

**Turning Involvement into Everyday Practice  
NHS Haringey**

**Additional Final Report of the Service Improvement Project**

**‘Involving People with Dementia and their Carers in  
Commissioning End of Life Care’**

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## Key points

### Project Aims:

- To scope current patient and public engagement activities (PPE) in Haringey PCT
- To explore ways of engaging with people with dementia and their carers to improve end of life care

### Activities:

- Scoping patient and public engagement at Haringey PCT
- Exploration of:
  - Current local and national practice in PPI with people with dementia and their carers
  - Models of engagement to empower people with dementia and their carers, provide opportunities to consider their end of life wishes and preferences and inform service planning and delivery.
  - The use of art as a means of enhancing communication and encouraging reflection on end of life needs and wishes, including a practical artistic session with carers

### Key learning points

- This project was pioneering in that it brought together three developing and discrete specialisms:
  - Patient and Public Engagement
  - End of life care for people with dementia
  - The use of art as a means to improve communication
- Artistic methods proved to be successful in enhancing communication and building rapport
- There is scope for the use of artistic activities as part a series of sessions, along the lines of the expert patients' program in order to:
  - Empower patients and carers
  - Provide a forum for planning care as the condition deteriorates and at end of life
  - Inform commissioning and development of responsive services for people with dementia at the end of life.

### Next steps

- Share the learning from this project
- Carry out a follow on project to develop a structured program for engaging with and empowering people with dementia and their carers to improve end of life care.

## Acknowledgements

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Photos are with kind permission from the “Have a go” session at the Grange Day Centre.



# NHS Haringey

## Organisational Development Demonstration Site

### Executive Summary

1. NHS Haringey (Haringey Primary Care Trust (PCT)) and the National Centre for Involvement (NCI) met in the spring of 2009 and agreed that the PCT should progress as an Organisational Development demonstration site in partnership with the National Council for Palliative Care (NCPC).
2. The overall project has been overseen by a small steering group comprising representatives from the NHS Haringey, Haringey Borough Council, NCI, NCPC, ForDementia, Barnet Enfield and Haringey Mental Health Service for Older People.
3. The project focus comprised two complementary work streams; a small diagnostic stream and a significant service improvement element.
4. The diagnostic stream involved an analysis of the context of NHS Haringey, some inclusion of information about their approach to involvement and the policy drivers behind the need to involve service users in the commissioning and provision of health care. This has been published and is available at <http://www.nhscentreforinvolvement.nhs.uk/docs/OD%20report%20-%20NHS%20Haringey.pdf>
5. The service improvement element of the overall project was designed as a one year programme which had NCI support for the initial 6-8 weeks after which the trust carries on the project through to conclusion.
6. The service improvement elements of the NHS Haringey project have focused on involvement in commissioning end of life care with a particular focus on people with dementia and their carers.
7. The work has identified a clear model that proposes the use of the arts as a method to enable people with dementia and their carers to explore and

communicate what they think and feel about care at the end of life. Further work is required to refine and design the programme of sessions that will enable participants to socialise, create pieces of art, develop in confidence, be signposted to practical support, and be able to explore their needs and priorities in relation to end of life care in a safe and supported environment. A combination of art works and direct feedback from participants will be used to inform and aid commissioning decisions.

8. The work will continue throughout the year after which time NHS Haringey will undertake an evaluation of the impact of the service improvement work.
9. Following the closure of the National Centre for Involvement at the end of August 2009, partners involved in the NHS Haringey service improvement project felt strongly that good progress had been made, but that further work was required to ensure the project outputs could be tested, piloted and launched. Patient and Public Involvement Solutions agreed to pursue the project through to an additional final report and learning materials.
10. A final project meeting was held on September 21<sup>st</sup> following an interactive 'have a go' session with Carers at The Grange Day Centre, which provided a positive note on which to draw the project to a close in its current form.
11. The National Council for Palliative Care has agreed to publish this additional final report focusing on the service improvement project on its website and to explore how the project might continue through to fruition. It is also looking at the project within a dedicated workshop session planned for the Power of Partnership conference scheduled for December 10<sup>th</sup> 2009.



## The service improvement project

### Background

The purpose of the National Centre for Involvement service improvement work has been to model good involvement practice around an issue or area:

- which is of importance both to the Trust and its staff, as well as to service users/carers;
- where users and carers can be involved in developing solutions to perceived problems; and
- where there are opportunities to build on existing work.

