An International Perspective of the Therapeutic Use of Recreation: The United Kingdom, Costa Rica, and Finland

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Abstract

This article reports on organizations and approaches that use recreation for therapeutic purposes, which the author encountered while on sabbatical in the United Kingdom, Costa Rica, and Finland. Featured in the United Kingdom are an art gallery, a foundation that provides children with mobility equipment, a sensory rehabilitation ward for persons with dementia, and an organization that supports inclusion across the lifespan. The section on Costa Rica highlights national laws and initiatives that promote quality of life, sustainability, and accessibility for all its citizens, as illustrated by four ecotourism accommodations. Therapeutic methods that capture the unique Finnish aesthetic and appreciation of nature are also described, as vivified through art, music, photography, and the creation of multisensory environments.

Keywords: therapeutic recreation, inclusion, the arts, accessibility, ecotourism, sustainability, international perspective

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In early autumn of 2011 I begin a once-in-a-lifetime sabbatical year that takes me to the United Kingdom, Costa Rica, and Finland. I teach at the Ithaca College London Center in the fall, travel to Costa Rica in the winter to learn about sustainable ecotourism practices, and spend early spring in Hämeenlinna, Finland as a visiting professor at HAMK University of Applied Sciences.

My travels are guided by two broad questions, asked from an international perspective:

- How is recreation, and in particular art, used for therapeutic purposes?
- To what degree are people with disabilities included in the life of the community?

These simple queries take me far and wide to discover some fascinating people and approaches that both inspire and widen my perspective of the value of recreation for therapeutic intent across cultures. I write this article in the interest of international exchange and in hopes you too will be inspired to investigate these unique practices and to apply them in your own life and work, if not develop new innovative methods of your own.

The agencies, organizations, and approaches featured in this article are identified primarily by “word of mouth.” Wherever I go I ask local citizens, “What services do you have that promote the well-being of people with disabilities through recreation or community involvement?” They recommend places to me, and the people in those places recommend others, and so forth. Among them, I select practices that are often more unique than representative—that have a refreshingly inventive quality that I believe others may wish to replicate in their own countries and communities. While this word of mouth approach has undoubtedly overlooked some important resources, I hope the people and services you encounter here will stimulate you as much as they have me to act for social advocacy and systems change to support individuals with disabilities, as the title of this journal promotes.

In the sections that follow, a profile for each approach or service is provided, which includes essential information and links to resources for deeper study. The first country you will explore is the United Kingdom. Here you will learn how Scope comprehensively includes individuals with disabilities in education, recreation, vocation, and residential services in a coordinated way across the lifespan. You will meet the only U.S.-trained certified therapeutic recreation specialist in London, Jean Iwaneczko-Christians, who has guest-authored two pieces about her work with elders with dementia in a newly refurbished multisensory physical rehabilitation ward at King’s College Hospital. You will visit the Dulwich Picture Gallery to see how people across culture, race, ability, and economic means discover new ways to express themselves through the arts. You will also learn about Whizz-Kidz, a foundation that offers custom-fit wheelchairs that gives children the freedom and independence to “let kids be kids.”
Next you will travel to Central America to discover how Costa Rica has reversed a trend of rain forest deforestation and water pollution through two national initiatives, the Certification for Sustainable Tourism Program and the Ecological Blue Flag Program. You will learn about Ley N° 7600, the country’s accessibility law for people with disabilities. And you will visit four ecotourism ventures—El Bosque Lodge, Hotel Buena Vista, Los Campesinos, and La Cusinga Ocean and Rainforest Lodge—to learn how sustainable practices support the local ecology, economy, and culture while accommodating tourists with and without disabilities.

Your last stop will be Finland where you will learn how the unique Finnish aesthetic, both in design and function, creates beautiful environments and influences therapeutic methods that improve and sustain quality of life for individuals with disabilities. You will visit Virvelinranta, a state-of-the-art facility in Hämeenlinna, where quality of life is the prime aim of rehabilitative services for people with developmental disabilities, as well as PiiPoo, a cultural arts center for youth with and without developmental disabilities. You will meet an expert in the design of welcoming and healing multisensory environments. You will learn how woodworking and textile therapies support mental health services at Kaivanto Psychiatric Hospital, and how Clubhouse Näsinkula promotes empowerment and involvement in the community. At the Resonaari Music Centre in Helsinki you will discover how Figurenotes, an ingenious color-coded music notation system, teaches people, with no prior experience, to play keyboard, guitar, and other musical instruments. You will also encounter a unique application of empowering photography through a visually stunning book, Maailman Ihanin Tyttö, or The Loveliest Girl in the World. And finally, you will visit Kettuki to discover how municipalities support participation in the arts, both for therapeutic outcomes and as a career path for artists with developmental disabilities.

