
Football reminiscence for men with dementia in a care home: a 12-week pilot study in Scotland

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Background

There is growing recognition of the benefits to care home residents, particularly those with dementia, of meaningful activities that reflect their interests and preferences. Football-based reminiscence activities are gaining attention and are thought to be of particular interest to men, many of whom disengage in activities that they associate with female interests. Despite the growing popularity of football-based reminiscence there is a lack of evidence-informed guidance over methods of delivery and understanding about the training required to deliver such interventions. This is contrary to care home demographics that reflect an increasing number of residents with dementia. With this context in mind, the pilot study was developed to contribute to the sparse evidence base for football reminiscence with male care home residents who have dementia.

Aim

The aim was to collaboratively pilot and refine a 12-week programme of evidence-informed football reminiscence for delivery to a group of male care home residents with dementia.

Design and methods

The study collated a range of evidence in order to reflect the different elements of football reminiscence in a care home and its value as a meaningful activity. This included determining the impact on individuals who participated, in addition to the practical aspects of intervention delivery in a care home environment. Data collection

methods included: audio recorded and transcribed football reminiscence sessions, football reminiscence facilitator reflective log, documentary photography, care home staff reflective log, research team field notes based on overt non-participant observation and data routinely collected in the care home such as sleep, falls, nutrition and medication. Thematic analysis sought to critically identify issues and themes which were included in case descriptions for five regularly attending men from three different care homes; three other men were sporadic attenders.

Inclusion Criteria

To be included in the pilot study it was a requirement that the men involved:

- had dementia.
- were resident in one of the participating care homes.
- were able to consent to take part.
- expressed an interest in football.

Findings

The impact on individuals of participation in the football reminiscence programme:

- Increased sociability and enjoyment.
- Anticipation of attending each week.
- Increased participation in group activity.
- Pride at being positioned as experts, for example some of the men who had extensive football knowledge, at times beyond the scope of the facilitator.
- Being challenged: football and local knowledge should not be underestimated even if a verbal response is not immediately forthcoming.
- Improvement in dementia symptomology:

- potential for improved sleep during the night after a session
- increased verbal communication where this had previously been declining
- accurate recall although this was not always responded to by a helper or the facilitator as the response was often not immediately forthcoming
- increased engagement and self-awareness, such as bathing and dressing in preparation for the football reminiscence sessions.

Practical aspects of intervention delivery

- There was a requirement to differentiate between content (some football knowledge) and process (procedure, tools and appropriate interaction). Although both are important, the process has been shown to be more important than the content to support the inclusion of men with differing levels of ability and subsequent group dynamics.
- A staff member or helper who is experienced at supporting individuals with dementia was required to support the facilitator at all sessions, to minimise the potential for increased dementia symptomology:
 - modelling behaviour – repeating what someone else has said, or mimicking actions of another person
 - confusion or agitation in the late afternoon, referred to as sundowning – this should be considered when planning the time of intervention.
- There was a need to be alert to sensory impairment that may impact an individual's participation.
- To maximise participation, memorabilia should be incorporated that stimulates all of the senses: audio, visual, oral, touch and smell.
- The importance of establishing ground rules was determined, this should include clarifying the importance of helpers not answering for group members, but instead supporting individuals to contribute at their own pace. It should also include the importance of support staff not being influenced by their own football or religious affiliation.
- Clear and easy to understand direction was needed, which may need to be regularly repeated.

- Abstract concepts, such as red and yellow cards, were less successful.
- Caution is urged to ensure an appropriate response to negative memories, which may not be associated with football.
- For some men, or as dementia progresses, consideration should be given to football reminiscence sessions delivered more often each week and of shorter duration.
- Organisational support is needed to: provide transport if required, enable delivery of the intervention in the same room to avoid confusion due to change in routine, ensure that this room is large enough to accommodate wheelchairs, helpers and an appropriate size of tables.
- Shared project ownership between facilitator, staff and host organisation can support efficacy in delivery.
- There is an increased potential for illness and bereavement among care home residents, which can impact on participation or wellbeing.
- There is a need to ensure that training in dementia care is provided for care home staff, with football reminiscence training made available for activity coordinators.

Conclusion

The 12-week pilot study identified process and practical issues related to the specific context of delivery in a care home environment, concluding that football reminiscence has the potential to have a positive impact on people with dementia and on dementia symptomology, including self-awareness, recall, anticipation and social inclusion.

A planned outcome of this pilot project has been the co-creation of guidance for best practice in football reminiscence interventions, with the recommendation that this guidance be adopted as part of developing safe and sustainable long-term football reminiscence sessions in a care home environment. Please contact Alzheimer

Scotland Centre for Policy and Practice for a copy of the Hamilton Football Reminiscence Protocol for Care Home Residents with Dementia.

Recommendations

Recommendations for Research

1. Further research is justified to investigate person-centred outcomes of an intervention based on the Hamilton Football Reminiscence Protocol for Care Home Residents with Dementia.
2. To develop and pilot football reminiscence that is inclusive of women.

Recommendations for Care Home Practice

3. That football focussed reminiscence be considered as a meaningful and potentially therapeutic activity for care home residents with dementia and an existing interest in football.
4. Care home staff commit to embed reminiscence work safely into their practice and to recognise when this is, and when it is not, a meaningful activity for residents.
5. To ensure that care home regulators look beyond the availability of football reminiscence to understand the structure and support available, remaining cognisant of the importance of training for facilitators and support for dementia symptomology.

Recommendations for Education

6. That staff are supported and have access to appropriate training in both dementia care and reminiscence activities to ensure that facilitation is taken forward in a planned and person centred manner.

SECTION 1 BACKGROUND

‘Football reminiscence has the potential to contribute to the wellbeing of men with dementia’

Tolson and Schofield, 2012

INTRODUCTION

There is a growing surge of enthusiasm for football-based reminiscence with people who have dementia; however, the evidence is currently limited with a lack of guidance over methods of delivery and knowledge or training required to deliver such an intervention. This section considers the limited evidence for football reminiscence, and for reminiscence as a psycho-social intervention in the care home environment.

LITERATURE SEARCH STRATEGY

Ten databases (CINAHL, Medline, PsychInfo, Social Services Abstracts, HMIC, Emerald, Web of Science, Soc Index, Science Direct and Social Care Online) were searched between December 2014 and January 2015. The search terms for all databases were football reminiscence and reminiscence in (care homes or nursing homes*). The asterisk indicates that all terms beginning with this root were searched.

The search was limited to English language studies published between 2004 and 2015. Due to the paucity of literature expected on football reminiscence and dementia, grey literature such as conference proceedings, reports, position papers and editorials were included in addition to peer-reviewed articles. The database search originally identified 27 articles of which 5 were removed as duplicates. 10 articles that focused on reminiscence or life story work generally, without specific

relevance to care home/residential care or football reminiscence and were removed.

The remaining 12 articles consisted of:

- 4 related to football reminiscence and dementia of which 3 were peer-reviewed articles and one report. All are UK-based research.
- 8 peer-reviewed articles on reminiscence as an intervention in care homes. 3 papers are from the UK, 2 from Taiwan and 1 each from Norway, Iran and, Hong Kong.

FOOTBALL REMINISCENCE AND DEMENTIA

Tolson and Schofield (2012) used a realistic evaluation framework to construct four case studies as part of determining the benefits of football related reminiscence for men with dementia and family carers. The case studies were constructed of two community groups, one nursing home group and individual sessions within the family home. Data collection methods consisted of: field notes from non-participant observation, notes of conversations with people with dementia, audio-recorded interviews with family members, facilitators and dementia link workers. The case study in a nursing home was facilitated by staff without specialist football knowledge; an activities coordinator and male carer. Attendance was poor, with anticipated residents from other care homes not regularly attending. Delivery of the session was dependent on staff availability or shift pattern and facilitators would have welcomed more guidance on how to deliver the sessions including how to respond if residents were quiet or when the conversation moved beyond football. The importance of one-to-one sessions was noted although there were often not enough helpers available even for the low numbers who attended. This resulted in a participant who required additional support becoming disengaged from the group. Individual changes were

noted, such as the resident who only left his room for meals prior to the football beginning to talk to others and becoming more sociable after he started to attend the football reminiscence sessions. Caution was urged due to the potential of reminiscence work to trigger distressing experiences or memories. Overall, the outcomes from all four case studies were changes in dementia symptomatology, such as improved communication and reduced agitation, and practical benefits for the person and their family.

A different venue was selected by Solari and Solomons (2011) who used a football quiz to engage memory clinic attendees during the Football World Cup of 2011 to gauge interest in a football reminiscence project. Although a small sample size and self-reports by attendees differed from carer reports in terms of how engaged the men were, there was reported interest among men with dementia in participating in a football reminiscence group after the World Cup had ended.

Carone et al. (2014) investigated the impact of a weekly group providing sports activities for men with early onset dementia established at Nottingham Forrest Football in the Community (NFFC) project. Whilst not specifically a reminiscence session this article has been included as it evidences the sense of enjoyment and anticipation at football related activities and environment. Themes were identified of creating a sense of normality and an increasing positive mood and sense of wellbeing among the men who attended. The skill required among staff at NFFC is of interest as a high ratio of staff to people with dementia was required along with the sporting knowledge of the coaching staff to adapt the session to the needs of individuals as required. Although knowledgeable about sport, the staff involved were primarily from the youth academy and had very little knowledge of dementia.

Interviews with coaching staff suggested that they did not require formal training in dementia to observe the impact that the sessions were having on people with dementia.

Tolson and Schofield (2012) highlighted the lack of clarity in research over the practical and theoretical interpretations of reminiscence work which will be explored further, specifically in relation to the evidence base for reminiscence work in care homes.

REMINISCENCE IN CARE HOMES

Reminiscence is the process of remembering personal experiences from the past. It can be triggered by almost anything; in relation to football this may be visual such as photographs or DVDs, audio such as football commentary, touch such as football shirts or boots and or smell and taste such as pies and Bovril. Reminiscence should be based on a person-centred approach that puts an individual at the centre of an activity.

The primary focus of the limited range of articles on reminiscence as an intervention in care homes is on alleviating depression and the treatment of agitation (Hsieh et al, 2009; Chiang et al., 2010; Karimi et al., 2010; Testad et al. 2014). Findings from all research is consistent in recognising the efficacy of reminiscence therapy as an intervention for people in care homes with depression, with an associated feeling of accomplishment for participants. Chiang et al. recommend that healthcare workers are trained to provide appropriate reminiscence activities in care homes based on the characteristics of the residents.