The work is also an opportunity to develop a generic approach to planning and doing involvement, which can be deployed in other parts of NHS Haringey and nationally. It is the process of involvement as much as the particular topic which is of importance. During the 16 weeks of the NCI project, the aim was to scope, action plan and initiate service improvement work. The project acts as a catalyst to sustainable work. The 16 week period was expected to be the beginning of a longer piece of work and NHS Haringey is expected to commit the necessary leadership and resources for successful completion.

The service improvement project selected by NHS Haringey aimed to enhance involvement of people with dementia approaching the end of their lives in the commissioning of services. Work undertaken by the Department of Health has identified five main ways in which patients and members of the public can be involved in the commissioning cycle with 'customer insight' being at the core of the cycle. This is referred to as the e cycle. This is illustrated below.



The initial version of the e cycle had a discrete fifth area identified in the cycle which was about capturing and drawing on measures of patient experience to inform commissioning. The final version of the e cycle embeds patient experience measures throughout the other stages of the cycle. It therefore becomes apparent that commissioners have to consider customer insight and feedback as an integral part of the whole cycle, rather than segmenting experience out as a stand-alone activity.

Each of the key PPE activities should generate data about what matters to patients. Commissioning organisations must therefore have systems and processes in place to capture, use, bring together, report and learn from these data. This central insight function can then feed relevant data into other Patient and Public Involvement activities around the engagement cycle.

### **End of life care for people with dementia**

Palliative and end of life care in dementia is gaining momentum as concerns rise for the quality of care for this group of people when at the end of life. Government policies and initiatives have been aimed at reducing inequalities in the provision of palliative and end of life care for people with dementia; Two such documents are NICE/SCIE Guideline

(2006) End of Life Care Strategy (2008) National Dementia Strategy (2009). The emphasis of palliative care is to achieve the best quality of life for patients and their families from diagnosis through to end of life. Traditionally palliative care has mostly been associated with cancer diagnoses and care in the final days of life. Significantly, the World Health Organisation revised their definition of palliative care to also include dementia. This reflects a recent shift to broaden palliative care to non cancer diagnosis and to ensure that people with any non curable condition can live well until the end of life.

## **Patient and public involvement in end of life care**

People living with dementia and their carers above all are best placed to advise on what services are needed and what they find helpful, throughout their care pathway and the progression of the illness.

The national dementia strategy provides a key policy driver for the work in NHS Haringey. The strategy is based around three key messages: ensuring better knowledge; ensuring early diagnosis; and developing services. All three messages cannot be realised without the involvement of patients and carers in both provision and commissioning. In the foreword to the strategy this is emphasised above all else.

This highlights the strategy's clear intention that people need to be involved at the very heart of decision making. It makes reference to people with dementia being able to articulate their needs and wants. If they are unable to do so verbally, particularly in the later stages of dementia, expression should take non-verbal behavioural forms.

Tools have also been developed such as *Strengthening the Involvement of People with Dementia* developed by CSIP which is designed to develop commissioning capabilities for those working with people with dementia and their carers.

Some people live with dementia for many years. It is clear that people with dementia (and their family carers) must have opportunities to voice their wishes and priorities for any future care and that this requires addressing as early as possible, whilst they still have the cognition and ability to communicate. Patient involvement throughout the trajectory of the disease is both possible and essential to enable both quality of living AND quality of dying.

## **Project activities**

This section provides an account of project activities and the process of developing ideas.

### **Phase 1**

Through an initial meeting and review of how people with dementia and their carers are being involved in commissioning end of life care within Haringey, it was identified that



there had been targeted work on end of life care and dementia care separately, but opportunities to consider the two aspects of care together were less well developed.

The group considered two possible project activities.

- a) Review work through further research and stakeholder workshops and to recommend next steps
- b) Pilot practical methods for people with dementia

The second option was chosen.

## **Phase 2**

Following a project initiation meeting on May 13<sup>th</sup> with key stakeholders including representatives from Haringey PCT, Haringey Council, Barnet Enfield and Haringey Mental Health Services for Older People, The National Council for Palliative Care, ForDementia and the National Centre for Involvement, it was agreed that the project would focus on supporting the role of service users with dementia and their carers in becoming involved in issues that face them concerning the end of their lives. A full list of project group members can be obtained through Patient and Public Involvement Solutions [info@patientpublicinvolvement.com](mailto:info@patientpublicinvolvement.com).

