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January 2007



ISBN 1-904354-13-0



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CONVERSATIONS **IN COLOUR**

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Evaluation of an **Arts for Health**
Partnership Programme 2005/6

Foreword

Arts for Health is a partnership between the Health Promotion Department, HSE South, West Cork Arts Centre, West Cork Community Hospitals, Cork County Council and West Cork VEC. The partnership set out to implement an arts programme in five West Cork Community Hospitals to support the development of new structures for arts in healthcare in West Cork and to influence policy on a regional and national level.

Arts for Health originated through a pilot project, which was implemented in Skibbereen Community Hospital, as a result of the former Southern Health Board's (now Health Service Executive South) 'Ageing with Confidence' Strategy, a blueprint for the development of services to improve the health and quality of life of older people. One of the recommendations made in the report was to employ artist/s to deliver an arts programme within the long-stay unit setting.

This report presents an evaluation of the first year of the programme. A steering group was set up with representatives from the partnership, who engaged two artists to deliver an arts programme in the five community hospitals for one year. Jennifer Russell evaluated this first year. Jennifer is a Public Health expert with a substantial career in health sector research with a track record in achieving success in public health policy development.

The importance of the partnership between arts and health cannot be underestimated in its ability to promote health, enhance environments and improve quality of life. It is the hope of this steering group that the learning from this action research and other models of best practice can contribute to the development of arts in health care policy and be recognised for the unique contribution it makes to enhancing health and well being.

Arts for Health Steering Group

Introduction

“What do you see Nurse, what do you see? What are you thinking, when you look at me?.....”

These are the opening lines of a poem written by a woman in the geriatric ward of a hospital in Scotland. The poem was found among her possessions after she had died. It goes on to describe what many people see when they enter long-stay care units“A crabbed old woman, not very wise; Uncertain of habit with far-away eyes, Who dribbles her food and makes no reply” ..“Who, resisting or not, lets you do as you will, With bathing and feeding, the long day to fill, Is that what you’re thinking, is that what you see?, Then open your eyes, Nurse. You’re not looking at me!” The poem continues taking the reader on a journey through the author’s life, from her dreams as a young girl through to her later years, and concludes...“I think of the years, all too few, gone too fast, And accept the stark fact that nothing can last, So open your eyes, Nurse, open and see...not a crabbed old woman, Look closer... see me!”

I refer to this poem because I feel the West Cork Arts for Health Programme endeavours to acknowledge and unlock the forgotten and the often unseen humanity and creativity of older people in long stay health settings. Working through the arts the Health Service Executive(HSE) South Health Promotion Department, West Cork Community Hospitals, West Cork Arts Centre, Cork County Council and West Cork Adult Education Services Partnership have established a programme which genuinely aims to “see” and value older people. There is increasing evidence nationally and internationally of health gain in patients involved in the arts, and as the findings in this report and other research illustrates, the use of the arts in long-stay settings not only brings positive personal, social and artistic outcomes for older people, but also for their family and friends, for staff and for the artists involved. I would like to congratulate all involved and to extend the support of the HSE South Arts and Health Programme into the future.

Ann O’Connor
Arts and Health Programme Co-Ordinator
Health Service Executive South

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Acknowledgements

I would like to thank the following people for their help with the evaluation of the Arts for Health Programme.

All the Patient Participants and their families and friends.

Artists:

Nilmini Fernando
Frances Kay
Catherine Phillips

Hospitals’ Staff:

Regina Eviston,	Matron, Dunmanway Community Hospital
Theresa Healy-Kingston,	Acting Matron, Dunmanway Community Hospital
Carol McCann,	Matron, Clonakilty Community Hospital
Marian O’Donovan,	Matron, Schull Community Hospital
Pat O’Mahony,	Matron, Skibbereen Community Hospital
Ber Power,	Matron, Castletownbere Community Hospital

and all other nursing, catering, ancillary and gardening staff who contributed.

Management Team:

Ann Cahalane, Health Promotion Officer for Older People, Health Promotion Department, HSE South
Justine Foster, Education and Community Coordinator, West Cork Arts Centre

The Steering Group:

Pat O’Mahony, Matron, Skibbereen Community Hospital, Health Services Executive (HSE) South
Justine Foster, Education and Community Coordinator, West Cork Arts Centre
Ann Davoren, Director, West Cork Arts Centre
Aoife Ruane, Acting Director of West Cork Arts Centre
Ian McDonagh, Arts Officer, Cork County Arts and Library Services
Vincent Ahern, Adult Education Officer, West Cork Adult Education Services
Shirley O’Shea, Senior Health Promotion Officer, Health Promotion Department, HSE South
Ann Cahalane, Health Promotion Officer for Older People, Health Promotion Department, HSE South

Executive Summary

“It is an hour of pure pleasure as far as I am concerned... this is what you are looking forward to all week.”

Patient Participant

This report, aimed at evaluating a year-long Arts Programme introduced in five West Cork Community Hospitals, was commissioned by a partnership made up of West Cork Arts Centre (WCAC), West Cork Community Hospitals, HSE South, West Cork Adult Education Services, Cork County Arts and Library Services, and the Health Promotion Department, HSE South, who also funded the Programme. The programme was guided by a steering group of representatives from these partner organisations with one hospital matron representing the five participating hospitals. The programme was informed by a pilot programme carried out in one of the five hospitals, following a needs assessment exercise and in response to the Southern Health Board’s Ageing with Confidence Strategy.