Harmer and Orrell (2008) noted that older people living in care homes with dementia lacked appropriate activities, and questioned how care homes know what is meaningful for individuals. Their study with 17 residents, 15 staff and 8 family carers identified four emerging activity themes: reminiscence, family, musical and individual. People with dementia had different views to their family about what constituted a meaningful activity. The preference of people with dementia was for activities that addressed their psychosocial and social needs with participants rating the quality of the experience of the activity as more important than specific types of activities. In contrast, family and staff regarded activities that maintained physical exercise as meaningful. Reminiscence as an activity was not fully understood by family in particular who expressed lack of understanding of its value and concern that it focused more on the past than present. The researchers recommended further work that sought evidence on the value, benefits and most effective methods of enabling people with dementia to take part in reminiscence activities.

Other research focused on spiritual reminiscence in care homes (MacKinley and Trevitt, (2010), the promotion of wellbeing among nursing home residents with dementia (Lai et al., (2004) and reminiscence, regret and activity in residential care (McKee, et al. 2005). Both McKee et al. and MacKinley and Trevitt identified significant association between reminiscence frequency, reminiscence enjoyment and regret with wellbeing outcomes.

DEMENTIA AMONGST CARE HOME RESIDENTS

The number of residents with dementia in care homes remains high, for example one in two long stay residents in Scotland (i.e. 16,277 people) in the 2012 census had a formal diagnosis of dementia (Scottish Government, 2014). The actual level of

dementia is likely to be higher than this given that some of those residents will not have had a formal diagnosis. This also reflects a shift in the demographics of care home residents, as the average age of a resident in a care home is increasing due to the fact that people are moving into care homes at a later stage in life than previously. The impetus for meaningful activities that reflect the pastimes, hobbies and preferences of care home residents has never been stronger, yet the role of activity coordinator does not usually require previous knowledge of dementia and mandatory training in dementia for all care home staff is not a requirement in the UK.

SUMMARY

The limited evidence base for football reminiscence suggests the potential for improvement in dementia symptomology, improvement in communication skills and reduction in agitation, whilst exercising caution should negative experiences be triggered. Limited evidence from football reminiscence in a care home has highlighted poor attendance, lack of available care staff for consistent delivery and the requirement for a high ratio of helper to person with dementia. In the face of an increasing number of residents with dementia among the care home population, the lack of evidence-based guidance for delivery of reminiscence sessions, including football reminiscence, is both surprising and concerning.

SECTION 2 INTRODUCTION TO PILOT STUDY AND OPERATING FRAMEWORK

‘He struggles with his memory so seeing the retention that he has about being in the group is great’

Staff member reflective log

INTRODUCTION

This section contains information about the aims and objectives of the pilot study, the setting within which it took place and the operating framework of the football reminiscence sessions. As this is a new area of research, methods were emergent and responsive to the ideas and preferences of people who were directly involved in the pilot study, thus fostering shared project ownership, engagement and authentic participation. Photographs are used with the permission of care home staff and residents, and pseudonyms are used throughout. The photographs are used interchangeably and do not necessarily reflect the participant being described.

AIM

The aim of this evaluation was to collaboratively pilot and refine a 12-week programme of evidence-informed football focussed reminiscence for delivery to a group of care home residents with dementia.¹

¹ Since April 2002 all homes in England, Scotland and Wales are known as ‘care homes’, but are registered to provide different levels of care which may include nursing care. In Northern Ireland care homes are still known as residential care homes or nursing homes.

OBJECTIVES

1. To build up an evidence base currently lacking in this field as part of the need to develop non-pharmacological interventions for people with dementia.
2. To determine the impact on individuals of participation in the football reminiscence programme.
3. To offer a perspective on the practical aspects of intervention delivery in a care home, how challenges might be negotiated and to determine whether the intervention is a meaningful activity.
4. To understand the emergent research methods and be responsive to the ideas and preferences of people who are directly involved in the pilot study, thus fostering shared project ownership, engagement and authentic participation.
5. To create guidance for best practice in football reminiscence interventions within a care home environment which will support safe use of this social intervention in the future.

PROJECT SETTING

The project was intended to be located within one Scottish care home, (care home A) with participants attending from this home plus three others (care homes B, C and D), all managed by the same service provider. Three residents from each home, who met the inclusion criteria (see Figure 1), were invited, to make a maximum group of 12.

Inclusion Criteria

To be included in the pilot study it was a requirement that the men involved:

- had dementia – this may or may not be formally diagnosed but a degree of cognitive impairment, as confirmed by the care home manager, was essential.
- were resident in one of the participating care homes.
- were able to consent to take part. It was important that the participant had the capacity to agree to take part, or choose not to.
- expressed an interest in football.

Figure 1 Inclusion criteria

The group met once a week at the same time for approximately one and a half hours, for a period of 12 weeks. The intention was that reminiscence intervention would take place in the same room each week within care home A; although it will be shown how this proved impossible due to an outbreak of diarrhoea and vomiting in this care home. The sessions were led by a football reminiscence facilitator with the



support of a volunteer for part of each session, both trained by Alzheimer Scotland in the delivery of football reminiscence sessions². The primary facilitator was responsible for completing the reflective log after each session.

A protocol meeting was facilitated by the research team in advance of the 12-week programme, consistent with a participatory design project. This was held in the room

² Alzheimer Scotland's Football Reminiscence Partnership with the Scottish Football Museum involves training volunteers to spend time with people with dementia who have an interest in football, talking about the teams and matches of the past and working with visual images to stimulate memories.

where the programme was due to be delivered so that the facilitator could assess the size and potential layout. It was attended by the football reminiscence facilitator, staff from all participating care homes, the operational director of the service, training manager and project manager. The purpose was to give information about the 12-week pilot project and share the draft information sheet (Appendix A), consent form (Appendix B) and inclusion criteria in order for a consensus to be collaboratively reached. Clarification was given about the routinely collected data that would be available for the research team and about requirements of care home staff and football reminiscence facilitator to complete weekly logs (Appendices D and E). This collaborative nature was intentional in order to maximise the sustainability of the project.

Staff in each of the four care homes, in conjunction with their Manager, asked residents about their interest in football and provided residents and their families with copies of the information sheet. The Manager in each of the four participating care homes was required to confirm that men who expressed an interest met the inclusion criteria, and thus acted as gatekeeper for the residents. Consent was then taken by care home staff in the presence of a member of the research team.

At the protocol meeting with all care home staff in advance of the reminiscence sessions, the activity coordinator from care home C (Kenny's care home) informed the group that they were running a digital project and would be encouraging residents to use a tablet. She suggested that engagement with football memorabilia using the tablet could be maintained in between sessions. The activity coordinator did not subsequently attend any of the football reminiscence sessions so the

research team were unable to determine if this happened, although no feedback was given about it during routine data collection.

GROUP OPERATING FRAMEWORK

The evidence-informed pilot study adopted a standardised approach based on two key principles: a sense of companionship with group and cultural identity being



fostered, and that reminiscence triggers will be focussed on football but will embrace the natural flow of shared and individual memories associated with football heritage and related subjects. The facilitator had a background in delivering football reminiscence sessions and was knowledgeable about Scottish football rather than having experience or background of supporting a person living with dementia. The identified room in the

care home had football memorabilia placed on display in advance of each session; usually football shirts placed over the back of chairs and programmes on the table.

The group members required to travel to the venue from care homes B, C and D were escorted on their minibus journey to and from their respective care homes by care home staff or volunteers who remained to support the resident(s) for the duration of the session.

Two trained volunteer facilitators were present for most of the football reminiscence sessions and delivered part of each session. One, who was present for the duration

of the session, took the lead and was responsible for completing the facilitator reflective log.

Each session was planned to last between 60-90 minutes with a break for refreshments, consistent with the duration of a football match. The facilitator would deliver sessions using a standardised structure (see Figure 2) but would remain flexible to change as required by the emergent process. During the first session ground rules were established based on having fun, feeling able to contribute and allowing time for the men to respond or join in, rather than staff speaking for the individual they were supporting. A team name and group song were identified at the first session, thereafter the typical structure is shown in Figure 2, with changes emerging as the pilot progressed.

Standardised structure of football reminiscence session

- The First Half:

Group song to start the session.

A football is passed around; on taking the ball each man gives his name and suggests (for example) the name of a football team or player. This was later adapted so that each man picks a team or player name from a hat. A short discussion takes place about that team or player which may lead to wider discussion beyond football.

A 'hangman' style of game is played using a flip chart. The men identify letters of a Scottish or English football team followed by a discussion about that team. This was later adapted to ask the men to call out 'abc's' (the term many would have used at school) rather than 'letters of the alphabet' which were difficult to recall for some and initially led to not everyone participating.

- Half time: Pies and Bovril were provided with the intention of stimulating the senses whilst recalling football match refreshments from younger days.
- Second Half: one to one time with staff, volunteers and facilitator. Football photographs and memorabilia from local and national teams are introduced to trigger recall and encourage cognitive and verbal stimulation. This allows for one to one reminiscence and interaction which means that the men could take varying times to eat and drink at half time without impacting on the group, as some are expected to take more time than others. The session ends by singing the group song again and thanking the men for attending.

Figure 2 Typical structure of weekly football reminiscence session

The exception to this standardised approach was in week 12 when a visit to the Scottish Football Museum at Hampden Park, Glasgow was arranged as both a fun



activity and a way of formalising the end of the pilot study.

The link made to the structure of actual football matches, in terms of half time pies and Bovril, was recognised by the men, although most chose tea instead, expressing a dislike for what is considered to be typical football fare. Although the refreshments were enjoyed, all said that they would not have eaten pies at

a football match.

Facilitator: (can you) smell those pies and Bovril? Remember Bovril at the football?

Derek: never, never touched it.

Facilitator: oh did you never have Bovril at the football?

Malcolm: Oh they had it but I never drunk it.

It is not known when pies began to be associated with football matches although this



connection is specific to the UK.

Reports of Bovril as a product available at football matches can be seen from the 1960s, but there is a suggestion that weak tea and beef tea (typically an Oxo cube in water) were to be found at games in the early

twentieth century, sometimes with small bars of chocolate (Nicholson, 2011). All of the men attending the football reminiscence sessions were aged in their 80s and some of the football players mentioned indicated that their recall went back to the 1950s and 1960s.

After six weeks the facilitator tried a different layout of the room moving from a large table in the middle with chairs around it to smaller tables with fewer chairs (see photograph). This is explored further in Section 5.

THE REALITY OF THE CARE HOME ENVIRONMENT

Specific issues will be explored that became apparent due to delivering the intervention specifically in a care home environment. Issues are listed here with some expanded on later in the report.

- Although a large, light room on the ground floor was identified in care home A, an outbreak of diarrhoea and vomiting in the care home meant that the home and residents were quarantined. Weeks 2 and 3 were held in the adjacent

care home D, a much smaller room with little room to accommodate



wheelchairs plus chairs for staff providing support (see photograph left). A further change was during week 11, when the session was held in a first floor room in care home A, as the usual room was required for staff training.