You will notice that local spelling has been retained where you might easily guess the meaning of the words. For instance, in the section about the United Kingdom, you will find colour, minimise, behaviour, and socialisation. And in Finland and Costa Rica, you will come across programme and centre. For all other foreign words, translations are provided.

Welcome on this journey to discover some exciting approaches to the therapeutic and enriching value of recreation!

The United Kingdom

It is August and I find myself at the Ithaca College London Center. My primary assignment is to teach a semester-long course on cultivating well-being through leisure education. One objective of the course is to acquaint students with agencies and organizations around London that promote well-being for individuals with disabilities through recreation and leisure.

My search for suitable sites uncovers several intriguing places, four of which are highlighted here: Scope, the Marjory Warren Ward at King’s College Hospital, the Dulwich Art Gallery, and Whizz-Kidz. As diverse as these resources are, they reflect the degree to which individuals with varying abilities in the United Kingdom are typically valued and empowered to be involved in the community.
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Scope

“Our vision is a world where people with disabilities have the same opportunities to fulfill their life ambitions as everyone else.”

Inclusion services in the United States can often seem sporadic and disjointed for individuals with disabilities, but not so in the United Kingdom. Scope offers people with disabilities comprehensive and inclusive services throughout the life span and across multiple environments and contexts.

Scope serves people with disabilities of all ages, and their families, in local branches across England and Wales. Originally Scope served only those with cerebral palsy, but now people with a broad spectrum of developmental disabilities such as autism, attention deficit disorder, intellectual disabilities, learning difficulties, behavioral challenges, and complex support needs can receive support. Scope’s vision, quoted above, is accomplished by coordinating inclusive community involvement across four areas of a person’s life:

• Education
• Recreation
• Vocation
• Residential living

Jane Baker, Service Manager at Scope Inclusion - North London, says Scope follows a social model of disability, rather than a medical model. She explains that Scope looks at what individuals with disabilities want to do in life and then addresses the barriers posed by the environment and society. Scope seeks to promote freedom of choice, independence, inclusion, everyday life equality, and the idea of unlimited potential for people with disabilities. It also aims to create a “better society” by driving the social change needed to include all people in community life regardless of ability.

While talking with Jane, I notice there is a cultural difference between how people in the UK refer to those with disabilities and how people in the United States speak. In the United States, the most commonly accepted respectful language is People First Language. One would say “person with a disability” versus “disabled person” to acknowledge the wholeness of the person apart from any disability she or he happens to have. However, Jane says “disabled person” is viewed as the proper language in the United Kingdom. She explains, “People are disabled, and it is society that disables them.” A Scope publication espouses their viewpoint on disability:
Disability is the state we find ourselves in when the adjustments needed to overcome impairments don’t happen! Everyone is impaired in different ways, but we are not “disabled” as long as the way we can participate takes account of our impairment and works to minimise the effects. (Scope, 2006, p. 4)

Recreation and play are important aspects of Scope’s services. Activities include “anything in the community that a young person enjoys”—swimming, bowling, cinema, community gardening, and sports groups, among many others. At one time, Scope, which was established in 1952, offered only segregated recreation programs. Now, inclusive opportunities are emphasized. For instance, Scope Inclusion in Islington, a borough in Greater London, provides the following services that are also typical in other boroughs:

- **Family link services**: one-to-one support that enables a young person to enjoy community recreational activities of their choice
- **Sitting (respite) services**: one-to-one support in the young person’s home, facilitating a positive experience while the parent or carer enjoys a break
- **Weekend and holiday schemes**: group-based activity sessions, which include arts and performance
- **Sports sessions**: group-based sports sessions including football, martial arts, and drama

All services are offered free of charge, with the exception of pocket money or admission fees. Scope Inclusion in Islington is only one of 250 “shops” throughout England.

Jane Baker describes the assessment process for a child who wishes to participate in community recreation activities:

First, a representative from Scope meets with the family and the child in the family’s home. Anyone can take part in the assessment process, and the parents decide who will be involved. If possible, we always ask questions directly to the child. We talk about choice-making and decision-making, and how “the child’s choice rules.” We ask questions about the child’s likes and dislikes, and needs and wants. We ask what they like to do in their free time. We ask whom they get along with and whom they avoid. We also conduct a risk assessment. Part of the assessment includes finding out what the parents need. For instance, sometimes carers need sleep solutions or they need a break from being a carer to go to university or take a yoga class. We provide anything the family needs.