There were three main research questions proposed by the Steering Group:

- 1

Will older people participating in a structured creative arts programme delivered weekly by a professional artist(s) over a sustained period of one year show noticeable improvements in physical, social and psychological health and well-being and ultimately in quality of life?
- 2

What are the issues for the professional artists facilitating the programme in 5 hospitals spread over a wide geographical area?
- 3

Is a partnership approach to implementing an artistic programme effective in terms of efficiency and value for money?

Findings

- 1

The provision of an arts programme to these long-stay facilities has very significantly enhanced the lives of a large proportion of patients, staff and family members, even those who did not overtly engage in the activity provided. The improvements reported include pleasure in the activity, increased socialisation, reduction of isolation, improved memory and eye-hand co-ordination, enhanced relationships with family members and staff and increased self-esteem.



Patient, Castletownbere Hospital

Findings

- 2 Patients questioned and the majority of staff expressed their wish to extend the provision to at least twice a week and for it to become a permanent feature in care provision.
- 3 Staff showed a significant increase in their commitment to the programme throughout the year and reported specific improvements in patient mood, socialisation and mental and physical capacity.
- 4 The understanding and acceptance of the benefits of artistic endeavour to a disadvantaged and largely powerless group has been enhanced among staff, family members and patients themselves.
- 5 The appointment of two or more artists with a range of arts skills offers the best choice and opportunity for patient participants who have different abilities and interests.
- 6 Personal commitment by matrons and senior nursing staff has been central to success. It was found that matrons need a strong role in the selection and management of artists and in the choice of the artistic genre.
- 7 A suitable room and other basic facilities were essential for optimum participation by patients and artists. While there are advantages to this room being separate from non-participants, it has been noted that informal and peripheral engagement is also beneficial, though background noise and activity were found to be distracting by patients and artists.
- 8 The artists were profoundly and positively affected by their engagement with participants. It has provided opportunities for three artists to bring their artistic and professional skills to the wider community.
- 9 Artists who were required to travel long distances to attend more than one hospital setting reported dissatisfaction with the time spent on travel.
- 10 The partnership arrangements worked well in setting out and managing the programme. Problems which arose were resolved quickly and effectively because of the ability of the Steering Group, made up of all the stakeholders, to communicate and make decisions. Joint management of the funding allowed for agreement on priorities and efficient allocation of the budget.



Julie-May Murphy

Recommendations Policy

- 1 The concept of arts for the older person should be integrated into the culture and practice of all long-stay units as a core activity. The evidence is overwhelming in the literature and in this study that the benefits for all participants; patients, staff, relatives and artists justify the relatively small investment.
- 2 *Based on this evidence the Health Services Executive (HSE) should undertake to roll-out this or a similar Programme to all long-stay facilities across the country. Only then can a consistent service be provided on which patients and staff can rely and regular audit and research can be undertaken. The Arts Coordinator appointed as a one year position, with a brief to support arts programmes within the HSE South is a good model in terms of commitment and investment.*
- 3 With some minor managerial adjustments, according to local circumstances, this Programme could act as a model to other programmes which could be provided in all long-stay facilities in the HSE nationally.
- 4 *In this study it was found that visual art provided expression to patients with a range of disabilities while the spoken and written word was highly effective in expanding the lives of others.*
- 5 Though all those who participated were committed to the concept that the process of the art work is more important than the outcome, it was felt that public recognition of the work provides considerable satisfaction to patient participants. A book containing examples of the paintings and writings of patients such as one produced by this Programme provides a tangible outcome, and can inform and engage the wider community. Other possibilities include an annual exhibition and a display within each hospital which is regularly changed.
- 6 *Arts Organisations and Local Authorities which are funded to serve the whole community should consider in their annual planning, the needs of those in local long-stay facilities.*
- 7 Most residents in long-stay facilities have not had access to adult education. Some of this loss can be corrected by the provision of arts programmes.

Both provided patients with a forum in which to engage with each other and with the artist. Therefore it is important to offer choice to patients and to provide more than one opportunity in each organisation. This and other evidence points to the need for more frequent provision of at least twice a week.



Michael Murphy

“On my way to school I would pick the haws and put them in my schoolbag. They made a great feed. You would have to spit the bones out.”

Schull Community Hospital

Management

- 1 To provide support to the artist and to embed the programme in the culture and activities of the facility, a phased plan of development should be considered.
 - During the development stage a local arts organisation should hold the budget and manage the programme and the artists, but maintain a strong managerial relationship with the hospital matrons in terms of employment, funding and day to day supervision and support.
 - At a later date, an arts budget could be ring-fenced and be controlled by matrons, within agreed criteria, and with the continuing artistic advice and support of an arts organisation. This is important to protect the integrity of an arts programme rather than it becoming an activity or crafts programme.
 - 2 To enhance patient participation during arts sessions some extra assistance is necessary. This could either be a member of staff who will always be available and/or a volunteer from the community, for example an art student. This need provides some opportunity for engaging the wider community in the life of the hospital and giving relatives a role which might allow for more conversation. This is particularly useful in allowing for one-to-one sessions for bed-bound patients. Artists also need help from a member of staff in assisting patients to the meeting room and to the bathroom during sessions.
 - 3 Provision of funding for artists to bring in guest speakers/ teachers/presenters to bring new ideas and activities is helpful and artists may find it helpful to teach in pairs when that can be arranged.
 - 4 Consistency of the day and time is important to patients and to ward management. This should be written into artists' contracts.
 - 5 As far as possible, patients should be involved in choosing the content of art programmes.



