

Journal of Applied Arts & Health  
Volume 10 Number 3

© 2019 Intellect Ltd Major Articles. English language. doi: [https://doi.org/10.1386/jaah\\_00005\\_1](https://doi.org/10.1386/jaah_00005_1)

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# Challenges and enablers for creative arts practice in care homes

## ABSTRACT

*This article reports on the experiences of artists working in UK care homes across residencies that focused on poetry, dance and drama. Data were collected from reflective diaries and focus group discussions to explore the key challenges when working in settings that can be unfamiliar, complex and disruptive. We also describe a range of strategies that artists developed in response to these challenges (enablers) and how this supported successful delivery of their sessions. We conclude that artists need time and support to understand and adapt to the complexity of care homes, and conclude that ultimately the overarching culture of a care home is the key determinant of how successfully artists can facilitate the engagement of residents with meaningful creative activities. Experience of working with people living with dementia can be particularly valuable, as can knowing how to facilitate participation by residents with a range of sensory, physical and cognitive impairments.*

## KEYWORDS

creative arts  
care homes  
dementia  
poetry  
dance  
music

## INTRODUCTION

It has been suggested that arts practice in health and care settings can help in tackling some of the most pressing challenges for our health and well-being, including fostering healthy ageing and reducing frailty (All Party

Parliamentary Group on Arts, Health and Wellbeing 2017). Care homes are widely encouraged to offer opportunities to participate in meaningful activities for the estimated 410,000 UK residents who live in them (Competition and Markets Authority 2017). These have been defined as activities that can provide 'emotional, creative, intellectual and spiritual stimulation' (National Institute of Health and Care Excellence 2013). The Social Care Institute for Excellence (SCIE) recommends that people who live in care homes should be involved in the creative arts to 'delight, inspire and even bring health benefits' (SCIE n.d.). For people with dementia, engagement in meaningful activity not only provides pleasure but is also said to address fundamental psychological human needs (Nyman and Szymczynska 2016) and may help to lessen some of the most distressing behavioural and psychological symptoms of the condition (Cohen-Mansfield 2018). There has been an increase in the provision of arts and creative activities in the United Kingdom over the past ten years, facilitated both by care staff and by professional artists; this has been documented and – in many cases championed – by the Baring Foundation through influential reports (Cutler et al. 2011; Cutler 2017) and programmes funded in collaboration with the National Arts Councils (e.g. Algar-Skaife et al. 2017; Dix et al. 2018).

However, research into the provision of participatory arts and creative activities in care settings has, understandably, tended to focus on whether and how they might benefit participants in terms of enhanced mental and physical health and well-being (Fraser et al. 2014; Fleuriet and Chauvin 2018; Richardson et al. 2015). Alternatively, it has explored ways in which arts programmes might support or improve the care practices of staff (e.g. Broome et al. 2017) and relationships and communication between residents and staff (Melhuish et al. 2015; Windle et al. 2019), or contribute towards the creation of positive changes within the care environment (Pavlicevic et al. 2015).

Arts interventions may be able to facilitate social interaction, enhance subjective wellbeing, enable residents to engage in enjoyable creative pursuits and offer benefits for care staff. However, valid questions may be raised about how commissioners and care home managers can be sure if artists have the skills and knowledge, and access to training and support that might enable them to work safely and effectively in this environment (Moss and O'Neill 2009; Consilium 2013). A rapid mapping review of training provision specifically targeted towards artists working in care homes found that a variety of courses and toolkits had been developed to support practice, but that these were of varying quality and their availability was inconsistent across the United Kingdom (Allen 2018).

To support best practice and the successful delivery of future arts and creative activities for older people in residential care, it is important that research seeks to establish not just the effects of the activity but also the challenges and enablers (a range of strategies that artists developed in response to these challenges) to its practice. Taken together, these can help identify and promote environments that maximize the effectiveness of such activities. Currently, there is limited research focusing on the way in which arts activities are implemented, and on the experience of artists in delivering arts practice. However, several broader studies have touched on this topic in their findings. For example, an exploration of the *Imagine Arts* programme in a number of UK residential care settings identified key factors affecting implementation. These included the physical context



for the activities, the routines, policies and practices of staff, the ways in which positive relationships with staff and residents in the care settings were enabled and the confidence of artists established over the course of the three-year project (Broome et al. 2017). Initial planning or consultation meetings between artists and key care home personnel have also been described as highly worthwhile in ensuring mutual understanding and smooth delivery (Courtyard Centre for the Arts n.d.; Broome et al. 2018).

