



Research on Artist in Residence in a Care Setting Initiative

For

Age & Opportunity

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December 2020

Funded by the National Creativity Fund, Creative Ireland



Age & Opportunity is the national organisation that provides a range of opportunities for older people who want to get more involved in arts and culture, sport and physical activity, civic engagement and personal development. Their aim is to inspire people aged 50+ to live a dynamic life in which they are more active, more visible, more creative and more connected.

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Registered in Ireland No: 284318.

Charity No: CHY 12365.

Registered Charity No: RCN 20036010.

Clár Éire Ildánach
Creative Ireland
Programme
2017–2022



TABLE OF CONTENTS

1. INTRODUCTION	1
<i>1.1 Background to the development of the Artist in Residence in a Care Setting initiative</i>	1
<i>1.2 The Artist in Residence in a Care Setting initiative</i>	2
<i>1.3 The current research study</i>	3
<i>1.4 Structure of the research report</i>	4
2. LITERATURE REVIEW	5
<i>2.1 Arts in health and social care settings</i>	5
<i>2.2 Arts in social care settings and the use of the artist in residency approach</i>	7
3. METHODOLOGY	10
<i>3.1 Research design</i>	10
<i>3.2 Research methods</i>	10
<i>3.3 Participant recruitment, data collection and analysis, and ethics</i>	13
4. FINDINGS	15
<i>4.1 The capacity of social care settings to interact with the arts</i>	15
<i>4.2 Embedding Art in Care and the ARCS model</i>	24
<i>4.3 The external policy environment and strategic positioning of the ARCS initiative</i>	26
<i>4.4 Summary of main findings</i>	28
5. DISCUSSION AND CONCLUSION	30
6. REFERENCES	34

RESEARCHER'S ACKNOWLEDGEMENTS

I would like to thank all of those at Age & Opportunity who provided context and content for the report, especially Tara Byrne, Bridget Deevy and Mary Harkin. I would like to extend special thanks to Marie Brett, who worked as an artist advisor on the project and supported the various stages of the research. I would also like to thank the organisations that responded to the questionnaire survey, and I would particularly like to thank those artists, care home managers, activity co-ordinators, and older people who participated in group and individual interviews and who shared their views and experiences of the *Artist in Residence in a Care Setting* initiative with me. Finally, I would like to thank artists Andy Parsons, Brian Cooney and Helga Deasy for their contribution to validating the interim report findings, and to Séamus McCaul of the HSE for his presentation on COVID-19 at the final artist workshop.

1. INTRODUCTION

1.1 Background to the development of the Artist in Residence in a Care Setting initiative

Age & Opportunity is the leading non-governmental development organisation for older people in Ireland which aims to improve the quality of life of people in later life. It promotes the creativity and value of older people, combats stereotypes and negative views of ageing, and develops inclusive programmes and experiences which respond to the interests and needs of the diverse older adult population. Its programmes are centred on three major domains of older adults' lives – the arts, physical activity and social engagement. It recognises the critical role of evaluation in developing these programmes and disseminates research evidence widely to relevant policy-makers and service providers. In doing so it helps ensure that Ireland's policies, strategies, programmes and service practices are directly informed by the needs and experiences of older people (Age & Opportunity, 2020a).

The Arts Programme developed by Age & Opportunity focuses on older people's creativity and creative potential, and supports the meaningful participation and inclusion of older adults in cultural and creative life. The programme is anchored in the annual Bealtaine Festival and a series of year-round resource and development initiatives which support artists, arts participants and arts organisations (Age & Opportunity, 2020b). As part of its commitment to inclusivity and equity, Age & Opportunity has a strong track record of developing arts and arts training programmes specifically tailored for social care settings. In 2012, with the Irish Museum of Modern Art (IMMA), the Alzheimer Society of Ireland and Kilkenny's Butler Gallery it established Azure, a network of arts institutions which provides dementia-inclusive art-viewing events for persons living with dementia and their carers. In 2013 the Creative Exchanges training programme was developed to support participants in planning and facilitating arts activities with older persons in day care and residential care settings. In 2017 the first Artist in Residence in a Care Setting (ARCS) initiative was launched at the Orchard Care Centre in Blackrock, County Dublin, followed in 2018 by a second residency in St. Josephs, Shankill, County Dublin. The initiative is funded by Creative Ireland, HSE and the Arts Council.

1.2 The Artist in Residence in a Care Setting initiative

Age & Opportunity has continued to increase access to high quality arts experiences for older adults through the ARCS initiative, and in 2019 the initiative was expanded to a further six residential and day care settings. It is planned to continue to implement the initiative in 2021 in various care settings. This will take place in the context of the evolving situation regarding COVID-19, and the significant impact the pandemic has had on residents and attendees in these settings, and on the nature and scope of the services provided in such settings (HSE, 2020).

ARCS aims to create an opportunity for staff and residents of publicly funded or not for profit social care settings to engage creatively with an artist over a three-month period. It provides ongoing support to participating artists by means of training, mentoring and curatorial and administrative support to ensure a successful outcome for the residency. In 2019 the six participating settings were selected following an open call which consisted of a two-part process: care settings were invited to apply for the residency in an open competition, and once the care settings had been selected, artists applied for a residency which would be specific to one of the selected settings. As such, artists applied for the residency independently of care homes but with specific knowledge of the particular setting.

The selection criteria for participating social care settings included: the availability of suitable workspace, meeting room, and internet access; a commitment to dedicate a liaison person for the artist to support them throughout the residency; potential for the residency to benefit the care setting and its residents/attendees, and to benefit the development of the artist in arts and health; previous experience of artist residencies or current artistic activities; and, commitment to the ethos of the residency and the initiative's evaluation process. Following selection of the six care settings, artists were invited to submit a tailored proposal for a residency based on the profiles of the six settings provided by ARCS, and following individual research by the artist on the setting. The artist was required to indicate the proposed art form to be used on the residency, and to commit to participating fully in the evaluation process. Artists were selected based on: the quality of their proposal; the relevance of the proposal to the care setting; benefit to the residents/day service attendees and to the development of

the artist; the quality of supporting material submitted with the application; previous experience of the artist; and, the overall feasibility of the proposal.

