



Creative Exchanges

**Using the Arts to Transform the Experience
of Residents and Staff in Care Centres for Older People**

AGE & OPPORTUNITY'S ARTS IN CARE SETTINGS PROGRAMME

by Pádraig O'Morain and Ann Leahy

*“There is no denying the problems that accompany ageing.
But what has been universally denied is the potential.
The ultimate expression of potential is creativity.”*

George Cohen Director of the Center on Aging, Health and Humanities at the George Washington University.

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by Padraig O'Morain and Ann Leahy

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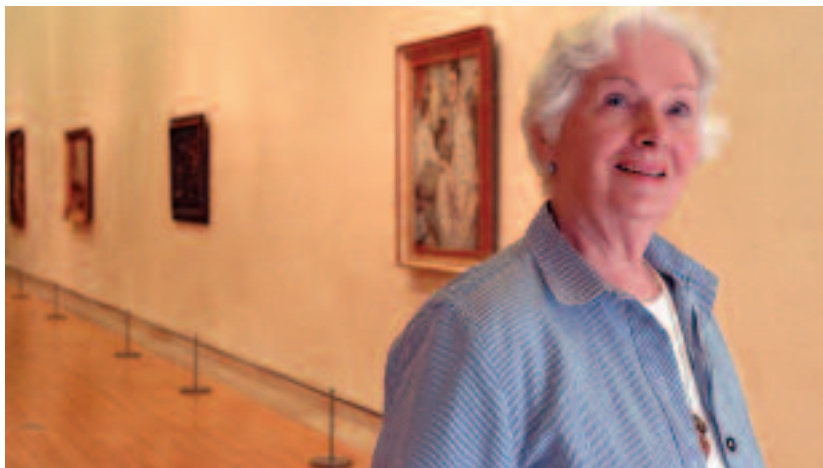
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FRONT COVER: St. Mary's Day Care Centre, Mullingar, 2002. (photo: Derek Speirs)

Introduction

The Arts in Care Settings Programme has its origins in a modest award made to Age & Opportunity for our work in coordinating the Bealtaine Festival, celebrating creativity in older age. Our experience had taught us that the arts could play a unique role in enhancing the quality of life of older people living in care settings, and of how few opportunities there were for that group to take part in quality arts programmes.

Outcomes of the Arts in Care Settings Programme have exceeded our expectations and continue to surprise and delight us some six years from its inception. This I put down to a number of different things, principal amongst them being our good fortune in finding partners and funders in the Midland Health Board (now the Health Service



Executive, Dublin Mid-Leinster) whose commitment to innovative approaches was already demonstrated at that time in their initiative to bring music workshops into their care centres for older people.

We were very fortunate that they were prepared to come on this journey with us and to pilot this ground-breaking approach to improving quality of life.

We were also fortunate to engage arts facilitators from the outset who, as well as being extremely professional, are nothing short of visionary.

Everyone involved in the Arts in Care Programme continues to learn from it and we at Age & Opportunity continue to be fascinated by its outcomes. There are benefits for residents, benefits for staff, benefits for relationships between residents as well as for relationships between staff and residents. There are increased links between care centres and their local communities and an entire centre can, over time, become a more creative, more spontaneous place where it is more enjoyable and more satisfying to live and work.

We are very glad to have been able to capture something of the history and achievements of this programme in this publication. The programme has the potential to make a very positive contribution to the lives of people living in care and we would love to see it reaching people in ever more parts of the country.

Mamo McDonald Honorary President, Age & Opportunity

(photo: John Cogill)

CREATIVE EXCHANGES



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1. Arts in Care Programme – Overview

It has provided a complete transformation of the environment in the residential care centres for residents and for staff.

Patricia Carroll Project Coordinator, Care Centres for Older People, HSE, Dublin Mid-Leinster.

1.1 Origins

A programme which has enhanced the lives of older people living in care centres in the Midlands could be said to have originated in a theatre in Portlaoise on 6 June, 2000.

On that day, a conference entitled *Creative Change for the Older Person in the Residential Setting* was held in the Dunamais Theatre.

