



**AGE & OPPORTUNITY - ARTISTS RESIDENCY IN CARE
SETTINGS INITIATIVE**

EVALUATION REPORT

FEBRUARY 2020

AIDEEN WARD CONSULTANCY

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PREFACE

Age & Opportunity Arts is a dedicated programme which supports the participation and representation of all older people in cultural and creative life in Ireland and demonstrates and celebrates how our creative potential can improve with age.

One of our core areas of work is the Artist in Residency in a Care Setting initiative, which brings together artists and the residents of care settings to creatively engage over a number of months. The initiative was developed in 2017 in order to create access to the arts for older people regardless of where they are living, and to address the paucity of meaningful creative activity in many care settings.

One of the key aims of the Artist in Residency in a Care Setting initiative is to support and train artists who are interested in working with older people in a health care setting and to impact on the culture of care settings in relation to how their managers and staff view and value such creative activities. We know that working in a care setting in any capacity is a highly specialised activity, and as such poses challenges for artists who encounter a wholly different culture, and a set of imperatives and concerns often at odds with their own perspectives and experiences. Equally, we also know that care settings are challenged in relation to adapting to how artists work, particularly as they operate within extremely pressurised environments usually (and understandably) orientated towards an individual's medical and physiological needs. In that sense, we hoped that there would be reciprocal learning arising from the residencies.

Over the course of 2019, after receiving significant funding from the National Creativity Fund, as well as support from the HSE CHO National lottery funds and the Arts Council of Ireland, and following a public call, six care settings around Ireland were carefully selected as residency hosts, and even more carefully matched with six different artists (with the input of the respective care settings). Each artist spent a number of months in each care setting, in some cases concluding with an exhibition or family event. The care settings ranged from not-for-profit nursing homes, to community hospitals and day care centres.¹

Because we believe the arts are intrinsically important to our everyday lives, with a particular significance to our health and well-being as we get older, we wanted to independently evaluate the residency initiative to see if this belief was borne out. It was of course also important to evaluate the initiative against our more detailed aims and

¹ It's worth commenting on the selection of the shortlisted artists by the care settings. While we deliberately shortlisted a varied range of artists which included dance, literature, music, and visual artists, in *every* case a visual artist was selected by the care setting from the shortlist. Whether visual artists simply made the best applications, are *more recognized* (or simply *usual*) in care setting situations, brought with them the unspoken promise of a tangible work of art, or whether there was anxiety around other art forms in relation to insurance/health and safety, is unclear. Given the imaginative possibilities and sheer fun that can be generated by so many other art forms, however, this is something that needs further consideration in any future initiative.

objectives (as above) in order to see where we could improve and inform our work. In addition, as we are accountable to our key stakeholders and funders (in this instance the National Creativity Fund, with support from the HSE lottery funds and the Arts Council of Ireland) we wanted to comprehensively report on the initiative to them. Finally, and notwithstanding the open-ended nature of the evaluation, we ultimately hoped to communicate the value of the work to those who can influence policy so that we can continue to make the case for work of this kind.

While every evaluation is limited in one way or another and thus presents an imperfect picture, the following report unequivocally demonstrates the creative, personal, and social value of the arts for people living in care settings. The positive impacts arising from the unique relationship between these artists and the residents of the care settings are asserted throughout the text in relation to increases in the sense of personhood, being listened to, being seen (underlining the capacity of the arts to illuminate each individual resident *to each other*) more social connectivity and simply, joy. Other more medically oriented impacts concern improved mental and cognitive health and critically, general morale.

We feel these findings speak for themselves.

Dr. Tara Byrne

Arts Programme Manager

Age & Opportunity

EXECUTIVE SUMMARY

This independent research project tested the extent to which the Artists Residency in Care Settings initiative at Age & Opportunity achieves its stated ambition in terms of outcomes for the artists, the participants and the care settings.

The findings are overwhelmingly positive for the programme.

The six artists conducted 166 artistic engagements with over 700 attendances by older people and an additional 124 by staff at the care settings. Satisfaction levels were high with a Net Promoter Score of 9.6.

In the moment feedback includes that of pure joy and escape and an enthusiasm to try something new among those for whom a strict routine is the norm. Staff report seeing older people tap into a creative side, including and especially those who may be hard to reach and have not engaged with other activities at the setting.

On reflection, staff report seeing people differently as their personhood is expressed more clearly through engagement with the arts. They also report seeing their role differently and finding ways in which they can change how they engage with older people.

In some specific cases, use of a sensory room and particular activities helped create a calming effect and behavioural change for some older people and the staff see opportunities to continue these benefits beyond the residency itself.

All six artists were keen to repeat such an experience having found they have built the skills and confidence in engaging with individuals and groups in care settings. The experience has also informed their artistic practice and the mentoring provided was found to be essential and supportive in some challenging times.

Success of the programme was built on the skills and personalities of the artists and the openness of the care setting to doing something different. It took flexibility and communication to allow the residency to be as organic as possible, allowing the artist to engage with the participants to see where it goes as opposed to having a set programme of activities or fixed schedule or process. Once trust was built up to allow this to happen, the experiences were positive and memorable.

All parties would seek continued involvement in such a programme. The only constructive feedback from the care settings was to ask for this again, and perhaps for longer, to allow time to build that trust and the relationships within the care setting with participants and staff. This was echoed by the artists themselves. There was a huge level of gratitude and appreciation to Age & Opportunity for the programme from all those involved.

CONTEXT

As a learning organisation, Age & Opportunity seeks to understand its outcomes and impact among audiences, care settings and artists; to help promote its work and to find ways in which these initiatives can be improved.