- Despite having the same start time every week, this was variable at times due to not knowing if care homes B, C and D would be able to attend. Sometimes this was due to lack of transport and on other occasions this was often not known by the care homes themselves, as it was dependent on how participants were feeling at the time that they were due to leave.
- There was a reliance on the goodwill of staff. Some weeks the activities coordinator and staff member from care home B who accompanied two of the residents did so on their day off. Without this the men would not have been able to attend. The activities coordinator and staff did not attend from care home C. Instead the home handyman, who had an interest in football, drove the minibus and provided support for their residents.
- In addition to fluctuating ability exhibited by the men who attended, dementia symptomology was ever-present. For example pie and Bovril was provided and whilst most of the men could eat unaided, a considerable amount of time was needed to enable them to do so.

- The wives (also care home residents) of two of the men attending died during the period of the pilot study which impacted on attendance and/or wellbeing of each individual.
- Four care homes originally agreed to take part , A,B,C and D, but one (care home D) stopped attending without giving a reason after week 2, later saying that they did not have men who wanted to attend.
- During the period of relocation to care home D, their activities coordinator brought a resident who clearly did not want to be there, indeed he was verbally abusive at having been brought into the room. He had not been given information about the football reminiscence sessions nor signed a consent form, nor had the inclusion criteria been checked with him; he was simply wheeled into the room in his wheelchair. The facilitator subsequently explained what the group was for and the resident was given the option to join. He refused, saying that he had no interest in football and had been happy quietly sitting and looking out of the window in his room. The staff member was asked to escort him back to his room.
- The reality was that five care home residents from three care homes were regular attendees (n=6 sessions or more), two chose to stop attending after 3 and 4 weeks and one only began to attend at the half way stage (see Table 1). A further three residents from care home D did not return after week 2 despite the location being temporarily moved to their care home.
- Routinely collected data was not collected at weeks 6 and 12 for Derek and Charlie who stopped attending in the first 4 weeks (see section 4), or for Adam who began attending after the data collection point at week 6. Therefore comparison data is available for five of the men, Kenny, Andrew, Davy, James

and Malcolm, although records from field notes and reflective logs are also included for Derek, Charlie and Adam.

Participant (pseudonyms used) (n=8)	Care home	Number of sessions attended (maximum 12)	Notes
Derek	B	4	Derek stopped attending after week 4 expressing concern to staff over the religious nature of the football discussion, citing too much talk about Celtic. He later said that he preferred rugby to football.
Charlie	C	3	Charlie found travelling in the minibus difficult and chose to stop doing so after three weeks.
Kenny	C	7	Kenny was reliant on the availability of the handyman for transport and support. This meant that he missed some weeks due to staff annual leave and shift pattern.
Andrew	B	11	Andrew experienced a bereavement during the 12-week period with the death of his wife. One week was missed due to a pre-arranged outing to the races.
Davy	A	6	Davy experienced a bereavement during the 12-week period with the death of his wife.
James	A	10	James was unable to attend during the weeks when his care home was affected by a diarrhoea and vomiting outbreak.
Malcolm	A	10	Malcolm was unable to attend during the weeks when his care home was affected by a diarrhoea and vomiting outbreak.
Adam	A	5 (the last 5 sessions)	Although Adam returned a consent form at the start of the 12 weeks, he regularly had visitors on a Monday afternoon. After seven weeks he asked his visitors to come on a different day in order that he could attend the football reminiscence sessions.

Table 1 Record of attendance

SUMMARY

The aim and objectives were developed to ensure that practice in this area is not only safe and enjoyable, but also enhances the wellbeing of people with dementia.

The importance of football within the lives of many older Scottish men is indisputable. The pilot study sought to collaboratively design and test a football focussed psychosocial intervention for men with dementia in the context of a care home whilst recognising the inherent challenges of such an environment.

SECTION 3 DESIGN AND PROCEDURES

‘Need to remind of the ground rules at the start – especially if new staff are accompanying, need to allow individual time to answer and not to speak for the person’

Researcher field notes

INTRODUCTION

This section explains the design of the pilot study, including ethical issues to be addressed and the procedures involved in data collection and analysis. The range and rationale for the documentary evidence will be explained, followed by the process of thematic analysis.

DESIGN

The mixed method evaluation comprises of a review of documentary evidence: routinely collected data at weeks 6 and 12, care home staff reflective log, football facilitator reflective log, documentary photography, field notes based on research team non-participant observation and transcripts from the audio recorded football reminiscence sessions.

ETHICAL ISSUES

Ethical approval was granted by the University of the West of Scotland ethics committee. Although it was expected that taking part would be an enjoyable experience for the men involved, the research team were aware of the need to ensure that care home staff, who knew the men, were available to provide support should this be needed.

This proved to be a reality when Davy became upset during one session; this was not connected to football but occurred when discussion moved to wider reminiscence and geographical locations where the men had previously worked and lived.

Aberdeen was mentioned and Davy became upset remembering a girl he 'had loved' from Aberdeen. Care staff provided immediate support and Davy chose to remain in the group for the remainder of the session. During a later week, Davy again became upset although the reason was not immediately apparent. The accompanying activities coordinator from care home A was able to advise that his wife had died earlier that week and (although Davy had insisted on coming to the football session) he was emotional and distracted.

James became emotional during week 5 when recalling attending football matches. Again it was not the football itself, but the location of the ground next to his church he and his family attended each week that triggered his emotional memories. The same activities coordinator attending from care home A was able to provide support immediately.

All participants were able to give consent to take part and the importance of this was reinforced when, in week 2, a staff member (activities coordinator) from care home D brought in a resident in a wheelchair who clearly did not want to attend the session. The resident had not received an information sheet, nor signed a consent form, nor did he have an interest in football. Not only did he not meet the inclusion criteria, but this clearly breached ethical principles of professional integrity and responsibility towards participants in terms of informed consent and right to refuse to participate. It also suggested an abuse of status on the part of the care worker. The audio recorder

was turned off at this point whilst the facilitator spoke to the man to confirm that he did not wish to find out more about the group and wanted to leave.

The role of the research team as non-participant observers required careful ethical consideration with the need to avoid any suggestion of covert research. The primary researcher introduced herself to the men as they arrived each week and, despite initially being invited into the main group, always explained that she would sit at the side of the room as she would not be joining in. This became the accepted routine for all members of the research team during the sessions. The audio voice recorder was placed in the centre in full view of all men and staff with facilitator, staff and residents being informed when it was turned on and off.

DATA COLLECTION METHODS

ROUTINELY COLLECTED DATA

At the protocol meeting in advance of the evaluation period routinely collected data was agreed as:

- Age
- Diagnosis of dementia and type if known (the type of dementia was only known for one man who also had Parkinson's disease).
- Clinical dementia rating scale if known (this information was not available for any of the men)
- MUST³/weight
- Medication

³ MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults who are malnourished or at risk of malnutrition or obesity.

- Falls risk
- Sleep pattern

Consent was given by men with dementia for the research team to include this routinely collected data from staff in their four care homes. Assessing the impact of psychosocial interventions in dementia is acknowledged to be complex and difficult and this data was incorporated into case descriptions to capture any changes during the evaluation period.

CARE HOME STAFF REFLECTIVE LOG

Accompanying staff were originally expected to be four activity coordinators from the identified care homes, plus care home support staff depending on the number who attended from that particular care home. In reality, this was only two activity coordinators, from care homes (A and B). No activities coordinator attended for care home C after the consensus workshop. The activities coordinator from care home D attended the first two sessions and did not return, later saying that no resident from care home D wished to attend.

Staff present at the football reminiscence sessions were invited to keep a reflective log for each of the men who attended, noting each week anything they observed or heard that they thought may be associated with the reminiscence sessions. This included spontaneous resident-initiated communication related to football.

FACILITATOR REFLECTIVE LOG

The football reminiscence facilitator was asked to keep a reflective log noting at the end of each weekly session his thoughts about what worked well and what did not go

so well. Significant incidents would also be noted along with ideas and lessons learned for future intervention delivery.

DOCUMENTARY PHOTOGRAPHY

The purpose of including documentary photography is to show the reality of the observations, to complement the reported observations of the research team. This offers a visual representation of the social aspect of the football reminiscence sessions through photo elicitation.

RESEARCH TEAM NON-PARTICIPANT OBSERVATION

Overt non-participant observation offered the research team insight into interactions within the context under investigation. A minimum of two research team members were present each week. To avoid the Hawthorne effect (Fernald, et al., 2012) or a change in behaviour as a result of participants being aware that they are being observed, the team engaged openly with the men as they arrived and after the session had ended in order to build up familiarity. The team were always seated behind the men to avoid direct eye contact during the sessions to remain as unobtrusive as possible. The risk of the Hawthorne effect was greater in the facilitator who, although aware of the purpose and the role of the research team would naturally feel under a degree of scrutiny.

TRANSCRIPTS FROM AUDIO RECORDED FOOTBALL REMINISCENCE

Eleven football reminiscence sessions were audio recorded using two digital voice recorders placed at different parts of the room in order to capture speech from the men, their helpers and the facilitator and volunteer at all stages; the group exercise and individual activity. Each recording was then transcribed to form part of the

documentary evidence for analysis. Week 12, the visit to Hampden Park, was not audio recorded.

RESEARCH TEAM FIELD NOTES

Field notes were taken each week by two members of the research team with discussion after each session to ensure rigor and consistency of interpretation, offering an additional reconstruction of the sessions. Field notes provided a further record of communication that may have been difficult to understand in an audio recording as a result of poor clarity of speech. For example, Andrew spoke very little and very quietly, often taking a considerable time to form a response; consistent with Parkinson's dementia. Field notes enabled the research team to record his response that was often inaudible during transcription.

In addition to noting who was in attendance each week, data was recorded chronologically giving details of what happened, in what order, any space or environmental issues and both verbal and non-verbal responses.

THEMATIC ANALYSIS

The routinely collected data was combined with extracts from the entire data set and included in a case description for five regularly attending participants. Thematic analysis sought to critically identify issues and synthesise codes and themes using Braun and Clark's six phases of analysis (Braun and Clark 2006).

Stage 1: familiarisation with the entire data set. This included all transcribed data, field notes, staff and facilitator reflective logs, and routinely collected data.

Stage 2: general open codes were identified from the transcribed data and documentary evidence with key words highlighted using descriptive coding. The focus was on words that described what was happening or how the men were feeling with the intention of determining impact on individuals of participating and offering perspective on practical aspects of delivery. It also highlighted the thoughts and feelings of staff and facilitator in order to offer a perspective on practical aspects of delivery of football reminiscence sessions. For example,

Stage 3: collating codes into themes. The codes were then developed into wider themes. For example:

'Participants engaged', 'happy faces', great engagement', 'positive feeling', 'came out of his shell', 'got into the swing', 'eyes lit up', 'laughed a lot', and 'see him open up' were some of the codes developed into the theme of increased sociability and wellbeing.

