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Arts in Care Settings: Embedding the cARTrefu Approach in the Social Care Sector

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Award date:
2023

Awarding institution:
Bangor University

Arts in Care Settings: Embedding the cARTrefu Approach in the Social Care Sector

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MSc by Research

24/02/2023

Declaration

'Yr wyf drwy hyn yn datgan mai canlyniad fy ymchwil fy hun yw'r thesis hwn, ac eithrio lle nodir yn wahanol. Caiff ffynonellau eraill eu cydnabod gan droednodiadau yn rhoi cyfeiriadau eglur. Nid yw sylwedd y gwaith hwn wedi cael ei dderbyn o'r blaen ar gyfer unrhyw radd, ac nid yw'n cael ei gyflwyno ar yr un pryd mewn ymgeisiaeth am unrhyw radd oni bai ei fod, fel y cytunwyd gan y Brifysgol, am gymwysterau deuol cymeradwy.'

Rwy'n cadarnhau fy mod yn cyflwyno'r gwaith gyda chytundeb fy Ngrichwyliwr (Goruchwylwyr)'

'I hereby declare that this thesis is the results of my own investigations, except where otherwise stated. All other sources are acknowledged by bibliographic references. This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree unless, as agreed by the University, for approved dual awards.'

I confirm that I am submitting the work with the agreement of my Supervisor(s)'

Abstract

Introduction

cARTrefu is an arts in care settings programme led by Age Cymru and funded by the Arts Council of Wales and Baring Foundation.

Aims

cARTrefu aims to improve:

- Care home residents' well-being outcomes
- Residents' experience of participatory arts activities
- To develop artists' professional practice through the opportunity to work in care homes
- To facilitate the acquisition of new skills, and confidence in sharing these, by care home staff

Method

Using a mixed methods approach and engaging with a broad range of stakeholders, this study addressed the following research question:

What are the barriers and facilitators to embedding and sustaining arts provision in social care settings?

The research highlights:

1. Aspects of the cARTrefu programme that are most appreciated by stakeholders
2. Aspects of the cARTrefu programme that present challenges and how these might be addressed
3. Ways of securing buy-in to ensure the long-term sustainability of the programme

The research involved completing a rapid evidence review (RER) and collecting primary data via Social Care Innovations Labs (#SCIL) and interviews with stakeholders.

An RER was undertaken as a time-efficient and effective way of appraising relevant literature to answer the research question. This review looked at comparative interventions and programmes to learn from their findings.

The key themes from the RER provided a structure for three #SCILs and five individual interviews. Thematic analysis was used to interpret the data.

Key Findings

The theme findings were triangulated from the review with the primary data collection findings.

Barriers included:

- Ineffective training (i.e., that which fails to make positive impacts on practice for paid care staff)
- Staffing issues (such as short staffing, poor staff retention or staff teams with ineffectively functioning working relationships) and
- Unsupportive management (i.e., managers who fail to encourage work-based development for themselves or their staff. Managers who fail see the links between arts provision and the need to free up staff or themselves to attend arts-based sessions)

Facilitators included:

- Good training (i.e., training which increases confidence, increases job satisfaction, raises awareness of age-related disease and results in happier staff and residents as defined by improved well-being)
- Management support (i.e., managers who support staff and buy-into the notion of creativity as a means of improving well-being)

- Strengths of person-centred-care/resident-led concepts (i.e., projects which utilise resident skills and strengths, as well as those of staff to co-design/co-produce activities within a home)
- Sustainability opportunities (i.e., the ability to ensure the culture change is underpinned by sufficient resource, both financially and in practice)

Recommendations

Revising the language used to describe cARTrefu could make the programme more appealing to care homes. This would help cARTrefu appear less threatening and remove the onus on staff needing to attribute themselves as being "creatively" skilled. Also, time spent getting to understand the role of the artist could reshape the misconceptions held by other disciplines and offer deeper engagement of a programme.

Working on the notion of *creative care* being provided via unstructured activity could be a huge enabler for creativity within care homes. If staff can acknowledge and make space around their daily tasks with residents, then creativity could be incorporated around those personal care times- rather than under the restrictive notion of a structured hour for creativity.

Delivering and evaluating the success of championing those creatively inclined care staff to trickle the cARTrefu approach seems to be a logical step forward for cARTrefu.

Future Research

Research findings/recommendations will enable Age Cymru to explore ways of embedding the cARTrefu approach within the social care sector as a way of meeting the well-being needs of care home residents and increasing staff confidence in the delivery of arts provision.

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Foreword

I was born in Wales, in 1986, and now I am more self-assured I proudly pronounce myself to be from a low-income household. My upbringing was modest, but with intelligent parenting advice I applied myself at school and was determined to achieve academic success to escape the poverty trap. I completed my GCSEs to a high standard, then my A levels. From here I was accepted into university. Being young and lacking in direction, I became a double-drop-out. Following two false starts on other courses, I found myself working zero hours contracts. With no career prospects ahead of me.

Fearing I may never find professional fulfilment, I took the risky step and decided (of all the courses with no set career-path!) to attend art school. I had throughout my education been considered a creative student, and whilst I was afraid there would be defined career progression ahead of me, I decided to embark upon this thrilling, yet mysterious, (challenging!) sector. I enrolled on an Art Foundation. Having passed that, I enrolled on *Visual Arts* degree at Salford University.

With profound relief I found myself, finally, in a subject area with which I seemed to have capability in. At the end of my Foundation Year, I was awarded “The Most Improved Student” prize. From here my trajectory finally felt tangible and I could see a future ahead of me. I graduated proudly in 2012 with a BA (Hons) in Visual Arts, (pleased to finally don a mortarboard and relieve my parents of my academic failures!) The decision to study Visual Art as a mature student had, in my mind, been a final attempt at chasing my dreams before resigning to a lifetime lacking fulfilment or development. To my friends and families’ relief, I had finally accomplished that goal.

I defined my practice at art school as “conceptual”. I enjoyed making use of text and analogue technologies as a means of conveying my ideas. This practice (which I thoroughly enjoyed), I now recognize, lacked depth.. My gaze was inward, my work self-directed and lacking potency. I was

interested in the passage of time and of life stories- but thus far mine had been internal and, frankly, lacked life experience.

Upon completion of my degree, I also became aware that my work experience in an arts sector capacity was lacking. I began volunteering at an *Arts and Well-being* centre; my introduction to the benefits of the arts in a social care setting was forged here. This encouraged me to pursue additional roles, both voluntary and paid, working with various groups of marginalised people: those with physical, mental, or economic disadvantages. These types of roles particularly interested me. I enjoyed being part of something positive and I found that with my humble upbringing, I had a natural ability to relate with people.

I was exhibiting my work and delivering workshops. Whilst the work was inconsistent- it was incredibly fulfilling. As an ambitious person, I had (and still have) certain targets, or objectives in life which I aim for.

In 2017 I was particularly keen to achieve artist residencies which sat within a social care capacity. I had seen the work of my peers in such environments and was very eager to explore relationships with people alongside my own practice, within a setting outside of the studio. My personal practice had grown. I was waiting for something more substantial to feed my work towards, something profound and external to my personal explorations of the human condition.

One day, the cARTrefu “call for artists” email arrived in my inbox. It was exactly the sort of position I had been looking for. Lasting for two years, cARTrefu was flexible, challenging, exciting and terrifying all at once. cARTrefu described itself as a person-centred project, working with older people in care homes. I had yet to work with older people professionally, but I had a vested interest in working with older people. My Grandmother had died not too long before. She had lived with dementia and the disease (and grief) had affected my family deeply.

I missed my Grandmother and this project struck me as an opportunity to help people who were also living with (or loving people living with) dementia.

My grandmother had lived her final year of life in a care home. I had been too afraid to visit her. This, I feel, is something which continues to drive me forward as I hope to remedy that remiss, ignorant younger version of myself. With my misconceptions about care homes and life for people living with dementia I robbed myself of the final months of the life of a dear close relation of mine. After she died, I realised I had limited my time with her because of a *preconceived idea* in my head. I hoped that perhaps in engaging on the cARTrefu project, and challenging perceptions, I could prevent other people repeating the sad cycle that I am sure continues yet.