This article builds on and complements a previous article by the same authors, members of a university research team, reporting on mentoring and peer support as facilitators to the training and support of artists working in care homes (Evans et al. 2019). In this article we explore the perspectives of artists taking part in a project involving the provision of activities across three creative art forms to identify some of the challenges that they experienced to arts practice in these settings and the strategies that they adopted to deal with them.

### **‘MAKING OF ME’**

The Courtyard, Herefordshire’s Centre for the Arts (UK), led a two-year long project called ‘Making of Me’, with funding from the Baring Foundation. ‘Making of Me’ aimed to support the sustainable provision of activities in care homes across the creative art forms of poetry, dance and drama. Artists were recruited from a pool of applicants with considerable previous experience working within various community settings, such as prisons and schools, but not necessarily with older people or people with dementia living in care homes. With a comprehensive programme of training and support from a mentor, each artist delivered a series of three ten-week residencies in three care homes.

Each participating care home was asked to identify two members of staff to act as ‘Champions’, to assist the artists in delivering sessions and to continue delivering their own activity sessions after the end of each residency. These Champions were also encouraged to attend quarterly meetings to receive training in the three art forms and share and discuss their experiences of the project. An experienced team at The Courtyard organized the meetings, managed relationships with the homes, commissioned and paid the artists and maintained regular contact with all participants.

### **METHODS**

An independent evaluation of the project was carried out by the Association for Dementia Studies at the University of Worcester. Findings concerning the experiences of using the mentoring approach are reported elsewhere (Evans et al. 2019). In this article, we focus on the challenges that the artists experienced when working in care homes and the strategies that they adopted to address them. Data to explore the experiences of the artists were taken from four sources:

1. Semi-structured reflective journals written by the nine artists involved after each care home arts session, focusing on the impact of the sessions and the artists’ experiences of delivering them ( $n=526$  artist journals).
2. Questionnaires completed by the artists during six quarterly meetings that took place throughout the project, with the aim of celebrating successes and addressing emerging challenges to the project ( $n=52$  responses).

Questions included the following: 'What could have helped you feel better prepared'; 'What have been the highlights during the sessions during this quarter'; 'What have been the most difficult aspects of the sessions during this quarter'.

3. Focus groups held with mentors, artists and Champions attending the quarterly meetings ( $n=15$ ; groups were attended by an average of eight people).
4. A final follow-up questionnaire completed by the artists approximately six months after the conclusion of the project, focusing on any lasting impact that the Making of Me project had within their ongoing creative arts practice ( $n=9$ ). Questions included the following: 'Has your participation in the project influenced your ongoing practice, and if so how'; 'Do you feel sufficiently trained and experienced to continue running creative arts activities'.

Data were analysed using a thematic approach facilitated by computer-assisted qualitative data analysis software. Two members of the research team agreed on a coding framework based on an initial reading of three transcripts. Data were then coded and discussed within the team to identify key themes. Ethical approval for the evaluation was granted by an ethics committee at the University of Worcester.

## FINDINGS

The three main areas of challenge identified through this analysis were overcoming inexperience, negotiating the care home environment, and engaging residents.

### ***Overcoming inexperience***

The artists described a range of challenges encountered whilst working in the care homes. For many of these there was an underlying challenge relating to their lack of previous experience of working with older people in care homes and with people with dementia. In some cases this was accentuated by their lack of access to previous knowledge about the individuals who would be attending their sessions.

For some artists, inexperience led to a lack of confidence when delivering their sessions. Some suggested that it might have been helpful to meet the residents and their carers before going into each residency. Many residents had some form of dementia. Because of this, verbal communication and talking too much were not always considered appropriate, with lengthy instructions being particularly unhelpful if participants' dementia was advanced, or if they had impaired hearing. Participants with dementia also sometimes needed to be given time to respond to questions or instructions.

