



Spreading the word: enablers and challenges to implementing a nature-based intervention for people living with dementia

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Abstract

Purpose

When new interventions are piloted the implementation process often takes a back seat but can be key to ensuring that an intervention is successful. This article highlights the enablers and challenges encountered when implementing a nature-based intervention for people living with dementia.

Methodology

The evaluation adopted a mixed methods approach including case studies, telephone interviews with delegates, and interviews with participants. Thematic analysis was employed to identify overarching themes relating to the enablers and challenges of implementing the intervention.

Findings

Challenges related to understanding how the intervention fitted with existing work and practicalities of what an organisation can offer to support the implementation process. A stable underlying support structure for delegates is required, along with suitable advertising, transport and facilities to support participants. While there is no 'one size fits all' approach to implementing an intervention, these findings will help organisations to consider where to focus their support.

Originality

The implementation of interventions is often poorly understood, but is important when supporting the wider roll out of an intervention. While this article reports on a nature-based

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2
3 intervention, the learning will be relevant and applicable more broadly for organisations
4
5 aiming to implement a new intervention and complements previous work relating to the
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7 challenges of implementing arts activities.
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10 11 12 13 **Introduction**

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16 Whether consciously or not, people tend to consider ‘loss’ when working with people living
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18 with dementia, focusing on what they are no longer able to do rather than making the most of
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20 the skills and knowledge that they still have. One organisation keen to change this approach
21
22 is Dementia Adventure in the UK, whose focus “is on the individual and not on the illness.
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24 We look at what people can do, not what they can’t. We concentrate on ‘the possible’”
25
26 (Dementia Adventure, 2019). Dementia Adventure is a registered charity with a mission to
27
28 enable people living with dementia to be active, get outdoors, connect with nature and enjoy
29
30 a sense of adventure in their lives with the support of confident, trained Dementia Adventure
31
32 leaders. Access to and engagement with the natural environment has previously been shown
33
34 to have a positive effect on people living with dementia (Clark *et al.*, 2013), highlighting the
35
36 importance of such work. Dementia Adventure has explored the concept of broadening their
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38 reach through a ‘social license’ scheme referred to as ‘Dementia Adventure in a Box’
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40 (DAiAB) to encourage organisations to implement their own nature-based activities.
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47 Social licensing enables an organisation to scale-up their service delivery by working with
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49 licensed partner organisations to replicate the core approach in their own localities. It sits
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51 between the dissemination of an idea and a more formal approach of owning local or regional
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53 branches. Partner organisations use their expertise to initiate local activities as part of an
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55 intervention that adds value to their own service delivery, whilst harnessing local resources
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57 for the benefit of people living with dementia.
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3 Following a successful pilot within one locality, Dementia Adventure received funding from
4 the National Lottery Community Fund to extend the pilot across the UK for three years and
5 evaluate it. Four partner organisations with diverse structures and operating practices were
6 recruited by Dementia Adventure: one operating over 500 care homes mainly in the UK; a
7 UK care home provider who also operates a network of over 70 schemes nationwide to
8 support people, including those living with dementia, to live independently in their own
9 homes; a network who organises a range of volunteer-led activities across the UK, aiming to
10 get disadvantaged people outdoors in order to improve their health and wellbeing, re-engage
11 with the community and learn new skills; and a charity that supports a national network of
12 care farms and community growing projects to provide health, social or educational care
13 services for individuals from a range of vulnerable groups.
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29 As part of DAiAB, each partner organisation benefitted from access to a five-day face-to-face
30 training program for staff ‘delegates’, training days for volunteers, course materials, specialist
31 online resources, branded materials and regular reviews. In return, each partner organisation
32 committed to identify at least eight delegates who would implement and establish a
33 programme of regular outdoor, nature-based activities to support people living with dementia.
34 The organisations also agreed to engage with evaluation activities to collate evidence to
35 support a sustainable intervention implementation model. Each partner organisation identified
36 a ‘provider lead’ to oversee delivery of the activities and act as intermediary between the
37 delegates and the evaluation team.
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50 Often the impact of an intervention is the main focus of a study (Adams and Morgan, 2016),
51 and an evaluation covering the delegate training and impact of the activities on people living
52 with dementia and their families was carried out and is reported elsewhere (XXX-1, In press).
53 However, the evaluation also considered elements that specifically relate to the
54 implementation of the nature-based intervention and delivery of the activities. These elements
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3 of service innovation are often poorly understood, but are important factors to identify and
4 address in order to support such an intervention being rolled out more widely (Clemson *et al.*,
5
6 2018; Gitlin *et al.*, 2015; Bach-Mortensen *et al.*, 2018). While this paper focuses on DAiAB
7
8 with its social license approach, the learning from the implementation process will be
9
10 relevant for organisations and individuals looking to implement similar interventions more
11
12 generally. This paper complements the work of Evans *et al* (2019), which explored the
13
14 challenges and enablers relating to the implementation of arts activities and acknowledged
15
16 the “limited research focusing on the way in which arts activities are implemented, and on the
17
18 experience of artists in delivering arts practice”.