This approach was taken in a pragmatic way, engaging to the extent possible with participants themselves as well as relying on reports from care setting staff at all levels and the artists themselves on the outcomes and impact of the programme at the care setting.

As impact measurement is becoming the norm in this sector, this report seeks to present robust research that goes beyond anecdotal evidence and basic numbers of attendees.

Age & Opportunity is conscious of the move towards evidenced and enhanced long-term outcomes from funders and statutory bodies, and seeks to focus on developing its information base to gain insights that will allow it to enhance the quality of its programmes and improve the related outcomes for its audiences.

THE ARTIST IN RESIDENCE PROGRAMME

Following a pilot programme in 2017 Age & Opportunity developed this programme in 2019 with the following features:

- Access to and engagement in the arts and creativity for older people who live outside major urban areas in Ireland in hard to reach situations (care settings)
- Delivery by six artists in six care settings of 150 days of creative practice (not all on-site)
- Ongoing mentoring to the artists in their creative experience and in supporting the older people
- A contribution to the older people's sense of personhood that will reflect and reinforce their identity to themselves and to others
- An improvement in social connectivity through the social aspects of the arts
- Inspiration of staff to consider the importance of the arts / creativity in care settings
- A contribution to the mental and cognitive health of the older people that enhances their individual and collective well being
- Improvement of morale within the community of the care setting

METHODOLOGY

To evaluate this programme we built an evaluation model using PointK resources to demonstrate value in continued investment in the Artist in Residency Programme.

It includes collecting quantitative results on attendance and usage and qualitative feedback from users. While these are key steps they are a part of a more complex process which is described below.

This methodology was designed and iterated by the project team with Age & Opportunity and the independent researcher.

Problem Statement

Older people in care settings can often be under-served in relation to arts provision and cannot therefore reap the benefits of engaging with the arts.

Goal

Deepen the engagement of older people in the arts (particularly those who are harder to reach)

Rationales

Participation in the arts can significantly enhance quality of life

Assumptions

People in care will benefit from an artists sustained engagement

Providing more opportunities will strengthen the quality and quantity of artists working in this field

Experiencing the value of engagement in the arts at first hand will raise expectations of all living and working in care settings

Resources

Project Management (AO)

On-site space to work and reflect (CS)

Dedicated liaison person to support artist (CS)

Appropriate common area/workshop (CS)

Insurance (CS)

Internet Access (CS)

Curatorial and admin support (AO)

Coordinate Mentoring (AO)

Activity Groups

Older people in six care settings benefit from six artists working with residents/day attenders (approx. 25 days over 2 months)

Supports to the Artists to ensure they are empowered to make it the best experience for themselves and the older people

Settings empowered to continue engagement in the arts

Independent Evaluation Process

Outputs

The older people enjoy time spent with Artists in a creative experience
150 days of creative arts practice
Exhibition/performance or public events (as appropriate)

6 Artists, one Mentor and one Evaluator - awareness training and preparation for programme
Ongoing mentoring for Artists to support them in their creative experience and in supporting the older people

Care setting staff value the experience their resident / attendees have
Settings become visible during the Bealtaine Festival

Independent Evaluation Report

Long-Term Outcomes

More older people more creative, more connected, more visible, more confident, more active more often
Artists valued and supported in this work and have the skills and confidence to serve this community
Foster culture of creativity and appreciation of the benefits arts can bring to care settings
Age & Opportunity provides evidence base to influence policy makers to invest more in arts and older people

Intermediate-Term Outcomes

Access to the arts by the Older People

Enjoyment and confidence gained through the experience by the Older People

Personhood expressed through expression of individual artistic potential, abilities and knowledge (self/staff/relative)

Building new or stronger relationships through arts participation

Artists have built skills and confidence

Care settings appreciate the benefits of arts participation

Short-Term Outcomes

Access to the arts by those with less access

Artists build their skills

Nominated person at the care setting for ongoing relationship with A&O/Bealtaine

Evaluation report in line with A&O evaluations

Positive effects on relationships

Artists build their confidence

Lesson learned from the process of evaluation

Enjoyment of the experience in the moment

Artists create a reflective diary to capture their journey

Confidence in being creative

Opportunities for self-expression / personhood

RESEARCH SUBJECTS

The subjects for this research were the primary audience for the programme events - the participants themselves at the care settings, the staff (hands on staff and more senior and specialised staff including managers and Occupational Therapists), and the participating artists. All were consulted and asked to contribute to the body of evidence gathered.

	Outputs	Short Term Outcomes	Intermediate Term Outcomes	Longer Term Outcomes
What will we measure?	Attendance levels	Evidence of access to the arts Changes at individual level	Changes at the level of the community	Longer term broader level
How will we get this information?	Artists weekly attendance	In-person, phone and online survey with participants, care staff and management. Weekly Thoughts Reports from Artists		

REACH OF THE RESEARCH

Data gathering has taken a high level of engagement with artists and care settings. Early engagement and regular contact was conducted. The total number of individuals who engaged in the feedback was 54. (8 Senior Staff, 17 Other Staff, 20 Participants, 3 Family Members and 6 Artists).

Location	Senior Staff	Other Staff	Participants	Family	Artists	Artists:	Artists:	Artists:
	Interview	Interview / Survey	Interview / Survey	Survey	Total	Weekly Thoughts	Pre Survey	Post Survey
Raheen	1	3	5		1	9	1	1
Clonskeagh	2	2	0		1	6	1	1
Killybegs	1	1	0	2	1	8	1	1
Sligo	2	0	0		1	6	1	1
Castleisland	1	5	6	1	1	7	1	1
Naas	1	6	9		1	Overview	1	1
Totals:	8	17	20	3	6	36	6	6

FINDINGS

OUTPUTS FROM THE PROGRAMME

The six artists conducted 166 artistic engagements over the course of the programme. In total, the six artists were present in care settings for 46 weeks with 150 days of creative arts practice delivered.