In dealing with these challenges, the skills that the artists had acquired through practice in different settings were useful, but they reported adapting their practice over time and in response to the needs of individuals and individual care homes. For example, they acquired skills enabling them to work in ways that were more visual and required fewer verbal instructions, including becoming more comfortable with silence. 'I'm more prepared to allow silence to deepen because sometimes something very profound can come out of a silence. Before, I had too much of a tendency to jump in.' (Poetry Artist 1)



Artists also felt that support offered by their peers in the programme helped them to overcome problems related to their lack of experience in a care home setting, while the more formal mentoring arrangement gave them regular opportunities to verify and validate their practice with someone more experienced (see Evans et al. 2019).

Being new to an area, this has given me a new network of dance practitioners, which has moved far beyond my expectations of the project and why I initially applied. It feels I have gone on such an amazing and supported journey over these last 2-3 years.

(Drama Artist 2)

### ***Negotiating the care home environment***

Artists experienced the care homes in which they worked as busy, sometimes intimidating places. This contributed towards a feeling among the artists that their sessions were given little or no priority. For example, some sessions were cancelled due to reasons such as the outbreak of a virus, building work, a broken lift and staff training taking place at the same time. On several occasions they were not informed about this until the last minute, sometimes not until they arrived at the home expecting to deliver a session. For the self-employed artists, this was not just frustrating but also had a financial impact.

There was a feeling among the artists that the care home managers had limited awareness of the Making of Me project, and hence did not fully engage with it or understand its goals. Indeed, some artists never met the care home manager during a residency. Care staff involvement was hindered by the fact that some were 'volunteered' to be Champions within their care home, often at very short notice, rather than actively choosing to take on that role. While some care staff were positive about the project, a lack of management 'buy-in' was reported, which meant that staff were not fully supported to put their learning into practice.

Champions have been integrated within groups. They become very active supporters but I don't see it spreading in any way to the rest of the staff in the homes and I think this may be partly to do with the managers not giving it the profile.

(Mentor)

Consequently, although the care staff may have been willing and enthusiastic about the activities, some felt that they had little power to make things happen within the care home.

The care home environment also presented practical challenges. For example, staff shortages, scheduling conflicts and illness meant that several Champions who were initially involved in planning the sessions within their home were not able to continue as part of the project. The high levels of staff turnover typical to care homes also meant that consistency of staff was not guaranteed, and new staff did not always share the same level of understanding or enthusiasm for arts-based activities as their predecessors. 'I need to confirm who I will be working with as soon as I arrive if the activity coordinator isn't available' (Dance Artist 2).

When sessions did take place, the space allocated to the activity was not always appropriate, with examples including a busy lounge, a room that was

too small for the number of participants, a kitchen where people came in to make cups of tea during the sessions and a room with a pillar in the middle that was not conducive to group activities. Sessions were sometimes interrupted by staff and other residents, and disruptions were also experienced when residents were brought late to a session and through relatives coming to visit. All of these challenges contributed to feelings of uncertainty and lack of control for the artists. 'Came away thinking how challenging this work can be when so many unanticipated things can happen which are out of one's control' (Drama Artist 1).

Peer support could be helpful in countering such feelings. Artists reported that sharing experiences of the different care homes with other artists enabled potential problems to be identified, addressed and resolved before they escalated. However, rather than feeling the need to have total control over what is happening, some artists found that it could be better to accept the unpredictable and diverse nature of care homes.

In four weeks I have learnt a lot about how each home is different – given that I've been in three concurrently – and that sometimes it's best not to try and change a place or its staff, but to go with them, and shape activity that takes their circumstances and personalities into account.

(Drama Artist 3)

Before each residency, the artists found the initial planning meeting with the care home particularly helpful when a nominated member of staff was present, acting as a point of liaison with the artist, to resolve potential issues. Similarly, informing the wider staff workforce and enabling them to experience the sessions was thought to help them to appreciate their value and the need to minimize interruptions. However, it did not always work as intended. 'There is a lack of connection between, or a lack of follow through between what's agreed and talked about and set up as a structure for this project, and actually what's happening' (Mentor).

### ***Engaging care home residents***

The Making of Me project was specifically focused on people with dementia, but many of the residents who participated in the arts sessions had other conditions such as impaired hearing and restricted mobility. It was therefore necessary for the artists to recognize and respond to the individual circumstances of each participating resident to maximize their opportunities to fully engage with the sessions.