Patient, Clonakilty Community Hospital

Management

- 6 The hospital manager should support the work of the artist when possible in the following ways:
 - a. Dedicating a suitable quiet room which is large enough for free movement of patients, a table which is sufficient to accommodate painting/ art work and social interaction, sufficient light and adequate heating.
 - b. Supporting the engagement of patients in expressing their wishes regarding the sort of artistic endeavour that would interest them.
 - c. Encouraging all staff to attend a staff training session every six months. This could be repeated twice by the artist over a two week period to allow coverage of all staff.
 - d. Overtly engaging with the work produced by participants. This might include ensuring that paintings are properly hung in consultation with the artist, provision of a notice board or acknowledgement of achievement.
 - e. Holding regular meetings between the artist and the relevant art organisation where progress and problems may be discussed.
 - f. Including the artist in the care team as a valued member of staff.
 - g. Encouraging staff to respect the artist's session, so that non-essential interruptions do not take place.
 - h. Providing clarity and agreement about the 'artistic journey' prior to the commencement of each artist's contract. This should include clarity about the expected output.
 - i. Encouraging family members and friends to attend/take part in the sessions with the agreement of patients.

"I was seven when my father died, he had a funeral carriage with two horses and they had black feather plumes. My mother was a strong hardy woman who went on running the farm on her own."

Dunmanway Community Hospital



John O'Donovan

Partnerships

- 1

A committee or steering group is central to success in guiding the inception and development of programmes such as these. A combination of senior budget holders and operational staff is useful in setting policy and managing operations.
- 2

At a later stage, if funding is devolved to hospital matrons, then this committee could reduce its involvement to policy setting and evaluation only. It is important however that the committee retains an overview of the artistic element of the provision.
- 3

Standards and procedures for audit and evaluation should be agreed at the beginning of the Programme so that partners can be assured that the programme is being delivered in accordance with its aims.

Administration

- 1

Artists should be required to keep a brief record of every visit to the organisation. This could take the form of a one-page sheet, one copy of which is retained by the hospital and the other to be retained by the artist and used to inform meetings with matrons and art centre managers.
- 2

This record may also allow for some reflection on the part of the artist on programmes that work well or those that need further development.
- 3

Ward staff might use the sheet as part of the care record and to report to staff on other shifts or to family members.
- 4

Some administrative support, depending on the managerial model, may be needed by the artists' manager particularly when the programme is being developed.



Michael Dawson

Main Report

This evaluation was commissioned by a partnership which was set up to deliver a one-year arts programme to older people in five community hospitals in West Cork, through the employment of visiting artists. The partnership was made up of West Cork Arts Centre (WCAC), Cork County Arts and Library Services, West Cork Adult Education Services, West Cork Community Hospitals, HSE South and the Health Promotion Department, HSE South. A ten-week pilot programme had already been completed and evaluated.

Aim of the Evaluation:

1.

Identify the effects of a 1-year arts programme for older people in care, on participants, hospital staff and artist(s)
2.

Make recommendations for arts and health programmes in Community Hospitals and make a case for further developments fitting in with the policy objectives of the organisations represented on the Steering Committee

How the programme was managed:

A job description was agreed by the Steering Committee, the position was advertised nationally and interviews took place. A visual artist and a writer were appointed as a job-share and the hospitals were divided between the two appointees. It was agreed that the visual artist would provide once-weekly sessions to two hospitals and the writer was assigned to three others.

Both artists went to meet the matrons with whom they would be working, were given a tour of the hospital and agreed working days and hours. The Education and Community Coordinator, West Cork Arts Centre (WCAC), who acted as manager to the artists, held regular meetings with them and in addition problem-solved as necessary by telephone or by visits to the hospitals. The Management team also visited all of the hospitals and observed a session at the mid-point of the Programme. Four meetings were held between the artists and the Evaluator at different points during the period.

The Steering Group met six times over the year. The artists attended and contributed to two of these meetings and the Evaluator to three, where she presented on-going reports.

“The doctor would always wear a bow tie.”

Schull Community Hospital



Laurence Hurley

Background:

There is significant research evidence to support the beneficial effects of arts and in particular if associated with social interaction. Living in a care home tends to deprive people of the arts that interest and sustain them and denies them the opportunity to try new arts which would be available to people of the same age group who live in their own homes. The population of West Cork largely comes from farming and fishing families, where the opportunities in the last century to go to art galleries or to take up painting or creative writing themselves would have been extremely limited or absent. Music-making, dancing, story-telling and some crafts were available, but due to physical disability and/or loss of mental capacity these activities are also curtailed for many older people, and more so in most long-stay care facilities. Indeed it is self-evident that those who live in such facilities are the most incapacitated and therefore less able to initiate participation. However there is a considerable body of evidence that the introduction or re-introduction of different arts to older people improves mental and physical capacity and thereby enhances quality of life.

The Health Service Executive in its *Nursing Homes (Care and Welfare) Regulations* published in 1993, acknowledged the importance of recreation in long-stay facilities, when it charges proprietors and the person in charge with responsibility to ensure that there are:

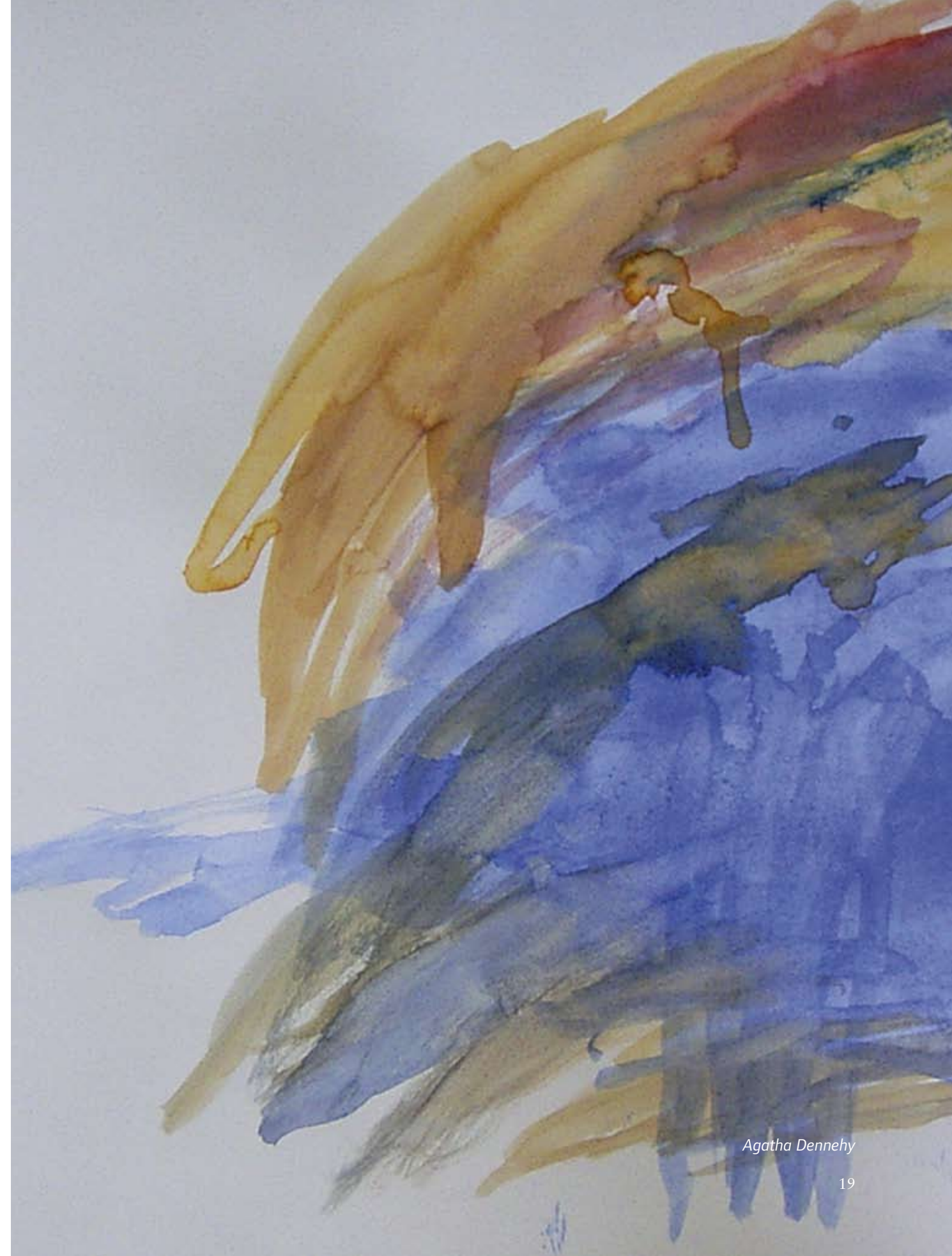
“facilities for the occupation and recreation of persons”

“opportunities to participate in activities appropriate to his or her interests and capacities”

Those researchers who have investigated the benefits of arts programmes conclude that they have an added value over and above the obvious need for occupation and recreation.

The document *Healthy Ageing in Ireland (1998)* engages in a discussion about health promotion for older people. It argues that there is no uniform approach to health promotion for older people in Ireland and that evaluation of those activities which have been undertaken is largely absent. This makes it difficult to identify interventions that actually do ‘add years to life and life to years’ (Brenner and Shelley 1998). It strongly defends the empowerment of older people to set their own agenda for activities and recommends that the voluntary sector should be engaged in such activities.

The Southern Health Board’s *Ageing with confidence Strategy (1999)* advises, ‘A holistic approach to the needs of older people in later life is required, an approach that fulfils the social, emotional, intellectual and spiritual care needs of the older person. It should be innovative as well as realistic’.



Agatha Dennehy

Background:

A similar Programme to this one has been running for three years in County Mayo (Moloney and McCarthy 2006). A report issued in 2006, *Between Colours*, outlines the successes of their programme. The report tended to focus on the mentorship and liaison relationships set up to support the artists. They found the relationship between the artists and the arts organisation to be highly positive, one which they believed had allowed the creative process to ‘develop organically rather than having to meet prescribed outcomes’. They noted that the appointment of a Mentor, who attended the sessions regularly, offering advice and support to the artists, was central to success. Other key elements underpinning success included: the shared vision and working relationship between the Arts Officer and the Mentor; the quality of participating artists; the willingness of participants to engage in the process; and financial support. On that last point, they noted the need for sustainability and for long term financial commitment. The impact on patients is detailed. There was reluctance at first to participate but gradually confidence was built with the support of the artists and the group. Artists and participants felt that socialisation was an important part of the process.

Another programme, which offered dance to older people in the Southern Health Board Region, published a report, *Moving Further*, in 2003 (Kelleher and Senior). This set out to evaluate a dance programme offered to older people from the perspective of participants, dance teachers and staff. Improvements in mood, socialisation and mobility were observed. They concluded that programmes should be developed specifically to meet the interests and needs of older people.

The Arts Council published a guide to setting up arts programmes in *The Arts and Health Handbook: a practical guide* in 2003. This document lists the benefits of engaging in arts programmes to the environment in health care facilities, to service users in terms of empowerment and a sense of ownership of the environment, to attracting and keeping staff, and for enrichment of artists and for the involvement of the wider community.