It was proposed to use the time to develop a model of involvement through a collaborative co-design approach. By the end of the project it was envisaged that the model would be ready for testing and the learning to date would be shared through a learning event to which a full range of stakeholders would be invited, as well as a formal report to the Older Persons Mental Health Steering Group. It was agreed to incorporate the learning event into the opening of a new centre in Haringey. The Haynes Centre is to provide a variety of patient and carer led initiatives. Due to a delay in the opening of the Haynes Centre a revised approach was taken. This includes:

- a) The production of a final report
- b) A powerpoint presentation to share key learning in a number of settings
- c) An abstract to outline the key findings.

**Following this meeting, the following priorities were identified:**

1. World Class Commissioning

Overcoming the challenge to involve people and their carers in the cycle of commissioning activity is a key indicator in order to be World Class Commissioners. By

focusing on Dementia services and End of Life Care the project will be able to develop and design a model of involvement that can usefully contribute to the PCTs strategic commissioning plans for both Dementia and End of Life Care, ensuring that services are planned and commissioned with patients and carers needs at their heart.

## 2. Getting It Right – for people with dementia

Both Dementia and End of Life care present challenging scenarios for involvement. Issues include the emotive and often frightening prospect of thinking about and planning the end of ones life. Add this together with the complex challenges facing people who have dementia and their carers and the challenge is obvious. The project aimed to explore and present a model of involvement that would be successful for this complex service user group. Offering a great opportunity to develop and design a model that can bring real benefit and improved outcomes to people with dementia thinking about the end of their lives.

## 3. Getting It Ready – for others

Getting it right with a service user group with the complex challenges outlined above also provides a good opportunity to develop a model that can be scaled up and rolled out to meet the needs of other people considering and planning the end of their lives. We hope that the project will offer a 'blue print' that will bring value to other service user groups as a model for effective involvement in End of Life Care.

## 4. Supporting Planning for your Future Care

With the introduction in July of the DH Planning For Your Future Care we would see the model of involvement designed by the project as complimentary to this initiative.

## 5. Supporting Patient and Public Engagement for the PCT

With an increasing requirement for PCTs to have effective systems for involvement and engagement this project has the potential to create an innovative model to support this agenda. The integration of the project into NHS Haringey's Patient and Public Engagement work generally has not occurred to the level that would have been desired by the project group. Further work should be carried out to ensure that learning is fed back into other areas.

### Phase 3

The project explored possible models of engagement that support involvement and engagement at two levels:

- a) Improving how patients and carers can be involved and engaged in the decision-making of their own care
- b) Looking at how the cycle of commissioning decisions can be influenced and informed by the knowledge, experience and opinions of service users.

The Expert Patient Programme was presented as a starting point and a range of people were invited to give comment and respond to 14 semi-structured conversational prompts. A copy of the conversational prompts can be obtained from Patient and Public Involvement Solutions [info@patientpublicinvolvement.com](mailto:info@patientpublicinvolvement.com)

The following core principles were identified to underpin the development of the model of engagement:

- Co-Design (with people living with dementia, family carers, care providers and commissioners)
- Learning
- Support
- Self-management
- Empowerment
- Practical help

Key points to inform the development of the model of engagement:

- The engagement opportunity should offer a safe and supportive environment for people with dementia and their carers to consider the emotional and practical issues associated with their illness and the need to think about what will happen in the future and at the end of their lives.
- The definition of 'end of life' for people with dementia and their carers: There was a strong feeling from a range of stakeholders that the journey towards the end of life for people with dementia was enduring, and wasn't always defined as physical loss, or end of life in the usual sense. It was clear that a model to support engagement of people would need to embrace this perception of end of life as a part of a longer process.
- The engagement model should enable people with dementia and their carers to gain confidence in order to take an active role in their relationships with health and social care providers and the planning for the end of life.
- Due to the nature of dementia and its many forms and the need to allow for people to be able to talk about end of life in their own time and in their own way,

any model of engagement will need to be able to overcome this and in fact embrace it.

- It would be good to be able to have some time for both people with dementia and their carers together and some time separately.