When an appropriate “includer” is found for a child, the family is called. Jane explains that an includer is an experienced, trained worker who is matched with the participant based on the child and family’s interests, support needs, and cultural background.

(Photograph from Scope’s website)
After the child and includer participate in community recreation activities for 6 weeks, or sooner if needed, Scope calls the family to ascertain whether any issues need to be addressed: “Is the assessment accurate? Is the includer the right person?” Evaluation of the experience and the support provided is conducted every 3 months and, after each session, a report of outcomes is generated. Annual feedback is also sought from families, and an annual evaluation of staff completed. Jane comments, “We are constantly improving based on the feedback we receive.”

Scope is very exacting about the quality of its services. Jane recounts a story of bidding for a project:

> We know what it costs to provide quality services. When we create the budget for a bid, we don’t cut corners because we want people to be well supported. Once, another company won a bid for services, but then the Board of Trustees needed to deal with problems resulting from poor quality. It costs a lot more to correct problems than it does to do it in a quality way to start. The Board acknowledged this and we were asked to take over. If it’s quality to begin with, then you save time and money in the long run.

More information about Scope’s resources, services, training materials, and how they work with people of all ages across education, recreation, employment, and residential life, appears on their website. A few resources that relate particularly to recreation, with links to free downloads, appear below:

- **Celine’s New Splints**: This popular storybook, written by Celine and Scope, helps parents explain to their children about wearing leg splints. Colouring sheets are also available.

- **Fun in the Sun**: This illustrated storybook shows how being tube-fed doesn’t prevent Mikki Dolly from having fun.

- **Games All Children Can Play from a Sports Bag**: This colourful booklet was developed to help children with and without disabilities and their families play together. It includes a sports bag equipment list, risk assessment form, and instructions for playing 14 inclusive games.

- **Play Talks**: Designed by Scope’s Early Years Unit, this booklet stresses the importance of play for young children under 5 years old, and provides tips and strategies to help parents, carers, and professionals encourage children with movement difficulties to communicate through play.
• **Play with a Purpose**: Created by Scope and RNIB Cymru in Wales, this set of activity cards are designed for young children with sensory and physical support needs. Activities, which may be used for observation assessments, are geared toward therapeutic outcomes such as listening, tracking, communication skills, grasping, and independent movement. The set is available in both English and Welsh.

• **Whizzy and the street**: Written by an author with cerebral palsy, Anthony Ridgway, this imaginative book tells about the adventures 12 year old Dan has with Whizzy, his talking motorized wheelchair. Colouring sheets are also available.  

![Image from Scope's website]

**Marjory Warren Ward, King’s College Hospital**

The Marjory Warren Ward, a physical rehabilitation unit for people with dementia at King’s College Hospital in London, has recently been transformed into a unique sensory environment. This section features two pieces written by Jean Iwaneczko-Christians, CTRS, Activities Coordinator at the hospital’s Marjory Warren Ward. In the first article Jean reflects upon working in London as a United States citizen and certified therapeutic recreation specialist. The second article describes the newly renovated sensory environment and her work on the ward.

**Reflections of a CTRS Working Abroad...**

*by Jean Iwaneczko-Christians, CTRS*

Nearly 20 years ago, I graduated from New York University with a master’s degree in Therapeutic Recreation, and prior to that I received my Bachelor of Science degree from Lehman College in Recreation Education. I felt well prepared. I had lots of knowledge and skills and I was ready to share them with the world! It was at a time when therapeutic recreation was really taking off. I only worked for 7 years in the United States before relocating to the United Kingdom and have now spent the majority of my working life in this country.

When I first came to the United Kingdom in 2000, it seemed a dire situation to me. How would I find a job in therapeutic recreation? No one even knew what I was talking about when I used the words “therapeutic recreation.” I felt so frustrated, having worked in the U.S. where I was in a well-established and well-paid job as a recreation therapist.
I scoured the newspapers, sent out my resume to every nursing home in the area, for months, until two part-time positions as “Activities Coordinators” in the private sector were advertised in the local newspaper. A Canadian woman and I were the only applicants! Needless to say, we both got the jobs. In the early days, we supported each other in this relatively unknown and very poorly paid job of coordinating activity groups for older adults.

During the interview, I was actually referred to as a “nice girl,” and I was told that they were looking for someone to do arts and crafts and play bingo! Boy, did I feel insulted, but wanted to prove myself and I needed a foot in the door, so I took the job coordinating the activities program for a group of 20 elderly patients with dementia and other related mental health issues. It was a great first start to living in London. We took weekly trips and saw the sights of London. Believe it or not, some of the patients hadn’t been out of the home in years! Then I hired volunteers and entertainers, and before long the program took off. This was my first job working in England, and I felt I was really making a difference. Staff and patients seemed happier and much more motivated—definite benefits of therapeutic recreation.

