



Age & Opportunity

Evaluation of the Arts in Care Settings Project

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Introduction

Age & Opportunity is the Irish national agency working to challenge negative attitudes to ageing and older people, to promote greater participation by older people in society and to encourage understanding between the generations. These objectives are pursued through a policy of partnership with governmental, statutory and independent organisations. According to the organisation collaboration is a hallmark of the agency's approach, and partnerships have been established with health service providers, arts institutions and local arts officers, education authorities, sports bodies, media professionals and the public library service. Age & Opportunity works in a broad range of areas from the arts to physical activity from challenging ageism to promoting greater empowerment by older people.

Age & Opportunity's Arts in Care Settings programme, which began in October 2000, aims to make creativity intrinsic to life for older people resident in continuing care settings. Established by Age & Opportunity in partnership with the Midland Health Board and Laois County Council, the programme involves working with care centre staff so as to enable them to facilitate arts initiatives with older people resident in the various Midland Health Board care centres. In May 2003 OCS Consulting was invited by Age & Opportunity to submit a revised proposal to undertake an evaluation of the Arts in Care Settings project. The primary focus of the assignment was to be an evaluation of Module 2 of the project which commenced its training in October 2002 and ran through until March 2003.

Qualitative research involving the key stakeholders in the project – Age & Opportunity, Midland Health Board personnel, project facilitators, project participants, Directors of Nursing and other staff members of the care centres represented and residents of the care centres involved in the project, underpinned the evaluation.

The following report summarises the findings of OCS Consulting's evaluation of the Arts in Care Settings Project.

Project Background

1.1 Project Genesis

The Arts in Care Settings project has its origins in an AIB Better Ireland Award that was given to Age & Opportunity in 1998 for its arts work. At the time of the award Age & Opportunity was advised by an Arts and Older People Advisory Committee. In 1999 this Committee consisted of representatives from national and regional performance, music and visual art venues, national and local state agencies and representatives from the Midland Health Board. On foot of the Award the Advisory Committee wished to explore the potential for developing an arts in care settings project in the Midland Health Board area. Age & Opportunity has enjoyed a long standing and successful relationship with the Midland Health Board. In order to explore the potential for such an arts based project the Committee appointed a consultant, Ms Elly McCrea, to undertake a “needs sensing” exercise in two care centres within the Midland Health Board area; St Vincent’s Hospital Athlone and the District Hospital, Abbeyleix. A sub-committee was formed to oversee this assignment and to support the work undertaken by the consultant.

Visits were made by the consultant and members of the sub-committee to the two Midland Health Board continuing care centres involved in the exercise. Directors of Nursing, staff and residents were consulted in an effort to identify the needs of the residents and appropriate methods to enhance the quality of life experienced by those residents. On foot of the needs sensing exercise the consultants report identified a need for *“positive and regular stimulation to counteract institutionalisation.”* The report identified that a programme of stimulation would require *“facilitators who understand the residents and are sensitive to their special needs.”* The needs sensing exercise also identified limitations which would challenge the successful launch of an artist based programme for residents. The time required for artists to learn about the residents’ limitations and conditions and to then develop an appropriate level of trust and rapport was thought to be a significant limiting factor. Similarly the required number of artists and associated costs was perceived to be considerable for a project which would allow all residents to participate and benefit. The availability of interested and appropriately skilled artists was also questioned, as was the long term sustainability of the project if future funding could not be guaranteed. Given the combination of these project needs and limiting factors the consultant proposed a staff based training programme in ‘process drama and art.’ It was believed that this staff based approach would be most appropriate as the staff members would already know the residents, their conditions and limitations and would have developed a degree of trust with the resident. The training would also allow the staff member to learn new skills and experience a new and valuable medium for communicating with their residents. By engaging directly with staff it was also believed that the training would help to enrich the environment of the various care centres. Most importantly the training of staff would help to introduce a degree of sustainability to the project as course graduates and the arts activities, which they would introduce to residents, would not be heavily dependent on ongoing funding.

In order to secure the good will and support of other relevant parties the Sub Committee of the Arts and Older People Advisory Committee organised a conference entitled ‘Creative Change for the Older Person in the Residential Setting.’ The consultant presented the staff based training proposal at this conference which was held in Dunamase Theatre, Portlaoise on June 6th 2000 and was attended by Health Board management and personnel, Directors of Nursing, arts organisation representatives, and Laois County Council personnel. Care centre residents and day care attendees were also invited. The Minister of State at the Department of Health with special responsibility for Older People addressed the Conference. The proposal was warmly received by many of the attendees. Laois County Council Arts Office agreed to provide a venue for the training while Age & Opportunity committed to provide ongoing management and administrative support for the project. Additional funding was also secured through the United Nations International Year of Older Persons and the National Lottery. Subsequent to the Conference the Sub Committee applied to the Midland Health Board for funding under its Service Plan 2001. Elly McCrea was appointed by Age & Opportunity as Project Co-ordinator and facilitator of process drama and Gerda Teljeur was appointed facilitator of process art. Both facilitators had many years experience in teaching process art and drama at primary, secondary and third level as well as to adult groups.

1.2 Project Concept

The consultant proposed that a training programme be designed for staff of the Midland Health Board care centres which would allow the participants to explore their own creativity through art and drama and would then in turn develop their skills in facilitating art and drama sessions with residents of the care centres.

In the words of the consultant and project designer, Ms Elly McCrea, *“to facilitate others in the arts we have to gain insight first by experiencing it for ourselves. For this reason the main focus of these courses will be on the exploration of one’s own creativity and the creativity of the older participants through drama and art in a safe and non-judgemental atmosphere.”* (E. McCrea (2003), *Elly’s Onion, A Beginners Drama-in-Education Guide for Teachers and Careworkers*. IAPCE)

The consultant has defined process drama as *“requiring no script and no audience, existing only for the benefit of the participants. The drama exists in its own right in a non-competitive environment. The aim (is for participants) to enjoy and learn without the pressures and constraints imposed by performances. It’s the journey rather than the destination, the process rather than the product that counts. The intention is not a piece of work but rather an experiment, a shared improvisation, an unrehearsed, unplanned experience where people express themselves with their own words and movements.”*

Similarly the consultant suggests that *“the same philosophy applies to process art except that materials are used for self expression. Marks and sculptures are not made for their effect, skill or aesthetic beauty but as part of this exploration.”* The appointed facilitator of process art, Gerda Teljeur, also shares this philosophy.

1.3 Project Structure

The proposed training programme (which later took the shape of Module One of the Arts in Care Settings Project) was initially scheduled to run for ten sessions which were in turn to be divided into two main parts. The objectives of Part One of the training were to encourage participants to get in touch with their own creativity, develop their own creative skills and an appreciation for the ‘creative process’. The consultant proposed that the focus of Part One should be on the *“process rather than the product”*. The consultant proposed that during planned exercises participants would be encouraged to *“forget the end result, to be non-judgemental, to follow their intuition and to explore.”* The planned exercises would involve participants in making collages, painting, working with clay, and role-playing. Follow up discussion was also proposed which would give participants the opportunity *“to reflect on their own responses, to clarify insights, identify the skills they had learned and recognise the sheer pleasure of the doing.”* Part One of the project was also to focus on the welfare and needs of the participants themselves. The consultant proposed that facilitators would help the participants *“to identify their own needs and become more sensitive to their environment through a variety of sensory experience and stress management exercises.”*

Part Two of the proposed training was to centre on developing the staff members’ skills in facilitating art and drama sessions with residents of the various participating care centres. It was proposed that this aspect of the training would focus on identifying the general needs of the resident group, the specific needs of individual residents and methods that would enable staff members to identify themes of interest to individual residents. Participants were to be challenged to draw out the creativity in others and to adapt drama and art experiences for resident groups within their own care centres. It was planned that the training in the first module would include drama exercises, drama games, role-playing, and an introduction to the use of various art materials and techniques. The focus of the various exercises was to be on generating interaction, communication, spontaneity and fun among the participants so that these aspects and emphases could in turn be transferred to the resident based sessions. Through various role play exercises and games the project would also create an awareness among participants of the importance of the five senses and how the loss or impairment of one can influence the others. Developing an empathy and understanding for the residents’ condition and interests was a key objective of the training. The participants were also to be exposed to the theoretical underpinnings of facilitation and appropriate preparation methods for facilitation sessions. Through the preparation and facilitation of resident based sessions, under the supervision of the project facilitators, the training also would seek to develop facilitation skills through practical experience and theoretical back up.

1.4 Project Roll Out

Training began in October 2000 with 25 participants, drawn from eight care centres within the Midland Health Board area, commencing Module One. The training took place one day per fortnight and was originally scheduled to include ten workshops. On completion of this first part of Module One the training programme was put forward to FETAC (Further Education & Training Awards Council) for accreditation. To acquire FETAC accreditation a minimum of 15 workshops was required and so the project consultant designed a further five workshops to add to the previously developed ten. FETAC accreditation was subsequently awarded for this programme of training involving 15 workshops and entitled "Process Drama and Art for Older People". Participants of the first part of Module One were invited to complete a further five workshops which would allow them to go forward for FETAC certification. Of the 25 original participants 17 returned to complete the additional 5 workshops. A second Module One course, based on the redeveloped 15 sessions, was also commenced in October 2001 and included a further 19 staff members representing eight Midland Health Board care centres. According to the project promoters and facilitators the Arts in Care Settings project was a *"pioneering course as nothing like it had been attempted before in an Irish setting. As a result there was no template or plan to follow. The course had to be developed from scratch and was, to an extent, shaped by the participants of the first module and their needs and experiences. This learning was then applied by the facilitators to future courses."*

Following consultation between many of the various stakeholders involved; participants, project co-ordinators, Age & Opportunity and Midland Health Board representatives, it was decided to develop a second training module which would provide participants with further opportunity to *"develop their facilitation skills and to further explore their own creativity."* The original consultant designed and developed this second module entitled "Facilitating Process Drama and Art in Care Settings for Older People." The project promoters set out that successful completion of Module One would be a requirement for entry to Module Two. Similar to Module One the second module was put forward to FETAC for accreditation. This process required the development of a detailed course structure, outline of content, learning outcomes and project guidelines which were then in turn made available to the project participants. The specific objectives of Module Two were to explore creativity in a wide context thereby building on work carried out during Module One, to further develop process drama and art facilitation skills with older people and to fully document a process drama or art project for older people. Module Two of the project consisted of 11 workshops, which ran from October 2002 to March 2003 at Riada House Tullamore. Project participants were then supervised, by the project facilitators, at their various continuing care centres in carrying out resident-based art and drama sessions. The project facilitators met with the older people that the participants were working with and assessed whether the projects were relevant to their interests and needs. These support days were combined with one to one tutorials which were made available to participants when undertaking the projects being put forward for FETAC certification. Projects undertaken by the participants included among others an intergenerational project in which residents and local transition year students took part in story telling, singing and listening to music; the introduction of a treasure chest of objects to residents to stimulate story telling dramatisation of characters and painting; and a sensory experience involving hand massage and aroma therapy, for residents confined to their beds. Twelve staff and one volunteer from eight care centres undertook the training involved in Module Two. Of the thirteen participants nine applied for certification from FETAC.

2 Objectives

The agreed objective for the evaluation was as follows:

“To assess the success of the Arts in Care Settings Project in realising its mission through consideration of the project from the perspective of the key stakeholder groups involved and to do so with a view to assisting Age & Opportunity and Midland Health Board in their planning for the future of the project”

Methodology

Following a number of detailed briefings with the Age & Opportunity Project Director Paul Maher an approach was agreed which would invite contribution and comment from representatives of *all* the stakeholder groupings involved either directly or indirectly in the project. Age & Opportunity and the Midland Health Board required qualitative information in terms of stakeholder views, perceptions and opinions regarding the Arts in Care Settings Project. In addition OCS Consulting also sought to identify the needs and requirements which the project stakeholders may need to accommodate and consider for future planning in this area. With this in mind interviews were carried out with twelve of the thirteen staff members who completed Module Two of the project and all of the Directors of Nursing of the care centres represented. Interviews were also carried out with the project co-ordinator, project facilitator, representatives of the Midland Health Board, Age & Opportunity, and Age & Opportunity's Arts Advisory Committee. Between two and three *non-participating* staff were also interviewed from each of the care centres involved in the project. A focus group involving residents, who had participated in arts and drama sessions led by the participating staff, was also undertaken in each of the care centres involved to determine the resident perspective on the project.