23 24 **Materials and methods**

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27 The evaluation adopted a mixed methods approach to explore the process of implementation
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29 with partner organisations and individual delegates. In-depth case study work was carried out
30
31 by the evaluation team across a sample of partner organisations to analyse the enablers and
32
33 challenges associated with implementation and activity delivery. A substantial amount of data
34
35 were collected through telephone interviews with four delegates and two provider leads,
36
37 capturing detailed information about their experiences. Research interviews were also used to
38
39 explore the experiences of people living with dementia and their family members who took
40
41 part in activities, including enablers or challenges to their participation. All interviews were
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43 subject to informed consent, recorded with appropriate permissions, transcribed and
44
45 anonymized to allow for analysis.

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48 Although beyond the scope of this article, issues relating to the wider evaluation affected
49
50 engagement. Some delegates felt that the amount of paperwork and time required was
51
52 prohibitive, while others expressed concerns about the suitability of some validated measures
53
54 for people living with dementia. Despite attempts to address these issues, several delegates
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3 found it challenging to engage with the full evaluation, requiring additional methods to be
4 instigated to ensure valuable insights were not lost. This included developing a short online
5 feedback survey inviting reflections on the nature-based activity sessions. Thematic analysis
6 was employed to review the qualitative interview transcripts and additional evidence to
7 identify overarching themes relating to the enablers and challenges of implementing the
8 nature-based intervention and delivering activities in accordance with a social license model.
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10 Ethical approval for the evaluation was granted by a research ethics committee at the XXX-2.
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20 **Results**

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23 When conducting the analysis, it became clear that there was no distinct division between
24 enablers and challenges for DAiAB, with delegates having different experiences depending
25 on their own circumstances, organisations and approaches. Certain aspects were considered a
26 challenge by some delegates but an opportunity by others. Each theme is therefore presented
27 with examples showing how they posed challenges to implementation and the approaches
28 used to address and overcome those challenges. Some themes overlap, reflecting the complex
29 interactions observed during this pilot.
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40 ***Delegate turnover***