During this time, I came across an organization promoting the value of activities for older people in the United Kingdom, called NAPA (The National Association for the Provision of Activities). It was a great way to gain access to training, meet other activity workers, and gain support in these uncharted waters that were all new to me.

The United Kingdom has a very different health care service from the United States and I had a lot to learn! The UK’s National Health Service (NHS) is based on the principle of free health care for all at the point of service. It is known as a socialized health care service and every member of its society is covered by health care from the “cradle to the grave.” It is paid for by the taxpayers as an additional tax on earnings. Some might say that the level of customer service is not the same as health care in the United States, but no one in this country is uninsured.

Another small, but funny adjustment, was learning the language. I know that you are thinking, Americans and the British speak the same language... English. BUT we are very different and we use some very different terms, pronunciations, and spellings here in the United Kingdom. Following are a few of examples of differences you might see in the health care setting. In the United Kingdom, a band aid is known as a “plaster,” a cane is called a “stick,” and a walker is known as a “zimmer frame.” Nurses are called “Sister” in the British hospital and doctors would be respectfully called “Mr.” or “Mrs.” and even “Professor.” A few of my “favourite” terms, which really shouldn’t be used but can sometimes still be seen on paperwork, are “spinster,” “old age pensioner,” and “pleasantly confused”!

Since I moved to England 12 years ago I have been working for the NHS. I am pleased to say that over the years I have witnessed a steady progression in the realisation that therapeutic activity is actually a very important part of medical well-being. Thus, there are now many more job opportunities available in this field. Still, there is work to be done! At present, there is no formal qualification required to work as an Activities Coordinator. NAPA has recently introduced a training program for potential Activities Workers, which is a start. Better provision for persons with dementia and a more person-centred approach is a common theme here at the moment as well.
As far as I know, though, I am still the only Activities Coordinator working in an acute setting with older people in the United Kingdom. We are much more common in residential homes and care homes, and of course in hospitals working with children. I feel very lucky working as an Activities Coordinator at King’s College Hospital in London on the health and aging wards. I have been there for nearly 4 years now. King’s is a very large hospital with almost 1,000 beds. It is a teaching hospital and a leader in research and development.

King’s has become the first hospital in London to completely transform one of its older persons wards into a unique, sensory environment for patients, particularly those with dementia [see the companion article, Enhancing Sensory Environments for Elders with Dementia, below]. I was a part of the steering committee and our department was instrumental in its change.

Because I believe strongly in the importance of what I do, I have continually sought ways to promote therapeutic recreation in this country by networking, attending training courses, and staying connected to the latest international developments in therapeutic recreation. I am a member of the American Therapeutic Recreation Association and the New York State Therapeutic Recreation Association and I rely on some of my fellow Americans colleagues who I often turn to for help and support. Robin Kunstler, Linda Heyne, and Leslie Hoot, to name a few! I believe we are definitely on our way but, until activities are seen as an essential component of care instead of as a luxury, we will continue to struggle for acceptance. I can only imagine that my experience might compare to those who were at the grassroots of therapeutic recreation when it was first starting out in the United States. It hasn’t been an easy ride, but seeing its progression is a great feeling. I can wholeheartedly say that it has been an amazing experience to live and work in therapeutic recreation abroad. It has opened my mind to ideas and ways of life I might never have known otherwise.

Enhancing Sensory Environments for Older Adults with Dementia at King’s College Hospital by Jean Iwaneczko-Christians, CTRS

King’s College Hospital in London has completely transformed one of its wards for older adults into a unique, sensory environment, particularly for those patients with dementia. The ward, named after British surgeon and geriatrician Dr. Marjory Warren, has undergone a £265,000 ($429,000) refurbishment, thanks to a generous grant from the King’s Fund and monies from the Friends of King’s charity. The new day room on the ward has been named The Rosa Davis Sensory Room in memory of Rosa Davis who was a long-term supporter of the charity.
Admission to an acute hospital can be an overwhelming experience for older people, especially those with dementia. Their complex needs are best delivered in an environment that is healing but also comfortable. The environment needs to stimulate their minds whilst also creating a sense of tranquility. King’s has set out to create not just an attractive space but to address the very complex needs of dementia patients. From the moment patients and their carers step out of the lift and are greeted by the Urban Jungle mural, they sense that Marjory Warren Ward provides a very special environment with a dedicated team that can meet their needs.