Acknowledgements

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Findings

The project promoters identified that the Arts in Care Settings project has four *key* stakeholder groups; the project promoters themselves (Age & Opportunity and the Midland Health Board), the project participants, the Directors of Nursing and the other staff in the care centres involved, and finally the residents of the care centres. The primary focus of the evaluation centred on Module Two of the project. However many of the stakeholders consulted during the course of the evaluation often found it challenging to attribute comment specifically to either of the two modules. As a result the evaluation section includes comment on both Modules One and Two and attributes comment to the specific module where possible.

This evaluation document is separated out into three main sections. The first section examines in detail the rationale for the project and the expectations and objectives which the four stakeholder groups held for the project. The second and third sections cover in detail the evaluation aspect of the project drawing on feedback from the stakeholders involved in the consultation process. In particular the second section assesses the impact of the project and the degree to which it has met the various stakeholder expectations and objectives outlined in the first section. The third section examines the project from the perspective of its content, structure and administration. The 'positives' are identified and suggestions for change put forward. Drawing on this feedback the report then includes a summary evaluation based on the project's *key* objectives. The report then closes with a number of recommendations made by the consultants to inform the promoters' future planning on the project. A report carried out by the two project facilitators, Elly McCreagh and Gerda Teljeur, which describes the aims of the project, provides detailed information on course content and the project development process is contained in the appendix. An outline of the grades achieved by participants who went forward for FETAC accreditation after completion of Module Two is outlined in Appendix 2.

Project Rationale & Stakeholder Expectations and Objectives

Project Rationale

The Need for the Project at the Care Centre Level

The call for "a project" or "an activity" which addressed the residents "social needs" and helped to stimulate and engage them mentally and socially was particularly strong among Directors of Nursing who were consulted during the course of the evaluation. While few Directors had particular interventions or project styles in mind *all* spoke of the critical need for either 'diversional' activity or 'social gain' related projects which would engage the resident in a meaningful and active way. Many of the Directors and representatives of the project promoters stressed that such programmes are a "basic human right" and critical requirement for all residents.

"In addition to the 'health gain' of the client we have a dual responsibility to provide social gain for all our residents. We have to try to engage them and make life interesting for them. This is their home after all."

"It is critical that the residents are kept mentally active and stimulated. While that is a terribly ambitious objective given our limited resources and patient constraints we must try to achieve it."

"It's heart breaking to think of intelligent, capable people lined up in chairs along the wall and they are not encouraged to interact or engage with each other."

"Our mission statement indicates that we focus on social gain..... we have to be seen to invest in social gain related activities on behalf of our client"

Many Directors of Nursing suggested that a gradual shift in perspective was taking place within the care centres which has seen a move away in recent years from an absolute focus on what was described as the 'health gain' or 'medical model' and a move towards the need for a greater or more equal focus on social gain interventions. Indeed many of the Directors of Nursing, Midland Health Board representatives and participating staff who became involved in the Arts in Care Settings project spoke of the significantly greater investment and allocation of resources in 'activity programmes' and 'social gain' related interventions which were made in recent years.

Reaction to the Planned Project

The concept of the Arts in Care Settings project was greeted with reasonable and in many cases very significant enthusiasm by management at the care centres involved. The challenge of limited resources and the need to fulfil all the day to day operational activities was described as both a barrier but also a logical justification for investment in the project.

"The staff are so busy in their day to day operations that they don't have time, or feel that they don't have the time, to engage on a social level for any significant amount of time with the clients"

"There is a strong culture and work ethic rooted in many of these centres. If you are not seen to be working on physical or health care related activities you are thought to be slacking. As a result engaging with the resident can be neglected. A change in this culture is needed. Although I accept that objective is too ambitious for any one project a project like this could always help"

The lack of specialist training and confidence among staff who may have the capacity and appropriate disposition and skills to involve themselves in such interventions was also identified by promoters and Directors of Nursing alike as a reason for the need for such a project.

"I knew there were a few people like Mary (not actual name) who would be really good at such activities. They just needed a push, some appropriate training and confidence to actually involve themselves in activities with clients on a more formal and frequent basis."

Participating staff also spoke of the absence of specialist training for such creative activities;

"There was no formal training available before the introduction of the Arts in Care Settings project which would allow you to develop these creative skills."

Stakeholder Expectations and Objectives

An extremely wide ranging, and in some cases ambitious, set of objectives and expectations were put forward by the stakeholders consulted during the course of the evaluation. While there was a common vision shared by all that the project would be of benefit to both participating staff and resident alike the emphasis on certain expected outcomes varied in some cases from stakeholder to stakeholder.

☐ *Improved confidence in client interaction and facilitation skills*

Both project promoters and management at the various care centres were of the opinion that the project would ultimately be of benefit to *both* participating staff member and resident alike. It was hoped that the project would contribute to the staff members personal and professional development in terms of increased confidence levels and the development of enhanced client interaction and facilitation skills which would in turn allow the staff member to facilitate the resident through engaging and stimulating arts and drama based activities.

"I hoped that the project would give the staff member the necessary confidence and skills to be able to interact effectively with a group of clients and to engage them mentally and to challenge them creatively. They needed to learn the appropriate preparation and interaction skills."

Many participating staff also shared this objective and hoped to benefit from coaching in client handling and facilitation.

"I wanted to learn how to run a session effectively and to get ideas for what the residents would want to do."

☐ *Opportunity for all residents to be involved in something active, meaningful and engaging*

The residents were consistently identified as the ultimate beneficiaries of the project. Management of the care centres, Midland Health Board and Age & Opportunity representatives alike held the opinion that residents needed to be stimulated mentally and creatively and that a sense of enjoyment, engagement and achievement needed to be brought to their lives. Providing an environment which would stimulate better communication among residents was also identified as an expected benefit.

It was an opportunity for some of the staff here to learn the techniques and skills which would allow them to facilitate groups where the clients would get a lot of enjoyment and mental and creative stimulation."

"It's important that residents are engaged with in a meaningful way. It would be great if they were really involved in something that challenged them."

"I hoped the projects would encourage the residents to communicate more freely, to express themselves and to be engaged in something meaningful and active."

Several of these personnel and participating staff members differentiated between 'diversional activity,' which it was suggested does not truly engage but merely occupies the residents time, and activity which involves the resident in a meaningful and active manner.

"While they are well intentioned there are many activities and projects going on in care centres which really are just time fillers. A project like this will hopefully help to develop activities which are truly meaningful and engaging for the resident."

Such personnel and staff members were looking for a "step up" from "mere time filling activities" to the adoption of more well thought out and personal exercises that would provide real enjoyment and mental stimulation.

☐ Improved awareness of resident needs

The Midland Health Board representatives and a *small* number of Directors of Nursing also spoke of the need for staff members involved in 'activity' and 'client interaction' interventions to develop a stronger awareness of the resident's needs and an empathy for their feelings, concerns and interests in creative and artistic activities. Such personnel held the view that prior to engaging in any resident based project that an awareness of the resident, their condition, interests and disposition towards a project had to be developed. Only when this understanding or awareness on the part of a staff member is developed could an arts or drama based activity involving the resident be designed.

"The staff member involved in these activities really has to be in tune with the resident and their needs. Once this empathy is built up they will be in a much better position to design and facilitate projects that are appropriate and tailored to the needs and conditions of the clients."

☐ An understanding among the care centre at large that this type of activity is important

Many Directors of Nursing in particular recognise that there is a strong, well developed culture which pervades within the care centres and focuses primarily on health gain rather than social gain related measures. As a result appropriate value is often not placed on social gain related interventions. Several Directors of Nursing suggested that a shift in culture has to take place and understanding developed among all staff that such interventions are most important to the residents. While these personnel concede that it is unrealistic for one project, such as the Arts in Care Settings Project, to be the sole vehicle for that change many suggested that the project could be one tool among others which helps to develop an understanding that the care centres have an equal responsibility to consider the social gain related interests of residents in addition to health gain related interests.

"I hoped that the project would help to showcase the importance of such interventions and contact with the resident to all staff involved at the care centre. Gradually through seeing the positive impact at the resident level it might help to build up an awareness that these activities are really important."

"It's very important that we all develop an understanding that frequent social activities and engagement are so important for the residents. The Arts in Care project is one way of reinforcing the concept."

Developing an awareness among all staff that simple social contact and engagement with the resident is of very significant value was an expected benefit for many of the stakeholders.

☐ *To engage in the process rather than the product*

Discussion with the project promoters *and* project facilitators indicated that a guiding premise for the project was the need for participating staff and residents alike to engage in the *process* rather than for proceedings to be dominated by the need to produce a finished *product* such as a painting or model. The project promoters and designers held the opinion that the greatest value for the resident lay in the creative process and their involvement in deciding what shape that process might take. In the case of an art or drama session it was felt that the resident ought to be the one who dictates what shape the story takes or what style an object should be drawn in. By setting loose parameters rather than rigid guidelines on the process the facilitating staff member ought to allow the resident to truly engage the process and derive real personal value from it.

"It is important that the staff member learns that they do not have to coach the resident all the way through to a pre-determined finished product. The resident must be encouraged to set the agenda and contribute to the creative process. There is not half as much value in determining that yellow and green paint must be used for a bunch of daffodils. If a resident wants to use purple and black that's what should be encouraged as that's the way they see it."

☐ *Development of appropriate guidelines and content for resident based sessions*

Many stakeholders and particularly *some* Directors of Nursing and several of the participating staff viewed the prospective programme as an opportunity to be exposed to and practice with a 'curriculum' of appropriate ideas and routines for resident based sessions. Staff members spoke of their desire to get some "concrete ideas" for arts and drama sessions which they could run with the residents.

"I was really hoping to get a lot of ideas for projects that I could run with the residents. You can struggle to come up with sound ideas that will work."

Several participating staff suggested that they had tried in the past to introduce new ideas to the residents but that they themselves would benefit from a training course which would offer them a range of suitable projects which they could carry out with residents.

"You do try to introduce new ideas but it can be hard. When I heard of the course I thought it would be a great opportunity to build up a strong set of arts and drama activities which I could run with residents."

"I wanted to come back with a lot of concrete ideas that I could put into practice with the residents."

Initial Stakeholder Concerns and Challenges

In addition to expected outcomes it must be said that the project also presented some concerns and challenges for the care centres and personnel directly and indirectly involved in the project.

□ Limited Resources

Limited resources in terms of personnel often meant that care centre management had to “juggle personnel and rosters” to cater for staff who were to be involved in the project.

“I really do believe in the need for formal training in this area but any training initiative really puts a strain on my resources as you have to cover for that staff member’s responsibilities when they are away at training.”

“A training programme that goes on for a significant length of time like this, and especially if it involves more than one staff member, can really cause a lot of headaches in trying to cover for personnel. We don’t have the budget for temporary cover so we have to juggle existing personnel.”

□ Perceived to be a Perk

As discussed previously the culture in many of the care centres tends traditionally to reward and value physical effort and activity. A heavy workload is taken on by most staff members and in some cases it was suggested that the contribution of staff members who are involved in activities such as arts or drama, which are perceived to be more “social and less onerous,” is not contributing fairly to the workload of the care centre. A number of Directors of Nursing, participating staff and representatives of the project promoters were conscious of this perception and suggested that the scepticism associated with the value of creative activities among some staff members had presented itself as a challenge. Some indeed suggested that a lack of support for the project and the project participants was evident among non participating staff.

“I suppose activities in general and certainly arts and drama related activities are thought of as a cushy number. Some staff would view them as an opportunity to avoid the day to day physical work involved in the centre.”