Looking back now, I do not know if I realised it, but it was a turning point in my life. I feel it is appropriate to mention at this stage that my career as an artist feels divisible into the following chapters:

- Art-school
- Exploration of creative sectors (then)
- cARTrefu

<u>cARTrefu changed everything.</u>

My application was successful, I had been selected. I am hopeful that I can play a part in securing a future for cARTrefu but also that I can play a part in securing evidence, towards funding, towards creativity for older people. The benefits are profound, proven, and empowering. Whilst our awareness evolves, so must the research which underpins this valuable resource.

Artists, residents, families, and staff all experience significant health and well-being benefits because of the cARTrefu approach. With experience with regards to the inner workings of the project I am hopeful that I can play a legitimately insightful role in undertaking the task of achieving an embedded and sustained cARTrefu approach.

While I am a complete novice researcher, my passion and awareness of the project means that I will bring something integrally honest to this task.

Care homes are all different. People are all different, and person-centred working involves a vast amount of hypothetical planning, as well as rapid learning in the form of watching, listening, and absorbing the abilities and interests of those you are hoping to work with. Staff are rarely consistently on shift when you attend. Residents are rarely in the same mood to how you found them last; they tire quickly and sometimes have even sadly died since you were there last. It moves like a runaway train, or it can stop suddenly, and you may find yourself utterly alone with no staff or residents to be found.

The eventual outcomes will never be consistent. Participation will vary. As an artist practitioner you are forced to relinquish control, while having to ensure participation has been achieved.

Participation in and of itself is a complex subject and I have learnt to relax my ideas about what is success when working as a cARTrefu artist. The artist cohort, the supporting mentors, and the Age Cymru coordinator team provided professional and emotional support while we endlessly learnt to adapt, develop, and refine what participation means. Phase 2 (my first phase) was deeply emotional, the bonds created along the journey so special and affecting that the project never even really began as “work”. Right from the beginning I was forming relationships. I forged close bonds with the cARTrefu team of artists, our mentors, and the coordinators who provided support and encouragement.

I formed friendships with care home activity coordinators and staff, who in some cases, felt a kinship with me that they never experienced at work in this environment due to staff roles, their responsibilities and the associated politics. Activity coordinators, (those who were open to art) finally had someone to get excited about creativity with, someone who appreciated the imaginative experience!

I formed friendships with the care staff, who in some cases struggled at school or struggled with the notion of what creativity means. They often lacked confidence and expected a visiting artist to be hard to relate to, pretentious, wealthy, or superior. They were relieved to discover how normal artists are, and that creativity is bigger and far more accessible than drawing and painting.

More special than anything though, were the bonds I made with fascinating, lonely, wonderful people living in care homes. These people taught me about love, about friendship and family, about bravery and strength, about patience, perseverance, and more than anything, about the gift of life. They shaped me. They inspired me. They are the reason I decided to plunge back into education and challenge myself once more. They, ultimately and unequivocally, are the reason for me being the person writing this thesis. Here's to: A *little book* for Laddis Nodge.

And most importantly, to my Grandma:

In memory of Evelyn Margaret Alexander. 1925- 2011

Contribution of Others to the Thesis

Contributions to the thesis have come from three academic supervisors, Dr Diane Seddon, Dr Katherine Algar-Skaife, and Dr Gill Toms, throughout the whole process from designing the study, ethics submission to the final write up. Ms Maria Caulfield also aided with Chapter 2 of the thesis, having reviewed identified papers from the literature search against the inclusion criteria.

The project was funded by KESS2 East.

Thanks to Age Cymru for commissioning the work and supporting this research.

Thanks to my friends and family for supporting me along this journey, and particular thanks to my supervisors who have guided me and taught me so much along the way. Finally, thanks to Sarah Lord, the *then* cARTrefu co-ordinator, who worked closely and tirelessly with me on this project.

Permissions

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It also includes permissions to share quotes.

Author With cARTrefu Care Home Resident. 2019. Image by Author.

Chapter One

Background

Introduction

cARTrefu is an arts in care settings programme led by Age Cymru and funded by the Arts Council of Wales and Baring Foundation. cARTrefu aims to improve the quality-of-care home residents' experience of participatory arts activities and their well-being in general, to develop artists' professional practice through the opportunity to work with groups of people with whom they may have little professional experience, and to facilitate the acquisition of new skills, and confidence in sharing these, by care home staff.

cARTrefu, which means *to reside* in Welsh, is Age Cymru's flagship programme, providing arts in care settings. This thesis explores how the cARTrefu programme can be embedded within the social care sector as a way of:

1. Meeting the well-being needs of care home residents living with dementia
2. Building positive staff/resident relationships
3. Upskilling staff

Using a mixed methods approach and engaging with a broad range of stakeholders, it addresses the following research question:

What are the barriers and facilitators to embedding and sustaining arts provision in social care settings?

In addressing this question, the research highlights:

4. Aspects of the cARTrefu programme that are most appreciated by care home stakeholders.

5. Aspects of the cARTrefu programme that present challenges and how these might be addressed
6. Ways of securing buy-in to ensure the long-term sustainability of the programme

Buy-in: To denote the willingness to support, accept or participate in something. E.g., A new policy, a plan, or an arts programme (Merriam Webster, 2022, https://www.merriam-webster.com/dictionary/buy-in).

cARTrefu is recognised as the largest project of its kind in Europe. It represents a partnership between the third sector (Age Cymru), the arts (the funders and cARTrefu artists), and social care (care homes) coming together to achieve personalised, outcomes-led support for older people in Wales. A research partnership was established with Bangor University to inform the evidence base relating to the contribution of the arts to the well-being and quality of life of older people. This longstanding, co-designed research collaboration is a success of the cARTrefu programme (Windle, Algar-Skaife, Caulfield, Pickering-Jones, Killick, Zeilig, & Tischler, 2020), and it has evolved in response to the needs of the cARTrefu programme.

The research involved completing a rapid evidence review and collecting primary data via Social Care Innovations Labs (#SCIL) and interviews with key stakeholders including:

- Care home managers, staff, and activity coordinators
- Regional Partnership Boards
- Social Care Wales
- Care Inspectorate Wales
- Artist practitioners

#SCILs provide safe spaces to focus on deepening knowledge and understanding that, once applied, can support improvements in social care settings. The principles underpinning #SCILs are:

- Meaningful connections and candid discussions; every person matters.
- Innovating safe and separate spaces for testing out ideas; innovation through experimentation.
- Generating evidence and the confidence to use science in social care to make a positive difference.

Due to the strategic focus of the #SCILs and the large dataset already collected about the impact of cARTrefu on care home residents and family members in the previous work, it was decided not to include these participant groups in this project. An independent evaluation of phase one (Algar-Skaife, K., Caulfield, M. & Woods, B., 2017) confirmed that participating in the cARTrefu programme had a significant impact on older people's well-being and staff attitudes towards residents, especially those living with dementia. A retrospective Social Return on Investment analysis demonstrated the social value of the programme in bringing about significant positive changes for care home residents, staff, and artist practitioners (Age Cymru, 2020, www.cartrefu.org.uk/films-photos/sroi-animation). There is also a research partnership with Bangor University to inform the evidence base relating to the contribution of the arts to the well-being and quality of life of older people. This longstanding, co-designed research collaboration has evolved in response to the needs of the cARTrefu programme. To gather information for this thesis there was a shift in focus towards the stakeholder perspectives. Each #SCIL included a mix of strategic and operational roles, as well as a mix of social care and arts disciplines.

Research findings and recommendations will enable Age Cymru to explore ways of embedding the cARTrefu approach within the social care sector as a way of meeting the well-being needs of care home residents including who are living with dementia.

Arts Terminology

Definitions

The following are the Arts Council of Wales (2019) definitions of art forms:

Visual Arts: ACW provides a sub-category for visual arts.

