



The Baring Foundation



What do we know about the role of arts in the delivery of social care?

Report in Confidence - do not use without permission from Skills for Care

Activity mapping

Final report

March 2013

Written by Consilium

Published by Skills for Care

Contents

Executive Summary	1
1 Introduction.....	4
2 Policy Context.....	5
3 Methodology.....	6
Online Survey Design and Dissemination	7
Qualitative Case Studies.....	8
Analysis and Reporting	8
4 Activity Mapping Results.....	10
Profile of Respondents.....	10
Project Activity	11
Detailed Project Examples.....	11
Aims and (Expected) Objectives.....	12
Service Users.....	13
Settings	14
Delivery	15
Funding.....	17
Outcomes for Social Care Staff.....	19
Outcomes for Artists	20
Outcomes for Service Users.....	21
5 Workforce Development.....	24
Workforce development issues amongst social care staff which limit the use of arts to achieve social care outcomes	24
Workforce development issues amongst artists and creative practitioners which limit the use of arts to achieve social care outcomes	26
Lessons for Workforce Development.....	27
Training to prepare social care staff and artists to work effectively together with service users.....	29
Summary	31
6 Good Practice and Learning - Case Studies.....	32
7 Summary Conclusions.....	65
Activity Mapping Results	65
Workforce Development.....	65
Appendix 1 – Activity Mapping Survey Pro Forma.....	67

This study was commissioned by Skills for Care and delivered by **Andy Parkinson** and **Jamie Buttrick** from Consilium Research & Consultancy in partnership with **Ann Wallis** and **Sara Trentham** from Culture Partners and **Moyra Riseborough** from Riseborough Research & Consultancy Associates.

Project manager: Andy Parkinson
Consilium Research and Consultancy
Tel: 07713 357386
Email: andy@consiliumresearch.co.uk
Web: www.consiliumresearch.co.uk
Twitter: @ConsiliumAndy



Executive Summary

Introduction

Consilium Research and Consultancy (Consilium) was commissioned in November 2012 by Skills for Care (SfC), in partnership with Skills for Care and Development (SfC&D) and Creative & Cultural Skills (CCS), to undertake an evidence review and activity mapping study to inform future thinking around the role of arts in the delivery of social care and in particular the implications for workforce development. This report provides an analysis of the results of an activity mapping exercise to identify the range, types and characteristics of activities using arts within social care settings.

Methodology

The activity mapping exercise was facilitated via an online survey of social care providers, arts organisations and workforce development providers which generated 112 responses. The online activity mapping work was complemented by qualitative research with a sample of the provision identified from the survey returns. The qualitative research produced nine case studies outlining different models of practice and key issues/challenges facing organisations delivering arts-based activities in social care settings.

Activity Mapping Results

- The activity mapping has highlighted the extensive scale and scope of arts activities being delivered to achieve social care outcomes
- The activities provided are highly individual and therefore incorporate a wide range of objectives and actual/expected outcomes for service users, social care staff and artists
- Activities are provided for and across the complete range of service users
- The largest number of projects returned through the mapping exercise covered adult residential, adult day and adult community care settings
- Visual arts and music were the most frequently used art forms
- The majority of arts provision captured through the activity mapping was delivered by professional artists or artist organisations
- Funding for arts activities to achieve social care outcomes is largely dependent on support from trusts, foundations and other grant making bodies
- The main outcomes for social care staff resulting from their involvement in arts activities were stated to be related to learning and development and enhanced quality and productiveness
- The main outcomes for artists related to CPD and learning
- Service users were found to benefit from a wide range of outcomes from arts activities including engagement with adults and peers and improvements in quality of life

Workforce Development

- Workforce development issues limiting the use of arts to achieve social care outcomes amongst social care staff / organisations stem from a perceived under-exposure to arts activities. This is reflected in specific issues related to a relative lack of understanding on the role and potential of arts to achieve social care outcomes and a potentially a lack of confidence and motivation on the part of some staff and organisations to invest in this area.
- Workforce development issues limiting the use of arts to achieve social care outcomes amongst artists often related to their knowledge and understanding of the range of settings, service users and care needs within the sector. There is an identified need to increase opportunities for greater exposure to and training in the support needs of a range of settings, services and service users and how to integrate these into practice.
- Key lessons identified include:
 - Building the knowledge of the support required to make a project work informed by external evaluation to formally measure the impact of arts activities on service users, social care staff and artists
 - The value in sharing knowledge and good practice amongst staff and the sector more widely
 - The need to increase awareness of the value of using of arts in social care at all levels within the social care workforce
 - The merit of exploring volunteering opportunities for staff and mentoring opportunities with artists
 - Maximising dialogue between social care staff and artists in order to generate understanding of the process of what creative practice is for and why
- A range of training areas were identified although an underlying theme to the responses was a lack of knowledge of what training is available and the potential impacts it could have on staff and service users.
- A general observation was a need for social care staff and artists to learn more about their respective roles, skills, qualities and experience and how they can be used to inform training and arts delivery in social care settings.
- Specific training for artists on the support needs of different service users is a priority.

Summary

Whilst it is extremely difficult to accurately estimate the size of the sector, the activity mapping research has highlighted not only the significant extent of the sector but crucially, the range and complexity of activities spanning settings, services and service users. The results of the activity mapping also highlight not only the range of outcomes to be derived from arts activities and social care in respect of service users, staff and artists but also a requirement to analyse the quality and attribution of these outcomes to different strands of activity.

The research has revealed a range of workforce development issues which limit the use, quality and effectiveness of arts to achieve social care outcomes. Key issues to be addressed include a perceived under-exposure to arts activities within social care and a related lack of understanding of its potential and implications for training, skills development, recruitment and service promotion.

Workforce development issues for artists and arts organisations predominantly relate to knowledge and understanding of the range of settings, service users and care needs and a requirement for training opportunities in order to inform initial training and CPD. Respondents also provided a range of good practice examples and often quite detailed suggestions for training and development for both social care staff and artists. More broadly however, there is a range of more generic targets including the sharing of knowledge and good practice, increasing awareness of the value of using of arts in social care, exploring mentoring and shadowing opportunities with/for artists and maximising partnership working and knowledge exchange between social care staff and artists.

1 Introduction

- 1.1 Consilium Research and Consultancy (Consilium) was commissioned in November 2012 by Skills for Care (SfC), in partnership with Skills for Care and Development (SfC&D) and Creative & Cultural Skills (CCS), to undertake an evidence review and activity mapping study to inform future thinking around the role of arts in the delivery of social care and in particular the implications for workforce development.
- 1.2 This report provides an analysis of the results of an activity mapping exercise to identify the range, types and characteristics of activities using arts within social care settings. The findings from this analysis, coupled with the results of an earlier evidence review, will be taken forward and discussed with a range of stakeholders in an interactive workshop and inform a final report summarising each aspect of the research.
- 1.3 This report is structured into the following five sections:
- 2. Policy context**
 - 3. Methodology**
 - 4. Activity Mapping Results**
 - 5. Workforce Development**
 - 6. Good Practice and Learning – Case Studies**
 - 7. Summary Conclusions**

2 Policy Context

- 2.1 The Caring for our future: reforming care and support (HM Government 2012¹) White Paper outlines two core principles. The first is to prevent, postpone and minimise people's need for formal care and build a care system based on the principles of promoting independence and wellbeing. The second is to ensure that people are in control of their own care and support.
- 2.2 The White Paper also emphasises that in the future social care has to do more than keep people healthy and out of hospital. People working in social care are expected to recognise that people with care needs have something to offer. Care and support have to recognise service users' wishes to fulfil their potential, whatever their circumstances. The vision for care and support outlined in the White Paper aims to transform people's experience of care and support, with services responding to people's wider needs in order to improve their quality of life.
- 2.3 In 2010 the Care Quality Commission (CQC) commissioned the Social Care Institute for Excellence (SCIE) to define what an excellent adult social care service looks like. The report states that excellence in social care is *'rooted in a whole-hearted commitment to human rights, and a continuous practical application of that commitment in the way that people who use services are supported. People who use services are demonstrably placed at the heart of everything that an excellent service does'*².
- 2.4 The report identified four essential elements of excellence, one of which was to provide a service which supports and enables people to engage in activities, pastimes and roles which bring them pleasure and meaning and enhance their quality of life. Across England a large number of organisations have a track record of engaging people in social care in arts activities. Research published by the Baring Foundation in 2011³ makes reference to a review of National Care Forum members which found that 82% included on their websites details of art activities within their care home services.
- 2.5 However, funding for the arts is under considerable pressure. The 2010 government comprehensive spending review reduced Art Council England's budget by almost 30% and further cuts are pending between 2013 and 2015.

¹ HM Government (2012) - 'Caring for our future: reforming care and support'. July 2012.

² Social Care Institute for Excellence (2010) - 'A definition of excellence for regulated adult social care services in England'. October 2010.

³ The Baring Foundation (2011)- 'Creative Homes: How the Arts can contribute to quality of life in residential care'. November 2011.

The resultant pressure on funding for arts organisations across England is important to bear in mind when considering the potential to use arts in the delivery of social care.

- 2.6 Whilst the workforce development strategy published by Skills for Care in 2011 provides direction and a framework for employers to ensure that their workforce has the skills to deliver the vision for care and support outlined in the White Paper, there is no single policy to direct workforce development regarding the use of arts in the delivery of social care. This commissioned research aims to inform future thinking around the role of arts in the delivery of social care and in particular the implications for workforce development.

3 Methodology

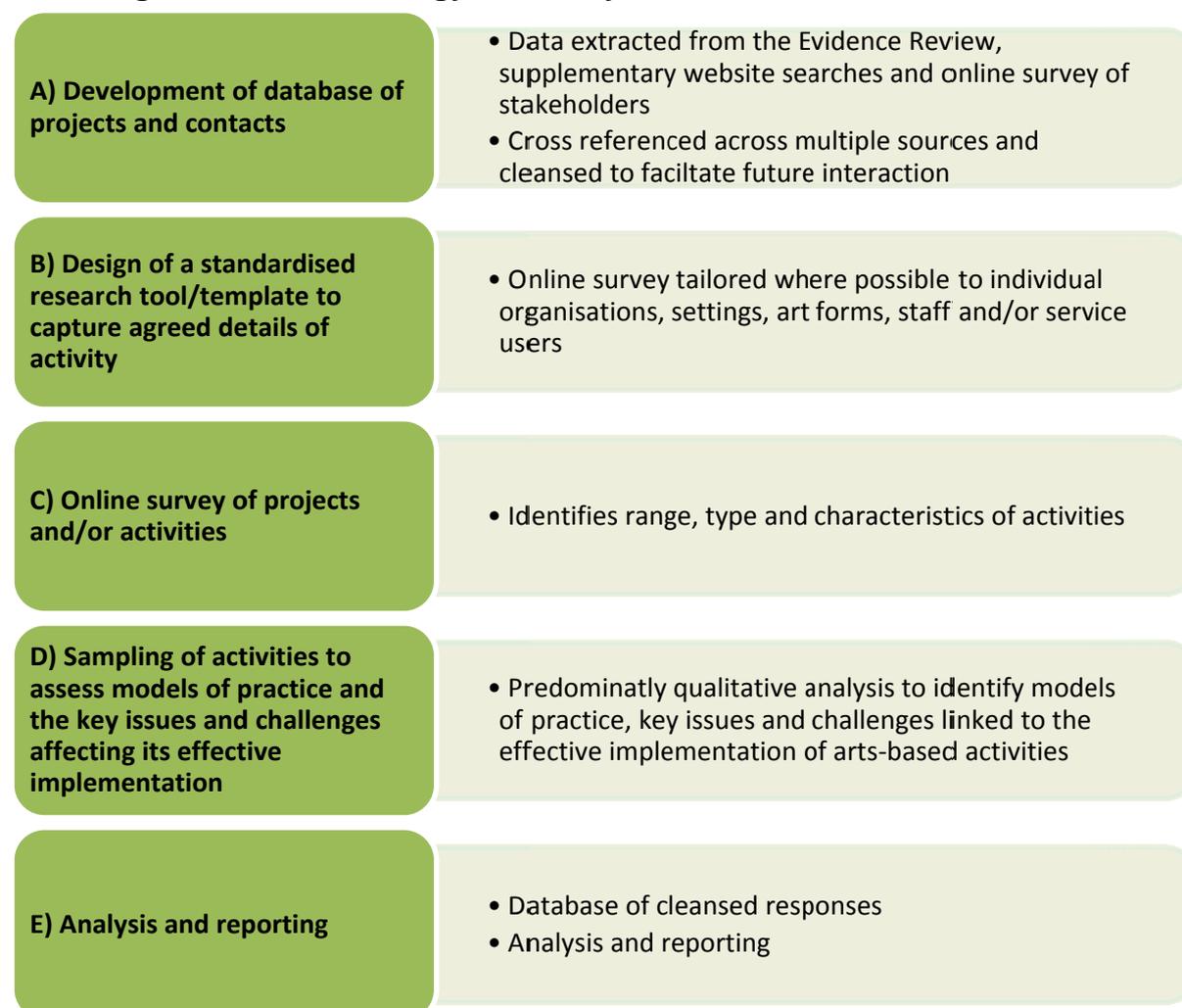
- 3.1 The methodology employed in the activity mapping phase of the research aimed to:

- identify the range, types and characteristics of activities;
- the factors that support or impact upon the use and/or effectiveness of such activities across art forms and settings; and
- crucially the potential outcomes for organisations, staff and service users.

