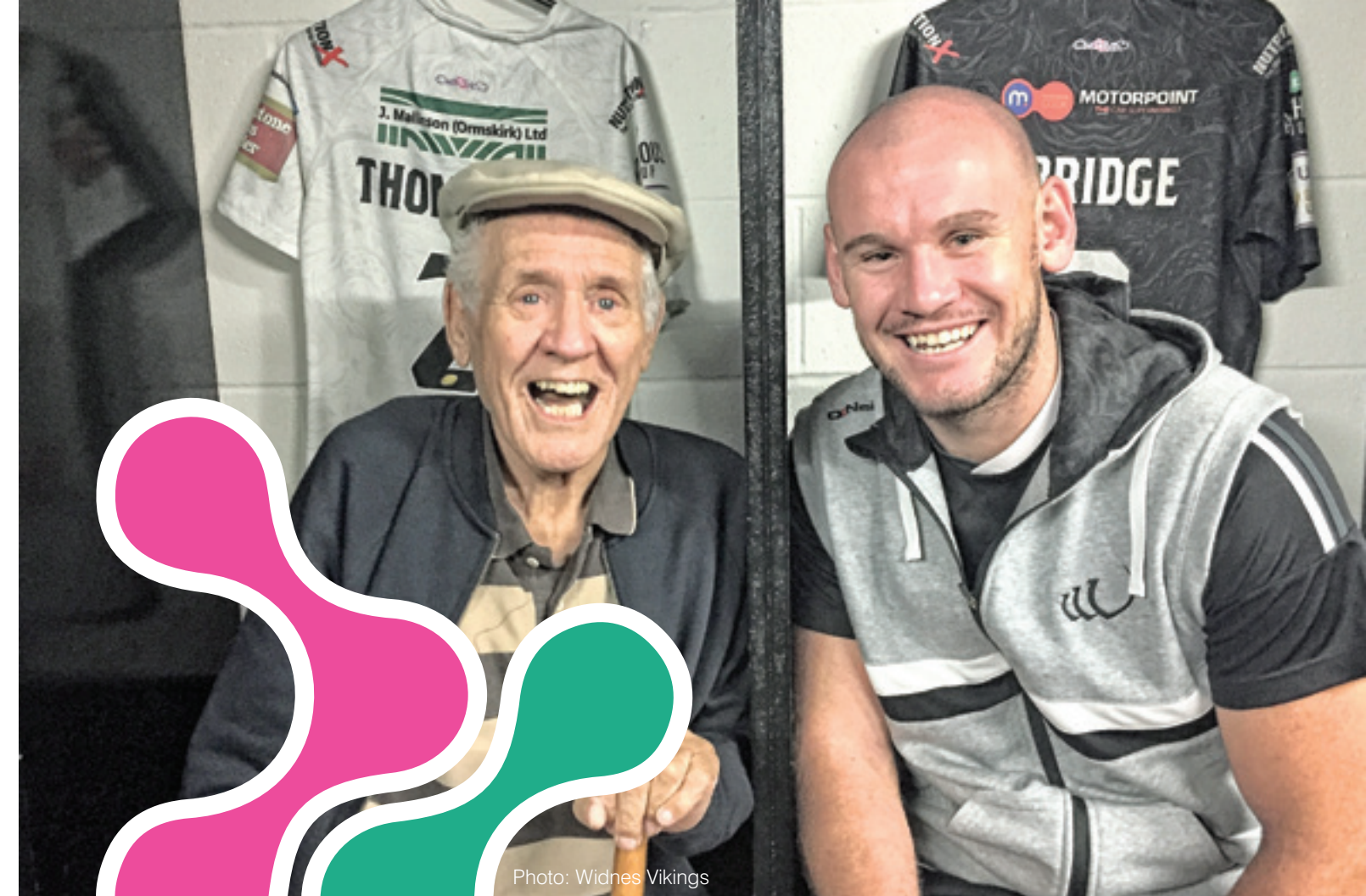
An Implementation Scenario

One approach to implementing this new Hub model would be to align it with an existing programme of community-embedded dementia support that carries with it a similar ethos around 'ecosystem thinking'. The Meeting Centres Support programme (MCSP) developed in the Netherlands in the 1990s, and now emerging in the UK, offers one such alignment (Brooker et al. 2017). The MCSP enables communities (typically of around 5000 inhabitants) to design and operate a centre for the support of people living with dementia and their families. Open to contributions from all interested parties, centres are configured to the needs and opportunities of their locality, operating out of existing community sites. They serve as a social club, offer evidence-based post-diagnostic psychosocial interventions (physical, social, creative and cognitive activities), 'Understanding Dementia' meetings, and make regular opportunities available for people living dementia and their care partners to meet up with staff and talk through the changes happening to their lives. The programme now supports 144 centres in the Netherlands, with national infrastructure in place for local groups to bring new centres on stream, develop a business plan, and secure staff positions (Brooker et al. 2017, 8). Two UK centres are now up and running, one in Droitwich spa (Worcestershire) and Leominster (Herefordshire).

Once in place, Meeting Centres act to strengthen local networks of dementia-aware partners across a variety of different sectors, from the creative arts to retail. What the MCSP establishes is the community foundation on which a Innovation Hub might be built – indeed, the foundation without which a Hub simply could not thrive. With the demand for its services established, a Meeting Centre might then support an Innovation Hub as a second developmental step to its work. This would signal a shift from delivering innovation activities that focus on 'managing the present' to those that can also anticipate challenges and help build the communities of the future we all want to live in. The activities of a Hub would serve to strengthen and expand the regional network of partners, even operating across multiple Meeting Centres in a region or a city to deliver Hub impact more fully. This approach, we argue, could be critical to embedding a Hub's work and developing a sustainable innovation approach in the long-term, one that that can respond to the complex realities of living with a dementia diagnosis today.

⁵ One such model is Network, Queen Mary University of London's research centre for the Creative and Cultural Economy – <http://www.networkcentre.uk/about/> (which developed out of the AHRC