The document then reviewed a number of successful arts programmes in health care facilities around the country and in the UK including the provision of paintings and sculptures to improve the physical space for patients and staff, the introduction of performing arts and programmes aimed at engaging patients/clients in a range of arts activities. One Programme described was managed by an Irish organisation called Age and Opportunity whose overall goal is to challenge negative attitudes to ageing and older people and to promote greater participation by older people in society. Some case studies were described in detail and advice was offered on how to set up and manage programmes.



Delia Kelly

“To wash the floor you would open the front and back doors, stand at the back door, and slash the bucket along the floor to the front. You would do that once a year.”

Schull Community Hospital

Background:

A study in Sweden (Wilkstrom et al. 2004) which interviewed 166 people over age 65 found that participation in arts promoted 'successful ageing' with increased physical and intellectual activity and social interaction. In an earlier seminal controlled trial conducted in Sweden also by Wilkstrom (1993) the trial group were shown pictures and a control group were not, though both groups had the same amount of social contact with the researcher. The quantitative analysis showed that the trial group showed a significant increase in happiness, peacefulness, satisfaction and calmness with a reduction in reported dizziness, fatigue, pain and use of laxatives.

A programme of music participation for a group of people with mid-stage dementia (Clair 2005) found willing participation sustained over time in singing, rhythm playing and exercising to music. This programme was delivered by care staff. Another longitudinal Swedish study (Johansson et al. 2001) observed 4000 people, randomly selected over a ten year period. Those who were culturally less active in all age groups were found to have poorer perceived health. Those who had become culturally more active during the ten years had the same level of perceived health as those who had always been active. This led the researchers to conclude that cultural stimulation is a 'perishable commodity' and must continue to be experienced to maintain its benefits.

A new UK study reported this year in the Journal of the Royal Society for the Promotion of Health (Greaves 2006), pointed to the disturbing statistic that one in seven people over 65 are suffering from depression. Two hundred and twenty-nine participants were assessed for levels of depression and then offered an individually tailored programme of artistic activity. After six months there were significant reductions in levels of depression and by 12 months marginally significant improvement in physical ability. The data indicated improvements in alertness, social activity, self-worth, optimism and health behaviour.

A study in Ohio, USA in 2005 (Kinney and Rentz) found improvements in those with early and middle-stage dementia who were participating in the visual arts when compared to those engaged in the usual day care centre activities which are described as 'current events and crafts'. Participants demonstrated more interest, sustained attention, pleasure, self-esteem and normalcy during participation.

A study undertaken in a London stroke rehabilitation unit (Higgins et al. 2005) is reported. Actors, specially trained to work with this patient group, read from books they provided or from those that were suggested by patients themselves. The findings indicated that both patients and staff found the activity to be beneficial with regard to emotional well-being, recovery rates and the willingness of patients to engage in rehabilitation therapies.



Patient, Skibbreen Community Hospital

“We got our water from a well, not far from the house, in a hollow of the rock. The bucket was white enamel with a blue rim. I had to fetch it before I went to school.”

Schull Community Hospital

Methodology:

There are a number of quantitative studies in the medical, health promotion and nursing literature which sought to measure the physical and psychological impact of arts programmes on older people. This assessment did not seek to do that but rather to probe the perceptions of artists, staff and patients using a range of qualitative research tools to ensure rigour with regard to data collection and analysis. These included:

- | | |
|---|--|
| 1 Several meetings were held with the artists and with the management team. Meetings were held with all five matrons together and separately at the beginning of the programme. | 5 One observation by the evaluator took place in each hospital which was recorded by hand and later coded and analysed. |
| 2 Meetings were held with artists together, during, and at the end of the project. | 6 Interviews were taped with individual patient participants and the data was analysed and coded. |
| 3 A questionnaire was designed and distributed to all staff at the beginning and end of the programme and findings correlated. | 7 The artists submitted monthly diaries throughout the programme and these were also analysed and coded. |
| 4 Focus groups were held throughout the year which had a membership of a hospital matron or deputy, a patient, an artist, members of staff and the evaluator. | 8 A draft edition of the Report was circulated to artists, matrons and the steering group members and their comments and suggestions were incorporated as appropriate. |



Kitty White

Findings:

Interviews with patient participants

Three interviews were conducted and recorded. Two of the interviewees were men and one was a woman. They have been given a pseudonym.

Key Learning Points

- 1

Patients reported a high degree of satisfaction with the Programme which included:

- pleasure in the activity itself
 - new found talent
 - increased topics of conversation with staff, family, other patients and friends
 - improved physical symptoms
- 2

The relationship with the artist was important
- 3

They tended to like the occupation they have been introduced to and were not eager to try another
- 4

They find the days very long and wish for an increased service

Seamus had spent his life as a boat builder and so, though he had considerable manual skill, he had never had the opportunity or the inclination to take up painting. He covered four main areas in his interview: the pleasure in the actual painting itself, the physical improvements he attributed to it, the enormous benefit to him to have an occupation and the positive benefit it had in his conversations with other patients and his family. He described how he looked forward all week to 'art school', what fun he was having painting boats and how he was gradually increasing his skill. He talked about how it gave him a topic of conversation with other patients.