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42 During the three-year pilot, the evaluation team knew of 64 participating delegates across 44
43 locations. Of those delegates, five left their organisation and were replaced, five left and were
44 not replaced, and 15 ended their involvement in the pilot for unspecified reasons. This
45 disruption and lack of consistency often impacted on communication and engagement
46 between delegates and the evaluation team. The level of turnover also had an impact on
47 implementation, initially in terms of the training. Overall, 68 delegates and provider leads
48 attended at least one day of the 5-day DAiAB training programme, but only 11 attended all
49 five days. This was unsurprising as training delivery took place over a 20-month period, with
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3 a 6-month break between days 4 and 5. In addition, 64 further delegates and volunteers
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5 attended one-off training days, but the format, detail and content of this training was
6
7 necessarily substantially different from the full training programme.
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11 Consequently, the training across the total pool of 132 delegates, provider leads and
12
13 volunteers was inconsistent, especially when some delegates attended the early training days
14
15 and their successors only attended the final day or a one-day session. Some delegates who
16
17 began in post after the start of the pilot felt that they missed out by not receiving the full
18
19 training and would have appreciated attending catch-up sessions. These were offered by
20
21 Dementia Adventure as both in-person and online sessions to limit the impact of staff
22
23 turnover.
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27 The training itself was reported to be valuable, with delegates learning more about working
28
29 with people living with dementia, managing risks when accessing the outdoors, and building
30
31 confidence to deliver activities. Attending training sessions alongside delegates from other
32
33 organisations was also an important way of sharing ideas and learning from each other:
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37 It's been really good to get together with people running either very similar projects
38
39 or different projects because it's got them to think about different ways of delivering
40
41 activities. (Delegate)
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45 However, inconsistent training attendance resulted in some delegates not having a complete
46
47 or clear understanding of the DAiAB project and its purpose, or what they were expected to
48
49 implement in their own practice. Additionally, some delegates were nominated to attend by
50
51 their organisation with no prior knowledge of the project. Consequently, several activities
52
53 reported by delegates were not within the remit of nature-based outdoor activities, such as
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55 cinema sessions, memory groups and pub lunches. This was compounded by delegate
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3 turnover, as it was not always clear whether new delegates received a comprehensive
4
5 handover from their predecessors or other colleagues.
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8 Staff turnover was not limited to delegates, with some of the provider leads also changing
9
10 during the pilot. This had an impact not just on the provider leads themselves, but also on
11
12 delegates who relied on them for guidance. One delegate reported that when their provider
13
14 lead left, “we were a bit sort of not really sure what to do”. Similarly, one provider lead
15
16 started in their role a long time after the previous lead had left, and this gap made it more
17
18 difficult to understand and engage with the project straight away:
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23 I felt a little bit like scrabbling round at the beginning ‘cause there wasn’t any
24
25 handover. It was fine, but that was little bit of a challenge to begin with, following
26
27 somebody else’s notes. (Provider lead)
28
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30 Conversely, staff turnover was used as an opportunity in some circumstances. Instead of
31
32 being seen as an extra aspect of a delegate’s existing role, delivering activities could be built
33
34 into job descriptions for new delegates, setting the expectation that they should be engaging
35
36 in the intervention and allocating appropriate time to support this.
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40 When delegates were not affected by staff turnover, the stability of their situation offered an
41
42 opportunity to plan activities and build delivery over time. One delegate reported that in the
43
44 first year of participation their DAiAB activities had been fairly sporadic, but by having time
45
46 to build their confidence and get new ideas, they could take a more structured approach the
47
48 following year and plan a series of monthly outings.
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52 ***Delegate roles and attitudes***