The ward includes the following sensory features, designed to support individuals with dementia undergoing physical rehabilitation:

- **Colour and lighting** are important for improving the environment for patients with dementia. Certain colours are associated with specific dementia-related behaviour, and the colours and lighting can be adjusted to meet the mood of the patient. Shades of blue are often used, especially if a patient is agitated, as it is relaxing, calms aggression, and can ease insomnia. Plain white or blue walls are peaceful and help to balance emotions. Some rooms have a feature wall that is orange or terracotta, which supports a sense of well-being. If we are running a group activity in the morning, we usually use a bright sunlight colour such as yellow or natural light since we don’t get much sunshine in London. Lighting also helps reduce confusion over day and night.

- **Accessible seating** is available near the new open plan nursing area. This seating was added because research has shown that people in early stages of dementia like to be around others and watch the happenings. The lighting and colours above the seating area may also be changed to match the mood of the patient.
Hallway with non-slip flooring made of a plain faux wood, with no specks or colors that can confuse patients

- **Atomisers** that produce fragrance are used to promote relaxation and to complement the colour selection. Lavender is used to promote rest and sleep, while citrus scents are stimulating and help “wake up” those who might feel drowsy or groggy.

- **Day/night clocks** help orientate patients to the time of day, especially when the sky is grey and it’s difficult to tell whether it is morning or afternoon. These clocks display a sun for the first half of the day to indicate morning; in the afternoon a moon is displayed, which increases over the evening hours.

- **Non-slip and wood-effect flooring** has replaced shiny and patterned floors. People with dementia can mistake shiny surfaces for water and be afraid to walk on them. The new flooring is a plain faux wood, with no specks or colours which often confuse patients. Patients sometimes mistake specks for dirt or other objects and try to pick them up, which increases their risk of falling. Anecdotal evidence shows that the new flooring has already reduced falls in the ward. A more detailed study will occur in the coming months.

- **Colour-coded rooms** also help orient people. People with dementia often cannot remember which bed is theirs because they all look so similar. Each bay and side room now has its own unique identity. The entrance way into each room is decorated with a different type of flower or tree, and the rooms are painted different colours to help patients spot their own.

- **New signage**, with pictures instead of words, helps orient the patient to the ward. Studies show that signs with big pictures or photos are easier for patients to identify than printed words, besides being more visible to those with vision loss. Pictures identify places of interest around the unit, for example, the bathroom, bedrooms, TV room, and dining room.
• **Artwork and memory boxes** along the ward corridor trigger memories and promote discussion. Artwork of the local area is displayed, reminding patients of their community in times gone by. The day room has two memory boxes, one that has a seasonal display to orient patients to the time of year and a holiday box that displays upcoming holidays. Another box is dedicated to the Queen’s Diamond Jubilee.

• **Interactive panels** promote visual and tactile stimulation for patients at different stages of dementia. These panels are mounted on the wall just below eye level, with a handrail attached to support balance and easy access to the panel. They are used for patients who wander the halls and to stimulate patients at different stages of the disease, especially those with advanced stages of dementia. Interacting with the panels by themselves can also help patients feel more independent.

• **An audiovisual system** in the sensory room includes a projector that displays changeable images of the season or footage of local scenery. Patients also have the option to play DVDs or music and relaxation CDs.

Yamu Nije, manager of the Marjory Warren Ward, says, “People with dementia often do not get enough stimulation whilst in hospital, which may lead to wandering, distress, and agitation. Our new environment reduces patient agitation and improves the well-being of patients as well as their carers, visitors, and our staff.”
Activity groups take place in “Rosa’s Room” with the aims of promoting socialisation and lessening the negative impact of hospitalization. Activities include reality orientation, reminiscence, exercise, quizzes, and crafts. Portable sensory equipment can also be used by staff or families with patients who are unable to attend the groups because they are unwell or in isolation. This equipment includes atomisers, audio-visual equipment, relaxation CDs, and fibre optic equipment.

The ward formally opened in December 2011 and is already providing an improved environment for our patients, staff, and visitors. It has been an amazing experience for me to work with such a talented and creative team on this project and to witness how it has triggered such a keen interest throughout the hospital and beyond about how people with dementia are affected by their surroundings. We are extremely proud of the new look and facilities and believe we now have the most appropriate setting to provide the best possible care for people with dementia in our hospital.