Additional sub-categories closely linked with, and sometimes (subjectively) also defined as visual arts include craft, and public art. For the purposes of this study, we will include craft within the visual art umbrella. Whilst the two artforms are often separated within the arts, Tate Art Gallery provided a reappraisal stating that: "During the twentieth century, the boundaries between art and craft became blurred, particularly at the Bauhaus, as artists started to experiment with craft practices in their art" (Tate, 2017, https://www.tate.org.uk/art/art-terms/c/craft).

Art forms as defined by Arts Council Wales (2010, https://arts.wales/resources/guidance-notes-arts-portfolio-wales-survey-2019) can include:

Animation, fine art, graphic art/illustration, live art, moving image (artists film and video), new media, digital media, performance art, photography, sculpture, painting, drawing, printmaking, installation/site specific art, multimedia art, sonic art, computer-generated art, craft, public art, words, performance, drama, theatre entertainment, dance, combined arts/multi-disciplinary arts, music, theatre entertainment.

Other Variations of Artforms Include:

Socially engaged practice, community art, and participatory art.

(For full definitions and detailed sub-categories, see Appendix A)

Arts in Health vs Art Therapy: The Disparities

Arts in health and art therapy as holistic health tools are often misunderstood or confused. The terms are also often used interchangeably. For this reason, it would be prudent to outline the differences between the two areas.

Arts in Health

Arts in Health is a recognized field. It has strong representation in Wales, plus is recognized within established networks funded by Arts Council Wales (ACW: Wales Arts Health and Well-Being Network) and partnerships such as The North Wales Arts Health and Well-being Concordat, as well as within NHS Health Boards. According to the ACW Arts in Health Mapping study (2018) health boards often have *Art Strategies* and have *Arts Health and Well-being Project Coordinators* or *Arts Development Manager* roles. Budgets vary with some health boards drawing in funds from a range of public, private and third sector sources including Arts Council Wales, Heritage Lottery Fund, and company sponsorship.

The mapping study also indicated that arts in health can take place in various contexts, such as community settings, arts settings (such as galleries), secondary care (such as within a hospital environment), social care settings (such as residential care homes), and within primary care such as with GP clusters. The main outcomes of arts in health are prevention and promoting the health and well-being of the public, and to aid the treatment or recovery of someone who is unwell.

Art forms within arts in health are broad, typically including visual arts, applied arts, literature and creative writing, storytelling, film, drama and theatre, music, dance, circus and outdoor arts (Arts Council Wales, 2018).

The Wales Arts Health and Well-being Network (WAHWN, 2020, https://wahwn.cymru/what-is-arts-health-and-wellbeing) uses the following definition in describing the subject:

“Arts health and well-being includes any art project, intervention or commission where the intention is to improve health and wellbeing.”

Whilst this may seem wide-ranging it highlights that the arts in health also has a *societal* wellness improvement agenda, consistent with the Well-being of Future Generations Act, which seeks to create

"A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood" (WBFGA, 2015, p.7).

Art Therapy

Haiblum-Itskovitch, Czamanski-Cohen,and Galili (2018) describe that art therapy is a process which takes part in a safe environment and utilises artistic processes and materials to express emotions, thoughts or experiences. Making use of qualified and trained therapists, Mind (2020) describes the aims of art therapy as giving you time and a place with someone who won't judge you, helping you make sense of things and understand your feelings better, helping you find ways to live with complicated feelings and helping you communicate feelings or experiences you find hard to put into words.

Therapists can specialise in the three main art forms: art, drama, or music (Mind, 2020). Art therapies are usually undertaken in group settings, with other people who have mental health problems of a similar nature (The National Institute for Health Care Evidence, 2020). Notably, the National Institute for Health Care Evidence (2014) stated that art therapies need further research to substantiate which conditions they can improve, and current guidelines only recommend art therapies for the improvement of Psychosis, Schizophrenia and Schizoaffective disorder.

McNiff (2009) explained that historically, art therapy took its basis from the cultures of Western psychology and psychiatry, and went on to say:

> Art therapy and the other creative arts therapies have a unique potential to construct a cross-cultural theory of psychotherapy based on universal properties of the creative process. If this opportunity is to be grasped, it will be necessary to view the art experience as a primary, rather than as an adjunctive mode of therapy (McNiff, 2009, Pg 102).

This thesis relates to *arts in health*, in that the activities are undertaken by professional *artists* in social care settings. The activities in question involving participatory art, as defined by Arts Council Wales as "workshops, classes, and rehearsals or any amateur performances, or films that have resulted directly from general participatory activity" to improve general health and well-being with participants who may or may not have been formally diagnosed with any specific conditions but are likely to be living with dementia (ACW, 2018, Pg 25).

Structure of the Thesis

Chapter 1 – The authors background, an introduction to the cARTrefu programme an exploration of arts in health, an exploration of policy underpinning arts in social care settings, project aims.

Chapter 2 – Rapid evidence review to identify different models of sustainability across the social care sector and how these might be applied to the creative arts field. The review provides an overview of good and emerging practice, new models, or innovation in the social care sector. It includes reference to selected examples of services and programmes from across the UK and internationally. The findings were a stimulus for the Social Care Innovation Labs (#SCILs) and interviews described in Chapter 3.

Chapter 3 – Method.

Chapter 4 – #SCILs and individual interviews.

Chapter 5 – Findings from the #SCILs and individual interviews.

Chapter 6 – Discussion, main conclusions and implications of the findings including recommendations on how to embed and sustain the cARTrefu programme in social care settings.

Dissemination of Thesis and Relevant Outcomes of the Research

The research findings were shared in various ways.

Company Partner Collaboration:

From the inception of the project the author shared findings and co-planned the project with the company partner, Age Partner. A strength of this collaborative approach to this research was that it fed into the company partners' interpretation of the outcomes, planning of data collection, and the analysis throughout the project.

As well as the company partner, the author disseminated findings in peer support sessions as part of the Postgraduate Skills Development Award "Present and Connect" sessions. These were delivered to other KESS2 funded postgraduate researchers. The author also shared findings with other academics in both verbally delivered presentations in prestigious conferences, written pieces of work shared with North Wales collaborative, and in a book chapter.

Feedback and queries raised around these opportunities were then analysed to improve the work, and comments taken into consideration ahead of finalising the thesis. This sharing of information resulted in a body of work which received consultation along the learning and research processes. The author forged networks with esteemed academics because of these presentations.

The author also shared findings with Age Cymru and Arts Council Wales in a summarised report.

Presentations:

- Presenting at The 50th British Society of Gerontology Annual Conference 2021: Ageing past, present and future: Innovation and change. BSG 50th Annual Conference, 7 - 9 July 2021.
- Presenting at the Bangor University Health Services Research Summer School, 2021. School of Health Sciences.
- Presenting research findings and featuring as a panel guest at the Age Cymru cARTrefu project celebration. February 2022.

- Thesis research findings presentation being shared by Dr Kat Algar-Skaife. Norwegian University of Science and Technology (NTNU) for master's students on the Velferdsteknologi (Welfare technology) module. April 2022.

Mapping work:

- Mapping work for Denbighshire County Council. May 2022. Embedding and sustaining creativity in social care practice with older people: Mapping the Creative Conversations and cARTrefu approaches - Penny Alexander and Diane Seddon, School of Medical and Health Sciences, Bangor University. Mapping work undertaken to:
    - Align the Creative Conversations and cARTrefu approaches with the learning outcomes detailed in the Good Work Dementia Learning and Development Framework, the North Wales Dementia Strategy, and the All-Wales Dementia Care Pathway of Standards.
    - Identify evidence gaps and areas for future research and practice development.

Publications:

- A Book Chapter: "Social Work in Wales: Understanding Practice in a Devolved Context." To be published by The Bristol University Press, University of Bristol. "Embedding and sustaining creative social care practice with older people: the cARTrefu project". Co-authored with Dr Diane Seddon, Dr Kat Algar-Skaife, Dr Gill Toms, Sarah Lord, and Kelly Barr. To be published in 2023. This book chapter considered the challenges and opportunities of embedding and sustaining creative social care practice with older people, including people who are living with dementia. It was informed by a successful collaboration involving academia, social care practice and the arts.