1.3 The current research study

Previous research conducted on the ARCS initiative (Ward, 2020) examined its impact on the health and well-being of participants, and provided an independent and comprehensive account of the extent to which the initiative had achieved its primary aims, namely, to enhance artists' capacity to work in health and care settings; and, to impact on the culture of care settings in relation to how managers and staff view and value creative activities. This study found high levels of satisfaction with the initiative, positive impact on participants' creativity and engagement in arts activities - this included older people with dementia - and positive changes in staff perception of their role and relations with participants. It also found increased levels of artist confidence and skill in working with individuals and groups in social care settings. Important factors which impacted on the outcomes included the skill set of the artist, the openness of the setting to innovation, flexibility in the approach towards implementation of the initiative, and time to develop good working relations and understanding between the artist and the staff of the setting.

The current study explores further some of the findings of the previous report, but with an added focus on the impact of COVID-19 on the implementation of arts programmes in social care settings. The ARCS initiative recognises that art in social care practices need to be flexible, innovative and adaptive in order to respond in a safe and effective way to the challenges posed by COVID-19, and in addition, that aside from these challenges, there still exists a more general need to develop enhanced capacity in relation to the arts in social care settings in Ireland. Consequently, the current study examines:

- a) The current capacity of social care settings to interact with the arts, and with innovative practices devised to create safe arts interventions in the context of Covid-19; and,
- b) How to embed the arts in the culture of social care settings more generally.

In addition to addressing these research questions, the findings of the study will be used to directly inform the structure of future residencies, and appraise the wider arts and older people/health sector as it intersects with care settings. The report will also be used to further develop Age & Opportunity's Arts & Creative Charter for Older People and its Creative Toolkit for Care Homes, both of which are currently in development stage.

1.4 Structure of the research report

Section Two presents a summary review of literature relevant to arts in social care settings, and the use of art residencies as an approach to embedding art practices in these settings. Section Three outlines the methodology employed in the research, and Section Four presents the findings of the study. Section Five discusses these findings and outlines some implications for the short and long-term development of the ARCS initiative.

2. LITERATURE REVIEW

2.1 Arts in health and social care settings

There is growing understanding of the benefits of cultural activities for older people, and at the same time, recognition of the need to strengthen and consolidate the evidence base to demonstrate these benefits. The challenge in doing this lies in the diversity of artistic and creative activity available for study, and the range of methodologies and reporting styles adopted to provide this evidence (Hogan and Bradfield, 2019). However, despite these limitations, research has shown that engagement in the arts can have a profound influence on the quality of life of older people (O'Shea and Ní Léime, 2012; Price and Tinker, 2014), and is associated with improved health (Cohen, 2009), enhanced self-esteem, increased opportunities for self-expression, and improved social interaction (Murray and Crummett, 2010; Adams et al, 2011). In addition, research has shown that engagement in arts can be a source of pleasure and enjoyment for participants, and can support social engagement and prevent social exclusion (Adams et al, 2011; Weziak-Białowolska, 2016). Engagement in creative activities can also help construct a sense of community, and self-identity and belonging (Murray and Crummett, 2010; McDonald et al, 2018).

There is an increasingly robust evidence base for the wellbeing benefits of planned community-based arts in health programmes (Hogan and Bradfield, 2019). Engagement in choral work or visual arts projects can enhance participants' sense of control and connectedness, and promote the development of social links and relations. Many cultural activities such as dance also promote physical activity. The self-reflection and emotional engagement inherent in art processes such as singing or the creation of physical art works can enhance self-awareness and emotional intelligence. Art practices provide many opportunities to learn new skills and competencies, which have a positive impact on self-esteem and wellbeing. Community art practices also provide opportunities to nurture and support participants who may need additional support or are new to the particular art practice, and thereby enhance self-efficacy.

Research interest has increased in recent years in the role of the participative arts for people who are living with a dementia. This is because of a growing awareness that engagement in

the arts can deliver health care outcomes and that there is a need to develop non-pharmacological interventions. A review of participatory arts and their value for people living with dementia provides an overview of some of the art forms that are most widely used and the associated benefits (Zeilig et al, 2014). The authors of this review define participative arts as creative or performing arts projects in community settings - including in day care settings - conducted by professional artists with people with dementia and their carers, which in the main aim to promote health and wellbeing, but may also have an aesthetic purpose. The review distinguishes between this approach to arts in health and the work of art therapy. The latter is usually located in a clinical setting and conducted by health care professionals, where the primary aim is treatment of a specific 'condition', and the arts are used as instrumental tools to achieve measurably health care ends. The review found that the most common participatory art forms used are singing and music groups, art groups (drawing, making and painting), dance projects, theatre and storytelling, poetry and writing, and the role of museums and art galleries. It also found that participative arts can contribute positively to the lives of those living with a dementia in many ways. These include: improved communication; encouraging creativity; promoting learning; enhancing cognitive function; increasing self-confidence, self-esteem, and social participation; and generating a sense of freedom. Participative arts also impact positively on boundaries between service providers and people with dementia and provide new insights for the dementia workforce and family members. In addition, the arts have a unique application for exploring and communicating the interior worlds of those living with dementia.

Collective Encounters (2013) reviewed the benefits of bringing professional art practices into care settings for people with dementia. This report highlights the general benefits of participation in arts activity for older people on a personal, community and societal level, and also identifies the more specific benefits of engagement in the arts for people with dementia who are living in residential care facilities. Apart from the benefits already identified for people with dementia living in community settings, these specific benefits include: the development of positive emotional states and independence; improved face-name recognition, better long-term memory and ability to recall life events; increased expressions of pleasure and happiness; and, reduced 'wandering', physical agitation and 'disruptive behaviour'. In addition, the benefits of art works extend to care givers, in particular with

regard to new learning about patients. They can also bring benefits to residential settings and to the wider communities of which they are a part which include: the development of a sense of agency and engagement among residents and their families; greater job satisfaction among care staff; greater appreciation among staff of the accomplishments and emotional lives of residents; strengthened links to the local community including a potential route to engagement for volunteers; enriched everyday life and a positive impact on the social environment of the care home.