The differing preferences and health and support needs of the residents proved challenging for the care staff in terms of knowing which residents might benefit from attending. This was compounded by the fact that the criteria determining attendance might differ depending on the art form. In some cases, the artists felt that the staff were misjudging which residents would be capable of enjoying the sessions, perhaps excluding those residents who had more advanced dementia. Conversely, for one care home, the ethos of the project had to be explained in greater detail to enable staff to see that the inclusion of residents with very advanced dementia with very limited verbal abilities might not be feasible for a particular art form. 'They were a difficult group to engage. All had dementia and the material I had brought presupposed a livelier and more verbal set of people. I was struggling.' (Poetry Artist 2)

Group size could also be problematic. While staff did not want residents to miss out on the experience, they did not always provide a sufficient level of support to cope with a larger group. The quality of the session could suffer as a result. 'The bigger the group the more it becomes like crowd control and entertainment. The smaller the group the more you get some high-quality artwork going on there' (Mentor).

The artists responded to the differing contexts in which they found themselves by adapting their practice and approach, adding new activities to their repertoire or adding a new element to an existing activity.

Picking the names out of a suitcase – something I hadn't done quite like this before, and this added an element of surprise and also inspired more ideas. We had lots of thoughts about the characters which created a more detailed group story.

(Drama Artist 3)

Dual residencies, enabling artists from different art forms to work together and explore different approaches for communication, were helpful. 'I found I was more and more drawing on the other art forms, like reading out the poem at the start of the session last week, so that's been really great, enriching, keeping it fresh' (Dance Artist 2).

For some artists, adaptations took the form of changing the timings or other practical arrangements for a session. 'When the group work was flagging, I picked up on this and stopped to change tack, and returned to the group poem after a break which seemed to help' (Poetry Artist 4).

Where residents needed more one-to-one support, it was useful to have additional staff in the session, either to engage with those residents or to work with the larger group, thereby allowing the artist to give more attention and support to individual residents.

Removing the foot plate from [resident]'s chair (it needs his carer to do this as difficult to undo), made a difference and we all felt that it gave him more capacity to kick the ball and freedom to move his arms.

(Drama Artist 2)

## DISCUSSION

Care home residents are likely to be living with sensory, physical and cognitive impairments, including hearing loss, visual impairment and dementia (Crosbie et al. 2019; Ray et al. 2019). All of these can lead to significant communication problems and the possibility that important needs may not be met, something that is understood to contribute towards behavioural and psychological symptoms of dementia (Cohen-Mansfield 2018). There is a need for artists to consider how to ensure accessibility and inclusion when organizing activities, and specific dementia training may also be required (Parkinson et al. 2017). Artists are encouraged to be flexible, spontaneous and ready to adapt to the needs of individuals as and when required, but there is also evidence that elements of consistency, routine and familiarity will build the confidence and trust of residents participating in arts sessions (Algar-Skaife et al. 2017; Dix et al. 2018). There is also a growing interest in how artists might need to develop 'co-creative' (Zeilig et al. 2018) or caring practices (Tan 2018) when working with participants, including older people and those living with dementia.

This reflects the challenges faced by the artists in the Making of Me project. While they were experienced in their own fields, working with residents with dementia who have different needs and abilities required the artists to reflect on their own practice. Changing their delivery and communication styles in response to the residents' abilities and supporting each other enabled the artists to enhance their practice and improve engagement from residents. A flexible approach proved useful when working with groups of residents with varied needs. The artists recognized that it was not always appropriate to engage all participants all of the time during a session. Rather, providing people with the time and space to rest, watch and absorb what was happening around them could be beneficial, especially when groups included those with more advanced dementia.

Care homes are complex organizations, operating within a mixed and increasingly difficult economy, engaging with diverse and vulnerable populations, and employing a range of skilled and unskilled staff (Froggatt et al. 2009). An understanding of and appreciation for the complexities of an individual care setting's routines, requirements and organizational structures may enable an artist to build on and augment systems and practices that are already present, rather than spending time battling to change them (Basting 2018). It is also recommended that artists be aware of their responsibilities regarding health and safety, safeguarding and how they can comply with a care setting's policies and practices (Cutler et al. 2011).