Creativeworks London Hub). Network operates as a support organisation for researchers, creative practitioners, entrepreneurs, private companies, cultural organisations and policymakers wishing to develop collaborative work.



Section 5

Case Studies

Case Study 1

Dementia Connect

Development Labs

The Development Lab model was a means of collectively addressing target themes around Hub design through face-to-face interaction amongst the project's partner network. By unpacking themes to identify points of common interest, collaborative opportunities, long-standing sectoral challenges, and emerging best practice, new cross-sector partnerships could be initiated and prepared for entry into the Creative Voucher scheme. A Lab consisted of a full-day programme of project development activities, typically for 20-25 participants and led by Dementia Connect's Creative Producer (a role that combines extensive multi-sector expertise with experience of managing creative partnerships). All travel and accommodation expenses were covered to maximise participant uptake and facilitate the attendance of third sector organisations and micro-businesses. The Lab format proved a strong driver for new collaborative activities: in the two Labs dedicated to the development of new project teams, two thirds of participants submitted one or more applications for a Creative Voucher (17 applications worth 50K for two 5K awards); the 26 Lab participants who submitted applications also drew in an additional 17 partners from outside of the Dementia Connect network in their proposed work. A key strength of running multiple, sequential Development Labs is that the focus of each can be refined as cross-sector insight emerges and expertise is drawn into the network. As that network changes, the balance between who leads in the development of new work (whether the overall project team or its participant network) can be adjusted accordingly. A Lab might 1) curate a cohort of participants to bring particular areas of expertise into the room, but let new project teams self-organise around their own interests – a form of curatorial 'bricolage' (Virani 2018, 18); 2) invite 'leading lights' from the partner network to bring their own curated teams into the Lab around a specific project idea; 3) invite a small number of trusted participants who have demonstrated deep cross-sector awareness to attend multiple Labs, introducing an additional degree of stability across the overall project; 4) introduce participants from outside of the network through an open call to open-up, test, or challenge an emerging consensus; 5) introduce teams already running a Creative Voucher project as a live-feed into a Lab, helping strengthen that project and consolidate part of the partner network.