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55 Implementation of the intervention and being able to successfully deliver activities often
56
57 depended on individual delegates, both in terms of how the work fitted with their existing
58
59 role and how they responded when faced with challenges.
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3 Most delegates had a positive attitude and delivered activities that they considered
4 appropriate for the intervention and the participants. However, their views of outdoor
5 activities differed slightly, especially when weather was a factor. Weather was mentioned by
6 several delegates as one of the main challenges to delivering DAiAB activities in line with
7 the intervention, particularly when it was cold and wet. In some cases, delegates reverted to
8 indoor activities as an alternative, saying “it’s just getting too cold and, you know, too
9 difficult weather for people to come out to us.”
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20 Other delegates were more imaginative when dealing with the weather, with one delegate
21 reporting that they were providing fleece-lined covers for wheelchairs and giving residents
22 the option to still go out if they wanted to. For delegates working on care farms, their
23 approach was pragmatic. From their perspective, looking after animals and plants still needed
24 to happen regardless of the weather, so as long as appropriate risk assessments and necessary
25 adjustments were carried out, there was no reason to cancel a session. When one delegate
26 suggested stopping sessions over winter, participants chose to continue coming along and
27 helping out.
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39 This reflects the difference between delegates who could incorporate activities into their
40 existing role rather than the intervention being an extra part of their workload. For example,
41 one delegate was able to recruit participants through their wider role within their
42 organisation:
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49 I am also responsible for assessing all new members for the [location] scheme. This
50 essentially means that I meet our members living with dementia and their carers
51 firsthand, so I get to explain the project to them as well as all of our other groups and
52 activities. (Delegate)
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3 The delegates' ability to implement DAiAB appeared to be related to the level of autonomy
4 within their roles. Those in managerial or leadership roles with control over their own work
5 were more likely to get activities up and running as they could make decisions and had more
6 authority to involve other staff members if necessary. Conversely, delegates working in roles
7 such as a care home Activity Coordinator tended to have less support to implement DAiAB,
8 and often had little buy-in from colleagues who had not received the DAiAB training and
9 could not appreciate the benefit of the activities. It should also be noted that for most of the
10 pilot project no additional funding was available to support activities, so delegates with less
11 authority were again at a disadvantage of having to try and plan and deliver activities with
12 limited resources.
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27 The role of the provider lead was also an important factor in implementation. Some provider
28 leads had complex, multi-stranded roles with DAiAB being one of those strands, while others
29 were employed part-time with a sole focus on supporting the project. Provider leads were
30 often responsible for delegates in diverse locations across the UK. Travel was time-
31 consuming, but telephone and email contact was less effective, especially as the outdoor
32 nature of DAiAB activities made contact more difficult. The provider leads and delegates
33 both highlighted communication challenges. For provider leads, this largely concerned
34 difficulties in getting hold of some delegates and keeping track of what was going on, while
35 for the delegates it was a feeling that there was insufficient contact with, and support from,
36 their provider lead. While some delegates were content and confident to get on with their own
37 plans and activities, others required more encouragement to engage with the project.
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52 ***How the intervention fits with existing activities***

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55 The diversity of the four partner organisations meant that each approached the DAiAB
56 intervention from a different starting position. This had an impact on implementation due to
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3 how it fitted with activities that each organisation was already undertaking, and its vision for
4
5 the future.
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8 Care farms have an outdoor, nature-based focus, helping to support vulnerable people
9
10 through engagement with hands-on farming activities. Expanding existing provision to
11
12 include people living with dementia was not necessarily a significant change. One delegate
13
14 had already been looking at similar work before becoming involved in the project. They were
15
16 able to offer one day a week specifically for people living with dementia and their carers to
17
18 take part in farming-related activities. The main adjustment was to adapt the pace of farm life
19
20 to the ability and mobility of the participants, and conclude every session with refreshments,
21
22 putting the focus more on nature and the social aspect than on being productive. The main
23
24 benefit of the project for such organisations was receiving training around dementia to enable
25
26 delegates to support a new client group. The underlying ethos of supporting and enabling
27
28 people to participate in nature-based activities is already embedded within these
29
30 organisations, closely aligning with the aims of Dementia Adventure.
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36 Conversely, other partner organisations were more used to working with people living with
37
38 dementia, whether in a care home or own home setting, but less likely to engage with nature
39
40 and the outdoor environment. The challenge for these organisations was to think differently
41
42 about activities and take a more positive approach to risk to get people outdoors, which was
43
44 covered by the DAiAB training. In some cases this resulted in new 'in-house' activities,
45
46 while others supported people living with dementia to attend activities hosted by external
47
48 organisations. However, existing activity provision often limited access to additional
49
50 activities as they had to fit with established schedules or complement what was already on
51
52 offer, either within an organisation or the wider community. For example, competing
53
54 activities offered elsewhere could have an impact on attendance, especially if they were
55
56 easier and cheaper to access.
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3 When it comes to the craft it is easier to go down to their local community centre, and
4
5 do the craft. (Delegate)
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7

8 Other delegates suggested that a lack of alternative activities meant their DAiAB activities
9
10 were actually filling a gap in the local area, “providing something really important locally
11
12 that was missing”.