- 3.2 An initial mapping exercise was supported and complemented by qualitative interviews with a sample of projects and organisations selected due to their relation to key themes emerging from the mapping work. The interviews provided more in depth information on projects and models of practice and led to the development of some illustrative case studies.
- 3.3 The methodology aimed to overcome a number of challenges including encouraging a range of stakeholders to respond including social care providers and artist organisations. In addition the intention was to capture the views and characteristics of a very diverse sector and produce a representative view of the workforce development issues concerning arts in social care.
- 3.4 The research has benefited from a project scoping meeting and the input of the project steering group in helping to shape the questionnaire and identify potential contacts that would support the survey dissemination. Their input is much appreciated.

- 3.5 The approach to the activity mapping exercise and associated qualitative sampling is outlined in Figure 3.1.

Figure 3.1: Methodology Summary



Online Survey Design and Dissemination

- 3.6 The online survey was piloted with a combination of five social care providers and arts organisations to ensure that the wording of the questions and accompanying guidance were unambiguous and easy to understand prior to finalisation and dissemination. A very small number of learning points and/or amendments to the survey were implemented as a result of pilot exercise. The final survey tool is provided in Appendix 1 to this report.
- 3.7 Given the need to engage with a potentially large number of contacts from both social care and the arts and achieve a robust representative sample of provision within a relatively short study timeframe, organisations were surveyed through an online research tool. In addition, using an online survey

provided an opportunity to maximise access to the survey and wider research within each organisation through a link to a web-based survey package which is encouraged to be forwarded to multiple contacts as appropriate. The online approach enables completed responses to be returned back to the consultancy team from multiple contacts within a network for example almost in 'real time'.

- 3.8 This approach was supported by follow up emails and telephone calls in order to achieve as high a response rate as possible whilst ensuring that key providers/organisations (i.e. those identified by project partners and the Consilium team) were given every opportunity to complete a return.

Qualitative Case Studies

- 3.9 The online activity mapping work was complemented by qualitative research with a sample of the provision identified from the survey returns. The qualitative research has focused on identifying the models of practice and key issues/challenges facing organisations delivering arts-based activities in social care settings. The findings from the qualitative research informed the overall analysis and led to the production of case study material.

- 3.10 The qualitative research focused on identifying the models of practice and key issues/challenges facing providers of arts activities to achieve social care outcomes. The qualitative research incorporates discussion of a range of issues including:

- Good practice and learning points (i.e. what works in each setting);
- Scoping the level of need and demand;
- Access issues for staff / artists (i.e. funding/cost of courses);
- The use of artists versus non-arts staff; and
- Workforce development provision / gaps in provision.

Analysis and Reporting

- 3.11 The Consilium study team has adopted an iterative approach to the process of analysis and reporting with a review of all data sources to identify commonalities, gaps, opportunities and areas that merit more detailed investigation (i.e. successful or innovative models, good practice in particular settings and/or artforms). The process of analysis provides a synthesis of both quantitative and qualitative data in order to support the process of producing the draft and final reports and recommendations.

- 3.12 The report has maximised the case studies produced by the study team. Together with smaller vignettes of relevant activities and explanations of issues provided through the survey, these have highlighted innovative practice and/or good practice to inform the on-going work of SfC and its partners.

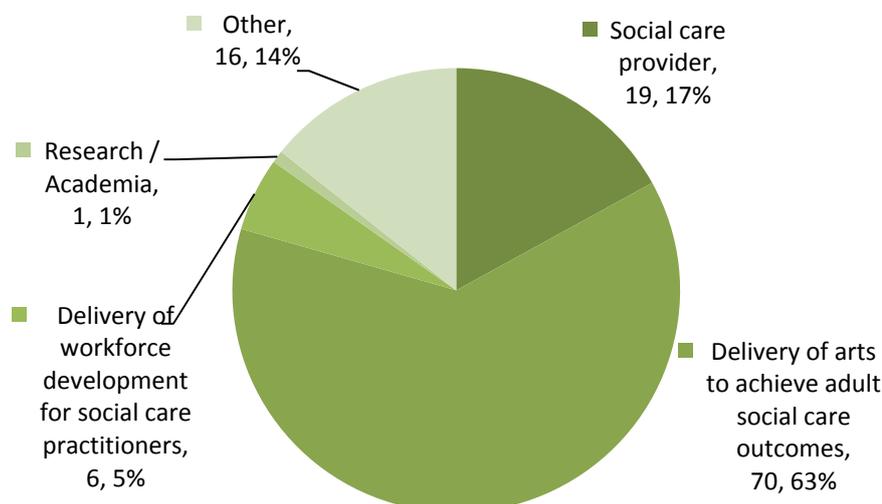
4 Activity Mapping Results

- 4.1 The following analysis is based on 112 complete responses to the online mapping survey. 48 responses were omitted from the final analysis because they were incomplete or duplicated subsequent responses from the same organisation.
- 4.2 It should be noted that the quality, relevance and completeness of the analysis will be directly correlated to the quality of data provided through the online survey. Crucially this includes differences in individual interpretations of language, terminology and the questions themselves. Every effort has been made to identify and account for these inconsistencies in the analysis through a pragmatic approach to data cleansing and checking.

Profile of Respondents

- 4.3 Figure 4.1 below highlights that the largest group of organisations (63%) responding to the online mapping survey deliver arts to achieve social care outcomes. Social care providers represented just under one fifth (17%) of respondents followed by the other category (14%) which included a range of arts agencies, health orientated organisations and charities whose main activities are not social care related.

Figure 4.1 – Prime Purpose of Organisational Activities

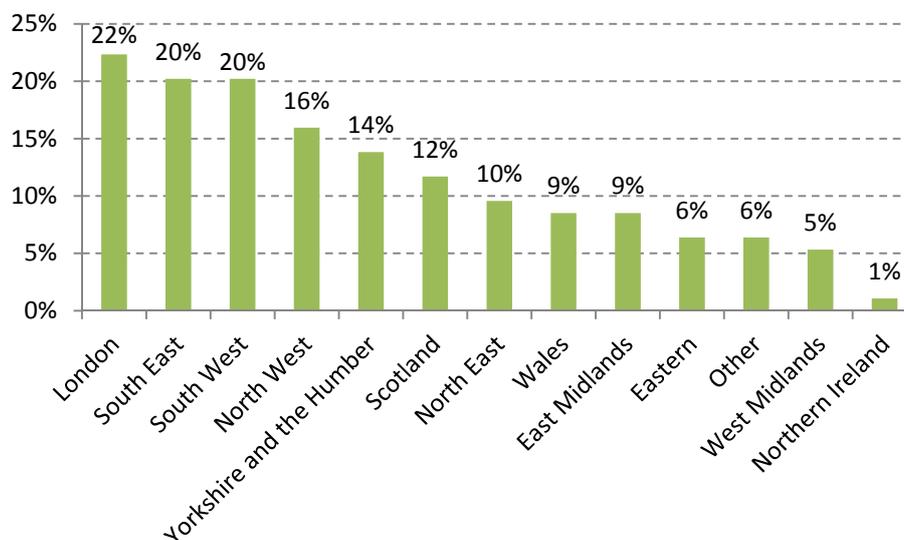


Project Activity

- 4.4 In order to discover more about the scale and scope of activities using arts to deliver social care outcomes organisations and individuals were each asked to each provide brief details of up to five project examples. This produced a total of 431 project/activity examples from 112 respondents, an average of 3.8 projects per responding organisation/individual. Whilst by no means an indication of the 'size of the sector' the scale of response highlights the breadth of activities delivered by organisations with a variety of primary objectives (i.e. social care or arts provision).

Detailed Project Examples

- 4.5 Respondents to the online mapping survey were asked to provide details of one specific project which utilises the arts in the delivery of social care. It was suggested that the activity should be a strong example which provides lessons for workforce development, good practice and/or lessons to inform future activities.
- 4.6 The survey responses gave details of a wide range of project timespans ranging from projects which have developed over 20 years to one day and one-off activities. The examples organisations supplied were delivered in a diverse range of regions and countries. For example, 6% of responding organisations delivered activities/services across one or more European nations including Greece, Finland, Hungary, Bulgaria, Belgium, Poland, Czech Republic, Denmark and Germany as well as the USA and Australia.
- 4.7 In terms of UK-based activity, the organisations most frequently mentioned projects that operated in London (22%) followed by the South East and South West (which each accounted for 20% of project activity (Figure 4.2)).

Figure 4.2 – Project Geographical Coverage

Aims and (Expected) Objectives

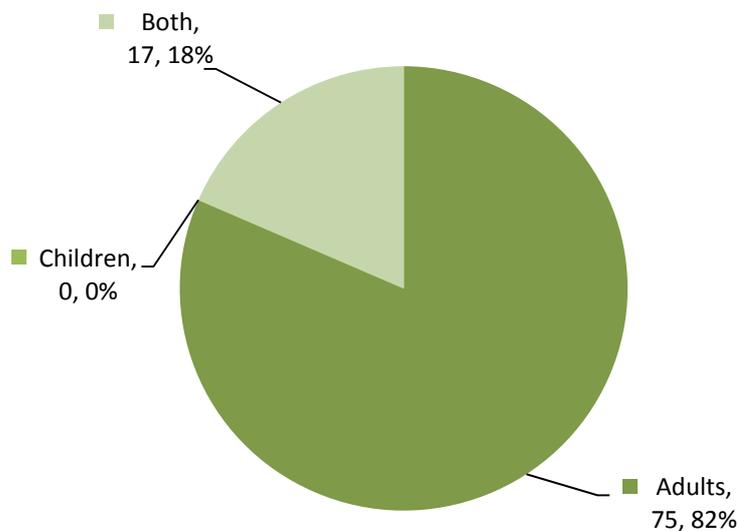
- 4.8 The project examples supplied by organisations are highly individual and incorporate a wide range of expected/actual aims and outcomes from arts-led activities. A flavour of the rich diversity of projects and their aims and objectives is given in the snap shot below:

- Developing care staff confidence about using approaches to embed person-centred care;
- To provide participants with new creative, quality experiences
- To enable participants to develop new creative skills through a range of workshops
- To promote good mental health through engagement in creative activities
- To raise awareness amongst health staff about the positive effects of creativity
- Reduce the isolation of older people and increase their active participation
- Encouraging carers to co-work with a facilitator in order to enhance their skills and experience
- To empower people to develop a greater understanding of their care provision
- Developing a training programme that staff in day services could facilitate
- Increasing physical stimulation and activity – contributing to physical well-being
- Improving quality of care by encouraging staff to see residents in a different light providing opportunities for improved relationships

- For creative activities to be embedded in the approach to, and delivery of, quality care
- To support people to achieve their artistic ambition

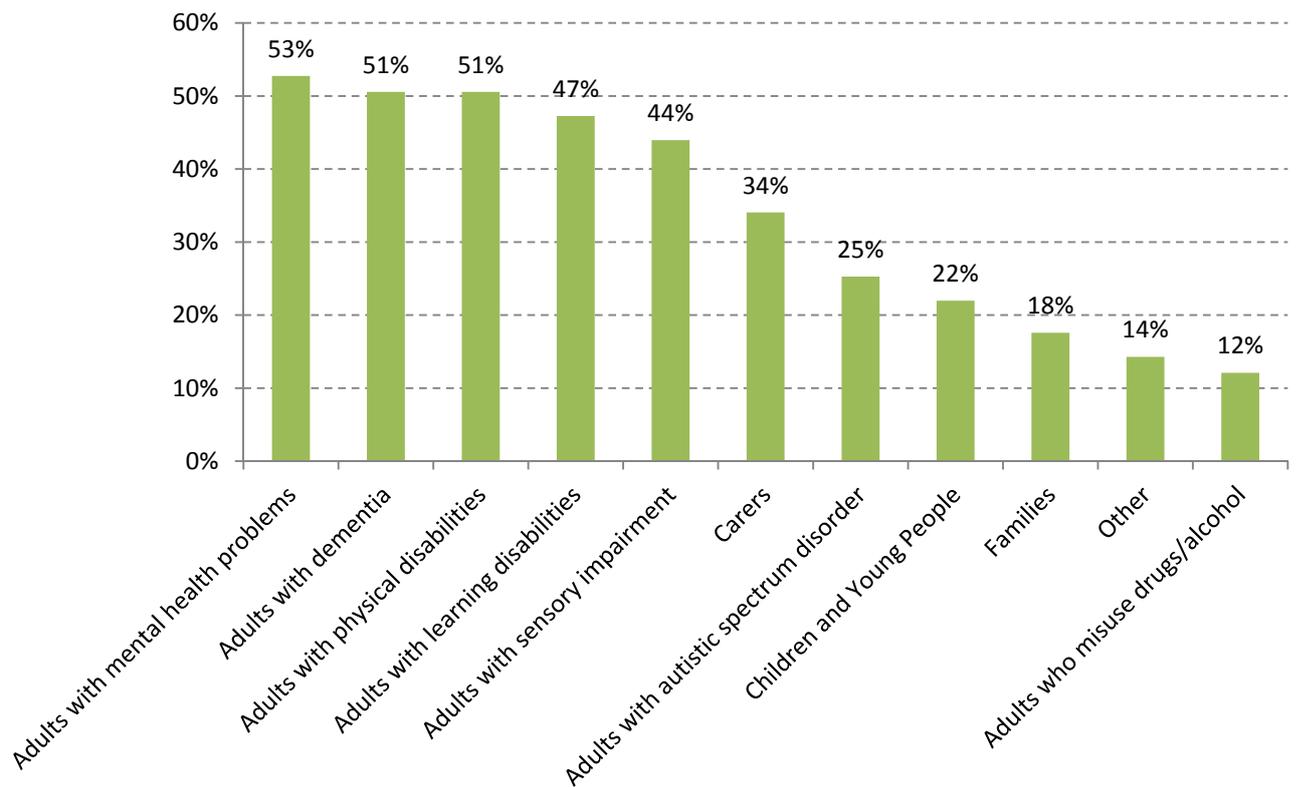
4.9 The majority of projects (82%) identified through the mapping exercise related to activities for adults whilst none of the examples focused specifically on children. 17 projects or 18% of the total covered both adults and children however (Figure 4.3).