Summaries:

North Wales Collaborative, (2021). “Collection of good ideas”. A summary of the cARTrefu masters research as found in the #SCILs (cARTrefu research northwalescollaborative.wales)

The Need; The Past, Present and Future of Older People’s Provision

World History Archive Stock Photo. 2021.

> “You’d think people would have rebelled. You’d think we would have burned the nursing homes down to the ground. We haven’t, though, because we find it hard to believe that anything better is possible for when we are so weakened and frail that managing without help is no longer feasible. We haven’t had the imagination for it.” (Atul Gawande, 2014, p. 79).

This body of work seeks to explore the barriers and facilitators which are faced when considering the introduction of activities with a focus on well-being, into the infrastructure of care homes in Wales. The function of a care home is to provide shelter, and indeed care, to those who cannot live

independently within the community. The care home is a relatively new institution, and to begin to appreciate its purpose and deep-seated challenges, we need to investigate the context of the origin of these settings. The historic foundations which define care home functions to this day have unhelpful historic connotations.

The infrastructure of cities was ill-prepared when, during the Industrial Revolution, floods of people arrived in search of a “better life”. This sudden influx led to a worsening of living standards (Fainstein, S, 2020). To accommodate the many poverty-stricken people, institutions known as workhouses were set up. In theory these establishments provided shelter and seemed to offer a solution to the lack of social welfare available to the poor. Workhouses were actually more like prisons (Brain, 2021).

We struggle today to accept such inequality for the vulnerable. Sentiment aside, the workhouse served a purpose, and the workhouse was sometimes simply the sole option available. When people were too old or unwell to earn a living- they would enter the workhouse, then die there. The workhouse did, in its defence, offer a geriatric ward, and by 1929 local authorities were granted the power to expand *hospitals* into the remit of the workhouse.

In 1930, workhouses were officially closed however in the following years, many thousands of people were confined within this system before it was abolished (The National Archives, 2021). In that time, the lines between care of the vulnerable and the institution of hospitals/health care had become dangerously blurred.

Workhouses were operational up until as recently as 1948 when the 1948 National Assistance Act (NAA) was introduced (Historic England, 2021). The NAA ensured that provision be met for the welfare of *all* people; it regulated homes and established non-contributory pensions (Legislation.gov.uk, 2021).

As we move forward to the current day, we uphold contemporary ideals in terms of caring for people with dignity, care, and respect. In turn, our society experiences less childhood illness, has better education, nutrition, healthcare, and stronger social security. This has resulted in population growth. People live longer than ever before and provision for the older people is a global concern (United Nations, 2020). Sitting between 12-24 months on average, life expectancy rates for those in contemporary UK care homes, are not long (The British Geriatric Society, 2020). It could be argued that almost 100 years since workhouses were officially closed, that many parallels still exist between workhouse end-of-life-structures, (complete with geriatric wards), and care homes today.

Care Homes and the Backdrop to Ageing

cARTrefu Care Home Residency. (2019). Image by author.

A recent rapid review of care homes commissioned by Welsh Government found that there are 814 care homes for adults and older people in Wales. These homes accommodate 13,357 people. There are 263 nursing homes, which accommodate 12,397 people (Bolton, 2020). In Wales 75% of care homes are owned by a single owner or a provider with less than 5 homes in total. 17% of care homes are run by local authorities, and 8% are owned by larger group providers (Care Inspectorate Wales, 2019).

The British Geriatric Society (2020) reported that 17% of care homes are providing care to people with learning difficulties, and that the remaining 83% of provision exists to deliver care for older people. This includes all homes that offer care on a permanent or temporary basis to adults of any age (Bolton, 2020).

The British Geriatric Society (2020) goes on to state that the transition from independent living to moving permanently into a care home is often associated with a deterioration of individuals' cognition, physical function, or both. More than 50% of care home residents have issues with their mobility and up to 33% have incontinence. Life expectancy once an individual has transitioned to living in a care home is typically short: on average, in UK nursing homes, people will live for 12 months, and for residential care homes, for 24 months. With regards to those entering the home with existing medical conditions it is reported that "many die shortly after admission" (BGS, 2020).

In the UK, approximately 70% of people in residential and nursing care homes have dementia (Alzheimer's Society, 2018) and the provision of specialist dementia care is now a necessary focus of the care home sector. Dementia is a global challenge. In 2017, an estimated 50 million people were living with dementia worldwide. The prevalence of dementia is projected to nearly double every 20 years, reaching 75 million in 2030 and 131.5 million in 2050. The global cost of dementia rose to over a Trillion US Dollars in 2018 with around 40% of this accounted for through direct social care costs (Alzheimer's Disease International, 2015). The need to prioritise limited budgets presents services worldwide with significant challenges (Jones, Windle, Tudor Edwards, 2018).

Wales has a higher proportion of older people than the rest of the UK and while dementia is not a natural part of ageing, the incidence of dementia increases with age. An estimated 45,000 people live with dementia in Wales and dementia costs the Welsh economy an estimated £1.4billion with approximately £535 million spent on social care costs annually (Alzheimer's Society, 2015). Two thirds of people with dementia live in their own homes and one third live in care homes (Dementia Action Alliance 2020).

The 'Mapping the Sector' report (Public Policy Institute for Wales, 2015) found that 7% of the care homes for older people in Wales did not have a registered manager in 2015. Staffing shortages, and high turnover can sometimes mean residents do not receive as much time devoted to social interactions (such as chatting and talking) with those working around them. The Royal College of Nursing Wales Report (2019) states that shortages of qualified registered nurses working in the care system is a serious cause for concern impacting the sustainability of nursing provision within care home settings. They went on to elaborate that this can lead to erosions of continuity between residents and staff.

It is unlikely that there will ever be one single treatment for dementia because dementia is caused by (a vague description of) "different diseases" (NHS, 2018). While the NHS review states that there are some promising advances with researchers working on stem cell reprogramming to create new brain cells and immunotherapy to slow the progress of Alzheimer's disease, this ground-breaking research is many years away. Given this scenario, there remains a pressing need to improve quality of life and well-being for those currently living with dementia.

There are many creative activities which can be undertaken to help improve the well-being of someone living in a care home, including people living with dementia. The NHS (2018) recommends physical, social, mental, and creative activities to help people with dementia to live well. Activities such as: reminiscence work, arts-based activities, singing, dance and meeting others. These are all activities that would be undertaken by cARTrefu artists when they deliver activities. For instance,

reminiscence work often happens naturally when an artist comes to meet new residents, through becoming familiar and friendly with residents. The Social Care Institute for Excellence (SCIE) explains:

> *When a person shares something about their past and another person shows interest or enjoyment, it is a wonderful opportunity for that person to feel that they are the one who is giving something to another human being, rather than always being the one who is receiving or listening* (SCIE, 2020, https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/reminiscence.asp).

SCIE elaborates by explaining that talking about the past can allow the person to enjoy happy memories, thus resulting in good feelings which can be very helpful if a person is finding their life difficult. As already discussed, moving into a care home can be associated with a deterioration in the health of the individual. The opportunity to talk and feel valued means the person potentially stands a better chance of settling into their new home, feeling fulfilled and well physically and mentally. The NHS 2018 review highlighted that reminiscence could improve mood and well-being. It can also help those around the resident focus on the resident's skills and achievements, which is key in ensuring close relationships between staff, residents, and family members.

The 2015 report by the Public Policy Institute for Wales concluded that there was isn't a shortage of care assistants, and that there is potential to upskill them to carry out certain nursing tasks (Moultrie and Rattle, 2015). It stands to reason that these care assistants could also be upskilled in tasks linked to undertaking creative provision, to improve standards of well-being in care homes. However, the time and costs involved to upskill care assistants need to reflect the duration of their employment. The same report states that a Local Authority Commissioner explained that care work is taken up in the winter, when jobs relating to summer tourism are scarce. In the meantime, and until such training schemes can be delivered with frequency, freelance artists can tend to resident well-being and social needs.

cARTrefu Artist With A Care Home Resident. 2016.

Arts in Health Evidence

More than 80 years ago, the United Nations (1948) General Assembly's Article 27 proclaimed within the Universal Declaration of Human Rights that all people have rights to freely participate in the cultural activity of the community and to enjoy the arts.