The delivery was highly varied and based on the needs of the individuals and the settings themselves. In some settings a smaller number of workshops were held on a one-to-one basis. In others large groups engaged at one time. In some cases a mix of the two approaches was used.

There were 713 attendances at the workshops by older people in the care settings.

124 staff engagements were reported.

In terms of access to the arts – in one setting some participants commented that they “already do a lot of art here but that this is different”. In all other settings there was clear feedback that this was a new innovative approach to the arts that was different to

anything they had done before. It was more open, organic, and a way of looking at the arts that made it available to all to be involved if they chose.

SATISFACTION FINDINGS FROM AUDIENCES:

As an overall measure of satisfaction with the programme the Net Promoter Score was used. This asks the respondent how likely, on a scale of 1 – 10, they would be to recommend the service to a friend or colleague.

The overall findings on the quality of the experience was a Net Promoter Score of 9.6 which is exceptionally high. Within the different audiences the rate varied slightly. Staff (9.8) and managers (9.66) rated the programme slightly higher than the participants themselves (9.4). This may be accounted for by the fact that a participant answers the question only from a singular point of view, while the staff see the bigger picture and see benefits across the setting.

These findings are in line with feedback from the staff who mention that the programme is “not for everyone” but for those for whom it is a good match it is excellent. Participants’ feedback included a small number for whom the programme was positive, but not overwhelmingly so.

OUTCOMES FOR THE PROGRAMME

OUTCOMES FOR PARTICIPANTS:

1. In the moment – there are reports of enjoyment, pure joy and escape from the day-to-day reality of life (which can be heavily routinized). Participants are seen smiling, engaging, enjoying sensory experiences, and being present in ways not typically seen.
2. High levels of engagement and enjoyment are reported by and about the participants.
3. Care setting staff report seeing participants tap into unknown creative sides, including those who don't usually engage with activities at the setting. This new and different approach saw individuals take on tasks and roles for themselves in groups and engage in ways not previously seen by the staff.
4. Relationships were built and improved between the artist, the participants themselves and between the participants and staff. There are reports of a feeling of special attention, in groups and in one-to-one sessions.
5. Participants report feeling listened to and that they have something to express and share with others. This included demonstrating personhood in memories and reminisces as well as craft and art skills from their past. The conversations surrounding the artistic experiences were hugely important to the participants. The discussions explored life stories and placed value on the stories, poetry, songs shared.
6. Participants shared an enthusiasm for new and unknown experiences and enjoyed the unpredictable nature of the Artist in Residence Programme.
7. In two settings in particular manual skills and coordination and a sense of achievement and confidence around making something were valued by the participants.
8. In settings where a final event or exhibition was held there are reports of excitement about the event and an appreciation of being able to "give back" by creating an experience at which the older people were the hosts, or a tangible gift to present to family and friends.
9. In two settings several individuals returned to their artistic practice and set up facilities in their own homes where they can continue their practice with some modification where necessary.

Talking and laughing more among the participants - Happier disposition - Lighting up

You could see that participants felt appreciated and spoiled

Mondays were dead until "Artist" came along

There were magical moments – telling stories, holding hands and listening to each other

Just amazing what they got out of it – they were buzzing

Artist and Participants open to suggestions and ideas

Renewed interest in art - No art since 15 years of age now 76 years and since I started it has woken up my creativity

We saw an unleashing of creativity in individuals – the senses aroused

This brought back wonderment to their lives – it was like going back to their youth

You see people revalue their own life experiences and enjoy sharing them – "it made us feel like we are not forgotten about"

The clients made a real and personal contribution – bringing in photos and memories to share

We'll try anything – but the fingers aren't as good as they used to be! It's never too late to try and learn new things. We are open to risks – unpredictable is good.

Would like it to be continued – as it got my brain working and I am continuing art at home now

OUTCOMES FOR CARE SETTING STAFF

1. Staff report seeing people differently – getting to know the participants better and seeing them being creative, seeing their personhood more fully. This was particularly true for the hard-to-reach participants who engaged with this but might not have engaged with any other previous activities. This was also true in particular for some men, with local crafts, local history and story-telling being the hooks that drew them in to engage.
2. The experience motivated some particular staff members to view their role and their capacity to work with their attendees differently. In particular, a Home Maker in one location and an Occupational Therapist in another saw the experience as a way to refresh how they see their roles and the potential of residents to tap in to their creative sides.
3. Over time, staff report their understanding of the Artist in Residence programme and the provision of arts in their setting developing significantly. Seeing how the arts can help people, how it can have a calming effect, it can draw people out. In particular, staff began to understand that art is more than creating a nice picture or object; it is about expression and a process that might not immediately result in a tangible output. This took time over the course of the Residency and was not immediately understood.
4. Staff report that the programme can be disruptive to their highly routinised schedule. However, over time and with trust, this disruption of routine is seen as a good thing if managed properly, and everyone understands and trusts the process.
5. Staff report seeing the value in the one-to-one time spent by the artist with older people and aspire to more of this – although the reality of a busy care setting is seen as a barrier to this. In one setting, where the Butterfly Model (person-centred care and well-being) is in use, staff reported that seeing the personhood of the individuals being highlighted reinforced their thinking around “working in the home of the older people.”
6. In one setting, the staff continued to be output-led i.e. looking for the artist to produce set pieces of work and set activities. The artist dealt with this well but the new approach was not fully understood initially. In this and in another setting staff members tried to “help the participant” by taking their hand to get them to draw – again the artists in these cases dealt with the situation well, but it demonstrated that the concept of art being an individual and a creative activity is not fully understood, and an output-led approach is the norm for some. The words

“teacher” and “art therapy” were used in some feedback, again showing that the idea of an Artist in Residence is not necessarily fully understood even by the end of the programme in some of the settings.