Figure 4.3 – Activities Covering Adults and/or Children



Service Users

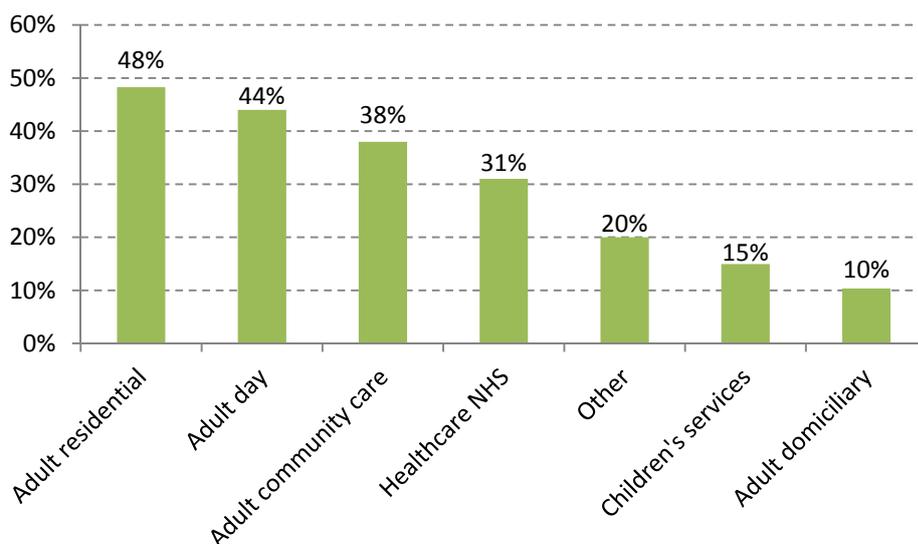
4.10 91 of the 112 respondents were able to assign their service users to a social care category. The largest group of projects (53%) worked with adults with mental health problems whilst 51% of projects had each worked with adults with dementia and adults with physical disabilities (Figure 4.4). Adults who misuse drugs and/or alcohol were mentioned least and were service users of only 12% of project examples. The 'other' category incorporated responses relating to generic settings which could encompass a variety of service users but also social care staff.

Figure 4.4 – Service Users

Settings

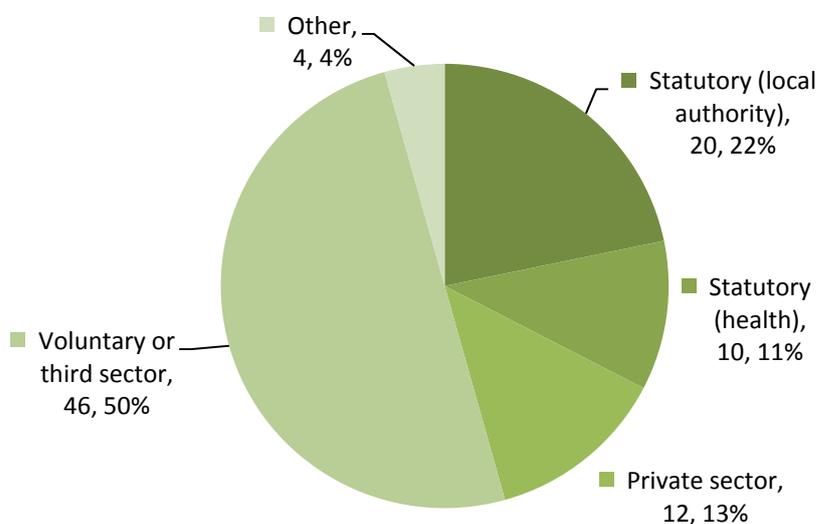
4.11 89 of the 112 respondents answered questions on the nature of the social care setting and/or services the project examples covered. The largest group of projects (48%) worked in/with adult residential settings and/or services followed by adult day services (44%) and adult community care (38%). Adult domiciliary settings/services not surprisingly were mentioned least - 10% (Figure 4.5).

Figure 4.5 – Social Care Settings/Services



4.12 The voluntary or third sector accounted for the largest group of activity with 50% of project examples provided by this sector (Figure 4.6). 13% of project examples emanated from the private sector whilst the statutory local authority and statutory health sectors accounted for 22% and 11% respectively.

Figure 4.6 – Sector Working In

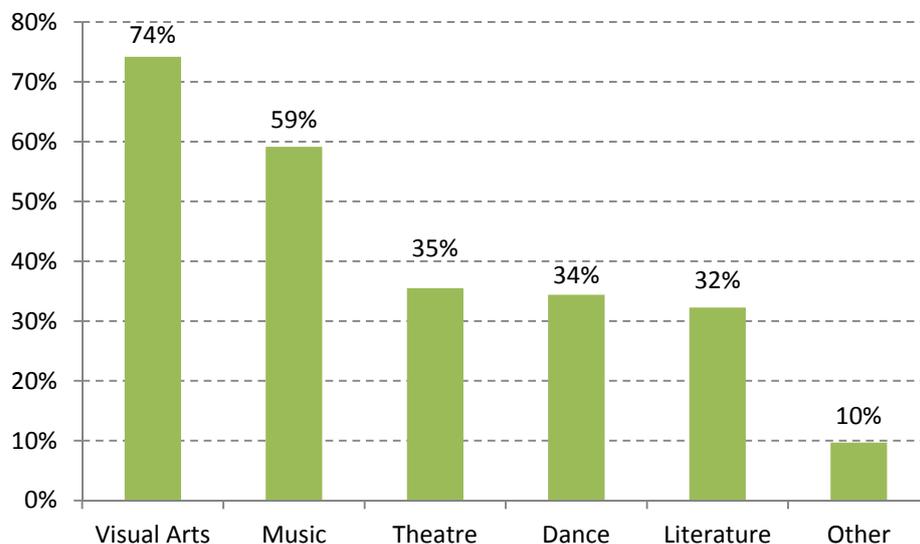


Delivery

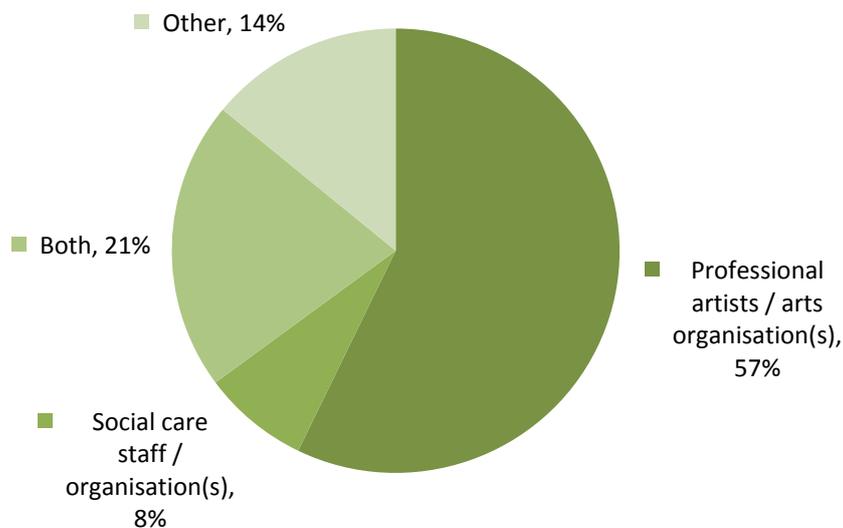
4.13 93 of the 112 respondents answered questions on the nature of the art form(s) that their project activities covered (Figure 4.7). The visual arts (e.g. ceramics, drawing, painting, sculpture, printmaking, design, crafts, photography, video, film) formed the largest group of projects (74%) followed by music (59%). Approximately one third of projects stated that the art forms they used incorporated theatre (35%), dance (34%) and/or literature (32%).

Approximately 60% of projects combined one or more art forms as part of their selected project example.

Figure 4.7 – Art Forms



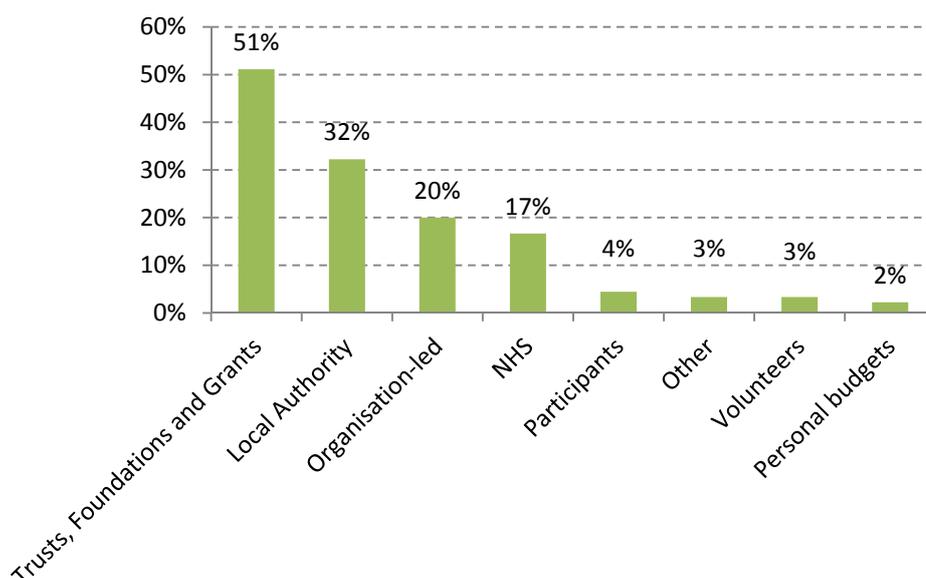
4.14 92 of the 112 respondents answered questions asking them to describe the delivery arrangements for their projects. The largest group (57%) being delivered by professional artists / arts organisations (Figure 4.8). Less than one in ten examples (8%) were delivered solely by social care staff / organisations although just over one fifth (21%) were delivered in partnership between professional artists and social care staff. The 'other' category covers a range of delivery options with the use of drama, music and 'creative' therapists the most frequently cited answers.

Figure 4.8 – Who Delivers the Activities

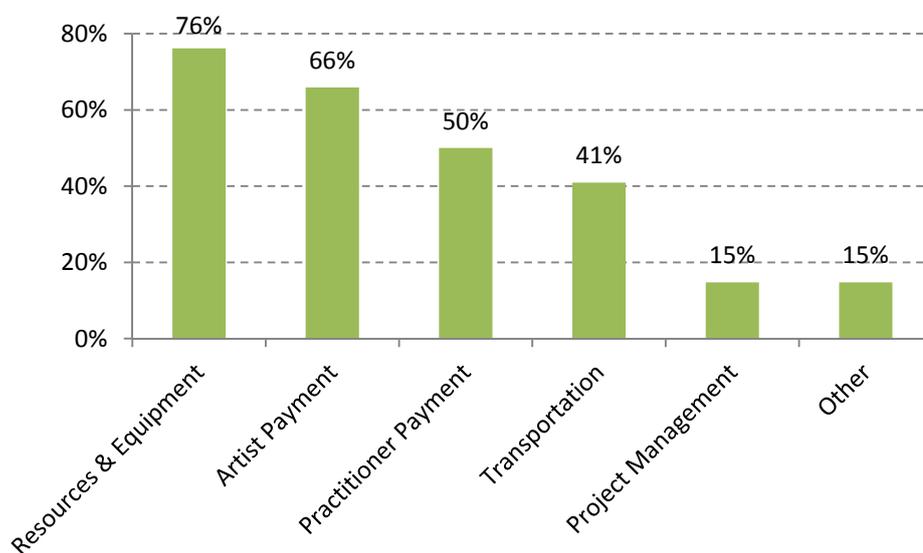
- 4.15 Figures relating to the number of service users and social care staff supported by the project examples are severely skewed by the range of project timeframes (i.e. between one day and over 20 years). In summary, a total of 25,301 service users (based on figures for 86 projects) and 5,687 social care staff (based on figures for 69 projects) have been supported by the project examples provided – an average of 294 service users and 82 social care staff per project. The average ratio between service user and staff supported was 6.7:1.

Funding

- 4.16 Just over half (51%) of the project examples are funded through a combination grants and donations from trusts, foundations and funding programmes (Figure 4.8). Examples of organisations and programmes providing funding include Arts Council England, Paul Hamlyn Foundation, BIG Lottery Fund and the Baring Foundation. The next most frequently cited sources of funding were local authorities (32%), funding derived from the organisations receiving or delivering the activities (20%) and the NHS which helped to fund 17% of the project examples. Very few (2%) of the project examples detailed service users self-funding their arts activities through personal budgets.

Figure 4.8 – Funding Sources

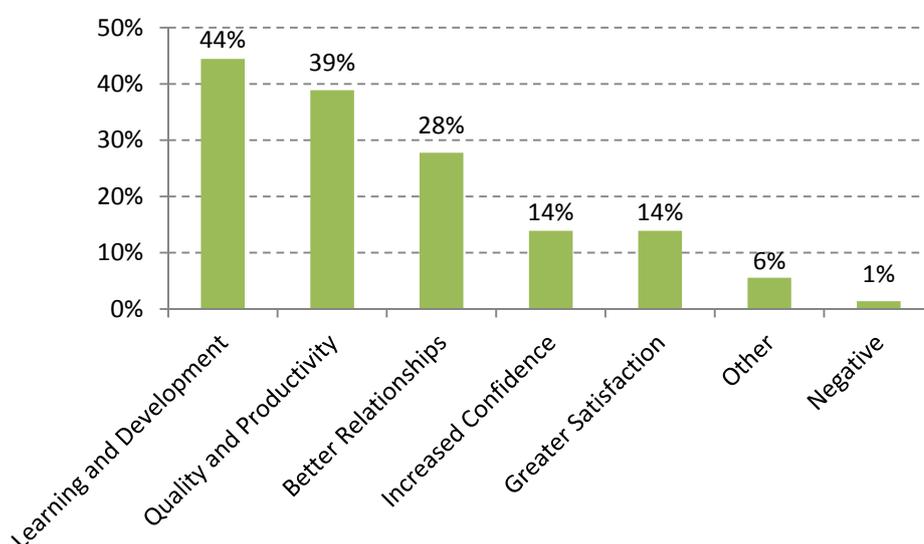
- 4.17 Most of the organisations responding (76%) said that they used their funding to purchase/rent resources and equipment whilst approximately two thirds (66%) had used funding to pay for the services of artists. Approximately half (50%) of projects had used funding to cover practitioner payments, 41% for transportation and 15% for project management including evaluation and coordination (Figure 4.9).