13
14
15 One challenge identified during the evaluation was that for some delegates there was little
16
17 distinction between a DAiAB activity and their existing activities. When delegates were
18
19 asked to explain DAiAB activities there was an overriding understanding about “getting
20
21 people into nature” and “engaging with nature”, so it was interesting to note that in practice
22
23 several activities did not include nature. Many of these were existing activities that became
24
25 part of an organisation’s DAiAB offer. This was compounded by some delegates feeling that
26
27 ‘we do that anyway’ in terms of providing suitable activities, and not seeing the need to
28
29 develop specific activities for the DAiAB intervention.
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34 35 ***Making the activities accessible*** 36

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38 Due to the very nature of the DAiAB intervention, activities were likely to create challenges
39
40 in terms of accessibility. Rather than taking place in a care home lounge, village hall or
41
42 similar venue, nature-based activities can take place in a variety of outdoor and rural
43
44 locations. For some delegates, getting residents out of a care home was challenging as just
45
46 going for a walk required support from staff or family members, and this was not always
47
48 available. One delegate highlighted the difficulty of finding enough volunteers or staff to
49
50 support people in wheelchairs to get outside. For those trying to go further afield for a visit or
51
52 trip, transport was often an issue. Where it was available, capacity could be limited especially
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54 when including people in wheelchairs.
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3 Transport was also an issue when people were living in their own homes, particularly when
4
5 accessing activities in more rural areas, which affected attendance.
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8 There are people I know that would quite like to come to [Name of activity] but they
9
10 have issues with getting here. We just don't have enough volunteers who are willing
11
12 to drive, that can run around, pick them up and get them here. It tends to be an
13
14 ongoing issue, and with [Name of activity] we have to sort of say no, unfortunately
15
16 we can't provide transport. (Delegate)
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20 One delegate responded by setting up a carpool system to support people to attend, while
21
22 some organisations had sufficient resources to collect participants from their home and take
23
24 them back afterwards. An alternative approach was to encourage carers to bring the person
25
26 living with dementia and join in the activity by making it more appealing to them as well.
27
28

29
30 This is why we've made it quite open for the, the carer can stay, and join in or they
31
32 can stay and have a cup of tea, or they can drop them off and leave. We try and leave
33
34 it as, open to everyone. (Delegate)
35
36

37
38 Delegates felt that carers were often key to accessing activities, especially if the person living
39
40 with dementia required additional support to attend and participate.
41
42

43 It's partially getting the carers or the relatives to buy into the idea, more than getting
44
45 the person themselves. (Delegate)
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47

48
49 Facilities and infrastructure at some of the more rural locations also presented their own
50
51 challenges. Uneven ground posed a problem for people with mobility issues, making access
52
53 to farms and woodland environments an additional concern for delegates to take into
54
55 consideration when carrying out risk assessments. Toilets were also an issue, with some
56
57 locations having temporary facilities that were not ideal for the target audience.
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Raising awareness of activities

Related to making the activities accessible is making people aware of them in the first place, as people cannot attend something that they do not know about. Although promotion of activities was covered in the training, delegates encountered different challenges depending on their roles as these affected their ability to reach potential audiences.

For delegates already working with people living with dementia, they essentially had a ready-made pool of potential participants for their new activities. They tended to already have regular newsletters or similar ways to advertise their DAiAB activities, or could promote them during their existing interactions with people. However, this did not always guarantee uptake from participants. As one delegate reflected, a more proactive approach may be required:

It's unfortunate that we haven't had more people living with dementia sort of coming forward and wanting to do that. I think perhaps going forward maybe we need to target them a bit more, make it more obvious that there's support for them, and actually, you know, identify individuals who we think might benefit, and sort of target them more directly, because at the moment we advertise the trips and the groups and people sign up to come. (Delegate)

Conversely, when delegates were trying to reach people living with dementia for the first time, challenges related more to finding participants in the first place. While posters, handouts and leaflets were used, the onus was much more on the delegates being proactive to contact community groups or potential referrers to pass on information. One successful strategy was collaboration with other organisations and groups that already worked with people living with dementia.