Ted Brown

Findings:

That morning, because he was ill in bed, someone had come to show him a painting she had completed and told him she was thrilled with it. He explained that his son lives abroad and during their weekly phone conversation, they now have something to talk about. He also talked about having something to talk to staff about when they are putting him to bed or carrying out other duties: *‘they are interested in the work that is going on. They come down to see (it)’* *‘days in advance you are saying to the boys, are you going to the Art School and what subject are you on and so on. It is good to discuss it. It is very enlightening’.*

Seamus has Parkinson’s Disease with an associated hand tremor. He explained that when he is concentrating on a painting, the tremor goes. *‘when I am completely relaxed, the tremor goes. It is the concentration that helps’.*

He talked at some length about the need for occupation. He is almost unable to read now and when I asked him about the possibility of other occupations such as music he said: *‘I prefer the painting. It is an occupation. It gives you work. Your mind is working, your self is working. You are involved. It is nice to have something to do. It is a long week with nothing to do. And this is what you are looking forward to all week. I would like more than anything else a second day of the school. I would have a go at anything. You have got to have something to do. Using your mind is more important than anything else’.*

Mary had been withdrawn since her admission to hospital three years before and does not come out of her room except to go to Church. She has no family alive in the town and was regarded by the staff as depressed and quite difficult to reach. The writer started to spend some time sitting with her and gradually she started to talk about her life and to take enjoyment from conversation and from reliving the past.

During her interview she talked about her affection for the writer and how much it meant to her to be able to talk about the ‘old days’. She explained that she cannot read at all now and hates TV and that the days are very long.

She and the writer have written two short stories together and this clearly gives her enormous pride. She is very saddened by the writer’s departure and is adamant that she would not be able to paint because of the effects of a stroke on her hand. She asks now that someone will come in once a week to chat to her for a while and ‘bring in news’. She hopes someone will turn up.



John O’Sullivan

“When I was building my house I used a donkey and cart to haul stones. It could get into the narrow gaps the horse couldn’t go.”

Dunmanway Community Hospital

Findings:

John has discovered great pleasure and satisfaction in taking up painting: *‘nobody was more amazed than me to discover I could do this’*. He also talked about the other benefits of the painting. *‘It has given me confidence. When, in the past, I had to fill out forms, I thought I couldn’t do it without help. But last week I had a complicated form to fill out and so I thought ‘come on you have a brain, just get on with it’ and I felt that if I could do the painting I could do this as well. I say to myself over other things, if I can do the painting, I can try this’*. He had also done some photography and discovered an ability with this as well: *‘in the past I always took bad photographs but she showed me how to plan the shot and then how to use the laptop to edit it. I am very happy with the results’*. He talked about the value of the classes in providing an occupation: *‘the painting and the exercise classes break up the day. It would be very long and monotonous if every day was just like a hospital. One day is the same as the other. So we say to each other, tomorrow is Friday so we have the class’*.

The classes had given him the energy to do things he had stopped doing such as visiting a friend in the town.

Summary of interviews with Matrons

Key Learning Points

- 1

Matrons have an awareness of and a strong commitment to providing activities for patients. Some recognise the added value of engaging in an artistic endeavour as well.
- 2

Matrons in smaller organisations are able to engage more personally in the programme.
- 3

All matrons had already been involved in providing better facilities for patient activity.

Key Findings

- Some of these matrons would have liked to have an influence on the nature of the arts activity that is provided.
- All had been committed to the Programme from the beginning and had largely seen benefit to the patients and staff in their organisations.
- Those managing smaller organisations were able to take a very hands-on managerial role over the Programme.



Madge Coffey

Summary of interviews with Matrons

Interviews were held with all five matrons at the beginning of the Programme, both separately and together. All expressed a strong commitment to the Programme and described the activities they already had in place. Several talked about their efforts to raise the overall standard of the environment and their fund-raising efforts to achieve this aim. All were, at the beginning of the Programme, specifically engaged in providing better Day Room facilities and building works were on-going throughout in four of the five hospitals. Most talked about arriving in post from the acute sector and realising that something must be done to change a culture where physical care was the main focus of attention at the expense of a broader approach to meet the social needs of patients. Two talked about their 'shock' at finding people sitting all day in a room with only the TV for entertainment.

Activities already in place included weekly visits from an Art Therapist, massage, newspaper reading, movement to music and dance. Several had invested in staff training to deliver some of these. One had acquired Lottery Funding to install a garden for the use of patients. All recognised the need for consistent quality activity and the potential positive impact on the lives of their patients.

Several pointed out the difficulties in providing activities in 19th Century buildings which were already utilized to capacity in providing core nursing care and one expressed her frustration in the lack of central funding to address the issue.

Four matrons were able to attend the Focus Groups throughout the Programme, and even where there were minor difficulties in management of the artists, they continued to express a strong commitment to and satisfaction with progress. One matron said:

'when I pass by the Day Room and see patients happily concentrating on their painting, it brings tears to my eyes'.



"I used to sing to the cows when I milked them. They gave more milk that way."

Schull Community Hospital

Artists’ Diaries

These diaries were proposed to allow artists to reflect on the programme as they engaged with it and to supply data for the assessment process and for the management team. Analysis of the data involved careful reading of the diaries and identification of themes which appeared repeatedly.

Key Learning Points

- 1

The provision of a suitable consistent space strongly enhanced the ability of artists to provide a good service. Space is also needed to store equipment and to display artistic output.
- 2

An orientation programme of both artists and staff was seen to be essential.
- 3

Availability of a member of staff to attend to patients’ care needs would be highly beneficial.
- 4

Engaging an assistant from the community allowed the artist to provide activity to bed-bound patients.
- 5

Employing artists close to the hospital reduced the added time and effort of commuting long distances.
- 6

All three artists considered that their professional training as art therapist, psychotherapist and occupational therapist was essential to their ability to cope with the demands of the job and to provide a good service. In this regard there needs to be greater clarity about whether the artist is being paid just as an artist or whether their additional professional qualification, where appropriate, has featured in their selection. If it has, then the salary should reflect that.



