

Evaluation of Care Hubs of Arts and Creative Excellence Initiative

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The evaluation team

This evaluation has been conducted by [Imogen Blood & Associates](#), working in partnership with [Practice Solutions](#).

Imogen Blood, Lorna Easterbrook and Mark Robinson have been working together to evaluate the £3 million national Celebrating Age programme funded by Arts Council England and the Baring Foundation for the past four years. They have also evaluated the UK-wide Digital Arts Creative Ageing programme funded by the Baring Foundation and the Social Tech Trust, and a recent programme of funding in England from the Department of Digital, Culture, Media and Sport to tackle loneliness through arts during the pandemic. Imogen and Lorna have spent many years in both research and practice in relation to older people's housing, care and support. Mark founded [Thinking Practice](#) in 2010, through which he writes, facilitates, coaches and advises across the cultural sector.

Imogen Blood & Associates also have a long-standing partnership with Practice Solutions, which works across the social care, health and voluntary sectors in Wales. **Lewis Gwyther** from Practice Solutions brings a wealth of experience from the arts, cultural and care sectors in Wales.

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1. Introduction

1.1. To the evaluation

1.1.1. Objectives for the evaluation

The focus of this evaluation is the 2021 Care Hubs of Arts and Creative Excellence ('Care Hubs') programme: an initiative by Age & Opportunity (A&O). We describe the Care Hubs programme in more detail in section 1.2.

Imogen Blood & Associates (IBA) in partnership with Practice Solutions were commissioned to undertake an evaluation to report on:

1. The *process* of implementing the Care Hubs of Arts Excellence (including its links to the bespoke Azure and Creative Exchanges, and the research which A&O has commissioned)
2. The *impact* of the initiative in the following areas:
 - Creating new knowledge of and best practice in the arts in care settings;
 - Creating further access to excellent arts for the residents and staff of the care settings;
 - Linking those care settings more closely to their surrounding communities (and vice versa);
 - The possibilities for the arts in care settings around Ireland during and post Covid-19, and
 - The development of regional hubs of arts excellence in care settings around Ireland.

This report is intended to:

- Inform the structure of future residencies and other related initiatives;
- Inform the wider arts and older people/health sector as it intersects with care settings;
- Inform arts and health policies;
- Support Age & Opportunity's funding reporting requirements.

1.1.2. Methods and activities

The evaluation was conducted between January and July 2021.

The evaluators talked with the artists, key A&O staff, older participants and family members (involved at one day care setting, and one community hospital), care staff (at three settings), and with Dr Bernard McDonald whose research report on the ARCS Initiative was completed in December 2020.

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As Covid restrictions affected physical access to the care settings as well as travel from the UK into Ireland, all interviews and discussions were carried out via Zoom/Teams or phone. Team meetings between the relevant staff at IBA, A&O and Practice Solutions were held online in January, February, April, and June 2021. IBA and Practice Solutions also held additional internal team discussions during this period.

The following table summarises the evaluation activities and when they took place.

March 2021	Topic guides for interviews developed and agreed Separate interviews with the artists in each of the three residencies: Liz Clark (music); Philippa Donnellan and Olwyn Lyons (dance); and Bernie O'Reilly and Maud Hendricks (theatre) Interview with Ciarán McKinney (Creative Exchanges/ Azure)
April 2021	Pro formas developed and sent to the 6 care settings
May 2021	Two completed pro formas received (Killybegs community hospital, and Castleisland day centre) Literature review and synthesis completed
June 2021	Interviews with staff to complete pro formas at 3 care settings (Raheen community hospital, St John's community hospital, Naas day centre) Interview with Dr Bernard McDonald Group discussion with all 5 artists
July 2021	Interviews with 3 older participants and 2 family members (representing 5 separate individuals, Naas day care) Interview with member of ward staff and an older resident (St John's) Interview with one LA Arts Officer (two more were invited and chased but did not respond within the timeframes) Research team synthesis session to reflect on key messages/ recommendations Draft Report submitted to A&O
August 2021	Further interview with another LA Arts Officer Meeting with A&O to discuss feedback on draft and recommendations Feedback sought from 11 x Azure graduates on their links to the hubs following their training; 4 responded Final report submitted to A&O

The pro forma, developed and sent to the six care settings, looked at the experience in each setting of the 2021 residencies (during Covid lockdowns) and of the previous 2019-2020 residencies, the majority of which had taken place in person.

We received completed forms from two of the six care settings before the serious and prolonged impact of the cyber-attack experienced by HSE from May 2021. This meant that care staff could no longer access their work emails (or other online records). We therefore arranged, with help from A&O, to speak by phone with care staff in a further three settings, offering times at weekends and early evenings to make it as easy as possible for care staff to fit these in. During the calls we discussed the pro forma questions: overall, we obtained data from five of the six settings. The sixth and final setting could not engage at all during this time because of significant ongoing work pressures.

After the residency had concluded, we interviewed three older female members at Naas day centre who had taken part (in this case, in the dance residency) as well as with two female family members (both speaking about different individuals, with whom we did not speak). We also talked to a ward staff member at St John's community hospital (theatre residency) about what they had observed in their older residents who had taken part, and with one of the older male residents there who remembered taking part.

We invited three local authority arts officers to take part in an interview. We initially only received a response from one but were later able to interview a second arts officer. We interviewed both officers, exploring with each the local context for arts strategy and community arts delivery. We sought their views on the future development of the hub model, and the role of Age & Opportunity in this.

1.1.3. Structure of this report

Section 1.2 introduces the ARCS programme, including its history and context within A&O's arts and wider programmes.

Sections 2 and 3 cover the evaluation findings in relation to the *process* of implementing the residencies, and their *impact* in relation to access to arts, and the development of knowledge and best practice in care settings:

- **Section 2** describes the purpose, structure, context and activities of the 2021 residencies. It includes case studies of two of the residencies.
- **Section 3** summarises the outputs, outcomes and reflections on implementation from the different perspectives of older people, their families, artists, and care settings.

In **Section 4**, we present the evaluation's findings on how the components of the hub worked together within the wider community and A&O programme.

In **Section 5**, we present the key recommendations of the stakeholders we engaged regarding future development of the hubs, and offer some recommendations and reflective questions to inform A&O's future planning and consideration of how it should seek to influence policy and practice across the wider older people's, health and arts sectors.

1.2. To the ARCS and wider programme

1.2.1. Context of the wider A&O programme

A&O's overarching aim is to inspire people aged 50+ to live a dynamic life where they are more active, more visible, more creative and more connected. A&O work with local communities and organisations across the country to run a range of programmes and activities in three key areas:

- Age & Opportunity Arts provides opportunities to engage more in arts and cultural events and initiatives.
 - Age & Opportunity Active is designed to get people more active and participating in recreational sport and physical activity.
 - Age & Opportunity Engage offers a range of workshops and learning initiatives for personal development as well as opportunities to play an active community role.
- The following timeline shows the development of A&O Arts over the past 35 years.

Research and Delivery Timeline: Older People and the Arts, Age & Opportunity



1.2.2 Programme strands and Care Hub components

The **Artist in Residence in a Care Setting (ARCS)** initiative creates opportunities for older people living in or attending care settings to engage creatively with an artist over the course of a number of months. It also creates an opportunity for the artist to develop their specific skills in relation to working in arts and health settings. The project is funded by Creative Ireland, with support from the Arts Council and the Health Service Executive (HSE). The 2021 residencies are described in further detail in section 2.

[Creative Exchanges](#) is an accredited training course run by A&O Engage for activities coordinators in care settings and people from an arts background with an interest in working with older people. It is delivered over seven days offering high-quality training that leads to a QQI Level 6 Component Award (6N3585). Participants develop the skills needed to plan and facilitate arts activities for older people in residential and day care settings. A version of the Creative Exchanges programme was held online in advance of the residencies to improve the skills of both artists and key staff from care settings. This bespoke version did not carry the accreditation.