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3 And there are lots of places that could do it in partnership; you know there's, memory
4 cafes there's lots of places that we could approach and say 'right, you run a dementia
5 group, would you like to come and take part in our activity?' (Delegate)
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10 However, one delegate felt that there was a "real weakness in the system" which was a
11 barrier to them being able to recruit people.
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16 We were going to the GPs and we were going to social services and saying 'we've got
17 some funding, if you've got someone with an early diagnosis of dementia send them
18 along to us, we can take them for 20 weeks', erm, no-one was coming. We had to
19 keep phoning up weekly and saying 'have you got anyone? We haven't had any
20 referrals'. And no-one had a referral because no-one was getting them early.
21
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26
27 (Delegate)
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29
30 It was also difficult for some delegates to actively recruit participants when working alone or
31 in a small team, often with no additional funding or resources, as it was "time consuming to
32 make local contacts and find service users." This was frustrating for delegates who felt that
33 people were missing out by not knowing about activities.
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40 I bet there is people out there that would, really want to do—and like whose whole
41 family and network would be, keen on them doing it but it's just, getting them to find
42 that—it's a difficult thing to market. (Delegate)
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48 Social media appeared to be a popular and widely used means of reaching people, and
49 delegates felt that they had been resourceful in terms of trying to raise awareness of their
50 activities.
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55 *Attitude towards dementia when marketing and delivering activities*
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3 An important aspect related to marketing was the delegates' attitude towards dementia, which
4 also linked to how the activities fitted within the provider organisations. For example, when
5 activities were open to all residents or clients rather than specifically being DAiAB activities,
6 there was no clear focus. This made it difficult to market activities to particular audiences.
7
8 Organisations were encouraged to use the Dementia Adventure logo on their materials and
9 clothing, but some delegates felt that highlighting activities as being aimed at people living
10 with dementia might affect attendance; firstly that it might put off people living with
11 dementia, and secondly that people without dementia might avoid the activities thinking they
12 were not appropriate. One delegate had planned to refer to 'Dementia Adventure' activities,
13 but feedback from some people living with dementia and family members said it felt like they
14 were being labelled.

15
16 As a result of these concerns about stigma, some delegates were reluctant to include the word
17 'dementia' in any information or promotional materials.

18
19 We have avoided branding the activities as Dementia Adventure so as not exclude
20 those without memory problems or to dissuade those with memory problems from
21 taking part. (Delegate)

22
23 This was a particular concern when participants were unwilling to acknowledge their
24 dementia diagnosis.

25
26 Two of our regular attendees do not acknowledge that they are living with dementia,
27 one lady in particular is quite offended by the mention of the word dementia,
28 therefore it was agreed that the logo would be inappropriate at this time. (Delegate)

29
30 One delegate found a balance that worked for them and their participants. They used the
31 Dementia Adventure logo on their leaflets and polo shirts when running activities, but did not
32 actively refer to dementia during the activities as it was not considered relevant. This meant
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3 that while dementia was acknowledged and activities were adapted accordingly, it was not
4
5 the focus of the activities.
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8 I think being around animals and doing practical tasks automatically does that for you
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10 because you're focusing on what you're doing or the animal in front of you. There's no
11
12 need to talk about yourself or dementia or anything horrible that's going on. You can
13
14 just focus on what's in front of you. (Delegate)
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18 ***Making activities meaningful for people***