## **Exploring the use of the arts**

This section outlines the opportunities and complexities presented by the use of the 'arts' as a method to support the effective engagement of people with dementia and their carers.

Early thoughts were provided by the art therapist from Chase Farm Hospital and St Christopher's hospice who have a well established team of art therapists and community artists. In the latter stages of the project John Killick contributed helpfully to deepening the understanding of the use of the arts in dementia care.

John is a poet and writer and has been actively involved in encouraging communication, consultation & creativity in work with people who have dementia. He has had a number of books and articles published on the topic and has been directly involved in enabling many people with dementia to share their poems. More information can be found at <http://www.dementiapositive.co.uk/>. He shared his experiences in relation to this project's aims and described:

- The positive impact of relationships built after the time the person is diagnosed as they are based on the person as they are without prejudice.
- The development of relationships and trust through one to one to work with people with dementia
- The importance of having 'no pre-conceptions', being 'genuinely interested', being 'on a level' with people showing no hierarchy
- The use of art as an opportunity and specifically 'indirection' in order to explore thoughts and feelings through a third dimension, for example the music and lyrics in a song, engaging through imagery and images or the use of puppetry or drama introducing a third person.
- The ease of falling into the trap of identifying the person with dementia by the illness itself and how the language we use can reinforce this way of thinking if we are not careful. Terms like illness, behaviour, loss, sufferer, treatment and patient all serve to diminish a person with dementia, defining them by the illness rather than by what they have to offer and gain through interaction, communication and developing relationships.
- A number of innovative and creative ways to communicate with people with dementia. Providing a taste of what is available to support working in a genuine way in order to understand the thoughts and opinions of people living with dementia about how they are cared for and the services they receive. Including

- Ladder to the Moon  
[http://www.laddertothemoon.co.uk/Ladder\\_to\\_the\\_Moon/Home.html](http://www.laddertothemoon.co.uk/Ladder_to_the_Moon/Home.html) who improve the quality of life for older people in care, particularly those living with dementia, transforming care homes and hospitals with a unique model of Relationship Theatre.
- Magic Me  
<http://www.magicme.co.uk/> Based in Tower Hamlets, east London since 1989, Magic Me's programme annually serves around 450 local people from diverse generations, cultures and ethnicities. Specialising in running creative projects which bring together young people (aged 9+) and older people (55+) for mutual benefit, learning and enjoyment.

The project would like to thank John for generously sharing his expertise and energy.

*Dementia Positive – quote of the month September*

*‘Actors (and artists) have a particular talent for communicating with people with dementia. I think this stems from a quality of attention, concentration, perhaps ability to be still, in the moment, filtering out all other distractions and claims on attention. This is necessary for acting and all artistic endeavour, and may help to explain why the arts are so effective in promoting communication with people with dementia. The challenge is to enable care staff to achieve this level of connection too, and help them to see the potential of the people they look after. - Sue Benson, editor of Journal of Dementia Care in Ladder to the Moon: interactive theatre in care settings Journal of Dementia Care 17(4) 20-23’*

It is important however to be clear about the use of the arts in this context – ‘what are the arts for?’ In an article written by John and researcher Kate Allan in 2000<sup>1</sup> they helpfully explore the different opportunities brought about for people with dementia by the use of art. These are broadly defined as self-expression, communication, practical activity, aesthetic intent and art activity as therapy (formal and informal).

The design of any programme using the arts to support people with dementia and their carers to become involved in commissioning decisions about end of life care will need careful thought, consideration and research in order to provide a safe, effective and mutually beneficial outcome.

### **Feedback from carers and the “have a go” session**

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<sup>1</sup> Journal of Dementia Care Vol 8 No 3 2000. Undiminished possibility: the arts in dementia care. John Killick and Kate Allan

An essential part of the project was the involvement of Carers in the project work and the relatives support group who meet monthly at the Grange Day Centre. Following attendance at their regular monthly meeting feedback from the group about using art themselves was rather nervously received. However there was real interest on behalf of the people they cared for. A presentation and trial session was planned to introduce the relatives to some of the art methods used and to reassure them of the use of art.

The 'have-a-go' session took place on September 17<sup>th</sup> at The Grange day centre in White Hart Lane. Marion Tasker from St Christophers' Hospice gave time freely to work with the relatives support group. The main objective of the session was to introduce the idea of using art and to enable the relatives to try it out for themselves and to have fun. This was in direct response to the reticence shown previously.