The [Azure](#) project provides tours which are specially designed for people living with dementia and their families and/or carers, in order to improve their access to and enhance their experience of cultural initiatives in Ireland's galleries and museums. People attend as a group, sharing an experience, facilitated by the understanding and support of museum and gallery staff, who have received training from the programme. The growing Azure network currently includes around 15 cultural institutions across the country, along with The Alzheimer Society of Ireland.

The **2021 Care Hubs of Creative Excellence** programme consisted of:

- ARCS residencies in 6 care settings;
- Bespoke Azure and Creative Exchanges programmes targeted at the local areas surrounding these care settings; and
- [Research](#) commissioned to explore how the arts can be embedded in the culture of social care settings, specifically within the context of COVID-19, and more generally.

The **Bealtaine Festival** has been running since 1995, in order to bring together people from all over Ireland to foster and inspire creativity among older people and to promote the skills, experiences and exposure that can lead to a rich creative life for all older people. The 2021 festival ran throughout the month of May, celebrating the theme of In(ter)dependence, with diverse events being held both online and face-to-face. As a partnership festival Bealtaine works on two parallel and interdependent strands: a strategic programme, curated by Age & Opportunity's Arts team, aimed at addressing key strategic priorities for the Festival, and a locally devised and curated national programme made up of hundreds of events organised in each community by a wide variety of groups.

A&O is working to co-produce a **National Arts & Creativity Charter for Older People** with older people, artists and those working in the arts and care sector. The intention is to develop, agree and publish a set of standards, principles, values and practices to improve the consistency and excellence of Ireland's creative ageing sector.

A&O aims to ensure that its programmes and initiatives are informed and driven by best practice, as well as **research and evaluation**. As the timeline shows, a number of evaluations and studies have been commissioned to this end, including Research on the ARCS Initiative, from Dr Bernard McDonald, which was published in 2021.

In summary, this study found that the following dimensions of care settings currently impact on their ability to embed art practice:

- The different understandings and expectations of 'art' in care amongst diverse stakeholders;
- Organisational and practical issues, typically linked to issues of time and space; and,
- The impact of COVID-19 restrictions on art practice in care settings.

The report made practical recommendations for the implementation of the residencies, and highlighted A&O's strategic role in relation to this agenda at a national level.

2. The 2021 ARCS Residencies

2.1. Overview

The 2021 residencies were intended to run from January to May 2021. However, due to the additional time needed to set up and engage people whilst working remotely, and in the hope of being able to organise face-to-face performances or celebration events as lockdown restrictions eased, some artists extended their activities into early summer.

Artists were commissioned by A&O, following a limited competition call for applications in September 2020. Training was provided online during November 2020 to artists and care settings involved in the residencies through a bespoke version of the Creative Exchanges programme. Artists were provided with four mentoring sessions alongside the residency and offered the following additional supports:

1. Access to additional mentoring/support from Waterford Healing Arts Trust mentor (only one artist took this up but it was available to all);
2. An induction in working in health care settings;
3. Dementia Awareness training delivered by Alzheimer's Society of Ireland.

Artists were asked to complete a reflective journal and final report on the project.

In addition to its objectives for creative engagement and the development of the skills of artists, older people and care settings, A&O also hoped, by returning to the same 6 care settings as in the 2019 ARCS project:

“to create sustainable hubs of concentrated knowledge and skills, which champion creativity in their region. It is envisaged that this will also facilitate a deeper arts culture within care settings and ensure the feasibility of the initiative”.

A&O (2020) Artist in Residence in a Care Setting 2020/21: Artist Guidelines, p.2

Key features of the 2021 residencies included:

- The 2021 residencies involved the same care settings as the previous residencies but this time the care settings were twinned, with each pair of settings being involved in the same project with the same artist(s), tailored for their circumstances and participants.
- The artists were all new to the ARCS programme. In two out of the three projects, a pair of artists worked together across both settings. The third project was delivered by a solo artist.
- The residencies have been delivered remotely due to the ongoing COVID-19 pandemic, using video-conferencing, phone calls, letters and social media.
- Where previous residencies had focused on visual art forms, all three of this year's projects focused on sound and movement, with story-telling, dance, singing, improvisation and performance being the primary art-forms.

The six care settings are:

St. John's Community Hospital – Sligo/Connacht: a centre run by the Health Service Executive (HSE) which caters for 95 residents who require residential care, and 37 patients who require acute care in the rehabilitation Benbulbin Unit.

Castleisland Day Care Centre – Cork/Kerry: a purpose-built Day Care Centre which provides weekday services for groups of up to 25 people each day. Attendees are aged 65 plus, live in Castleisland and the surrounding areas, and typically have medium to high support needs.

Clonskeagh Community Nursing Unit – Dublin: a 90 bedded care home, with 81 long term care beds and 9 beds for respite/shared care, spread over four units called houses.

Naas Day Care Centre, Kildare – Leinster: provides care, social and medical support for 18-24 people each day, who are living in the surrounding area with chronic and degenerative illnesses.

Raheen Community Hospital, Clare – Munster: a 25 bedded residential area providing 24 hour in-patient nursing care and an attached Day Care Centre, situated in an idyllic, rural setting, three miles from Scarriff.

Killybegs Community Hospital, Donegal – Ulster: a purpose-built two-storey centre for up to 38 residents, including long stay accommodation for 10 residents, with a further 6 respite, 5 convalescent, 7 rehabilitation, 8 assessment and 2 palliative care beds.

The following table summarises ARCS 2021 delivery, process and outputs in each setting:

Artists	Care Settings	Artform/ concept	Process/ outputs	Participants
Maud Hendricks & Bernie O'Reilly	St John's Community Hospital, Sligo; Killybegs Community Hospital	Performance – improv, creative-story telling, poetry, clowning. 'Wonder' project in which two conversational 'WONDERbox' performances ('The Dance Hall' and 'Harbours') were co-created with patients from shared interests/histories	Gathered themes using postcards & phone conversations; Workshops (poetry, story-telling, improv); Video tours of settings; Performances in different parts of hospital; (Planned) face-to-face videoing of workshops; (Planned) sharing videos between settings	Sligo: 15 older people and 2 regular staff involved in 12 workshop sessions plus 2 theatre in person sessions held in July with 10 and 4 older people respectively Killybegs: 8 older people and 3 regular staff involved in 8 workshop sessions plus 1 theatre in person session held in July with 8 older people and 3 staff members

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Artists	Care Settings	Artform/ concept	Process/ outputs	Participants
Philippa Donnellan & Olwyn Lyons	Naas Day Care Centre; Clonskeagh Community Nursing Unit	'A life of work in story, song & dance' Dance as primary art form, with music/song, conversation and storytelling, and visual art form practices (drawing in 3 guest artists)	'Taster' Zoom dance sessions; Chat & storytelling sessions, prompted by objects, literature, images and with some movement to music; Weekly dance sessions (for older people and, separately, for combined staff from both settings); Participants collectively created <i>The Tall Tale of Tom Smith</i> – told through movement at a Celebration Event.	Naas: there were a total of 297 attendances by older people, 77 by family & 52 by staff at 24 sessions ¹ . Clonskeagh: there were a total of 38 attendances by older people & 34 by staff ² at 24 sessions plus 2 dance in person events held in July attended by 6 residents (8 attendances) and 4 staff members (5 attendances)
Liz Clark	Raheen Community Hospital; Castleisland Day Care Centre.	Song-writing/ singing In both settings, a song written using participants' words, ideas and wisdom, based on their homeplace/ experiences: "The Oldest Oak in Ireland" and "Old Friend's House"	At hospital, met via Zoom for weekly sessions; informal Zoom performance, with plans for outdoor performance, involving community choir. At day centre, individual phone calls/letters; Facebook live videos (to engage family/ community); group sessions on Viber, with video collage output of song for sharing on social media/ local radio	Raheen: 16 x sessions with average of 16 older people plus the final live event attended by 14 older people, 7 staff and 12 community choir members Castleisland: 14 participants involved in co-creation sessions (phone/ tablet) plus 4 consistent family members and an estimated 20 participating in Facebook Live events

¹ NB: Attendance and session figures include the celebration event, but not the staff training (which involved a further 20 attendances at 5 sessions).