Creative Vouchers

In Dementia Connect, Creative Vouchers represented small sums of money (2-5K) distributed to individuals or project teams to enable rapid, exploratory cross-sector work (a means of 'nudging innovation': Virani 2015a; Virani 2015b). A variant of the more established innovation voucher model used for small/medium-sized businesses, here the scheme was tailored to emphasise collaborative over transactional partnerships, and promote an interest in process/exchange over the generation of specific outputs (Virani 2018, 5-6). With a focus on promoting ease into, and ownership of, innovation work, the scheme developed for Dementia Connect had minimal application/reporting requirements; IP ownership was assigned directly to the teams themselves (with prior IP being retained by individual participants). With an orientation towards experimental work, this type of voucher scheme is more highly dependent on curatorial and brokerage activities, needed to build access into new partnerships, open up spaces for collaborative production, and to mediate in the process of collaboration itself. Inline with findings from other schemes (e.g. Virani 2015a; Shiach et al. 2017): 1) the voucher award level was found to act as a stimulus for new projects that might

not otherwise receive funding in traditional sector contexts or within the constraints of large-award schemes; 2) award funding went further in supporting new work due to its minimal application and reporting requirements (with time-saving and motivational consequences); 3) award funding unlocked considerable in-kind support, enabling projects to go further and a key sign of partner commitment (but, such support needs to be carefully managed to avoid self-exploitation); 4) The voucher scheme was suitable for first-time entry into collaborative work whilst also helping more experienced, ambitious partnerships to work together in new ways. Across the scheme, it was found that participant-familiarity with the operation of different sectors proved beneficial in driving project development, but could come at the expense of cross-sector learning. Similarly, new partnerships were more easily disrupted by logistical challenges and differences in partner expectations, so requiring stronger support from a knowledge intermediary (such as a Creative Producer). In corollary, teams built around existing partnerships suffered less set back in output delivery and required substantially less support.

Dementia Connect Network

At the heart of Dementia Connect was a network of experts and advisors from a variety of different sectors. The four Development labs and seven innovation projects funded drew on the expertise of 105 participants (including the project's small core team and advisory board). This breaks down into 28 academics from 18 universities, partners from 3 innovation agencies, 22 different arts, culture, and design practitioners, 3 national social care charities operating one or more care homes, 7 participants from the NHS and Public Health, 9 different micro creative businesses, 19 charities working to improve care delivery, and 7 people living with a dementia and their care partners. The network was centred around Merseyside, with 66% of participants coming from the North West; a further 10% came from each of Bristol and London (reflecting the research base of the Dementia Connect team), with the remainder coming from across the UK (North East, Yorkshire / Humberside, West Midlands, South East, Wales, Scotland, and Northern Ireland). Development Lab participants also included key partners from nationally operating networks, including the LAHF (London Arts in Health Forum), the AHSN (Academic Health Science Network), the Dementia Engagement and Empowerment Project (DEEP), and National Museums Liverpool, amongst others. Critically, nearly 200 people living with dementia, their care partners, and front-line care staff were also directly involved in the development, delivery, and evaluation of innovation projects. Dementia Connect activities were disseminated through its website⁶ and public showcases at FACT Liverpool, Liverpool John Moores University, Liverpool Life Science UTC (University Technical College) and the 2018 International Business Festival hosted in Liverpool.