Baring Foundation (2011), following a review of art practice in residential care settings in the UK, suggests elements of good practice that can be applied in the use of the arts in these settings. For management in residential care settings the report stresses the importance of getting to know the existing interests and preferences of residents and staff with regard to art engagement, and the importance of leadership in securing resources and developing supportive community links for arts projects. It also highlights the importance of management developing a team approach to arts engagement and the need to involve the right people, including engaging professional artists who can work collaboratively with staff and residents. In addition, the report stresses that management should provide ongoing support to art projects to maintain motivation and enthusiasm, and ensure that the results of creative projects are shared and celebrated. The report also recognises that residential care settings can be challenging environments for professional artists. It stresses the importance of artists getting to know the residents and of the need to develop a partnership approach to working with staff. There is also a requirement for artists to be flexible in terms of communications, including working on a one-to-one basis with some residents, and responding creatively to the 'here and now' temporal and spatial environment of people with dementia and what that means for the artistic process.

2.2 Arts in social care settings and the use of the artist in residency approach

While there is a general level of agreement regarding the core elements of good practice in introducing professional artists to work in residential and day care settings, and about how to best embed art practices in these settings, research has also shown that there are challenges related to attempting to anchor and sustain arts practices in these settings. These challenges are often linked to the overall organisational culture of care settings, including aspects of the

social, physical and temporal environment. They can also arise because of practical issues such as the lack of adequate physical and financial resources. Sometimes there is limited understanding among care staff of the nature and the purpose of art in care settings, and among artists about the organisational culture and routines of care settings.

Research on artist residencies as an approach to promoting arts engagement in care settings has provided significant insights into many of these issues. Algar-Skaife et al (2017) report on a large-scale artist in residency programme in 122 care homes in Wales, and throw light on many of the issues that need to be addressed in adopting and sustaining arts practices in social care settings. The programme involved 17 artists working across four art forms - Performing Arts (Dance/Drama), Music, Visual Arts, and Words (Poetry/Prose) – who typically delivered eight residencies over a two-year period. Each residency consisted of weekly two-hour sessions spread over a period of eight weeks. Experienced artist mentors provided professional support to artists in each of the art forms. While the programme had a major impact on the wellbeing and personal expression of participants, equally important in terms of embedding arts practices in these settings, it also impacted significantly on staff perceptions of residents, and developed their skill set and general approach to working in the setting. Following the programme, staff attitudes towards residents, especially those living with dementia, had improved; their confidence to lead a creative arts session in the care setting had increased, and they were more likely to seek out participatory or spectator cultural experiences outside of work. Artist practitioners' attitudes towards residents also improved, including having increased hope and recognition of person-hood, and they also reported personal and professional development through involvement in the programme. The evaluation of the programme also highlighted the importance of professional mentoring. Artists reported that mentoring provided a sense of reassurance, practical guidance and advice, and assisted in the development of creative practice. Mentors reported that working on the programme had impacted positively on their own professional development and mentoring style.

This evaluation suggests aspects of good practice in planning and implementing art residency programmes at a number of levels. At residency site level, it highlights the need for thorough planning and preparation by the artist in advance, including getting to know staff and

residents and deciding on the appropriate time for sessions. The artist also needs to be flexible in approach and open to including residents in planning. Serious consideration should be given to practical implementation issues such as the space available, staff support, pacing of the sessions, building variety into the sessions, and developing a multi-sensory approach. At overall programme level, the report recommends that in the future residencies could take a more inter-disciplinary approach and 'fuse' art forms, and also ensure that a member of the care setting staff is formally allocated responsibility for liaison and support of the artist and the residency. It also recommends that residencies could be strengthened by extending the period of the residency to 12 weeks, recruiting artist volunteers to work with the lead artist, further developing one-to-one sessions as part of the residencies, and developing closer connections with the local arts community and venues.

Magic Me (2017), in a detailed report on the implementation and outcomes of four art in care setting residencies, highlights many of the implementation challenges discussed in the Welsh study. These include the need to develop a 'playful' and aesthetically attractive workspace; practicalities like timing, rooms, furniture and equipment; balancing individual work with meeting the needs and preferences of the whole group; the demands of working with older people whose experience is predominately focused 'in the moment'; and the need to work collaboratively on an ongoing basis with care staff and residents. In addition, this report identifies a number of challenges regarding the art practice itself. Ensuring that the project had impact beyond the immediate group of residents involved was difficult. Artists needed in their practice to continuously negotiate between applying structure to give meaning to the art process for residents and promoting freedom of expression through less results-focused interaction. Non-verbal communications in the art process needs to be recognised and affirmed. Finally, artists found it challenging to constantly find ways to remain authentic to their own practice, while at the same adapting it and negotiating ways for it to work within the organisational culture of care settings.

3. METHODOLOGY

This section describes the methodology adopted in the current research study. It provides an outline of the overall research design and research methods, followed by an account of participant selection and recruitment, and data collection and analysis.

3.1 Research design

The research adopted a qualitative mixed-method approach to address the capacity and practice issues related to the ARCS initiative as identified in the research questions. Structured in five work packages (WPs), it used documentary analysis and literature review, semi-structured interviews, and a focus group interview as the major data gathering methods. A small-scale survey was conducted with arts organisations and an artist co-ordination network to explore issues relevant to the research, and a final workshop session with practicing artists was used to test and validate emerging findings. To enhance the participatory aspect of the study a special artist advisor with experience of artist in residency programmes in care settings was recruited to act as a 'critical friend' to the research process. The role of the advisor was to collaborate with the principal researcher on an ongoing basis, and constructively critique the various stages of the research process from the perspective of a practicing artist and artist mentor. The overall research design was structured to meet the tight timelines which applied, and took in to account the ethical and safety issues that arise in conducting qualitative research in the context of the COVID-19 pandemic.

3.2 Research methods

Work Package One: Programme documentation analysis and literature review

This WP had two components. First, a brief desktop analysis of documentation which related to the development and implementation of the previous phases of the initiative, including the most recent evaluation report (Ward, 2020). This identified the values that underpin the initiative, the aims and objectives set for the project, its rationale, and the history of its development. The review provided the organisational context for the proposed research, and informed the data-gathering strategy. The second component of this WP consisted of a summary review of international literature on art in care settings including relevant evaluation studies. The review helped identify models of good practice related to the

development and implementation of programmes similar to the ARCS initiative, and informed the content of interview schedules developed for the research.

