Comic Relief's Care Home Challenge 2

Final Evaluation Report

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Executive Summary

Comic Relief's grant funding initiative, Care Home Challenge 2 (CHC2) was designed to support cultural change in the care home sector by improving the quality of life and wellbeing of people living and working in care homes through meaningful activities.

The CHC2 grants were awarded to a range of activities including music, chair-based exercises and life story work to encourage staff-resident engagement, increase physical and mental wellbeing, and promote positive workplace culture.

The evaluation of the CHC2 grant funding scheme ran from November 2017 to May 2020 with the aim of establishing the impact of the grant funded activities on care home residents, staff members and the wider care home culture; to build on the evaluation of the first round of funding; and add to the evidence base on wider positive change in the care home sector.

This evaluation has shown that CHC2 funded activities have had a positive impact on residents, staff, family and the wider community, and that activities reinforce person-centred care approach, which can be a catalyst for cultural change in care homes. However, as detailed in the report and recognised by the wider evidence base, there are many challenges in the care sector that can hinder the realisation of these positive influences.

In order to increase the wellbeing outcomes and sustainability of activities the challenges of management support, staff availability and limited resources to deliver activities regularly will have to be addressed. This will require additional funding and further cultural change in care homes to shift focus from task oriented to holistic care.

Introduction

Care homes are an undervalued sector, characterised by low paid and in some cases low skilled staff, and high turnover. Comic Relief's grant funding initiative, Care Home Challenge 2 (**CHC2**) was designed to support cultural change in the care home sector by improving the quality of life and wellbeing of people living and working in care homes through meaningful activities. The CHC2 grants were awarded to a range of activities including music, chair-based exercises and life story work to encourage staff-resident engagement, increase physical and mental wellbeing, and promote positive workplace culture.

The evaluation of the CHC2 grant funding scheme ran from November 2017 to May 2020 with the aim of establishing the impact of the grant funded activities on care home residents, staff members and the wider care home culture. The evaluation's main focus was to draw out learning points for the care home sector to take forward in future initiatives. The evaluation team has collected and analysed both primary and secondary data from various sources. This report presents the findings of the evaluation.

The report is structured as follows:

- Section 1 provides context for the findings;
- Section 2 details the evaluation approach used;
- Section 3 summarises the key characteristics of the grants;
- Section 4 presents the key findings and provides answers to the evaluation questions;
- Section 5 discusses findings in light of the wider context;
- Section 6 provides recommendations for the care sector.

We would like to thank all grantees, care homes, activity providers and other participants for their support to this evaluation. Particular thanks to Age NI, Broughton House, Seckford and Queen's House for providing the photographs for this report. We would also like to acknowledge support from Manchester Metropolitan University for their role in the first part of the evaluation.

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Context

About Care Home Challenge 2 –grant scheme

Comic Relief's Care Home Challenge (CHC) is a grant funding initiative for UK based care homes to run meaningful activities for people living and working in care homes.

The CHC Fund was a response to a joint research initiative between Comic Relief and the Department of Health between 2009 and 2013, called PANICOA (Preventing Abuse and Neglect in Institutional Care of Older Adults). The research revealed that there was little evidence of actual physical harm, but harm arising from institutionalised forms of neglect, or serial omissions of care, was notable. Some of the contributing factors to the phenomena included: organisational culture, management structures, low pay, limited amount of time with residents, work related stress, recruitment and retention problems, and the inability of care staff to connect socially and/or emotionally with the residents they cared for (Lupton & Croft-White 2013).

In 2015-2016, Comic Relief launched round one of CHC Fund to test if small amounts of grant funding could make change happen in not-for-profit care homes and improve the quality of care for residents. Ten projects were granted funding of between £5,000 and £20,000 for up to 12 months to test out different approaches to creating communities of care and strengthening relationships between people living and working in care homes. The evaluation of the CHC1 Fund demonstrated that small grants which support the delivery of fun and stimulating activities in care homes provide an opportunity for staff or volunteers and residents to get to know one another better, which led to greater wellbeing of residents and more meaningful relationships. There was also evidence that activities could act as a catalyst for wider cultural change within care homes (Shared Intelligence 2016). Though, the report concluded that in order for this to happen, certain conditions had to be met, such as provision of resident led activities, better buy-in and leadership from the care home management and greater investment in staff and volunteer training.

Round two of CHC funding was opened in summer 2017 and hoped to build on the success of round one and make a wider positive change in the care home sector. Comic Relief made 11 grants of between £10,000 and £20,000 for up to 24 months to care home providers from across the UK in both non-profit and for-profit care homes. While Comic Relief does not traditionally fund for-profit ventures, for-profit care homes make up 80% of the sector, and so it was agreed that the reach and impact of this fund would be significantly increased if they were included.

Literature Review

Impact on residents

The benefits of activities in care homes are widely documented. A strong evidence base demonstrates that the provision of **meaningful activities is an essential aspect of person centred care**, which helps to improve quality of life, and sustain mental, physical and emotional health as well as reduce agitation, anxiety and depression. The benefits described in the literature are wide ranging as are the activities; the impacts depend on various factors such as residents' wellbeing, quality and frequency of activities, and residents' interest in the activity. The lack of meaningful engagement can have a detrimental impact on residents; sedentary lifestyle and lack of stimuli in care homes is one of the leading preventable causes of death (Forster et al. 2017).

The National Institute for Health and Care Excellence (NICE) and **The Care Quality Commission (CQC) recommend that residents are encouraged to be involved in daily activity**, and that care homes offer a range of activities to suit residents' varying interest, needs and abilities (NICE 2013; Care Talk 2017). It is advised that care homes consult residents and their family members about personal interests to be able to offer meaningful engagement. Research conducted by Tak et al. (2015) found out that many residents missed past hobbies, and limitation in physical function along with care homes' fixed schedules, prevented them from engaging in activities. Hence they recommended that **residents should be included in activity planning and have necessary assistance to engage in activities that matter to them**.

Impact on wider culture and ways of working

Activities in care homes have an impact on different stakeholders and through them on the culture and ways of working in care homes. Many care homes have an activities co-ordinator, or several, whose job is to plan and deliver activities for the residents. Care staff have varied opportunities to be involved in activities, in some homes this is planned as part of their role, but particularly where there are staff shortages, the care staff will have to prioritise care tasks.

Relationships with residents are a factor in **care staff job satisfaction** but are often constrained by time and other responsibilities (Cook & Brown-Wilson 2011). Activities can **improve the relationships** between care home residents and staff by increasing relational interaction, focusing on sharing experiences and personal information (Cook & Brown-Wilson 2011), giving staff enjoyment and helping them to know the residents beyond their care needs (Silver & Cutler 2011).

Transition to care homes can be a challenge for **family members** as well as the residents themselves (O'Shea et al. 2014). For family members of people living with dementia in particular, activities such as life story work can help them to focus on the person behind dementia, as well as be part of the grieving process (McKinney 2017). Joining in activities adds a new dimension to visiting relatives in care homes, they can give an opportunity to discover, share and celebrate achievements (Silver & Cutler 2011). Activities offer a way to **strengthen the relationships with local community** through volunteering and engaging with local schools; as well as with professional artists and other organisations (Silver & Cutler 2011).