Photo: Gareth Jones

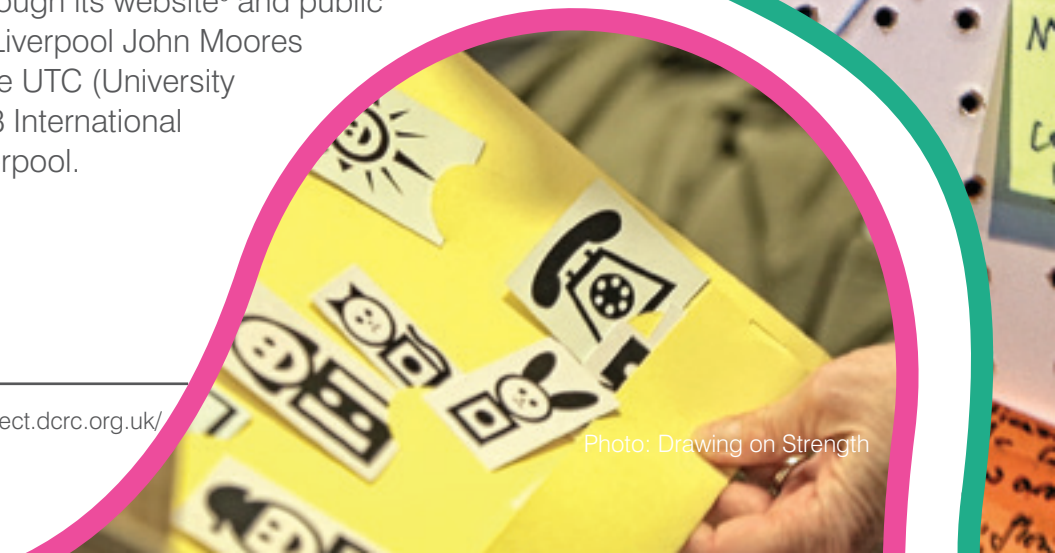


Photo: Drawing on Strength

⁶Dementia Connect: <https://dementiaconnect.dcrc.org.uk/>

Case Study 2

The Activity Academy

Promoting person-centred support and creativity in dementia care

Partners:
John Hughes – Widnes Vikings Super League rugby club;
Dave Sweeney – NHS Halton Clinical Commissioning Group (Halton CCG);
Phil Benson – Community Integrated Care.

The Challenge

In some traditional care services, there is a view that creative engagement with residents is a time-restricted activity, delivered only by dedicated individuals such as activity coordinators. This reflects a common disconnection between care homes and community-embedded organisations who could act as influential collaborative partners and bring added value to care services. This can result in residents leading less-fulfilling lives, but also deprive care home employees of the opportunity to bring their creative talents to the fore in traditional care service. The team asked: how can care services be enhanced through putting activities and person-centred support at the heart of all care home routines?



Photos: Widnes Vikings

The Response

Building on a long-standing partnership, the Activity Academy brought together leading figures in creative engagement and social care best practice to deliver an event for more than fifty frontline care home staff and managers in the Liverpool City Region. Responsive to the pressures that care staff are under, Activity Academy applied the concept of ‘espresso training’ – the delivery of short, interactive presentations that offer clear advice and strong take-home messages.

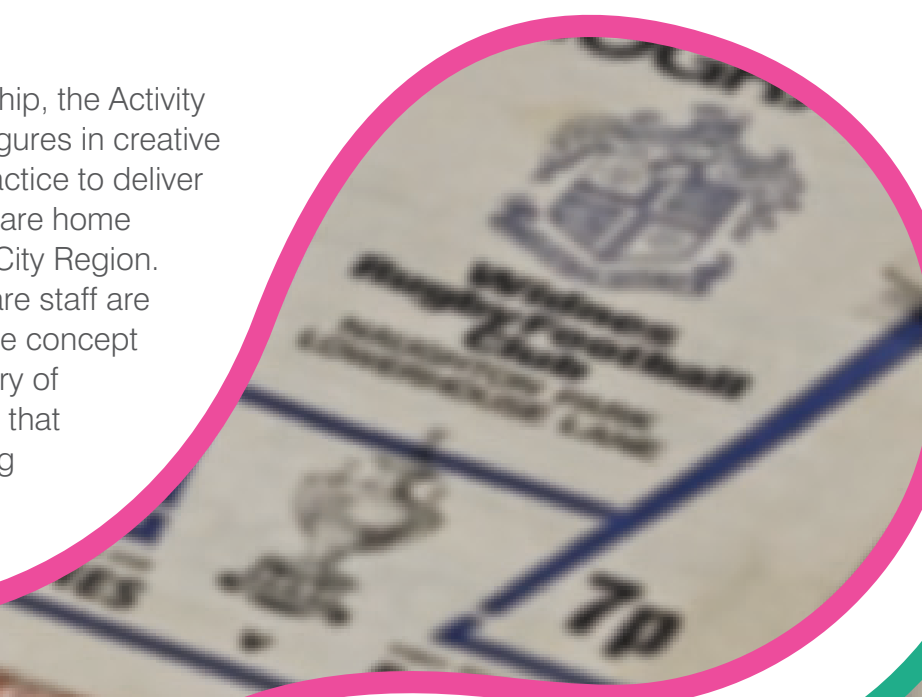
Fifteen-minute practical workshops – Inspiration Stations – guided participants through a variety of activities: the delivery of chair-based exercises that promote mobility in older people; poetry, literature, and music as a mean to engage more strongly with residents; the use of apps and digital tools to support reminiscence work. Post-event resources, including a podcast, helped to extend the event’s impact beyond the day itself.