Figure 4.9 – Funding Use

Outcomes for Social Care Staff

4.18 The 72 respondents providing details of the outcomes of the activities for social care staff highlighted a range of extremely positive areas attributed to the use of arts in social care (Figure 4.10). The most frequently cited outcomes were linked to social care staff's learning and development (44%), followed by improvements in the quality and 'productivity' of their role (39%) and the development of better relationships with colleagues, partners but primarily service users (28%). A further 14% of projects reported positive examples of social care staff gaining in confidence as a result of the activities whilst the same proportion outlined enhanced levels of satisfaction with their job/role.

Figure 4.10 – Outcomes for Social Care Staff



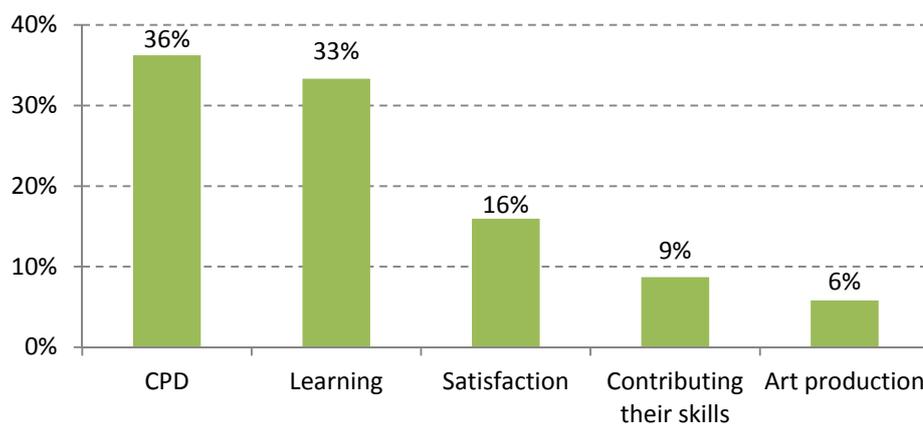
4.19 Quotes and comments taken from the survey returns are provided below to emphasise and add value to the summary analysis on Figure 4.10.

- *Initial outcomes show that the confidence of the social care staff to deliver person-centred creative activities grew, and enhanced the quality of their working lives*
- *Reduction in staff absence, increased motivation, improved understanding and skills, better communication between residents, staff and key stakeholders*
- *They have got to know residents and their families better, brought out talents they didn't realise they had, improved confidence and built team spirit and a sense of wellbeing in the home*
- *Growing confidence that the artist team could manage the behaviour and mood of the participants led to decreased anxiety levels in social care staff and service users, easing the tensions in the unit*

- *This project increased awareness among many staff of the importance of the creative self and some of the positive effects that creativity can have on health and well-being.*
- *Increased awareness of the use of the arts for triggering memory in those faced with dementia*
- *Even those with no arts experience could understand how they could use storytelling, images, music and practical art work to enrich their clients' lives and build a stronger group*
- *Viewing their clients as able to maintain some independence*
- *Improved quality of care - encouraging staff to see residents in a different light providing opportunities for improved relationships*
- *Social Care staff have reported increased understanding of the power of the arts to make positive and lasting change for individuals. They have recognised that the programme effectively connects people into other opportunities that they may not be aware of themselves*
- *Gaining increased information about service users likes, choices, aspirations, abilities*
- *A better understanding of what was possible with the patients and what activities were possible*
- *They get greater job satisfaction and can cope better with people who may have challenging behaviour*

Outcomes for Artists

4.20 69 of the projects outlined in sufficient detail the outcomes for artists derived from the arts activities. Most frequently mentioned as important were outcomes that improved artists' ability to learn and develop their skills with a new or challenging client group/ audience (Figure 4.11). Other outcomes for artists encompassed the satisfaction derived from undertaking this work (16%) whilst 6% focused on the art produced as a result of the activities.

Figure 4.11 – Outcomes for Artists

4.21 Quotes and comments taken from the survey returns are provided below to emphasise and add value to the summary analysis on Figure 4.11.

- *Developing their ability to inspire others and ability to transfer skills*
- *Continuing professional development - learning from experiences with different client groups*
- *Developing skills in working in community settings and delivering health and social outcomes*
- *Gaining them an insight to the experiences of people in a residential mental health setting and the problems staff were faced with*
- *Improved awareness of dementia; changed attitudes towards people with dementia*
- *Confidence in working with disabled adults and children*
- *Satisfaction from seeing personal development of participants*
- *Greater insight into the needs, interests and abilities of the elderly residents, and into the needs and interests of care home staff*
- *Learning around the language and approach necessary to inspire and support care home staff with a wide range of ability, confidence, knowledge and interest*
- *Artists are able to have long term employment opportunities and can make a positive difference in the lives of the people they work with*
- *A feeling that they've contributed to people and helped to improve their lives*

Outcomes for Service Users

4.22 87 of the responding projects provided detailed information on the outcomes service users derived from the arts activities (Table 4.1). The most frequently cited outcomes for service users, as stated by 95% and 92% of respondents

respectively, were positive social engagement with adults and peers and enhanced quality of life / enhanced self-esteem and confidence (both 92%).

Table 4.1 – Outcomes for Service Users

Service User Outcomes	%
Positive social engagement with adults and peers	95
Enhanced quality of life	92
Increased self-esteem and confidence	92
Reduced loneliness and social isolation	87
A positive experience of care and support	72
Development of talent and/or career possibilities	69
Delayed or reduced need for care and support	34
Safeguarding for adults whose circumstances make them vulnerable and protecting them from avoidable harm	15
Other	13

Summary

- Whilst recognising that the activity mapping exercise has not produced an exhaustive list of activities, it does provide a good indication of the scale and scope of arts activities being delivered to achieve social care outcomes
- The activities provided are highly individual and therefore incorporate a wide range of objectives and actual/expected outcomes for service users, social care staff and artists
- Activities are provided for and across the complete range of service users
- The largest number of projects returned through the mapping exercise covered adult residential, adult day and adult community care settings
- Delivery by voluntary or third sector providers is widespread
- Visual arts and music were the most frequently used art forms
- The majority of arts provision captured through the activity mapping was delivered by professional artists or artist organisations
- Funding for arts activities to achieve social care outcomes is largely dependent on support from trusts, foundations and other grant making bodies
- The main outcomes for social care staff resulting from their involvement in arts activities were stated to be related to learning and development and enhanced quality and productiveness
- The main outcomes for artists related to CPD and learning
- Service users were found to benefit from a wide range of outcomes from arts activities including engagement with adults and peers and improvements in quality of life

5 Workforce Development

Workforce development issues amongst social care staff which limit the use of arts to achieve social care outcomes

- 5.1 Respondents were asked to identify the workforce development issues amongst social care staff which limit the use of arts to achieve social care outcomes. These issues are analysed below from the perspective of organisations stating that the purpose of their organisation's activities was either as a social care provider, arts provider or delivery of workforce development.
- 5.2 It should be noted that these issues are representative of the responses to the activity mapping exercise and not necessarily a reflection of all practice with the social care sector.
- 5.3 The **limitations identified by social care providers** focus on the sector's underexposure to arts and the degree to which providers, and therefore social care staff, have sufficient time, motivation and funding to address this situation. Specific issues identified include:

- Social care staff lacking the knowledge and confidence to use a range of different artforms
- Identifying time to spend out of 'hands-on situations' to develop their understanding, appreciation of and personal skills in the arts
- A lack of interest or motivation from staff to explore a new, under-exposed area
- The competing and prioritised pressures of essential training and procedures to meet care standards
- Reductions in day services and day service staff
- Staff seeing arts as a hobby and not essential
- Skills around arts and craft being limited to a few interested individuals

- 5.4 The **limitations identified by organisations delivering workforce development to social care practitioners** focused on:

- Attitudes to engage in learning
- Costs to organisations
- Knowledge of artistic resources available
- Recognition of arts as a delivery method

5.5 **The limitations identified by organisations delivering arts to achieve adult social care outcomes** focused on:

- A lack of confidence, skills, funding and time to dedicate to arts activities and training
- A lack of interest, understanding and/or commitment from the management
- The high turnover of staff
- Staff not supporting the service users to join in and/or support the artists
- A need to develop more person centred skills
- A lack of awareness of the benefits of using the arts in social care
- Low staffing levels and the priority given to basic care tasks which limits work in small groups in particular
- A focus on scientific/medical evidence to evidence the value of arts within social care not typically found in standard arts-focused evaluations
- 'Blinkered' commissioning structures within social care support which do not maximise community-based arts infrastructure (e.g. cinemas, theatres, galleries)
- A lack of space in some settings
- A low take up of creative activities by service users
- An inability to be flexible and work with what service users bring into the group
- An inability to differentiate between 'lower level' arts activities usually led by a staff member with a creative interest and an arts participation programme with high quality engagement in creative processes
- Unfamiliarity with contemporary participatory arts practice leading to resistance
- Poor managed recruitment and payment of artists resulting in poor experiences
- Infrequent or lack of supervision sessions to help reflection and individual CPD linked to arts

Workforce development issues amongst artists and creative practitioners which limit the use of arts to achieve social care outcomes

5.6 Respondents were asked to identify the workforce development issues amongst artists and creative practitioners which limit the use of arts to achieve social care outcomes.

5.7 The **limitations identified by social care providers** focused on:

- A clash between the artists' vision/belief of what the arts activities should achieve which hinders the process of creating the art and the ability of social care staff to use their skills to complement and/or maximise the benefits of the process
- A lack of opportunities to work within social care organisations
- A lack of opportunities to develop projects with the required freedom, especially if artists struggle to communicate their skills and ideas effectively
- A lack of confidence to explore unfamiliar territory
- A lack of interest in working in participatory settings
- Difficulties in finding opportunities at industry standard rates
- Concerns about existing public perceptions of 'community/disability art' having a negative impact on their career
- A lack of inclusiveness in some sessions
- A lack of understanding of nature and impact of the care needs of service users
- A lack of understanding amongst many care staff of the value of intuitive qualities and activities compared to more traditional clinical methods or established social care models which struggle to accommodate artists

5.8 The **limitations identified by organisations delivering workforce development to social care practitioners** focused on:

- Funding
- A lack of integration between arts and social care

5.9 The limitations identified by organisations delivering arts to achieve adult social care outcomes focused on:

- Opportunities for early career artists to get "hands on " experience of participatory work in social care settings (e.g. shadowing opportunities)
- Opportunities for mid and later career artists to refresh their practice (e.g. through reflection and development time)
- Mechanisms to help develop greater consistency in the quality and rigour of artists' work in this area (e.g. understanding of how to measure and monitor outcomes effectively)
- Ensuring artists are clear about boundaries, using positive language amongst other issues
- Achieving a balance between producing a quality arts outcome and a process which generates at least as, if not more, important social care outcomes
- A lack of awareness of dementia and physical and sensory impairment
- A lack of opportunities to deliver training, brokerage and briefing/debriefing
- A lack of understanding of outcome-based programme design
- A lack of training in working with different groups with different needs
- The limited number of community arts courses in higher education
- The lack of a shared language across the sectors

Lessons for Workforce Development

5.10 The activity mapping survey requested respondents to describe lessons for workforce development for care staff and artists that have emerged from their activities. The following analysis provides a snapshot of the myriad of issues and ideas forthcoming in respect of social care staff and artists specifically. There are however a range of cross-cutting lessons across the two sectors of either directly or indirectly related to workforce development including:

- The need to increase the number and range of opportunities for developing arts activities in social care settings
- Building the knowledge of what support is required to make a project work informed by external evaluation to formally measure the impact of arts activities on service users, social care staff and artists
- The value in sharing knowledge and good practice amongst staff and the sector more widely
- The need to increase awareness of the value of using of arts in social care at all levels within the social care workforce
- The merit of exploring volunteering opportunities for staff and mentoring opportunities with artists

- Maximising dialogue between social care staff and artists in order to generate understanding of the process of what creative practice is for and why

Social Care Staff

5.11 Specific lessons for social care staff identified through the activity mapping include:

Building knowledge of what is required

- Identifying and enabling access to relevant training (e.g. one respondent highlighted a new course which looks at creativity and dementia from the point of delivery of quality services within a community context)
- Not assuming that service users don't already have skills and abilities as artists
- Not assuming that artists don't have impairments and barriers to practice
- Arts activities are most effective when staff are actively involved (with the support of management) from the outset
- Being prepared to be flexible
- Misunderstandings or poor communication within services mean that the nature of the arts practice can be misinterpreted as therapy or as purely a social opportunity

Sharing knowledge, learning and good practice

- Care staff linking into broader training forums or networks which can encourage them to reflect on and value their own skills and abilities in their work
- Making sure that individual needs are met within a group situation
- Development of the management understanding in care settings of the value of enhancing quality of life for service users through care staff training in the arts
- Maximising partnership working which can rejuvenate a setting
- Developing the knowledge and skills to recognise the boundaries and similarities between arts and therapy in order to maintain a safe environment for service users
- Clearly defined roles for support staff can be helpful, either as access workers, co-participants/volunteers or non-participants

Exploring a range of approaches to skills development

- Care staff shadowing artists can learn skills on how to deliver a range of arts activities
- Artists can produce a 'how to' sheet and materials to be used between artist-led sessions

- Artists facilitating sessions with staff so they can develop a better understanding of the arts activities and to enable them to work together more effectively

Increasing awareness of the value of using of arts in social care

- Developing an 'openness to experience' culture to improve partnership working
- Involvement and regular feedback/reflection are key to personal development
- Staff implementing learning and developing more integrated arts activities as a result of experiencing this kind of project work
- Recognition that by meeting a person's emotional and spiritual needs you can achieve a vast improvement in physical well-being

Artists

5.12 Specific lessons for artists identified through the activity mapping include:

- Artists being trained in how to work effectively with service users with varying needs
- Artists learning how to show social care staff that they can help service users by looking beyond the limitations of their symptoms
- Specific dementia training to overcome communication difficulties whilst recognising cognitive impairment and awareness of sensory disability
- Helping care staff to feel more comfortable with arts as a means of learning and expression
- Providing support and training via peer networking
- Exploring the potential for qualified HCPC Arts therapists (Art, Music and Drama) to provide both consultation and training and leadership to a variety of arts professional who may not have experience of multi-agency working or the clinical issues in presenting arts effectively
- Informing good practice on how to manage an arts session within social care
- To be mindful of how other people (e.g. service users, families and social care staff) may feel in new or difficult situations

Training to prepare social care staff and artists to work effectively together with service users

5.13 A range of training areas were identified through the activity mapping although a consistent underlying theme was a lack of knowledge of available training and a lack of knowledge on the potential impacts of arts activities on staff and service users. Indeed, a high proportion of responses simply highlighted a need for social care staff and artists to learn more (e.g. through observation,

shadowing and peer learning) about their respective roles, skills, qualities and experience and how they can be used to inform training and arts delivery in social care settings. This should be complemented by more specific training for artists in particular on the support needs of different service users (e.g. adults with dementia, people with mental health problems or children and young people).