² NB: Attendance and session figures do not include staff training – 9 attendances at 4 sessions.

2.2. Case studies

We explored and drew out in more detail some of the findings relating to one of each of the different care settings – a day centre, and a community hospital, each benefitting from different residencies. The case studies are informed by interviews with care staff, older participants, and family members.

In both settings, staff reflected how they had felt more involved in these online residencies. The flexibility of previous, in-person, residencies had enabled artists to visit at different times, but this had meant that staff members were not necessarily always able to be present. In contrast, the online sessions required set times and days.

Artists across all three residencies reflected appreciatively how the online sessions had required a much greater, consistent, involvement by staff members. This was crucial to support the content of the sessions, and in some instances, interpret and co-facilitate with the people in the room. It also helped navigate the technology and gather people together to come into the room or space where the screen and other technology needed was set up for the start time. Staff also consistently took part alongside older participants. This last pattern was particularly new for staff, some of whom were not usually able to be involved because their work takes place away from the activities.

The flexibility of the in-person residencies was not missing from the online sessions; rather, in the online residencies, artists had been flexible *within* their fixed timetables in terms of what they did and how they approached sessions and involved participants.

Repeated comments were also made on how the artists had drawn on - and drawn out - aspects of local history, people's own histories, and the local environment; treating all of this not just as resources but as ways to co-create.

2.2.1. The Day Centre – Naas

In 2021, Naas members took part online in the dance residency, delivered by two artists working together (from their respective, separate, homes). The previous residency (2019-2020) had been held by a solo visual artist, who worked in-person at the centre and developed audio recordings of people's oral histories and life stories.

The following table summarises the contrasts between the previous ARCS project and other arts activities pre-COVID, and the implementation of ARCS 2021 during COVID.

Day Centre case study	
Arts pre-Covid/ ARCS 2019	Arts during Covid/ ARCS 2020
When? Set times and days to fit into the day care routine	When? Fixed times so family could support at home
Where? A separate area that people could move into to take part	Where? Zoom: most (but not all) people adapted and made it work
Staff involvement Day Centre Manager very involved in oversight During sessions, staff needed to support those who did not participate in the arts session/ clear breakfasts	Staff involvement Manager (nurse) re-deployed in Covid; so junior overseeing Staff took control; liaised with artists; got closer to clients Staff able to be more involved in sessions; some took parts! 'A real sense of achievement'; 'very collaborative'
Feedback from artist to care setting Ad hoc feedback/ on the way out, as everyone in the same building	Feedback from artist to care setting Scheduled weekly Zoom catch-up/ de-brief with staff team: artists worked closely with care staff as a team
Other arts activities Full schedule of activities	Other arts activities During Covid, focus has been on 1-1 calls and dropping off food, etc – this became the only group activity

The staff member who completed our proforma from this setting highlighted the fact that the numbers of older people engaged in this residency grew from 7 at the start, and ended up at 19-20. For this report, we spoke with the artists, with a member of staff, with 3 older female attendees (aged in their 70s and 80s), and with two family members (each talking in turn about another older attendee) who had been present with their older relative during at least some of the live online sessions.

Feedback from older people and their families

There was high praise from everyone we spoke with for the artists, for staff (particularly the support given in accessing and using the technology), and for the content of the sessions. The older participants all shared with us the story they had developed with one of the artists, adding to the story each week (with movements to illustrate different parts of the story), and then performing the whole story online, together, in their final session:

"We had music to it, we copied Philippa, we made up this story and we did the actions to the story – the story was Tom Smith the tailor, he was a big tall man with red hair and glasses, he made men's suits, in his little shop, stitching away, there was a knock at the door and it was his long lost cousin from America and he said 'I'm here to collect the Sam McGuire coat' – and that was the end! The movements – we were stitching the arms to the music!"

Very good for the memory, to remember all the story as we were adding to it each week and remembering the moves – at the end we performed the whole lot in one go, we had a special day, and they sent down lovely cakes, and we had tea and cakes. It was lovely. Philippa and Olwyn were brilliant. We would look forward to the next week and meeting them again."

Another participant said:

"Really remember the one about the tailor, he was a tall man and had to practice sewing, we had to do all the movements, then years later, we had to practice cutting out the suit [miming along to the story], it was funny, and doing the measurements, fitting it on. We enjoyed this one the most, well I did."

And a third commented:

"The story about Tom Smith the tailor [she laughs], we gave him ginger hair – everybody added something to the story, who he sold the clothes to – there was a little bit of contradiction but at the end it was beautifully done, Philippa's partner is a writer and he put it all together. We'd like a copy of that!"

They, and the family members we spoke with, also talked about the value and enjoyment in copying the hand and arm ballet moves while seated. The positive effects of stretching and concentrating come through strongly:

"Exercises were really good for the upper body."

"... you're concentrating, you want to get the movements right, but you feel a bit – you feel more energetic and feel pains because you've stretched yourself and that's a good thing."

It was also enjoyed for the 'lift' it gave to people:

"... the movements, music and dance – even without realising it, it gives their soul a little lift that maybe they don't realise they are missing ... she could sit in her chair and do the hand movements, it gave her a little bit of light when there was very little light for anybody."

"I loved the Zoom thing, the exercise thing, the interaction ... the Zoom classes were fantastic. I loved the exercise to music, I loved the music and it flowed and you could do it sitting down, really good. Olwyn did ballet moves and everything about it was good, it was beautiful."

People remembered earlier dancing days. The relative of one attendee with dementia said:

"One particular Zoom they played some music she loved, and she got up and did a few steps of a waltz ... it's great to see those rekindling moments."

Dancing also made them laugh:

"There was one time, Olwyn was doing ballet moves, we're sitting but [we] get our hands up in [hand and arm] ballet moves, and one woman got up out of her seat and turned around doing a ballet dance! She's 78 and doing a pirouette, she was no good at it, but she was really fast, and everyone was laughing. We had a great laugh at it."

They also talked about the importance to them of the arts:

“We look forward to continuing and to seeing what we might create, make and imagine together again in the future.”

“It [the Zoom sessions] created a bond that probably only the arts can actually do – created that connection with people, everyone who took part – staff, Philippa and Olwyn, the older people.”

- and of the artists selected to work with them:

“We get used to the artists, they’re all nice people, but we don’t get a say.”

They also have ideas - and wishes – about what they might like creatively to explore next:

“One thing I’ve always wanted to do ... to paint, to do painting of pictures, still life, scenery from outside, trees and flowers.”

The set times and days for the online sessions meant they met, online, new people: these were other older people they might not see at the day centre because they would normally attend on different days to each other. In addition, two people who live in McAuley Place³ and usually attend Naas were joined, for the online sessions in their communal lounge area, by three other McAuley Place residents who do not go to Naas day centre. The online nature of the residency therefore succeeded in engaging a wider audience, rippling out from the care setting.

Everyone spoke about how having the tablets and wi-fi and becoming more used to using Zoom had opened up other possibilities. We were given several examples:

“They supplied me with a tablet and now I can look up things and watch films. [It’s only because of] Philippa and Olwyn, only through that. I love certain TV series from the past, like Heartbeat. Can ring my family and see them on it too.”

“...while the ladies were doing their residency in the first lockdown last March, the centre had a lovely lady who used to come and do chair Zumba and she kept it going for maybe 3 months online and my mother did that online. And she has 2 sisters in USA, one in California and one in Colorado, they don’t get to see each other but Zoom has allowed her to have a whole new relationship with them – suddenly – we’ve set up different Zoom meetings with the 5 sisters in her family ... I watch her now if we have a Zoom with anyone, she’s very comfortable with it, she speaks as if they’re in the kitchen.”