Got us out of our comfort zone – and that is when new things happen

We saw the residents excel way more than we expected to see. We don't have the time, skill or resources to do this and it was the time and the relationship that make it happen. Also skill in trying different things and adapting.

This was a different kind of art. We do a bit - not a whole lot but I have no knowledge of art but listening to our artist - it would make art intrigue you.

It was challenging – staff felt a bit rushed. The time span was too short – it was a lot of work and everyone needed more time.

We love to see the joy on the faces of the residents

Care staff were delighted to “see so many men involved as they don’t usually do practical activities”

OUTCOMES FOR CARE SETTINGS

1. Staff report that the engagement with the arts has resulted in significant behavioural change that positively impacts the environment for all – for example, reports of reductions in verbal and physical responsive behaviour during the residency in one setting.
2. Staff report that a legacy benefit will continue – for example, having given the activities programme “a lift”, getting collaborative projects up and running that the staff will continue. In one setting an under-utilised sensory room has been brought back into use successfully.
3. Senior staff note seeing the benefits, and looking at how they can leverage what they have learned from seeing the Artists use different approaches and methods than might be typical.
4. Over time there has been evidence of staff seeing the participants in a new light where the participant has unexpectedly engaged using a different approach – this has been particularly impactful with those considered “hard to reach” and who don’t typically engage with some of the other activities on offer at the setting.

I am here a long time and you can think you know everything but I saw how this tapped into people who usually stayed in the background and with the right approach they came into the foreground

We saw the residents excel way more than we expected to see

There is one lady who can get quite agitated and was calmed by the artistic experience - we see now ways we can be more supportive. We have sensory stuff that we don't really use and could do more on this. This has given me ideas.

I need to help staff better understand that this type of art is about improving the quality of life for an individual not about group sessions, the artist is not an art teacher. We need to understand this better and we do now. (Manager)

Has upgraded the Day Centre and has added a new dimension to activities provided here

OUTCOMES FOR ARTISTS

All six artists express the positive impact the Residency has had on themselves and their arts practice. This includes aspects such as:

- Making their practice accessible to others
- Seeing the potential for arts supporting health and well-being
- Being much more confident about working with individuals in care settings
- Creating meaningful connections which inspire their artistic endeavours
- Gaining experiences that will inform future arts practice
- Making work which will lead to other work
- Refining processes to the essential materials and tools – simplifying to the essence of a process and creating more trust by the artist in their process

All six of the artists are keen to do such a residency again. And all six report feeling they have learned a lot and would now do such a residency with greater confidence and skill. There was also a sense of freedom provided by Age & Opportunity that there was not a requirement for a finished product from the residency.

MENTORING PROCESS

Artists are overwhelmingly positive about the support they received from Age & Opportunity and especially from their mentor.

It was noted as having been a vital part of the programme – necessary and beneficial, pitched just right and gave the support that was needed, when it was needed.

It was also appreciated that this was all provided without intruding on the autonomy of the artist. The support helped to keep the participatory and collaborative ethos of the Residency in place as artists worked in a very autonomous fashion at their respective care settings.

Artists also reported that the Residency journey was not without its challenges – but that the mentoring supported them in those times that would otherwise have been challenging and tough and helped them build confidence when they needed it.

Some commented that in-person or on-site support would have been appreciated but that overall they are overwhelmingly appreciative of the support they received.

CONTRIBUTING FACTORS – WHAT MADE IT SUCCESSFUL?

Overwhelmingly the care settings commented on the personality and kindness of the artists as being “the magic that made it work”.

The creative ability and the flexibility of the artist to accommodate varying needs of attendees was noted as being a key contributor to the success of the programme.

The time taken to connect with individuals and respond to their needs was also noted as a key ingredient of the programme.

The ability of the artists to do activities and chat to attendees in open ended conversations was noted.

A lovely way about them – a lovely manner

So warm and engaging and so interested in the residents

The rapport they built

They drew out the best in everyone

Well organised, realistic about time frames, positive attitude

Artistic activity was a catalyst for conversation and memory

The artistic streak in the artist – the ability to look at things in a different way

The artist’s insights made us all fascinated with the arts

The artist’s communication skills – but especially the ability to really listen

OBSERVATIONS

Where the programme was highly successful was where trust and openness were the basis of the relationship between the artist and the staff. To do something truly different takes a level of trust in the unexpected. This is especially true around the conflicting ambitions of doing goal-driven work on a schedule of set workshops with physical outputs versus allowing the programme to be more organic and searching; to go where the artist and the participants take it. For example, in one setting there was pressure on the artist to get the group making greeting cards. This was resisted and a more open process taken with results the group was happy with.

There were several reports of uncertain starts over the first several weeks as people worked their way towards finding a path to work together. In some cases it was very challenging to get to this point. Trust was key in this, and in all cases a balance was found through all parties being flexible and reacting to participants' needs. All were pleased with the results, and one noted that to do something really new and different requires that you get out of your comfort zone and it is worth it.

One-to-one sessions were much appreciated by the participants and by the artists. However there was some concern by the artist in these situations that the staff didn't see results from those sessions, and that perhaps they were not acknowledged for the positive effects they had.

Artists report that the freedom within the programme allowed them to adapt and take risks to make it successful.