□ Lack of confidence and experience among potential participants

Staff involvement in the Arts in Care Settings project was brought about through a combination of ‘self promotion’, where interested staff members heard about the upcoming initiative and put themselves forward for inclusion, and instances where the project was recommended to a staff member by the Director of Nursing. In several cases where the project was recommended by the Director of Nursing there appeared to be a slight reluctance on the part of the staff member to participate as they may not have had any direct or formal experience in diversional initiatives or indeed in formal training. As a result Directors of Nursing often found it challenging to encourage appropriately skilled staff members to participate in the project.

“For many of them it has been years since they have been involved in formal training or education. It’s a daunting prospect considering a return.”

“A few of the staff I would have considered to be appropriate were attendants rather than nurses and may not have had the confidence or felt they didn’t have the experience to go for such a training programme.”

For many staff members commencing Module One was described as a daunting step due to an uncertainty as to what would be involved, anxiety about the nature of training and assessment and the mix of unfamiliar staff members from different care centres.

"When the Matron told me about the project and suggested I get involved I was quite anxious. I didn't think I would be that good at it. I had never done art or drama before."

"It's years since I had been on a course so I was a bit reluctant especially when I heard there would be an external examiner involved. I'm a bit old for that."

Summary - Project Expectations and Objectives

As indicated in the previous sections the various stakeholder groups had wide reaching objectives and expectations in mind for the project. It was also evident that the different stakeholder groups had *slightly* different emphases for the project; Age & Opportunity's primary objective was to enable residents to benefit through participation in the arts. The Midland Health Board representatives and Directors of Nursing viewed the project as a tool which would bring benefit to both the participating staff and the residents alike while some of the participating staff approached the project with specific career development goals in mind. There was however consensus across the stakeholder groups on the *primary* aims and objectives of the project. In order to guide the process of evaluation the consultants have taken the feedback on project expectations and objectives as reflected by all of the stakeholders, and as outlined previously, and summarised the primary goals and objectives in order to develop a sense of prioritisation. The consultation and evaluation was undertaken with these *key* goals and objectives in mind but also addresses many of those other objectives outlined by stakeholders. Through this process four key goals or objectives were identified.

- ❑ *To promote well developed facilitation skills, instil confidence and expose staff members to appropriate training concepts which would enable the participant to facilitate the resident through engaging and stimulating arts and drama based activities*

The project was expected to develop participants' skill levels in process drama and art facilitation involving older people resident in the various continuing care settings. Skills in facilitating the older resident in a group basis through a creative process were to be harnessed. Increased confidence levels on the part of the participant would be required to allow the staff member to engage the resident effectively. Most importantly the project itself was to encourage appropriate skills among participating staff which would enable them to facilitate older residents through an engaging and stimulating creative process.

- ❑ *To provide an opportunity for all residents to be involved in stimulating, enjoyable and engaging arts and drama activities*

Project promoters and Directors of Nursing alike wanted to see a project delivered which would ultimately be of benefit to *all* residents of the various care centres. A wide range of dependency levels exist within the care centres involved and the ultimate objective is for all residents including those with high dependency levels to be exposed to and benefit from engaging and stimulating activities.

- ❑ *To bring about more enhanced client interaction skills through a more intimate understanding of the resident and their needs*

In order to design appropriate creative sessions which would meet the need of older people resident in the care settings the project was to enhance and develop the participating staff member's own awareness of the residents needs and an empathy for their feelings, concerns and interests in creative and artistic activities.

- *To help develop an awareness among all staff that simple social contact and engagement with the resident is of very significant benefit*

Project promoters also hoped that the project, through visible and positive outcomes at the resident level, would help to develop an understanding among all staff that social gain interventions are most important to the residents.

Assessment of Impact & Degree to which Project has met Stakeholder Expectations

While some stakeholders were more positive than others in describing the project and its outcomes in terms of the participant's skill development the majority of stakeholders who were consulted during the course of the evaluation tended to be very positive in describing its impact when introduced to the residents of the various care centres who participated in the project. The project set out with the dual objective of impacting on both the participating staff members and the residents of the care centres who would be introduced to the project. The impact on each of these two target audiences is assessed in sequence below;

Impact on Participating Staff Members

- *Contribution to professional development*

While the qualifications and awards available through completion of the Arts in Care training modules are not a pre-requisite to career advancement several staff members suggested that they will contribute positively to their own career development goals. In particular the 'activities co-ordinator' posts were targeted by many as a potential career move and it was felt that the qualification would strengthen the applicant's case for such a position.

"I would love to get the job as an activities co-ordinator. I think that this training and the FETAC award should really stand to me if I were to apply for it."

"Ultimately I would like to move from care attendant status into the role of an activities co-ordinator. I could be competing with qualified nurses for the job but would like to think that this qualification will offer me an advantage over other applicants."

- *Increased confidence*

Staff who took part in the training came from a range of different staffing positions. Some were in direct contact with residents on a day to day basis while others, although working at an 'attendant level', were undertaking activities which did not involve direct interaction with the residents such as kitchen, laundry or driving duties. Although such staff members were often recommended for the training by senior management at the care centre confidence levels in terms of the "daunting prospect" of taking up training and in dealing with residents in a very intense manner were in many cases quite low. The project was credited by Directors of Nursing, Midland Health Board representatives and many of the participating staff with increasing the confidence levels of the staff members involved.

"We were able to experiment and test out our skills and abilities with other participants and with residents of Riada House while involved in the project. When it goes well that gives you a boost and you aren't so worried about running a session in your own centre."

By role playing with fellow participants and engaging in trial sessions with some of the older residents at Riada House (venue for the training) the participants were able to build up their confidence levels and assure themselves that they had the necessary abilities while working in the safe non judgmental atmosphere of the training project.

□ *Increased motivation*

Many participating staff identified that the most rewarding thing about the project is the positive feedback which it generates from residents involved in the sessions. Several staff members suggested that the very obvious and positive impact which the resident based sessions have resulted in has spurred them on to get more involved and in turn to encourage the residents to get more involved.

"It's amazing how much it means to some of them (the residents). In the case of some you wouldn't have been able to get a word out of them previously but they have really come out of their shell and got involved in the sessions."

"With some it's just so easy to see the impact. It could be a smile, a little more energy or enthusiasm. That really makes an impression on you and you want to do more as a result."

□ *Improved empathy and awareness for client needs*

Some staff members were relatively new to the work involved in a continuing care centre while others had worked in such settings for several years. Both relative new comers to the profession and established professionals often commented that the project had encouraged them to approach the residents with a fresh perspective and understanding. The awareness building exercises were frequently commented upon in this context with staff members suggesting that they were more in tune with and sensitive to the residents physical condition and feelings on any given day.

"Some of the exercises where you took on the condition of a resident were really enlightening. They encouraged you to approach residents more sensitively and to be aware of how they may be feeling at a given time."

"It made you stop and think that the client really needs to be in the right mood for a session. The project gave you a better insight into judging their moods."

□ *Improved client handling skills*

The increased levels of confidence and greater awareness of the resident's 'condition' was identified by many staff members and Directors of Nursing as a means by which the staff member's abilities in 'handling' or interacting with the resident had improved. Some staff members themselves suggested that as they were more confident and more in tune with residents they were naturally more effective at interacting with them.

"I just felt more confident in my own abilities. I also noticed that I was more clued in as to how the resident might feel. I guess then I was better at interacting with them."

"The more confidence you have in your own abilities the better you are at facilitating a group of residents through an arts or drama based session. The project really helped me in that respect."

□ *Improved facilitation skills*

Crucially the project sought to develop facilitation skills among staff members that would enable them to adapt drama and art experiences for resident groups within the care centres. Many staff members indicated that the project was most successful in realising this objective. However some staff members felt that all the appropriate facilitation skills had yet to be developed.

"Through practice with the residents of the care centre where the training was held and role play with the other staff members I was really able to develop the facilitation skills which I needed to bring back to the residents at my care centre."

"Theory is all well and good, and we covered some of that, but it's only through doing it (facilitation) that you really get better at it. We were given lots of time and attention to practice and role play on facilitation."

"When I look back at the approach I used to take towards what I thought was facilitation I sometimes cringe. This project has introduced me to a different approach. My facilitation is much more client focused now and hopefully encourages them (residents) to dictate the play more and get more out of the process."

For some participants however the "lack of balance between awareness building initiatives and focusing on practical facilitation drills and exercises" was often suggested as a reason why facilitation skills were not developed to the extent that they should have been.

"I didn't really get the necessary facilitation skills out of it. Too much time was spent on client awareness and the creative process rather than practical facilitation drills and exercises."

"I thought it would have focused more on the practicalities of running an arts session. I think more attention should have been given to running through sample exercises and routines."

Impact at the Care Centre & Resident Level

Many of the stakeholders groups involved both directly and indirectly in the project; project participants, Directors of Nursing, Midland Health Board representatives, non-participating staff members and residents alike were very certain that the project had a positive impact at the care centre level. The perceived degree of impact naturally varied from stakeholder to stakeholder but it was evident in a number of different ways;

□ Acceptance that this is a most important aspect of resident care

According to many of the Directors of Nursing consulted the Arts in Care Settings project has fulfilled a need for formal training and skills development in 'diversional activities'. There is, according to some Directors of Nursing and some participating staff, also evidence that the project has assisted in facilitating a change in attitude, and acceptance, among *all* staff members that this is a most important aspect of the residents care experience.

"It really is great that other staff are starting to acknowledge that the work these people do in the activities unit is really important. They can see the positive impact on a resident very quickly."

"What's most powerful is the reaction from other staff. They are really impressed with the way some residents have come out of themselves through the arts and drama activities."

"By seeing the impact and the way residents react positively it helps to develop an awareness that these interventions are important."

"Previously the absolute focus was on operational issues. Now there has been a very slight, but encouraging, attitude shift. Other staff members are more interested in and appreciative of the work that these staff are doing."

While these comments are encouraging many of the participating staff members suggested that there is "still an awfully long way to go" and that the value of the project is still doubted by many within the care centres.

"The penny has dropped with some of them, and you can see they are really impressed with the work that I am doing with the residents, but the negative attitude still exists in that many are still sceptical or think that I am just having a bit of craic for myself in this cushy number."

"It feels that sometimes you are undervalued when you come back to your own centre. I suppose it's a lack of understanding that this is really important or a perception that I am just getting out of the heavier work duties."

Other participants suggested that rather than a 'negative attitude' being displayed towards the project there is a degree of apathy or disinterest among non participating staff.

"I know my work doesn't really interest them that much. It probably isn't valued to the extent that it should or could be."

□ *A challenging project which has engaged residents in a meaningful way*

In the majority of the care settings the project participants have introduced the arts and drama sessions into the regular activities schedule of the residents. Many of the old activities continue to be carried out in parallel with the arts and drama sessions.

The vast majority of residents who have been exposed to the arts and drama project, a sample of whom were consulted as part of the evaluation process, have been very enthusiastic about involvement in the various sessions. For many it is a fixed part of their routine which they look forward to whenever it is scheduled. They spoke of the fun which they have and the sense of enjoyment and achievement they get out of participation.

"I know they try and do it most Monday and Wednesday afternoons. You look forward to it. It's a chance to have a bit of fun and get involved in something that little bit active. The days can be very long otherwise."

"We are very lucky here. I don't know how they manage it but we come down to this room (activities room) every day and you could be doing something different every day. There have been some really funny moments like when Paddy (not actual name) acted out a trip to Knock and we played the part of a couple of nuns. God that was great fun."

"You can get a bit withdrawn when you are sitting in your room or lounging round all day. You want to keep your mind fit as well as your body. Now I didn't think I would be a fan of art. I'd never painted before in my life but it really is enjoyable. The few small plays we have done have been a great bit of fun.....even to watch others if you're not directly involved."

"I try to keep active and get involved in everything I can. It's really important that you keep the grey matter going. Sessions like that are good for that."