'Only time he showers', 'likes to put a shirt on', 'always gets ready', 'likes to be smart when he comes', 'said he looked good' and 'dresses for the football' were some of the codes developed into the theme of improvement in dementia symptomology.

Stage 4: review the themes. The themes were then reviewed by returning to the data.

Stage 5: define and name the themes. This allowed for expansion and description of each theme to consider relevance with the overall aim and objectives of the pilot study and the current evidence base. This was more important than the number of occurrences or repeated topics which did not necessarily help to achieve the

objectives. Five case descriptions were developed incorporating the key themes identified (see Section 4).

Stage 6: produce the report. After confirming that the themes are appropriate and encompass the range of data collected, the final report including guidelines for future practice in football reminiscence within a care home environment have been developed.

Additionally, a list of the most commonly used words was computer-generated to create two word clouds. The first contains the most commonly used words from the transcript of the football reminiscence sessions and the second from the combined staff/facilitator logs and research team field notes. Whilst not forming part of the analysis, as the most often used words do not necessarily reflect the impact or area of enthusiasm in relation to the objectives, this offers an unobtrusive measure of interest into where emphasis was placed by staff and facilitators.

LIMITATIONS

The participatory nature of the pilot study offered a collaborative approach for all who were directly involved including the wider care home community, thus fostering shared project ownership and engagement. However, limitations were apparent in the consistency and quality of some of the recording on the reflective logs. Care home staff are not routinely asked to collate this kind of information and, despite agreement from their managers, this proved difficult for some. No form was received after week 1 from care home B although, to counteract this, the researcher audio recorded (with permission) a conversation at the start of each session with staff who accompanied the residents. In this way a verbal record was held of engagement with others between sessions which was then transcribed with the reminiscence session.

The amount of routinely recorded data originally requested and agreed to as the consensus meeting was not all forthcoming. For example, the type of dementia was only recorded for one of the men and Making Every Moment Count⁴ data was not recorded.

At times it was difficult to understand what some of the men said due to lack of clarity in speech or quiet tone. The audio recordings from the reminiscence sessions were transcribed and compared with the original recording by the member of the research team who had been present every week to ensure accuracy. This allowed, where possible, for incomplete words or sentences to be corrected or added where it had been difficult to understand what was said.

The focus of this pilot study has been on the inclusion of men, recognising the camaraderie related to football and that typically during the 1950s and 1960s men were the main attendees at football matches. However, this was not exclusively the case and further research into football reminiscence is needed that is inclusive of women too. Managers and staff reported that, from the four participating care homes in the pilot study, they knew of one woman who may have been interested in attending.

SUMMARY

The social participatory pilot study adopted a mixed method approach to collate a range of documentary evidence, with the intention to identify issues and synthesise key patterns and themes. These themes will inform an understanding of the impact on individuals of participating in football reminiscence, a perspective on practical

⁴ A guide developed by the Care Inspectorate in Scotland to support care home staff to record what residents value about their lives, and what is important to them as individuals.

aspects of delivery, and understanding of the efficacy of the research methods and the emergent nature of the participatory approach. This not only supported the development of guidance for best practice in football reminiscence in a care home environment, it has also contributed to the sparse evidence base in this field. The design and methods of data collection support a person-centred approach that is respectful of individual interests, personal histories and shared histories. Case descriptions developed from transcribed data, field notes and facilitator logs will now be presented for five of the men.

SECTION 4 IMPACT ON INDIVIDUALS – CASE DESCRIPTIONS

‘He is really in his element and chats all the way home, not only about football but about other activities and family life’

Staff member reflective log



Most commonly used words from the transcribed football reminiscence sessions (names not included)⁵

⁵ Attribute to Tagxedo (<http://www.tagxedo.com>) and licensed under a Creative Commons Attribution-Noncommercial-ShareAlike License 3.0, free for personal and non-commercial use.

INTRODUCTION

Multi-layered case descriptions were developed from: routinely collected data, non-participant observation, field notes and care home staff reflective logs. A purposive sample of five men from three care homes was selected specifically due to their regular attendance; six sessions or more.

CASE DESCRIPTIONS

CARE HOME A: ANDREW

‘Andrew is usually reserved, quiet and shy so to see him open up and sound happy is wonderful. I have personally been able to witness this during the sessions and carried on discussions on the journey home to maintain his positive persona’

Andrew is 80 years old and has Parkinson’s dementia. He was supported to attend the football reminiscence sessions in a wheelchair by the activity coordinator and a care assistant and attended 11 of the 12 sessions, only missing one for a pre-arranged care home outing. He put weight on during the first six weeks of the pilot and this remained stable for the remainder of the evaluation period. His MUST score remained at zero and he had no falls during the twelve weeks. Andrew was always a good sleeper and this remained unchanged, as did his medication. He did not require assistance with bathing or dressing.

Staff reported in week 3 that Andrew’s mood had been variable in between sessions but also noted that his wife had died not long after the reminiscence sessions started. Andrew’s attendance was encouraged by his family who were *‘extremely happy with his involvement’*. Andrew updated his family about the weekly sessions

when they visited, informing them that he talked with the other men who attended and that he was pleased (*'appeared proud'*) that he knew a lot of the answers.

Staff and research team perception of Andrew's experiences of the group was that he typically joined in more towards the later stage of the session. This reflects Andrew's day in general as, due to Parkinson's disease, he becomes much more mobile towards the end of the day and into the evening. Andrew has difficulty with his speech and can take a long time to formulate a response even when he knows the answer to a question; however, at points during the twelve weeks he exhibited



football knowledge that even the facilitator had no awareness of.

Andrew had played junior⁶ football in Scotland and for the reserve team at Nottingham Forrest. He enjoyed the junior football section at Hampden Park during

week 12 although the television screen was too high and small to watch recorded matches; due to being in wheelchairs all of the men had to remain some distance away.

Andrew reported to staff in week 6 that he felt the football reminiscence session had been too repetitive and he preferred to be challenged more with football questions and knowledge. That week, staff recorded that he appeared disheartened; saying that he did not enjoy it and that it was the same teams and players that were being

⁶ In Scotland the term 'junior' does not relate to the age of player. The closest UK equivalent terminology would be non-League football in England although junior football in Scotland is not similarly integrated in the Scottish football league system.

discussed. He was less vocal and contributed less, with field notes supporting this, This was the only week that Andrew did not give positive feedback to staff or family. This was also the week when the football reminiscence facilitator was unavailable and the session was taken by a member of staff from care home A. This is discussed further in section 5.

Throughout the evaluation period, Andrew's facial expression did not change due to akinesia, loss of movement which leads to the 'facial masking' associated with Parkinson's disease; facial muscles become immobilised leaving an expressionless look. This made it difficult to interpret how he was feeling on the day as there were no visual cues. However, the feedback from staff who were in regular contact with Andrew between sessions was overwhelmingly positive and constructive, indicating that what may have been interpreted as apathy was just the opposite. Indeed early field notes suggested that '*Andrew contributed very little and looks disinterested*' which was in direct contrast to how he perceived the session himself.

CARE HOME C: KENNY



'Kenny leads the singing every week and enjoys the group song, (this week) he went straight into 'I belong to Glasgow' - James and Malcolm joined in'

Kenny is 87 years old and has a diagnosis of dementia (type not

specified), often reported by staff as being disorientated. He also has arthritis. Kenny

enjoys watching sport on television, particularly football, golf, tennis and bowls. He requires assistance to mobilise himself and has the use of a wheelchair for long distances.

At the 6 week and 12 week points Kenny had a MUST score of 0; a score of 1 had been recorded at week 2. He had put most of the weight back on again by the end of the 12-week period, thus reducing his likelihood of fatigue or vulnerability to infection and increasing muscle strength, although was not quite back at his original starting point. His medication did not change and he had no falls. Despite usually experiencing an erratic sleep pattern, staff recorded that he slept well on the night after attending reminiscence sessions. This became more pronounced as he did not attend every week, with a difference in his sleep between the Mondays he attended and the Mondays when he was not able to go to the reminiscence sessions. Kenny returned to a consistently erratic sleep pattern in the week after the last session at Hampden. It is not possible to determine if sleeping better on the night of the sessions was due to the exertion of travelling to and from care home A, or the activity whilst at the football reminiscence sessions, or both.

Kenny was supported to attend by the home handyman, rather than care staff or an activities coordinator, and attended 7 sessions. The reflective log was only completed by staff once, after week 1. Although it was a requirement that care home staff completed the reflective log, this was made difficult by staff not having been present at the session. There was no appreciation of what had been discussed or how the resident had been able to contribute, with subsequent difficulty in getting the log completed from care home C. It was unrealistic to expect the handyman to have completed the log as his role was not in day to day care. He did, however, voluntarily

make team rosettes for all of the men to wear when they went to Hampden Park, reinforcing a group and team spirit.

The statements that *'he was able to recall the group to family'* (week 6) and *'he has been chatting to family and the relatives visiting other residents'* (week 13) suggested that staff had noted Kenny's ongoing interest in the group and recall of the sessions although it has not been possible to determine how proactive staff were at encouraging this, if at all.

Kenny played for Wishaw Juniors when he was younger and was also delighted to watch old footage of the club at the Scottish Museum of Football, although often spoke about golf and tennis during the reminiscence sessions, expressing a preference for these sports rather than football. He was a member of the Freemasons⁷ and took great delight in offering a masonic handshake to the group facilitator at the end of each session. As Kenny travelled from a different care home, he arrived wearing a coat, hat and scarf which were not removed when he entered the (always very warm) care home. Consequently, he often fell asleep for part of the session although always woke quickly and was able to join in immediately.

CARE HOME A: JAMES

'James laughed a lot and was telling funny little stories'

James is 87 years old and has a diagnosis of dementia (type not specified, only that he has *'mild memory loss'* and is *'occasionally disorientated'*). No other physical conditions were recorded. Staff verbally reported James's main interests as walking

⁷ A secular fraternal society originating in Scotland.

and classical music; the information sheet in his file recorded his main interests as being karaoke and bowling. Routinely recorded data at weeks 6 and 12 showed stability in weight and sleep pattern. No changes to mood were reported during the period of the pilot study.



James spoke about the football reminiscence sessions to his family and staff after each week with staff reporting that he looked forward to attending. In the day room and at mealtimes in care home A James was typically reserved when around

other residents and did not often engage with others. Staff noted a difference to his involvement at the football reminiscence sessions as witnessed through a change in his body language as he was much more alert and cheerful. The reflective log completed by care home staff reinforces this by noting that he was quiet at the start of the first week, although soon '*got into the swing of it*'. This continued over the 12-week period with staff noting that James laughed more than they usually saw and enjoyed telling '*funny little stories*'. James also enjoyed the pie and Bovril each week.