Project Impact

Capturing the commitment and energy common amongst care professionals, Activity Academy participants overcame tight scheduling and competing priorities to attend the event. A post-event questionnaire revealed enhanced understanding of person-centred support, appreciation of how activities can enable residents to better pursue their interests, and commitment to implementing what had been learned at the Activity Academy. Four months on from the event, six care home managers in the Widnes area reported the delivery of new activities as part of their service (in most activity areas) and confirmed the value of the Activity Academy approach as a powerful tool for championing best practices. The podcast from the event has now been shared on the Halton CCG radio show and promoted nationally by the Academy of Fabulous NHS Stuff (a site with over two million annual hits). The team are now looking to secure the backing of senior decision makers to build further event legacy.

“We were delighted that our local care homes had the opportunity to learn from such an incredible array of speakers. For care home staff in Halton to have access to an event of this quality for free is a real success for our community. We are excited to see how local care homes will take this experience forward.”

Dave Sweeney
CEO of NHS Halton CCG



Case Study 3

Care, Community, Culture

Changing food culture awareness and sensitivity in the care sector

Partners:
Di Burbidge – Chinese Wellbeing;
Reihana Bashir – Mary Seacole house; **Jacqui Walker** – Back-to-life Liverpool;
Breege McDaid – Irish Community Care; **Paul Thomas** – DEEP network

The Challenge

For those living in care, or receiving care at home, a lack of cultural sensitivity in care provision can have a significant and negative impact. People are most marginalised when they are 'done to' – receiving care rather than being cared for. One pivotal challenge for service users from different cultural backgrounds concerns food culture. By overlooking minority cultures in food preparation, care providers risk excluding those in their care. At face value, this might seem a problem of service delivery design (a restriction of choice), but viewed from a different perspective, it raises more serious issues around inequality in care provision (APPG on Dementia 2013). The team asked: how can care service providers increase their sensitivity to the importance of different food cultures?

The Response

The Care, Community, Culture project turned to the experience and culture-specific culinary knowledge of those receiving domiciliary care to address this question. Over a series of four workshops, the team convened forty-six participants living with dementia and their carers from twelve different Liverpool communities, listening to, and witnessing, their personal testimonies. Workshops were suitably catered for and delivered in each community's preferred language – an important approach to participatory practice in this field of work. Workshops explored issues such as nutrition in freshly produced, culturally appropriate meals; the suitable preparation and participation in food services; the basis of a staple diet; the value of sharing a mealtime with others; and the relationship between cultural identity and good care.

Project Impact

Findings from the workshops have been synthesised into food culture guidelines for the care sector. The guidelines offer a collection of popular, simple, and nutritious meals that are culturally suitable and can be prepared within one hour (the standard allocation for a lunch time call from Local Authority care services): favourites included Caribbean Ackee and saltfish with Johnnycake and fried dumplings, Nigerian Yam porridge, or Chinese steamed mince pork with mui choi. A framework for cultural diversity awareness training in dementia care has also emerged from the project. Acting through the wider DEEP network, the team hope this work can act as a catalyst for culture change in care services. The team are now looking to develop a collection of widely available online resources.

“Just as the nurse needs expertise to understand the medication she gives, it is just as important that care givers understand the relevance of food”

Participant 1

“The right food, lovingly cooked, makes you feel warm inside, makes you feel well. All the goodness in one pot”

Participant 2

“We are pleased to have collaborated with our partner organisations in the Development Lab process. We hope the ultimate outcome of the project will see an increase in knowledge and cultural awareness throughout the care sector, which will better equip all partner agencies to understand and embrace cultural sensitivity in delivering dementia care into BAME communities.”