"I didn't think I'd like it at all. I'd be a bit shy but I wasn't pushed into anything and I suppose I was a little bit surprised to see myself get involved but I really do like it."

Participating staff also spoke of the very positive impact which the project sessions had made at the resident level. Residents have surprised many of the participants with the degree to which they have taken to the various initiatives and the positive way in which they have benefited through involvement. Participants suggested that residents were happier, more active and in some cases more "at peace with themselves" through involvement with this project.

"When I look back and think of a few residents and the way they were, a bit antisocial...kept to themselves, but it's amazing to think they have come out of their shell and got involved."

"It's a demanding enough task. You go home shattered some evenings but the real reward is seeing the look on someone's face or hearing them laugh, and knowing that they are enjoying themselves."

According to Directors of Nursing many of the residents have benefited from active participation in "some really meaningful activities" which have engaged them, challenged them in a positive manner and brought enjoyment and fulfilment to a portion of their day. Positive changes in resident attitude and outlook have been noted by a number of Directors of Nursing. Examples were also given of neglected social skills which have been drawn out from previously "anti-social" and reclusive residents.

"What I am most pleased about is seeing the way some of them communicate better through the groups. They mightn't want to talk to anyone for the rest of the day but when they have been gently coaxed into the group some of them really come out of themselves."

"It's important that they are doing something that is meaningful rather than acting as part of a production line churning out cards, or colouring in pictures. Many of these clients are intelligent capable people. The project takes the traditional activity a step further and tries to offer the residents something meaningful which engages them."

□ *Assisting in developing linkages to the local community*

Some of the care centres, and Midland Health Board representatives, identified that the project has also acted as a "catalyst" in helping to develop stronger links to the community. It was thought that the project helps to "link the generations" by bringing in young people from the local community to see the projects that are produced and get involved in some of the sessions with residents.

"It's encouraged family and friends to come in and get involved in presentations and awards. Some of the school children also come in and get involved in the sessions. The residents get a lot out of that. I think that's a big positive in its favour."

"It's helped to develop a link to the local community. Locals and school children are invited in to look at the work and talk to the residents about it or even get involved themselves."

"One of the ladies here has written a number of small little plays, sketches really, but a few of the locals heard about it and came in to watch which is great."

Potential for Greater Impact – Resident Perspective

□ *Understanding that residents are not always in the appropriate form.*

Residents are naturally reluctant to be critical of programmes and planned interventions. Very few, if any, negatives were identified at the resident level. Some residents did however suggest that sometimes they are "a little bit off" or "may not be in the mood" on a certain day and so consideration and awareness for this attitude will need to be watched closely. Participating staff confirmed this view.

"I really like getting involved some days but other days you just want to sit back and watch or even go off on your own for a little bit of quiet time"

"It's great but there are times you feel a bit down in yourself and while it's a chance to get out of that mood sometimes you just want to sit quietly."

□ *Concern that not all residents benefit from participation*

It was also put forward by some residents that they "feel lucky" to be involved in such activities and suggested that other less mobile residents "are not so lucky". It would appear that consideration would need to be given to social gain related activities for less mobile and higher dependent residents at the various care settings.

"It's great that I can come down here (to the activities room) myself under my own steam but I know there are others, friends of mine who are stuck up in their rooms all day."

"I'm really glad I'm not confined to bed. It's a relief to get a change of scenery and to get involved in something like this. We are lucky we can do that."

The project largely speaking has had a positive impact on the lives of the residents who were afforded the opportunity to participate in the sessions. The most powerful endorsement tended to come from some of the non participating staff members who accepted that in the past they may have been sceptical of the project and its worth.

While a number were still unsure as to the real impact of the project some staff members were most impressed with the reaction from residents and the skill levels of the staff who are involved.

"I will admit I didn't think some of the staff that had been selected would have been able for it but they have really thrived on it. They are much more capable and it's easy to see that the residents really enjoy the work that they are doing."

"It's very clear that the patients get a lot out of the arts and drama sessions. I was kind of surprised because I thought those types of activities were going on for years."

Assessment of Project's Content, Structure & Administration

The Arts in Care Settings project was viewed positively by many of the stakeholders involved in the project. New skills and approaches were learned by participants. Similarly confidence levels improved in that staff felt more prepared and approached the resident based sessions with more conviction and purpose. In particular Module Two received considerable praise for the degree to which it assisted in building empathy and awareness levels among participants for the residents' feelings, concerns and interests. The feedback from stakeholders identified many positives but also revealed that there may be potential for improvement. Both of these areas are discussed in detail below.

Content, Structure & Administration - Positives

□ Developing an Awareness / Understanding for the Resident Perspective

Stakeholders from all groupings consulted during the course of the evaluation described the challenge in encouraging residents to get actively involved in arts or drama based sessions. Many residents are reluctant to try something new or different, to put themselves on show, or are simply not in appropriate form on a given day to get involved. A significant degree of trust must be developed between the staff member and the residents involved in the project groups. Essentially a safe and non-judgemental environment must be created which will encourage residents to feel free and take risks. Developing this trust and awareness for the concerns of the resident was identified as a key outcome by many staff members who completed the project.

In particular exercises which gave the staff member an understanding of the constraints or concerns of particular resident types generated very positive endorsement and comment.

"The exercise where we were blindfolded and walked around the hospital and car park really was enlightening. It really put me in the shoes of a blind resident and gave me an insight into what it must be like and how frightening it can be. You have to have an appreciation for the constraints and concerns which a resident may have."

"The role play exercises were very good. I remember one where one person acted as the bossy staff member and led us, or even ordered us through an exercise. It really gives you a sense for how the resident must be feeling. You have to take a soft approach with the residents"

□ Focus on Preparation & Balance between 'Process' and 'Product'

Rather than be over-prescriptive in the creative activities which residents are to get involved in or similarly to have little or no structure for a resident based session it was felt that a balance in terms of approach and preparation had to be developed.

"It was only after attending the course that I realised how much thought I would have to invest in preparing for a resident session. It's easy to think about it while you are doing other work activities but you would be lost without that preparation."

Many staff spoke positively of the way in which the project had taught them to invest time in preparation and had instilled an understanding that although residents will need to be offered some guidance on the activity that the value or benefit for the resident will be eroded if the proceedings are dominated by a set requirement or objective to produce a finished product such as a painting or model.

"The project really taught me that there wasn't as much to be gained by the resident if we were to dictate what was to be produced. If I was honest and looked back at some of the exercises I had them doing (prior to the Arts in Care Setting Project) they were awful.....I used tell them what colours to use, what lines to draw, what inscriptions to put into a card, where to place objects. The project taught me that you are there as a facilitator and to encourage the resident to engage the process as they see fit. Only then are you really challenging them and encouraging them to be creative."

"It really drove home that the process is far more important than the end product where previously I was concerned that they would have a nice picture to hang on the wall."

Several staff members and a small number of Directors of Nursing suggested that some staff had achieved this balance in approach and as a result *"really encouraged the resident to truly engage the process and derive real personal satisfaction from it, rather than just follow the instructions of the staff member."*

- *Did not provide a template of projects but equipped participants with a range of ideas & concepts*

Project designers and promoters identified that a primary goal of the project was to *"draw out the creativity in others by relying on the staff member's own creativity"* and that the project ought to encourage staff members to *"identify themes of interest"* to individual residents. Rather than equip staff members with a detailed template of resident based sessions which they could immediately implement in their own care centres many participants spoke positively of the way in which the project had equipped and encouraged staff to develop their own sessions based on their assessment of the resident's interests.

"It gave us some really good examples which we could use but it also made us consider more carefully what the residents in our groups were actually interested in and encouraged us to design projects around those interests which would get the residents really involved. Of course not all of them worked but through a little bit of trial and error you developed some real winners."

"It encouraged you to design very simple projects that might be of particular interest to some residents. You took their interests into account when putting a session together rather than rolling out something that worked well in another group but you know at the bottom of your heart just won't work with this group."

- *Opportunity to Interact with Colleagues*

The participants involved in the project included representatives from several different care centres. Some performed an 'activities' role on a formal and permanent basis while others engaged in resident based sessions on a less frequent and more ad hoc basis. However the participants were provided with an opportunity to share their experiences, talk about initiatives that had worked well or had gone poorly and to discuss barriers which they had overcome in developing the arts and drama based sessions within their various care centres.

"It was very interesting to hear the others talk of projects that had worked well for them. It gave you more ideas and the confidence to try new things."

"I got a lot from hearing people talk about things they had tried. It was good to bounce ideas off each other and to find out what works well. It gives you a lot of food for thought."

Several staff members identified that they had encountered a lack of support and in some cases actual resistance to the project from non participating staff members. The opportunity to interact with colleagues at the project and gain mutual support from that interaction was identified as one of the key highlights of the course.

"It was interesting to hear that some of the others had encountered the same negative vibe or lack of support from other staff members who thought we were onto a cushy number."

"I suppose there is no single way of dealing with it but it was comforting to hear it wasn't just me being paranoid.... thinking that I wasn't being supported or viewed positively by other staff members."

Some of the confidence that the participants had developed through the project came through this interaction with colleagues. The interaction also provided the additional opportunity for participants to measure up their work against that of their peers.

Content Structure & Administration - Areas of Concern &- Suggestions for Change

The process of evaluation naturally encourages stakeholders to identify things that could be done differently. There was a significant degree of comment around the course structure and content suggesting that changes could be made to address some of the concerns held by some participants, Directors of Nursing and Midland Health Board representatives alike.

□ The need for the project to be all inclusive

Discussions with Directors of Nursing and project promoters highlighted the objective that the project ought to be developed for the ultimate benefit of *all* clients who are resident in the participating care centres. Directors of Nursing, participating staff and the Midland Health Board representatives alike suggested that *all* residents, including those residents with higher levels of dependency, should be able to participate in some respect and benefit from the project sessions run in the care centres. A significant proportion of such personnel questioned whether this objective had yet to be achieved. For many of the care settings involved the project sessions and training was thought to be focused on the needs of more able bodied and mobile residents.

"It's understandable given that the project is only up and running for a relatively short period of time and considering the staffing limitations in the centres that not all residents are exposed to the project.....but I feel strongly that more attention must be paid to the needs of these residents."

"We are trying to deliver an equal service for all our residents which is considerate of their physical and mental condition and their degree of dependency. The project needs to address those needs in a more balanced fashion."

These views were invariably supported with the caveat that the project "*has to have realistic goals*" and is only in a position to experiment with less dependent residents prior to being rolled out to include residents with higher dependency levels. It was also accepted that staff themselves would need to develop their own skill levels while working with less dependent residents prior to moving on to the more challenging task of engaging residents with high dependency levels.

"It probably isn't realistic to think that staff who have just completed a training course would be in a position to introduce it to a most challenging audience. They will have to find their feet first with less dependent residents."

It was also recognised that limited staff resources place further constraints on including *all* residents in the initiatives.

"We are stretched as it is devoting staff on a full time basis to look after activities with the low to medium levels of dependency."

At present, however, it is thought that the project in its current format does not address the needs of the more dependent residents. While it was accepted that there are challenges to introducing the project to higher dependent residents many of the Midland Health Board staff consulted suggested that the project would benefit from, and in the viewpoint of some *must have*, greater focus on the needs of highly dependent residents. Several personnel suggested simple initiatives such as hand and head massage.

□ *Absence of practical approaches that could be readily adopted in care centres*

It was readily recognised by *some* participants that delivery of a 'quick fix' or template of resident based sessions by the project facilitators would be inappropriate. Several participants however expressed disillusionment and disappointment as the project outcome in this respect appeared to be very different to the staff members' own expectations on commencement. These staff members felt that the project did not have a sufficient practical focus with too much attention being paid to understanding the resident's needs. Such personnel felt that the project and its participants would benefit from greater and more frequent illustration of and practice in resident based sessions.

"I was hoping to get more practical ideas out of the project....things I could introduce to my care centre. I felt a bit lost at times as I often came out scratching my head wondering when we were going to get project ideas."