James had some difficulty with word finding, often needing longer to recall the correct answer '*aye, what's his name now*' although usually was able to give the answer after time, sometimes with prompting, or 'clues' given by the facilitator: 'we

were talking about him a minute ago, an Airdrie player then Rangers, the wee prime minister⁸.

James had difficulty in identifying a letter for the alphabet game in week 1 although when the first letter was revealed he was able to make reasonable guesses based on this, although not taking into account the number of letters.

Facilitator: what's the first letter of your name
James?

James: W

Facilitator: no it's an H

James: M

Facilitator: you'll soon get the hang of it, the letters up now, the first letter is an H
(writes on board)

James: Hamilton, Hearts, Hibs

By week 5 James was able to respond correctly immediately when asked for the first letter of his name.



⁸ Ian MacMillan, 249 appearances for Airdrie between 1948–1958, was known as the Wee Prime Minister.

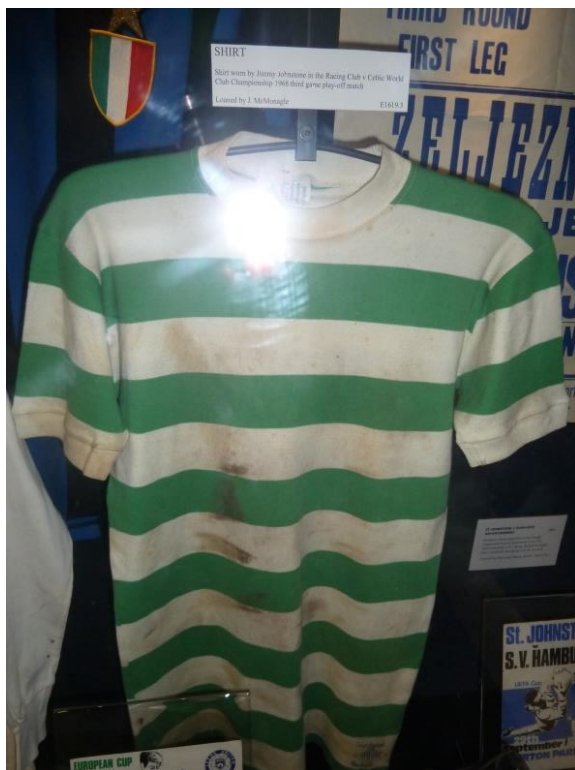
Malcolm is 72 years old and has a diagnosis of dementia (type not specified; notes indicate that he is oriented to time and place, understands instructions and has mild memory loss). Staff verbally stated that Malcolm's interests were watching television, darts reading the newspaper and football. Malcolm's interests were recorded as playing football and going for a pint, and state that he expressed a preference for sitting with other men at the window.

Routinely recorded data at 6 and 12 weeks showed no change in medication or weight. At both data collection points staff referred to an improvement in sleep pattern. Typically Malcolm would wake at night, often concerned about the time and whether he had missed medication. At 6 and 12 weeks his nurse reported an improvement in the duration and quality of sleep, with less anxiety on waking.

Malcolm was enthusiastic about having a shower on a Monday before attending the group whereas previously he had been extremely reluctant to do so. Staff noted an improvement on other days stating that he was '*showering more often through the week too*'. The man described by staff as '*normally reserved and reluctant to participate*' was observed by his carers as '*thoroughly enjoying his football group and is animated about it*'.

Malcolm needed time to consider his answer and often said '*I know him... I know it, I know him well*' in response to specific questions, followed by (for example) by '*Billy McNeill*', the correct response given two minutes later. He became increasingly confident as the sessions progressed and responded particularly well to questions about Greenock Morton and their former players.

Davy is 85 years old and has a diagnosis of dementia (type not specified although staff reported that he was becoming increasingly disorientated). Before the pilot study began Davy fallen a number of times and his Falls Risk Assessment Scale for the Elderly (FRASE) was reported at 17 (high risk). He did not have any falls during the pilot period. His medication, weight and sleep pattern did not change and he continued to be agitated, particularly later in the afternoon. Davy was reported to enjoy talking about his army days, football and jazz music. Whilst collecting routine data staff said that Davy did not talk about the football group in between sessions. However, the reflective log completed by staff stated that he talked about '*the class*' and that he enjoyed it. He was also reported to have talked to his family about attending and enjoying football reminiscence.



Davy: I knew him

Davy's favourite player was Jimmy Johnstone and this was the answer he gave to most questions. Transcripts of audio recorded football reminiscence sessions show that in week 1 Davy said he knew Jimmy Johnstone, but this was not picked up on by facilitators until care home staff mentioned it again in week 10.

Facilitator: Jimmy Johnstone, do you remember that name?

Facilitator: You knew him?

Davy: Jimmy Johnstone

Facilitator: Oh right, right come on who's next? (moving on to next man during ball game)

Davy: I seen him

Facilitator: You seen him did you, right (to Kenny) tell everyone your name, Kenny, shout it out.

Davy liked to talk about non-football matters, particularly movies, and in the week of the centenary of the start of World War One was vocal about his time in the army after watching a number of television documentaries.

SUMMARY OF FINDINGS

The perceived impact on individuals of participation in the football reminiscence programme:

- Increased sociability and enjoyment
- Anticipation of attending each week
- Increased participation in group activity
- Pride at being positioned as experts, for example some of the men who had extensive football knowledge, at times beyond the awareness of the facilitator
- Being challenged: football and local knowledge should not be underestimated, even if a verbal response is not immediately forthcoming
- Improvement in dementia symptomology:
 - Potential for improved sleep during the night after a session.
 - Increased verbal communication where this had previously been declining.
 - Accurate recall, although this was not always responded to by a helper

or the facilitator as the response was often not immediately forthcoming.

Increased engagement and self-awareness, e.g. bathing and dressing specifically in preparation for the sessions.

‘One staff member is still over-involved with her resident - I think this is detrimental to the individual’

[illegible]

⁹ Attribute to Tagxedo (<http://www.tagxedo.com>) and licensed under a Creative Commons Attribution-Noncommercial-ShareAlike License 3.0, free for personal and non-commercial use.

INTRODUCTION

A weekly overview of the football reminiscence sessions is presented in diary form consisting of extracts from both research team field notes and football facilitator logs each week. The content gives an overview and explores some of the issues identified during the 12 weeks of the pilot study to build up evidence for non-pharmacological interventions for people with dementia.

WEEK 1 THE JIMMY JOHNSTONE WEEK (n=9)

Research team field notes

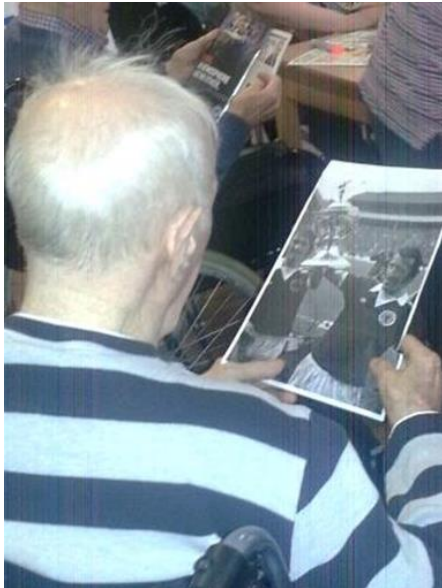
The men were asked to pass the ball to each other at the beginning of the session,



and say the name of their favourite Scottish football player when they held the ball. Two of the men did not understand the direction and instead immediately threw the ball to someone else. When the game commenced everyone except Andrew answered 'Jimmy Johnstone' initially and seemed to take their cue from the man before, either not understanding the instruction or not able to recall a player.

Six men were in a wheelchair meaning that the furniture needed to be rearranged to accommodate the group around a large table with their support staff. Five care home staff were in attendance from four care

homes. Andrew is the quietest participant in terms of verbal contribution and facial expression did not change, but when given time to do so, he has answered more football questions than anyone else. Takes a lot longer for all to answer, for example Munich when talking about the Manchester United air disaster¹⁰ took around 30 seconds.



One staff member from care home D (activities coordinator) trying to join in and guess the answers for all the men, not just the person she was supporting. No thinking time for the men before she answers for them and gives correct answer straightaway. During 'hangman' type game, too tempting for her not to jump in.

The men found the hangman game difficult initially.

Facilitator: What's a letter of the alphabet, Derek?

Derek: Motherwell

As more letters appeared the team became recognisable, but the rule of having two letters correct before the team was guessed was quickly forgotten.

Facilitator: have you got a letter, James?

James: I don't know

¹⁰ The Munich air disaster occurred on 6 February 1958 when the plane carrying the Manchester United football team, the 'Busby Babes', and journalists crashed on take-off at Munich-Riem Airport, West Germany.

Football allegiances of the staff are very clear, not so obvious yet which teams the men support. Football reminiscence facilitator and volunteer explained the approach to be taken, showed the men red and yellow cards that would be used for speaking out of turn during the ball game to make sure everyone got the chance to speak. Two facilitators have different styles and don't allow same amount of time for answers or thinking.

'Listen or you're going to get a red card'.

Although said with humour, the men did not respond to this or to the intent of the cards.

The smell of Bovril was noted by the men when the tea trolley was brought in. Need to factor in time to eat it as this takes longer. The men were engaging with facilitator and with helpers but not so much with each other.

Football Reminiscence Facilitator log

'Venue allowed me to walk around outside of table/group supporting individual men as required. Name labels helped initially until I knew the men's names. Size of room and memorabilia all good. One staff member over-eager to answer too many questions quickly without regard for the main focus – the men. I will need to clearly emphasis the expectation and role of staff helpers more at the beginning of each session. Differing levels of dependency can make breaks



disruptive to flow, also time consuming refreshments/pies. Refreshments arrived early which meant a lengthy delay, better at end of first session (i.e. an hour or so)'.

WEEK 2: THE AWAY FIXTURE WEEK (n=4)

Researcher field notes



Care home A has D&V¹¹ outbreak so moved to care home D, next door. Room is much smaller, difficult for wheelchairs to access. No memorabilia or visual football cues as these resources were kept in care home A.

Flexibility needed by facilitator as cannot face everyone at same time. Fewer men here this week, 3 are quarantined and 2 others refused to come: 1 said didn't like football and the other said he preferred boxing.

More thinking time is needed to enable men to respond and join in. Sometimes move on too quickly. Men are not familiar with current football or managers and have difficulty with the 'alphabet game' in recalling letters of the alphabet, although always identify the team when a few letters have been identified. Talk was extended by facilitator beyond the football to discussion of the local area, for example when Barnsley was one of the football teams guessed in the alphabet game, the men were

¹¹ Diarrhoea and vomiting

asked if they had ever been there, then moved onto other Yorkshire areas and holiday reports such as Scarborough.