This laid the foundations for a change of perception when in 1991, the General Assembly's United Nations (1991) issued Principles for Older Persons. These principles, based on participation, care, independence, self-fulfilment, and dignity recommended that older people be fully integrated into aspects of society such as recreational activities, as well as spiritual, cultural, and educational opportunities. The Creative Ageing in the UK report highlighted the resource implications of these principles. It also summarised how arts in health was gaining recognition within policy, the health and social care sector and broader society (Gordon-Nesbitt, 2019).

The Baring Foundation (2020) have funded many creative ageing projects since 2010. These programmes are known collectively as The Arts and Older People Programme, (with cARTrefu being just one of the comprising programmes). The Baring Foundation issued the following statement:

- There are many good reasons for funding in this area.
- Everyone has a right to be creative and to take part in what the arts and culture have to offer.
- The arts have long played a role in giving a voice to people with mental health problems, including to challenge aspects of the mental health system. Society is experiencing a shift towards greater understanding and awareness of mental health problems and the arts have a role in this too.
- The arts are also a route to recovery, building self-confidence and new skills and they can also simply be pleasurable, relaxing, and fun (The Baring Foundation, 2020,

https://baringfoundation.org.uk/programme/arts-and-mental-health/why-we-fund-in-this-area/).

Society and government are becoming more open to creative methods of improving and sustaining health. It is now recognised by The Department of Health (2014) that enhanced well-being results in improved health and social care outcomes for individuals with support needs. It can contribute to a reduction in the healthcare and social care service costs for both individuals and society (De Feo, Barrett, Edwards, Hurst, & Green, 2014).

In recent years, the term "well-being" has become a recognized term in health and social care policy and plays a significant role in the legal rights of the individual where policy focuses heavily on ensuring all people regardless of their age or health conditions have access to stimulating cultural life experiences. The Department of Health (2014) defines well-being within the following contexts, demonstrating that operates beyond an individual's immediate experiences and impacts on broader national terms:

- Well-being is about feeling good and functioning well and comprises an individual's experience of their life, and a comparison of life circumstances with social norms and values. Well-being exists in two dimensions:
- Subjective well-being (or personal wellbeing) asks people directly how they think and feel about their own well-being and includes aspects such as life satisfaction (evaluation), positive emotions (hedonic), and whether their life is meaningful (eudemonic).
- Objective well-being is based on assumptions about basic human needs and rights, including aspects such as adequate food, physical health, education, safety etc. Objective well-being can be measured through self-report (e.g., asking people whether they have a specific health condition), or through more objective measures (e.g.,

> mortality rates and life expectancy (De Feo. Barrett, Edwards, Hurst & Green. 2014, pg. 6).

There is an increasing evidence-base confirming the benefits of the arts for people living with dementia and those who support them, be they paid staff or unpaid carers such as family members or friends who provide care voluntarily (All Party Parliamentary Group, 2017; Arts Council of Wales, 2018) and of the benefits of long-term engagement with certain art activities (Tymoszuk et al., 2019). The Department of Health report (2014) outlines that well-being is linked to longer life, faster recovery from illness, aids positive health behaviours, leads to broader positive outcomes, improves relationships, improves how services operate, and ultimately reduces costs to society. An innovative policy focus on well-being in Wales has been implemented across many acts, including the Well-being of Future Generations Act 2015, The Social Services and Well-being (Wales) Act 2014 and The Dementia Action Plan Wales 2018.

There are also international agendas working towards improvements in well-being policies such as The World Health organisation which remains committed to the principles set out in the constitution. This constitution created in 1948 states that, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” (WHO, 1948, https://www.who.int/about/governance/constitution).

In an evidence summary for the Department for Digital, Culture, Media and Sport, a report relating to the role of arts in improving well-being found that engagement with the arts is supported in evidence as having several good social outcomes- it helps alleviate loneliness, improves discrimination through social cohesion, and reduces aggressive behaviour (Fancourt, Warran and Aughterson, 2020).

There was Grade A evidence (representing strong evidence) stating that arts improves well-being outcomes and even helps reduce the decline of physical health as people grow older.

The evidence summary for the Department for Digital, Culture, Media and Sport also found that in four Randomised Control Tests (RCT) that community-based arts interventions reduced social isolation/loneliness in adults over the age of 55. They also found that in social prescribing (SP) which relates explicitly to arts activities, that well-being and social connection was improved by creative activity participation (Grade B) but there was no evidence to demonstrate that it prevented cognition or physical deterioration. Social returns on investment are still beneficial as a result of running SP relating to creativity.

The authors concluded that "The use of the arts to support cognition in older age (which have been included due to its relevance to care home settings) suggesting that in most situations, this evidence can be trusted to guide policy" (Fancourt et al., 2020, pg. 12).

Fancourt et al., (2020) also listed evidence from quasi-experimental studies that:

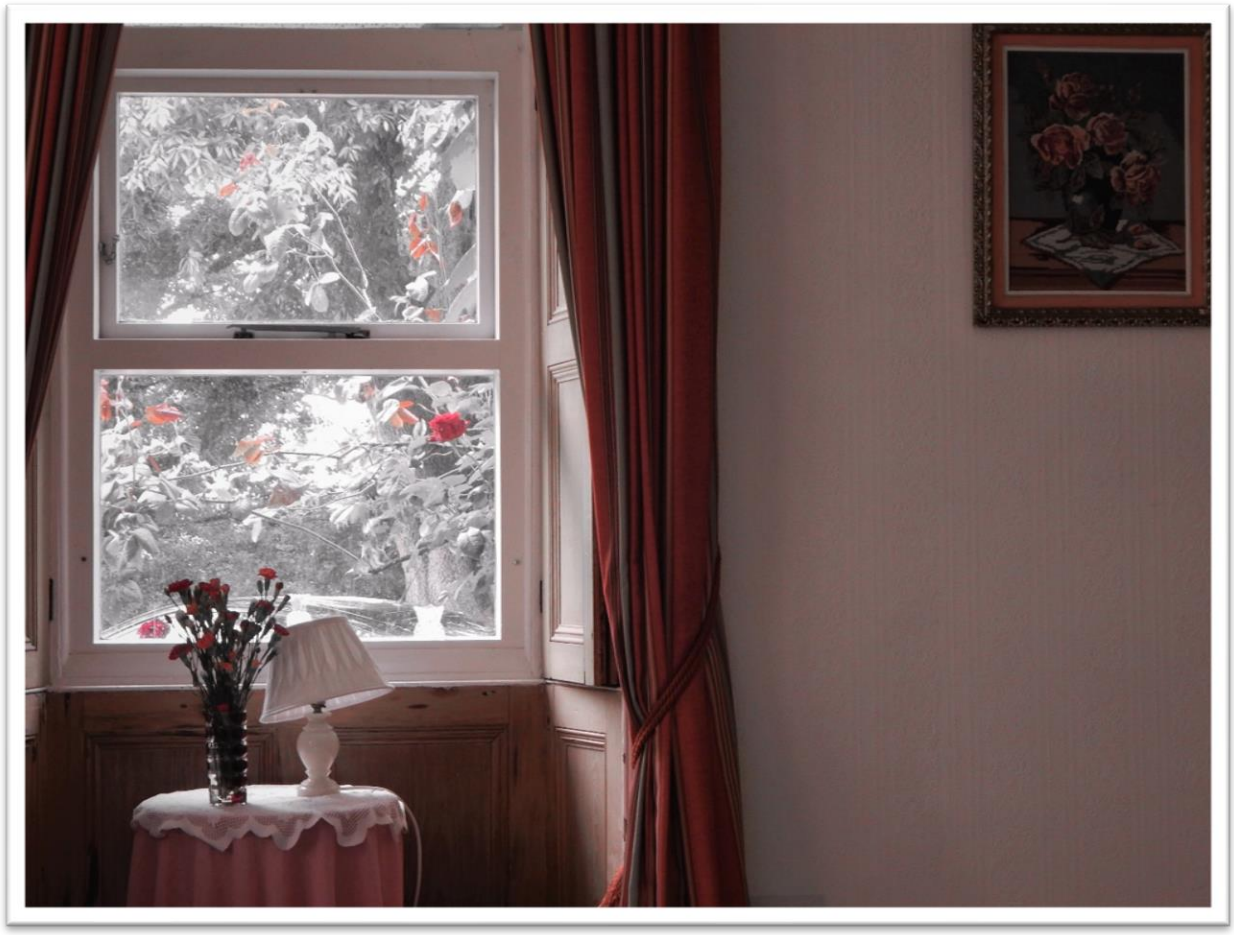
- Reading can positively impact cognitive skills, enhancing memory, improve listening ability and attention span.
- Storytelling can enhance communication with regards to basic needs
- Partaking in live music can increase the ability to engage
- Singing can improve social interaction and memory. Singing can also increase communication.