"I was in an activities role prior to starting the course and was looking for fresh ideas that I could bring back. I just thought it would offer us more practical ideas and exercises."

For some this sense of frustration was lifted as Module Two of the project progressed.

"In hindsight having now completed the two modules I can now understand why we did so much of the awareness development and personal creative development. At times I really didn't know what was going on. It wasn't living up to my expectation.....I thought it would be a lot more practical but the penny dropped at about the mid point in Module Two. You have to draw out your own creativity and understand the needs of the group you are dealing with before you head into designing resident based sessions."

For others however it appeared to colour their impression of the project and its overall value.

"What we really needed was to learn about exercises that we could use with residents. We got some but there really should have been more that we could use."

Staff members also speculated that the lack of focus on practical resident based exercises earlier in the course and particularly in Module One contributed in part to the fall off in participation.

"Some people got frustrated and just couldn't see the value in sticking with the project because it was quite a while before you got ready examples that you could bring back with you."

It was felt by many that the project would benefit from an earlier introduction and more frequent use of practical measures and examples of resident interventions. Staff members themselves recognised that their professional orientation and focus tends to concentrate on tangible and accountable factors which are acted on in the *“here and now, for example, beds made, residents washed and dressed and so on”* rather than on long term goals and objectives. With this in mind some staff members suggested that the project would benefit from the introduction of more direct client intervention techniques at an earlier stage in the training in order to retain participant interest and commitment.

□ Clearer Guidance on Course and Project Structure

Course Structure

Staff members themselves recognised that in their own professional capacity they are very used to and comfortable with working to a very clearly defined structure and routine. For some participants the *“free flowing”* nature of the project proved to be very challenging in that they did not know what to expect from session to session and were on occasion uncertain as to what had actually been achieved in some of the various sessions.

“At stages you didn’t know where you were in the course or what to expect next. At times I got the feeling that it was changing as we moved through it. I would have much preferred it if I knew what was going on in each of the sessions and what to expect to get out of them.”

“It was difficult to know how the sessions pieced together. It felt on occasion that we were looking at very different things in different weeks.”

In hindsight some of these staff members accepted that when pieced together the various sessions provided a logical route to achieving the desired goals.

“It did add up when you look back on it now....it makes sense.”

The fact that the project had originally started out as a ten week training programme and was only then put forward for FETAC accreditation, which required the addition of a further five workshops, may have contributed to this perceived lack of structure. The project has changed over time and in the words of the promoters and project designers *“has done so on the strength of learning from earlier experiences and with the needs of the participants uppermost in mind.”*

Subsequent to the first part of Module One the two modules were put forward for FETAC accreditation. This process required the development of a detailed course structure, outline of content, learning outcomes and project guidelines which were then in turn made available to the project participants. Both modules were approved by FETAC on the strength of this clearly written and defined course structure with well-defined learning outcomes. While this detailed documentation was made available to the participants in advance of the project this uncertainty and lack of understanding in terms of the course structure still appeared to be an issue for a number of those involved in the training. Given the availability of relevant and detailed documentation on the course structure these instances of lack of awareness and uncertainty may signal the need for future courses to pay even greater attention, at the outset, to expectation setting and communication of course objectives and desired learning outcomes.

Course Project

In particular the course project, which was required for the purpose of external assessment, presented a very specific and significant challenge to many of the participants. It appears that for many this was a most daunting undertaking as most of the staff members had been out of formal education and training for many years. Indeed for some staff members the stress or challenge brought about by the Module One project discouraged them from participating in Module Two.

"I really struggled with the project. I didn't know what was expected or really understand the shape in which it should be presented."

Although participants were issued with project guidelines, as submitted to FETAC for the purpose of course accreditation, the perceived absence of a clear structure and format and defined guidelines on content proved to be a most significant challenge for some. This feeling was echoed by staff members, Directors of Nursing and Midland Health Board representatives alike.

Several staff members did however suggest that when approached the support of the two trainers was most forthcoming and critical in guiding them through the process.

"I was really stumped with the project. I just didn't know what way I would go about it but when I went to the two trainers they really coached me through it."

Discussions with the project facilitators and project promoters indicated that all participants received ongoing advice and support with the FETAC projects and that some contacted the project facilitators on numerous occasions. The facilitators also suggested that the course project *"will always be a relatively demanding task for participants as this is a crucial part of the learning process."*

The uncertainty and perceived lack of structure did cause some frustration and clearly some participants would be more at ease with a defined structure with course content, activities and project milestones defined and clearly communicated at the outset. While this is available in a documented format it would appear that participants would benefit from an even more detailed description of the focus and purpose of the different aspects of the two modules and the expected outcomes and available learning from the various phases of training.

□ *Absence of Professional Care Centre Experience on the part of Project Facilitators*

The two project facilitators were very open with participating staff members on commencing Module One that their expertise was in facilitation and arts and drama rather than having direct experience in working in continuing care settings. For some staff members this was surprising and appeared to have undermined some of the initial confidence which they might have had in the course trainers.

"Initially I was really surprised that they were not from a hospital or care centre background. I didn't know how they would understand the environment we were operating in."

Many however felt that any lack of direct professional experience was overcome after a number of sessions in Module One as the two facilitators encouraged open dialogue and a sharing of experiences which allowed them to build up an understanding of the environment in which the staff members worked. Several staff members suggested that it was clear on starting Module Two that the understanding of the facilitators had improved considerably.

"They took the time to understand the types of people that we were working with and the constraints that that introduced. I think they tried to design the project around that."

Some of the Directors of Nursing and participants consulted however continued to hold the opinion that the facilitation or project design team would benefit considerably from the input of an experienced care centre professional who has a more intimate understanding of the resident profile and the constraints of a care centre.

□ *Project Duration and Focus*

There tended to be very little if any negative comment focussed on the management or administration of the project. Directors of Nursing and Midland Health Board representatives tended to be positive in describing the quality of the their relationships with the other project stakeholders. Communication was thought to suffer on occasion and it was believed that the project could benefit from more frequent contact and interaction between the Directors of Nursing and the various promoters.

Linked to a previous point raised on the structure of the project several staff and a number of Directors of Nursing believed that the project would benefit if it was presented in a more condensed format which would contribute to greater focus and would help to generate more energy and commitment among the participants.

"The two modules seemed to go on for too long. It was difficult for staff to retain their focus. I think it would have been better if it involved a few less sessions and took place over a shorter period of time."

"If there had been less sessions it might have encouraged a faster pace and concentration on the key issues around resident based interventions."

The distance from many of the care centres to the project location at Riada House and the travel involved also presented a challenge for some participants. In the case of some participants who completed Module One but did not progress to Module Two the travel demand was put forward as a key deciding factor.

□ *Use of support and reference material*

The project sessions were in the words of many participants very *"hands on"* and focused on *"active learning"* rather than concentrating on the theoretical underpinnings of the subject. This balance in approach between theory and active learning was thought to be appropriate as many staff members were out of formal education and training for several years and thought that they would struggle more *"if heavy reading was also included."*

Participants did however suggest that on occasions they felt isolated when returning to their own care centres and would have benefited from more support material to reference and guide them in developing their own resident based project sessions.

"The diary which the facilitators encouraged us to keep was helpful.....but it probably only went so far. It would have been helpful if you could reference some books or readings to support and guide some of your own thinking. Even though you know something it helps to have an approach confirmed by seeing something supportive in text."

"Even though you had gone through all the motions and have practised different scenarios in the training, when you are on your own in your own centre you can be a little unsure about your own thinking.....some more notes or texts would be helpful and would provide you with a little bit of comfort and confidence that you are going about it the right way."

Discussions with the project facilitators indicated that while participants were provided with a relevant reading list *"the ground breaking and innovative approaches on which the course is based has meant that there is an absence of directly relevant literature to support the project."*

Evaluation on Key Objectives - Summary

The assessment of the project, from the perspective of the various stakeholders, in terms of the projects content, structure, administration and overall impact has been carried out in detail in the previous sections of the report. The project has just completed its first delivery of a second module. Limited opportunity in terms of time scale has been afforded to measure its impact at the resident level. Largely speaking however the project is held in a positive regard by many of its stakeholders. Most importantly the arts and drama interventions appear to be highly valued at the resident level. Some negative opinions and suggestions for change have been identified and these have also been outlined in detail in Sections 5.2.3 and 5.3.2. To provide an overview, the extent to which the four key objectives, which were identified on foot of consultation with *all* stakeholder groupings, were realised is summarised below;

1. *To promote well developed facilitation skills, instil confidence and expose staff members to appropriate training concepts which would enable the participant to facilitate the resident through engaging and stimulating arts and drama based activities*

The project sought to develop facilitation skills among staff members that would in turn enable them to adapt drama and art experiences for resident groups within their own care centres. In the context of those who completed both Modules One and Two the project would be considered successful in realising this objective. The project's contribution to bringing about increased confidence levels among participating staff was most notable.

It was however felt that the project and in turn the staff member's ability to engage the resident would benefit from an earlier introduction and more frequent use of practical measures and examples of resident interventions in the various project sessions.

2. *To provide an opportunity for all residents to be involved in stimulating, enjoyable and engaging arts and drama activities*

Wide ranges of resident dependency levels exist within the care centres involved in the project. The project itself was thought to have focused heavily on the needs of residents with low to medium levels of dependency. Given the additional constraints and challenges involved in dealing with residents with high dependency levels this approach would appear to be appropriate in the initial stages of a project like the Arts in Care Settings initiative. Staff themselves will need to develop their own skill levels while working with less dependent residents prior to moving on to the more challenging task of engaging residents with high dependency levels. It would be advisable however that future courses give additional consideration to the needs of residents with higher levels of dependency.

3. *To bring about more enhanced client interaction skills through a more intimate understanding of the resident and their needs*

The project appears to have been most successful in developing and enhancing the participating staff members own awareness of the residents needs and their empathy for the feelings, concerns and interests of residents in creative and artistic activities.

4. *To help develop an awareness among all staff that simple social contact and engagement with the resident is of very significant benefit*

In the case of many of the care centres involved there has been a reasonably visible and positive impact at the resident level. Care centre management and many non-participating staff have commented very positively on the effect that the project has had on residents. In many of these care settings the project is indeed an effective tool in helping to 'sell' the importance of social gain related interventions. It is however unrealistic for any one project, such as the Arts in Care Settings project, to be the sole vehicle in promoting the importance of social gain related interventions

Conclusions & Recommendations

The Arts in Care Settings project is a relatively new initiative which introduces in the words of a number of stakeholders *"a new way of thinking and interacting with the resident."* Two Module 1 courses have taken place and one Module 2 course. 37 staff members and volunteers successfully completed the Module 1 courses. Sixteen of them received FETAC Module 1 accreditation. 13 people continued and completed Module 2, nine of them with FETAC accreditation. The initial reaction to the project from residents of the care centres involved has been very positive. Many Directors of Nursing, participating staff and representatives of the project promoters also hold the project in high regard. Teething problems were naturally experienced, most noticeably the lack of support or apathy, evident in the case of non participating staff members. These should not negatively effect future courses. For many there is an enthusiasm to proceed further with this project and to continue with the positive impact which it has made at the resident level. Some negative opinion has surfaced and suggestions for change have been offered by many of the stakeholders. A number of suggested approaches to these issues are contained within the main text. To conclude the report, however, we have focused on a small number of issues which arose. These issues, and our recommendations for the project promoters in relation to these issues are as follows:

1. **Setting expectations**

On completion of Module One disappointment existed among *some* staff members as the project outcome appeared to be very different to these staff members own expectations on commencement. Many participants were looking for a template of projects which they could immediately roll out to residents. Identifying specific themes of interest relevant to particular residents and adapting drama and arts experiences for the groups was in fact the approach used rather than production of a 'quick fix' or template. Expectation setting would appear to be an issue to consider for future courses. Participants should be offered a very clear description of the focus, expected outcomes and available learning of the various phases of the training.