Conditions necessary for change and how to sustain change

Key challenges in the care home sector:

Local council funding for a resident does not cover the expenses of the care home. The introduction of the Statutory Living Wage in 2016 has added further strain to the care sector (Cousins et al. 2016). Under-funding causes further problems, for example, by care providers cutting on the training they provide for the staff (Cousins et al. 2016).

Education, skills and staff training. While care home staff are keen to receive training, there are barriers, including inadequate staffing to free staff members to attend training; expectations for staff to complete training in their own time, and limited access to specialist NHS training (Spilsbury et al. 2015). There is also a **lack of recognition of skills** of care home staff, particularly of care home nurses, who have a broad role providing patient care and leading support staff (Cousins et al. 2016).

There are several challenges linked to the workforce, including low pay and reliance on overseas staff, absence of a national career pathway for care home staff (Cousins et al. 2016), high workload and attitude (Low et al. 2015). These factors lead to challenges in recruitment and retention of staff. Cousins et al. (2016) observed that high staff turnover is the greatest challenge that leads to many of the other challenges. Indeed, more than half of nurses working in care homes have less than three years' experience (Skills for Care 2013).

Organisational change in the care home sector

Successful change to workplace culture is more likely in care homes with **good leadership and effective management** (Jeon, Merlyn & Chenoweth 2010); when **management has a willingness to fully support the process** and to be more **transparent** (Chenoweth et al. 2002); and when **adaptive leadership** can address the challenges in care sector using novel and flexible solutions (Cozarrini et al. 2015). A crucial piece to successful changes in the care home sector is the **transformation of the workforce** to be more professional, valued, better educated, motivated and better paid (Eyers & Bryan 2006). New rules and procedures are not enough for transformation, but organisations have to "develop **new, normative values and behaviours**" (Cozarrini et al. 2015).

Evaluation Approach

The evaluation was designed as a collaborative and utilisation focused process and outcome assessment of CHC2.

The evaluation took into account the perspectives of all key stakeholders and had a focus on mutual learning, while aiming to build on the evaluation of the first round of funding; further investigate the value of the funding; and add to the evidence base on wider positive change in the care home sector. The evaluation addressed the following questions:

- What has been the impact of CHC funding on the wellbeing of care home residents?
- What has been the impact of CHC funding on wider culture and ways of working within care home settings?
- What conditions are necessary for change to occur within the care homes and how to sustain the change?
- How did the grants' journeys progress from start to finish?

Methodology and data sources

The evaluation questions were examined through a multi-method data collection approach. This included primary data collection and secondary data analysis.

Primary data collection

Case study visits: comprised of a visit during the first year of the grant funding, and a follow up visit during the second year. The visits included observations of activity sessions, where this was possible, and interviews with the different stakeholders. The objective was to gain a better understanding of the lived experiences of the residents taking part in the projects, the organisations' operating environments, and to explore themes emerging from the surveys and secondary data.

A care home staff survey: distributed among all the participating care homes in spring 2018 when the actitivities were in the planning stage and summer 2019 when the actitivities had been running for at least a year. The objective was to examine staff views of the success and impact of activities provision within the homes, and to explore the impact of workplace culture on successful resident engagement as well as on staff member wellbeing and job satisfaction.

A grant contact and activity provider survey: conducted in autumn 2019, following an interim analysis of the evaluation data. The objective was to learn more about the implementation of the projects and to explore respondent views on the interim findings.

A collaborative learning event: organised at midway of the grant funding in April 2019. The event included presentations of initial findings, and group discussions between activity providers; care home management and care home staff. The objectives of the event included:

Knowledge exchange with and between participants.

- To investigate learning questions related to care home culture and barriers to project delivery in care home settings in more detail.
- To gain an enhanced understanding of the impact of the CHC2 funding and the conditions for change needed in care homes.
- Participants to share best practice and start planning how to sustain the work practices beyond the CHC funding.

Analysis of secondary data

Comic Relief's **grant reporting forms** from the grantees, completed twice a year, were analysed to establish the key characteristics of the projects, track progress and compare expected and actual outcomes.

Data Sources

The table below details the data sources used for this evaluation.

Data type	Participant groups	Number of participants
Primary Data Collection		
Case study visits	Grantees Care home staff Care home residents Family members Activity providers	Visits to 4 grants, total of 6 care homes **Interviews with:** 19 staff members 5 residents 1 family members 7 external activity providers 1 volunteer **Observation** 8 activity sessions
Care home staff survey	Care home staff	183 responses From 21 care homes, from 9 grants Majority of the responses came from care staff (74.3%); managerial, domestic, activities, administrative and other staff also took part in the survey.
Grantee and activity provider survey	Grantees Activity providers	10 responses. 50 % of the responses came from grantees, 50% from activity providers
Collaborative learning event	Grantees Care home staff Activity providers	15 participants From 6 grants
Secondary Data Collection		
Analysis of grant reporting forms	Grantees	11 grantees

Limitations and challenges

The evaluation and data collection encountered some challenges which limited what data was captured. These were mainly typical challenges for research and evaluation with care homes, to do with lack of time and capacity by staff on different levels to engage with the evaluation.

Staff survey response rate: the care home staff survey was planned to take place in two stages, before the grant funded activities started, and after they had been running for a year to capture any possible changes in staff views and experiences about activities. To encourage participation, the survey was designed to be short, and participants were entered into a shopping voucher draw. In the first year, getting responses to the survey was slow. The evaluation team promoted the survey, by sending reminder emails about the online survey; sending out posters to the care homes to promote the survey; and sending out printed surveys with pre-paid envelopes to the care homes. Through these activities, a total of 147 responses were received. In the second year, the recruitment of participants was harder. Despite efforts by the evaluation team and Comic Relief, only 36 responses were received. Due to this, the decision was made to merge the two datasets, including only the questions that were in both surveys.

Interviews with select care home managers were planned for March and April 2020 to capture their experiences of the grant funded activities. Due to the challenges caused for care homes by Covid-19, the evaluation team with Comic Relief decided not to proceed with this aspect of data collection. Lack of these interviews does not cause impact on the evaluation findings due to the low number of expected interviewees.

A secondary analysis of internal evaluation reports of the projects was planned to be included in the external evaluation. However, most grantees did not conduct these as they were not an essential requirement of the grant. A small number of grantees, mainly those working with an external activity provider, conducted their own internal evaluations but these were not shared with the external evaluation team.

The **grant reporting** forms were designed to be completed every six months, with extensive detail about the progress. Unfortunately, the information asked in these forms was repetitive, and varied between the different forms. This meant that filling in the forms was cumbersome for the grantees, and there was somewhat limited amount of useful data captured for the external evaluation.