The session was very positively received with all members of the group participating along with some of the staff from The Grange. Participants were able to enjoy the process of designing and making silk scarves in an informal and social atmosphere.

'The relatives are all still talking about how much they enjoyed the activity yesterday..... All were pleasantly surprised at the end result. I would love to spend some time with you to learn more from you.'

A number of important key points were made by the members of the relatives support group at the Grange:

- Carers have busy and tiring lives
- They wish to be listened to and learn how they influenced change.
- They value support from others and the time to express their emotions
- They value the opportunity to take a break and socialise with other carers
- They value knowing the person they care for is near by and being looked after well

## **Moving forward**

There is a long way to go from the objectives of the "have-a-go" session to those aspired to through the project brief.

Whilst artistic methods are clearly beneficial as a way of engaging with people with dementia and their carers, we are still some way from confidently asserting that they would provide a meaningful way to involve people with dementia and their carers in decisions made by commissioners about end of life care and services.

People generally responded positively to the proposed engagement methods, but there was a recognition that the model would need to be inclusive of all cultures.

Working alongside and complementing existing initiatives and support groups was seen as important, and completion of a Trust wide mapping of support groups and facilities

for people with dementia and their carers is recommended along with further exploration about how existing groups can be engaged on the issues of end of life care.

Concerns centred mainly around the need to be clear about the purpose of the sessions, to balance the inter-connection between emotional responses and needs with practical support. The use of art was received positively, but it was noted that a clear distinction should be made between 'art therapy' and the use of art as a method to enable a sharing of thoughts and ideas. Feedback from St Christopher's Hospice was "we use a mix of Arts Therapists and Community Artists with great results".

## **Key learning points**

Below is a summary of key learning points from progress so far. These should shape future engagement activities.

Engaging with people affected by dementia to improve services

- Involving people living with dementia and their carers in decisions about how end of life care is planned and delivered is fundamentally important
- Doing so is unlikely to be easy but pockets of excellent practice exist
- People living with dementia should not be defined by their disease and their engagement and involvement and that of their carers should be embraced and enabled
- The use of the arts as a method to enable people living with dementia and their carers and commissioners to explore and communicate what they think and feel about care at the end of life presents an opportunity
- Engaging with people in this way should enable participants to socialise, create pieces of art, develop in confidence, be signposted to practical support and be able to explore their needs and priorities in relation to end of life care in a safe, supported environment
- Ensuring the right partners are engaged in the development and design of any engagement method and that there is organisational understanding about the power of engagement across all services as a basic starting point
- Respect the roles of people living with dementia and their carers in the co-design of the engagement method
- The method of engagement must be carried out in a safe and supportive environment
- The opportunity to build relationships and trust must be incorporated between participants and facilitators

- Consent to participate is important and people must be enabled to understand why they are involved and make a choice about how and whether they are involved
- A model to support engagement of people living with dementia and their carers needs to embrace the perception of end of life as a part of a journey
- It needs to recognise the different phases of disease and the impact this has on both the person living with dementia and their carer, both in terms of the effects of the dementia itself and how death and dying are perceived at any given time
- People need to be able to engage and influence at both an individual level, 'my care' and at a collective level, 'our care services'.
- Seek professional support to incorporate the use of the arts and ensure sessions are facilitated by a skilled person

**A proposed model of engagement: What it might look like:**

- The engagement activity might take place over a number of sessions for example weekly over 4 weeks or daily for 3 or 4 days.
- It might take place in a venue that requires people to attend, or in situ within a care setting
- Engagement might take place in small groups or individually or a combination of the two. The use and choice of art form may determine how this develops.
- Specific objectives and practical aspects should be developed and agreed upfront with participants
- Some activities lend themselves well to commissioners being directly involved within the session, with clear messages communicated at the time, for example through music, or drama. Other art based activities lend themselves to thoughts and views being shared after the event, for example an exhibition of art work or the sharing of a piece of creative writing.