Forty minutes before it was due to begin, Elly McCrea, one of those involved in organising the conference, feared nobody was going to turn up. Was the proposal to introduce an arts and drama programme to the Midland Health Board's nine care centres for older people about to die from lack of interest?

But forty minutes later, the theatre was full. Directors of Nursing, health administrators, care staff, residents and other interested parties gave the proposal a warm and immediate welcome.

The conference itself had its origins in a 1998 award given to Age & Opportunity by Allied Irish Bank under its AIB Better Ireland Award scheme. Age & Opportunity won the award for its work in the arts, specifically for its nationwide Bealtaine arts festival which takes place each May.

Involvement by older people in the arts, to improve their quality of life and to combat ageist stereotypes, is a keystone of the work of Age & Opportunity. Through its work on Bealtaine, Age & Opportunity staff had seen how participation in an arts programme could improve quality of life of older people. However, they also knew that people living in care were often excluded from quality arts experiences.

The organisation decided to use the £5,000 award to develop an arts programme for older people in care settings and to pilot it in one health board area – the Midland. Elly McCrea was retained as an arts consultant and asked to carry out a needs sensing exercise.

Elly visited care centres, spoke to managers, staff and residents and was very struck by the rows of people passively sitting with their backs to the wall with little or no stimulation. The challenge was to come up with a programme that would provide 'positive and regular stimulation to counteract institutionalisation.'

Elly proposed an arts training programme for the staff of the care centres, the aim of which was to make the arts sustainable in, and intrinsic to, life in care. This is essentially what was proposed at the Portlaoise conference. Today, that programme is established and successful. It offers an accredited training course that has won the praise and active participation of residents, nurses, care attendants and Directors of Nursing. It is seen by health administrators as a valuable component of the service offered by what is now the Health Service Executive. In the Health Service Executive, Dublin Mid-Leinster area, the commitment of senior management to the initiative has resulted in new staff being appointed and new structures established to foster well-being of clients and residents through arts activities. It has begun to reach care homes outside the midlands.

1.2 A Training Programme

'Arts in Care is a pioneering programme, as nothing like it has been attempted before in an Irish setting. The great pleasure in managing it is that every course is challenging and every course is different and that pioneering spirit continues to inspire us.'

Paul Maher Coordinator of Education & Training, Age & Opportunity

Back in 2000, Age & Opportunity and the Midland Health Board set about the task of translating the enthusiasm engendered by the Portlaoise conference into a viable, successful programme. Age & Opportunity's Education & Training Coordinator would manage the programme. The Midland Health Board would fund it. Since then, the Midland Health Board (now the Health Service Executive, Dublin Mid-Leinster area) has continued to be the main funder of this programme.

Age & Opportunity appointed Elly McCrea as arts coordinator and facilitator of process drama. Gerda Teljeur was appointed facilitator of process art. Both had taught, respectively, process drama and art for many years. When the Arts in Care Settings programme was first thought of, the idea was to use artists to facilitate arts workshops in care settings. But, after the needs sensing exercise, this idea was abandoned. The decision was made that it would be better – in terms of developing a sustainable, ongoing arts input into life in care - to train existing staff as arts facilitators.

There were a number of reasons for this:

- There are many people to reach in each care centre (some care centres cater for upwards of 100 people), some confined to beds, and each artist would be able to work only with a small number.



- Finding suitably trained artists capable of giving a long term commitment to working with residents might be difficult.
- Costs would be high and, if cutbacks came in health service spending, the budget for artists might suffer.
- It would take time for artists to develop trust and rapport with residents as well as to learn about the particular needs or constraints of each resident – something that would vary in some cases from day to day.
- Training staff created an opportunity, not only to offer an extra dimension to the life of residents, but also to contribute to a culture of creativity throughout the entire care centre.

Trainees were to be drawn from among nurses, attendants, people doing kitchen, laundry or driving duties and volunteers. Some trainees would already be working as activities organisers; others would not.