About the Grants

- In total Comic Relief funded **11 grants**
- These ranged from £13,700 to £20,000, with an average of almost £18,000.
- The total value of all grants just under £198,000.
- Grants were awarded for both for-profit (1) and not-for-profit (10) care providers
- The grant schemes took place in **26 care homes** across the country

Care Homes by Region
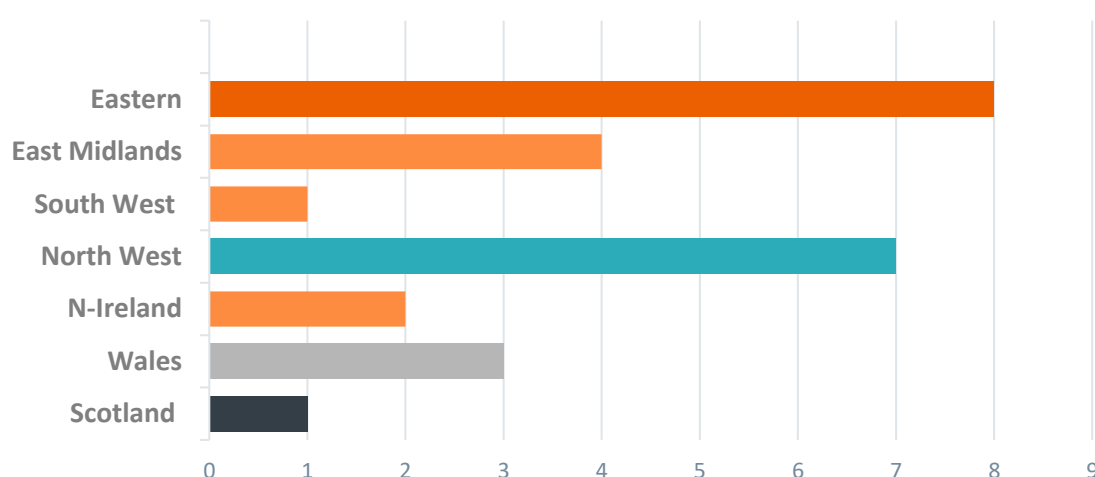
- 74% of the homes provided residential care, 7% nursing care and 19% both
- 33% of the participating homes were classified as large (50+ beds) and 67% as medium sized (11-49 beds)[1]
- The grants funded a wide range of activities from various physical activities to music and reminiscing. Examples include: chair based exercise clases, gardening, singing and music making, personal history work and arts and crafts with local school children.[2]

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[1] Care Quality Commission classifies care homes with 1-10 beds as small, 11-49 beds as medium size and 50+ beds as large.
[2] See Appendix 1 for more information about the grants and activities, and Appendix 2 for case studies.

Activity Types

- Physical activity — 46%
- Music activity — 36%
- Creativity activity — 9%
- Reminiscing activity — 9%
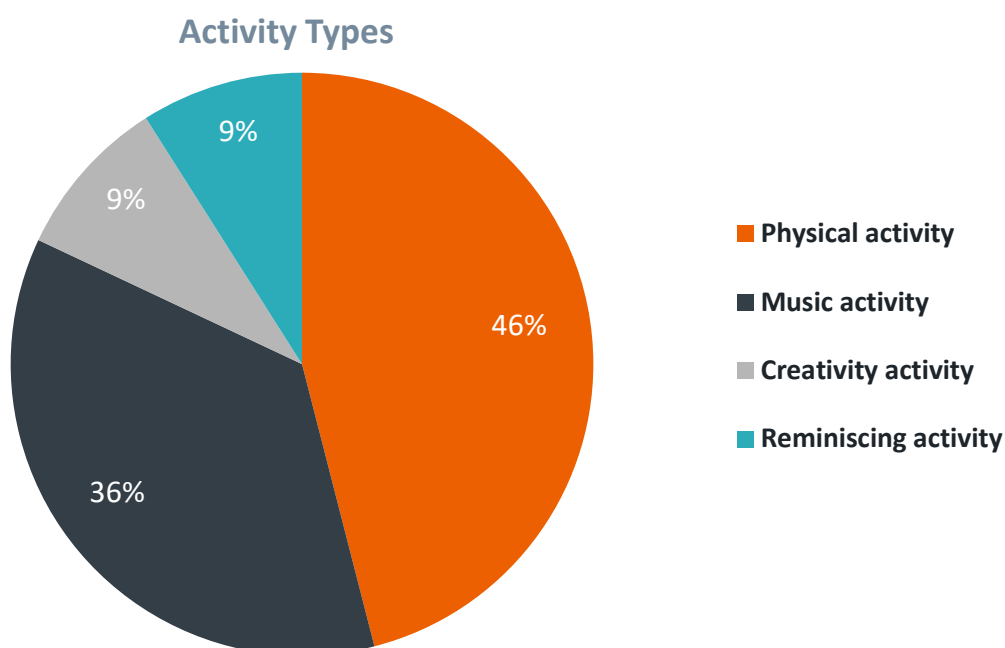
- The activities supported through the grants were available to all care home residents
- 73% of the activities were delivered with an external partner organisation
- 73% of the activities had a staff training element that enabled the care home to carry on delivering the activity once the grant funding had finished.[3]

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[3] Majority (90%) of these grants had an external delivery partner that provided the training.

Findings

Impact of funding on residents

In total the grants engaged with **809 residents** (a 2% increase from the initial goal), and, according to the projects' final reports, the impact of the CHC2 funded activities on the participating care home residents' wellbeing has been positive.

- **75%** of grantees reported **improved mental wellbeing** and increased feeling of happiness, self-esteem and confidence among residents
- **55%** of grantees reported an **improvement in the social wellbeing** of residents such as daily interactions and developing relationships with others
- **38%** of care homes reported **improved physical health** and **increased mobility** among residents
- 25% of care homes reported that residents were now more engaged in other activities

The wellbeing findings can be divided into three categories: mental, physical and social wellbeing.

Mental wellbeing

Residents' engagement and response to activities had been very positive. Throughout the lifecycle of the projects, care staff had reported uplifted moods. Residents seemed to smile and laugh more after sessions and act more confidently.

Laughter by those involved and those watching.

Shared joy is voiced, observed, spoken about at the time and afterwards.

The grant reporting forms provided more detailed evidence about the impact on mental wellbeing. 80% of grantees had planned outcomes to improve residents' mental wellbeing, and the following had been witnessed among the participating residents on a regular basis: improved confidence; enjoyment; improved concentration; rekindling of old interests; improved mood; relaxation and calm; more connection and laughter; and feeling less anxious about taking part in new activities.

I saw so many smiling faces during session and great engagement, it was uplifting. All abilities were taking part.

The residents are more engaged not only in the sessions but following the session the mood remains heightened for some time. We have also noticed that residents who are not involved in the sessions but who like to watch are also displaying signs of improved wellbeing. We have seen a decrease in resident on resident safeguarding in these two homes and I feel that this is due to their feeling more involved, less anxious and happy in themselves.

Social wellbeing

During the case study[4] visit to Broughton House, the gardening project was noted to have a significant impact on participants' social wellbeing; residents had become

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[4] More detail about the case studies can be found in Appendix 2.

more sociable in and out the home, which had helped to deepen relationships with staff and other residents. The garden was also enjoyed on a daily basis by residents who were not directly involved with the project.

A resident who prefers to isolate himself and does not enjoy noise or others' company has now started to open up about his life and interacting with others. He checks out the garden on a regular basis and gives advice on what to plant and where. They [the residents that participate in the project] have become more open with staff, and more open about their lives. One resident is a bit of a recluse, has not got in involved in anything in the last year but in the last few weeks he has become more chatty and got involved in conversations. This gives them more confidence to socialise outside the home too.