Other relevant elements in this study included a second review whereby 22 Randomised Control Trials (RCT) showed that music may improve quality of life and emotional well-being for those living with dementia, as well as reducing depression. Music making and dance can improve quality of life for individuals aged 50+ and dance reduces stress and that for adults 60+, that community singing increases quality of life.

Longitudinal cohort analysis data showed that the risks of developing depression over the age of 50 is reduced with cultural engagement. Examples of cultural engagement according to the Welsh Government arts and culture vision statement of 2016 include music, literature, heritage, and the arts (WG, 2016). Supporting RCTs on well-being, quasi-experimental intervention studies have also shown that well-being can be improved by arts activities, and cultural engagement.

Qualitative studies provided further evidence that arts-based activities can have wellbeing benefits. Music and circus-arts were reported to support well-being, and that a sense of purpose can be achieved in engagement in the arts. Additionally, the arts can provide empowerment and personal growth, and improve individuals' confidence and self-esteem.

The report concluded that for adults, the evidence base for the well-being benefits of different forms of arts is robust enough to guide policy development and that the potential for impact is substantial. The key reports cited above (Fancourt et al., 2020; De Feo et al., 2014 and Gordon-Nesbitt, 2019) has increased awareness of and the status of arts in health. All these seminal reports highlight the need for arts in health to be embedded and sustained within health and social care in Wales.



*"Jane has been very poorly. She has been in hospital a lot and she even said she had had enough and that she was ready for death. Today is the first time I have seen her smile in such a long time. It was so good to see her sparkle, to see her having fun and looking herself again" (*cARTrefu Participant, 2019).

Image by Author. 2019.

Person Centred Care

Current health and social care policy are also underpinned by a commitment to deliver person-centred care (PCC). The importance of PCC is highlighted as being key in increasing people's understanding within dementia care (Chenoweth et al., 2019). PCC focusses on supporting the

person's remaining abilities. When delivering PCC familiarity with the individual is essential. This means being aware of the person's personal history, their preferences, their character, their requirements and needs. It requires that the person be involved in decisions regarding their care and support; tailoring their care to meet their preferences. The PCC approach is underpinned by the social psychological theory of personhood in dementia (Mitchell and Agnelli, 2015).

This theory asserts that a positive sense of well-being comes from a closeness with paid care staff, enabling the individual to have stronger relationships with those staff.

Brooker (2004) conceptualises PCC as comprising four elements:

1. **Valuing** people with dementia and those who care for them

2. Treating people as **individuals**

3. Looking at the world from the **perspective** of the person with dementia

4. A positive **social environment** in which the person living with dementia can experience relative well-being

Thus: Valuing + Individuals + Perspective + Social Environment = Person Centred Care

cARTrefu Background

There is an evidence base for the benefits of long-term engagement with art activities (Tymoszuk et al., 2019). The arts also has an increasing evidence-base confirming the benefits of the arts for people living with dementia, as well as the paid or unpaid carers who support them. These carers could be family members or friends who provide care voluntarily (APPG, 2017; Arts Council of Wales, 2018)

Against this backdrop, in April 2015, Age Cymru began delivering the arts in care settings programme, cARTrefu, funded by The Baring Foundation and Arts Council Wales. cARTrefu was

influenced by a project called “Making of Me” at The Courtyard Theatre and art gallery in Hereford, supported by My Home Life Cymru (Arts Health and Well-being, 2020).

cARTrefu, which means to reside in Welsh, aims to improve the quality-of-care residents’ experience and their well-being; to develop artists’ professional practice through the opportunity to work with groups of people with whom they may have little professional experience; and to facilitate care home staff acquiring new skills, and confidence in sharing these. It is the largest project of its kind in Europe.

Table 1 demonstrates the first two cARTrefu phases of which delivered bespoke *art residencies* in care homes across Wales.

Table 1:

cARTrefu Residencies

Phase 1: 2015-2017		Phase 2: 2017-2019	
Number of artists	16	Number of artists	12
Number of mentors	4	Number of mentors	3
Mentor specialisms	Performing Arts (Dance/Drama), Music, Visual Arts Words (Poetry/Prose)	Mentor specialisms	Shared between mentors and without distinct areas of specialism
Number of residencies	8	Number of residencies	6
Length of residency (per home)	16 hours over 8 sessions	Length of residency (per home)	24 hours over 12 sessions

Forums

To build a strong support network, cARTrefu forums brought together the teams of artists, mentors, Age Cymru project coordinators and managers. Training facilitators, researchers, and guest speakers were often also invited to participate in the events to enrich the programme.

The cARTrefu forums from Phase 1 were also continued in Phase 2. This allowed mentors and artists to continue to build relationships with the Age Cymru team. Through the forums, multi-skilled mentors were able to offer their advanced competences to the entire cohort. Forums were provided face-to-face, online, a celebratory event and a private preview of the group exhibition. At the conclusion of Phase 2, the forum group became a regional network.

Exhibitions

The first phase of the project delivered nearly 2,000 hours of multi-art form activities to over 1,500 residents in 122 care homes, equivalent to nearly 20% of care homes in Wales.

An independent evaluation of the first phase was led by the Dementia Services Development Centre Wales (DSDC), Bangor University and launched in the National Assembly for Wales (Algar-Skaife, Woods, & Caulfield, 2017). Participating in the cARTrefu programme was found to have a significant impact on older people's well-being and staff attitudes towards residents, especially those living with dementia. Staff also gained the confidence to lead creative activities themselves.

Following Phase 1, the data and evidence gathered was used to analyse the programme and a Social Return on Investment (SROI) was undertaken to provide additional evidence of the benefits (Algar-Skaife, Seddon, Barr & Lord, 2020). The SROI, which "collects information to tell the story to demonstrate how change is being created by measuring social, economic and environmental outcomes and uses monetary values to represent them" (Age Cymru, 2020, pg. 1), demonstrated that for every £1 of investment, cARTrefu delivers a social value of between £4.53 and £9.08. This return on investment demonstrated that the programme was highly effective and brought about significant positive change for artist practitioners, care home residents and staff (Algar-Skaife et al, 2020).

cARTrefu SROI Animation. 2020. Copyright Savage and Grey Design Ltd

Key differences in Phase 2 include the fact that it did not assign specific artist groupings and the artists no longer needed to commit to using specific art types. There was a fresh focus on artist research and development, and an exploration of ideas throughout. cARTrefu artists worked in a wide variety of mediums, processes and practices and shared these in the form of participatory sessions. The Arts Council of Wales guidance notes (2019) defines participatory art activities as being "workshops, classes and rehearsals or any amateur performances, or films that have resulted directly from general participatory activity."

The scope of activity was considerable. It included visual art, music, words, dance, craft, sculpture, and reminiscence (and much more).

Motivated by the group exhibition in Phase 1, emphasis was placed on producing high quality exhibition-standard work as inspired by their time in homes. Aims included:

- Challenging prejudices
- Sharing best practice, and
- Celebrating the diverse abilities of older people.

Exhibitions were included in the proposal, with the dual function of improving artists professional skills and raising public awareness of creativity and creative ageing in care homes. These outputs also sought to inspire care home staff and residents. The (then) co-ordinator, in an interview with The Baring Foundation (2018) said:

> *With our second team of cARTrefu artists, we want to push the boundaries of what has been attempted in care homes before and hope to inspire bold and striking new artwork from the residents our artists work with. We also want care home staff to gain more confidence and acquire new skills, sharing and practising them in their daily work with residents, and hopefully to continue after the residencies have finished*
>
> (Reg Noyes, 2018, https://baringfoundation.org.uk/case-study/cartrefu-age-cymru/).