Key Findings

- The Programme has been a rewarding and challenging experience for the artists. One identified a positive impact on her own creative output, one felt that it would inform later work and the third felt that the Programme took up the time she might normally spend on her own artistic efforts.
- All artists identified a range of benefits to patients in socialising, mood-enhancement, eye-hand coordination and active engagement.
- In most cases staff were found to be consistently helpful, flexible and interested. In one case, the Artist felt excluded from the care team and felt that her presence was regarded as a nuisance by some staff. One artist with experience in hospital work was better able to understand the pressures on staff to prioritise nursing care. An identified contact person among the nursing staff, where available, gave artists an opportunity to discuss patient issues and to feel more welcome in the hospital.
- Artists need continuing support from an artist manager/mentor to optimise the 'artistic journey' and to ensure that their input continues to be 'arts' rather than activity, craft or therapy.
- Two of the artists felt the need for some support following the deaths of patients.
- All identified the need to concentrate on the process of the artistic endeavour rather than the outcome.
- Preparation time may need to be reconsidered prior to new contracts being awarded.

Note: Comments from all three artists have been included here but it should be remembered that one joined the Programme for only the last three months.



"I would always choose a horse over a bike."

Schull Community Hospital

Focus Groups

Focus Groups took place throughout the Programme one at the beginning, two half-way through and one towards the end. It was planned that each group would consist of the relevant matrons and/or their deputies, a patient representative, the artist and the evaluator. In all but one instance they were recorded electronically and the data was analyzed and coded.

Key Learning Points

- 1

It is more difficult for larger organisations with a high proportion of highly dependent patients to plan nursing activities in such a way as to recognise artistic activity as a core service. Notwithstanding this, the personal engagement of a senior member of staff enhances the success of the programme.
- 2

Two matrons did not anticipate that a writer would be assigned to them and would have preferred a painter. This indicates a need for greater involvement by matrons in the selection and appointment of artists.
- 3

Engaging artists in the more social aspects of ward activities, such as tea breaks, is helpful in building relationships.



John Sullivan

Key Findings

- Patients reported experiencing very significant enjoyment and satisfaction from the artistic activities provided and would like the frequency to be increased.
- The activity seemed to stimulate socialisation in some patients.
- Matrons and nursing staff reiterated their commitment to the Programme and the positive impact on patients and staff.
- Staff and patients felt that there was added value in someone from outside the organisation providing the service.
- Staff expressed their respect and surprise at the quality of the work produced by patients.
- Staff observed an improvement in patient mood, socialisation both during and as a result of the sessions and in some cases less demand for nursing care.
- Consistency of delivery of services was important to patients and staff.
- Some staff would like to engage more with the artists but find that nursing responsibilities take priority.
- Artists would like to be provided with appropriate rooms/spaces for the sessions and on the whole would prefer the space to be separate from other activities. Though this was expressed more strongly in interviews with artists, it was raised in all focus groups as an important issue.

“Scythe board or clareens. You would take them out to the field with the scythe and they would keep the edge on it. The real sharpening would be done at home with the brimstone.”

Dunmanway Community Hospital



John Kelly

Observations of art sessions
by the Evaluator

All six sites were observed once during the programme and one was observed twice. This involved permission from the artist and introduction to patients at the beginning of the session. Sessions were recorded by hand and data was coded and analysed.

Key Learning Points

- 1

Attempting to manage a session in an area with peripheral noise and activity such as television, medicine rounds, massage and so on, seemed to detract from the experience for patients and artists.
- 2

The presence of patients’ own visitors, however, including children, was reported by staff as enhancing the experience.
- 3

Some organisations were more successful at incorporating the artist in the team than others.
- 4

Bed-bound patients present a particular challenge to artists and some activities or artists are more effective than others at providing a service to them.

Key Findings

- Patients, even those with significant disability, were able to concentrate fully for long periods of time and took pride, in most cases, in the process and the outcome.
 - All three artists demonstrated a high degree of commitment and ingenuity in assisting people to engage in a range of artistic endeavour, conversation and socialisation.
 - The relationships which develop between patients and artists over time are important to both.

- Both painters used all opportunities to encourage choice and decision making by patients-the selection of a brush or colour, the size of paper and importantly whether to engage or not.
 - All artists and sometimes with the assistance of staff encouraged socialisation and activities not directly related to the artistic output such as looking at art books, storytelling and singing.



Robert Skuce

Staff Opinions

Questionnaires were sent out to all five organisations at the beginning and end of the Programme. Fifty-three were returned at the beginning and eighty-one at the end, though one set of the latter was not fully completed. These have been compared to identify any changes in attitude on the behalf of staff throughout the life of the programme.

A slightly adapted version of the questionnaire to enhance ease of completion was utilised at the end of the programme so findings are indicative rather than definitive.

Questionnaires contained both closed and open-ended questions and were designed to elicit qualitative data.

Key Learning Points

- 1

Staff became convinced by the benefits of the Programme. This is evident in that they frequently suggested that the sessions should be more frequent and that they should be released to assist. Though there were very few comments at the beginning of the programme, most staff had comments, usually positive, to make at the end.
- 2

Engaging staff in training early on in the programme would probably be beneficial.
- 3

Adopting a culture of incorporating artistic and other activities as part of the core provision within the hospitals rather than as an add-on would enhance the lives of staff as well as patients.