2. **Communication of a clearly defined structure**

Staff members of the continuing care centres are far more comfortable with working to a very clearly defined structure. At times the project appeared to be loosely structured. This in itself is not a criticism of the way in which the course was structured but rather the way in which the course structure, expectations and desired outcomes were communicated to participants. Both modules were approved by FETAC on the strength of a clearly written and defined course structure with well-defined learning outcomes. While this detailed documentation was made available to the participants in advance of the project this uncertainty and lack of understanding in terms of the course structure still appeared to be an issue for a number of those involved in the training. Given the availability of relevant and detailed documentation on the course structure these instances of lack of awareness and uncertainty may signal the need to pay even greater attention, at the outset, to the communication of course objectives, purpose of the course structure and desired learning outcomes.

3. **Earlier introduction and more frequent use of practical measures**

Many of the participants come to the project looking for practical 'concrete' ideas to introduce to the residents in their own care centre. While a primary goal of the project is to encourage the participants to develop their *own* creativity so that they could in turn draw out the creativity in others the project could benefit from the earlier introduction and more frequent use of appropriate exercises which could be used in a resident based session. While many of the participants would now have the confidence and the skills to run a session some continue to struggle with generating ideas to underpin those sessions.

4. **Expose non participating staff to the project and its benefits**

The initial reaction of other non participating staff members to the project was in the words of some participants 'disappointing'. There appeared to be either a lack of interest or simply low awareness among many of the non participating staff as to what the project was about or how it was hoped that the residents would benefit. The use of 'bite-size' introductions to the project and its benefits ought to be considered by the project promoters.

5. *Need to roll out project to residents with higher dependency levels*

For many of the care settings involved there was suggestion that the project was focussed on more able bodied and mobile residents. It was felt by many that the current project format does not address the needs of more dependent residents. While it is accepted that this is a very challenging objective many stakeholders would like to see simple initiatives such as hand massage introduced for residents with higher levels of dependency. Naturally this objective will also place a further demand on limited staff resources as projects involving higher dependent residents will require smaller group numbers and in many cases one to one attention.

Appendix One
Project Facilitators Report on Module 2

Authors:

Elly McCrea, Course Co-ordinator and Process Drama Facilitator
Gerda Teljeur, Process Art Facilitators

1. Summary

'Facilitating Process Drama and Art in Care for Older People' is the second module in the Arts in Care Settings Training Project. It follows on from the module 'Process Drama and Art for Older People'. Successful completion of Module 1 is a requirement for entry to Module 2. Trainees can apply for certification under both modules to FETAC at National Vocational Certificate Level 2. Trainees who successfully complete the course also receive a certificate jointly from Age & Opportunity and the Midland Health Board.

The aims of Module 2 were to enable participants to gain facilitation skills and to continue exploring their own creativity.

The specific learning outcomes were:

- ☐ To explore creativity in a wider context (building on work done in Module 1)
- ☐ To develop process drama and art facilitation skills with older people
- ☐ To document a process drama/art project with older people

The course consisted of 11 workshops from October 2002 to March 2003 at Riada House, Tullamore. Trainees were then supervised at their work centres by the course facilitators. Twelve staff and one volunteer from 8 care centres undertook the training and 9 applied for certification. Assessment was carried out in the following way:

- ☐ Trainees kept a learner journal and underwent a rigorous self assessment process where they defended their mark to the course facilitators and course colleagues
- ☐ Trainees planned, implemented and documented 6 sessions of work with older people in their care

2. Course Description

Module title: **Facilitating Process Drama and Art in Care for Older People**

The project was commissioned by Age & Opportunity and supported by the Midland Health Board.

Project location: Care Centre for Older People, Riada House, Tullamore, Co. Offaly

Date: 3 October '02 – 13 March '03

Total number of workshop days: 11 (from 9.30 a.m. – 4.30 p.m.) + Supervision of participants at work

Project participants: 13 Staff members of 8 M.H.B. Care Centres in Athlone, Abbeyleix, Tullamore, Mountmellick, Edenderry, Port Laoise, Mullingar and the general Hospital in Mullingar.

(12 women and 1 man: of which 4 are full-time activity nurses, 4 full-time activity attendants, 2 attendants, 1 volunteer activity person, 2 nurses of whom one is specialised in gerontology)

**Education and Training Coordinator, Age & Opportunity
Project Coordinator and Process Drama Facilitator
Process Art Facilitator**

**Paul Maher
Elly McCrea
Gerda Teljeur**

3. Aims of the course:

- *to enable participants to gain facilitation skills in process drama and art with a wide spectrum of older people in residential and day care settings*
- *to encourage participants to carry out and document a process drama and art project with older people in their own care centre in accordance with module, 2, FETAC (Further Education and Training Awards Council) creditation.*
- *for participants to continue exploring their own creativity through process drama and art*

This course, Module 2, is a development of Module 1. The successful completion of Module 1 is a requirement for entrance to this course. (see evaluation report of Module 1, July '02)

4. Process Drama and Art

During all the courses the focus is on the process rather than on the product, which makes it easier for the staff to feel free, to experiment, to take risks – to push out their boundaries – and in the end surprise themselves. To facilitate others in the Arts we have to gain insight first by experiencing it for ourselves. For this reason the main focus of these courses is on the exploration of one's own and the older people's creativity through Drama and Art in a safe and non-judgemental atmosphere.

Process drama requires no script and no audience, it exists only for the benefit of the participants. The drama exists in its own right in a non-competitive environment. The aim is to enjoy and learn without the pressures and constraints imposed by performances. It's the journey rather than the destination, the process rather than the product that counts. If an end product occurs which the group is proud of – fine! But the intention is not a finished piece of work, but rather an experiment, a shared improvisation, an unrehearsed, unplanned experience, where people express themselves with their own words and movements. *

The same philosophy applies for process art except that materials are used for self-expression. Working with materials such as paper, paint, etc. will leave tangible evidence of what has happened during the internal process. However this external evidence is not for interpretation nor to be seen as an end product but as part of an ongoing self-developmental process in which marks and sculptures are not made for their effect, skill or aesthetic beauty but as part of this exploration.

*Elly McCrea, (2003) *'Elly's Onion, A Beginners Drama-in-Education Guide for Teachers and Careworkers'* IAPCE

5. Course Participants

So far two Module 1 courses have taken place in the Midlands and one Module 2 course. Thirty seven staff members and volunteers successfully completed the Module 1 courses; all obtained certificates from Age & Opportunity and the Midland Health Board. From this group, sixteen also received FETAC Module 1 certification. Twelve staff and one volunteer continued with Module 2, nine of them with FETAC certification. Most of them were either full-time or part-time involved with creative activities in their work place. The fact that course participants received FETAC certification in respect of Module One gave them, Directors of Nursing and the course facilitators confidence to proceed with Module 2.

6. Course Content

The following will give a brief description of the content of the Module 2 course.

Date: 3 October, workshop 1

Objective: *Group involvement during the Bealtaine conference in Mullingar and group bonding.*

Because a Bealtaine Networking Day in Mullingar took place at the same time as the beginning of the course, it was seen as a good opportunity for the staff to be part of it, partly to hear about other projects involved with the Arts and Older People and partly to contribute by telling others about their experiences so far.

It was very interesting for the group to hear about the Maugherow Project (Sligo), an intergenerational project where youngsters from St Parick's National School and older people worked together and through this experience learned how much they had to offer each other. The project was set up in order to explore the potential of using the arts in a school environment to address the isolation and exclusion experienced by many older people in rural areas. One of the staff made use of this idea for her project in her own place of work later on.

Three Arts in Care trainees were asked to give a short talk about their experience of the Arts in Care Course, how it had influenced them and the effect it had on the people in their care centre.

All three of them, 2 nurses and one attendant, are employed full-time as activity people.

Points that were brought up:

- ❑ They all highlighted the positive change their work had on the older people in their centre. People were looking forward to tomorrow. Being involved with the Arts gave them an interest, it encouraged social interaction and fun. There was less smoking and less attention seeking. Other staff had noticed that people who were agitated became more relaxed and slept better after their session.
- ❑ They talked about the way their work had developed, in one case very extensively with community involvement.

- ❑ A growing interest among the other staff, when they started to notice the positive developments amongst the older people and the effect the work had on them when activities did not take place that they had become used to.
- ❑ Difficulties they had to cope with when colleagues are not receptive, due to misunderstanding about the value of the work. Staff shortage was mentioned as having an extra aggravating effect.
- ❑ They found that the course gave them confidence and clarity about what they were doing and so were more able to explain the value of their work to others.
- ❑ One of them highlighted the fact that the emphasis on the process during the course had had a profound effect on her work that had been product based. She used to come in all prepared with things in mind that she was going to do, and expected people just to follow her. She learned to be comfortable with encouraging the older people to take the initiative and make them less dependent on her, so they could trust their own creative process. She now had to deal with staff who were looking for products that they were used to seeing and wondered what was going on.

Because this was the first time the group met (as they were drawn from two different Module 1 groups), it was important to work on group cohesion. We opted out at the last hour of the conference to give the group the opportunity to talk to each other and give each individual the opportunity to voice what they wanted to get from this course. It became a very lively discussion, where a lot of points of view were aired, which was a good way of getting to know each other. They wanted more hands on experience especially with the more dependent people. Some expressed the view that the expectation on them to achieve certification under FETAC was unrealistic given the difficulties they often have to work under, such as: lack of space, materials, noise, interference from other staff, too many older people to deal with.

Date: 17 October, workshop 2

Objective: *More group bonding. Settling in the centre by meeting the staff and older people. Information about module 2 requirements and evaluation process. Personal experience with painting.*

The group started off with being very attentive with notebooks in the hand. They wanted to be well prepared, they wanted to know about the assessments, what the requirements were this year. They knew much better now, as most worked as activity people, what they needed to know and they were set on getting Module 2 from FETAC. They were a very dedicated group.

Apart from filling them in about the requirements for this course, we asked the group what they learned from their first course. These were some of their responses:

- ❑ Because of having gained more self-confidence and a qualification, they felt that they had more weight now while talking to the other staff.
- ❑ They felt they had more empathy and understanding with the residents due to the sensory workshops (in particular in relation to hearing and visually impaired people)
- ❑ They felt they had more empathy with the residents' families, due to some of the drama improvisations where they were asked to take on roles of family members in care situations.
- ❑ Their mindset had changed from the medical model towards a model of facilitating. "What do you want?, What do you need?" "How can I facilitate you?"
- ❑ One staff nurse engages her colleagues with relaxation exercises, which has a positive effect on the atmosphere in the ward, a benefit to all.
- ❑ Involvement of other staff during a clay session made them see the benefit of it, after experiencing it for themselves.
- ❑ They touched on problems in relation to activity nurses versus activity attendants in relation to pay and posts. Some of the nurses never get the opportunity to practise their Arts in Care skills and don't expect to get employed as activity persons, but if they did, they would receive a considerable drop in remuneration.
- ❑ Older people, who got used to involvement with the Arts, started to take the initiative now, by asking for activities. They did not need the safety of their armchairs anymore.

Art - Personal experience with painting.

Gerda felt that up till now the artwork had been very much skill oriented with a focus on creative problem solving, rather than looking inward for subject matter. She now used guided imagery as a starting point. All the staff with the exception of one, got totally absorbed in the process and recognised the richness of being in touch with their own resources. In small groups they got an opportunity to share their experience,

with the guided questions – What did you discover about yourself? What is the painting telling you? Interesting conversations developed.

Hugh O'Connor, the evaluator of the course, explained to the group the evaluation process that he was about to start and gave the group an opportunity to express their fears around it. By the time he left, due to his sensitive approach, the group was positive about the evaluation and promised active participation.

The last part of the day was used to prepare next week's sessions with the residents and day care people. The plan was to work with 4 groups of older people for the next six sessions. An initial suggestion that the people would be grouped according to level of dependency and disability was rejected by the group as they felt that a mix would be more beneficial for the older people and would more accurately reflect the situation they work with in their centres.