Phase 2

For exhibition purposes, a 2m x 2m polycarbonate box was commissioned for production and "The cARTrefu Cube" was introduced. The cube has toured Wales, showcasing the work of the artist team in the form of installations, artworks, and performances. The themes and artworks were developed with residents or in response to artist reflections on their time spent (on residency) within care homes (Engage, 2020).

The artists received bursaries to develop ideas and form works of art to be exhibited within the cube. This additional income stream of paid studio time harnessed the artists creative output. It allowed for group exhibitions, as well as the opportunity for individual artists to exhibit in the cube. This element of the project resulted in some excellent, nationally shown artwork. Collaboration was encouraged and resulted in varied exciting group exhibitions between different disciplines.

Collaborations were instigated by pairs of artists, as well as collaborations between cARTrefu artists and inter-generational youth projects. One example included performances as part of Theatre Clwyd Schools Festival.

Figure A outlines the varied settings across Wales, which The Cube toured.

Figure A:

The Cube's Tour Locations

The Courtyard – Hereford
Taliesin – Swansea University
Galeri - Caernarfon
Theatre Clwyd - Mold
Riverfront - Newport
Oriel Y Parc - St Davids
Craft In The Bay - Cardiff
Morriston Hospital - Swansea
Aberystwyth Arts Centre - Aberystwyth
Neath Port Talbot Hospital - Neath
Oriel Myrddin Gallery- Carmarthen
Ruthin Craft Centre- Ruthin

The emphasis on the development of early career Welsh artists fostered their investment in the project. In its first four years, cARTrefu artists worked in over quarter of the care homes in Wales. A total of 1840 two-hour sessions were delivered to these homes, at no cost (Age Cymru, 2019). Artists on average spent 144 hours in different care settings. This meant artists gained varied experiences, which contributed to them becoming versatile, knowledgeable arts practitioners with a specialist experience in care home settings.

Phase 3 (2019-2021)

cARTrefu has recently completed its third phase, which has had a focus on training. Table 2 outlines the Phase 3 opportunities and outcomes for care homes.

Table 2:

Phase 3 opportunities and outcomes

Phase 3 opportunities	Target	Sessions achieved	Outcomes
Intro to cARTrefu Workshops for care home workers	40	40	198 attendees. These workshops introduced 36 new care homes to cARTrefu
Introduction to cARTrefu for Artists	16	16	32 artist attendees. Half of the respondents to the post-workshop survey hadn't worked in care homes before, 100% found the workshops useful for learning about working in care homes
cARTrefu Activity Plans	50	47	25 of the care homes that took part in Activity Plan workshops were new to cARTrefu

This phase was delivered by Phase 1 and 2 artists who provided work in three areas. The mentors were also invited to deliver alongside the cohort of artists. This meant the expertise of artists, and their mentors, became one unified cohort:

cARTrefu Care Home Training

A coordinator and artist delivered half-day workshops to introduce care home staff to cARTrefu, summarise what cARTrefu offers, and suggest ways to work effectively when delivering creative workshops with residents. This helped to promote the benefits of creativity within care settings. Suggestions included practical advice and tips on how to run creative activities in care homes, signposting to existing resources, and ideas on how to build staff confidence.

cARTrefu Artist Workshops

A coordinator and two artists delivered full day workshops for artists who lacked care home experience. These sessions summarised what cARTrefu offers and talked through ways to work effectively in care home settings.

cARTrefu Activity Planning

Four sessions were provided during a one-month period within a care home to people interested in learning about the cARTrefu model. Sessions were an opportunity to share best practice about working in care homes, with a particular focus on supporting residents living with dementia. The aim of these sessions was to build capacity within the wider arts sector to respond to the needs of the care homes.

Mindful of the importance of achieving research impact, learning from the cARTrefu project has been shared on national/international and practitioner/academic platforms (e.g., Alzheimer Europe, Centre for Ageing and Dementia Research (CADR), Engage UK, Enabling Research In Care Homes (ENRICH) Cymru, UK Dementia Congress conferences and The British Society of Gerontology Annual conference). The project is included in two key arts and health reviews (All-Party Parliamentary Group on Arts, Health and Well-being Inquiry report, 2017 and Arts Council of Wales Arts and Health in Wales Mapping Study, 2018). Age Cymru have provided evidence to the Parliamentary Review for Health and Social Care in Wales, Count Me In and are currently contributing to Connected Communities, a Welsh Government Consultation on Tackling Loneliness and Social Isolation. These activities have raised awareness of the cARTrefu approach at a strategic level.

A strategic investigation of how to embed the cARTrefu approach was required to ensure the long-term sustainability of the programme.

What this Research Project aims to Achieve

This masters project aimed to identify ways to support the sustainability of the cARTrefu programme.

In a nation-wide call-for-participants this research explored the operational and strategic ways that the cARTrefu project supports older peoples well-being needs by asking previous cARTrefu stakeholders what had been effective in the past, and defining challenges for future delivery.

Research findings and recommendations enabled Age Cymru to explore ways of embedding the cARTrefu approach within the social care sector as a way of meeting the well-being needs of care home residents who are living with dementia.

Policy Underpinning Arts Provision in Care Home Settings

To ensure that peoples' rights and well-being are protected, Wales has in place several key policies:

The Social Services and Well Being Act (SSWBA, 2014), The Well-being of Future Generations Act (WBFGA, 2015), The Equality Act (2010), The Human Rights Act of 1998, Regulation and Inspection of Social Care (Wales) Act (2020), and The Dementia Action Plan for Wales (2018) all place importance on the provision of well-being as a central principle within their policies.

The SSWBA, (2014) states that the key principle of social services is to serve the well-being needs of people and their carers requiring care and support. The Act specifies the following domains of well-being:

a. Physical and mental health
b. Protection from abuse and neglect
c. Education, training, and recreation
d. Domestic, family, and personal relationships
e. Contribution made to society
f. Securing rights and entitlements
g. Social and economic well-being
h. Suitability of living conditions

The SSWBA (2014) emphasised the legal right to care and the need to protect adults, children, and unpaid carers.

The focus of well-being within the implementation of the SSWBA (2014) in social care settings informs the value of art provision within care settings. Art activity can fulfil well-being in its delivery, and as a mechanism for learning and holistic activity. Artistic expression can contribute to an individual's well-being and might have wider benefits to society and culture. Therefore, in some instances supporting artistic expression will help implement the well-being principles in the act.

The WBFGA (2015) is underpinned by the following goals:

A Wales of cohesive communities, a globally responsible Wales, a prosperous Wales, a resilient Wales, a healthier Wales, a more equal Wales and finally, a Wales of vibrant culture and thriving Welsh language. These goals demonstrate that within a Welsh social care context, there is a duty to fulfil equality obligations meeting the well-being needs of all individuals to create resilient, healthy, cohesive care communities partaking in activities of a cultural and creative nature. The act makes demand upon government bodies to encourage people to participate in the arts. This is recognized in the Welsh Government's Vision for Culture Report (2016). The Welsh Government's Arts and Culture Vision statement declared the importance of culture in relation to well-being, saying:

> The Welsh Government is fully committed to culture. By 'culture', we mean the arts, music, literature, and heritage or put another way, all the creative activities that give people purpose, and a sense of belonging and identity. We see culture as a priority."

Then continued with:

> "Culture is also increasingly important to our economy, and it makes a vital contribution to other key areas of public life, including health, education, and regeneration" (WG, 2016, p2).

Care and Social Services Inspectorate Wales (CIW, 2020) has responsibility for monitoring and ensuring social care service providers are meeting the expected standards with regards to well-being agenda.