The decision to train staff turned out to be a decision with far-reaching, highly beneficial results.

A unique training programme was devised, which had two aims. One was to enable the staff to explore their own creativity through visual art and drama. This they saw as an essential prerequisite to working creatively with the residents of the care centres. The second aim was to enable the trained staff to introduce art and drama as a regular feature of life at the care centres.

Agreement was reached with FETAC, the Further Education Training Awards Council, (then called the NCVA) for accreditation of two courses at Level 5 (an entry-level course and a follow-on course).

The first course began in Portlaoise in October 2000 taking place one day per fortnight. Since then courses have been ongoing, attended by staff from all the care centres for older people in the (former) Midland Health Board area. Since 2004, courses have been delivered in Dublin, facilitating also the participation of staff from other areas. In addition there are refresher workshops for past participants of courses and ‘awareness’ workshops to introduce the course philosophy to the wider staff of each participating care centre. A chronology of course delivery to date is included in Appendix 1.

All of this was only possible because the Midland Health Board and the Directors of Nursing in the care centres saw the work as bringing sufficient benefits to justify the juggling of personnel and of rosters.

It also requires a big commitment on the part of the trainees themselves. Some come to the course straight off a night shift or go straight onto a night shift after the day’s training ends. But the benefits which they perceive, both to themselves and to the residents, encourages them to continue.





2. The Programme Philosophy

*There is a real person there.
That person still has a life and a future.*

Elly McCrea, Arts in Care Settings Programme Coordinator

2.1 Arts

The Programme seeks to encourage *arts* activities in care centres. Age & Opportunity and the facilitators believe that far reaching benefits flow from participating in good quality arts activities, and that this is different from taking part in other types of activities (which can, of course, also be of benefit in their own ways).

For older people living in care, opportunities to exercise choice or for any form of individual expression or self-determination are often limited, both by the routines and surroundings and also by frailty, illness or dependency. It is precisely for this reason that meaningful arts opportunities are of particular benefit. Through the arts, people express their own thoughts and feelings, working with words, movement, colours, sounds etc. They exercise choices. No two people are expected to do the same thing and expression can be verbal or non-verbal. Involvement in the arts also brings you into the present in a way that is valuable in a care setting. Arts programmes enable residents to express the joys and sorrows that have been, and that continue to be, a part of their lives. As Elly McCrea put it:

“In a care home for older people there can be little sense of a future. Whereas when people are engaged with an art form they are imaginatively engaged, experimenting, looking forward to seeing the process through or to initiating something new. The relationship between the facilitator and the client is not so much about ‘caring for’ or teaching as ‘drawing out,’ in an atmosphere where neither party is sure what the outcome will be. Communication becomes two-way, moving from ‘I know what is best for you’ to ‘what do you think is best for you?’ and relationships can deepen in a way that benefits staff as well as residents.”

2.2 Process Art and Drama

There was one key principle that the facilitators brought to the training course: that what matters in process art and drama is not the end product but the experiences people have as they work to create that product.

As Elly McCrea puts it:

“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 that counts rather than the destination, the process rather than the product.”
“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.”

She added that the Programme’s facilitator of visual art, Gerda Teljeur, shares this approach:

“The same philosophy applies to process art, except that materials are used for self-expression. Lines and sculptures are not made for their effect, skill or aesthetic beauty but as part of this exploration.”

As time goes on students make the all-important shift in perspective that process art and drama requires.

CASE STUDY PROJECT UNDERTAKEN BY A MODULE 1 TRAINEE

The trainee chose to work with Stephen [not his real name] a resident with some learning difficulties who, since his admittance nearly two years earlier, had communicated little with anyone except when he expressed anger or frustration. The aim was to help Stephen to interact with other residents and staff and to find out some of his interests. Initially Stephen wouldn’t make eye contact or talk and he resisted going anywhere with the trainee. Eventually after several visits he started to look up when the trainee talked to him and agreed to be shown a quiet room where he could go if he wanted peace. Gentle music was provided in the room. Stephen smiled. Stephen started to visit the room regularly. After some days he agreed to a walk in the garden with the trainee. They sat on a bench and he evidently liked being outside. Another resident, Margaret [not her real name], joined them. Stephen contentedly listened to their talk, and nodded with interest when the subject of the nearby river was mentioned. He shook hands with Margaret when parting. This was the first time he had been seen interacting with another resident. Margaret was pleased to have made the connection. Subsequently Stephen and Margaret went on to work together on a collage of a riverside scene. Stephen still didn’t talk during the work but regularly smiled, made eye contact and remained engaged. Later he and Margaret were regularly seen sitting and chatting.