As newcomers to care home settings these challenges were often a source of frustration for the artists within the project, but as the confidence of the artists increased and they shared experiences with their mentors and peers, their ability to resolve and adapt to these challenges improved. Key to the successful implementation of an arts-based activity programme such as Making of Me is the need for it to be understood and valued at all levels within a care home, including care staff, support staff, managers and also at an organizational level. A programme of this nature also appears more likely to succeed if its staff Champions are valued and supported by their managers and the wider organization.

The environmental features of the setting in which an arts activity is delivered may be both a mediator for and a contributor to its effects (Gregory 2011; Camic et al. 2016). The physical spaces available for creative activity within care settings are often not optimized for group activity, physical movement or creative 'mess' (Broome et al. 2018; Dix et al. 2018). As encountered during the Making of Me project, artists may need to understand how to transform or adapt spaces, or change their practice in response to the space available, all of which can involve negotiation with the care setting management and staff (Begault et al. 2017). While the quality of the environment may help to shape participants' experiences and their perceptions around the quality of their experience (Tan 2018), it has been argued that an art programme may successfully engender an atmosphere wherein participants can flourish, irrespective of the physical realities of the environment (Garabedian and Kelly 2018). A space offering a sense of 'safety and freedom' has been suggested as essential to fostering creative exploration for residents in a care home who were living with dementia and taking part in a poetry group (Swinnen 2014). The creation of 'places of value' for the purposes of arts and creative activity within healthcare settings was recommended as the result of a study exploring how art gallery interventions impact people with dementia and



their caregivers. A place of value is, in this context, one that is valued by participants but also gives them the sense that their participation is itself valued (Camic et al. 2016).

## CONCLUSIONS

This article adds to existing limited knowledge about the practical requirements and the benefits of delivering arts practice in care settings. It has also expanded the evidence concerning artist perspectives on how best to promote opportunities for involvement in meaningful activities by care home residents, by identifying some key challenges and enablers to the successful delivery of such activities.

Although confidence is important to successful delivery of sessions, and this may be derived from previous experience in different settings, this study confirms the conclusion reached by Basting (2018) that artists need time to understand and adapt to the complexity of care homes, and that this adaptability may be more successful than trying to change the nature and character of the setting. Initial 'one-off' training, although useful, might not support artists changing their practice over time, or in responding to a specific care home context. Experience of working with people living with dementia can be particularly valuable, as can knowing how to facilitate participation by residents with sensory, physical and cognitive impairments, as highlighted in previous research (Parkinson et al. 2017).

The practical challenges presented by care homes include staff shortages, staff turnover and frequent interruptions, all of which can hinder an artist's ability to facilitate a creative activity. The physical environment is also known to be an important factor in successful delivery of creative interventions (Camic et al. 2016). Our findings highlight the challenges encountered when working in unsuitable spaces, but suggest that these issues are not insurmountable.

Through working on the Making of Me project, aided by skilled mentors and valuable peer support, the artists developed the skills to negotiate the details of their sessions in care homes and the flexibility to adapt their practice to unpredictable and complex settings. While the routines of care home life are an important factor (Algar-Skaife et al. 2017), ultimately the overarching culture of a care home was shown to be the key determinant of how successfully artists can facilitate the engagement of residents with meaningful creative activities. While this study supports conclusions (Broome et al. 2017) that fostering relationships will be a key factor in the success of similar projects, it suggests that this may depend as much on the attitude of the care home managers and the support provided at an organizational level as on the willingness and enthusiasm of individual care staff. Therefore, we would recommend that future projects explore methods that can provide both artists and the care staff and management with whom they work with opportunities for collaboration, peer support and mentoring that may allow them to successfully adapt their practice together.

## ACKNOWLEDGEMENTS

The authors would like to thank everyone who took part in the research on which this article is based, including the mentors, artists, care home staff and care home residents. We are also grateful to The Courtyard Centre for the Arts and the Baring Foundation for commissioning and funding the research.

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### SUGGESTED CITATION

Evans, Simon Chester, Garabedian, Claire, Bray, Jennifer and Gray, Karen (2019), 'Challenges and enablers for creative arts practice in care homes', *Journal of Applied Arts & Health*, 10:3, pp. 333–45, doi: [https://doi.org/10.1386/jaah\\_00005\\_1](https://doi.org/10.1386/jaah_00005_1)

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