The following week one group worked with a day-care group (low dependency level) and 3 other groups worked with a mixture of people from high to medium dependency. (Some people suffer from Alzheimers disease, others have a lot of physical problems which we had to take into account while planning the sessions.)

Date: 31 October, workshop 3

Objective: *Preparation of the sessions with the older people. Drama experience for the staff.*

On arrival the staff divided themselves into four groups. Each group decided on the group of older people they were going to work with for the next 6 sessions and started to plan their first meeting with them. Their focus was on how to build a relationship with the older people that would give them confidence and a sense of enjoyment about what was going to come. At the same time the staff wanted to find out as much as possible about their needs. The number of older people to each group was about six. The group size could vary each week, mainly due to illness, death and newcomers.

There was a great feedback session afterwards. Each group discussed the way they approached their group, what they learned from it and what they intended to do the following week. They were concerned about some of the older people not being involved, either they did not hear about what was going on or were asleep most of the time. They were going to get more information from the Riada House staff about the residents. It was a great help that two of the staff worked in Riada House themselves.

Drama: Movement and improvisation

I was aware that not all the staff had had the same experiences during their Module.1 course. We planned the courses very much with the needs of the group in mind, and adapted sessions as we went along. For instance the second group experienced the music and movement session with elastic bands and had used it successfully with people in their own place of work. I wanted all the staff to have this opportunity, by experiencing it for themselves. They got very involved and discussed its value with older people. They also worried about the fact that movement exercises are seen as the domain of physiotherapists by physiotherapists. There seems to be quite a bit of confusion amongst the staff as to what kind of work is within the realm of their care. Personal liability insurance is killing people's creative approach to their work. Some feel stifled with all the new rules and regulations and feel that they often get contradictory advice at work and during the various courses they attend.

Date: 14 November, workshop 4

Objective: *The theory and practice of facilitating process drama and art with the older people*

For the next 5 sessions we followed a basic structure. As soon as the staff arrived we started with an introduction, such as: a feedback chat, maybe a relaxation exercise, some movement, a drama game or whatever seemed appropriate to start with to focus the minds and hearts. After that each group started to get ready for their session with the older people. That meant going through the structure of their session, allocating people for the different roles they were going to play and sorting out the necessary materials. Gerda and I would give support by challenging their structure, giving suggestions, helping them with the materials and supervising the groups in action.

After each session, groups would evaluate their session before bringing it into the larger group. It was seen as very valuable to hear about each other's work and have an opportunity to discuss it in the larger group. People got new ideas and approaches by listening to each other.

Questions staff were asked to reflect on:

- ☐ What kind of interaction took place? Was there any development?
- ☐ What do you think the needs of your group were?
- ☐ What is your objective for next week?

At the end of the day the activity co-ordinator of Riada House, who is very involved with aromatherapy and the snoozeling room, very kindly gave an excellent introduction of both to our staff.

Date: 28 November, workshop 5

Objective: *Development of facilitation skills (3)*

We started the day by asking the group for feedback about this course so far. A lively discussion developed, they said they were happy with the course. They wanted to talk about their own workplace and the problems they found on their way. There was a great need for support, which they gave each other in generous amounts.

There was a noticeable difference between various members of staff's awareness of the value of process based work. For some it only started to make sense now, they never understood the difference between process and product, but still they found it hard enough to trust the process. They did not really know how to bring this about, which made them feel insecure. They still played safe with the session contents. More or less each group of staff relied on what worked for them before, so the same activities were repeated with the same people facilitating them. Consequently one group might spend a lot of the time on songs accompanied by one of the staff playing the accordion, which the older people love, while another focussed on getting the people to talk about their past. Yet another might do artwork with expectations, for instance of making an ashtray out of clay. We had to work hard on creating opportunities for staff to trust their own and the older people's creative input.

We were aware how staff noticed subtle changes in body language and how sensitive they were to people's needs. They spotted how certain forms of interaction held the attention of the older people who used to fall asleep. We could see the trust developing in the groups; the staff became competent at making people feel safe.

How could we move people on?

I decided to use the framework, which I described in my book "Elly's Onion" (mentioned before) for each group. Tease out the aim and objectives for each session with the staff and get the whole group involved with the feedback and suggestions for the next sessions. I felt that the framework made the whole process more concrete for them, easier to know what to aim for. It helped them as well in planning their own project, which they had to carry out in their place of work.

We finished up by Gerda showing some reproductions of Matisse's work made when he was old, while I did some drama exercises with them that could give them food for thought while planning their own workshops.

Date: 12 December, workshop 6

Objective: *Furthering the facilitation skills for working with the older people (4) and focus on staff's outlines of their own projects. Art experience.*

We had asked the staff to give us outlines of the planned projects they were going to carry out at work. We wanted to make sure that they were on the right track before they implemented the work. This proved very valuable, as there was a lot of struggling going on, most plans were too ambitious or product based. We spent a lot of time explaining pros and cons of the various samples. Gerda and I realised how much experience is required before people really understand the meaning of getting people involved in a creative process that is meaningful.

The sessions in Riada House brought up a lot of material for discussion. One group during their session found out that one of the older people in their group had died. They had intended to do preparations for creating a rambling house for the last session, but dropped the idea and thought the people needed livening up instead. They got them singing with the accordion and doing movements to the music. However during the feedback they showed dissatisfaction and realised that they had not given time to discover the group's

feelings as they had decided what was best for them. They came up with different approaches that might have been more useful to the people, such as asking them how they wanted to spend this session, giving them an opportunity to express their feelings about the loss, what the person has meant to them and how they wanted to remember him.

Another group focussed on sensory experiences in relation to Christmas, which got people involved who were usually hard to stimulate. It brought up a lot of stories about their past.

One staff member started with a story she read from a book to stimulate the group, but unfortunately she did not make any eye contact and did not put much life into it, so that there was hardly any reaction from the group. Staff were at a loss what to do, they had expectations about the development of the session that did not work. It made me realise that skills in storytelling would be a very good addition to a further course.

Art: Working in twos on the same topic

Gerda got the staff involved in drawing their ideal Christmas environment for when they were 80.

Except for one group (very imaginative) they all had a very realistic scene, with their children and grand children around a fireplace. I think exercises like these make them realise more what some people in their care are missing.

We ended the day with more discussions on their own project; staff needed a lot of reassurance that they were able to do it. They also wanted to know more about the self-assessment, for which they had to fill in forms after each workshop. All the forms and their written diaries about the course are going to be an important part of the assessment at the end of the course. (see FETAC requirements).

Date: 23 January, workshop 7

Objective: *Introducing our new slogan 'doing less is doing more'. Feedback of projects, Furthering facilitation skills with older people (5) Art and drama experiences.*

Several of the staff sent us revised outlines of their projects during the Christmas break for us to assess their suitability. Unfortunately there was still too much emphasis on product, they had already more or less decided on the outcome. Their aims were far too high for a six-week project. Gerda and I gave examples of our own working experiences and gave individual feedback to all. We had already decided to follow up the feedback with visits to each care centre, which we now were very happy about. We realised that the staff needed more support on the ground. It is hard to give suitable advice if we don't know the centres. In some cases there was also confusion within the centres about the expectations of the projects.

Art: Empty space syndrome.

Gerda had made a squiggle on each large piece of paper and asked staff in twos to finish the line. While the staff enjoyed the exercise the results were imaginative as well, this brought the point across regarding facilitation. How to encourage people without taking away their initiative.

Drama: Improvisations with objects.

Staff were encouraged to relate to objects in such a way that they became symbols for different objects. As with the art exercise it was to stimulate the imagination without imposing the outcome. It brought about a playfulness that was fun to be part of.

Session with the older people.

After this long break staff had to re-establish the relationship with their group of older people in Riada House as some new people had joined and others had left. Nevertheless it did not take long for the people to get involved. This was due to better facilitation by the staff but also because the groups had got used to the various activities and got enjoyment from them.

The day-care group were preparing for next weeks Rambling House, another group got so involved with drawing that the smokers forgot to smoke for a whole hour, which apparently is amazing. The third group used poetry as a stimulant to painting. The fourth group was encouraged to tell stories from their past. There were still incidents where staff took over too much and made people feel insecure. Two of the older people at one stage refused to join in anymore as they felt incompetent. This is part of learning for the staff, they realised what went wrong and how they could have avoided this happening. Sometimes there was a problem within the facilitation group, where one of the staff took on the role of the leader of the group too much, so others had no opportunity to facilitate, or some people's ideas were not incorporated. On the whole

they did a great job, they are very sensitive and very good at encouraging the older people. It was not always easy for them to give constructive 'negative' criticism to each other.

After each feedback session there was preparation time allocated for next week's sessions, while Gerda and myself went around to lend a helping hand.

Because we had noticed that none of the group had read any books from the book list we had given them we asked that each week two of the group would read a chapter of a book and inform the others about the content. We found this a good way of getting the group interested in reading about this work.

Date: 13 February, workshop 8

Objective: *Bringing the session for the older people to a close (6). Informing staff of Riada House about the Arts in Care philosophy. Individual project attention.*

Session with the older people.

Everybody got very involved to make this last session special.

The day care group who had been working towards the Rambling House, brought several props with them: such as clay pipes, a stuffed cat that was put beside the fire place they had made during one of the sessions, a snuff box, caps, a black shawl.

Partly dressed up, they sang songs, told stories and recited poetry. There was a great buzz in the room. They could have gone on and on and were very sorry that this was their last session.

Another group that had been very involved with art, continued with coloured paper and crayons. There was great concentration, which was good for a group of people who usually are not easily stimulated, as we were told.

The staff in the other two groups included in their sessions all the activities they had done with them before, which they felt people had responded to, such as: reminiscence work, activated by a story, an object from the past, or a poem, movement to music, singsongs, aroma-therapy and hand massage. People who had shown little interest in the beginning or just could for various reasons not concentrate were much more alert now. The Director of Nursing with some of the staff, visited each group and expressed surprise and pleasure at the involvement of the older people and acknowledged the value of this work. We arranged to meet up later to discuss with the rest of the staff the philosophy of Arts in Care.

Meeting up with the Riada House staff.

We thought it a good idea to ask our group to explain to the rest of the Riada House staff the purpose of our work. By doing this the work would become clearer to themselves and would also prepare them for times they would need to explain this in their own place of work. We gave them time to prepare, to discuss the various points and then invite the management and staff for a discussion. Most of the staff in Riada House had already the opportunity to see their residents involved in the project and had shown an interest in hearing more about it.

The Director of Nursing, who was very positive towards our involvement in the centre, was able to release a large proportion of her staff to meet our group. The meeting went extremely well, there were some very vocal people in our group who did not hesitate to highlight the value of the work and who were very good at answering the many questions.

Two more staff gave a talk about a chapter of a book from the reading list. This worked very well. All along we would ask staff to read, but they found it hard to make time for it. Now they enjoyed the effort they had made and it got the others interested in it as well. Reading one chapter was not too bad and once they had started it was easier to read on.

Date: 27 February, workshop 9

Objective: *Process art and drama experiences for the staff, creating an atmosphere of safety for self-assessment and project assistance*

Drama: *Movement session, introduction to improvisations, making a costume out of waste materials and improvising around it*

We felt with the course soon coming to an end that we wanted the staff to get some more insight into facilitation by more personal arts experiences for themselves. It also would bring the group more together

again as they had been working a lot in small separate groups. This was now of special importance for creating a safe environment for the self-assessment. (see FETAC assessments)

We started with the movement session with a focus on group bonding and some short improvisations to prepare them for the larger one. As mentioned before the group needed more practice at storytelling. They were divided into new groups and were asked to make a costume out of waste materials for one person in their group. Then to tell a story about this person to the rest of the group and to include the rest of the group in some way in that story. They got very little time for this preparation. Their input was terrific, we all were very excited in the end that the group had developed so much. There was a lot of freedom in the way they approached their tasks. It was good to see how art and drama experiences worked so well together.

Self- assessment

After the assessment procedure was explained, the group was asked for points they thought important to be assessed on. They took it very seriously and we spent a long time discussing the matter. It focussed them on all of the different aspects of facilitation skills.