2.3 Meaningful Activity

A key philosophy which informs the programme is that residents are entitled to engage in *meaningful* arts activities – and meaningful activity may be different for each resident. That means that each resident must be at the centre of their own creative process. The task of the facilitator is to draw out not to dictate. This concept is not always as easily grasped as it sounds.

As Elly McCrea put it:

“I often find that people working in the caring professions find it hard to stand back and find out what contributions people can make themselves.”

A Director of Nursing put it like this:

“It is 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... these clients are intelligent, capable people. The project takes the traditional activities a step further and tries to offer the residents something meaningful which engages them.”

Much of the early training in each Level 1 course is devoted to enabling staff to empathise with residents, to see things from the residents’ point of view so as to enable them, at a later stage, to draw out the creativity of each individual. Trainees might be asked to imagine themselves leaving home and going into residential care or they might be only allowed to use some of the fingers of one hand when painting.

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



3. Course Structure and Content

“I thought this exercise useless because the man I was with did not respond to me, but when I told him this was my last visit, he started to cry. He changed my mind.”

Trainee, Module 1

The training course is delivered in two modules – an entry level module and a follow-on module both offering optional FETAC accreditation.

The first module (*Process Drama and Art for Older People*) aims to encourage participants to get in touch with their own creativity and starts to develop facilitation skills in art and drama. The second module (*Facilitating Process Drama and Art in Care for Older People*) continues to put trainees in touch with their own creativity and further develops facilitation skills aiming to enable participants to facilitate art and drama sessions with residents in their care. Central to both courses is an atmosphere that is safe and non-judgemental allowing participants to experiment, take risks and in the end to surprise themselves.

Module 1 consists of 15 one-day workshops, all of which include a closely related drama and a visual art component.

For example, a session might be planned around an event like St Patrick’s Day involving a drama on that theme and using scraps and waste-materials to make a parade and provide costumes.

Trainees must keep a journal of their development through the course and must document a three-session project with older persons in their care centres. On each course a series of Workshops take place in a care centre so that participants get hands-on experience of facilitation with clients and residents. Elly McCrea described the reactions of care centre staff to a session in a Day Care Centre during a Module 1 course as follows:

“Some staff were amazed to see who was dancing and singing; as one staff member remarked: ‘Look at [Mary], she can’t walk but she’s dancing; look at [Jim], he can’t talk but he’s singing.’”

Central to Module 1 are sessions designed to encourage empathy with and communication (both verbal and non-verbal) with the older people in their care.

A Module 1 trainee’s comment on an exercise where they had been asked to develop a relationship with one person on a ward:

“I thought this exercise useless because the man I was with did not respond to me, but when I told him this was my last visit, he started to cry. He changed my mind.”



Also central to Module 1 are sensory exercises, where participants gain a heightened appreciation of their sense of touch, sight, smell, taste and hearing – and of what it is like to have diminished sensory powers.

“The exercise where we were blindfolded and walked around the hospital and car park really was enlightening,” said a participant. “It really put me into 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.”

Recent courses now take place at the Irish Museum of Modern Art (IMMA), which has added a further dimension to the training - tours of the exhibitions, visits to artists’ studios and meetings with older people who participate in the older people’s programme at IMMA have all added a stimulating and challenging new dimension.



Module 2 is made up of 11 one-day workshops followed by supervision of participants as they implement a six-session project in their own care centres. This module enables those taking part to further develop their facilitation skills and to further explore their own creativity.