Work Package Two: Semi-structured interviews (n=15)

This WP consisted of a total of fifteen semi-structured interviews, four with key strategic stakeholders, six with staff from care settings, four with older adults who attended day care services which were involved in the ARCS initiative, and one with the artist mentor on the initiative in 2019. All interviews except those with older adults used the Zoom platform. The four interviews conducted with strategic stakeholders included relevant senior management in Age & Opportunity, the Arts Council, Creative Ireland and HSE. Three of the six interviews conducted with staff from day and residential care settings involved care home managers, one of whom was managing a care setting which had not participated in the ARCS initiative. The three interviews conducted with activity co-ordinators also included one in a care setting which had not been involved in ARCS. The interview conducted with the mentor of the artists explored the 2019 phase of the initiative. All of the interviews with older adults were conducted by conventional phone. The composition of the WP aimed to capture multiple professional and non-professional perspectives on the development, implementation and delivery of an artist in residence programmes in settings facing the challenges associated with COVID-19.

The interviews with strategic stakeholders explored the development of the initiative and its strategic positioning, the current capacity of care settings to engage with the arts, innovations that may be required to support future engagement, and general issues in care settings that need to be addressed to further embed arts programmes in these settings. Interviews with residential and day centre management and activity co-ordinators explored a similar range of issues, with a focus on the operational, organisational, learning, communications and cultural factors which can influence the introduction and maintenance of the ARCS initiative, including approaches to overcome the difficulties posed by COVID-19. The interview with the artists' mentor examined these broad issues with a focus on the guidance and support provided to participating artists, and how this may need to evolve to meet the needs of the changing situation. The interviews with older adults explored their experience of art in care,

their views on the implementation of the ARCS initiative, and the future of art in care in light of COVID-19 restrictions.

Work Package Three: Focus group (n=1)

This WP consists of one Zoom focus group interview with artists involved in the ARCS initiative in 2019. The focus group explored artists' experience of participating in the initiative, the training and mentoring supports that were available, issues that arose on the residencies and how they were dealt with, and possible adaptations required on the residencies in the future because of COVID-19.

Work Package Four: Survey questionnaire

A brief self-completion questionnaire was distributed by email to art organisations associated with Arts and Health Coordinators Ireland (AHCI). Three organisations responded: AHCI itself, Anam Beo and Kids Classics. AHCI is a voluntary national network support organisation for managers in the arts and health sector. Anam Beo is an independent arts and health organisation that delivers an arts, health and wellbeing programme in the Midlands, and Kids Classics is an organisation that provides music making opportunities in educational, healthcare and community settings. Using an open question format the questionnaire focused on the strategic positioning of the ARCS initiative, challenges facing arts in care programmes, challenges specifically related to COVID-19 and the adaptations devised to address them. It also explored the experience of introducing these innovations, the capacity needs of the art sector in art in care work, and long-term measures required to embed arts in care in care settings for older people.

Work Package Five: artists' validation workshop (n=1)

The two-hour Zoom workshop held near the end of the study explored the emerging findings with participating artists to test the practicality of some proposed practice innovations emerging from the research, and examined the implications these would have for the future structure of the residencies. The workshop was facilitated by the researcher, and included input by staff from HSE older people services with a background in gerontology, and expertise in the application of COVID-19 protocols in residential and day care services. The workshop had a co-production focus and the outputs have been integrated into this final report.

3.3 Participant recruitment, data collection and analysis, and ethics

Participants for the study were recruited with the assistance of Age & Opportunity, particularly with initial introductions to the strategic stakeholders, the artists involved in the initiative, and staff in the various care settings. The care setting which had not been involved in the ARCS initiative was recruited independently by the researcher. Older people were recruited for interview with the assistance of care staff in two of the day care settings.

The semi-structured interviews and focus group with artists were of 50 minutes duration approximately, and the individual interviews with older adults were shorter, of approximately 30 minutes duration. Individual and focus group interviews were audio-recorded and transcribed. Inductive analysis was performed to identify major themes using a robust analytical approach which involved initial reading of complete transcripts, initial coding, memo writing, collation of codes to identify themes, and refining themes to identify links and associations between them (Braun and Clarke, 2006; Rapley, 2011).

Measures were applied to ensure that the highest ethical standards were applied throughout all phases of the study. These related primarily to participant confidentiality and consent, and safety in the context of COVID-19. Access to audio recordings and transcripts of the audio recordings was limited to the researcher and the professional transcriber. Pseudonyms were used throughout for research participants. Carefully-constructed and detailed information sheets using jargon-free language were available to all participants, and consent forms were used to acquire all participants' full and written consent for participation in the study. The research fieldwork was informed by evolving public health advice regarding qualitative research and COVID-19. Processes were employed to ensure that participants were protected and suffered no harm from participating in the study, including the development of a protocol for dealing with participants who might be distressed because of the sensitive nature of the context of the research. Particular attention was paid to the needs of older adults participating in the research, including arranging follow-up by day care staff if the participant experienced any distress from participating in the interview.

4. FINDINGS

This section presents the study findings regarding the general capacity of social care settings to engage with arts practices. This includes care staff, artists' and older people's

understanding of art in care practices, and the current challenges that arise in sustaining and embedding these practices in these settings. In addition, it explores the implications that the COVID-19 pandemic and its aftermath may have for the future development of arts in care initiatives, and sets out how the main actors envisage these challenges being addressed in the next phase of the ARCS initiative. The section concludes by presenting findings on the strategic position and external relationship environment of the ARCS initiative as viewed by stakeholders, and the possible impact of these on the future development of the initiative.

Comments in this section attributed to national stakeholders include senior representatives of national agencies and organisations that have a strategic and operational interest in the ARCS initiative, and senior management in Age & Opportunity. Interviewees identified as artists include a mix of artists involved in the 2019 residencies, the residency mentor and experienced artist practitioners who were not directly involved in ARCS. Care staff refers to staff and management in care settings which participated in the initiative in 2019, and management and care staff from a residential and day care setting with experience of arts engagement which had not participated in the initiative. Comments attributed to older people (using pseudonyms) are those of attendees at day centres which participated in the initiative in 2019. Responses from organisations that participated in the questionnaire survey are also integrated into this section.

4.1 The capacity of social care settings to interact with the arts

The study has revealed three major dimensions of the culture of social care settings that impact on their current ability to embed arts practices into the fabric of their work: the understanding of arts that prevails in these settings; organisational and practical issues that impact on how arts practices are supported in care homes; and more recently, the impact of COVID-19 restrictions on arts practices in care settings.