Gerda and myself used these points while preparing the chart for the final week.

Art: Identification with a disabled person while involved with art

Staff were asked to work in groups of two, while one took on the role of facilitator the other took on a disability. Each pretended to have a disability and some got into it by physically making it difficult, such as pretending to have an arthritic hand by taping it up so it was awkward to hold brushes etc. or covering eyes so it was hard to see. Staff were very resourceful in their attempts and as in the above exercises, the connections with drama and art enriched their experiences.

The feedback was very interesting, it showed the diversity of feelings and how important it was to give space to the person you facilitate and how much you can pick up from facial expression and body language. A point was made that too much talking got in the way of letting people experience for themselves.

28th of February, certificate day for Module 1

A big effort was made by the Midland Health Board and Age & Opportunity to make this day special for the staff. It took place in Charleville Castle, Tullamore with the relevant guests invited to a lovely reception. All staff were awarded with certification from the M.H.B. and Age & Opportunity. They either received a full certificate or a certificate of attendance depending on fulfilment of the requirements. In addition some got the FETAC certification as mentioned before. It was a wonderful occasion to highlight the dedication and commitment of the staff and the same of the M.H.B. and Age & Opportunity.

Date: 13 March, workshop 10

Objective: Self-assessment

Introduction: Feedback about the certificate day and more information about the assessments.

Main part: Discussion, clarification of and agreement about the chart.

Staff marked themselves accordingly, with the aid of their assessment forms and diary written during the course and defended their mark in written form.

Each wrote 3 strengths and 3 areas they felt they could improve in and wrote the same for their team members.

All gave feedback and discussed each other's marks, before deciding on their own mark.

Originally the course was supposed to end on the 13th of March, but everything took much longer. The staff had to read through a lot of feedback from their diary and self-assessment forms (written during each workshop) to follow the whole process they went through during the course. When they had decided on their own marks, their strengths and areas for further improvement they then were asked to do the same for their team members and discuss with them all the marks. Because it was so intense, they needed time to relax in between. Time to think as well about all the feedback they got from each member. We decided with the group not to rush the process and to come back for another day so that everybody would have time to reflect on the whole process before deciding on their final mark. Another reason for coming back was that one

member of the group was absent due to illness and would have been excluded from the self-assessment process. We wanted, also, to give more time for a proper closure of the course.

Date: 3 April, workshop 11

Objective: Self-assessment and course closure

Everybody was present and fully filled-in about the procedure of the assessment. After some focussing exercises, we continued with where we left off on the 13th of March. Teams got together and spent a good while giving each other feedback and defending their own marks. Gerda and I went around checking and challenging the groups where necessary.

When everybody was happy with their mark they were asked to own their mark by filling it in on a large sheet of paper for everyone to see and to be discussed.

Gerda and myself were very pleased with the way the staff dealt with the procedure. They had been very apprehensive about it and some had said in the beginning that they would be happier if we just gave them a mark. They now saw its value and on the whole had not many problems with it. Some found it very hard to give feedback to their team members about the areas they could improve on, some other groups had no problem with that and found that a good team should be able to deal with that and learn from it. This aspect gave food for thought to many. In general staff looked very pleased with the feedback they got and often were surprised at what others had seen as their valuable contribution. Gerda and myself gave also feedback to each individual member and so we asked for theirs as well. Their written feedback about the course is with Age & Opportunity.

The group, obviously relieved, enjoyed a lovely lunch before saying their goodbyes and giving their promises to each other about meeting up again. There was also a further opportunity for staff who needed more support with their project to consult us.

7. Supervision of staff projects carried out in their own place of work.

During the last two months of the course Gerda and myself visited the staff in the six Care Centres.

Our aim was - to support the staff and the creative work they were carrying out with the older people.

This meant:

- ❑ meeting the older people they were working with and making sure that the project was relevant.
- ❑ meeting management and other staff, in order to get to know them and, where necessary, discuss the course philosophy with them.

We would make sure to be part of one of the sessions. It gave us a better insight into the work being carried out and also made it easier for us to give valid feedback. Some staff had to work under difficult conditions such as: not enough space, lack of materials, lots of interruptions from other staff or other residents, negative attitude from other staff or too many older people to deal with. While others had all the support they needed and /or had a lovely working environment.

It was a very important part of the course for us, we learned a lot ourselves about how the work could be extended. There is a great need for support for the staff to make this kind of work sustainable. We are all still learning how to develop the Arts in Care Course further. How to help the staff to develop their facilitation skills is not something one learns overnight and this was very evident during the course.

The projects that were carried out were all very varied and interesting and no doubt brought something special to each Centre.

Here are some brief examples to give an idea of what went on:

Project one:

An intergenerational project in which older people and transition year students of a local school were involved together with art, drama and music. They were sharing their stories and helping each other with their drawings. The young and old sang together and listened to each other's taste in music. We asked some of the youngsters for their experience, they said: "*We did not know that older people could be so much fun*" and were surprised to see how lively and interested they were. They were not even aware that such a care centre existed in their community. They simply never thought about older people. It was such an eye opener for the young but also for the older people, as they both live so much in their own separate worlds.

Project two:

This project aimed at engaging the older people with the different aspects of the seasons.

Flowers, fruit and other relevant symbols to mark a particular time of the year, such as holy days and feast days, were brought in and used as a starting point for discussions. At times it meant connections were made with the past, at other times it brought them very much into the here and now and developed into art activities. To be in touch with the seasons meant bringing the outside inside to the older people.

Project three:

Introducing a treasure chest full of objects stimulated and challenged the imagination.

Through playful interaction objects taken out of the chest provided great stimulation for the older people to draw out their imagination. Some objects became a starting point for story telling, a piece of clothing encouraged dramatisation of some character, while paints and brushes got them started with painting. The secrecy surrounding the chest aroused people's curiosity and sense of fun.

Project four:**Making shapes out of wood for the garden.**

Here four older male participants, with psychiatric illnesses were encouraged to involve themselves in a project of their choice. Woodwork appealed to this group who otherwise would not take part in anything. They choose to make animals and flowers out of wood, something that was new to them all. The emphasis of the project was very much on them making choices, to choose the subject that mattered to them but also to choose when they wanted to be involved or not. They had to make all the decisions while support was available. All four, in their own time, got involved with the wood, the drawing and the painting and started to enjoy it. One made the remark that he wanted to become a carpenter. There was some interaction while they were sanding their objects, one knew how to do it and was pleased to show and assist the others. They all wanted their finished work in the garden, so they could see it as they said from their windows to cheer them up in the grey wintry days.

Project five:**Sensory experiences for residents confined to their beds.**

The staff member here tried to find out people's likes and dislikes by giving them a variety of sensory experiences in order to make the last days of their lives more comfortable and enjoyable. She gave hand and head massages while using aroma therapy oils to find out what people liked, what kind of touch, what kind of smells. The same with music, she introduced headphones with cassette recorders in order to make it easier to hear and brought a variety of music along to choose from. It was very interesting to see, the people who didn't react much to anything in the beginning becoming more alive and decisive about their likes and dislikes, and also in some cases, more peaceful afterwards.

Project six:**A poetry group.**

Here the older people were encouraged to choose poems they liked and recite the poems they learned long ago. Long forgotten lines all of sudden remembered came as a surprise to themselves and others. They all ended up with a little booklet of their own, with their own favourite poetry, in large print.

8. Conclusion and Recommendations

This course was again a very intensive learning experience for the staff and us. It became quite clear that the staff needed the extra experience of this second course to come to grips with understanding the development people have to go through while being involved in a creative process. For some the 'switch' towards this understanding was made at the very end of the course when they had to persevere with their own project in their care centre.

There were huge demands made on them in relation to their planning of the project, their facilitation of the older people and the writing up of the whole development over the six sessions, the requirement for their assessment. It is quite difficult to write about what really happens when people are involved with the arts at the best of times. It was very difficult for people who were not used to writing, this may be because they did not have a formal educational background or because they were used to a quite cryptic way of writing at work that did not particularly allow for the expression of feelings. The struggle, so much part of the creative process, was often tangible. But in the end it was worth it; the projects speak for themselves. There were such a variety of projects, so many new approaches were initiated by the staff.

It was a great pleasure for us to go around the centres and see what was happening in the different places and experience how confident the staff had become. We do realise that they still need a lot of support to sustain the good work and to develop it further.

We see as vitally important:

- ❑ the continuation of our visits to the Centres to guide the staff and to explain the philosophy of this work to the rest of the staff and management where necessary.
- ❑ a few workshops during the year for staff to meet up again in order to exchange ideas, discuss problems and renew their arts experiences.
- ❑ the input of other arts practitioners, such as music and movement workshops.
- ❑ liaison with arts practitioners in the community.
- ❑ to clarify the confusion amongst the staff about what kind of work they are allowed to do as an activity person who fulfilled the requirements of this course(see pg. 11).
- ❑ to change the name of activity person for staff who successfully attended this course, to Arts in Care activity person. There are too many other activity people with very different backgrounds.
- ❑ to give all Arts in Care activity people the opportunity to practise their skills with the older people where possible, otherwise they will be disheartened and lose their confidence in facilitation.
- ❑ To work towards recognition, remuneration and a higher status for qualifications in this area so that the value of the work would be seen to be recognised

'Elly's Onion, A Beginners Drama-in-Education Guide for Teachers and Careworkers' complimented the workshops in drama as well as in art and gave them a structure for planning and evaluating the sessions, while carrying out their projects.

Elly's self-assessment format, which many initially feared, became an important self- developmental learning tool. Having to discuss with peers the points they wanted to assess themselves on and discuss with them the marks they felt they deserved, helped them to become clearer about their own strengths and weaknesses in this area. The points included every aspect of the work, from planning to facilitation and critical feedback about each other's work and sessions. The feedback often gave them a great boost.

All the various elements of the course:

- ❑ the proposals for the project,
- ❑ the project in their own place of work,
- ❑ the project in Riada House,
- ❑ our visits,
- ❑ the writing up of the project,
- ❑ the reading of the chapters of relevant work,

□ the self-assessment

helped the group to move on and they became closer to each other and more open as a result. We also feel that the group has developed a richness due to a deeper understanding of the importance of creativity as a life-affirming source.

The staff, we feel, have made very dramatic progress during this year, some more than others. But each staff member is more confident within her/himself and of the way she/he can benefit the quality of life for the older people which is reflected in their work practice.

Again this year we saw enormous commitment by the staff, who already have a heavy workload and often have to work under difficult circumstances. Still they were always there, eager to learn. The course was demanding, due to the combination of the personal experiences in the arts, the learning about the theoretical background of it and the practical application at work.

Because of the nature of the course it was overall more serious than the previous-one, which meant that the staff needed more stamina.

We wish them and the older people in their care a life long enjoyment with the arts.

9. Acknowledgements

We want to thank the Director of Nursing, Mary Hooper, in Riada House and all her staff for their support. Thanks to the Directors of Nursing in the various care centres for releasing staff to attend the workshops and to the members of the project advisory committee for their support and advice. Many thanks as well to Paul Maher, Education and Training Coordinator of Age & Opportunity, for his belief in, and support to this project. It made our work so much easier.

Praiseworthy has been the farsightedness of the Midland Health Board to see the value of involving the older people in the Arts. May this work continue and develop for a long time to come in spite of financial constraints, so the older people feel cared for in the broadest sense and can look forward to their future.

Appendix Two
External Examiners Grades & Selected Comments
FETAC
(Further Education & Training Awards Council)

Arts in Care Module 2 Facilitating Process Drama and Art in Care Settings for Older People

Twelve staff and one volunteer from eight care centres undertook the training involved in Module Two. Of the thirteen participants nine trainees applied for certification from FETAC.

FETAC Grades

Pass	Merit	Distinction
	5	4

FETAC External Examiners selected comments

“Very inspiring work which is going from strength to strength. Excellent. I hope funding and support continues for this project.”