³ A purpose-built housing unit in Naas, offering 53 x 1-bed rented independent living apartments for older people, alongside a communal lounge, gardens, and other facilities

“Online was new to her. She thought she was in the day centre when we were doing the Zoom sessions, [it was] a new lease of life. We depend on YouTube a lot [now], some music she watches – Daniel O’Donnell, and any country & western music. We have different carers to come in the evening, and the rosary on YouTube – Dana has a special thing on it with a rosary, and she [Dana] sings in between, and even though she might have her eyes closed she responds to it all.”

There were other things gained from the online sessions during lockdown. Family members said:

“Normally I’m in work! It so happened because it was a Friday afternoon, I was able to be with mum for most of the Friday afternoons ... it gave me a window into that part of her world.”

Some who’d taken part continued sharing their experiences:

“We’ve talked about how much we enjoyed it.”

Several people reflected on their ideal combination of having some online sessions alongside attending the day centre in person. This hope for a future involving blended, or mixed, sessions was also shared in the community hospital setting.

Feedback from care staff and managers

The Day Centre Manager highlighted the increased role which the centre’s staff team had taken during this residency, compared to previous residencies. This was born out of both the urgent need to set up technology so that individuals could participate from their own homes and the opportunity for staff to join the online sessions and enjoy the additional contact with older people. (Many would have been carrying out a range of other tasks in a separate room during previous, pre-Covid residencies.) Good team working with the artists enabled this to happen:

“Olwyn and Philippa were part of the team with our staff, very close – a good close working, they had a zoom every week to see how last week went – and to debrief”.

Everyone was involved in iterating and collaborating to make things work. This resulted in a ‘real sense of achievement’ and a high level of staff engagement in the residency.

2.2.2. Community hospital (nursing home) setting – Raheen

The 2021 online residency was music, delivered by a solo artist. The previous residency, in 2019-2020 had been in-person by a printmaker and arts facilitator, who had used different printmaking methods as a way to open up conversations with residents that could then be translated into traditional prints or artists’ books.

Again, the following table summarises the contrasts between the previous ARCS project and other arts activities pre-COVID, and the implementation of ARCS 2021 during COVID.

Community hospital case study	
Arts pre-Covid/ ARCS 2019	Arts during Covid/ ARCS 2020
When? Ad hoc and flexible mix of 1-1s and groups	When? 1 hour session every Monday: everyone knows it will happen then
Where? Art room in next-door day centre In patients' rooms/ corridors & ad hoc spaces	Where? Large (empty due to Covid) day centre room with space to distance and a large TV for Zoom link to facilitator
Staff involvement Often not present as ad hoc or off duty	Staff involvement Same staff member attends session each week New to the tech but 'now I know loads!'
Feedback from artist to care setting Used to say how they'd got on – e.g. that people enjoyed it, but not much detail	Feedback from artist to care setting Much more involved all the way through: 'I love seeing them! They sing along, clap and tap their feet'
Other arts activities More input from others coming in (including intergenerational activities)	Other arts activities Craft, baking, trips out to lake in day care bus, Azure-style session, discussing artwork on large screen It's been hard doing it all ourselves – time, skills, idea

For this report, we spoke with the artist, with a member of staff, and with the local authority arts officer for this area. We also gathered significant feedback by email and received a number of reports from the person who delivers Azure sessions in this setting. There was high praise for the artist and for these online sessions, which focused on co-creating a new song, *The Oldest Oak in Ireland*. This drew on local history as well as the place itself, and was inspired by a tree close to the hospital's grounds that is known as 'Brian Boru's Oak Tree':

"I hope we can have Liz back again – she was just brilliant, and it just made their week. She was so interested in them [the older participants] and her enthusiasm was brilliant. She is 3.5 hours away from us, but we could still do it on Zoom and maybe invite her in once or twice. As we were going through, she was asking questions, mainly talking to the residents – because she hadn't been here - they were telling her we have lakes and trees, etcetera."

Taking part had drawn out patients socially:

"... one man was really quiet and only answers yes and no, and he sang – he kept saying he didn't sing, and now he's singing. Also we've been doing poetry in the sessions – as well as the singing; and outside the sessions, they're learning songs for her, so they have something different to share when they go up."

Another resident had decided to learn new songs to play on his guitar at the sessions; each time he had learned a song he would ask the staff member to print off new music so he could learn another.

The hospital's Arts Activity Coordinator explained:

"We're just in the process of getting people outside to sing the song, involving other people in the community – and then we hope to put it on a CD and have a launch so people can buy it and we can feed the money back into future activities."

As in the Naas Day Centre, staff here also reported being and feeling much more involved in this residency than in previous ones – partly as a result of their need to act as intermediaries, but also because the online sessions had taken place at set times, on set days and in set places:

"I've been involved all the way through, really enjoyed doing it, I'm at work every Monday so I'm always here when the sessions are happening."

An online version of the Azure programme was also delivered via Zoom alongside the music residency. This was delivered by a staff member who is ordinarily the arts activity worker in the day centre within Raheen. This was attended by three residents and the same member of staff involved with the music residency sessions:

"Nicola puts up a painting on the screen and asks what they can see – colours, interpretation – for an hour, and the hour goes so fast. Two paintings each session, and we've looked at 16 paintings so far... the Azure programme is going really well and I've learned a lot about paintings – we did go to a gallery with Nicola before lockdown, and Nicola knows the residents so she knows how to engage them, and they always have lots to say."

3. Outputs, outcomes and implementation learning for different stakeholders

3.1. Older people

3.1.1. Outputs

- 91 older people from 6 care settings involved in high quality arts activities
- A total of around 850 session attendances by older people at a total of over 100 sessions⁴;
- Additional 'in person'/live events held involving a total of 42 older people across 6 different sessions;
- Older people have worked with artists to produce a number of artistic outputs:
 - 2 songs;
 - At least 5 live performances;
 - At least 2 video performance outputs

3.1.2. Outcomes

The following outcomes for participants were identified by the older people we interviewed and their family and paid carers:

- Rekindling memories;
"One particular Zoom they played some music [my mother, living with dementia] loved, and she got up and did a few steps of a waltz, it was old time waltz music. Something she can identify with..... it brings her back to her as a person, she was always a social person".
- Restoring and growing new artistic skills; the power of music in particular was a theme.
"I used to be into the arts, but I got out of it"
- Improving cognition and memory;
"Very good for the memory, to remember all the story as we were adding to it each week and remembering the moves"
- Physical exercise;
"The exercises were really good for the upper body – you'd be stiff the next day though!"
- Fun and social bonding: creating something together;
"The value in what my mother - and I know from looking at the screens - all the participants got out of that residency can't be quantified... It created a bond that probably only the arts can actually do – created that connection with people, everyone who took part – staff, [the artists], the older people...A real group of pals together."

⁴ NB: these figures are estimated, since some artists recorded and presented figures differently in their final reports, some showing attendances and some participants. We have done our best to amalgamate them to give a sense of the scale of the project as a whole.

- Challenging their own and others' stereotypes of ageing and older people
"There's singing and we don't just sit around like old people!"

"I got this sense for the first time to see older people really represented, to see this video on social media and people to see the song that the older people wrote, really led by them, and I liked the idea of this cross-community kind of thing. It was extremely empowering" (artist).

- Learning how to use/ becoming comfortable with technology, including: video-conferencing, videoing, social media, use of tablets, etc.
- Through this increased use of technology, people have been able to increase their social contact with family and friends during lockdown.

"They supplied me with a tablet and now I can look up things, and watch films. [The sessions with the artists], only through that. I love certain series, like Heartbeat. Can ring my family and see them on it too".

3.1.3. Reflections on implementation

- People valued the celebration events, the chance to take part in a performance
"It was really good being a performer."
- People wanted to see final outputs and receive copies of stories, songs, videos – some had not had this opportunity
- Day centre attendees welcomed a 'blended' future:
"In the future going to the centre and having some online sessions too would be great".
- People were keen to do more
"We look forward to continuing and to seeing what we might create, make and imagine together again in the future."
- However, some wanted more say in what they did in future.