Summary of staff comments
(number of times it was mentioned)

- Patients look forward to it (9)

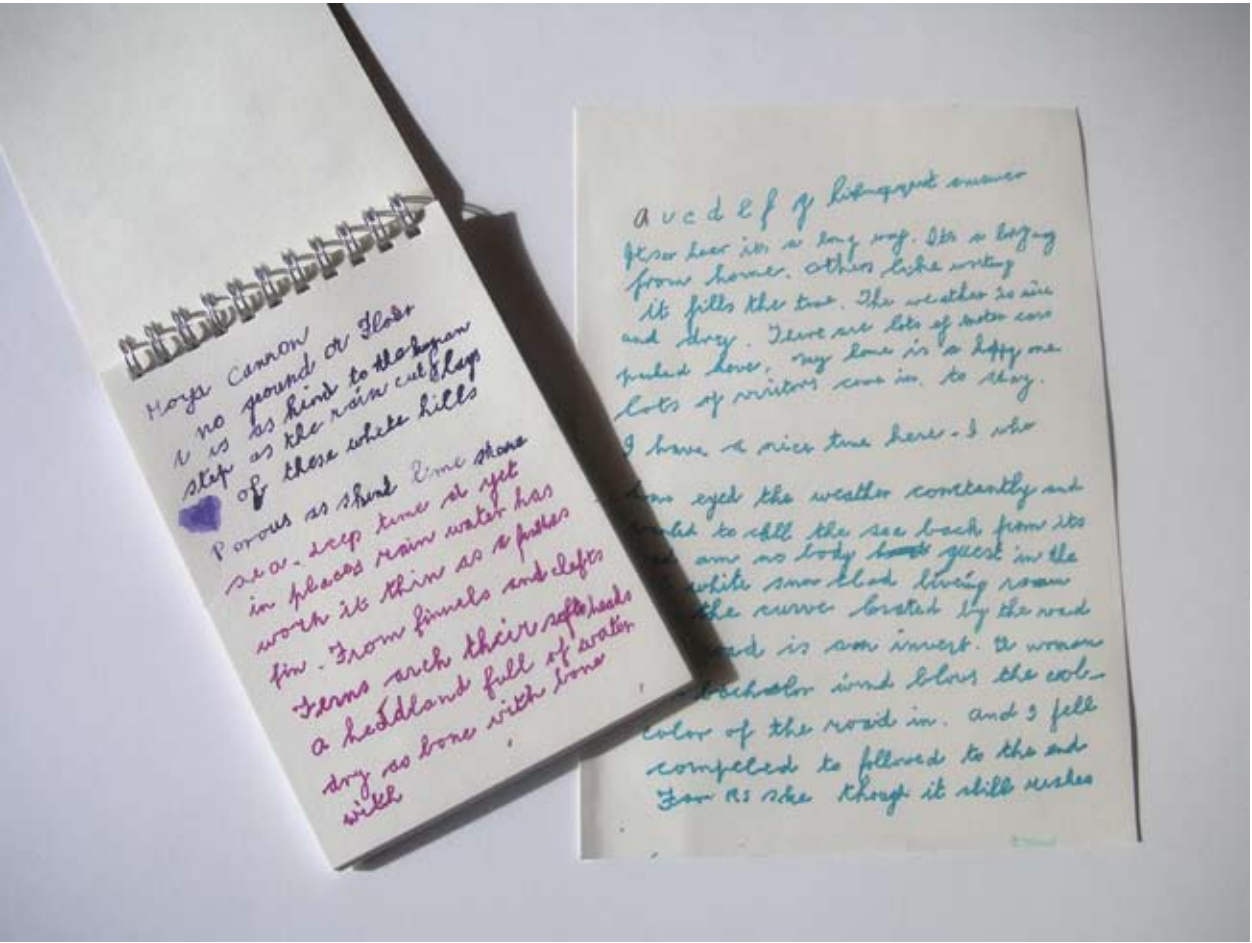
• Provides occupation (5)

• Enhances socialisation (6)

• Physical and emotional benefits were noted (30)
- Patients took pride in their achievements and this increased their self-esteem (10)

• Something to talk to the family and staff about (5)

• It made us see other aspects of the patient and have a greater respect for the lives they had lived (3)



Summary of staff comments
(based on number of times it was
mentioned)

They had suggestions to make which included the need to have sessions more frequently, to provide a wider range of activity and to involve staff and family members more. Music was mentioned several times as an alternative artistic output and more passive therapies such as massage for less able patients. Some were concerned that the activities of the writer only benefited a very small number of people, and a small minority of staff had not seen any benefits from the sessions. Even among those who responded positively to the Programme, there was a significant minority who said that the money would have been better spent on providing more Care Staff.

Interviews with the
Management team

These interviews took place two-thirds of the way through the programme.

Interview with Education and
Community Coordinator:

Key Learning Points

- 1

Appoint from a team of local artists who have a wide range of skills. This she believes would be acceptable to artists and would bring a range of personalities to the programme.
- 2

Artists should be enabled to deal directly with matrons and not rely on the intervention of WCAC.
- 3

Matrons should select an appointee from a short list.
- 4

Future budget should incorporate management costs.
- 5

Links should be made between the Programme and activities already supplied by the individual hospital.
- 6

Materials should be centralised.
- 7

WCAC's role should be to influence policy, ensure models of practice and engage in research.
- 8

Artists should be conceptually driven not skill driven.
- 9

Artists should provide training to staff in hospitals.



Tim Hurley

**Interview with Health Promotion
Officer for Older People:**

Key Learning Points

- 1 More time should have been spent with matrons during the set-up period of the programme.
- 2 A better system of communication between stakeholders is needed.
- 3 Adapting the recruitment system would be beneficial. This would include engaging the matrons more actively in the process.



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