Dulwich Picture Gallery

The Dulwich Picture Gallery is the oldest art gallery in Britain, with a permanent collection of esteemed old masters ranging from Rembrandt, Van Dyke, Rubens, and Raphael. This non-profit organization also sponsors fine art classes and programmes for anyone in the community, across the boundaries of age, ability, and social background. Located in the idyllic village of Dulwich (the “w” is silent) in South East London, people from all over the city take part in the award-winning programmes offered by the Gallery’s Education Department.
The Education Department of the Dulwich Picture Gallery seeks to reach the widest possible audiences, which includes typically underserved, isolated, and marginalized groups. Its broad aim is to inspire people from diverse backgrounds to appreciate and participate in art.

Gillian Wolfe, Director of Learning and Public Affairs, initiated the Education Department in 1984. Since that time, the department has won 28 national and international museum, education, and community outreach awards. It is renowned for the innovative workshops it offers in drawing, painting, handicrafts, dance, and drama, which, in Wolfe’s words, “communicate the understanding and enjoyment of fine art for everyone.”

This remainder of this section introduces you to a few of the Dulwich Picture Gallery educational programmes, focusing on those that provide therapeutic benefit for two underserved groups: urban youth and elders at risk of social isolation. Video clips accompany the following profiles, so you may view the programmes in action.

**Urban Youth programmes.** Urban youth are faced with many social pressures and rarely have opportunities to express themselves creatively through art or work with professional artists. To provide these kinds of experiences, the Gallery’s Education Department collaborates with the Alford House Youth Club to run evening drop-in art sessions in Lambeth, one of the poorest boroughs of London. Rather than require the young people to come to the Gallery, the Education Department believes it is important to meet them where they are at, in the heart of the city.

Urban Youth art is geared to help teens discover their creative potential and experience success, as well as to keep them off the street. Education Department Director Gillian Wolfe comments, “I think these boys find out a lot about themselves in these projects and that’s partly due to the talking that we do through the workshops. The artist and the coordinator are discussing life issues all the time the boys are working, and they join in too.”
In 2009 the Gallery sponsored an exhibition of the remarkable artwork of these young artists at London’s City Hall. BBC London news aired a broadcast about the exhibition, Kennington Kids – Raw Urban Exhibition. In the news clip, Professor John Pitts of the University of Bedfordshire observes, “They actually bring young people who have very few opportunities into the gallery like this and an event like this, which they wouldn’t dream of being a part of in the normal course of events, and then they become star players.” One of the young artists expresses his sense of accomplishment this way: “Sometimes people see me in leaflets and they say I’m famous. I don’t know… that just makes me happy.”

**Good Times: Art for older people.** In Britain, as in other parts of the world, many elders face social isolation and loneliness (BBC, 2012). One in three people over the age of 65 live alone, and half of them have little contact with their families. Approximately 750,000,000 pensioners (i.e., retirees) do not leave their home more than once a week. As the number of citizens over 50 expands every year, Britain anticipates these figures, left unaddressed, will only continue to grow.

Dulwich Picture Gallery’s Education Department initiated Good Times in 2005 to combat the devastating effects of social isolation among elders in London. The programme especially targets those who have become isolated and neglected through illness, bereavement, and separation from family.

Good Times provides opportunities for elders of all cultures and creeds to come together for friendship and enrichment through the arts. Many other benefits result from the programme as well—an easing of loneliness, reminiscing and hearing other people’s life stories, understanding other cultures, and enhanced self-confidence. Altogether Good Times has partnered with over 60 agencies, including day centres and sheltered housing units, to enrich the lives of elders.

Three Good Times programmes are described here: a hospice programme, Prescription for Art, and a Words and Stitches needlework group.

**Hospice art.** An unusual photography programme, co-sponsored by the Dulwich Picture Gallery and St. Christopher’s Hospice, lets people at the end of life create a lasting impression of who they are. The programme teaches photography skills but, more importantly, invites older people to pose as subjects, donning fanciful costumes to assume a kind of alter-ego—for instance, superman, an aristocratic lady, a general, a princess. The photos capture the essence of the person in a moment in time, and are also mementos for lasting remembrance. A short film, “I Feel Like a...
“Princess,” created by Ruth Dupré, portrays the poignant, and sometimes humorous, aspects of this unique programme.

**Prescription for Art.** Nurses and doctors across London are showing they understand the healing value of art by teaming with the Dulwich Picture Gallery. When medical staff learn of someone in the community at risk of isolation and neglect, they prescribe, not a drug, but a “prescription for art”? The prescription requires the person to tour the Gallery’s exhibits, enroll in a creative arts workshop, and partake in the enjoyment of art—all free of charge. Through their participation elders learn new art skills, many for the first time, as well as make new friends. Data collected from several years of collaboration indicate that participants “begin to feel more confident and positive, concentrate better, and forget their aches and pains” (Dulwich Picture Gallery, 2012). *Good Times* participants have this to say about their experiences:

- It’s opened my eyes to a new “interest.”
- You forget the pain. Coming here is a real remedy.
- It makes you feel young again.
- Lovely to have tea in a proper cup.