3.2. Older people's families

3.2.1. Outputs

- A total of 77 attendances at creative workshops and sessions with family members
- Opportunity to attend face-to-face performances/ celebration events/ 3 Facebook Live performances and/or to watch video outputs from the sessions

3.2.2. Outcomes

- Some respite benefits were reported by families of day centre attendees despite the fact that the sessions had to be joined remotely, meaning a full break from caring was not possible). This was because the sessions provided a virtual change of scenery, and one in which the family member could also relax and participate.

"I really enjoyed it too, it was really pleasant, the whole set up – it was a different environment, a time out for me as well, and it rekindles in your head what you can do".

- Families were happy to see the positive benefits (listed above) for their relative; some explained that had seen their loved one in a different light, and they had taken personal photos or videos of their relative dancing, singing, chatting, smiling, using Zoom, etc and shared these with other family members.

"...a mix of me hearing old stories from her and new, ones we'd not heard...Really lovely to hear and will take those with me".

3.2.3. Reflections on implementation

- Hearing the sessions on Zoom was challenging for some older participants.
- The power of interactive story-telling, music and objects to trigger memories for this age group in particular:

"at one time the centre sent out something to make cards at home, but she wouldn't engage at all with that, but the music, the poems, and the exercise were all great for her."

- It was helpful to have a named contact at the day centre who could help with any technical issues.
- If the sessions had been held face-to-face outside of lockdown, it is unlikely that family members would have attended these (especially in day care settings).

3.3. Artists

3.3.1. Outputs

- 60 days' work, paid at what artists felt was a fair rate.
- Received Creative Exchanges learning and development programme, including training in working with people living with dementia which was particularly valued.
- Four 1-1 sessions to support personal and professional development from highly experienced mentor.
- Co-created artistic outputs and/or tested formats for online creative engagement.

“I never know what the measure is for a feeling of co-creation, and the moments where a poem was developed in process, or word interplay came out of it, was a 2-way feed”.

3.3.2. Outcomes

- Increased awareness and learning regarding the delivery and value of different artforms in care settings, remote: music/ sound and story-telling all worked well remotely and were found to be particularly powerful for the older participants.
- Increased technical skills and knowledge in how to use video-conferencing and recording software in this context, both to create an inclusive process and outputs.
- Building new relationships – with other artists, care settings, older people - and proving this is possible, though challenging, given the lack of face-to-face contact.
- Opportunities for artistic exploration – producing and testing ‘products’, models and ways of working in a virtual/ blended world: sound, place and space emerged as key themes.
- Some positive engagements with wider communities, which can be further developed, e.g. links established with a local community choir in order to perform the song that was written.

3.3.3. Reflections on implementation

- Access to technology at care settings has been a challenge, this has included: limitations of hardware, wi-fi, staff knowledge and skills, combined with the impact of a cyber-attack⁵ in the latter stages of the residencies.
- Artists faced a steep learning curve working out (in conjunction with the care settings), not only which technology to use and how to use it, but also how to develop their creative practice within this radically different form of delivery. They felt there was a missed opportunity to explore this in the Creative Exchanges sessions, and also felt they could have benefitted from ongoing technical support and advice as part of the programme.
- Finding the right space – or being able to move to explore different spaces - was an issue in some care settings.

Practice example

One pair of artists - in both settings - asked the key member of staff to ‘take them round’ on a live video tour so they could see the space - the garden space, the windows, the ceiling height, the chairs against the wall. They asked questions: who does what here? Where are the favourite spaces? Where do people wait? What are they waiting for? This enabled them to use the space more effectively, and creatively, during the residency, with sessions and performances taking place in spaces that had different functions and meanings to residents.

⁵ NB: On 14 May 2021, the HSE suffered a major ransomware cyberattack that caused all of its IT systems nationwide to be shut down

- Working from home also presented challenges for artists – in relation to space (e.g. having to deliver and demonstrate dance from a small flat; worrying about whether it was sufficiently professional to be appearing in your home settings; and having to juggle delivery with home schooling). The option to hire studio space would have been welcomed by some.
- Artists emphasised the value of virtual sharing – sharing stories, all wearing an Easter bonnet, singing together, sharing video and images, etc. - for creating a ‘sense of togetherness’.

Practice example

In one (day care) setting, care staff delivered the same chocolate biscuits to each of the participating older people; artists also made sure they had the matching type of biscuit. This meant that everyone in the session was able to join in the experience of a shared plate of biscuits, despite joining online from their own homes.

Despite these examples in which a sense of connection was successfully promoted, physical proximity and touch were missed, particularly when engaging those living with more advanced dementia.

- Care staff time, commitment and skills were essential to remote delivery. Artists felt it was important to be clear with care settings about what is needed from them, and to strike a balance between being quite assertive about this. At the same time, they recognised the huge pressure they have been under, especially during the pandemic. Artists reflected that care staff not only needed to set up technology, and bring people together, they also needed to witness, share and participate in the sessions for the full value of the process and its outputs to be realised, and that this was not always possible. Artists wished they had been able to undertake more planning workshops with care settings at the outset, perhaps as part of the Creative Exchanges sessions.

Practice example

One pair of artists had been able to set up a regular weekly debrief with staff in both of their care settings, and felt this “*really helps with the connections, you don’t have to ring them, chase them up*”. Other artists felt this should be shared as good practice for future residencies.

- All the artists reported that they had gained considerable value from reflective learning and practice: working in pairs, the sessions with the mentor, having the opportunity to reflect in a group as part of the evaluation. They felt that they would have benefitted from opportunities to come together as a group and share peer learning and support at an earlier stage of the residency.
- All the artists said they particularly valued the dementia training delivered by The Alzheimer Society of Ireland which they received as part of the programme at outset.

But they also reported that not all of the care settings engaged in the Creative Exchanges sessions **delivered by Age and Opportunity** in advance of the residencies.

- Artists needed to be extremely flexible: sometimes sessions had to be postponed because of crises and short-falls of care staff availability to facilitate; artists particularly valued working as pairs when trying to fit postponed sessions into diaries. At one setting, an outbreak of COVID-19 meant that there were no sessions for several weeks.
- Things end rather abruptly online: one artist was planning to send letters to participants following the celebration event, as she felt there was a need for further follow-up and 'goodbyes' once the time-limited video-conference came to an end.
- There were a number of examples of the artists going on to include older residency participants in mainstream online dance classes or livestream performances they were delivering after or outside of the residency. Some described how they had 'made them part of our map', and how this had been enabled by online delivery during lockdown.
- Some artists had succeeded in making some connections and inroads with members of the wider community, and all felt there was great potential here for future residencies. However, it was generally felt that this had not been utilised as fully as it might due to the challenges and constraints of these remote residencies.

Practice example

One artist did Facebook Live videos from the care setting's Facebook page to engage family members and interested community members in the residency. Feedback and interest was received from many people through comments and direct messages on the page.

- There were opportunities to link to place both in real life and online, and through a blended approach. These included a song written about the old oak tree next to one of the care settings and a 'WonderBox' performance about 'Harbours' in another, where the activity room looked out onto the harbour.

Practice example

One older man talked in the interactive sessions about how he used to live in Dublin; the artists – who live in that part of the city – were able to go out and film themselves on location in that place and share the film with him.

- In the artists' focus group, there was a discussion about the potential for art to facilitate and disrupt the way care settings are viewed, used and experienced:

*"the [care setting] buildings are separate from the community, built on the edge of town, and there needs to be a radical change, a political change so they're not just spaces to wait, they are spaces to **create** until you die. That's where art can really facilitate this."*

3.4. Care staff and settings

3.4.1. Outputs

- Free access to regular residency sessions by a professional artist(s) over 3-4 months
- Access to Creative Exchanges and Azure training programmes (though we understand that not all care settings were able to capitalise on this resource⁶)
- Artistic outputs and social events, e.g. songs, videos, performances, celebration events, Facebook Live and other social media presence.

3.4.2. Outcomes

The impact of the 2021 residencies for care settings needs to be understood in the context of the lockdown. Institutional settings told us how difficult it was for residents, staff and the whole community for visits from family members, younger people (e.g. via schools and other intergenerational projects), therapists/ other external activity providers. This put a lot of pressure on staff to provide emotional support and alternative activities:

“Not having visitors has been so hard – families are crying outside and the residents are crying inside and we [staff] get upset too.”