Different understandings and expectations

Making art is understood by participating artists and survey respondents as a rich and creative process of discovery, in which, through a collaborative exchange between artist and participant using various art forms, older people participate actively in a sense- and meaning-making expressive experience. One artist commented:

Art practice is about person-centredness, the infusion of personal value and the recognition of the individuality of older people.

Artists stress the importance of building relationships with older people as part of this process, and the potential of art practices to enhance participants' sense of self and relations with place and community. They describe making art in care settings as a challenging experience which requires ingenuity, flexibility and creativity in order to respond to the various needs, abilities and interests of participants. They report that this creative process can sometimes be perceived by staff and family members of residents as 'disruptive' of routines and norms in residential care. They are adamant that art making is not primarily about teaching older people artistic techniques and skills, or facilitating the development of these skills, but is focused at its core on personal development and self-expression.

On the other hand, for management and staff in care settings art-making is perceived primarily as an enjoyable activity - one of many - which provides sensory stimulation for residents, improves their health and wellbeing, and provides them with a sense of achievement. This is especially so for older adults living with dementia. One centre manager commented that art-making:

Brings something new to the centre, that it improves the health and wellbeing of the clients; it's all about the clients. It would give them something different to do and a new person coming in. I always find a new artist, musicians, new people coming in have something new to bring. It kind of, it brightens the day up, somebody new coming in, having someone to get to know.

Art in care from the care settings' perspective is, or should be, an inclusive activity that caters for the needs and abilities of all older people participating. It is often broadly defined as an activity that is similar to other creative activities such as gardening that stimulate the senses, and provide enjoyment and relaxation. Art in care is perceived by some care setting staff as an activity that can develop links with the broader community, promote social relationships, including intergenerational connections, and support greater social connections. It can also lead to personal development for participants, and signals a move from a clinical to a more

social model of care provision. In addition, it can be an important means of marking seasonal change.

For the older people who participated in the study engaging in arts is perceived as a social activity that helps build relations with their peers. They appreciate the wellbeing benefits of participatory arts, and the opportunity it affords to do something 'new'. One participant commented about art sessions:

It is just so relaxing, so relaxing and just interaction with the group around the table like you know. And you know it's just the interaction I think really like you know. It's just having a chat, and doing it, and chatting away to each other all the time like you know. There's not one there that you couldn't talk to you know. (Anne, 82 years old)

Older people also recognise the mental health benefits associated with engaging with the arts, with comments like 'it takes me out of myself', 'it keeps my brain active and my fingers nimble', and 'it boosts my self-esteem'. Some participants appreciate what they perceived as a 'quiet time' for reflection and concentration, and one commented that arts sessions 'could clear the mind'. A number of participants commented on the sense of achievement they felt when they had produced something of which they were proud:

Last January and the display was there in the library for a couple of weeks I think, for people to see it. And I was amazed when I saw some of the drawings myself. I couldn't get over it. That's true, yes indeed you know. I had my own (drawing) there; my own was on display there you know. I had done, it was a great one. It was a drawing of one of the great houses. (Pat, 92 years)

Older people also enjoy engaging in art practices that are linked with events and personal and professional interests from their own life courses, and with the history and changing nature of their home places and communities.

While there are common areas of understanding across the three groups, in light of the various understandings and expectations held by the different actors outlined above, it is not surprising that different understandings and varying expectations can impact on the implementing of arts in care practices. Although not presenting as an issue for all artists in the study, some feel that these different understandings can be an obstacle to successful project development if not dealt with, and require time and energy to overcome. One artist commented:

So I went in there [to the centre]with an understanding, with my understanding of what I was going to do, and the care home staff and the care home management had a completely different understanding of what I was going to do.

A number of artists reported that while the understanding of art practice in care settings is often layered, the main focus in some centres can be on product and output, rather than the art process itself. This leads to an expectation that the product should always be celebrated as a successful achievement:

I found definitely a kind of attitude that it was all about making nice things. As one of the things that was like, almost straight away I was asked to make cards do you know, and make gifts for a quiz that they were having. So it was very activity based, rather than being more, more person-centred and more about relationship building ... like they wanted something nice at the end that could go on the wall.

This perspective can be at variance with a strong focus in the arts on exploration and experimentation, where 'success' may be defined in terms of the process and the learning distilled from the process, rather than the aesthetic quality of the output itself.

Artists in the study report that developing positive relations with staff is critical, and that contexts and care settings that are dynamic and 'open' to collaboratively and actively supporting artists in working with residents, contribute hugely to project outcomes. One artist stressed the importance of initially developing trust and mutual understanding with staff:

I would say that it became very important to be able to build relationships with the people in the care home. In fact it probably became more important than anything else. When I think back now almost from the first day, first two weeks, just I focused on just meeting people, introducing myself and telling people what I was doing there and hoped to do.

Another commented on the need to negotiate this active support on an ongoing basis:

Yeah I mean overall it was, I mean extremely creatively rewarding but there were a lot of challenges, and there were I suppose kind of a bit of politics between the staff in the nursing home that I had to manoeuvre which I didn't expect to. But working with the residents was like, that was the most incredible part of the experience. I just didn't, I suppose I didn't expect the other part of it.

Management and staff in care settings emphasise the need for artists to be flexible and devise programmes which are inclusive and cater for the varying needs, abilities and interests of all participating residents. Like participating older people, they stress the importance of art programmes developing links to place, and building on the history and traditions of the local community, including where possible its craft traditions. Some management also view arts programmes as an opportunity for learning for their staff, and for their active involvement in the implementation process. Older people stress the personality of the artist, and the importance of artists listening to participants and taking the time to attend to individual as well as group needs.

Practical issues – time and space

The organisational and practical issues that impact on how art practice is supported in care homes relate to two interconnected issues of time and space. Time is important because art practice has to sit in a temporal environment that is heavily routinised, with its own rhythm and pace. Artists commented on the need to adapt their practice to this situation:

I suppose one of the things that I found was having to change my own pace of working and my own expectations you know, not to force my way of working onto somebody else

you know, in a day expecting to get half a million things done. But you know when you go into a setting like that you have to, you have to slow down to, have to meet their pace of work and their pace of life.