Red and yellow cards not used anymore.

Andrew quieter this week although started to engage at the end of the session. Care home staff reported that his wife died a few days ago.

Football Reminiscence Facilitator log

'Managed to encourage all participants to engage and contribute to the session at their own pace and stage. Staff who came were better at supporting/prompting this week – occurs to me they are learning their roles too. Late change of venue was less suitable for me and I think for the men. Impossible for men to eat pies as no room for tables. Realise need to break down more to make achievable for the men. Ball game¹² and asking about



current managers was too challenging for men with dementia. Potential to develop wider resource links e.g. talking about Scarborough and holidays. Started late as we weren't sure which homes would be attending'.

¹² Passing the ball to each man who answered a question as they took the ball i.e. in this case to name a current football manager.

Researcher field notes

Facilitator reminded staff at start that need to give men time to answer themselves. Still in care home B this week, this reduced numbers again due to quarantine of residents in care home A, no transport from care home C and a pre-arranged outing to the local races for the residents in care home D. Kenny recalled the name chosen by the group immediately 'the happy wanderers – like Bolton¹³' and started to sing the song 'you are my sunshine' without prompting. He continued with the singing and unprompted went straight into 'I belong to Glasgow'. At end of group he gave masonic handshake to facilitator which greatly amused him (Kenny).

I suspect Kenny enjoys the singing and company rather than the football conversation, he doesn't answer any of the questions about football, but spoke readily about golf.

Care home resident was pushed into room in wheelchair protesting that he doesn't want to be here, quite distressed and very annoyed at staff member (same activities coordinator who repeatedly answers for the men) for not listening to him and not leaving him where he was in his room. He chose not to stay.

Ball question this week was a team that played in blue – too difficult for Davy and Kenny. Both men have been very quiet in previous weeks but overall contributed much more with fewer other men there.

¹³ Wanderers being a commonly used football name i.e. Bolton Wanderers, Wolverhampton Wanderers (Wolves) both dominant teams in England in the 1950s. The name was chosen by Charlie in week 1 after Bolton Wanderers had been mentioned in conversation.

Facilitator log



'Able to engage at individual level with the men and felt I got good response. Timing had to be altered as very intense for participants and facilitator with such low numbers this week. Need to think about more effective use of helpers with individual or small groups using the (football reminiscence) cards. Balance wasn't right – too many helpers in relation to participants. The circumstances of this week and last week with change of venue and men not

able to attend has resulted in lack of momentum that is usually building up by this stage. Need to think about introducing cards in smaller groups and use of tables – maybe more effective use of helpers in small groups?'

WEEK 4: THE HOME FIXTURE WEEK (n=5)

Researcher field notes

Back in original care home this week. After about 10 minutes Davy recognised picture of John Wayne in picture on wall, has become fixated with it. While waiting for minibus to



arrive from care home, conversation continued about John Wayne with Andrew joining in and alert for the start recalling (unprompted) *The Quiet Man*¹⁴ as a favourite film. Care home C didn't arrive (later found out that their handyman/driver was on holiday). Body language from the men is very positive, leaning forward and alert. Keen listening although Davy distracted by John Wayne picture even after session started.

Accompanying care home staff talking about the teams they support including quite a lot of reference to Rangers and Celtic¹⁵, both teams mentioned by the facilitators but staff sometimes comment if one appears to get favoured more than the other. Men tend to favour their local teams rather than Rangers and Celtic.

Andrew played for Nottingham Forrest reserve team as a teenager/young man and was paid £6.60 per game; he also played for the RAF select team.



Ball game this week was to name any sportsperson, helpers named other sports, men struggled and when prompted chose footballers (often Jimmy Johnstone again).

Poor response to alphabet game, men not responding to requests for letter of alphabet. Expanded discussion to favourite holiday resorts such as Blackpool, this led to talk about local industries – steel for example and local food and drinks.

¹⁴ The Quiet Man is a 1952 American romantic comedy-drama film starring John Wayne.

¹⁵ The rivalry between the two clubs embeds Scottish culture and has contributed to the political, social and religious division in Scotland.

James: 'the ginger bottle van'

Facilitator: that's right, the ginger bottle van

James: and we called it the ginger man, Alpine¹⁶

No response to question 'has anyone got a football story?'

Facilitator log

'Back in original room and able to move around all of the group talking directly to individuals. One care home staff member still over-involved with resident, I think this is detrimental to the individual. Changed group seating so instead of one large table we have 3-4 smaller tables for the picture/card section, football pictures for individuals and pairs supported by helpers. Encouraging that most participants gain in confidence as session progresses. Ball game worked well, but alphabet game a bit slower than with other groups not with men who have dementia. Suggestion¹⁷ to try and call it 'abc's' helped'.

WEEK 5: THE SUBSTITUTE WEEK (n=5)

Research team notes

Facilitator on holiday this week so pre-arranged that care home staff member 'Brian' (not his real name) who usually supports residents from care home A would lead the

¹⁶ Alpine (canned soft drink company) sold from a van street by street - Orangeade, Limeade, Lemonade, Cola, Cherryade and Dandelion and Burdock, all were referred to as 'ginger'.

¹⁷ From the care home Training Manager who was observing the session.

session. Brian is very nervous and the session has been less structured than usual, went quickly and ran out of content very early. Not able to engage men who are less verbal.

Quieter men like Andrew didn't join in at all this week. Others have been vocal but not about football as conversation mostly led by care staff chatting, and only the most able of the group have been able to join in without extra time for response being allowed.

The Training Manager intervened and started a more general reminiscence discussion about where people had lived when they were younger. Reinforces importance of skilled facilitator being able to maintain a group and offer structure and support



and to have confidence; Brian has read and printed pages of football information but this (and having lots of memorabilia) is not enough. Session has become general chat and singsong. Enjoyable and sociable but not reminiscence and not football. Charlie in particular likes to sing and dance so has been doing this for a lot of the afternoon. Most of staff attention has focused on him which he has enjoyed greatly. One of the songs was about Aberdeen which upset Davy as it brought back sad memories. Similar issue to life story work, need to be aware that expanding reminiscence beyond football requires sensitivity, skilled facilitation and training.

Facilitator log

Log not completed by care home staff member who facilitated the session.

WEEK 6: THE FRIENDLY WEEK (n=6)



Research team field notes

Relaxed and jovial atmosphere and alert body language. Andrew continues to contribute more as the session progresses. Derek did not attend; staff said he wouldn't be coming back as

he preferred rugby to football. Topics extended to local towns and villages at the time when the men went to watch football matches. Some talked of walking to football, others travelling by bus, only to home games.

Care home staff member reported that the resident she accompanied now took a shower each Monday when he knew he was coming to 'the football'; something that he refused to do on other days. He also chose to be dressed smartly in shirt and trousers. Other staff confirmed this was their experience too; led to discussion about what men wore when they went to football with comments suggesting that a shirt and tie were the norm, or their work uniform.

The care home Training Manager reported that she had visited care home A during the week and had been recognised by one of the men as being 'from the football'.

Davy still obsessed with picture of John Wayne, facilitator tried to incorporate it this week by talking about cowboys and cowboy movies, brought detailed responses

from the men about movies although Davy still only talking about the picture on the wall. Discussion moved by facilitator onto boxing, another favourite sport of the men.

Facilitator log

'All men were engaged at various levels, clear signs of greater engagement and more laughter. More individual approach to picture session worked well. Staff present were all very supportive of the men and helped to create more cohesive group – putting the men at the centre and helping them engage even if it took a while. Small tables not really used by men other than when eating'.

WEEK 7: THE INTERNATIONAL WEEK (n=5)

Researcher field notes

Room layout has evolved over time, now the chairs remain around the outside of the room rather than around a large table or clustered around smaller tables. Shirts remain over the back of the chairs, may be a visual cue – not easy to tell as the men do not mention them at all. Possibly wrong era of shirt too as all recent years? The room, not untypical of care home, is very warm. Kenny, who is accompanied by handyman/driver does not ever take off his coat, hat or scarf and often falls asleep until woken when facilitator asks him a question, sometimes with his teeth having fallen out.

International football this week for ball exercise with men asked to 'name a country where football is played'. This seemed too difficult and using 'abroad' worked better. Moved onto names of Spanish, Italian, Argentinian football players with good responses.

Davy remains fixated on John Wayne picture on wall, facilitator moved flipchart in front of picture to distract. Davy seemed to become disengaged with group after this, although correctly answered 'America' 12 minutes after the question to name a country was asked.

Discussion after pies and Bovril/tea moved onto schools, everyone engaged. Less on one to one with cards this week and seemed to be more involvement. Staff always appear wary of this part of the session (one to one with the football cards) as they only have the information that is on the back of the card and when the player has guessed, or the men have been told the player's name, staff have nothing to add if they are not knowledgeable about this era of football.



Facilitator log

'Ball round the room exercise pitched at too high level so scaled down and expanded discussion to talk about other things e.g. where men used to live or work. Davy still fixated on picture on wall of John Wayne, made managing the group more difficult. Repositioned him out of sight of picture to see if this helps. Positive and negative examples of carers prompting, sometimes too much or too quick, need to remember to go over ground rules at the start for the helpers. Regular attendance seems to make a difference as now joining in much sooner, they benefit from core parts of the session for confidence building. Key need to adjust the content, the links

and the term used, including local terminology, to ensure connection with individuals'.

WEEK 8: THE LATE KICK-OFF WEEK (n=5)

Researcher field notes

Not sure if other care homes are coming so nearly twenty minutes late starting this week - one care home did arrive very late but no driver available from other.

Facilitator always begins session by saying where the group is (location), the day, the time and the weather. It is not apparent that the men respond to this. He reminds helpers to think before prompting the person they are supporting and to try and let them answer. John Wayne was covered up on the wall this week but Davy spotted Audrey Hepburn picture and started talking about her.

Facilitator realised that Davy was only focusing on what he could see and not on anything that was being said (i.e. poster on wall as this was in direct line of vision). Tried talking to him from the side, where he could not be seen – no response at all. Staff not aware if he had hearing difficulty. Facilitator spoke much louder and directly in front of him which got response. Looks as if Davy has been trying to join in but, without knowing what was being said, could only focus on what was in his eye line – picture of John Wayne and Audrey Hepburn so this had to be his contribution.

Facilitator log

'Davy couldn't hear what I am saying and most of the content is not visual for the first half of the session so he doesn't know what is going on. Took flip chart over to him so he could read the letters of the alphabet game and he joined in more instead of

talking about John Wayne (on wall). Important, and difficult, to get balance between more able man in group and ensuring others are involved'.

WEEK 9: THE NEW FORMATION WEEK (n=5)

Researcher field notes



Regular facilitator is away this week so football reminiscence trained volunteer (who has previously attended for part of most other sessions in order to provide cover this week), took the session. Two care homes represented, no word from care home C (turned out transport problems again).