Said one graduate of the course:

"I now know better how to plan and prepare for activities. It has made my work much easier."

"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 course] they were awful" said another participant, "I used to 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 were there as a facilitator and to encourage the resident to engage with the process as they see fit. Only then are you really challenging them and encouraging them to be creative."

Most trainees apply for FETAC accreditation and results tend to be extremely good with the vast majority succeeding, many with distinctions.

CASE STUDY *TREASURE CHEST – A PROJECT UNDERTAKEN BY A MODULE 2 TRAINEE*

The aim was to devise a project that would provoke the interest of residents, focus their attention, and put them in touch with their creativity.

A large parcel was delivered to a care centre with a label addressed to the Assistant Director of Nursing. Residents looked at it and wondered about it for some time. Then the trainee suggested opening it and some agreed that they could always seal it up again afterwards; others were not prepared to touch it. The discussion continued until all were agreed to open it on the understanding that they would close it up afterwards if it was not meant for them. There was an air of excitement as out of the parcel came a series of hats and scarves. People started to put these on and take on roles in what became an improvised drama. Afterwards other objects became the starting point for reminiscence and storytelling. Paints, brushes and sheets of paper led to painting.



4. Benefits

You see the enjoyment in patients who can't wait in the morning for the activities to start. It gives meaning to their day.

Cheryl Earley Director of Nursing, St Brigid's Hospital, Shaen, Portlaoise.

There has been a great deal of learning for Age & Opportunity and the course facilitators as well as for participants. Often the outcomes from the courses are unexpected.

The impulse for the creation of the programme was the belief that enabling older people to explore their creativity can enrich their quality of life in the care setting. And, indeed, fun, enjoyment, confidence and closer relationships are among the experiences which the Arts in Care programme has brought to residents and, more unexpectedly perhaps, also to staff.

Engaging together in a creative process, in which neither is sure what the outcome will be, causes shifts in the relationship between staff and residents, allowing staff to see different sides of residents and, indeed, allowing each to get to know the other in a deeper way – the relationships becoming more holistic and less functional.

Since the programme began, the lessons learned have broadened the possibilities for the programme and informed the philosophy behind this work. So the philosophy of the Arts in Care Settings programme now might be summed up by saying that enabling residents to explore their creativity has a transformative effect on their experience, and also on that of the staff, and contributes to a cultural or attitudinal shift within an entire care centre.

The evaluation of the Arts in Care programme completed by OCS Consulting Ltd in 2004 identified beneficial outcomes that may be characterised under three headings: benefits to residents, benefits for staff, and increased links with the outside world.

4.1 Benefits for Residents

The evaluators found that in the majority of cases, the graduates of the courses had introduced the arts and drama sessions into the regular activities of their residents. For residents this has boosted their quality of life. Their work brought a new richness of experience. Residents came to look forward to the arts sessions which take place twice and sometimes many more times a week.

As one resident said:

"It's the chance to have a bit of fun and get involved in something that little bit active. The days can be very long otherwise." "You can get a bit withdrawn when you are sitting in your room or lounging around all day," said another. "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."

Many of the residents themselves have led busy and involved lives, raising large families and running family farms for instance. For them, sitting around doing nothing more demanding than watching television all day is a far from ideal way to spend their time.

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

Some who had previously been quite withdrawn have begun to communicate and get involved with other people through participation in arts and drama work. Sometimes they surprised themselves.

"I didn't think I'd like it at all," said one. "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."

Even residents who could be described as reclusive,

"when they have been gently coaxed into the group some of them really come out of themselves."

This is one of the great benefits of the 'process' approach to arts and drama. *"Most of them surprise themselves that they can do it and that's very rewarding,"* says programme coordinator, Elly McCrea. The key is that, in an approach which puts the emphasis on the process and not on the finished product, *"people know they can't fail. They can't do anything wrong."*

Some older people have communications difficulties, not because of shyness, but because of acquired disabilities or other health problems. For them, the experience of being able to use art to communicate their own reality brought a new dimension to their lives. Said Patricia Carroll, Project Coordinator, Care Centres for Older People, HSE, Dublin Mid-Leinster Area:

"It was amazing to see how they could communicate through art."