Artists also commented on their own use of time, and how there could be a lack of understanding in care settings of the time required for various stages of the art process:

Is there anywhere I could locate myself within this setting when I'm not in contact with people? So the sense of an artist has contact time, and then they have preparation and planning time, and then they have reflection time. And the reflection time is maybe the hardest to explain and share and claim.

The question of space was also important. Space is at a premium in care settings, and sometimes the space allocated for the art sessions is a shared space. This can lead to difficulties and frustrations. One artist commented:

But having that space for me like they, I had to really fight for it. But sometimes the caretakers would come in and start filling it with chairs, and so every morning I'd have to come in and I had to set everything up again, and there was loads of projectors in it. And they'd move everything around (so) that it would like take me ages to set things up again and I'd have to ... In the end, the manager of the care home had to speak to the caretakers and tell them, and I got a key at the end and got to lock the space. But it took me ages to be able to do that you know.

It also takes time for the artist to familiarise themselves with the various spaces that might be available in the care centre, and to find the 'right space' for the project:

I didn't get a designated space. In some ways it ended up in the long term for me, I won't say it worked out for the best, but there were kind of positives to not having a space. Because it meant that I had to move around the care home more and discovered kind of these other little pockets of spaces that weren't being used, but could be used or had

potential to be used. But not having a set space definitely made it, I found it made it a lot harder for me to kind of integrate myself into the nursing home.

Sometimes not having a designated space, or being designated one that is inadequate, can lead artists to review their use of space on a project, in order to develop greater community ownership of the initiative:

I mean I didn't have a space designated. I kind of did but it was, it was a tiny room that was kind of always used for storage, you know, a quite unpromising sort of environment in which to display what you were making. And so I actually, I was kind of a little bit, [asking myself] is this going to work? But funnily enough I think it forced me to be, it forced me to be visible the whole time and I kind of felt actually that by, I don't know, I haven't, ... I felt like this idea of withdrawing into a special, a special spot, a studio, which is somehow kind of like away was actually contrary to what I set out to do.

Finally, artists reported that negotiating appropriate space, including display space, for all phases of a project is an essential component of the success of the project.

The impact of COVID-19

Interviews for the study and the questionnaire survey were conducted from October to December 2020, during the second national 'lockdown' related to the COVID-19 pandemic. HSE Guidelines introduced for infection control and management in residential care centres earlier in the year had impacted severely on the sector, leading to a complete closure of day care settings, and stringent visiting and access restrictions on residential care settings. The restrictions on social and physical distancing led to the cancellation of art in care initiatives which involved input from external visiting artists, and the postponement of similar planned projects.

There is a general consensus among artists, care setting management and staff, and the organisational stakeholders in the study that COVID-19 presents a serious threat and

challenge to art in care initiatives. This has already had an immediate effect on implementing art in care initiatives, and may leave a legacy to be dealt with in the longer term. Many of these challenges test the ingenuity, creativity and agility of both artists and care settings, but already there are signs of responses being developed to address the changing and evolving context of COVID-19 in the sector.

While recognising these challenges, some stakeholders are convinced that the rationale for supporting art in care initiatives is now even greater because of the social isolation and loneliness among residents caused by the measures taken to control the pandemic. One stakeholder commented on this aspect of the pandemic:

... the amount of favourable feedback and the amount of awareness that this [COVID-19] has raised about possibilities, and the benefits for older people has been hugely impactful. I mean we would not have achieved an awareness I suppose at both political and senior [policy-making] level and what's possible here, had COVID not happened ... I think the arts in general it's quite clear from what we see, they have a huge role to play in relation to people's mental health and wellbeing at all age groups, but particularly in relation to older people who can often be dealing with a lot of individual issues whether they be around loneliness or isolation.

Participants in the study are convinced that solutions to the major challenges need to be negotiated on a site-by-site basis, because of differences in the physical and human resources that may be available locally. Current solutions have focused on three main approaches: re-imagining the use of existing spaces in residential care centres; re-designing existing modes and modalities to integrate an artistic and creative dimension into the activity; and using digital technologies to develop new project implementation methods.

Re-imagining the use of existing spaces in residential care centres has been applied by musical and theatre performance artists, where outdoor spaces in care centres have been used to bring performances safely to residents. Existing modes of communication used by older people, particularly the telephone, have been used to promote story-telling, poetry writing,

and creating, recording and sharing diaries of the daily experience of life in the context of COVID-19.

There has also been a move to develop digital approaches to art programme delivery, although this has been accompanied by a realisation of some of its limitations. These include: the need for good quality broadband which is not always available; resistance among older people to the use of digital technology, and unequal capacity to do so often related to education levels and social status background; and capacity and resource issues among both social care staff and artists. Perhaps the greatest limitation however is the impact digital technology has on the nature of interpersonal relations in art practice. One artist described this succinctly:

Yeah, I mean yeah it's probably because you can't go in. Like a lot of it is so personal and one-to-one. We can't really, I know for me like, like so many of the people I was working with you really had to hold their hand and like engage with them. Yeah [it would be] hard to engage. So I don't know like in terms of doing kind of more digital work and like bringing it to them on screen with headphones, and like you know this kind of stuff, which is going to be good. But I also think it's not going to be quite the same as before.

Another commented:

For the Bealtaine festival I did some workshops delivered via Zoom and they were, it's a different medium, and you have to you know different ways you can engage people on the other side of the screen. But it's, there's no substitute for getting in front of people you know. And also getting to know them, you don't really get to know people over a Zoom interaction.

A move to digital platforms will also require a re-definition of audience and audience size, with much less of a focus on the number of older people involved in arts projects and more on assuring the quality of the artistic experience. Finally artists recognise that the use of a digital approach will require a much more collaborative working relationship with care staff in order to facilitate technological support for residents. An artist commented:

If you were to try and kind of drive a visual arts-led programme online, then it would involve I think a huge investment of time in people that are in care settings, you know, who are going to act as intermediaries between the residents and the artists.

4.2 Embedding Art in Care and the ARCS model

The study also identified aspects of the ARCS model that contribute to embedding art practices in care settings. Participants commented that Age and Opportunity's role in the initiative is critical. This ranges from the recruitment of artists and care settings, the sourcing and provision of funding, the development of training and mentoring supports for artists, the 'framing' of arts in care for the care settings involved, and the evaluation and research associated with the initiative.