5.14 Specific training areas identified through the activity mapping included:

Joint initiatives

- Support to jointly promote the activity to service users, settings, care providers, activities coordinators as part of a holistic offer
- Training in what outcomes can be achieved through arts
- Hands-on project-based training (not theoretical)
- Awareness raising of the issues faced by individuals who have barriers to learning
- Training should include how to work in participation with service users rather than just delivering work 'to' or 'at' them
- Assertion training
- Drama therapy training courses
- Planning services together to increase ownership and investment in their success
- Closer partnerships with arts organisations - including mentoring/volunteering opportunities and visits to activities.
- Inclusion of modules relating to complementary arts interventions in training courses (for artists and care workers)
- Inclusive training that involves co-learning and co-creative experiences with service users as co-trainers
- Developing shared language
- Knowledge of patients' physical limitations, particularly those with neurological conditions such as brain tumours or progressive degenerative diseases like Motor Neurone Disease

Training for artists

- Identifying and accessing training from arts-based providers to inform social care practice generally and arts provision specifically (e.g. support to help people communicate and become engaged through the arts)
- Support to develop a range of person centred skills
- Dementia awareness
- Training in care-based ethics for artists
- Training in behaviour issues
- The gaining of international perspectives regarding inclusive arts practices

- Use of 'safe' materials

Training for social care staff

- Training for care staff in participatory art processes
- More robust supervision systems to support staff reflection on practice

Summary

- Workforce development issues limiting the use of arts to achieve social care outcomes amongst social care staff / organisations stem from a perceived under-exposure to arts activities. This is reflected in specific issues related to a relative lack of understanding on the role and potential of arts to achieve social care outcomes and a potentially a lack of confidence and motivation on the part of some staff and organisations to invest in this area.
- Workforce development issues limiting the use of arts to achieve social care outcomes amongst artists often related to their knowledge and understanding of the range of settings, service users and care needs within the sector. There is an identified need to increase opportunities for greater exposure to and training in the support needs of a range of settings, services and service users and how to integrate these into practice.
- Key lessons identified include:
 - Building the knowledge of what support is required to make a project work informed by external evaluation to formally measure the impact of arts activities on service users, social care staff and artists
 - The value in sharing knowledge and good practice amongst staff and the sector more widely
 - The need to increase awareness of the value of using of arts in social care at all levels within the social care workforce
 - The merit of exploring volunteering opportunities for staff and mentoring opportunities with artists
 - Maximising dialogue between social care staff and artists in order to generate understanding of the process of what creative practice is for and why
- A range of training areas were identified although an underlying theme to the responses was a lack of knowledge of what training is available and the potential impacts it could have on staff and service users.
- A general observation was a need for social care staff and artists to learn more about their respective roles, skills, qualities and experience and how they can be used to inform training and arts delivery in social care settings.

- Specific training for artists on the support needs of different service users is a priority.

6 Good Practice and Learning - Case Studies

6.1 Good practice and learning has been summarised in a series of case studies taken from a sample of projects submitted to the online activity mapping exercise. The case studies were selected to provide details of a cross section of activity across different settings, service users and art forms, whilst emphasising good practice and insight into the workforce development issues facing both artists and the social care sector.

6.2 The case studies covered in the following section are listed below:

- 1) Catching Creativity, Active Choices (page 30)**
- 2) Live Music Now, Harmonise (page 32)**
- 3) Wirral Council Day Service, Arts and Crafts Group (page 35)**
- 4) Deva Flamenco (page 38)**
- 5) Art Psychotherapy and Social Art in the Community, London Borough of Sutton (page 41)**
- 6) Project Ability (page 43)**
- 7) Training for social care staff working in dementia care, Jabadao (page 46)**
- 8) Verd de Gris (page 48)**
- 9) Training programme – Creativity in care settings, Arts for Health Cornwall and Isles of Scilly (page 50)**

1) Catching Creativity, Active Choices

Social care settings and/or services: Adult community care, Healthcare NHS

Sector: Statutory (local authority)

Service Users: Adults with mental health problems, Adults with a dual diagnosis of substance misuse and mental health problems

Art Forms: Visual arts, Music, Literature, Theatre

Introduction

Active Choices offers group and one to one support to access social, educational, health and exercise activities in the local community as one of the partners of Move Forward Bolton, a Mental Health Day Services Partnership. Active Choices provide a recovery-based service with an emphasis on integration through enabling people to explore their choices and opportunities.

Service users are adults with enduring mental health difficulties and/or adults who have a dual diagnosis of substance misuse and mental health problems who want to make changes in their lives. Access to the group is via referral from a care co-ordinator or occupational therapist from the mental health service.

Description of Activity

The Catching Creativity project began approximately 18 months ago and runs twice a year in three month cycles with four, two hour sessions per month. The sessions run from Bolton Little Theatre, an amateur theatre company, and delivered by a combination of professional artists, social care staff and volunteers. Activities include drama workshops, reading and analysing scripts, improvisation, mime, creative writing and music- singing and playing instruments.

The project is designed to encourage participants to take part in a range of performance and creative arts in partnership with community organisations and alongside adults from the general population. The project aims to increase confidence and build self-esteem. It also has a focus on reducing social isolation by bringing people together in a supported environment within community based organisations. It aims to help people become more flexible and develop a range of responses to 'life's difficulties' through various forms of creativity.

Funding to support the activities from is sourced from Bolton Council and donations including a local arts fund and covers building running costs, some travelling expenses for musicians and refreshments.

Outcomes

Service users reportedly derive a range of benefits from the sessions to support them on their journey of recovery linked to quality of life, increased self-esteem and confidence, reduced loneliness and social isolation, positive social engagement with adults and peers, the development of talent a positive experience of care and support and participation in a local amateur community theatre group. The service users in particular are said to enjoy the fact that people outside of mental health services lead some of the sessions, reinforcing the integration objective of the sessions.

The social care staff taking part in the workshops reported an increase in personal creative skills and satisfaction from seeing the service users develop personally. Artists reported satisfaction from seeing personal development of the participants.

Good Practice and Learning Points

The Partnership with the Little Bolton Theatre is seen as good practice with the value of a friendly, accessible and independent (i.e. non-social care) organisation recognised by all involved.

One of the learning points from the project stems from the reliance on donations to support the theatre and volunteers. The project has to work to a relatively low budget and therefore cannot employ professional artists or artist organisations with a specialism in working with vulnerable adults. This has meant that social care staff have had to offer a higher than anticipated level of support to volunteers/ people lacking the required social care skills themselves.

Workforce development lessons

The skills, qualities and experience required to operate the sessions are said to have been built up over time. The project lead is trained as a counsellor and Dramatherapist employed by Bolton Council with volunteers and artists comprising members of the amateur theatre group where the sessions are held and volunteers with a complementary background (e.g. people with experience of working with vulnerable adults).

The activities are guided by the skills and knowledge of at least two social care staff at all times who assists the artists and volunteers in dealing with issues as they arise. The therapeutic skills required to work with service users are seen as crucial, especially given the stress encountered by some in the lead up to a performance from the group.

Artist/volunteers are stated to require high levels of 'people skills', sensitivity and be able to identify and adapt to the communication methods used by service users, for example, talking in an appropriate way in relations to a person's social care needs. Whilst artists can be introduced to these skills, a long-term placement within a group is seen as the best way for them to learn the necessary skills and knowledge to work more effectively with a range of service users and settings.

One of the issues to be overcome in terms of workforce development is the degree to which additional/wider qualifications will be utilised by social care staff in their normal roles. For example, an arts-related qualification such as Dramatherapy may only be drawn upon sporadically and therefore not be seen as a practical to fund (by employers) or study towards (social care staff) despite the added value being clear in activities such as Catching Creativity.

The Future

The nature of the current funding for the project is a mix of Bolton Council funding and donations- the longer term viability of the project will be dependent on the goodwill of those people and organisations supporting with their skills and time on a voluntary basis, and continued input from Bolton Council's social care staff.

For more information see: www.moveforwardbolton.org.uk

2) Live Music Now, Harmonise

Social care settings and/or services: Adult residential

Sector: Third Sector

Service Users: Adults with dementia, Older, frail people

Art Forms: Music

Introduction

Live Music Now is a UK-wide charity which delivers interactive music sessions from talented professional musicians to a range of organisations and individuals including older people and those living with dementia. The sessions take a person-centred approach in trying to raise/retain self-esteem and quality of life through social interaction and physical stimulation as participants are encouraged to take part in the music making, through dance, use of percussion, singing etc.

Description of Activity

Starting in March 2012, Harmonise delivered regular interactive, creative music sessions over three months for a (largely continuous) group of 15-20 frail older people at Cheverton Lodge (a residential home with nursing in North London), with a training session for care staff to support the project's facilitation and good practice. The aim of the sessions was to improve the wellbeing of residents through engagement with music. Relatives were included in sessions wherever possible and staff encouraged to get to know the residents better using their musical knowledge, talents, preferences, reminiscences and pleasure as a conduit to relationship building. In the longer term, the objective of the project was to show that music sessions can make a vital contribution to the quality of care for older people, including those living with dementia. Key outcomes identified for the project included:

- Renewed self-identity - a sense of self-identity and a feeling of being valued
- Increased social interaction - providing an opportunity for conversations between residents and residents and staff
- Meaningful activity - stimulating and encouraging individuals to be actively engaged in an event
- Improved communication and memories triggered - allowing individual residents to feel connected with their self and emotions through the triggering of memories, often resulting in improved capacity for communication
- Increased physical stimulation and activity - contributing to physical well-being
- Improved quality of care - encouraging staff to see residents in a different light providing opportunities for improved relationships

The sessions were supported through funding from charitable trusts which covered artist payment and project management including the training of the musicians.

Outcomes

Outcomes for staff were stated to include an improved quality of care with staff encouraged to see residents in a different light and therefore improving the caring relationships with service users. In some instances this is stated to have led to care staff raising funding themselves to repeat the activities.

The artists involved in delivering the project were stated to derive a great deal of satisfaction from the sessions as outlined in the following quote from John Bacon, a tenor with Harmonise:

“Opportunities such as this project afford musicians the opportunity to associate stories with songs. We are essentially story-tellers and when we leave college we have the technical tools, but lack the experience. Performing and engaging with such a knowledgeable and experienced group of people also helps the performers to connect directly with an individual. This is a rare opportunity for a musician and you garner so much from it whether it be one-to-one feedback, emotional commitment, personal tales and a direct historical connection”.

Service users were acknowledged to benefit from the sessions on a range of levels with the main outcomes attributed to the project including enhanced quality of life, increased self-esteem and confidence, positive social engagement and reduced loneliness / social isolation. The sessions were often seen to humanise the care provided to the service users, revealing the participants’ identities and values. For example, one Italian lady was able to improve the pronunciation of some of the lyrics which really galvanised her interest and participation in the session in a way which was personal to her.

Good Practice and Learning Points

In many instances, music within care settings is seen as just entertainment with staff often scared to use it more effectively. However, through the introductory sessions provided by the project care staff can increasingly recognise the requirements and benefits associated with structured music sessions.

One of the benefits of the sessions actually emerges at the end of the musical performance when service users and musicians are able to enjoy a drink and engage in conversation. This time was seen to reinforce the benefits of the session though requires careful planning in order to maintain the support of care staff.

On an occasion when the series of weekly sessions was unavoidably cancelled a DVD recording of the previous week's sessions was made and shown as 'a concert' during the usual timeslot. Service users were said to have enjoyed this nearly as much as the performance itself which provides scope to sustain the impact of the sessions in the absence of future funding or the potential to market the project through the DVD to other settings.

Training sessions for musicians facilitated by Live Music Now enable the knowledge and experience of current and former musicians to be passed on to younger artists in a hands-on format which most musicians will appreciate and learn most productively from.