The story collecting project at Queen's House Kelso provided an opportunity for the staff to get to know residents better through learning about their life stories and encouraging conversation. Also, in the grant reporting forms, projects reported how social engagement through activities had helped to foster improved relationships between residents and staff.

Spending time doing more creative activities, builds trust and friendships. It helps the residents communicate better and share memories.

The attendees of the collaborative learning event reported that participation levels had exceeded expectations. Many projects had also noticed immediate resident engagement and sustained enthusiasm for the activities. Residents across projects

had also been observed to look forward to activities and feel disappointed if there was no activity on a particular day.

Residents look forward to the sessions and are keen to join in the activity.

Friendships had also started to form among staff, volunteers and residents, and residents were getting to know other residents within the home. In the grant reporting forms over half of the projects reported that taking part in the activities had reduced residents' social isolation.

We see a benefit to residents who are limited in their ability to participate, their well-being is improved as being with a group of peers combats social isolation.

They too could not believe that he sat down all that time. He also was connecting and more sociable to the men that he lives with and staff too noticed an uplift in his mood and they felt that they too became more connected to him as he rarely speaks.

Physical wellbeing

In the collaborative learning event and the grant reporting forms, physical wellbeing was discussed widely. 38% of grantees described how residents' mobility had increased and improved, sometimes even quite dramatically, and how residents were exceeding expectations in terms of what they could do. Two care homes

reported that their staff had also noticed a reduction in falls among residents[5].

It has been clear that the level of falls in the two homes currently taking part has decreased since the project began. The residents involved appear to be more confident when mobilising and this is a key reason for less falls. Residents involved are also strengthening their muscles and becoming more supple which in turns has increased their agility.

With support from our in house physiotherapist we have worked with all our residents on their mobility and physical wellbeing. We have seen great improvements with some residents who were initially very immobile now taking part with support from our care staff.

Some participants of the collaborative learning event had also observed how residents' appetites had increased because they were now more active than they had been previously.

What has been the impact of CHC funding on wider culture and ways of working within care home settings

The care sector experiences various challenges; the main one is the high turnover of staff. However, in the staff survey, the majority of the 183 respondents were either very satisfied (47%) or satisfied (38%) in their job roles.

I get great joy in seeing our residents smile.

Staff taking part in activities

- For 67% of respondents to the staff survey taking part in activities was a part of their role, and of those the majority felt that activities were an important part of their role, enjoyable and had a positive impact on their job satisfaction.

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[5] These observations were made in homes that delivered physical activity projects

- **50%** of respondents to the staff survey felt they did **not have enough opportunities to socialise with residents**, mainly because they did not have time. Other reasons included working night shifts, not having enough staff to carry out activities and time being taken up by paperwork.

I do really enjoy my job, I wish I had more opportunities to take residents out when the time comes around.

Care home staff involvement in the CHC2 activities

- The funding encouraged staff to increase their involvement in activities to improve relationships between staff and residents;
- Staff involvement in the projects varied from participating in activities run by external activity providers, to being trained to deliver activities;
- By the end of the grants, **a total of 560 staff members** had participated in the activities, a 7% decrease from the initial goal. [6]

Staff participation - goal vs actual

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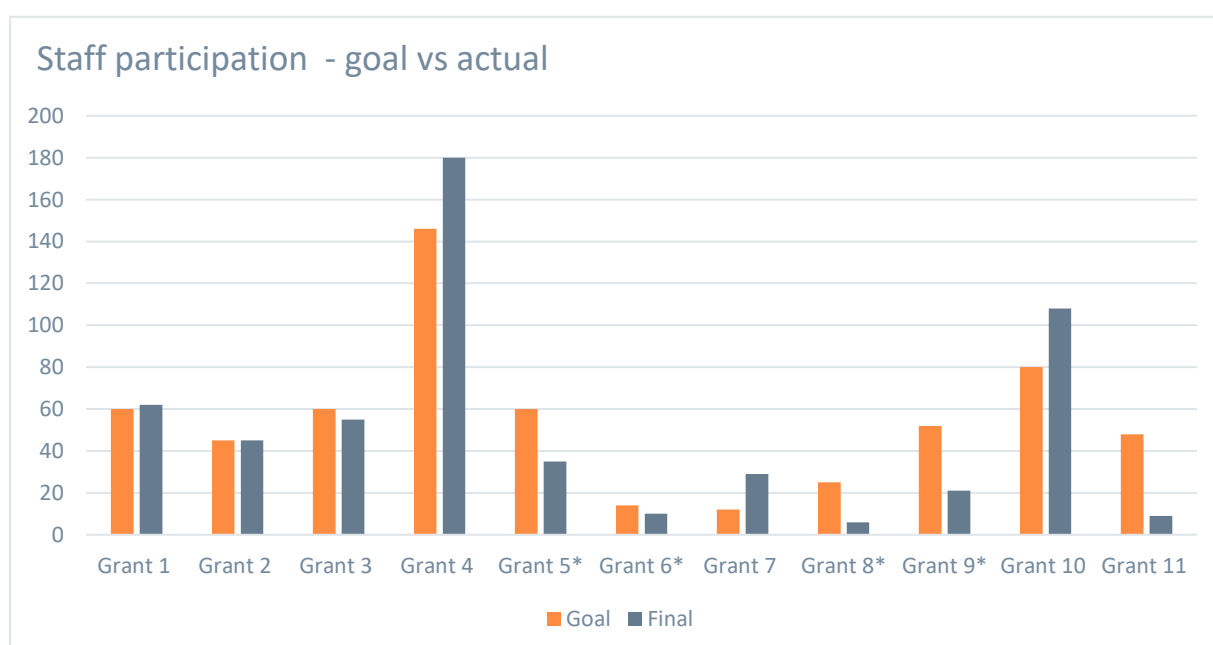
[6] Four of the grants, marked with * did not report final beneficiary numbers. For these grants the final figures are based on their 2019 figures and will be likely to have been higher in the end.

The participants in the collaborative learning event discussed the challenges of engaging staff in activities. These included low levels of confidence, negative attitudes and lack of time. High turnover of staff also had a high impact on activities as new staff don't always receive the necessary training or resources to engage in activities.

67% of respondents to the grant contact and activity provider survey **agreed** that care homes have to be realistic about staff's willingness to participate; and that some might need extra encouragement and time to participate.

The activities can be outside of staff's comfort zone, just participating can present difficulties.

Going into a care home can be challenging, staff can sometimes feel threatened or usurped. I felt welcomed and encouraged by staff. They recognised the training I was offering was unique and valuable to both themselves and their clients.

To address the challenge with staff engagement participants suggested having a dedicated staff member responsible for the grant funded activities. Similarly, those projects that had not experienced this issue recommended that care homes should ensure staff buy-in before the start of the activity and design activities that involve both staff and residents.

The artform was specifically designed to engage both staff and clients. It was simple yet produced stunning results, in which staff could witness the delight of the clients. This made the activities fulfilling for both parties.

Benefits to staff

According to the grant reporting forms, the CHC2 grant funded activities have had **a positive impact on staff confidence:**

- 63% of the grants reported staff members confidence had increased in supporting residents in activities;
- 50% of the grants reported staff members confidence has increased in leading activities in the home.