- Staff explained how they and residents benefitted from the skills and ideas of artists. For example, one care worker explained how a simple suggestion from artists had opened up further socialisation between residents:

“We had the chairs arranged face to face as Bernie and Maud had told us to do and that meant the conversation continued afterwards – usually we have a big circle so at the end we get up and go, and that probably stops the conversation continuing.”

- As highlighted above, the remote delivery of the creative sessions, necessitated care staff to become more much involved in the residencies.

“Before Covid we’ve had artists come in to do little projects, but we weren’t really involved with that.....”

Whilst this had resource implications for care settings, it also brought a number of benefits, including:

- Seeing residents in a different light, opening up increased possibilities for strengths-based practice.

“It gives us a new idea of the talent our residents have and that motivates us to do more. Enjoy seeing them happy.”

⁶ For example, Liz Clark’s project report highlighted that Raheen hospital had no representatives on the training programme and Castleisland had one representative who did not go on to play any role in the residency: she wondered if the 6-week commitment was too much, or whether the importance/ benefits of this had not been effectively communicated to care settings.

- Workers' own artistic skills were recognised, developed and utilised.

"Some staff are artistic and it gives those staff the chance to bring that to the table, and greater quality of life and care to the residents – it's win: win for us."

- Forced staff to improve their technical skills

"Someone else at the hospital set [Zoom] up for me, I was very new to it – new to tech.....now feel like I know loads!"

- Increased confidence and leadership for care staff, as a result of having to problem solve, liaise with the artists, organise and engage in creative sessions

"Staff showed initiative and leadership, for the staff to lead on it and let their ideas shine through."

- Changing culture and practice: several interviewees described the benefits of a creativity for staff, older people and, potentially, the wider organisational culture

"The [artists] open things up, we're so task orientated, but they bring such a different dynamic, we need a multi-disciplinary team to make things at the day centre good, we need the artists.... Brings the joy into work."

"To get everyone's creative minds awoken was really good and welcome."

3.4.3. Reflections on implementation

- Even though the success of remote engagement surpassed stakeholders' expectations, there were limitations, especially for those with advanced dementia:
 - One worker felt phone calls between artists and care home residents were challenging for the older person, the care staff and the artist. Some residents found the calls too long, with too many questions that they struggled to answer; staff were not always available to act as an intermediary.
 - Although some people living with dementia were able to adapt to video-conferencing very well; others struggled with seeing people on a little screen, especially in longer conversations or where the screen was split, with more than one person appearing on it.
- Drama, dance, and music work well online; the previous (visual arts) residencies might have been more difficult to deliver online.
- Whilst the impact of the programme on culture and practice was welcomed by the highly engaged individuals we interviewed, they recognised that this requires a significant commitment of time, and a lot of support for everyone

"it is extra work, it can be exhausting..... it's change management."

"I would like to see staff more involved and I am sure they would be interested, but it is very busy here."

4. Implications for the hub model

A&O staff explained to us that their intention for the *Care Hubs* is to create a repository of information and experience, alongside a network of stakeholders, so as to sustain arts in care activity at a local level.

In order to explore the extent to which this has happened during 2021, we present in this section, the evidence, learning, and views of stakeholders on:

- The impact of the different components of the hub model on each other; and
- The links between the care hubs and their wider local communities; and

we focus in particular on the impact of Covid on the hub model and the learning that has arisen from this that might be applied post-pandemic.

4.1. Impact of the different components of the hub model on each other

4.1.1. Impact of the research on the development and implementation of the hubs

We did not find any examples of the previously commissioned research directly impacting on the process of this year's residencies.

In the care settings, two interviewees told us that they (or an older person, or a colleague) had *contributed* to the research. However, none said they had read the research report or seemed to have a sense that the report was intended to influence the implementation of the next set of residencies. A&O confirmed that they had sent copies of the report to all the care settings, and recognised that it was perhaps too much to expect that staff would have the time to read it given the circumstances.

Some artists commented on the research in their individual interviews. One group felt the research-led approach was new to them and they had some reservations as they were used to practice responding organically to relationships with people and environments, rather than being 'evidence-led'. There was also a comment – though this seemed to focus more on the toolkit than the research report - that the report could have included more innovative examples of arts practice with people living with dementia.

Staff at Age & Opportunity, however, reported a *strategic* impact from the research. One worker felt that the report had stimulated their thinking about how and why the residencies might be delivered, including during Covid. Another felt that the report should inform A&O's whole programme, not just the arts work. For example, in sports as well as arts programmes, it was important to reflect on the very different expectations and understandings of older people, families and different delivery partners.

4.1.2. Synergy between Creative Exchanges, Azure and the Residencies

The artists shared their reflections on the bespoke Creative Exchanges courses which they had attended prior to the residencies. They all felt that the courses had been very well-delivered, had provided a positive way for care staff and artists to get to meet each other

(albeit online); and all had found the practical dementia training delivered by The Alzheimer Society of Ireland particularly useful. However, they also felt there had been some missed opportunities to lay the foundations for 2021's residencies, and highlighted some areas for future development:

- There was a lack of practical information about the care settings.
- It would have been good to cover technical issues and sources of support, or – given that online arts practice with this age group is an emerging area - at least to have had the opportunity to start sharing ideas and begin planning approaches during the training period. This feedback was also given by Azure graduates.
- The artists would have valued more facilitated opportunities to meet together during the Creative Exchanges training session and/or in the early stages of planning and implementing how to adapt their practice for the virtual residencies⁷. They did have a WhatsApp group; but – as they explained in our online group discussion with them, 'everyone was very context-specific', and the relationships had not been sufficiently developed in the early stages for this to be fully used.
- In some settings, care staff did not attend the course, or attended but were not then involved in the residency. In their final report, one artist reported *"a disconnect in the Creative Exchanges training session and my particular healthcare settings"*.
- Where care staff did attend, the artists did not feel they necessarily received the right understanding of what the residencies would contain, since the focus was on trying a range of arts activities.

"I would definitely use a blended approach in the future, and this should be part of next year's Creative Exchanges". [Artist, ARCS]

"I think it would be really helpful to address practical considerations [in relation to tech set-up for online delivery] in the [Azure] training" [Worker from care setting, Azure]

Both of the local authority arts officers interviewed were aware of A&O's commissioned research in this area, and felt it was good to know where to go to find relevant research. For example, one commented that, although they had not read the recent research, they would consult it when writing their next strategy, as it was generally 'useful for identifying trends and language'. The other reflected that no one else is commissioning or doing the sort of research that A&O is commissioning and that they are gradually coming to be seen as 'experts in the field'. In terms of the research's impact on national policy, it was felt to be too early to say:

"...what comes out is useful but not sure it has impact on national level yet" [LA Arts Officer]

Three Azure graduates responded to our email query and updated us on their progress in implementing the training they had received. All had been able to deliver Azure in various care settings in their local areas, both remotely and face-to-face, and two had been

⁷ A&O explained that artists were brought together for a general online induction in December, then later on for 'check-in meetings' in March and May.

successful in securing Creative Ireland funding to develop this area of work. However, apart from one graduate, who was *already* employed within the day centre linked to one of the community hospitals involved in the ARCS initiative, this work had not been delivered in the care settings involved in the residencies.

The Arts Facilitator and Coordinator at Raheen Day Care Centre told us she had completed Creative Exchanges a few years ago and had also undertaken the online Azure training last year. This enabled her to run a 12-week pilot project with residents living with dementia at Raheen Residential Nursing Home. From this successful pilot, she was appointed Coordinator of a new initiative **Visual Voices**, funded by Creative Ireland through the County Arts Office for a 9-month period. The aim of Visual Voices is to bring online gallery talks to older people county-wide generally and also specifically to those living with dementia in residential and non-residential settings in Clare County.

