

POS3-49 Boundary work in arts and dementia care: A participatory action research project examining collaboration between clowns and dementia care facilities

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Benefits of Healthcare-Clowning in Dementia Care

For people with dementia:

- Reduction of Agitation (Kontos et al., 2017. LOW, 2013)
- Social Engagement is improved (LOW 2013)
- Quality of Life Score is improved (LOW 2013, Kontos 2017)
- Improved cognitive and communication skills (Warren, B., & Hind, C. 2019)
- Support of social interaction and strengthen individual's sense of self (Rämgård et al 2016)

For Healthcare staff:

- Emotional stress is reduced (Gomberg et. al 2020)
- Improved mood (Blain et al. 2012)

What is participatory action research?

"Participatory research is interested in exploring problems, but for the purpose of identifying the strengths and potentials of those involved and the opportunities for positive change as found in the current moment." (Abma et al. 2019, S.68)

- Joint research process
- expert knowledge vs. local knowledge (co-learning)
- building new knowledge as relational process
- learning through action
- news skills and competences
- knowledge transfer

Lessons learned

Benefits of Participatory Action Research with health care clowns, health care staff and family members:

- Context matters: Artists and care organisations build a space for working together
- Shared goals are important to identify
- Roles and boundaries: discussing expectations and needs of clown/nursing staff/wellbeing staff/residents
- Biographical work: Sharing biographical information is important to family members, healthcare staff and artists
- Research as a tool: research provides space for connection and honest conversations and sharing expert knowledge
- Co-Creation: exchanging expert knowledge and ideas leads to learning processes and co-creating artistic intervention

Voices from the PAR-working groups

Different areas of working together were discovered being important:

Personal:

- "I experienced healthcare clowns as very helpful when my daughter was in hospital. I think they can do good for the elderly." (Nursing Staff, AT)
- "My kids were scared of clowns [...]. So, I have a different view of clowns at home. That's why I'm trying very hard to prepare people and understand the prerequisites." (Welfare Worker, NL)

Relational:

- "It was nice to see that my mother joined in and went along with the play of the clowns." (Relative, GER)
- "My husband is a big fan of Charlie Chaplin- I have a Charlie Chaplin- Marionette, maybe you can use it for your clown play if you visit him?" (Relative, AT)

Organisational:

- "To know about the biographical background of the residents gives us touch points for our play and for building a relationship" (Clown, GER)



Facts and Figures - What did we do? What was the main goal?

Who participated?

- 4 Healthcare Clowning Organizations (ROTE NASEN Austria, ROTE NASEN Germany, CliniClowns Netherlands, RED NOSES International)
- 4 Care Homes (Amsta, ZuidOostZorg, Haus Angerhof Glienicke/Nordbahn and Maimonides-Zentrum)
- 1 Research Lead Partner (Leyden Academy)

What was the main research interest?

How do people with dementia, healthcare staff and family members benefit from clown visits? What are "successful" clown visits and what is needed to make them "successful"? Is PAR a way to help to co-create beneficial clown visits for people with dementia, healthcare staff and family members?

What was done?

- Tableau Vivante
- Video analysis
- Focus Group Discussions
- Clownvisit observations/Semi-Structured Observations, etc.

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