Di Burbidge
Chinese Wellbeing



Photo: Care, Community Culture

Photo: Alzbeta Kovandova

Case Study 4

DEEP Participation Guidelines

Creating guidelines for the meaningful participation of people with lived dementia experience

Partners:

Paul Thomas – Dementia Engagement and Empowerment Project (DEEP) network / Innovations in Dementia; **Sarah Butchard** – Liverpool SURF; **Di Burbidge** – Chinese Wellbeing

The Challenge

At the centre of current thinking about dementia is a paradigm shift from ‘patient’ to ‘person’. Many people with a dementia diagnosis are still, for example, productive as artists, songwriters, and bloggers in their own right. Human Rights entitle us all to a community life, equity of respect, and the highest attainable standards of clinical and social health. Creative opportunities provide one route to fulfilling those rights and can empower us all to live well with dementia, mutually enhancing individual and community well-being. The team asked: if we hope to build a culture of creative engagement, how are we to best deliver on these commitments?

The Response

With this challenge in mind, DEEP were approached to help bring people living with dementia and their care partners together into consultation with members of Dementia Connect. Through DEEP facilitation, participants with a dementia diagnosis and their carers were empowered to lead on the design of principles for creative engagement – capturing what matters in meaningful participation. Following the session, the narratives and comments generated were shared with partners from the DEEP network across the UK to develop a set of DEEP Participation Guidelines. These guidelines are now being promulgated through the national DEEP network, raising their content for further critique and expansion.

Project Impact

The guidelines (DEEP Participation 2018) affirm that the value of engaging in creative activities is not only fundamental to well-being and social health, but a human right to be taken seriously. As such, the commitment to a person-centred vision of engagement (over a condition-centred or intervention-centred one) is paramount, along with its implications for how we recognise different forms of expertise, creativity, and value amongst people living with a diagnosis. Significantly, the keys to meaningful participation touch upon issues of support, enablement, and accessibility, emphasising how a creativity agenda is only going to flourish if fundamental inequalities in transport and information services, for example, are tackled in parallel.



“This work helps to inform and empower the many partners in the DEEP network, whose creativity is enabling us to live positively with dementia and to challenge stigma and stereotyping. Our involvement has opened up new insights into cultural diversities which should become invaluable.”

Paul Thomas,
DEEP Network



Case Study 5

Connected Care

Exploring the potential of Digital Artworks for Care Homes

Partners:
Invisible Flock, Community Integrated Care

The Challenge

Digital technologies are changing the way we communicate, share, and creatively engage with others. The positive potential of these changes is no-less applicable in care settings, yet there are many challenges faced in building digital provision. These centre, for example, on care home perceptions of technology, the design and usability of digital devices, the infrastructure that can support them (including wifi availability), and the current state of the market for digital offerings. The team asked: if we are to increase the scope for creative inclusion in care settings through digital technologies, then how are we best to tackle these challenges?

The Response

Arts collective Invisible Flock worked with residents and staff at two care homes run by Community Integrated Care (Greenheys and Eccleston Court) to explore these issues in depth. Using their installation Memory Album – a digitally augmented, interactive photo book – the team addressed a range of real-life user scenarios built around digital technology usage. Both the partnership and Memory Album prototype originated with an earlier project funded by the Wellcome Trust and Arts Council England. Dementia Connect funding enabled the team to deepen their research work with care homes, carrying out site visits, observational work, and interviews. This resulted in extensive documentation for analysis and new insight into how digital creative technologies can be better designed for care homes.



Project Impact

A key output from the project has been recommendations on how to create a digital policy unique to each home, addressing leadership, training, and up-skilling activities (Connected Care 2018). The creation of a Human Centred Design Toolkit for Connected Care has also been outlined, aimed at equipping care homes with the simple guidance, resources, and exercises in design thinking needed to work more effectively with technology. An important cultural shift will be embracing opportunities to work with a wider community in thinking creatively about technology use: care homes as equal creative partners, as hotbeds for innovation.

“The Memory Album project only scratched the surface of what can be implemented in the digital field. Dementia Connect has given us the perfect platform to critically grow this project and explore the depth of the research questions it raised.”

Catherine Baxendale,
Invisible Flock



Photos: Invisible Flock
and Ed Waring

Case Study 6

Drawing on Strengths

A vision of post-diagnosis dementia support that builds on people's strengths

Partners:

Damian Hebron – London Arts in Health Forum, **Sarah Butchard** – Mersey Care NHS Foundation Trust, **Frances Williams** – Manchester Metropolitan University, **Kate Eggleston-Wirtz** – artist

The Challenge

A dementia diagnosis centres on identifying reduced memory performance and the loss of cognitive abilities. This deficit focus can mask the rich interests, capabilities, and ambitions that continue to shape people's lives, also after a diagnosis of dementia – critical assets on which to build. Post-diagnosis dementia support groups offer a lifeline for people living with dementia. A creative approach to the post-diagnosis period offers a new route to making sense of their changed circumstances, to explore their feelings, to share time with loved ones, and to exchange ideas about the future. Yet, arts provision post-diagnosis is patchy and too few clinicians direct people towards involvement in creative opportunities. The team asked: how can we turn a deficit paradigm of diagnosis into one that helps rebuild confidence and affirm personhood?