Both of the local authority Arts Officers interviewed had regular involvement with the Azure programme and its graduates. One explained that Azure had given them the opportunity to be more ‘strategic’ in the arts work in care settings, and that the Azure training had raised expectations around the delivery of projects, which had in turn helped to secure Creative Ireland funding to develop the programme locally.

4.1.3. Links between the hubs and the wider A&O programme

The Bealtaine festival was mentioned by LA Arts Officers and by artists, and its high profile and excellent reputation within the sector is evident:

“what’s brilliant is the Bealtaine festival – it’s celebrating and inviting people from nursing homes to participate, and it’s about raising the status of the work that’s being done. You raise the status and suddenly others want to explore it.” [Artist participating in the ARCS]

However, there was a marked difference in the links with the festival reported by the two local authority arts officers. One explained that their activity always culminates in May with the festival whilst the other reported that the festival is led by the libraries and, is not a priority for the arts team in their authority, given their more limited resources: instead, they link in where this fits with their current work.

Despite the high profile of the festival amongst stakeholders, we did not identify any direct links between this year’s residencies and the festival. This seems to have been because of the timing of the residencies, which were extended due to the long lead-in time and delays resulting from remote working and outbreaks of COVID in some of the care settings. Most of the residencies were still running in May; some continued further into the summer.

4.2. Links between hubs and wider communities

One of the artists, who is working in both a day care and a community hospital setting felt that the connections into the wider community sparked quite naturally within the day care

setting, where staff members' partners and family members who – for example - played an instrument or sang in a community choir were quickly identified and engaged. This was felt to be more difficult in the institutional setting:

“Certainly in this part of Ireland, the community hospitals are always pushed a little bit up the hill, and they are not totally integrated into the community....there tend to be more institutionalised ways of thinking.”

The artists felt that arts had a significant contribution to make to place-making, forging inter-generational boundaries and removing some of these barriers.

In this remotely conducted residency, it had often been difficult for artists to build relationships with care staff and older people. It had taken hard work on all sides. Artists felt, though, that there was considerable scope to build closer connections with the wider community in future. Where they had sought to engage members of the wider community for interviews or to gather materials, they found people were happy to take part.

The artists cited examples of other interesting models elsewhere, for example:

- [The Penelope Project, by Time Slips, USA](#), in which those who live and work at a care setting develop a (promenade) performance which others come to view;
- [The Bed project, by Entelechy Arts, London](#), in which people attending day care develop a performance and take it out into their communities.

Although Covid intensified some of the challenges of engaging the wider community, it also opened new opportunities. Social media enabled some of these links to be built remotely, with Facebook live or [YouTube](#) being used to ‘take the performance out’ to the wider community. There were also examples of older residency participants becoming part of artists’ mainstream online communities which are not geographically-bound. One artist explained that the care settings are now ‘part of our map’ when it comes to sending out invitations to livestream performances and events. Another explained that some of the older people from one of the residencies had joined her (mainstream) online dance classes. At the time of their final report, the artists running the drama residencies were hoping to create a video performance face-to-face which they could then share between the two care settings.

4.2.1. Links to local authority arts activity

Of the two local authority arts officers we interviewed, one was not hugely aware of the local residencies despite closer links to the Azure programme. The other was more closely involved, with Azure the ‘glue’ connecting them to the activity. One explained that almost all of the artists commissioned by the local authority have done either the Creative Exchanges or the Azure training. This resource was clearly highly valued and had helped to raise standards and lever in additional funding – it acted as ‘a catalyst’. In that authority, the officer reported signs of a longer-term ripple effect, with increased awareness from care organisations and staff of arts practice and evidence of people *“doing this work themselves, and with increased confidence.”* Many artists are reported to be working in this area at a low level and/or in a voluntary capacity within care settings. However, the artists and care staff involved in ARCS did not mention active links with local authority arts officers during the residencies.

5. Recommendations for Age & Opportunity

In this final section, we consider the future possibilities for the local and regional hubs, presenting stakeholders' views and those of the evaluation team.

5.1. Stakeholders' views about the future development of the hubs

5.1.1. Recommendations from care staff

- **Leverage more funding to ensure continuity.** There was a strong desire for continued arts activities. A next step might be to engage senior managers in care settings regarding their capacity to contribute in future.
- **Develop a network** of arts activities coordinators to share ideas, resources, and experiences
- **Build closer links with local arts offices.** These might include for example exhibiting video or other recorded outputs from the residency. In addition, to encourage local arts councils to see those living in community hospitals or attending day centres as a natural part of the potential local audience and participants for arts activities; and to explore the potential for these care settings as spaces that might host arts activities – perhaps during festivals.
- **Recognise the value of a blended approach in future,** mixing of online and in-person. Although face-to-face contact between the artist and the older people (especially people are living with more advanced dementia) has huge advantages, the residencies have demonstrated that many benefits can be achieved by online sessions, and that these bring care staff to heart of delivery whilst removing the need for artists to travel.

“A blended approach – the people could come in and do introduction[s] and then there could be some video, it would save resources for the artists to attend, it could be in the evening, might give a little more scope.”

5.1.2. Recommendations from artists

- **Review the structure and content of the bespoke Creative Exchanges programme** so it provides a more practical bridge into the residencies, and/or shorten the training element and build in more time at the start of the residency for practical planning between artist and care setting. This has been of particular importance in 2021 as both parties worked out how best to deliver a remote residency together, but it seems sensible to plan for a blended approach in future sessions.
- **Provide technical training and production support** to future residencies which contain remote working. Artists need to understand the physical space and surrounding location and depend on strong technical infrastructure. The artists have also gained knowledge - ‘on the job’ - especially in terms of how the available

technical possibilities could be used artistically: this expertise could offer much to those involved in future residencies and could be embedded in Creative Exchanges.

- **Create regular opportunities for the artists to meet together as a group.** This cohort of artists said they would have particularly valued this at the outset and in the planning stages of the residencies where they could have shared ideas and provided mutual support. Increased confidence with and acceptance of Zoom means that this can happen online in future (even if social distancing is no longer required) in a timely and cost-effective way.
- **Develop an online ‘arts education portal’:** a website in which work can be promoted, resources shared, and ideas exchanged within the Arts in Care/ Creative Ageing sector. This could also support artists’ wishes for care settings to display something of previous residencies – perhaps photos on the wall – and for these histories to be archived, so that all involved have a collective awareness of the ARCS residencies.

5.1.3. Recommendations from local authority arts officers and Azure graduates

- **Continue to lever in ongoing funding:** A&O was felt to be increasingly well-placed to influence funders and mainstream providers, like HSE:

“A&O have the strength to broker relationships at a national level – to provide strategy and direction.” [Local authority arts officer]

- **Launch a forum or network** of people involved in this work to sustain and better join up those interested and involved in arts in care settings and/or with older people.

“a yearly, or six-monthly forum for about an hour or so where practitioners get together and have an informal chat about what we are doing and any issues we have.” [Azure graduate]

“In regards to hubs – great for coordinators and artists to have a network, for information exchange and to better join up existing work in this area..... for example the local arts centre and day care centre are both doing this work, so the more joined up they can be, the better.” [Local authority arts officer]

- **Take geography and rurality into account within the development of the hub model.** It is more difficult to create a physical hub which is truly integrated with the local community in care settings in rural areas due to transport issues and lack of footfall; internet access also tends to be poorer in more remote areas. A graduate working in rural care settings also felt that the Azure model (which had been created in New York and piloted in Dublin) needed some adaptation for rural settings, where participants had often had less exposure to visual arts in museums. Artworks with local (and hence rural) themes resonated well with older people and sparked reminiscence, which acted as both a means to deeper engagement with the art and an end in itself.
- **Develop ways to engage the wider staff group in settings:** the evaluators reflected on whether a one-off taster/ foundation session – which could perhaps be delivered

online, or even pre-recorded, given the unpredictable shifts and demands of care work – could form part of the Creative Exchanges programme. This might help to engage and inspire a wider cohort of care staff, beyond activity coordinators and those with an existing interest.