25% of grantees also reported that staff members were **spending more time with residents and getting to know them better**. Some care homes had also observed how this had impacted on their care work:

Care staff have indicated their awareness of likes/dislikes of residents that will benefit the appropriate care, provides motivation and saves time with tasks.

Staff are getting to know the residents and families.

Staff member involvement also has an impact on how residents engage and benefit from the activities. Care staff can act as connectors between the residents and the activity providers; their presence mainitains a level of familiarity which makes residents feel more confident.

Once they're on board they're really good. Residents also feel safer.

Activity works much better when staff are there. Successes have been due to staff we have been able to bring on board.

Family members and wider community benefitting from the grants

Having family members and/or different community members and groups benefitting from the activities was a part of all but one of the grants.

Family members and friends

- 77% of the grants had planned engagement with family members and/or friends.

- By the end of the grants, a total of **139 family members** had benefitted from the activities, a 30% drop from the initial target.
- The most challenging aspect of family engagement was the timing of the session: most activities took place during working hours, hence limiting the ability of working people to attend.

Family involvement had deepened relationships between family and the care homes; it was also noted in grant reporting forms that through activity participation, families were able to see relatives in a different light.

100% of care staff indicated that stronger relationships have been built with care staff and families.

Volunteers, community members and groups

- **88%** of the grants included engagement with community members or volunteers in the goals
- The combined target of benefitting 580 community members and volunteers was exceeded, by the end of the grants, a total of 631 community members and volunteers had benefitted from the activities (an 8% increase).

Overall the involvement of various community members had proven to be a positive experience, and helped to create new relationships for the care homes or strengthen existing ones.

We have achieved our goal of building relationships with external providers such [as] an allotment group. Residents have regularly attended workshops and welcomed the group. This relationship was the building block to a successful project as our residents have loved meeting new people, sharing their stories and learning new skills.

The most notable achievement for this outcome has been the burgeoning relationship between the care home and the local infants' school. This relationship has developed enormously over the last twelve months; initially the children would come to some of the sessions with a professional artist, but this has grown to the children attending the care home every Wednesday afternoon. The benefits on residents and pupils has been enormous.

Impact of activities on wider care home culture and ways of working

All grantees and activity providers who provided feedback for the survey agreed that activities can impact on the wider culture and ways of working within care home settings.

The arts can act as a tool to help strengthen relationships within care settings, enabling staff to get to know residents as people not just an individual with care needs, this simple act can change the dynamic of a care home making it a home. Once the benefits of activities are realised and staff are on board with this, this can spread and become engrained in the culture of a home.

Activities reinforce a person-centred care approach: having staff engaged in the projects enables them to better understand the impact and importance of activities. This has the potential to lead to changes in the dynamic and working culture of a care home. Similarly, the attendees of the collaborative learning event had noted the activities having a positive impact on the wider culture and ways of working within care homes. Staff were now spending more time with residents, which meant that they had got to know them better. Staff learning from the projects had been embedded in the day to day interactions with residents, and as result staff felt more confident.

Positive staff culture and confidence to deliver activities.

Engagement of staff and residents has helped to change culture.

Conditions necessary for change and how to sustain change

Current challenges in care sector and how to change these

The question about current challenges and how to change these, were key topics of discussion in the collaborative learning event. Some projects also raised these issues in the grant reporting forms. The tables below represent the most commonly articulated external and internal factors affecting the care home sector, according to CHC2 participants. Grantees have also suggested ways to address these issues to promote change, and described how CHC2 funded activities have started to address some of these barriers.

External factors affecting the care home sector	
Challenges facing the care sector	What CHC2 participants think should be done?
Low levels of funding and pay. Councils expect care homes to pay the living wage but do not pay enough. Care homes are expected to provide holistic care, but councils only pay for tasks.	Care providers need to challenge commissioners and councils: "We can't provide care at a low rate." More advocacy for older people's care and funding (making it a political issue).
Negative perceptions of care homes and caring as a profession: Caring is not seen as a viable employment opportunity.	Positive media coverage would help to change how caring is seen
Negative attitudes towards ageing populations: People with care and support needs are marginalised and not valued in the wider community.	Positive media coverage would help with this

Changing these systemic issues are beyond the scope of CHC2 funded activities. The activities can nonetheless be a part of positive change. For example, some grantees have engaged with traditional and social media about their projects, sharing positive news stories and videos about the activities which provide an alternative view of caring and care homes. However, these haven't necessarily tackled perceptions of caring as a profession.

The evaluation will contribute to this further by disseminating the findings. The dissemination from the evaluation will be taking place in a changing situation, with traditional and social media having had numerious stories about care homes during COVID-19 lockdown, which in UK started in late March 2020. The stories have highlighted the challenges care homes have experienced[7] and how care homes, their staff and their residents were not at the core of government strategy of dealing with the spread of the virus[8]. There have also been numerous stories about care home staff being committed to providing high quality care for their residents in challenging circumstances[9] and care homes being innovate in maintaining family contact[10],[11].

Internal factors and how these could be addressed to promote change	
Challenges facing the care sector	What CHC2 participants think should be done?
Improve the operation of care homes to create a better place to live and work	Improve business expertise in care homes & domiciliary care
	Improve understanding of human rights to ensure residents receive the right level of care
	Improve care homes as living spaces by increasing spending on environment and communal spaces for older people
	Improve leadership: better supportive and listening skills are required from management
High staff turnover and understaffed care homes	Better pay and rewards
	Happier workplace would create better morale
	Incentivise training and development opportunities

[7] https://www.qnis.org.uk/blog/working-on-the-front-line-but-not-on-the-front-line/
[8] https://www.bbc.co.uk/news/health-52284281
[9] https://www.theguardian.com/society/2020/jun/11/we-locked-down-a-week-early-the-scottish-care-home-with-no-coronavirus-cases
[10] https://www.thenorthernecho.co.uk/news/18479005.emotional-scenes-first-family-visits-care-home-since-covid-19-lockdown/
[11] https://www.portsmouth.co.uk/health/care-home-residents-enjoy-long-awaited-reunions-family-and-friends-denmead-2894033

Operational issues were outside of the scope of CHC2 funded activities. Staff training opportunities and changing the workplace culture are issues where CHC2 funded activities can be a part of the positive change. These are particularly successful in care homes which are actively addressing cultural and operational challenges, as illustrated in the following example.

Example: Grantee using activity to drive organisational change

A care provider delivered a physical activity project with a training element for staff in four of their care homes. This grantee is an example of how activities can be a part of positive change in the care sector.

The key factors to their success included:

- **A supportive manager**, in each home, who was aware of the importance of the training, delivered by the activity provider, in ensuring that staff have more confidence in providing daily activities for the residents.
- **A passionate leader** at each home to ensure that any project implemented in the future is successful.
- A good **communication plan,** which also included the activity provider.
- **Regular meetings** with project leads, which helped to ensure that the project was as successful as possible.
- **Ongoing external support** (from activity provider or head office) was required to ensure that the homes stay focused, especially throughout times that the project may not be their first priority.
- **Reflective practice** was used to ensure that the culture of the home is constantly improved.
- A **data collection plan** helped to ensure the project's outcomes were captured.