The Response

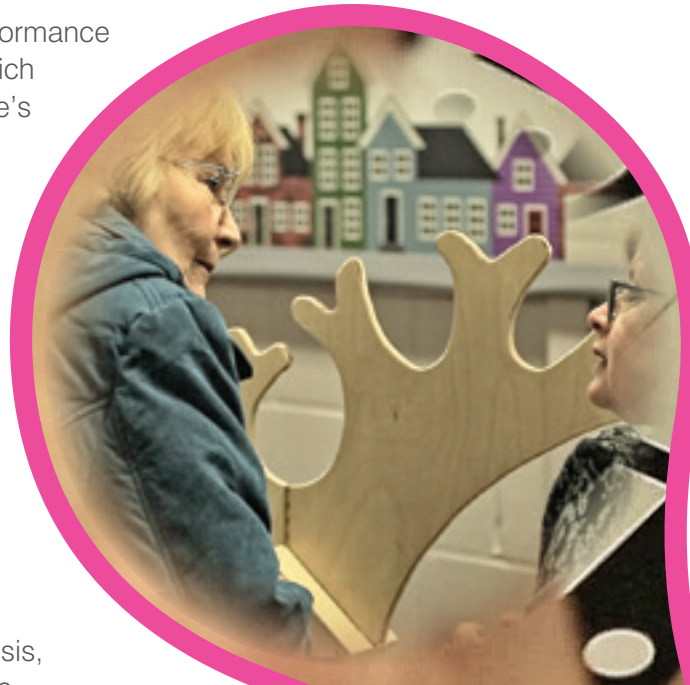
In collaboration with people who have received a dementia diagnosis, the project team developed the Drawing on Strengths tool – a three dimensional tree structure on which objects symbolising different activities and interests can be assembled. To be used as part of NHS Mersey Care's existing offer of post-diagnostic support, this tool can help someone with a dementia diagnosis to build a snapshot of the creative, social, and community assets in their lives as part of their care journey. The tool was developed in partnership with Mossley Hill Hospital, Liverpool, drawing on the expertise of people living with dementia, carers, and dementia advocates. In total, four workshops and consultation events with sixty-two different participants helped shape the design of the new tool.

Project Impact

Initial feedback suggests that the tool offers a fresh way into conversations about creative assets and the broader experience of living with a dementia diagnosis. The team are now developing the project further, working with Mersey Care staff and NHS Care Navigators to build their confidence in using the tool. The development of a series of metrics is also planned to help evaluate the tool's effectiveness, a condition of its wider assessment and roll-out. Through the team's academic partner, important insight has been gained into other models of post-diagnosis engagement and routes to implementation across England and Wales.

“This project has been challenging but opened up real possibilities. To have an artist directly respond to the delivery of sessions for people with a recent dementia diagnosis is untested ground and has thrown up lots of learning for everyone involved.”

Damian Hebron,
London Arts Health Forum



Photos: Drawing on Strengths

Case Study 7

Sense of Self

Developing a novel multi-sensory approach to reminiscence through chocolate

Partners:
Maria Pasiecznik Parsons – Creative Dementia Arts Network, **James Wheale** and **Annie Zimmerman** – Understory, **Liz Jones** – Methodist Homes Association

The Challenge

Older people with dementia living in care homes have unmet needs for meaningful activities tailored to their personal histories and preferences. Evidence suggests that engaging in reminiscence activities can be beneficial for people with dementia, improving communication, reinforcing self-identity, and increasing socialisation. Whilst a connection to personal memories may lead to greater engagement in such activities, and increase ease of memory retrieval, there has been little exploration of taste as a potential reminiscence cue. The team asked: with its emotional associations and capacity to deliver a variety of different flavours, might chocolate be an effective vehicle for reminiscence?