Different start this week - rather than ball passed around, the volunteer passed around a hat that had team names written on small blocks inside. Change from having to think of a name, each man read the block to start a discussion on that team or player. One man (Kenny) was not able to read the block, with and without his glasses, so this was read by staff helper. Davy immediately read his and focused on the name rather than the pictures on the wall. More challenging questions this week, men responded well except Davy who wanted to talk but not about football – chatty about his mum and gran but not focused on the topic. Facilitator didn't seem to be aware that difficulty with his hearing had been suspected last week although he engaged Davy in the topic he wanted to talk about – his father's medals, 'crosses' from the war. This led to a discussion about wartime football and service activities of the men.

Easy to miss the men's responses as some speak very quietly. Can be demoralising if repeatedly missed, although accompanying care staff try to repeat it so that the facilitator can hear. Tea and Bovril were at the end of the session this week and no individual small groups looking at cards – more time for the men to eat and drink with general conversation, then end the session rather than go back to an activity after food. Facilitator asks for feedback throughout the session from the men to try and gauge whether to carry on or change what they are doing.



Davy increasingly muddled, it was an hour before he mentioned football, then talked at length about Jock Stein¹⁸ remembering him as an Albion Rovers player and working as a coal miner, although did not respond to specific questions.

Facilitator log

No facilitator log completed this week

WEEK 10: THE GAME OF TWO HALVES WEEK (n=5)

Researcher field notes

Two homes attending – care home A and care home B. No driver as handyman on holiday. Davy quieter this week, even when facilitator speaking louder and standing closer to him. Answers '*Jimmy Johnstone* or '*Albion Rovers*' to all questions. He was

¹⁸ Celtic and Scotland player and manager in the 1950s and 1960s prior to managing Scotland international team 1978-1985.

able to join in alphabet game properly for the first time as it seems as if he can hear what he is being asked to do. Facilitator wrote the requests on the flip chart too. Much less involvement in parts when he could only listen.

Davy talking more about football this week, he used to play for Carlisle and Lanark Junior teams. James, Malcolm, Adam and Andrew all participating well too, lots of smiles and laughing. The five men all looking smart, hair combed, nicely dressed. Care staff reported that Davy, who answered most questions with 'Jimmy Johnstone', knew him at school when they were younger and the two had later worked together as plumbers before Johnstone's football career.¹⁹ (His family had shared this information).

The second half this week was not specifically about football. Started off by talking about food that men would have eaten at the grounds – macaroons and chewing gum, and about their local towns. Led to discussion of the 'slap up'²⁰ houses which none of the staff or facilitator had heard of.

Facilitator log

'At various stages in the session each man was able to participate positively.

Continuity provided by having same structure and starting with song. Have found it too easy to get the starting point wrong as changes depending on how men are feeling on the day. Should have tried more basic exercises to build confidence more quickly. There is a clear difference between the men's sports knowledge. Hard to

¹⁹ Davy frequently made reference to St Columba's in relation to Jimmy Johnstone. This was believed to be a church but later investigation revealed this to be a school in the town; the school attended by both Davy and Jimmy Johnstone.

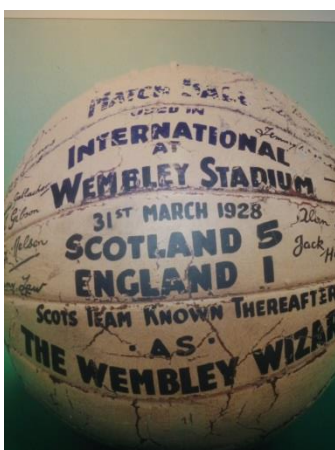
²⁰ Investigation later revealed that this was the name given to houses that were "slapped up" by employers and builders in the town but the residents, usually steelworkers, looked after them.

incorporate needs of man who struggles to hear. Lack of communication between the care homes deprived at least one regular attendee of involvement²¹.

WEEK 11: THE FINAL WHISTLE WEEK (n=5)

Researcher field notes

Staff training is taking place in the usual room so we have moved to an upstairs room, large room - although of 14 light bulbs in the room, 8 are not working so lots of shadows created. Chairs and group quite spread out in the room, not so easy to hear as high ceiling and poor acoustics, although Davy (hearing difficulty) not here this week.



Continued with picking name of player/team from a hat rather than asking men to think of a name. Adam had visitors 10 minutes into the session, but he chose to stay with the group asking visitors to come at another time.

Staff member from care home C still overly enthusiastic at giving answers for the person being supported – happens far less now and not so much as with earlier activities coordinator who no longer attends, but can still be an issue.

Andrew less responsive at the start but this has been his pattern, usually joins in by mid-way and picks up with his responses by mid-way through the session. James slept for a little while.

²¹ Driver/handyman not available for transport or support, had one of the other care homes known this they could have provided transport to enable the resident to attend.

Moved between football and other sports today, men like to talk about rugby and golf too. Spoke about sweets when they were younger (Everton mints) and cigarettes/tobacco. Not all of the football pictures have text on the back so sometimes helpers can't do anything more than show the picture, discussion or confirmation of name isn't possible.

Facilitator log

'Different room again, quite big but no tables. Song seems to orientate men at the start, some remember the name but all join in when started. Thinking that over an hour may be too long in terms of tiredness and focus. May be better to reduce group time and designate a follow-up period to specifically target individual interest.

Alternatively a twice weekly meeting in the care home environment may work well for some of the men. Impact of the positive feeling felt by men and attached to the group should be emphasised and built on.

Cohesive group, absence of hearing-impaired man enabled easier focus on the topic. Able to offer individualised support to all within group setting. Poor levels of memory begs the question – should I open out discussion on topics wider than sport earlier in the session? Staff helpers good with men during picture session, some laughter and sharp answers.

WEEK 12 THE HAMPDEN WEEK



This week the group, with staff, facilitator and researcher met at Hampden Park for a visit to the Hampden Experience - the Scottish Football Museum, including

picture galleries, exhibitions and a tour of the stadium. The following photographs show some of the memorabilia on display. Five men attended, everyone toured the museum, went for lunch in the café and then were taken out onto the pitch. Staff reported that the men were very enthusiastic about the visit and Andrew, James,



Adam and Malcolm had all been heard talking to their families about it in advance.

Old strips, boots, the former changing room, audio and video coverage, the Invacar²², turnstile, memory wall, footage from Junior football and the war years' exhibition²³ proved popular with the men. Gallery pictures of more recent players in their playing days did not hold attention to the same extent. This included more recent players

such as Joe Jordan, Kenny Dalglish and Gordon Strachan.

When entering the café it became apparent that the Scotland international team manager was sitting at one of the tables with managers and representatives from other Scottish football teams; the Scottish cup draw was taking place that afternoon at Hampden Park. None of the men



²² A small three-wheeled car leased to disabled drivers and often seen on the touchline of football grounds.

²³ The story of football in Scottish regiments opened to coincide with the 100-year anniversary of the outbreak of the First World War.

recognised the managers, all of whom said hello to the group.

SUMMARY OF FINDINGS

Practical aspects of intervention delivery

- There was a requirement to differentiate between content (some football knowledge) and process (procedure, tools and appropriate interaction).
Although both are important, the process has been shown to be more important than the content to manage relationships and group dynamics.
- A staff member or helper who is experienced at supporting individuals with dementia was needed to support the facilitator at all sessions, to minimise the potential for increased dementia symptomology:
 - modelling behaviour – repeating what someone else has said, or mimicking actions of another person
 - confusion or agitation in the late afternoon, often known as sundowning – this should be considered when planning the time of intervention.
- There was a need to be alert to sensory impairment that may impact an individual's participation.
- To maximise participation, memorabilia should be incorporated that stimulates all of the senses: audio, visual, oral, touch and smell.
- The importance of establishing ground rules was determined, this should include clarifying the importance of helpers not answering for group members, but instead supporting individuals to contribute at their own pace. It should also include the importance of staff not being influenced by their own football or religious affiliation.
- Clear and easy to understand direction was needed, which may need to be

regularly repeated.

- Abstract concepts, such as red and yellow cards, may were less successful
- Caution is urged about appropriate response to negative memories, which may not be associated with football.
- For some men, or as dementia progresses, consideration should be given to football reminiscence sessions delivered more often each week and of shorter duration.
- Organisational support is needed to provide transport if required, to enable delivery of the intervention in the same room, to avoid confusion due to change in routine, and ensure that the room is large enough to accommodate wheelchairs, helpers and tables.
- Shared project ownership between facilitator, staff and host organisation can support efficacy in delivery.
- There is an increased potential for illness and bereavement among care home residents, which can impact on participation or wellbeing.
- There is a need to ensure that dementia training is provided for care home staff, and football reminiscence training provided for activity coordinators to emphasis the circumstances in which it can be a meaningful activity.
- The importance of, and reliance on, provision of individualised support from a helper who knows the person with dementia, in addition to a trained football reminiscence facilitator is recognised.

SECTION 6 DISCUSSION

The findings from the pilot study confirmed Tolson and Schofield's (2012) outcomes of low participation from visiting care homes, the requirement to provide transport, lack of awareness and confidence of care home staff in delivering football reminiscence and the importance of a one to one ratio of care home staff/helper to person with dementia.

A positive impact on dementia symptomology was noted with one of the men showing a readiness to wash, whereas the norm for him was a reluctance or refusal to do so, and staff noting that three other of the men chose to dress smartly when they knew they were going to 'the football' which again was not their typical behaviour. One further man was reported to sleep better on the night after attending football reminiscence. This corresponds with Tolson and Schofield's findings of the potential for increased dementia symptomology noted through a resident who previously only left his room for meals unless he was going to football reminiscence. Whilst Solari and Solomons (2011) had found that harnessing the enthusiasm for football during the World Cup was beneficial for some of the men who completed their survey, the current pilot study did not evidence strong links or an affiliation with current footballing events such as international matches involving Scotland and domestic matches that had been televised in the care home. This extended to other sporting events; the reminiscence session took place whilst the Ryder Cup (golf) was taking place in nearby Gleneagles, Scotland. None of the men was aware of it taking place or responded to discussion about it although some were golf fans and talked readily about golfers from previous decades.

Whilst the lack of dementia-specific knowledge among coaching staff in the Nottingham Forrest project (Carone et al. (2014) was not considered problematic, findings from the current pilot would suggest that knowledge of dementia was instrumental in ensuring the successful facilitation of the reminiscence group. At times this required the facilitator learning and adapting as he went along, for example changing the first game to reduce pressure on the men who were finding it difficult to think of a name and incorporating the additional time required to eat and drink. At other times, it required the intervention of the observing Training Manager who suggested using different terms that the men may respond better to.