Artists report that the 'readiness' of the care centre to accommodate the residency model and approach is important, and the assessment of this and the 'framing' of the commitment involved by Age & Opportunity, provides a useful starting point to negotiating the detail of the infrastructure required. This is especially important for artists who are beginning careers in art in care. Artists also appreciate the openness of Age & Opportunity to learn from the experience of implementing the residency approach, and the readiness to adapt it to changing circumstances.

One artist commented:

And I think more broadly that they [Age and Opportunity] seem to be kind of open to a critical eye of the approach, and the function and the value. And so they've done this, like their third outing now, but they are still open in terms of you know, through different ways of [approaching it]. But they still have this kind of criticality: how can we do this better?; what's working, what's not, why isn't it?; what's the motivation for the host setting?; what's the motivation for the visiting artist? So I think that's really healthy.

Artists highlighted the importance of the initial group training and the individual mentoring support provided throughout the initiative:

At the start of the residency they had a group training day with us which was really, really amazing. You know it was really good to meet the other artists that were doing the residencies so you knew you were part of something bigger.

Survey respondents also highlighted the importance of continuous professional development training and support for artists.

The mentorship provided was empathetic, supportive and ongoing. It was particularly useful where artists needed to discuss difficulties they encountered and the possible solutions:

The mentoring was really good, because there were so many times I was actually quite upset working in there and like had like no one to like really like bounce things off. And I'd ring her and she'd be great. Like she was really like supportive and confirming what I was doing was the right thing.

Artists also suggest a number of ways in which the residency infrastructure and the supports provided could be enhanced. The duration of the residency could be extended beyond the current 12 week period to allow for orientation/induction in the setting, which could be used to co-design the residency with staff and residents. This would also allow for some of the conflicting understandings of art in care to be addressed, and the practicalities regarding time and space to be effectively dealt with. Artists would also welcome initial co-training with care, staff which they felt would improve smooth running of the residency programme. They also felt that the initiative could facilitate more inter-disciplinary work, where residencies could accommodate artist collaboration and a fusion of art forms. Finally, they suggested that the establishment of artist learning circles during the residency would be helpful to share and solve common problems that may arise:

Yeah just actually a platform where the artists can engage with each other during the residency would be actually, I think I would have found that really beneficial. Because I thought that the fault was with me when I was having all these challenges. It wasn't until after that I discovered that other people were, were you know dealing with this. So then you know it would be good to have been able to compare notes, and rather than

trying to figure the whole thing out by yourself, and feeling that you are part of a team, and you're not an individual you know on your own.

4.3 The external policy environment and strategic positioning of the ARCS initiative

National stakeholders report that the work of Age & Opportunity's Art Programme, including the ARCS initiative, is closely aligned with national policy priorities in the arts, creativity and health sectors. These priorities areas vary across different agencies and relate to art and public engagement, support for artists, health and wellbeing, and social inclusion.

Stakeholders also refer to the unique position of Age & Opportunity as an organisation at national level, in terms of the role it plays as a builder of connections between agencies and sectors, and as a broker between policy-making and funding bodies and organisations that provide services directly to older people. This role is exemplified in the development and implementation support provided by Age & Opportunity on the ARCS initiative. A stakeholder commented:

So not all artists are ideally skilled to work in these spaces either, and that's another reason why this role of a broker, for want of a better word, or the coordinator, is so important. Because [as coordinator] you can see all of these perspectives, and talk to all of these people, and make sure that everything is working the way it needs to work.

Another stakeholder commented that there needed to be a stronger focus on developing relations at national level with HSE, as the current relationship is located at Community Health Organisation level.

The track record of Age & Opportunity in developing and delivering complex projects in the arts is also acknowledged by stakeholders. The long-running success of the Bealtaine programme, and the innovative approach of Age & Opportunity in designing new programmes such as Azure and Creative Exchanges, and more recently ARCS, has positioned the organisation as a central and trusted player in the field of arts in care. One stakeholder commented:

There's a trust there, and it builds then when you're meeting with new partners. And you know all of that willingness maybe in this field of work, is always you know where there's a vision but people don't know quite what they're getting into. But where there is some track record and reputation, it makes a huge difference on things being able to move forward. It's all very, very positive.

Finally, stakeholders highlight the strategic importance of the research and development approach adopted by Age & Opportunity. They note that the development of a robust evidence base for art in care initiatives is critical in the health and wellbeing sector, in order to persuade policy makers of the contribution this work can make to health and wellbeing outcomes. In addition, the focus of the ARCS project on 'marginalised' older people, and the equity and social inclusion considerations that have driven its development, are particularly important. This ability of Age & Opportunity to develop, trial and evaluate initiatives such as ARCS can have a significant impact on future policy-making, funding and practice in the field of art in care. One stakeholder commented:

Obviously with any sort of launch of national initiative you've got to pilot and start somewhere, and we're hoping that if we can prove a model you know, and build a business case around that through research like this - you know the health settings and policy makers in health we've come to realise we tend to rely more so maybe than other policy domains on evidence and evaluation you know and that type of reporting. So I suppose that's why we felt that work like this would be important also.

4.4 Summary of main findings

(i) Three major dimensions of the culture and organisation of residential care settings currently impact on their ability to embed art practice: the understanding of arts that prevails in these settings; organisational and practical issues; and, the impact of COVID-19 restrictions on art practice in care settings.

(ii) There are different understandings and expectations of art in care among the main actors involved, care setting management and staff, artists, and older people, and these can impact on the implementation of art in care practice.

(iii) The organisational and practical issues that impact on how art practice is supported in care homes relate to two major interconnected issues, time and space.

(iv) COVID-19 presents a threat and a challenge to art in care initiatives and tests the ingenuity, creativity and agility of both artists and care settings. Current solutions have focused on re-imagining the use of existing spaces; re-designing existing modes of communication used by older people to integrate an artistic and creative dimension into the activity; and using digital technologies to develop new project implementation methods.

(v) The ARCS model has contributed greatly to embedding art practice in care settings. The role that Age and Opportunity plays is critical, ranging from the recruitment of artists and care settings, the provision of funding and training and mentoring for artists, 'framing' art in care for the care settings, and maintaining a focus on evaluation and research.

(vi) The residency model could be enhanced by extending the initial period of the residency to allow for a greater emphasis on co-design, resolution of differences in understanding regarding art in care among the various actors, and effective planning of practical issues related to time and space. Initial co-training between artists and care staff, a greater focus on inter-disciplinary and collaborative work among artists, and the establishment of artist learning circles, would also enhance the outcomes of the initiative.