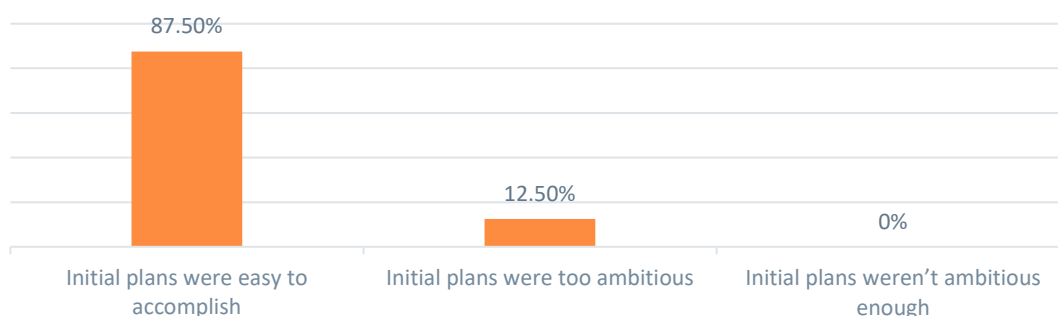As a result of the grantee and the care home commitment to the project:

- The grantee is now writing and releasing their first ever **wellbeing strategy for both residents and staff**.
- The ongoing relationship with the activity provider has further helped with **new opportunities for wellbeing and activities** in the grantee's other homes and schemes.

- Working with the activity provider has assisted the grantee with the redesign of how they document wellbeing moments in all the homes. As a result of the data collected from the project, the grantee have **commissioned a further five homes to receive the project**.
- Data from wellbeing surveys has also provided further information on how to support both residents and staff.
- An **increase in residents' engagement** not only in the chair-based exercise sessions delivered by the project, but also other exercise classes such as adapted dance, yoga and meditation.
- The care homes now use "wishing trees" which have made possible to learn about and **grant residents' wishes**, such as sitting on a motorbike again, going to a football match and renewing wedding vows.
- **CQC has recognised participation** in the activity in the care providers reports and ratings.
- Improvements in staff job satisfaction and happiness and resident wellbeing.
- A continued relationship with the activity provider and a **commitment to future activities provision** to assist with wellbeing of staff and residents.

Capture the grants' journey from start to finish

An analysis of the grant reporting forms and the survey conducted with grantees and activity providers revealed that the initial plans had translated well into actual projects. All of the grantees reported to have made progress on the initial plans and no major changes had been made – only two care homes had to modify plans slightly, but very successfully, to accommodate the closure of a care home.

In your opinion, how closely did the initial plan for the project match the actual delivery of the project?

	87.50%	
	12.50%	0%
Initial plans were easy to accomplish	Initial plans were too ambitious	Initial plans weren't ambitious enough

Even though each project was delivered as planned, the grants still experienced some challenges throughout the delivery, mainly in the first year.

Thinking about the main challenges, at what stages of the project did they occur?
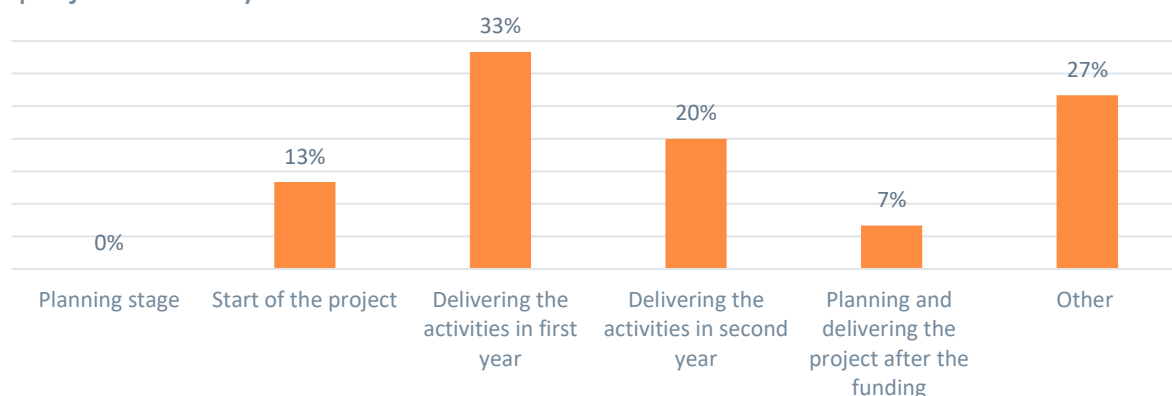
Each project reported slightly different challenges which are summarised below. An * indicates a challenge that was mentioned more than once.

- Environmental / external factors*
- Getting staff and management onboard*
- Staff and management changes*
- Lack of family or volunteer involvement*
- Collating attendance information*
- Delivery of training to staff*
- Finding the right space and time for the activity
- Loss of residents
- Getting new residents to attend
- The grant funding coming to an end and continuing specialist activities
- Recruitment of activity provider.

Learning

40% of grantees and activity providers reported that they would do things differently if they were now starting the project from the beginning. The following list summarises the key learning that they would take into consideration if they were to start again. Again, an * is used to indicate a learning point that was mentioned more than once.

- Provide a variety of inclusive activities so that residents and/or staff don't get bored*
- Ensure care home manager buy-in*
- The importance of community engagement for residents wellbeing*
- Provide support for activity provider and look after the relationship*
- Make plans to collect data about the impact of activities*
- Involve residents in activity planning
- Ensure timing of sessions is right for residents
- Regular attendance from residents increases positive outcomes
- Better training equals better care but ensure it's suitable for staff
- Staff might not have the necessary confidence to deliver activities
- Give staff time to do activities
- Ensure the presence of a passionate leader for the project who sees it through
- Engage family more in activities

Sustainability of the activities

Prior to the commencement of the grants, the projects were asked to consider the **sustainability of the activity**, and hence many had included a staff training element to ensure the delivery of activities once the funding had finished. In the final reports, **75% of grantees had made plans to continue delivery** either with their own staff or external activity providers.

As a result of the activity we have been able to train staff further in appropriate activities for those at end of life, such as meditation, reading, relaxation and poetry. We have also started scrapbooks to capture activities and memories. These are then provided to families at the end of life.

The evaluation also revealed that most projects had only **one person in charge** of the activity, who was particularly passionate about the project (often the activities coordinator), and if that person was to leave, the future of the activity might be at risk. The **turnover of care staff** is also an issue for sustainability. If those members of staff who were trained to deliver or assist with the activities left the care home, there might be delays or challenges in continuing them.

Summary of findings and discussion

The CHC funding model is supported by a strong evidence base. Activities provision in care homes has been proven to have a positive influence on the wellbeing of those who live and work in care homes.

This evaluation has also shown that the CHC2 funded activities have had a positive impact on residents, staff, family and the wider community, and that activities can be a catalyst for cultural change in care homes. However, as detailed in the report and recognised by the wider evidence base, there are many challenges in the care sector that can hinder the realisation of these changes.