Staff are now developing ways - such as using a choice of music tapes - of working with people confined to bed. The principle is that nobody should be left out and that everyone should have the opportunity to engage in the activities to the extent that they can.



Some of the benefits for residents were not anticipated – for example, the new empathy on the part of staff led to trips out (one woman commenting that she had ‘forgotten how green the grass was’) or to bringing the outside in (plants, pets, babies) or to staff arranging social get-togethers for residents from different parts of the care centres who had previously been neighbours but who had not had the opportunity to meet within the care centre. Relationships between residents also deepened as people shared the fun and the challenge of the arts activity and got to know one another in a different way.

4.2 Benefits for Staff

It has been found that the learning from the course has boosted the self-esteem and well-being of the staff concerned. Thus, the training has functioned as a personal development process for staff.

Staff also found that sensory workshops, in which they experienced in imagination what it might be like to enter residential care, brought them closer to residents and made their work more satisfying.

As staff implemented their new knowledge, they were delighted at the reaction of residents experiencing the sense of accomplishment that comes with enabling residents to engage in genuinely creative experiences of their own choosing. Staff experienced the delight of seeing their work creating conditions in which residents reached a new level of involvement with each other. Said one staff member:

“When I look back and think of a few residents and the way they were, a bit anti-social...kept to themselves, but it’s amazing to think they have come out of their shell and got involved.”

It has also greatly improved the relationship between staff and residents. Staff members have experienced a difference in the whole tenor of their relationships with residents.

“The role-play exercises were very good,” said one. “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 of how the resident must be feeling. You have to take a soft approach with the residents.”

And they have experienced the satisfaction of adding something valuable to their own CVs and opening up new opportunities for themselves.

“I would love to get the job as an activities coordinator,” said one. “I think that this training and the FETAC award should really stand to me if I were to apply for it.”

Directors of Nursing have enjoyed the experience of seeing the improvements in the confidence and abilities of staff and in the quality of life of residents. Said one Director of Nursing:

“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.”

The Programme has been part of wider staff changes within the Health Service Executive, in the midlands, where activities staff (many of them course graduates) now work in each care centre. Management structures support the work: a Project Coordinator liaises with each centre, meeting the activities staff and the Directors of Nursing and facilitating the sharing of ideas throughout the region.

4.3 Wider Communities

The work being done in the centres has also created links with the wider community. Families and friends come to see some of the sessions and some of the work done. School children become involved in sessions:

“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,” said one staff member.

Both staff and residents in a number of centres have experienced closer links – and in some cases the opening up of links – with their local communities. Some graduates of the course have made links with a range of community arts initiatives – bringing artists in, engaging in joint projects with local groups, linking with all the local arts and education providers. This is an outcome that diminishes the isolation from their communities that can be experienced by residents and even sometimes by staff.

CASE STUDY WOODWORK – A PROJECT UNDERTAKEN BY A MODULE 2 TRAINEE

The trainee chose to work with 4 male residents with a history of psychiatric illness who were withdrawn and showed no interest in taking part in any activities. They were encouraged to choose what subject matter appealed to them and also when to get involved. It emerged that woodwork held some interest for them, and that one of them had some prior experience.

In their own time, all four became involved in working the wood, choosing to make animals and plants shapes and to paint them. They made all the decisions but support was available. All started to enjoy it. One commented that he wanted to become a carpenter. Interaction happened during the work, with the experienced one being pleased to assist the others with cutting and sanding. Afterwards they chose to have their objects placed out in the garden where they could see them from their rooms on winter days.



5. Challenges

*“Be in touch with your own creativity.
The more you understand and trust your own creative process
the easier it will be to facilitate others in their process.”*

Elly McCrea Arts in Care Settings Programme Coordinator, in her book
Elly's Onion, a Beginner's Drama-in-Education Guide for Teachers and Careworkers

Staff faced challenges in undertaking the training. For instance, some may not have undertaken educational activities for a long time and therefore were lacking in confidence at the start of the course. Some of the people trained put themselves forward when they heard about the programme. Others were encouraged by Directors of Nursing. Nevertheless, and despite their fears, they undertook the work wholeheartedly.