(vii) The work of Age & Opportunity's Art Programme, including the ARCS initiative, is closely aligned with major national policy priorities in the arts, creativity and health sectors. Age & Opportunity holds a unique position at national level as a bridge builder and broker between agencies and sectors, policy-makers, funding bodies and service providers, and has an impressive track record in programme delivery. The research and development approach adopted by Age & Opportunity is of strategic importance in the development of a robust evidence base for art in care initiatives, and can contribute significantly to national policy in this area.

(viii) The focus of the ARCS project on ‘marginalised’ older people, including older people with dementia, and the equity and social inclusion considerations and values that have driven its development, are particularly important and should be continued.

5. DISCUSSION AND CONCLUSION

This study set out to examine the capacity of social care settings to interact with the arts and with innovations devised to create safe arts in care in the context of the COVID-19 pandemic. It also explored the factors that impact on the embedding of the arts in the culture of social care settings more generally. In addition to addressing these research questions, the study aimed to inform the structure of future residencies and provide evidence for the further development of Age & Opportunity’s Arts & Creative Charter for Older People and its Creative Toolkit for Care Homes.

This section presents the conclusions of the research based on a consideration of the key findings of the study and a review of the relevant previous research. Despite the limitations of the study in terms of the relatively small number of participants, the multi-perspectival,

qualitative approach adopted in the study has allowed for a rich exploration of the research questions, and identified significant new findings related to the organisation and practice of art in care settings for older adults. The discussion that follows is structured around three major themes: the various conceptualisations of art in care and the resultant tensions they give rise to in the practice of art in care; art residencies as an approach to embedding art in care settings in the context of COVID-19; and dimensions of the ARCS initiative that require further research.

The study highlights different understandings and expectations of art in care among the main actors involved – care setting management and staff, artists and older people. These differences relate to the relative importance of the creative process and on the other hand the significance of its outputs and products. These differences are also evident in various views on what are the most valuable outcomes of art in care for older people, and indeed in debates relating to who should determine the answers to these questions, and thereby predominate in the design and implementation of art in care initiatives. Sometimes, there exists a narrative which presents these issues in terms of simple dichotomies, where the views of artists are contrasted with those of care staff. Often in these debates the understandings and expectations of older people are given little consideration. However, the current research provides evidence of a spectrum of understandings and expectations which vary among and between the various groups. Not all artists are process-driven and not all members of care staff focus only on the output of the process. The interest and expertise of care staff in the delivery of person-centred care can sit comfortably with the artist's need to develop relationships and build trust with older people. Older people's focus on the social aspects of art-making, as well as its ability to afford reflection on place and life course, are appreciated by both artists and care staff, and can inform decisions made about art in care initiatives. However, the commonalities and differences in these three conceptualisations of art in care require discussion and dialogue to identify areas of agreement and articulate differences. This ensures that the natural tensions that exist between these various perspectives are dealt with in a positive and healthy manner in programme development. The study highlights the need for intensive tri-partite dialogue at individual care setting level between artist, care staff and participating residents. This could be part of the initial design stage of the project and occur on an on-going basis to ensure successful outcomes for older people.

The current research confirms the value that a residency approach brings to art in care. It demonstrates how the intensive effort involved in this approach can begin to accelerate the process of embedding art in care settings. This research also identifies a range of adjustments to the existing model which will enhance the impact of the initiative. Some of these adjustments relate to infrastructural aspects of the model at individual care setting level, such as increased time for orientation and co-design at the beginning of the residency, recognition of the implications of the pacing of art in care work for the period of the residency, and the potential of ‘fused’ residencies to enhance the impact of the work. Others adjustments relate to enhancing the current supports provided for participating artists as a group, and include the introduction of learning circles where artists could facilitate their own learning throughout the period of the residencies. These modifications amount to a ‘tweaking’ of the current model rather than a radical overhaul, and can be easily accommodated within the current structure of the initiative.

The study also highlights the impact of COVID-19 on the ARCS initiative, and points to possible ways forward to ensure that the initiative adapts to the evolving context of programme delivery. It has identified the various structural, technological, organisational and support issues and challenges which arise in delivering safe and effective art programmes, and will inform the ongoing debate as to how best to address these issues. While the study doesn’t prescribe solutions, it does highlight critical aspects of the process required to devise and implement these solutions. In particular it identifies the focus now required on supporting care staff on the initiative as their role in facilitating the residency model becomes more critical. This has implications for the training supports provided, and points to the need to exploit the natural synergies that already exist between ARCS and other Age & Opportunity arts programmes such as Creative Exchanges.

The study also highlights three areas for further research. Firstly, to ensure that the voice of older people is brought to the centre of the debate about art in care, further research is required to understand the experience of art in care from their perspective. Much previous research has focused on the impacts of arts in care initiatives on the health and wellbeing of older people, with little consideration given to their experience of the process, or indeed on

structures that could ensure they play a more active and central role in the design and delivery of art in care initiatives. Secondly, in the light of the changed circumstances brought about by COVID-19, there is a need for research to explore the changing roles of artist and care setting staff in the design and delivery of art in care initiatives. This could further explicate the issues that arise and could identify additional training and support needs and how these can be met. Thirdly, research could examine ways in which ARCS can further develop meaningful links with the community in which the care setting is located. There is evidence in the current study of the importance of these links and connections for many of the actors involved. This connection relates not only to links with the local arts community, arts venues and art festivals, but also links with a much broader range of agencies and sectors including education, from pre-schools right through to third level, civic society including older people's organisations, and local government including arts officers and age-friendly city and county initiatives.

In conclusion, this study provides evidence that the *Artist in Residence in a Care Setting* initiative is well-positioned to deliver national strategic priorities in health and wellbeing, art and public engagement, support for artists, and social inclusion. It has developed an effective programme, including infrastructural and professional development and support elements, which has the ability to adapt and deliver safe and impactful art in care for older people in a challenging COVID-19 environment. With adequate resourcing and ongoing development, ARCS is now ready to be mainstreamed and scaled to the wider residential and day care sector for older people, and can be used as an effective tool to help address many of the adverse impacts of COVID-19 on this vulnerable section of the population.

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