RECOMMENDATIONS FOR FUTURE PROGRAMMES

Upfront time building trust and relationships is key to the success of the programme. Artists and staff suggest an introductory session outlining what the Residency is and also, importantly, *what it is not*. One artist created a booklet outlining the residency and distributed it widely (in a large setting). This also helped participants and staff identify who might be interested in this journey with the artist. But beyond formal time spent, artists spent a lot of informal time chatting to potential participants to understand their perspectives.

Artists warn that an artist should expect some push-back from some staff and residents. Understanding what the residency can be is not obvious to some people and some may be indifferent or negative towards the idea.

Flexibility was needed and was appreciated. Artists and staff noted that original plans may not work; participants might not be interested or able to do what you thought would be a key part of your plan. The ability to change on the go was needed.

Simplicity is key – especially in the choice of materials and process. Be aware of the physical / dexterity limitations of some participants.

Separate physical space is ideal but even without this, artists made things work by being flexible. One artist commented that being a floating presence in the facility meant meeting more people and becoming more engaged with the residents.

An ideal scenario is to combine some group work that allows people to put their foot in the door with some one-to-one work to really engage deeply with individuals. In some settings smaller numbers were more involved than managers initially expected, but the benefits to that smaller number made it worthwhile.

More preparatory work is suggested for artists. Some artists found themselves in situations for which they felt unprepared – for example, a disclosure in a group setting of childhood abuse and other challenging life experiences.

Music was found to be a great connector with the participants.

Some artists suggest some more prescription from Age & Opportunity on how to use the time, while others claim that the flexibility afforded by the programme allowed them to take risks and not be restricted by too much structure.

One artist suggested that the programme be seen as a two stage process – with the residency being the Research and Development stage followed by a Project Realisation stage partnering with the local authority.

Two artists proposed a more formal exit strategy - they found it was upsetting to just leave and suggested that there is a need to find a way of honouring the friendships made. A final event played that role for some but, even with that, finishing up at the care setting was clearly difficult for all concerned. This may point to an opportunity for Age & Opportunity to engage with the care settings on an ongoing basis, with Age & Opportunity's training initiative Creative Exchanges or linking in with the Social Prescribing services within Age & Opportunity.

All care settings were highly appreciative of the programme and can now form a core group of care settings engaged with Age & Opportunity for future development of relationships around Bealtaine and other programmes.

CONSTRUCTIVE CRITICISM

It is almost impossible to get the care settings to offer constructive criticism – the main feedback is that they want it again and with more on-site time and more elapsed time. The getting-to-know-you process took a large portion of the elapsed time and the benefits were in full swing when it was time for the programme to end. Some settings are looking for ways to fund having the artist stay on at their setting.

Artists agreed broadly with the request for more time, more elapsed time and more days on-site. Again, the up-front investment of time meant that some artists were just getting into full stride when the residency was coming to an end.

LIMITATIONS ON THE RESEARCH

The research sought, insofar as possible, to engage with the participants themselves on their experience of the arts residency. Ideally this would have been done in person, but limitations on the budget meant that only one residency was visited in person by the independent researcher. In other situations we relied on the staff members asking the participants for their feedback. This created barriers in that the information was filtered through the lens of the staff member.

Those who did engage with the research were almost invariably those who were most invested in the programme. Others, for whom it was not a match to their needs, did not engage with research. From the feedback from the staff and artists we know that the programme did not suit all universally, but for those for whom it was a good match the results were overwhelmingly positive.

OVERALL RECOMMENDATIONS

This report recommends that the findings of this research be shared as much as possible to create ways in which delivery of the programme can be enhanced. Insights have been generated that point to how outcomes and impact are best delivered.

This report can also serve as material for the corporate memory of Age & Opportunity and for those who may be involved in preparing for such a programme in the future.

ACKNOWLEDGEMENTS

Thanks to all the participants and care settings and artists who engaged with the feedback process.

Thanks to the team at the Mercer Institute for Successful Aging on their input into the methodology, especially Matthew Gibb and Roisin Nevin.

Thanks to the project team at Age & Opportunity, including Tara Byrne and Bridget Deevy, and to Mary Harkin for her insights.

Thanks to Dr Katherine Algar-Skaife, Research Officer at Bangor University, who led the research on and wrote the report Creating Artists in Residents cARTrefu – Evaluation Report 2015 – 2017 which informed our methodology.

SOME STORIES FROM THE PROGRAMME

A LEGACY OF THE ARTIST IN RESIDENCE:

In one day care setting a participant with limited mobility discussed with the artist how they might facilitate his drawing from home, and how his home help could set up a table with his easel and drawing supplies. He has been learning to draw with his left hand because he suffered a stroke three years ago. The artist and care setting have sourced a table-top easel for him to facilitate this and have sent art supplies on his bus. There were many cases like this where artists have planned with family members and sent home materials to facilitate artmaking at home in cases where the older person is keen to continue their reawakened artistic practice.

When saying goodbye to a participant and his wife who the artist had engaged with closely throughout the residency, they exchanged contact details to stay in touch regarding his art practice. A mentorship and friendship had been created.

The wife of one of the participants came to the studio to meet the artist and to see her husband's drawings during the residency. The wife became emotional and a little overwhelmed upon seeing them. She said it would be great for him to connect with an artist as he is really creative and has made models in the past.

HOW THE ARTIST IN RESIDENCE WORKED:

Over the course of the Residency there has also been a change in the studio for workshop sessions. It is less formal here now, less like a lesson and more like a working group art studio where we work independently, play music, and drink teas and coffees. People who are regular participants make their own way down to the studio earlier than sessions are planned and stay longer too. This gives me less time for reflection on site but I'm very satisfied to have the room working like this with the older people drawing so enthusiastically and confidently. I hope this can continue when I have left, it's a great atmosphere for these participants.