Another challenge was that the very basis on which process art and drama operate can require a shift of perspective from those who are learning it.

We generally think of art and drama as producing a finished, polished product, something to be admired. But in process art and drama a finished product is simply not what matters.

What matters is engaging and developing creativity in the process of making art or making a play. As one participant put 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.”

For managers too, the course brought its challenges. Rosters had to be changed around in all care centres so that it could take place. This also limited the number of people who could do the course at any one time.

Some staff members felt they would like more support in their own care centres, where people not working on physical or health care issues can be seen as avoiding the more difficult work. To address this, since 2004 Age & Opportunity and the facilitators have delivered 'Awareness Workshops' in the care centres involved – workshops for an entire staff introducing them to the philosophy of the programme and allowing them to experience some of the approaches to learning taken in the courses. Feedback suggests that these have been very useful in helping to foster supportive environments for the work.



6. Achievements and the Future

“It has given people a reason for getting up... It has given a little bit of life and a reason for living... Activities are going on in their minds other than worrying about the pain in their legs.”

Jim Blanc St Vincent’s Hospital, Mountmellick, Co Laois.

There is now a growing interest outside the midlands in the Arts in Care Settings Programme. Some staff from the Health Service Executive in the greater Dublin area are participating in courses since 2004.

If resources were available to train more tutors, the programme could be rolled out more generally within the country’s care centres, with the potential to greatly improve quality of life for older people living in care.

The many achievements of the programme have led to a growing interest.

These achievements can be summarised as follows:

Benefits for Residents

Residents have been able to engage in regular, stimulating, creative activities. This has been for them an enjoyable and self-affirming process. For some, it has been the key to emerging from social isolation and interacting with other residents and with staff.

Residents with high levels of dependency are also able to benefit as staff devise ways to engage them through hand massage, music and so on and through enabling them to make choices as to what they like.

Thus the aim articulated by Directors of Nursing at the beginning of the programme, of achieving “social gain” alongside the traditional “health gain” has been achieved.

Staff Development

The programme has contributed to staff development in a number of significant ways. Staff who had been away from education for a very long time have now gained a sense of confidence in their ability to engage in further education.

Staff who receive FETAC accreditation have acquired a qualification that will stand to them in the future. Many course graduates have applied for and been appointed to full-time roles as Activities Coordinators.

Indeed, staff who have done the training course have reported an increased sense of confidence and of self-esteem in general and an increased sense of their own capabilities.

Interaction between Staff and Residents

Interaction between staff and residents has benefited both in respect of those staff who undertook the training course and in respect of those who did not. Those who undertook the training course have reported a substantial growth in empathy with residents, that they talk to residents more and that they feel more capable about helping residents.

In many care centres it has been observed that staff in general have noted the increased interaction between residents and the trained staff. This has helped them to appreciate the value of simply engaging in conversation with the people who live there and they have put that learning into practice.

This has brought about an enhanced experience for the residents and also for the staff generally and for the atmosphere in the care centres.

Interaction with Local Communities

In many of the care centres involved there is now more interaction with the life of the local community – more trips out and more people coming in, more participation in mainstream arts and education services and more intergenerational contact

Management Objectives

The objective of Directors of Nursing and of health service administrators was to use the programme to bring about an improvement in the social and emotional lives of residents. That objective too has been realised where the programme has been implemented.

In the former Midland Health Board area of the Health Service Executive, the programme has been a catalyst for change. Many developments have been led by management since 2000. These include the appointment of key staff with responsibility for activities in each care centre and a linked, coordinated approach developed throughout the region through the appointment of a Project Coordinator and the establishment of a Regional Committee.

Overall

Overall, the programme has been a most successful venture for Age & Opportunity and for the Health Service Executive. It is one which Age & Opportunity stands ready to help other health care staff to pilot and implement.