You can learn more about Prescription for Art by viewing this [BBC news story](https://www.bbc.co.uk).

**Words and Stitches.** Offered in partnership with the Dulwich Library, *Words and Stitches* creates a space for older people to reminisce about their lives and stitch their most meaningful thoughts and images into fabric. They share their life stories with each other and, in the process, make friends and improve their outlook. As one participant says,

> The thing is, with being in a group, you have got more people to talk to, and you find out about other people’s lives—how they’ve come through life and the difference between yours and theirs. It’s much more interesting than doing something on your own. Because you’ve got distractions at home, and you can feel lonely at home… but in a group, it’s much nicer.

(Photograph: Dulwich Picture Gallery website)

Another participant who loves being with people says, “After retirement I didn’t know where to go and what to do to fill up my time.” *Words and Stitches* fulfills her desires for socialization and meaningful activity. It also accepts people as they are:

> I’m not very good at a lot of things but there’s not been a pressure on you to be perfect. Whatever you’ve done is appreciated, so you feel better about yourself.

You may visit the Dulwich Picture Gallery website to listen to these and other elders talk about their involvement in *Words and Stitches* and to see their textile creations.
Social Advocacy and Systems Change Journal

Kate Middleton and Prince Charles participate in an Education Department workshop
(Photo from Dulwich Picture Gallery website)

Additional resources.
Several other films about Education Department programmes may be found at the Dulwich Picture Gallery TV website. There are videos of school groups, parent-child groups, intergenerational programmes, and sessions that use interesting techniques such as animation, dance, writing, and touring the Gallery’s collections to stimulate creative pursuits.

Whizz-Kidz—“Lets kids be kids!”

Whizz-Kidz is a national charitable foundation that “lets kids be kids” by providing custom-fit mobility equipment for children with disabilities. Wheelchairs and other mobility devices from Whizz-Kidz enable children to do all the things kids like to do—to meet other children, have fun, do things by themselves, and go places on their own. Whizz-kidz also sponsors a residential camp, as well as mobility and life skills training to help children prepare for adult life.

View this short upbeat video clip to see how the right wheelchair can help a young person have a good time.

If you ever doubted that one person can change the world, meet Mike Dickson who founded Whizz-Kidz. This story from their Guide to Volunteering (Whizz-Kidz, 2011) tells how a seemingly random incident inspired Mike to create the foundation in 1990:
It All Started with a Bloke in a Bike Shop

Mike Dickson was in his bike shop when he saw a girl in a wheelchair looking up at a shelf above her for a lamp. Mike asked if he could help, but was politely told “no thanks, I can reach it myself,” as she pushed a button on her powered wheelchair and rose up on her mechanised seat to pick the lamp off the shelf. It was at that moment that Mike experienced the difference that the right wheelchair could make to a child’s life. That small action of picking something off a high shelf meant something a lot bigger—it meant independence. Mike had promised to run the London Marathon that year… but needed some inspiration; he needed a cause to get him out pounding the pavements. He remembered that moment in the bike shop, so he pledged to raise money to buy a powered wheelchair for a child who needed it; at the end of the marathon he’d raised £9,000 [$14,230] for a girl with cerebral palsy, and founded Whizz-Kidz in the process. (p. 2)

Whizz-Kidz is the leading provider of mobility equipment in the United Kingdom outside of the NHS, the publicly funded healthcare system. In 2011 Whizz-Kidz provided custom mobility equipment for nearly 1,000 children, from toddlers through age 18. Since its inception, the foundation has served 13,000 children.

“There is a big difference between the wheelchairs the NHS provides and the wheelchairs Whizz-Kidz provides,” says Diana Langford, Whizz-Kidz Volunteer Coordinator. NHS wheelchairs tend to be scaled-down versions of adult wheelchairs, without the essential features needed to support a child’s developmental and social needs or to provide the functionality and increasing independence children require. Motorized wheelchairs are rarely provided by the NHS, and no recreational equipment, such as a tricycle or tandem bike, is issued. Neither is mobility training available. With such limited resources, Whizz-Kidz fills a dire gap in mobility services for youngsters with physical disabilities in the United Kingdom.