On Monday, although A***** was tired – he told me he had had a seizure the day previously – he still wanted to come along and paint. He's a pleasure to watch as he works and I found myself needing to pick up a brush and paint myself because he made it look so haptic. He stayed at it for an hour which I was told was good going.

A staff member brought my attention to one of the day centre residents this week, saying he was unhappy there and asked me if I could do some art with him. We ended up having an impromptu mono-printing session for the morning which went really well. Afterwards, the participant told me he really enjoyed himself and went to dinner with a beautiful print he had just made. The staff came back to me delighted with how successful it was. They said they got really good feedback from him and he seemed much happier. The session was a really good example of the beautiful impact staff, residents, and an artist working together can make.

RELATIONSHIPS

One of the people, P*****, who I had been working closely with on 1-to-1 sessions passed away during the week. She was also very good friends with some of the other people I am working with and they were feeling very lonely after her. We did have a lovely reminiscence session where we used a linocut map of one of the local villages that we've been developing as a starting point and we ended up exchanging lovely stories about P***** and country life traditions. One of the participants told me all about the tradition of thrashing the corn and the celebratory dance and feast they had at the end of the season. These conversations and interactions seemed to have a very positive outcome, brightening up some of the residents' morning. I think this really showed how art can be or do something more than be a nice thing on the wall. Also staff recognised the close relationship I had built with P***** through our creative sessions and one member of staff said it was lovely that she got to have those moments in her last few weeks.

Some very moving conversations with the staff, residents and myself. A couple of people I've worked with one-to-one have openly told me how I've brought a massive difference to their lives in the home. It's getting emotional here – lots of connections and bonds with people. I see a good effect of working through arts, in some ways, with some people. It's not one size fits all, but very effective with some. I wish I could work longer with them and not suddenly be gone – a phasing out. I feel I'll be a big loss to a lot of the people.

A WAY FOR THE OLDER PEOPLE TO GIVE BACK

Over the course of the residency we've talked, printed, made books, talked and printed some more together. During that time this beautiful culture of giving has been evident throughout. After discussing different cultures and traditions of gift giving, we decided to create a gift line where some of the little books and objects made by residents could be hung and gifted to others as a thank-you for their participation in the project.

So for the last two group workshops we made little books out of the coloured and textured prints that participants had made over the last couple of weeks. I showed them ways of folding, cutting and sticking the pages together so that they opened into a flower or star shaped object that could be hung. This got an a really nice response from the participants and it was lovely to see the enjoyment people got out of seeing their beautiful colourful prints transformed into these 3D objects. This activity also worked really well as something to do in the social spaces because they could be made on your lap and had an instant result that everyone seemed to enjoy.

M*** and I also finished off her linocut map and printed a small edition of it. These were also folded into small little parcels that could be gifted to people, which got a huge response from staff, other residents and visitors. It's amazing to see how much meaning a small place can have for so many people. Everyone interacted with it and in return shared their stories and memories of the place.

LIFE CHANGING EXPERIENCES

This experience has had a massive impact on M***** (a chronically depressed patient who has not got out of bed for a long time). In one-to-one conversations with the artist he confided that he hated the colour of his room – a room he rarely left. The artist offered to paint the walls but this was not allowed. However the management arranged to have the work done using colours chosen by the resident and the artist. This resulted in a massive difference in his mood. He is now dressed and in a wheelchair, laughing and smiling.

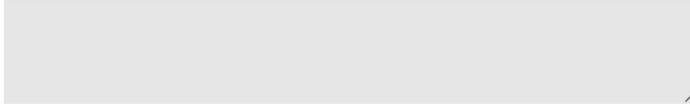
Massive difference in mood levels of some participants – relaxed calm, happy during sessions.

APPENDIX 1 – LIST OF ARTISTS WHO PARTICIPATED IN THE ARTISTS IN RESIDENCE IN A CARE SETTING 2019 /2020

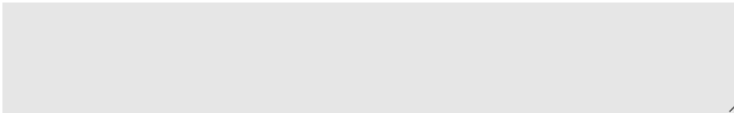
Aoife Barrett: printmaker and arts facilitator Aoife’s project involved using various printmaking methods as a way to connect and engage with residents and to open up conversations that could be translated into traditional prints or artists’ books. Throughout the residency she developed the mobility aspects of printmaking techniques to make it accessible for everyone.
Brian Cooney: photographer Brian’s residency introduced the participants to photography and portraiture and brought in other visual art mediums such as painting and collage.
John Conway: Visual Artist During John's residency, he connected with groups of participants over tea and biscuits. Together they recorded oral histories and life stories, shared anecdotes, sang songs, laughed and shed tears. These audio recordings will now be developed into a new work which will "give back" stories to participants and a wider audience.
Clíona Ní Laoi: Multimedia artist Clíona's project involved creating a multi-sensory room for the residents. Her project used interactive projections to create immersive visual collages. The sensory room provided residents with a safe space to relax and engage with elements of light, colour, nature, sound and smells. In turn this project fed into Cliona’s research about the therapeutic benefits of audiovisual installations in a dementia care setting.
Andy Parsons: Visual Artist Andy Parsons is interested in finding ways to bring art into everyday life. Andy’s project has explored the idea of the hand-made in a series of collaborative works that celebrate our heritage of craft skills.
Ciara Rodgers: Visual Artist and Arts Facilitator Ciara’s project involved engaging attendees of a day care centre in a drawing project based on historical architecture in their locality. The project sparked lively discussions among staff, attendees, members of the local community and the artist, asserting the importance of spoken histories.