Harmer and Orrell (2008) found that the factors that made activities meaningful for residents in care homes with dementia were those based on values and beliefs related to their past roles, interests and routines. A sense of identity and of belonging were important plus inclusion in a group. This is consistent with emerging themes from the pilot study of:

- feeling valued,
- being able to make a contribution, evidenced by the men taking pride in telling family members about the group,
- being challenged, evidenced by one man suggesting that the session was too easy unless he was pushed and made to think,
- being stimulated.

By focusing on alleviating depression, the evidence base for reminiscence work in care homes is neglecting its potential as a meaningful activity that increases wellbeing for people with dementia. It is evident from looking at care home inspection reports that the care inspectorate in Scotland consider the delivery of football

reminiscence as an activity worthy of note, yet caution is recommended as the lack of guidance for football reminiscence delivery means that this does not necessarily reflect good quality, skilled facilitation or even a meaningful activity for all residents unless they have chosen to be there. The association between wellbeing outcomes and reminiscence frequency noted by McKee et al. (2005) MacKinley and Trevitt (2010) is relevant to this pilot study. There is an assumption that reminiscence activities should take place weekly, yet the impact in wellbeing and dementia symptomology suggests that more than once a week would maximise the potential for those attending to benefit, particularly as the benefit is likely to be temporary due to the nature of dementia. The sessions may need to be shorter for this population, the suggested 90 minutes that has been adopted by a number of organisations, in keeping with the length of a football match, may be too long. There were instances of the men becoming tired and in one case agitated, although this also coincided with the clocks changing in autumn and earlier darkness during the group than had previously been the case. Shorter sessions held with more frequency may be more beneficial.

SECTION 7 CONCLUSION AND RECOMMENDATIONS

‘He was very interested in discussions, laughed a lot, sentimental at some points, he liked remembering Jinky (Jimmy Johnstone) his favourite player’

Staff reflective log

The 12-week pilot study identified process and practical issues related to the specific context of a care home, concluding that football reminiscence has the potential to have a positive impact on people with dementia. It offers the potential to impact on dementia symptomology including self-awareness, recall, anticipation and inclusion. However, the risk of negative memories is ever present in reminiscence work, often appearing when least expected which may be when the topic has moved beyond football. Specific issues of context have been raised and discussed as a result of delivery in a care home environment. This process can be strengthened by increasing the training available for care home staff on both dementia and delivery of a standardised approach to football reminiscence sessions, particularly for activity coordinators.

A planned outcome of this pilot project was the co-creation of guidance for best practice in football reminiscence interventions which will support safe and sustainable use of this social intervention in residential care in the future, the Hamilton Football Reminiscence Protocol, offering a perspective on the practical aspects of intervention delivery in a care home environment.

Recommendations for Research

1. Further research is justified to investigate person-centred outcomes of an intervention based on the Hamilton Football Reminiscence Protocol for Care Home Residents with Dementia.
2. To develop and pilot football reminiscence that is inclusive of women.

Recommendations for Care Home Practice

3. That football focussed reminiscence be considered as a meaningful and potentially therapeutic activity for care home residents with dementia and an existing interest in football.
4. Care home staff commit to embed reminiscence work safely into their practice and to recognise when this is, and when it is not, a meaningful activity for residents.
5. To ensure that care home regulators look beyond the availability of football reminiscence to understand the structure and support available, remaining cognisant of the importance of training for facilitators and support for dementia symptomology.

Recommendations for Education

6. That staff are supported and have access to appropriate training in both dementia care and reminiscence activities to ensure that facilitation is taken forward in a planned and person centred manner.

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Evaluation of Football Reminiscence Pilot Project.

Information Sheet



Background

Reminiscence work has proved to be popular with people with dementia as it focuses on abilities and longer-term memories, rather than focusing on what you may no longer be able to do.

What are football reminiscence sessions?

The aim of the project is to build up evidence of football-based reminiscence among men in the early stages of dementia. You, and up to 11 other men with dementia, who are interested in football, will be invited to (a local care home) every week for 12 weeks. Transport can be provided if needed. The reminiscence session will take place in the same room every week with football memorabilia available for everyone to make use of.

Each week, the reminiscence session will last 60-90 minutes and will include refreshments. Depending on your interests the sessions may include discussion, looking at photographs and memorabilia, football-based quiz or songs. With your permission, the session will be recorded using a voice recorder and photographs will be taken. The photographs will be shared with you and may also be used at conferences and in publications after the 12-week period, although your name will not be used. Publications may be printed journals or on websites, the evaluation team will also develop a digital story which may include written quotes, audio and pictures. A digital story is a way of sharing stories using digital media – similar to a short PowerPoint presentation but with sound and images.

Who is conducting and funding the study?

The evaluation is being undertaken by a team of experienced researchers and practitioners. The researchers, Dr Karen Watchman and Professor Debbie Tolson, are based at the Alzheimer Scotland Centre for Policy and Practice at the University of the West of Scotland. The practitioners are Lynsey Cameron, Care Home Liaison Occupational Therapist, Maire Doyle, Care Home Liaison Physiotherapist and Norrie Gallagher, CACE Football Facilitator.

The pilot project is funded through the Alzheimer Scotland Pilot Study grant administered by the Alzheimer Scotland Research Centre at the University of the Edinburgh.

What will you do as a participant?

You (and others, some from a different care home) will be asked to attend the weekly football reminiscence session for a period of 12 weeks. Transport and refreshments will be provided. With your permission, the reminiscence sessions will be audio recorded and photographs will be taken. You will be given a copy of photographs. We will ask you to complete a consent form to say that you agree to the sessions being audio recorded and photographs taken. We will ask this again at the start of each session and you may change your mind at any time.

We will also ask if staff can share routinely collected information about you. This may include medication, weight, MUST score (malnutrition universal screening tool), sleep, mood, falls data. A reflective diary will be completed by staff to record conversations or action between the weekly sessions.

After the 12-week evaluation period

After the 12 weeks of football reminiscence session staff, volunteers and family carers/friends/partner will be invited to a focus group to discuss the project. We will also ask for your opinions.

What will happen to the results of the project evaluation?

An evaluation report will be prepared for the funder and findings will be shared at conferences. The research team will write articles to share the findings within professional and academic journals. Your name will not be used.

How can I get involved?

You should let the staff know in your care home and they will advise the research team. You will be given a consent form to complete and return and will be given information about the date of the first session.

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Telephone 01698 283100

If you have any concerns about this evaluation and would like to speak to someone independently please contact:

Professor Pauline Banks, Institute of Older Persons' Health and Wellbeing, University of the West of Scotland, Caird Building, Hamilton, ML3 0JB

Telephone: 01698 283100, Email: Pauline.Banks@uws.ac.uk

**Consent form
(Participant)**

Title of Project: Evaluation of football reminiscence pilot project

Name of participant (this will be removed or anonymised)

.....

Date

Please initial the boxes to the right to show your consent. Leave blank any box that you do not agree with. You may change your mind later in which case please speak to a member of staff at your care home or a member of the evaluation team.

1. I confirm that I have read and understand the project information sheet. I have been given the opportunity to consider the information, ask questions and have had these questions answered to my satisfaction.

☐

2. I understand that I am a voluntary participant in the evaluation of the football reminiscence project and that I am free to stop taking part at any time.

☐

3. If I decide to withdraw I understand that I do not need to give a reason for this.

☐

4. I give permission to the project team to access information about me held by the care home. This will only be information that is routinely collected and may include my weight, medication, nutrition, sleep, mood and falls.

☐

5. I give permission for the football reminiscence evaluation team to take photographs of me and understand that these will be shared with me.

☐

6. I give permission for the photographs to be used when sharing information about the project:

- online, for example project website

☐

- as part of talks or presentations

☐

- in print, such as a report or journal articles

☐

7. I understand that findings from the study may be published in professional journals, and included in conference presentations. My name will not be included.

☐

8. I agree to (anonymised) quotes being taken from the reminiscence sessions.

☐

9. I agree to take part in the evaluation of the football reminiscence pilot study.

☐

Name of participant

Date Signature

Name of person taking consent

Date Signature

One copy of this form will be retained by the participant, and one by researchers at the University of the West of Scotland.

Consent form
(Staff/Volunteer)



Title of Project: Evaluation of Football Reminiscence Pilot Project

Name of staff/volunteer/carers (please delete as appropriate)

This will be removed or anonymised at a later date

.....

Date

Please initial the boxes to the right to show your consent. Leave blank any box that you do not agree with. You may change your mind later in which case please speak to a member of the evaluation team.

1. I confirm that I have read and understand the project information sheet. I have been given the opportunity to consider the information, ask questions and have had these questions answered to my satisfaction.

☐

2. I will make routinely collected resident information available to the evaluation team at UWS. This includes medication, weight, MUST score (malnutrition universal screening tool), sleep, falls and Activity Logs.

☐

3. I agree to fill out a reflective log (brief notes – form will be provided) after each reminiscence session to record any reactions or response.

☐

4. I understand that findings from the evaluation may be published in professional journals, and included at conferences. My name will not be used.

☐

5. I agree to (anonymised) quotes being used from the reminiscence sessions.

☐

8. I understand that photographs will be taken during reminiscence sessions when I may be present, and I give permission for all photographs of me to be used when sharing information about the project:

☐

- online, for example project website
or digital story

☐

- as part of talks or presentations

☐

- in print, such as articles and a report

☐

9. I agree to take part in the football reminiscence evaluation project.

☐

Name of staff/volunteer/carer: (please delete as appropriate)

Date ----- Signature -----

Name of person taking consent -----

Date ----- Signature -----

One copy of this form will be retained by the staff member/volunteer, and one will be held securely at the University of the West of Scotland.

APPENDIX D

Football Reminiscence Log

Name (staff member)

Date

Name (care home resident who attends the sessions)

Name of care home

Please note that all names will be changed or anonymised

Following, or in between, football reminiscence sessions please provide as much information as you can about the person who has attended. Try and complete this as soon as possible so that you remember. Use a new log for each observation or discussion.

Please note how often the person talks about the reminiscence session and what they said or did

How would you describe their mood or wellbeing during this discussion?

Is this different to usual? (if so please say how)

Did the person discussing the football reminiscence session with family or friends?

If yes please note what was discussed

Did the resident discuss the reminiscence session with another resident?

If yes please note what was discussed

Any other comments or feedback from staff or family or friends (please use over page if needed)

Thank you

APPENDIX E

Football Reminiscence Facilitator Reflective Log

Name (facilitator)

Date

Week number:

Please note that all names will be anonymised

Following football reminiscence sessions please provide information about the session. Try and complete this as soon as possible and use both sides if needed. Please complete a new log for each week.

How many men attended?

What worked well this session?

What did not work well or may need to be changed?

Any other comments or feedback received from participants or staff?

Thank you

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University of the West of Scotland

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