Workforce development lessons

Performances are stated to be most effective when staff are actively involved. Live Music Now therefore work hard to involve staff and management from the outset including the offer of a session delivered by the musicians to inform staff of the activities and their role (i.e. how to help residents get the best out of the music sessions including how to set up the room, handling instruments and help residents join in with dancing irrespective of their level of ability). It is therefore important for care staff and musicians to get to know each other in order to enable them to work together more effectively.

There is a suggestion for a degree of culture change within care settings, predicated by management buy-in, which will allow care staff to focus on simply 'enjoying' being with residents during music sessions rather than being so task orientated. Full understanding and engagement in the sessions by staff is stated to produce more sustainable outcomes.

Live Music Now recruit and train the musicians delivering the sessions with key skills and qualities to be assessed and nurtured including understanding the needs of service users (e.g. learning about specialist areas including dementia), thinking about others and their needs linked to performance, empathy and being insightful. Artists need to learn how to employ their skills in a flexible manner, communicate in a new way and value peoples' life experience.

The Future

The project currently depends on often ad hoc funding from trusts and foundations to support its work. There is a desire to be more strategic in delivering more activities although a lack of knowledge of precisely how to assess, engage and influence the

key influencers in order to promote and expand the project to the benefit of more service users.

For more information see: www.livemusicnow.org

3) Wirral Council Day Service, Arts and Crafts Group

Social care settings and/or services: Adult day

Sector: Statutory (local authority)

Service Users: Adults with learning disabilities, Adults with physical disabilities

Art Forms: Visual arts, Music, Literature, Theatre

Introduction

The 'Arts and Crafts Group' within Wirral Council Day Service in the Department of Adult Social Services works with people with Profound and Multiple Learning Disabilities (PMLD) in providing a range of activities to achieve sensory experiences using the visual arts, music, literature and theatre.

Description of Activity

The activities delivered through the arts and crafts group were influenced by research undertaken by the manager of the Pensby Wood Adult Day Care Centre which sought to answer the question, 'What does a good service look like?' The result was a move to greater partnership working with a local training provider and subsequent employment of an artist to deliver sessions designed to provide sensory experiences, through art, for service users with PMLD.

The arts and craft sessions in question ran for 12 weeks from January 2012 with the objective of developing a fun, lively and stimulating environment for service users. The sessions enabled the art work produced to be displayed around the day centre and promote achievements of those taking part. Participants were also able to take finished items home together with photographs of the experience to educate their parents and carers as to the benefits of the service and the activities.

The sessions were delivered by an art teacher trained in PMLD with the support of social care staff. This process enabled the staff to learn from the process whilst maximising the enjoyment of the service users participating in the sessions. Although central funding paid for some of the materials used, the arts activities are largely funded by the Pensby Wood Advisory and Support Group which supports the sessions with a £150 donation each month that contributes towards equipment and payment of the artist.

Outcomes

Social care staff are thought to more motivated to fully engage with an arts session when an expert leads the way, especially one bringing an energy and vitality to a session which then transfers to the staff. This approach also enables new ideas and techniques to be learnt and shared whilst the preparation time required to organise

the session is also reduced. The team looked forward to the activities and are now knowledgeable on which service users may gain the most out of such activities. Despite having the opportunity to work in a friendly, non-pressurised environment, artists are required to adapt their methods to the needs of the group which, when leading to the achievement of a task by a service user, can result in a great deal of satisfaction. The artist is thought to have to enjoy this challenge and be creative or flexible in their approach from the outset which places an importance on employing the right person - ideally someone with experience of specialist methods.

The outcomes for service users complement the aims and objectives of the service with art produced in the sessions now on the walls of the centre and reflecting participants' positive experiences of care and support, enhanced quality of life and increased self-esteem and confidence. Service users are said to get a real feeling for the activities when delivered on a regular basis and benefit from the positive social engagement, sensory experiences and general fun. The service users can also benefit from some quality one-to-one time linked to non-routine tasks such as feeding or bathing.

Good Practice and Learning Points

Bringing in new people to the setting to deliver arts activities is seen to be very important, both in terms of expertise but also in creating a vibrant, purposeful and fun atmosphere. Staff see the advantages of including artists and experts as a way to achieve outcomes for individuals.

However, whilst recognition of the value of the sessions for all involved is improving, the session isn't yet seen as integral or essential to the service as it could be. This is viewed as something which needs to be addressed as part of a cultural shift in the provision of such activities.

Workforce development lessons

Within day services, arts are said to be seen as a more of a hobby than an essential element of care. Linked to this perception is the need to inform the perceptions of staff as to the importance of, and their role within, the sessions. Staff are said to require some reminders and training potentially in this area with guidance given not to just do the arts activities themselves, but to assist the service user to maximise their involvement and enjoyment.

Crucially in terms of both the frequency of activities and access to related workforce development, there is no capacity to fund training or skills development in this area amongst social care staff. Moreover, whilst materials can be obtained, payment for artists or experts is impossible without a fund raising group. As a result, skills around

arts and crafts are stated to be limited to a few interested individuals. Staff are able to learn from the artist brought into the organise the arts and crafts activities with a view to influencing more general sessions though this isn't seen as a structured learning opportunity.

Artists are judged to generally have a basic understanding of the function of the service and how service users are supported although the ethos of the service helps in this regard, being based on sensory experiences, relationships and fun. One skills gap identified amongst artists is linked to an ability to utilise inclusive methods rather than making sessions an observation. Moreover, a lack of awareness amongst artists of the support methods required by service users can cause tension between care workers and artists (e.g. when a person needs personal care and how long this will take) with effective planning essential. Social care staff and service users should also be involved with the planning of the activity where possible in line with a person-centred approach.

The Future

Whilst seeing a role for the arts and crafts sessions within the day care service setting, the advance of personalisation and greater control over personal budgets appears to be moving support towards one-to-one care rather than the group sessions promoted via the centre. Whilst the value of incorporating arts and crafts into personal support plans is agreed, it needs to be integral and inclusive to work effectively. Progress in this regard will rely upon the knowledge of provision available and recognition of its benefits in order to become more widespread/mainstream.

For more information see: www.wirral.gov.uk

4) Deva Flamenco

Social care settings and/or services: Adult day services

Sector: Third Sector

Service Users: Adults with physical and learning disabilities,

Art Forms: Dance

Introduction

Deva Flamenco is a voluntary community group established in 1997, which promotes the appreciation of flamenco music and dance in and around Chester - Cheshire, Wirral, Liverpool, Merseyside, North Wales. They hold weekly flamenco dance classes in Chester, as well as occasional workshops with visiting teachers in flamenco, Sevillanas or Gypsy dancing.

Flamenco and Gypsy dance shows include theatre performances, informal dance events and dancing in Spanish restaurants. They also give presentations on the history of flamenco as well as dance workshops and talks for schools, care homes and social groups. Christine Stockton teaches flamenco to people with learning difficulties and disabilities.

Description of activity

Deva Flamenco's dance classes were originally developed in response to a request by Scope's Link Up Club, a social centre providing activities for adults with disabilities, based in Chester. Maria DelMar-Chachi, a professional dancer from Spain visiting Deva Flamenco, gave the first class to the Link Up Club in early November 2010. Christine helped and translated for her and has given the weekly class ever since. Maria has returned to Chester a number of times since, and has given the Link Up group a class and prepared new choreography for them each time. Christine and the group have then learnt the new choreography and performed it for Maria on her next visit.

Classes are open to anyone who comes to the Link Up Club. Christine feels that it is important for those taking part to engage with the heritage of flamenco, including the costume. She asks everyone to come in flamenco costume and in appropriate shoes. Scope has funded the purchase of second hand full skirts, lace tops, new matador hats from Spain and percussion instruments, while Christine lends participants her own flamenco shawls and fans for the dances that use those props. Those who do not want to dance can play percussion.

Recently Deva Flamenco moved to an accessible dance studio with mirrors, based in a centre run by another charity, 'Live!', and classes have attracted participants

from Scope in Wrexham. The class is now followed by a social activity as the students can buy a drink and homemade cake from the Live! kitchen and chat for half an hour until their transport comes. Christine is now advertising a second class as the current one is full and she has had requests to take more students. Scope's aim in approaching Deva Flamenco was to provide exercise and interest for the social centre users, to build confidence and provide stimulating social experiences.

As a teacher, Christine aims to facilitate physical exercise through an enjoyable, structured session, to stimulate mental exercise through remembering the steps, movements and choreography and to give enjoyment through the dancing, the music and the sense of achievement.

An important objective for Christine is to teach true flamenco - so although simple, the steps are authentic. Another objective was to develop participants' skills to a level so that in time Christine could take the group out into the wider community, potentially performing at shows and leading an audience in "have a go" sessions.

Outcomes

Deva Flamenco cite a mix of positive outcomes linked to physical and mental achievement (improved fitness, knowledge of flamenco dance and rhythms, sense of achievement through completing a dance or doing a performance) to improved self-esteem through going out into the wider community and delivering flamenco shows as performers and being recognised as having a special skill and knowledge. The move to a fit for purpose dance studio is appreciated by the group and adds to the sense of validation of what they are learning.

Christine states that

“performing is such a valuable part of the activity. It concentrates the group so they want to master a dance, they love performing and get a great sense of satisfaction plus admiration of family and friends. One student keeps asking me when we are next going to do a show. For several, doing the shows has been one of their major achievements.”

Good Practice & Learning Points

The length of time the dance classes have been running have enabled Christine and the participants to get to know each other well, and means that the group is supportive of each other's varying levels of ability, and accepting of those that are less able.

For Christine, the integrity of the artform is important, through the use of authentic flamenco steps and music; however she has also incorporated favourite Latin tracks for warm-ups and has adapted a flamenco flash mob routine and a gypsy tangos to pop music.

Christine is also mindful of the need to balance the needs of the group as a whole and the specific needs of individuals at particular points. Here, care staff support her in being able to focus on an individual while Christine focuses on the wider group.

Workforce development lessons:

Christine feels that the roles of herself as teacher, and social care staff as carers are clearly delineated.

However there are cross over areas where more interaction would benefit the project. For example Christine is given some help in communicating, but would benefit from more, as she continues to find it difficult to understand one or two people, which is a frustrating experience for both.

As an artist, Christine takes responsibility for her own artistic development and accesses training in flamenco through frequent visits to dance workshops in Spain and with visiting dancers.

Christine has also initiated many opportunities for the group to perform and would appreciate a greater integration of this activity in care staff roles. She feels that staff, who have more contacts in social care settings, have the ability to find more opportunities for the group to perform but don't often do this.

The Future

Despite the popularity of the classes there are a number of risks to their continued delivery. Transport is a particular issue with some participants saying cuts to their mobility allowance may stop them coming, as they need taxis. Some classes have been cancelled at short notice due to a shortage of trained staff to drive the minibus to and from the dance studio, or a shortage of care staff to provide care during the class.

Christine is concerned that it is becoming more difficult to take the group out to see a flamenco show or perform in the evening as there is not enough funding for the transport, or for out of hours payments for staff and carers. Often it is only the more independent of the group, those who can use public transport or those with families to drive them, who can go to a flamenco show or give a performance out of hours.

The importance of a champion for the project is clear: the “determination and energy” of the Scope staff member who initiated the project were key. Christine feels that current Scope staff are willing and helpful but

“they are more stretched just dealing with day-to-day matters as there are fewer staff available and therefore there is no free time to try out new initiatives. There also seem to be more financial restrictions, meaning that activities outside the working hours of the centre are less able to be supported by staff or by funding than in the past. Special events for the flamenco group, like meals out or special workshops or performances by the group, are still held but tend to take place in the working day - not evening”

The forward strategy for Deva Flamenco is to continue the existing classes and to continue to look for and create opportunities for the group to perform, and *“to continue to write them authentic and enjoyable choreography that they can achieve”*.

For more information see: www.devaflamenco.org.uk

5) Art Psychotherapy and Social Art in the Community, London Borough of Sutton

Introduction

This is a one year pilot service based in Adult Social Care and has been running since May 2012. Lee Simmons, an experienced fine artist who also trained in public art and art psychotherapy has been engaged to develop the post. The purpose is to devise projects to supplement existing services. Lee works in a team of 8 people 7 of whom are social workers.

The service remit is highly innovative and Lee is in the process of writing a report on the pilot including the learning messages. Lee came to the role with a number of ideas that she has pursued for example, a number of psychotherapeutic aims, a number of short term one-to-one relationships with individuals that then transcend into group work and family psychotherapy through art.

“I have been told my work is very new but it doesn’t feel like that to me. I am doing the same sort of thing I have always done, but in a different environment”.

The service largely works with adults but the family work involves some young people as does an intergenerational project that she initiated.

Description of activity

The service aims to support people to avoid heavier duty interventions. In addition the service aims to enable people to build individual resilience. Current activities are:

- Family Therapy
- Creative Thinking Session / Creative Club
- Individual Art Psychotherapy
- Art Psychotherapy open group
- Open Art Group
- People and Plates Intergenerational Project

So far Lee has worked with about 40 direct customers including people attending groups, projects and a few people whom she sees for one to one art psychotherapy sessions. The service is paid for by the London Borough of Sutton and is free to service users.

A project example

‘People and Plates’ involves older and younger people working together to co-design tableware. It is being delivered in partnership with Sutton Housing Partnership, who linked up older people resident in Milton House sheltered housing

scheme with younger people, recruited through the Volunteers Centre. The concept came from Lee, who pushed the project forward. All three organisations worked equally from the beginning right through to the final exhibition, which takes place 20 March- 4 April 2013 at the Europa Gallery , Sutton Central Library. This will include a tablecloth designed and made by a patient from one of Le's early open art groups. .

Outcomes

Lee is currently writing an evaluation of the work she is doing which includes establishing outcomes for service users. The report is not yet available.