The Response

The project team took an action research perspective in exploring this question, working with MHA residents and staff to identify how this reminiscence approach might best work for older people with a dementia. The resulting proof-of-concept product is a series of themed physical-digital boxes combining flavoured chocolates with musical excerpts. These aim to reconnect individuals with a particular period or place – a prompt to pleasure in the moment, recall of past life events, and a source of rich connectivity with others. A mixed method design was used to evaluate the study, including the use of QUOL-AD (Quality of Life in dementia), the Greater Cincinnati Chapter Well-Being Observation Tool, observational approaches, and semi-structured interviews with MHA staff.

Project Impact

The team’s initial findings have suggested that, amongst people with moderate to severe dementia, this new type of reminiscence activity can promote positive changes in well-being, including demonstration of higher levels of interest, attention, pleasure, and self-esteem. One resident, for example, who had spoken very little with care staff during his three years with them became animated during the activity, telling jokes and anecdotes from his youth.

A multi-sector expert

Panel Review of the project sought to address possible future directions the work, including: the development of a suitable testing & evaluation protocol; different routes to achieving the same therapeutic benefits for a wider dementia demographic; the generation of open-source tools for food-centred reminiscence activities; and possible routes to further product development.



“The Dementia Connect lab provided an environment in which a holistic approach to this challenging topic could be taken. Going forward, I am very keen to explore how our novel approach to reminiscence could provide activities tailored to residents from other cultures and countries, giving them a taste of home.”

James Wheale,
Understory

Photos: James Wheale

Case Study 8

What's on for Dementia Wellbeing?

Enhancing access to dementia-friendly events through an innovative digital service

Partners:

Elaine McNeill – Uses of Arts Lab (Liverpool John Moores University) and Merseyside Arts and Health Assembly;

Mike Shaw – Welcome2Liverpool; Laraine Winning – BBC Radio Merseyside;

Clare Mahoney – NHS Liverpool Clinical Commissioning Group

The Challenge

Whilst the value of creative activities for health and wellbeing is increasingly recognised, there is a need to help people living with dementia identify appropriate activities in their local area. This is a key part of the NHS Social Prescribing agenda: referral to non-clinical health services that sit within communities, whether a reading club, a local choir, or a self-help group. Such services offer an important means of tackling loneliness and isolation, delivering key health outcomes long-term such as reduced hospital admissions. A challenge faced by NHS staff in enabling this social prescribing approach is the limited information available on local activities and their suitability for people living with a dementia diagnosis. In corollary, grassroots organisations offer valuable wellbeing services but often lack visibility. The team asked: how might an innovative health app be used to effectively link up these two parallel needs?

The Response

The team developed a ‘what’s on for wellbeing’ service that can be accessed through the Welcome2Liverpool phone app – a free, real-time guide to events across the Liverpool City Region. Through mapping community resources that offer dementia friendly wellbeing activities, both the Live Well Directory and Welcome 2 Liverpool now reveal suitable activities currently available in the Liverpool City Region. These include art classes, singing for the brain, fitness classes, dance, coffee mornings, knitting clubs, walking groups, bingo and bowling. Design principles for the service – including what an event needs to deliver in order to be dementia friendly – were established through workshops with arts organisations, clinicians, app developers, and people living with a dementia diagnosis.

Project Impact

A working prototype has now been tested, revealing how accessible design features can be supported through careful consideration of colour scheme, layout, and information content and format. Together with the crowd-sourced map of dementia-friendly activities, this promises to improve the confidence of clinicians and people living with dementia to access social prescribing activities. A partnership with Liverpool City Council and Liverpool Charity, Voluntary Services, and BBC Radio Merseyside will now help to raise the profile of the service and secure funding for further development. The team hope the project can support the region’s goal of officially becoming dementia friendly region.

The Value of Dementia Connect

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“Dementia Connect support has enabled us to bring the views and ideas of people living with dementia to local organisations with the means to improve their quality of life. This has proved beneficial to the collaborative process, helping us recognise the global urgency around this complex health condition.”

Elaine McNeil,
Liverpool John Moores University



Photo:
Welcome2Liverpool



Photo: What's on
for Dementia

Photo: Gareth Jones

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