Post-Programme - Mentor and Artists Questionnaire

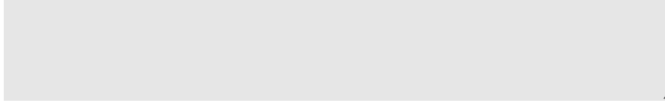
1. Would you take part in a similar project again?



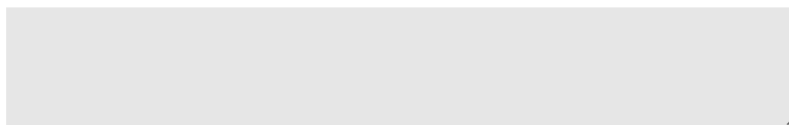
2. If you had previous experience do you think it prepared you for this project?



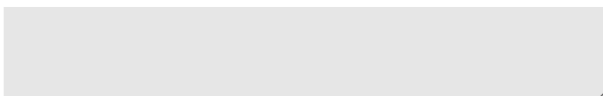
3. Is there anything you could have / wish you had done before the project to prepare?



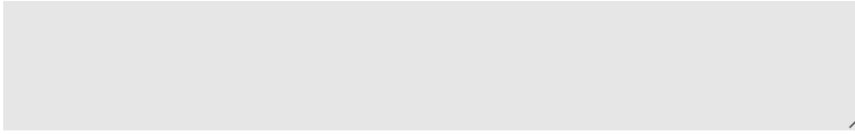
4. Did you learn anything from the mentoring process?



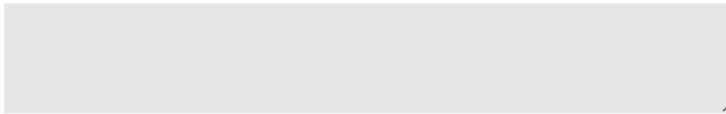
5. What level of support did you receive/provide during the mentoring process? Was it the right level of support?



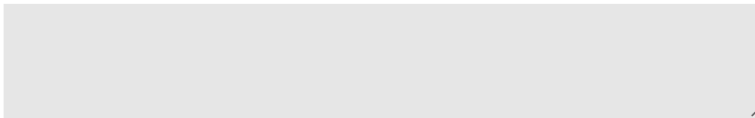
6. Were your hopes realised for the project?



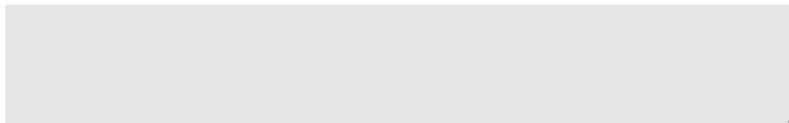
7. Did any of your concerns about the project come to light?



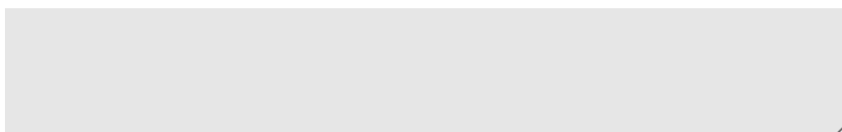
8. Did you notice an impact of the artist residencies on - The Care Setting?



9. On the residents and staff?



10. On yourself as an individual/artist?



11. Is there anything else you would like to add about the mentoring process or project in general?

12. The next section asks about working with people with Dementia - it is intended to be provocative but please answer as honestly as you can. Please give your opinion to each statement

	Strong Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
It is important to have a very strict routine when working with dementia sufferers.	☐	☐	☐	☐	☐
People with dementia are very much like children.	☐	☐	☐	☐	☐
There is no hope for people with dementia.	☐	☐	☐	☐	☐
People with dementia are unable to make decisions for themselves.	☐	☐	☐	☐	☐

13. Please give your opinion to each statement

	Strong Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
It is important for people with dementia to have stimulating and enjoyable activities to occupy their time.	☐	☐	☐	☐	☐
Dementia sufferers are sick and need to be looked after.	☐	☐	☐	☐	☐
It is important for people with dementia to be given as much choice as possible in their daily lives.	☐	☐	☐	☐	☐
Nothing can be done for people with dementia, except for keeping them clean and comfortable.	☐	☐	☐	☐	☐

14. Please give your opinion to each statement

	Strong Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
People with dementia are more likely to be contented when treated with understanding and reassurance.	☐	☐	☐	☐	☐
Once dementia develops in a person, it is inevitable that they will go down hill.	☐	☐	☐	☐	☐
People with dementia need to feel respected, just like anybody else.	☐	☐	☐	☐	☐
Good dementia care involves caring for a person's psychological needs as well as their	☐	☐	☐	☐	☐

15. Please give your opinion to each statement

	Strong Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
It is important not to become too attached to residents.	☐	☐	☐	☐	☐
It doesn't matter what you say to people with dementia because they forget anyway.	☐	☐	☐	☐	☐
People with dementia often have good reasons for behaving as they do.	☐	☐	☐	☐	☐
Spending time with people with dementia can be very enjoyable.	☐	☐	☐	☐	☐

DONE

WEEKLY THOUGHTS

Location:

Artist:

Date:

Description	#	Notes
Number of Workshops this week		
Participant attendances (total people through)		
Number of Participants (number of individuals you worked with)		
Number of staff involved this week		
Significant dialogues or contact between participants, staff or artists		

Outcomes Observed – (feedback from participants, observations from you or the care setting staff)

Impacts Observed – (feedback from participants, observations from you or the care setting staff about participants staff or care setting itself, you as an artist)

Any other thoughts or ideas

Where Outcomes are shorter term changes observed at individual level –
 Changed behaviour or beliefs - Access to the arts - Engagement - Enjoyment - Confidence - Expression of personhood

Where Impact is longer term at a broader level - At care setting - Culture around engagement with the arts
 Among community of artists – skills and confidence in this work
 At broader level – building support for this work



**Age &
Opportunity**

Artist in Residence in a Care Setting End of Residency Feedback

In order to learn from and improve our work, we would appreciate your feedback on the Artist in Residency in a Care Setting initiative run by Age & Opportunity. Please note that any statements you make will not be attributable to you (and are therefore anonymous) but may appear in a report about the initiative.