To summarise the findings of this work:

For **residents**, being engaged in a variety of activities impacted positively on their mental health, and social and physical wellbeing. To increase wellbeing outcomes, the challenge of staff availability and limited resources to deliver activities more frequently and regularly would have to be addressed. This would require additional funding and capacity, as well as further cultural change in care homes to shift focus from task-oriented to holistic care.

Many of the projects **improved staff confidence** through training and skills development. Taking part in activities with residents helped staff to better know residents and their abilities and needs. Activities also improved staff wellbeing, improved mood and were part of creating a better work environment. However, projects often encountered challenges in engaging staff, due to their lack of time and confidence to take part. These are part of the ongoing issues the care sector faces due to being an underfunded sector with a relatively high staff turnover.

For **family members and friends,** the projects offered opportunities to engage in activities and help with the transition to care home, either through seeing loved ones happy with doing the activity, or having a meaningful activity to do with them during visits. However, for many family members, other commitments have limited their ability to engage in the activities fully.

The grant funding has helped to develop **community links** that will last beyond the projects e.g. with local schools. It has also increasing partnership working with external **activity providers**, community groups and volunteers to further increase social wellbeing in care homes.

The grant funded activities have offered an **opportunity for change** to the care providers and the participating homes. In the majority of participating homes, activities will be sustained beyond the lifetime of the grants – which has the potential to further improve wellbeing among staff and residents. The homes that will most likely continue to benefit from the outcomes have:

- Staff who showed a desire to continue activity beyond the project and felt that they had been supported in developing their skills to make this happen.
- Worked to find funds to carry on delivery.
- Management that supports activities and ensures their staff's ability to take part in them.

Further change in the care sector can be achieved by sharing knowledge of good practice and challenges, and networking with other care homes and stakeholders.

Recommendations

Based on the findings of this evaluation, there are recommendations are for the care sector and for grant funders.

Recommendations for care sector about activities

Care home management buy-in is vital for the successful delivery of projects

Care home management buy-in is vital for the successful delivery of projects, and this is an area which needs close attention. Even if the care provider (head office) and an individual staff member are supportive of the activity, the managers of individual homes have to provide the right resources – for example, practical help with booking rooms, managing staff rota and giving staff time to participate, and managing communications within the home about the project. They also influence staff's attitudes toward the activities.

Active participation from staff is key to achieving positive wellbeing outcomes

Staff presence makes residents feel more relaxed and confident to participate, and activities worked much better and achieved greater impacts for residents when staff were present i.e. not just the external partners leading activities. Staff availability and resources to deliver the activities regularly were noted as key challenges, and to address this additional funding and further cultural change in care homes would be required.

While upskilling of staff and confidence building are often important benefits of activities funded by CHC2, care homes have to be realistic about staff's willingness to participate; some might need extra encouragement and time to participate.

Involve residents in planning activities

Important factors that contributed to the success of activities included: activities that were personalised and flexible to residents' needs, resident-led and available for all ability levels. Also, involving residents in the planning of activities increases their wellbeing by giving them a choice, and allows them more ownership of the activity.

Pay close attention to the sustainability of activities

Most projects had only one person in charge of the activity who was particularly passionate about the project (often the activities coordinator), and if that person was to leave, the future of the activity might be at risk. The turnover of care staff should also be noted as an issue for sustainability. If those members of staff who were trained to assist with the activities left the care home, there might be delays or challenges in continuing them.

Establish a strong collaborative working relationship with the activity provider

Partnership working can be a real asset for the projects, though in some homes it was very clear that the activity provider was the driving force behind the activity. Care homes should be encouraged to share the delivery and management of activities to increase learning, positive impacts and sustainability.

Community connections are beneficial for residents wellbeing

Projects like this have potential to increase community links and family members' participation, but care homes need to be aware that developing these links takes time and effort; particularly family members can have limited time and ability to participate. Despite challenges and delays, this type of social engagement can have a beneficial impact on the quality of life for residents and staff in care homes.

Monitoring the impact of activities improves performance and assists with future fundraising

Those care homes that had managed to capture the impact of the activities through regular data collection were in a better position to make an informed decision about the future of resident care. Evidencing impact also assisted with applying for further funding to deliver future activities.

Recommendations for grant funders

Funding amounts

It became evident from the findings of this evaluation that the key barriers to activities delivery in care homes are organisational: management buy in and staff engagement. These are caused by the funding models of care homes, which make it necessary for staff and management to focus on care tasks. Lack of resources (such as equipment and materials for activities) require further funding.

As care homes might struggle to address these issues themselves, grant funders need to be mindful of them when considering the amounts and additional support care homes might need in order to make activities successful.

Supporting evaluation to learn from projects

Funders should encourage grantees to improve their evaluation practice Internal evaluation of grants is an essential aspect of successful project delivery. All grantees should be encouraged to have simple but robust monitoring processes in place to increase learning and improve activities delivery.

Grantees often have limited experience of evaluation, and their plans can be overly ambitious considering the nature and size of the project. Grant funders should flag this up and encourage the grantees to develop realistic evaluation plans.

This report has shown how those homes who successfully managed to do this, were able to use the information to apply for more funding and impact positively on their

CQC and other regulatory inspection. This is an important consideration regarding the sustainability of the activities provision.

Rethink monitoring of grants

Grant funders should ensure monitoring forms are proportioned to the size of the projects and the needs and capacity of the of the applicants.

The forms should encourage grantees to record progress in a systematic but non repetitive manner. For funders to gather essential information they might need to adapt standard reporting forms. It can be beneficial to consider light-touch reporting and other forms of data collection, such as learning days or focus groups.

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Appendix 1: Overview of grants

Grantee	Name of activity	Type of activity	Partner organisation[12]	Location
Age NI	Memory Lane	Reminiscence; Technology; Physical activity; Creative	No*	Northern Ireland
Borough Care	SMILE - 'Simple Movements Improve Life Every day' for care home residents	Physical activity	Life Leisure	North West
Broughton House	Green Fingered Veterans	Physical activity; gardening	No	North West
Community Integrated Care	Live Music Now	Music	Live Music Now	North West
Denbighshire County Council	Music and Dance in Denbighshire Care Homes	Physical activity; Music	NEW Dance and Canolfan Gerdd William Mathias Music	Wales
Norsecare	Transforming the wellbeing culture in Norsecare	Physical activity	OOMPH! Wellness	Eastern
Order of St John	Keep the music going	Music	Live Music Now	East Midlands
Old People's Housing Society	iCareiMove	Physical activity; Technology	iCareiMove	South West

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[12] Projects marked with * did not have an external partner organisation but did hire external people to work in the project.

Grantee	Name of activity	Type of activity	Partner organisation[12]	Location
POBL Group	Creative reCollections (NPT Art and Movement Project)	Creative	Arts Care Gofal Celf	Wales
Queen's House	Capturing autobiographical memories using graphics, an activity to aid transition to care	Transition to care; Reminiscence	No*	Scotland
Seckford	Woodbridge "Seasoned Voices" Combined Care Homes Choir	Music	No*	Eastern

Appendix 2: Case studies

Broughton House – Green Fingered Veterans

Broughton House is a dedicated charity and nursing home for veterans, with rooms for 50 residents13. Green Fingered Veterans is a gardening project for residents that includes various activities from educational visits to other allotment projects to learn about gardening, community engagement and garden management.