Appendix 1. Chronology of the Arts in Care Programme

October 2000 – March 2001 Module 1

Participants were drawn from staff of 8 care settings in the former Midland Health Board area. The course was delivered over 10 sessions. Once agreement was reached with FETAC regarding accreditation (summer 2001), participants were invited back to undertake an additional 5 sessions (**October 2001 – December 2001**) to enable them to apply for accreditation. 26 participants completed the first 10 sessions, 17 of them completed the add-on workshops.

October 2001 – May 2002 Module 1

New Module 1 course took place over 15 sessions. 19 participants drawn from the former Midland Health Board area.

October 2002 – May 2003 Module 2

First delivery of Module 2 – a follow-up course for graduates of Module 1. The course was delivered to 13 participants over 11 sessions followed by supervision in participants' care centres.

2004 and 2005 Support Workshops

Refresher workshops for graduates delivered.

Awareness raising workshops delivered from January 2004 to May 2005 in care settings aimed at educating staff generally about the course aims and philosophy.

October 2004 – May 2005 Module 1

New Module 1 course delivered to 17 participants over 15 sessions. For the first time, the course was delivered in Dublin at the Irish Museum of Modern Art (IMMA) and participants included staff from the Health Service Executive in the greater Dublin area as well as from the midlands area. Training included visits to IMMA's exhibitions and artists' studios as well as meetings with members of the St Michael's Parish Active Retirement group.

October 2005 – May 2006 Module 1

A new Module 1 course delivered to new intake of 17 participants over 15 sessions. Again the course venue was IMMA and participants were drawn from the midlands and from the HSE in the greater Dublin area.

October 2006 – May 2007 Module 1

A new Module 1 delivered at IMMA to a new intake of participants from the greater Dublin area as well as the midlands area.

September 2007 – May 2008 Modules 1 and 2

A new Module 1 course will take place for staff of care centres in the midlands.

A Module 2 course will take place at IMMA for graduates of previous Module 1 courses.

Appendix 2. Members of the Arts in Care Advisory Committee

Mairead Campbell St Mary's Care Centre, Mullingar
Patricia Carroll HSE, Dublin Mid-Leinster
Jim Dwyer St. Vincent's Care Centre, Athlone
Cheryl Earley St. Brigid's Hospital, Portlaoise
Margaret Feeney HSE, Dublin Mid-Leinster
Tessa Guinan St. Vincent's Care Centre, Athlone
Mary Hooper Riada House, Tullamore
Kay Kennedy Community Nursing Unit, Birr
John Kincaid Chairperson, Age & Opportunity
Mary Lawlor District Hospital, Abbeyleix
Paul Maher Age & Opportunity (Chair)
Elly McCrea Arts in Care Settings Programme
Coordinator and Facilitator of Process Drama
Brid McGoldrick St. Joseph's Care Centre, Longford
Muireann Ni Chonaill Laois Co. Council Arts Office
Catherine O'Keeffe St. Vincent's Hospital, Mountmellick
Trudie Rowan Ofalia House, Edenderry
Gerda Teljeur Arts Facilitator



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People who live in care have to give up many of the everyday things that have sustained them in their lives. If they choose, residents ought to be able to enter a new phase in which they experience the satisfaction of living creatively.

Ultimately, I would like to see us as a society reframing our ideas about residential care centres to where they become known as centres of creative living.

Elly McCrea Arts in Care Settings Programme Coordinator

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Members of the Arts in Care Advisory Committee past and present.

The Directors of Nursing in each participating care centre

The Irish Museum of Modern Art, supportive partners of all Age & Opportunity's arts work.

Laois County Council Arts Office

Course trainees and graduates

The residents, clients and staff of various care centres who have welcomed us and participated in training sessions

Current and former Members of the Bealtaine Steering Group, partners in Age & Opportunity's arts work.



The Arts in Care Settings Programme team: Gerda Teljeur, Paul Maher, Elly McCrea (photo: Tommy Clancy)