## Making this happen

In order to further explore the use of artistic methods and to develop a structured program to engage with people with dementia the following will need to occur:

- A project steering group should be developed to take responsibility for establishing, overseeing and reviewing the engagement activity and should include a full range of stakeholders including:
  - People with direct experience of living with dementia
  - Engagement specialist
  - Commissioner
  - Formal Carer
  - Voluntary Sector and local network representatives
  - Art specialist
  - Palliative care and dementia care specialists
- A mapping exercise should be undertaken to understand what networks and groups exist, this will ensure that any engagement activity adds value to what already exists and is able to tap in to existing expertise and commitment

The model of engagement itself:

- A decision should be made as to whether the engagement activity is an infrequent (for example annual) exercise held over a given period of time over 3 or 4 days or weekly over 4 or so weeks. Or a rolling programme that runs continuously in blocks of 3 or 4 days or weekly as above. Both would have value but would be very different in nature. The former would be more suited to engagement that takes place with a full group of stakeholders involved, for example people living with dementia, carers (formal and informal) and commissioners together. The latter perhaps more suited to a process that fed back to commissioners outside of the engagement activity.
- Taster days or 'have-a-go' sessions should be considered to introduce people to creative ideas or new ways of doing things
- Planning and design time is important and careful consideration needs to be given to what practical topics might be covered as well as aspects of care that might be considered

- Whilst general principles are important, they will need to be tailored to local needs

### **Costs & Resources**

- Costing such a project is difficult as in each case local variations and preferences will determine have an impact. A bespoke and tailored engagement process using an adapted drama or artist/poet in residence is likely to attract a higher cost that can't be determined without further work (this type of approach may be more suited to an annual or one-off event). Whereas art based activities led by community artists in local venues or day care settings may present less of a cost and may be more suited to an on-going engagement approach.
- **Project Lead** – this should be available from within local resources, but it is important for the role to be identified and recognised as a part of someone's role.
- **Artists Contribution** – this will be variable but for a community artist a cost per session including materials is likely to be in the region of £150, an art therapist would be more and including materials an approximate cost would be £300. An artist/writer in residence or bespoke drama would vary considerably depending on the brief.
- **Facilitator/Engagement Specialist** – the nature of the engagement exercise means that the presence of an engagement specialist who was a trained facilitator would be considered essential (this person may also fulfill the project lead role). This may be available from within Patient and Public Engagement teams or Palliative Care teams located within PCTs or local NHS Trusts, if not the cost of a session would be in the region of £250 - £300 per half day. The role of this person would also be to build relationships with commissioners and to ensure that commissioners were able to make decisions based on the feedback received.
- **Venue & Refreshments** – this will vary and may be cost negligible if it is within local venues or day care settings.

### **Conclusions and next steps**

The project aspirations bring together areas of specialism within which there are examples of excellent ground breaking practice, for example patient and carer

engagement and involvement, dementia care, palliative care and the use of the arts to benefit and aide communication with people who have dementia.

The challenge is that they have as yet not come together in one place. Throughout the project and as the level of knowledge has increased it has become clear that some further work to fully scope each area of specialism and to seek nationally significant representatives to come together will considerably increase the effectiveness and quality of any design. This will ensure that the potentially tricky task of engaging people with dementia and their carers in end of life care would be one that was addressed with the benefit of a full set of knowledge about the opportunities and possibilities. It will also present the possibility of developing a nationally significant programme that is fully tested enabling others to follow a lead.

To take the project forward to the next stage it is felt that action is needed on 2 levels.

1. Sharing the learning so far to ensure that other organisations could get there quicker using the benefit of what had been learned in Haringey (this will be achieved through this report and associated presentation).
2. An invitation to organisations beyond Haringey from each of the specialisms to get together to explore how the work could be taken forward. The National Council for Palliative Care has shown some willingness to progress this and a meeting has been convened to explore the options.

With thanks to everyone for their interest and commitment to this piece of work. We hope it develops into a real opportunity for people with dementia and their carers to get involved and have a say about their services.

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## **Absolute Reality**

**When you saw that shape  
You knew you were on your way;  
It was absolute reality to get through it  
And that's what it was on the other side.  
I didn't go home because there was no use,  
You just had to leave it.**

**You are you, and you are all pulled around,  
That's what you look like.  
It's the I that's cracked,  
It plays everything it has to play  
And some go down and others go up.**

**You're not big enough for the face you've got way up there.**

**- Jean Howitt (Edited by Paula Jennings)**

Creativity in Dementia Care

Part of a compilation from the Journal of Dementia Care Calendar 2009