Funding. Diana explains that funding for Whizz-Kidz is entirely voluntary. Most support comes from fundraising through events and statutory trusts. Other sources of income include corporate donations, investments, individual giving, and community fundraising. When a family applies for a wheelchair, Whizz-Kidz approaches local wheelchair and social-educational services, as wells as the NHS, about the possibility of joint funding. Families can also contribute to equipment expenses. Wheelchairs cost on average £2,200 ($3,413). Approximately 650 children are on the waiting list.
Fitting a child with a wheelchair. Rebecca Dunkerley, Mobility Therapist at Whizz-Kidz, explains the process for obtaining a mobility device. The family submits an application and, when their turn arrives (the average wait time is 12 months), a mobility therapist conducts an assessment. The mobility therapist is a physiotherapist (physical therapist) or occupational therapist with training in postural assessment. A knowledge and understanding of mobility equipment is also important.

During the assessment, the mobility therapist discusses the lifestyle needs of the people who will use the equipment, that is, both the user and care providers. Options for mobility devices are also presented. Families may choose from among wheelchairs (manual, powered, or sports), tricycles, scooters, and “buggies” (strollers). The user is measured and the therapist recommends equipment, which children can test out to be sure it’s right for them. Once equipment is agreed upon, it is ordered, usually through a variety of equipment providers to ensure the best custom fit.

When the equipment is ready, a delivery date is scheduled to hand it over to the family. At that time mobility training is discussed, as well as any follow-up needs. Users are then free to enjoy their new-found independence. View this 4-minute video, Shea’s Spaceship, to see how Shea’s life in Greenwich, England was transformed when he received the proper motorized wheelchair—his new “spaceship”!

Most equipment is provided with growing room in mind. If a piece of equipment is extended to its full size and no longer fits a child, the mobility therapist will reassess the child’s needs. The family and the therapist discuss what is working and what is not, and either new parts or a new wheelchair are ordered. If a wheelchair is less than 3 years old, Whizz-Kidz tries to refurbish it for use by another child. Growth and changes in users’ needs means there is a long-term relationship between the family and their mobility therapist.
**Ambassador Club.** Along with participating in recreational camps, youngsters who receive wheelchairs through Whizz-Kidz can join an Ambassador Club where recreation is combined with learning life skills. Over 500 children and youth are members of 40 different Ambassador Clubs throughout the United Kingdom. Life skills training focuses on the top ten attributes a young person needs to grow and develop, as defined by UNICEF:

- Problem-solving
- Critical thinking
- Effective communication skills
- Decision-making
- Creative thinking
- Interpersonal relationship skills
- Self-awareness
- Building skills

Life skills training is provided face-to-face at Ambassadors Clubs and through online learning e-modules. A calendar of life skills trainings is also available online.

Additionally, volunteers assist in programming and supporting children. Watch Alastair talk about his first day volunteering at his local Ambassador Club, and Cecelia discuss the rewards of volunteering at Whizz-Kidz.

**Employment support.** At Whizz-Kidz support in recreation and the development of life skills leads to support in finding jobs. Ambassador Clubs offer employment services, which include training, internship and job placements, and advice for young wheelchair users, ages 15 through 25.

Whizz-Kidz partners with companies across the country to provide work opportunities. Placements are chosen in collaboration with the young person, parents, school or college faculty, and the personnel manager at the participating company. Potential placements are posted online, along with tips for writing resumes and interviewing.
Four young and spirited professionals, who comprise the Whizz-Kidz Work Skills Team, talk about their experiences in the workplace and give advice to other young wheelchair users looking for employment in this video.

**What families think.** Over a period of 20 years, Whizz-Kidz has grown from Mike Dickson’s hint of a dream in a bike shop to a full-scale operation with 67 full-time staff and centres all over the United Kingdom. Whizz-Kidz has also branched out to respond to the needs of children as they mature, by providing life skills training and vocational support. While doing so, Whizz-Kidz has made a tremendous difference in the lives of hundreds of children and youth.

Here is what family members have to say about the positive changes that can happen when a child receives a new wheelchair from Whizz-Kidz:

“I have a powered wheelchair. This is really great. As I cannot self propel a manual wheelchair, my powered wheelchair allows me to go where I want to go. This means that at school, I can get around by myself, which is really important to me because I don’t like having others push me around where they want to go. I can also make my seat go up so I can see over groups and I don’t have to keep on looking up to people.”

- Nathan, age 14

“Brigit’s school has actually commented on a change in her behaviour and attitude in the last few weeks, she is more confident and much more aware of others around her.”

- Father of Brigit, age 9

“For the first time in 6 years we have been able to go on a family holiday! It’s made such a difference to our daily lives as we can now go on family outings, such as visiting the zoo, and our local park. We now have much more fun and the boys have much more energy as they don’t have as much pain on a daily basis.”

- Mum of Thomas and Rowan, ages 5 and 9