Good practice and learning points

The main points for good practice are that it is possible to bring together arts and psychotherapy in a social care setting but the integrity and expertise of the individual and their professional training needs have to be recognised. There doesn't seem to be anything comparable to the service Lee is developing elsewhere. The service provides a model of practice that marries Lee's distinct skills and areas of expertise.

It is a creative post and a therapeutic one, conceptualising projects, taking them from concept to completion, partnership building, running art and design workshops, therapeutic sessions, peer supervision with psychologists, and collaboration with artists and Community Development Workers. There is also an element of project management and coordination that includes evaluation, fundraising and marketing, which is necessary for developing the projects and the post itself.

A key learning point is that the background of the individual in this case was critical. For example, Lee has worked in a variety of formal and informal arts settings as an artist and has a Masters in Art Psychotherapy from Goldsmiths University of the Arts London, an MA in Design for the Environment, Chelsea college of Art and Design London, which included public art skills such as working with the history of a place and communities, fund raising and collaboration across disciplines for the course included artists and designers. She has also Degree in Fine Art from John Moores University, Liverpool and a decade of practice as an artist including preparing her own works for professional gallery exhibition and working on projects in freelance capacity. This makes it easier for her to tackle projects like the intergenerational project with ease and makes it easier for her to work directly with different groups of people in the community.

Workforce development issues

In terms of training Lee thinks that she is adequately trained for the work she has in hand and is planning. She does not necessarily want to do more 'new' training but would like to build on her existing skills, and train to supervise her colleagues, which she is currently doing from experience only. She recognises a need to keep up with professional development, which is a requirement of the HPC, and something that most artists and therapists do as a matter of course. She considers it essential to continue to create, produce and exhibit as an artist.

We talked about the dilemmas that artists have working in different settings and about the need for professionals to value 'other' professionals. Lee could see the value of the work she is doing in terms of the individuals she is working with and

some of this should be clear in the report she is producing. It is too early to say what other workforce development issues there may be.

The Future

It is unclear yet what the future will hold. There is some scepticism in the organisation about the value of arts and there are some concerns because some senior tier staff who support the service are moving on. On the other hand the service has some strong support. The groups that Lee is establishing are expected to become self-sustainable. There are concerns about how far this will be possible.

For more information see: www.sutton.gov.uk

6) Project Ability

Introduction

Established more than 10 years ago Project Ability is an artist led organisation based in Glasgow. It primarily works with people in and around the Glasgow conurbation. Key aims are to enable people to get involved in art activities. The organisation has opportunities for artists and volunteers as well as customers.

Project Ability benefits from being established during a decade of considerable investment in arts in Scotland which has built up an arts infrastructure and a wide appreciation of arts across public services. Although there are signs of budget cuts in Scotland they have not been as swingeing compared to England.

The organisation delivers services through a network of 20 self-employed artists who have long term relationships with Project Ability so there is not a great deal of turnover. There are however opportunities for volunteers. For example Project Ability is currently advertising for a volunteer ceramicist.

The organisation primarily works with adults and young people who have mental health problems and learning difficulties or a physical disability. Many customers return again and again to courses. A proportion of customers are seriously interested in creative arts and others enjoy it as a social and creative activity. 40% of Project Ability's funding comes from public (art or charitable/educational) funds and the remainder is largely from customers who self fund. The organisation has some Service Level Agreements with health and social care but they tend to be quite small.

Description of activity and practice

Project Ability encourages its artists to work with people as collaborators. They aim to encourage customers to be curious and enquiring about the environment, themselves and subjects that engage them. Artists are highly skilled and they are able to demonstrate and pass on some of their skills and knowledge but much is up to the individual customer to express themselves through different art media.

Project Ability focuses on the artistic, creative process and artists draw on their knowledge and aesthetic backgrounds. The customers are therefore drawn into an artistic creative world. The artists do not provide therapy or care.

Project Ability has seen a change in recent years from customers. As individual budgets have taken off more customers choose to spend some of their resources on Project Ability courses. Its courses are always over-subscribed. It could run many

more courses and expects that the demand from self funders will continue to rise. However, the organisation does not want to grow too much and intends to stay more or less the same size.

Outcomes

Project Ability sets its own outcomes and tries to get the funding to meet those outcomes so it isn't opportunity led and prides itself on being independently minded. Project Ability is keen to point out that customers get a great deal from their involvement in courses. Some people really benefit from being able to meet other artists and work towards exhibiting their work. Others enjoy the social side and art can help them communicate deeply held feelings and ideas as well as explore their imagination.

“People with quite significant challenges can express themselves in ways that surprise them”.

Project Ability doesn't specifically deliver courses in social care settings. Instead they provide courses at their own premises and other studio and community facilities around Glasgow. In general Project Ability has built up a rapport with social care and health so that most people understand what the organisation aims to do as a creative entity. However there are sometimes problems. For example, a Service Level Agreement with a Health Board had to be discontinued because the Health Board had unrealistic expectations on the benefits for customers. Briefly, the outcomes the Health Board were looking for were a reduction in individual patient's medication as a result of participating in arts activities. Project Ability did not think this was achievable or helpful but what was more a matter of concern was that the Health Board wanted Project Ability artists to do the evaluation and check changes in individual's medication. The latter was inappropriate.

“It is possible they were trying to justify funding at a time when funds are stretched in health yet they approved of what we did – it's the old story really if they had only looked at matters in a different way we could have worked together”

Artists often experience a lack of respect from social care and health workers particularly where people fail to understand how long artists train and how much they learn throughout their lives as artists. There are qualitative differences too between a serious artist and someone working in social care who delivers an arts activity.

“It is different – skilled artists who are highly trained are very different from someone who has a leisure interest” in arts. “They have an aesthetic understanding and a serious grounding in their art”.

Workforce development issues

Artists are the staff in this case. They work on specific contracts and have specific artistic interests. Artists interact and collaborate with rather than deliver courses and activities.

Project Ability is grounded in an independent arts movement and the artists who work with customers draw on their wider creative knowledge and actions. Project Ability does not ask its artists to train in for example dementia awareness or mental health issues. However, it does provide a bespoke communication course for its artists and volunteers and there are some practical training matters that are covered as well such as health and safety.

It is possible that there is room to rethink what else might be useful for artists and customers for example, some artists might want to develop some skills in demonstration or training but the primary focus has to be on the interactions between the artist as a skilled person and customers.

The Future

Project Ability envisages that there will be reductions in public funding for its work but that individual budget holders will continue to come to them for courses and this income stream is likely to grow.

For more information see: www.project-ability.co.uk

7) Training for social care staff working in dementia care, Jabadao

Social care settings and/or services: Adult residential, day centres and sheltered housing

Sector: Private Sector

Service Users: Adults with dementia, Older, frail elderly

Art Forms: Dance and movement

Introduction

Jabadao describes themselves as '*movement play specialists*', a company with considerable knowledge and experience of working with older, and often, frail older people and at the other end of the spectrum with those in their early years of life. The company's core interest lies '*in the way dance brings people together, and the way we find more of ourselves beyond words*'.

Description of Activity

Jabadao has been commissioned by a training consortium in the north west of England to deliver training for social care staff working specifically in dementia care. The consortium, which includes public health professionals, local authority staff and representatives from private residential care homes plans relevant training programmes for staff working in a range of roles. To complement training in end of life care and health and safety, as examples, Jabadao delivers a two-day module which focuses on person-centred physical activity, as part of the overall training programme.

Participants in the training course range from carers and senior carers, to managers in care homes and managers from AgeUK. Across this breadth of participants some choose to attend the training, whilst others are nominated by the private care home owners they work for. To 'encourage' staff to attend there is a substantial fee charged for non-attendance, which the individual themselves is responsible for if they do not attend. Inevitably this range of choice and potential disincentive leads to a broad range of motivations displayed by the participants at the outset of the training course.

- A key outcome for the training is for participants to develop an understanding of how movement can be a deep and dynamic medium for communication and interaction for people with significant memory challenges or where verbal communication has become difficult.
- The course supports participants to develop new ways of thinking and new skills to engage and communicate with people with dementia through physical interactions, and explores ways they can apply those skills in their workplace.

- Participants are exposed to new techniques and opportunities to explore how to work in one to one situations, as well as through small and larger group activities.
- Longer term objectives focus on creating a confident workforce who can contribute to a 'culture change' in social care contexts.

Jabadao is clear that this training which focuses on developing 'creative carers' in the anticipation that they will use creativity and different approaches in their everyday care practices, is different to creative sessions and activities which are led by artists, volunteers or care staff which may have different purposes.

Key learning points

The training revealed that whilst the aim of developing new approaches and relevant skills in care staff is highly laudable, this cannot be undertaken in isolation. It is essential for workforce development to consider the quality of life / environment that the staff are working within, and not to focus solely on the positive outcomes and benefits for residents / service users. For example, in situations where there is a ratio of 2 care staff to 17 residents with varying degrees of dementia there is often little time or inclination to move beyond supporting the very basic needs of each individual, unless this is well-supported, encouraged and endorsed by senior managers. This type of situation can become exacerbated, as the owners of private care homes can now determine their own ratios, where profitability may outweigh quality of life benefits.

During the training participants related examples of where they had identified opportunities to try some everyday creativity and new approaches, and the confidence they needed to adapt and realise change. In many cases these new 'interventions' were un-noticed by senior staff or colleagues, and without reinforcement or affirmation some participants found that motivation was difficult to maintain.

A key learning point is how to develop ways to value and recognise new skills which are developed through the training course.

Spotlight example of everyday creativity

A care worker with a shared responsibility for 14 residents with severe dementia observed one anxious elderly lady asking for some money to go shopping 82 times within the space of an hour. To alleviate the situation the care worker 'made' some pretend money and spent time with the now contented elderly resident shopping around the residential home. However, the unpredictable intervention of another

resident dismantling the myth of the pretend money resulted in a state of anxiety returning.

Workforce development lessons

This type of integrated training could offer a model as a way of working in other geographical areas, as well as focusing on other specific types of social care needs, for example caring for and supporting stroke survivors.

The Future

The involvement of a creative company within a training programme like the one outlined in this example, is largely dependent on the commissioning body either including staff with personal interests or those who have experience and knowledge of the value of involving creative practitioners in workforce training, and can act as influential advocates to ensure adverse perceptions and barriers at all levels are overcome.

For more information see: www.jabadao.org

8) Verd de Gris

Setting: Day services, older people with dementia

Sector: Third sector

Artform: Visual arts

Project: Creative Minds workforce development

Introduction

Verd de gris (VDG) is based in Hebden Bridge, West Yorkshire and have delivered participatory activity for the past 12 years, working with older people and particularly with people with dementia. VDG has noted many gaps in older people and dementia care, particularly for those from BME communities, and many of their projects have sought to engage with these marginalised groups. They have recently moved into creative training, helping to make their methodology more sustainable and extend its reach and impact.

Funding for their project occasionally comes from arts sources, but primarily VDG secure non-arts funding including that for social care and health initiatives.

Description of activity

VDG had been working on a life story project but felt increasingly that reminiscence projects tended to focus on what people could no longer do, and they wanted to move the focus more to what people could still do. They feel very strongly that creativity can also offer opportunities to experience new things, that it can lead to an “opening up” for the individual and can reveal something to carers about the nature of the condition.

VDG realised that the projects they were doing were also offering something to staff, in developing their thinking about how people’s conditions, which they had in depth knowledge of, could be treated and responded to. Allied to this was a pragmatic response- VDG could keep going into care settings but funding was being squeezed, and so VDG felt that staff, who often “long for training” and were “more than capable” would benefit from a programme of training .

The workforce development project developed out of an earlier project with Day Services, which was providing adult social care. The local authority fund the social care while South West Yorkshire Partnership NHS Foundation Trust provide support related to dementia, Alzheimer’s Disease, Parkinson’s Disease and stroke sufferers. VDG’s relationship (in terms of contract management and funding) has always been with the Trust, rather than the Local Authority.

For this project VDG gained the support of the Trust for a pilot project working with six members of staff based at three day centres. The project cost was £7,500, funded through 'Creative Minds', a joint initiative of the Trust and Arts Council England. The Trust recruited the participating staff and selected two who were very enthusiastic about the project, two who were resistant to the project and two who were ambivalent.

Staff often said that they couldn't lead creative activity because they didn't have 'ideas' so the project was focussed on showing the participants where ideas come from: based around the theme of seasons, over the course of the project VDG led participants on a series of walks. This was used to develop a template for ideas and a toolkit of detailed session plans for developing ideas into creative activity. The six participating staff then delivered a project of six sessions over six weeks with service users, accompanied by mentoring, shadowing and a follow up visit.

Outcomes

VDG felt that the project met its ambitions very successfully, to the extent that the most reluctant members of staff became firm advocates for the project, with one becoming a particular fan of using poetry. Session plans were structured in such a way as to increase staff confidence so that ultimately they would begin to input their own creative ideas into the templates. A wider group of about 30 day care staff were made aware of the project through a group presentation.

VDG felt that the project emphasised the potential of people with dementia to experience and value new opportunities. Participants may never have had poetry or Shakespeare read to them and they found that the project enabled people to express themselves- particularly older men who find it more difficult to find a connection to their emotions.

Good practice and learning points / Workforce development lessons

The project included six sessions over 10 weeks, which VDG felt was adequate but more time would also have been beneficial.

VDG often pitches projects as reminiscence or memory projects which are overlaid with creative activity, rather than as arts activities as participants and staff can be resistant to overtly arts based projects. Participants may also have preconceptions which staff then ratify, so it is important to get staff enthused about the project. VDG's experience is that while the Trust has always been very supportive and day care staff have been interested, the middle manager level is often a block, acting as 'gatekeepers' to activity. They decide if staff can become involved, if there is room

space, if too much mess will be made but they also don't attend or directly support sessions. VDG feel it would be beneficial if this middle level of management staff could also experience and develop a stronger sense of the benefits of the activity. VDG have also experienced responses which perceived arts activities as an (unwelcome) middle class intervention into day care.