5.1.4. Recommendations from the A&O team

- **Find ways to sustain, and ideally scale up, this work by linking it to the existing local and regional arts infrastructure.** A&O recognises the positive outcomes from the residencies, but is also aware that they are very resource intensive, and time-limited.
- **Offer some structured follow-up after the residencies,** recognising artists' desire for 'closure' and care workers lack of time but appetite to continue activities. This might involve supporting care staff to make links out to the wider community and arts infrastructure at *this* stage in the process. This could involve a local/ regional wrap-up meeting following a performance or celebration event in which local arts officers and artists are invited in to identify ongoing resources, ideas and contacts. NB: an online wrap-up event was held this year in late June, inviting artists and care staff from across **all** of the residencies and facilitated by the mentor supporting the artists. The A&O team reflected on whether there also needed to be a local/ regional wrap-up and next steps meeting, focusing on what next for each care hub in its particular local context.
- **Link the Bealtaine Festival more effectively to the hubs in future.** It feels as though the Festival is the glue between the national and the local work; this year the timings did not work out so well, but in future years the festival could be used to showcase (recorded/ online, if not live) outputs from the residencies; share learning and good practice.
- **Explore ways in which the ongoing hub offer might be personalised.** The point about older people wanting choice to pursue their own artistic interests is important. How might such individuals be supported to engage with a range of other opportunities (e.g. online programmes, like Art@Home) as part of the hub model going forwards.

5.1.5. Recommendations and reflections from the evaluation team

A. Develop a 'community of practice' to promote arts in care settings

A recurring theme is that there is a need for some type of network to hold together the individuals and initiatives in this area, linking artists, care settings, local arts councils and officers and other interested parties more consistently. This could help to promote continuity and a sense of being part of something bigger: at present there is no real sense of being part of an overall programme or 'hub'.

Ideally, this would be co-produced with those who have been involved in the residency. The approach could be very light touch – for example, an informal email group (where everyone agrees to share emails) with an annual or bi-annual invite for an A&O hosted video-conference exchange of info and ideas. For the evaluation of the Arts Council England Celebrating Age programme, IBA has hosted a closed Facebook page for participating projects to share news and resources. The annual conversation could take place as part of the Bealtaine Festival, along the lines of: ‘how are you working with older people in care settings this year’. See the example of The Social ARTery in the Appendix, which gives an example of a very low maintenance model, which A&O could potentially launch, promote, then let others continue, acting as a contributing member. The network could include care staff or run a separate forum for them. The Appendix also contains information about NAPA, which – at the other end of the continuum in terms of investment and resource – is a national membership organisation for activity coordinators.

B. Develop a research-led position, ideally as the natural ‘convener’ of this Community of Practice

It is important for A&O to maintain and develop its reputation for being ‘research-led’, especially for the purposes of strategic influencing. However, in terms of the operational evolution of the local and regional hubs, the growing community of practice should be the engine, with a mechanism to hear and feed in the voices of older people: research may not be the best and certainly should not be the only mechanism for that.

There is a need to mirror this at a national level, with the strategic direction being influenced by a group of diverse national stakeholders; the working group for the Charter might feed into this, but it will be essential to engage funders like Creative Ireland and HSE in this national conversation. This creates an opportunity to further raise A&O’s profile and influence at a national policy level.

The network or forum could provide a good way to consistently share research outputs and other resources (we noted that the ARCS research is currently quite difficult to find on the A&O website). This should include a 1-2 page summary of the implications for practice from each research output, aimed at busy practitioners.

A dedicated web page or micro-site which is known as the go-to place to find information and resources could help to promote the arts in care settings outputs more consistently, with options to grow forums or e-newsletters from that. This could be promoted to care staff, as well as artists and arts officers, along the lines of NAPA’s Arts in Care Homes micro-site (see Appendix). This could contain information about what is going on within each county or region: overcoming the issue at present that local arts officers are not necessarily aware of all of the hub activities.

C. Develop the residency programme to do location/setting-focused work within this Community of Practice and share best practice from it through the network.

There is more that could be done to develop the sense of continuity between the residencies, and in order to build the sense of ‘hubs’ within a wider programme.

For example, this might include:

- Rotating the same ‘stable’ of artists around the different settings
- Joining up all the information about the residencies on their website, and/or through a web page as suggested above: making it clearer how the different strands of the programme (Azure, Creative Exchanges, the research and the residencies) link to each other, and are being operationalised in each location.
- Developing the idea of ‘twinning’ two settings, which was tested to a degree in this residency.
- Some form of group feedback/ structured sharing of outputs to each setting, ideally in hard copy. As staff and older people may come and go, it is important that there is a tangible outcome from each residency, which could perhaps be displayed within the setting and/or sent out to family members and others in the local area: photos of or outputs from the sessions, the names and contact details of the artists, a description of what was done, some feedback quotes, etc.
- Explore the potential for including the care settings directly within the commissioning relationship – whether as joint funders, playing a more active role in artist selection⁸, having a clearer contract around their input.
- Each care setting, in partnership with A&O (and, if possible, the previous artists in residencies) to produce a practical summary ‘Coming to work here as an artist’, containing information about space, technology, whether chairs can be moved, etc, size/ layout/ images of the space, and relevant information about the immediate vicinity (e.g. that there is a woodland, etc). This could also include a brief summary of what took place within the last residency.
- Technology – and the need for more technical support, or perhaps even some element of production support – emerged as key themes in the evaluation. This needs to be embedded within future Creative Exchanges and Azure training programmes. There needs to be greater clarity around what is needed from care homes particularly to support the arts programme (including skills, wi-fi, hardware).

⁸ NB: in previous residencies, a panel had short-listed three artists whom care staff then meet in order to make a decision. This year, there had been a strategic decision (in response to the 2019 evaluation) to focus on performing, rather than visual (as in previous years) arts.

- It will be important to capture the benefits for older people and care staff in terms of their increased confidence and skills in using technology as a result of remote ARCS activity. This may enable A&O to lever in funding linked to increasing older people's access to technology and the internet: in the UK there have been significant investments in this from [Good Things Foundation](#), Santander funding to Age UK for their [Think Digital](#) programme which IBA evaluated; and the Social Tech Trust, which partnered with Baring Foundation to fund the [Digital Arts Creative Ageing Programme; also evaluated by IBA](#).

6. Appendix: Examples and resources from other countries

[NAPA \(National Association of Activities for Older People\)](#) is a membership charity for those providing activities for older people (in care homes and other care settings) and organisations across the UK. It offers accredited QCF training for activities officers (QCF has replaced NVQ in England, Wales and Northern Ireland; and SQCF has replaced SNVQ qualifications in Scotland). NAPA offers free resources as well as additional resources for members, including a helpline, online activity ideas, forums, and a directory of activity officers. In partnership with the Baring Foundation, NAPA manages the [Arts in Care Homes portal](#).

A new online artists' community is in the process of being set up and run by the charity [Axis](#), who support and promote artists and their work (locally, nationally, and internationally). The aim of **The Social ARtery** will be to create a secure space for an artist to make their own online group to discuss whatever they wish to discuss. During the prototyping stage, these included people who had been involved in a particular online course or project, or who were interested in a particular artform.

[cARTrefu](#) is Age Cymru's flagship arts in care homes project that has been running in Wales since 2015, and is now the largest of its kind in Europe. The aim of the project is to improve the provision of creative activity in care homes and develop artist's skills in running these sessions. cARTrefu is funded to work across Wales as a national programme, however, coverage and continuity is limited by the need to obtain and sustain buy-in from the care homes, which varies from area to area. The programme has been running for 6 years and has worked with over 25% of ALL care homes (i.e. nursing and residential) in Wales. It has proven difficult— though not impossible - to encourage care homes to travel out to join local arts activities, the programme has generally found higher engagement where the arts activities are brought in.

There is interesting practice in Finland in relation to combining arts with health and social care in community centres. This has been written up as a series of case studies by the [Baring Foundation](#).

Baring Foundation also [produced a report](#) summarising and reflecting on practice within the creative ageing sector during lockdown.