The key aims of the project included: creating a disability access allotment area, designed and managed by the residents; alleviate loneliness & isolation by providing a group activity that residents can take part in and to share their knowledge; give residents a sense of purpose and independence by having a tangible project that they can plan, design, oversee the building and implementation of; and give residents the opportunity to continue learning and to use their knowledge.

Outcomes

Outcome 1: Participants report positively in mental wellbeing surveys after each activity.

The outdoors has had the expected impact on residents, with a reduction of anxiety and social isolation. Within a care facility it is very easy to socially isolate from others therefore the project has excited our residents enough to want to explore the courtyard and go off site. Staff have witnessed residents come together and make lasting friendships. A number of socially isolated individuals have become sociable

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13 This figure was correct in May 2020 but Broughton House is undergoing expansion

with a desire to go outside and improve their skills with friends. Participating residents have also become more open about their lives to staff, which has helped to deepen the relationship between the residents and care staff.

Outcome 2: External visits and outings to community allotment/garden centres and speakers attending the Home.

In addition to visits to other gardening projects, Broughton House has built relationships with external providers such as the Soil & Shed allotment group. Residents have regularly attended workshops and welcomed the group to Broughton House. These relationships have the building blocks to a successful project, as the residents have loved meeting new people, sharing their stories and learning new skills.

Outcome 3: Improved upper body strength & flexibility. Increased general health from activity and fresh air.

With support from an in-house physiotherapist staff have worked with residents on their mobility and physical wellbeing. Staff have witnessed great improvements with some residents who were initially very immobile, and are now taking part in the activity with support from staff.

Learning

The project has been hugely successful, and implemented in an organised and passionate manner. The most important lesson for Broughton House has been to **give residents a choice and** involve **the residents in as many decisions as possible.** Doing this has made residents realise they have a voice and choice in what they do and when. This has given residents the opportunity to take ownership of the project and its sustainability for the future. In addition, staff have witnessed the impact of meaningful activities has had on family members. "Putting a loved one into a care home is never easy but **allowing family members to see first-hand the positive impact it can have with a project like this really helps settle any nerves or anxiety.**"

Community Integrated Care – Live Music Now

Community Intergated Care (CIC) is a national social care charity which had four care homes participating in the project. The project included monthly music sessions (for 12 months) with professional musicians from Live Music Now.

Two members of staff from each home were engaged in the musical activities to increase their confidence and skills. The professional musicians also provided training for participating staff to create a legacy for them to continue with musical activities as part of day to day life.

Outcomes

Outcome 1: People supported are more engaged in activities

The musicians approach created a safe space where residents felt comfortable to take part and express themselves. As a result, residents' responses were extremely positive and in some cases were beyond expectation. In many instances people who would not normally engage in activities increased attendance over the course of the project.

Outcome 2: Increased confidence in supporting people during music activities

Staff reported an increase in their confidence to appropriately support music session. They also felt an increased knowledge of the benefits of music beyond simply entertainment, and witnessed first-hand how a well-led session can bring out the best in the people they support.

Outcome 3: Increased confidence in leading activities in the home

Staff confidence to lead musical activities also increased, which resulted to a few staff members starting to experiment in leading some small group music sessions, or bringing out instruments during other activities.

Outcome 4: Greater awareness of participants' needs and abilities

Musicians felt the length of the project had enabled them to develop their skills and ability to be flexible and responsive during sessions. They enjoyed having the opportunity to build relationships with people over time and observe gradual changes to participation and mood. They also developed their knowledge of the challenges in working in care settings and with those living with dementia, including unexpected behaviour.

Outcome 5: Improved communication with people with age related needs and dementia

The musicians developed an awareness of how to engage with the less extroverted and vocal members of the group, building in 1-1 interactions with some residents to encourage them to be in the moment during sessions.

Learning

During the lifetime of the project, some of the care homes experienced staff changes and there were also some changes to CIC portfolio. The charity still plans to continue working in partnership with Live Music Now as part of their Dementia Strategy. The following are some key learning points:

- **Manager buy-in**: Meeting with managers at start to ensure they are on board and giving staff time to take part are vital for success of project delivery.
- **Engaging staff**: Run training in each of the care homes to encourage other staff (not just activity coordinators) to take part – making it a whole-home event when there is a music session.
- **Engaging family and friends**: either encouraging more to attend the sessions or finding a way of sharing responses with them.
- **Monitoring progress**: Look into different ways of collecting feedback from staff to encourage more detailed feedback (the grantee did do this towards the end of the project in the form of the debrief meetings which did provide an excellent insight, and in future plans to change the collection of data after each session).
- **More support for musicians**: provide separate training on engaging with staff and dealing with aspects of long term projects such as deaths.

Queen's House (Kelso) – Capturing autobiographical memories using graphics, an activity to aid transition to care

This project was in a care home run by an independent Scottish charity, with rooms for 32 residents at the start of the project, and 59 residents at the end. The project worked with residents and family members to support them transition to living in the care home.

Two story collectors worked with residents and family members to collect stories about their life, following which two artists created images about the stories. The stories and the images were included in a book, which was then used to aid reminiscence and conversation with residents, families and support workers.

Outcomes

Outcome 1: Improved transition process to care home.

Relatives found the telling of stories therapeutic; many of the residents had severe dementia, so capturing the stories of the family members helped them remember; gave them a sense of purpose to help with the transition to care home; and in some cases where the relative has passed away, having the book has helped with grieving.

The aim is to connect the residents with their new home and their old home as well, so that they feel that this is their home and it's not anything bad, and they can feel settled.

Outcome 2: Relationship development - staff, resident and relatives, developing connections

This outcome was still in progress, due to the delays in gathering the stories. Feedback from staff members and relatives has been very positive. This is something the care home plan are addressing in their plans for future story collecting.

The book gives you an awful lot, because they're relaxed when they're talking about it and is beneficial for them as well, it's reminiscing, it puts them in a nice place, once they've had an interview, because there's quite a few interviews to get the book completed.

Outcome 3: Retention of memories, and celebration of lives well lived

RebeccaDouglas

The residents and family members who engaged in the process had a lot of stories to tell, and at times became emotional. The project used a conversational approach to gather the stories. The reaction to the books has been emotional, particularly for those families whose relative is living with dementia.

A care worker who was sitting with a resident during their last hours read the life story book out aloud. They described this experience:

I read through it, and talked, 'oh I never realised you did that...', and it was lovely seeing an insight into her life... It seemed fitting, even though she wasn't really conscious, it was lovely to think that you were reading out like a version, if she could still hear it, and I felt it was quite appropriate, I felt it was a lovely thing to do.

Learning

The project did not meet its targets: the aim was to engage with 20 residents, but only worked with 10; similarly with relatives the aim was to benefit 80 relatives, but by the end of the CHC2 funding the project had benefitted only 33 relatives. Like many other projects, they found that setting a project up takes a lot of time and organisation; finding the right people and developing good working practices all took time. Now that the processes and people are in place, completing the books will become faster. The care home plans to continue the story collecting after the grant finishes. They plan for care staff to be involved in gathering the life stories as part of the moving in process. This will have the added benefit that they will get to know the new residents and form relationships earlier.