The future

This was a pilot project delivered for a relatively small amount and VDG feel that it could potentially be rolled out further within the Trust area and to other Trusts. What is not clear is whose responsibility it is to seek further funding to make this happen: the Trust, arts organisations or day care services.

For more information see: www.verd-de-gris.co.uk

9) Training programme – Creativity in care settings, Arts for Health Cornwall and Isles of Scilly

Social care settings and/or services: Independent adult residential care and nursing homes

Sector: Private

Service Users: Adults with dementia, older people and frail elderly

Art Forms: Mixed

Introduction

Arts for Health Cornwall and Isles of Scilly is one of the UK's leading arts and health organisations, whose aim is to improve health and well-being through creativity. The organisation devises and delivers creative projects across the area, often working in partnership with public sector and third sector bodies. The projects are led by trained and experienced creative practitioners who share their art-forms with all sorts of people to positively impact on their lives. They also run training programmes to support health and social care professionals, creative practitioners and volunteers to develop skills and the knowledge of how to apply creativity in a range of settings and contexts.

Description of Activity

The need for this training programme grew out of an established programme of creative work the organisation had been delivering for four years with older people in care settings. Artists were recruited and they worked alongside members of staff to support and develop their skills and confidence while delivering activity directly to older people. The managers and staff agreed that a weekly session was 'not enough' and discussed how they would be able to bring creativity into everyday activities and their care work.

A group of independent residential and nursing homes were offered and accepted the opportunity to send staff working with older people, including those with dementia, onto a newly-devised training programme. The programme was developed in partnership with Truro College to ensure that the training provided mapped across to NVQ criteria to enable qualifications to be part of the offer to the staff involved.

The training programme, as devised, involved 12 participants who spent one day a week for two months with Arts for Health Cornwall exploring, learning and sharing. Over a two year period 7 training programmes were delivered, with approximately 85 people receiving training.

The training programme enabled participants to:

- Explore their own creativity, and ways to develop expression and understanding
- Develop ideas for different or new forms of communication with individuals with significant memory loss
- Test and try out activities, devise new techniques and have opportunities to share these in a supported environment
- Increase their confidence in leading creative activity, and finding new ways to engage and utilise in their everyday work
- Discuss and explore how creativity could contribute to improved levels of quality of life for residents, as well as wider impacts for staff and visiting families and friends

The training programmes were partly subsidised by the NHS and through adult social care budgets, with 50% of the costs being borne by the care homes whose staff benefited from the training and development. This indicates a high level of commitment by independent home owners who agreed to release and encourage staff to attend, as well as paying part of the costs.

Outcomes

Positive feedback indicated that participants were able to utilise new skills and enhanced confidence in their work place, and to some degree, share these skills and knowledge with their colleagues. Many of the participants on the courses were activity co-ordinators in residential settings, who either had a formal or an informal remit to programme leisure and entertainment activities. One of the key outcomes of the training programmes was that members of staff felt less isolated in these roles and the courses helped to affirm and re-value the work they were involved in. The training offered opportunities to come together, to share their own experiences and most usefully, to offer peer support. Arts for Health Cornwall has continued to organise one or two informal events each year to enable the course participants to come together as part of their continuing professional development.

Good Practice and Learning Points

Although often repeated across many sectors, social care is no different with a major issue for staff, managers and owners being how to maintain the interest and opportunities so that training can be put into practice once staff members are back in the workplace. Reverting to previous 'habits', or not feeling confident enough to try a new technique, or not feeling well-supported by senior managers have all been reported as detrimental reasons why social care staff are not able to effect culture change in either significant or tiny ways.

In conjunction with these real issues, is the significant factor of very high turnover rates of staff in social care work. Continuity of messages, and acceptable ways of delivering care at all levels, are difficult to maintain in these situations. However, Arts for Health are aware of a number of past participants who have continued to use and develop creative interventions with people even when they have changed jobs or moved to a different care setting.

Workforce development lessons

- Strategic support for training through consortia or partnership groupings which include care sector professionals, and private companies who own residential care settings is likely to result in outcome based training being developed which has rigour and can be validated
- As the numbers of care staff who do not have English as a first language increases there are opportunities to utilise different cultural and aesthetic influences in creative work, which may help to create good working environments generally, and may also support and reinforce the value of non-verbal techniques and methods of communication more strongly.

The Future

Overall the impact of reductions in budgets to public services and to social care budgets specifically are an ever-present worry for organisations providing creative activities, training and development to individuals and other organisations. In addition, there is increasing frustrations about the uncertainties and a continuing lack of clarity on how individuals will be able to utilise their personalised budgets and how creative service providers can be a visible reality in the maelstrom of new systems as they are introduced.

However, as this report is finalised Arts for Health Cornwall has just launched a new programme of dementia-related training. This programme, funded through the NHS Dementia Challenge funding stream, will train volunteers to work with twelve community hospitals across the region to deliver creative interventions with people in different stages of dementia. Early enquiries indicate that a wide range of volunteers are interested in this opportunity – from arts students still studying at university, to recent graduates developing their professional practices to older volunteers who are involved in creative activity in a hobby or interest way and have time to undertake volunteering. The learning from the previous training programmes will be invaluable in shaping this new initiative.

For more information see: www.artsforhealthcornwall.org.uk

7 Summary Conclusions

- 7.1 This report presents the results from an analysis of an activity mapping exercise to identify the range, types and characteristics of activities using arts within social care settings. The report does not aim to provide a comprehensive picture of all arts activities within social care but rather inform understanding of the nature, complexities, good practice and challenges that surround it.

Activity Mapping Results

- 7.2 Whilst it is extremely difficult to accurately estimate the size of the sector, the activity mapping research has highlighted not only the significant extent of the sector but crucially, the range and complexity of activities spanning settings, services and service users. The majority of the project examples provided by respondents to the mapping exercise reveal arts activities which are highly individual and therefore have the potential to produce a wide range of social care objectives and outcomes for service users, social care staff and artists alike.
- 7.3 The analysis has outlined a comprehensive selection of arts activities and projects provided for the complete range of service users, settings and service areas which can be used to inform the remainder of this research. Moreover, coupled with an analysis of key providers, art forms and the current reliance on ad hoc funding, the enhanced picture provided of the sector will serve to inform the ongoing work of Skills for Care, Skills for Care and Development and Creative & Cultural Skills.
- 7.4 The results of the activity mapping also highlight not only the range of outcomes to be derived from arts activities and social care in respect of service users, staff and artists but also a requirement to analyse the quality and attribution of these outcomes to different strands of activity. These issues will be explored in greater detail within the next phase of the research through discussions with key stakeholders across arts and social care.

Workforce Development

- 7.5 The research has revealed a range of workforce development issues which limit the use, quality and effectiveness of arts to achieve social care outcomes. Respondents outlined a range of quite fundamental issues and development areas from the perspective of social care staff/providers, artists/arts organisations and workforce development providers which,

although recognised within the sector, require further investigation in order to facilitate solutions and support to alleviate their impact going forward.

- 7.6 Key issues to be addressed include a perceived under-exposure to arts activities within social care and a related lack of understanding of its potential and implications for training, skills development, recruitment and service promotion.
- 7.7 Workforce development issues for artists and arts organisations predominantly relate to knowledge and understanding of the range of settings, service users and care needs and a requirement for training opportunities in order to inform initial training and CPD.
- 7.8 Respondents also provided a range of good practice examples and often quite detailed suggestions for training and development for both social care staff and artists. More broadly however, there is a range of more generic targets and suggested activities which should guide future actions in this area. These include the sharing of knowledge and good practice, increasing awareness of the value of using of arts in social care, exploring mentoring and shadowing opportunities with/for artists and maximising partnership working and knowledge exchange between social care staff and artists.

Appendix 1 – Activity Mapping Survey Pro Forma

Activity Mapping

The way in which people are supported in communities continues to change. With this in mind Skills for Care (SfC), in partnership with Skills for Care and Development (SfC&D) and Creative & Cultural Skills, are keen to develop their understanding of the role of other industries in the delivery of social care support.

SfC has commissioned an evidence review and activity mapping exercise with a focus on exploring the role of arts in the delivery of adult social care with a particular emphasis on workforce development. The study will inform the future direction of work in this area by highlighting learning from effective practice of using arts to deliver social care and providing recommendations for workforce development.

Delivered by a consortium led by Consilium Research and Consultancy Ltd, this survey aims to identify details of the activities of practitioners (i.e. artists or care staff) using arts to deliver social care. Specifically this survey is keen to obtain detail on the following:

- The characteristics of arts led activities (i.e. duration, setting, artform);
- Factors that support or impact upon the effective use of arts to deliver social care outcomes;
- The extent of training/workforce development for care staff and artists; and
- Outcomes achieved for organisations, artists, care staff and service users.

Where appropriate a sample of projects or activities identified by this survey will be contacted by the study team to explore in order to prepare a more detailed case study of practice.

Thank you for your time it is much appreciated. Further information on the study can be found on the Skills for Care website by clicking [here](#) or by contacting the Project Manager for the research team, Andy Parkinson, at andy@consiliumresearch.co.uk or on 07713 357386.

Thank you for your time in completed this short survey.

Organisation Details

To begin with please could you provide some basic organisational details?

1. Organisation Name
2. Contact Name
3. Telephone
4. Email Address
5. Website

Focus of Your Activities

6. What is the purpose of your organisation's activities?

- Social care provider
- Delivery of arts to achieve adult social care outcomes (e.g. sustaining independence or improving quality of life)
- Delivery of workforce development / training for social care practitioners
- Research / Academia
- Other
- Other (please specify)

Activity Characteristics – Organisational Overview

We would like to learn more about the scale of activities and projects delivered by organisations/individuals which have used arts to deliver adult social care outcomes. Question 7 asks for an initial overview of up to five projects.

7. Please can you provide brief details (e.g. just a one line description) of your activities or projects which have used arts to deliver adult social care outcomes?

Activity Characteristics – Detailed Project Example

We would now like you to provide specific detail of one project (e.g. your strongest example in terms of impacts on service users / staff / artists, innovative practice, lessons for staff training).

8. Project / Activity Title

9. What period did the activities / project cover? (please state year activities began and actual/planned duration as appropriate in months)

Start

Planned / Actual Duration
(months)

10. Whilst recognising the differences in activities, on average, approximately how many "sessions" per month were provided?

11. Region(s) and/or countries the activities cover (please tick all that apply)

- East Midlands
- Eastern
- London
- North East
- North West
- South East
- South West
- West Midlands
- Yorkshire and the Humber
- Northern Ireland
- Scotland
- Wales
- Other
- Other (please specify)

Activity Characteristics – Aims and Expected Outcomes

12. Please provide a brief summary of the aims and expected outcomes of the arts led activity (suggested maximum word limit of 100 words)

13. Did the activities cover adults, children or both?

- Adults
- Children
- Both

Activity Characteristics – Service Users

14. Which service users did you work with?

- Adults with dementia
- Adults with learning disabilities
- Adults with physical disabilities
- Adults with sensory impairment
- Adults who misuse drugs/alcohol
- Adults with autistic spectrum disorder
- Adults with mental health problems
- Children and Young People
- Families
- Carers
- Other
- Other (please specify)

Activity Characteristics – Settings

15. Which social care setting(s) and/or services did the activities cover? (select all that apply)

- Adult residential
- Adult day
- Adult domiciliary
- Adult community care
- Children's services
- Healthcare NHS
- Other
- Other (please specify)

16. Which sector did you work in?

- Statutory (local authority)
- Statutory (health)
- Private sector
- Voluntary or third sector
- Other
- Other (please specify)

Activity Characteristics – Delivery

17. Broadly which art form(s) did the activity cover? (select all that apply)

- Visual arts (e.g. ceramics, drawing, painting, sculpture, printmaking, design, crafts, photography, video, film)
- Music
- Literature
- Theatre
- Dance
- Other
- Other (please specify)

18. Who delivered the arts activity / social care workforce development?

- Professional artists / arts organisation(s)
- Social care staff / organisation(s)
- Both
- Other
- Other (please specify)

19. How many service users / social care staff did the project support? (if you are unsure an approximate figure is fine)

- Service users
- Social care staff

Activity Characteristics – Funding

20. How was the project or activity funded?

21. What was the funding used for? (select all that apply)

- Resources and equipment
- Transportation
- Practitioner payment
- Artist payment
- Other
- Other (please specify)

Activity Characteristics – Outcomes

22. What were the outcomes of the activities for social care staff?

23. What were the outcomes of the activities for artists?

24. What were the outcomes for service users? (tick all that apply)

- Enhanced quality of life
- Delayed or reduced need for care and support
- A positive experience of care and support
- Safeguarding for adults whose circumstances make them vulnerable and protecting them from avoidable harm

- Increased self esteem and confidence
- Positive social engagement with adults and peers
- Development of talent and/or career possibilities
- Reduced loneliness and social isolation
- Other
- Other (please specify)

Activity Characteristics – Key Success Factors and Lessons

25. What lessons were there for workforce development (e.g. skills and training) for care staff and/or artists?

26. If there is a project report, evaluation or other material available, please add a weblink below or alternatively email to andy@consiliumresearch.co.uk

Summary – All Activities

These questions relate to all of your relevant projects and activities

27. What workforce development issues amongst social care staff limit the use of arts to achieve social care outcomes?

28. What training would prepare social care staff/artists to work effectively together with service users?

29. What workforce development issues amongst artists and creative practitioners limit the use of arts to achieve social care outcomes?

Any Other Comments?

30. Do you have any other comments to inform the research?

Thank you for your time it is much appreciated.

Further information on the study can be found on the Skills for Care website by [clicking here](#)