What is your connection to the project?

Have you noticed any impact of the art residency on:

The residents / attendees?

The care staff?

The care setting itself?

Please continue overleaf:

What three tips would you give someone planning an arts residency?

1.

2.

3.

Is there anything else you would like to add about the project in general?

Many thanks for your input

NOTE ON APPROACHES TO DEMENTIA QUESTIONNAIRE RESEARCH

The methodology included the 'Approaches to Dementia Questionnaire' to test for its viability for future use in wider research.² In this case we did not have capacity to get ethical approval in time to do this research with care setting staff. However, we asked the six artists to fill out the questionnaire pre and post programme as a test of the tool.

Staff at Age & Opportunity expressed some concern at the negativity implicit in this questionnaire, but accepted that the questions are deliberately designed to span a range of views and are thus intentionally provocative.

The findings are limited in their use as only six artists were involved overall and only five completed the Post Programme questionnaire as not all were in dementia care settings. This tool measures changes in both Hope for those with dementia and understanding of Recognition of Personhood. The findings do show greater progression in the artists' beliefs about the Personhood of those suffering from dementia, with no progression evident in the questions relating to Hope around dementia.

Within the questions relating to Recognition of Personhood there was an average change of 6.25% driven by changes in belief around those with dementia having good reason for behaving as they do, the importance of having stimulating and enjoyable activities, and having choice around their daily lives as well as a question about it being enjoyable to spend time with those with dementia.

Overall the questions relating to Hope showed little or no change. This was mainly driven by an increase in the belief that dementia sufferers need to have a very strict routine and that there is no hope for dementia sufferers. This may reflect the experiences of the artists in the care settings.

More information:

The Approaches to Dementia Questionnaire (ADQ) (Lintem *et al*, 2000) is 19 item questionnaire which asks participants to rate their degree of agreement on a 5-item Likert type scale with response options ranging from 'strongly agree' to 'strongly disagree'. Questionnaire items involve attitudes towards caring for people with dementia e.g. "It

² Under guidance from Age & Opportunity, the researcher took the recommendation for using the ADQ from Dr Katherine Algar-Skaife Research Officer at Bangor University, Wales, who led the research on and wrote the report *Creating Artists in Residents cARTrefu – Evaluation Report 2015 – 2017*. This informed our methodology.

doesn't matter what you say to people with dementia because they forget anyway" or "People with dementia need to feel respected, just like anybody else".

The questionnaire has two subscales measuring hopefulness about dementia and person-centred care approach, which both have good reliability (Cronbach's $\alpha = 0.76$ for hope and 0.85 for person-centred) and has been validated against caring interactions with hope scores being most predictive of modes of relating with clients (Lintem, 2001). The ADQ has been primarily evaluated among nurses and care staff working in dementia settings (e.g. Kada *et al*, 2009; Macdonald & Woods, 2005)

Kada, S., Nygaard, H. A., Mukesh, B. N , & Geitung, J. T. (2009). Staff attitudes towards institutionalised dementia residents. *Journal of Clinical Nursing*, 73(16), 2383-2392.

Lintem, T., Woods, B., & Phair, L. (2000). Before and after training: a case study of intervention. *Journal of Dementia Care*, 5(15-17).

Macdonald, A. J., & Woods, R. T. (2005). Attitudes to dementia and dementia care held by nursing staff in U.K. "non-EMI" care homes: what difference do they make? *International Psychogeriatrics*, 17(3), 383-391.

Hope	% Change
It is important to have a very strict routine when working with dementia sufferers.	-12.15%
There is no hope for people with dementia.	-5.07%
People with dementia are very much like children.	-3.17%
Once dementia develops in a person, it is inevitable that they will go down hill.	-2.94%
People with dementia are unable to make decisions for themselves.	-1.45%
Nothing can be done for people with dementia, except for keeping them clean and comfortable.	2.78%
It is important not to become too attached to residents.	2.78%
Dementia sufferers are sick and need to be looked after.	5.56%
People with dementia often have good reasons for behaving as they do.	12.70%
Average	-0.09%

Recognition of Personhood	% Change
It doesn't matter what you say to people with dementia because they forget anyway.	-0.69%
Good dementia care involves caring for a person's psychological needs as well as their physical needs.	0.00%
People with dementia need to feel respected, just like anybody else.	0.00%
People with dementia are more likely to be contented when treated with understanding and reassurance.	3.33%
It is important for people with dementia to have stimulating and enjoyable activities to occupy their time.	6.25%
People with dementia often have good reasons for behaving as they do.	12.70%
It is important for people with dementia to be given as much choice as possible in their daily lives.	13.19%
Spending time with people with dementia can be very enjoyable.	16.67%
Average	6.25%

Note – it should be noted for any future research that this survey should include three other questions relating to Recognition of Personhood that were omitted due to an administrative error.

1. It is important to respond to people with dementia with empathy and understanding.
2. There are lots of things that people with dementia can do.
3. People with dementia are just ordinary people who need special understanding to fulfill their needs.



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