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21 While people enjoyed many of the activities, regardless of whether they met the definition of
22
23 a DAiAB activity, there was a strong feeling that relaxed and informal activities taking place
24
25 outdoors were valued by the participants with dementia. The outdoor aspect and variety of
26
27 activities, such as farming and walking, helped people to reconnect with past lives and
28
29 identities and made the activities meaningful. On care farms participants joined in with
30
31 regular activities including feeding animals, collecting eggs, planting seeds and harvesting
32
33 vegetables. These activities were not created for the participants, instead they reflected what
34
35 needed to happen on a daily basis to ensure smooth running of the farms.
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40 While undertaking 'real' tasks was fulfilling for participants, the importance of not asking too
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42 much of those living with dementia was also stressed.
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45 What we have found works best is that we treat every person as an individual and we
46
47 work with them. We don't ask them to do things they are not interested in and we
48
49 always work alongside. The work is a really important aspect of what we do but the
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51 breaks (coffee time and lunchtime) are highly important as well and make the day
52
53 complete and rounded. (Delegate)
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57 Offering meaningful activities may be easier for delegates working on care farms or similar,
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59 but for those in other settings the challenge was to change their way of thinking and try new
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3 things. In some cases, being involved with DAiAB gave delegates more freedom, possibly
4 permission, to be adventurous and go out of their comfort zone. Even when delegates were
5 already organising outings and trips, the key was to do something different instead of going
6 to the same places each time.
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13 They do have some funding to take groups out to places and they do fundraising, erm
14 but I think it's breaking their usual trips really, so they've got the places that they go
15 to, so...breaking habits. (Delegate)
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20 21 **Discussion**

22
23 Using a social license approach provides a formal way of implementing a new intervention
24 within an organisation. Consequently, it might be expected that the implementation of
25 DAiAB would be straightforward, but this was not necessarily the case. One potential reason
26 could be that the social license was free during the pilot project, so organisations may not
27 have been committed to implementing an intervention that they were not financially invested
28 in.
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38 Many factors influenced the ability to implement the DAiAB intervention within an
39 organisation. While this article reports on a nature-based intervention, the learning will be
40 relevant and applicable more broadly for organisations aiming to implement a new
41 intervention and complements previous work relating to the challenges of implementing arts
42 activities (Evans *et al.*, 2019).
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50 Training was an important and valued aspect of the implementation process, but timescales
51 meant that consistent attendance was not always possible for delegates due to staff turnover.
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54 Condensing training delivery to a shorter period should help to ensure consistency across
55 delegates and build a strong foundation to support implementation of the intervention. To
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3 further minimise the impact of staff turnover, organisations should ensure a suitable handover
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5 process for new delegates.
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8 Delegates generally had a good understanding of the intention of the DAiAB nature-based
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10 intervention but were not always able to translate that into practice. In some cases,
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12 organisational factors such as structure and culture were seen to help delegates, for example
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14 providing access to potential participants. In other cases, they limited what delegates were
15
16 able to achieve due to a lack of staff or by requiring DAiAB to fit around existing work.
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18 Considerable differences in implementation were identified between organisations who had
19
20 experience of offering outdoor activities but not of including people living with dementia,
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22 and those who were already working with people living with dementia but lacked expertise in
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24 terms of nature-based activities. This indicates that there is no ‘one size fits all’ approach to
25
26 implementing an intervention such as DAiAB. It is therefore important that before attempting
27
28 to implement a new intervention an organisation should consider a range of factors. These
29
30 include understanding how the intervention fits with what is already going on, both within
31
32 organisations and the wider community, and practicalities of what the organisation can and
33
34 cannot offer to support the implementation process. A good underlying support structure for
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36 delegates is required, both in terms of management and colleagues, along with suitable
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38 funding, advertising, transport and facilities.
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46 From a social license perspective, and more generally, provider organisations might benefit
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48 from more structured support to implement an intervention. This could include role
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50 descriptors for provider leads and delegates, and templates for delegates to use when
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52 approaching potential partnership organisations. More clarity concerning the resources
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54 required to implement the intervention, including funding for setting up, promoting and
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56 delivering new activities, could also be helpful to provider organisations in order to set
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58 realistic expectations and enable them to factor in appropriate support for delegates. If an
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3 evaluation element is to be included, work should be done to ensure that the process is
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5 accessible to both the delegates and the participants.
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