In 2020, Welsh Government appointed Eluned Morgan MS as the first Mental Health, Well-being, and Welsh Language Minister for Wales. Her remit included dementia services, veterans' health, mental health services, and other social care responsibilities. Following Eluned Morgan MS, in 2021, a deputy Mental Health and Well-being Minister was appointed: Lynne Neagle MS (Welsh Government, 2022). The appointment of a further well-being minister by Welsh Government demonstrated their intention to effectively enhance the nation's wellness.

The Dementia Action Plan for Wales 2018-2022 aims to support people living with dementia.

Conclusion

In summary, there is a good deal of policy attaining to support all members of society and allow people to live well, regardless of their age, their health conditions, or their needs. cARTrefu could bolster this policy through practical application aimed at well-being in care homes.

Chapter Two

Rapid Evidence Review

Introduction

As numbers of people requiring care increase, researchers are increasingly exploring how to meet the needs of an ageing population (Government Office for Science, 2016). The status of well-being as a care need, beside personal care, is gaining recognition alongside the importance of prevention and the need to reduce costs in health and social care (De Feo et al., 2014). It is recognized that arts provision serves a valuable purpose within social care in addition to supporting the well-being of people with support needs. The NHS highlights five steps to mental well-being. These steps include opportunity for connection with others, physical activity, opportunity to learn new skills, mutual support and encouragement, and access to mindfulness tools (NHS, 2019). Interestingly, each of these steps can be fulfilled via arts provision; even physical activity, which can be achieved through dance and performance.

This review looks at comparative interventions and programmes to learn from their findings- what might help sustain the cARTrefu art in care homes project, in Wales. This research was required to investigate cARTrefu becoming financially sustainable, without reliance on its core funding, which has been in place since 2015. Through applying lessons from the existing literature there is the hope that cARTrefu can help more older people in the future look forward to ageing with wellness, and to ensure the growing number of older people within society can look forward to ageing happily. The research question explored in the rapid evidence review was:

What are the barriers and facilitators to embedding and sustaining arts provision in social care settings?

Method

Scoping and Searching the Literature

A Rapid Evidence Review was undertaken as a time efficient and effective way of appraising relevant literature to answer the focused research question. Rapid evidence reviews are rigorous and enable other researchers to replicate the review process (Butler, Deaton, Hodgkinson, Holmes, and Marshall, 2005).

The focussed review question enabled the timely identification, retrieval, and analysis of appropriate research material, which then informed primary data collection.

Academic Database Search

Identifying Review Question Components

Given that the review explored implementation barriers and facilitators, the PICO model (Population, Intervention, Comparison and Outcomes) model was not appropriate to identify components within the research question. Other components were developed:

- Barriers and Facilitators
- Setting
- Intervention
- Outcomes

Using these components, the search terms were used thus:

Barriers and facilitators
(“barrier*” or “obstacle*” or “facilitat*” or “enabl*”)

Setting

(“long term car*” or “residential car*” or “care hom*” or “nursing hom*” or “residential hom*” or “retirement hom*” or “community living” or “assisted living” or “social care setting*” or “day centre*”)

Intervention (arts provision” or “participatory art*” or “creat*” or “artist*” or “artist practition*” or “program*” or “cultur*”)

Outcomes “sustain*” or “embed*” or “entrench*” or “continu*” or “endur*”

Definition:

Embedding projects denotes a project being accepted and rolled out within care provision. *Sustained* programmes are those with allocated budgets and funds set to one side to provide specific bespoke projects in social care settings. They are not trials, or pilot projects for which long term funding needs to be sought.

Within the intervention field there had originally been included the search term “NOT art therapy”. This term was subsequently altered as it overly restricted the retrievals. Following discussion with the supervisors, it was felt that specifically instructing the databases not to bring about articles discussing art therapy could be detrimental. This search term was reconsidered given that art therapy has been successfully *embedded and sustained* in arts and health. Consequently, the mention of art therapy was not excluded specifically from the search terms, feeling that excluding lessons from the successful embedding of art therapy would be counterproductive to the review. A specific search for art therapy was not run, discussed in the disparities between art therapy and arts in health, but equally it was not excluded either.

Identifying the Most Appropriate Terms

The starting point was to begin by brainstorming relevant terms using the research question as a starting point. When generating synonym terms, care was taken to include different ways of spelling words and consideration given to the commonly used terminology outside of the UK, i.e., UK- “Care Home”. USA- “Assisted living or long-term care”. Australia- “Residential aged care”, broadening the search terms to be inclusive of the terminology commonly used in other countries.

It was important to include international literature in the review as models not commonplace in the UK might have transferable lessons. In the UK there is no sustainable model within the arts, so there is a need to explore whether other countries (or nations) have had more success.

Grey Literature Search

Originally it had been the aim to utilise OpenGrey.eu. to find grey literature. This source contains more than 700,000 documents in the form of official publications, doctoral dissertations, conference papers and research reports. However, although this is a large resource, it emerged that the stored literature pre-dated the search date range as attributed to this research project (finishing in 2009, this being out of date/relevance).

As an alternative, The Repository for Arts and Health Resources (RA&HR) was utilised. This is an online resource intended for the use of academics and researchers. It is also a source of online grey literature for the use of professional artists, health and social care managers, local and central government, and policy makers. It (at that stage) contained more than 513 reports and is frequently updated to include more data. The Repository has amassed research since 2000 and provides regularly updated international research, in the English language, in the field of arts, health and well-being. Searches were run using terms in the searches of the academic databases. Unlike academic databases, reports in RA&HR are accessible via either a single search box or via “tagged” subsection classifications. In selecting relevant sub-sections and then used key terms to search within these there can be found (for instance) a subsection which covered *social care*. The author searched within

this using sustainability terms (program*, barrier, obstacle*, facilitat*, enabl*, sustain*, embed*, entrench*, continu*, endur*). As well as tagged classification terms (sustainable arts programme, participatory art. arts provision) in the search as they incorporated appropriate criteria. It did not include search terms (long term car*, residential car*, care hom*, nursing hom*, residential hom*, retirement home*, community living, assisted living, social care setting*, day centre*) relating to context/focus as RA&HR does not include any subsections relating to settings. Grey Literature searches were conducted on 1/12/20, and on 10/12/20. Appendix B contains additional background about how the literature search was approached.

The pre-specified inclusion criteria were:

- Projects introducing or evaluating bespoke person-centred projects within social care, health care, and also within arts contexts, such as community art projects outside of care homes
- Projects exploring attempts at or success in embedding and sustaining art provision/innovative practice - be it within social care settings or out in the wider community. The practice needed to relate to either social care, or creative innovations, or both
- Journal articles

Given the limited peer reviewed evidence base for arts-based interventions in care homes, grey literature such as reports, mapping exercises, and evaluations commissioned by funders, were included in the review. These are commonly produced by charities, arts councils, local or national governments, research units within universities, ministries of education and third sector organisations.

- Papers and reports had to be written in English – but they could be published in any country.
- Papers were included if they were published between 2010 and 2020 to reflect the publication of The Baring Foundation's "Older and wiser? Creative ageing in the UK 2010-19"
- The inclusion criteria were designed to be broad enough to capture relevant globally published literature, but specific enough to fit the timescale for this phase of work.

Exclusion Criteria

- Literature which failed to highlight projects or methods addressing barriers and facilitators or means of embedding and sustaining creative or innovative programmes
- Projects that did not report results or outcomes
- Non-English publications were not included due to not having resources for translation and limited timeframe to complete the search
- Literature published prior to 2010

The inclusion and exclusion criteria were amended following the literature search to tighten the inclusion literature for grey literature.

Reviewing the grey literature was challenging due to different authors writing reports in different styles; Some reports lacked structure and therefore an inclusion criterion was added that papers must make explicit mention of *embedding* or *sustaining* programmes, or *barriers* and *facilitators* with regards to implementation.

After excluding duplicates, a manual search the reference lists of included studies was made to find further potentially relevant studies. All identified papers were reviewed against the inclusion criteria. Screened titles and abstracts from the academic databases were reviewed against the inclusion criteria by the author and a research colleague. Reviewer 2 (R2) (a researcher outside of research team) looked at a specific sections of the potential material to share thoughts on appropriateness of what had been selected or rejected by the author. The author shared papers with R2 which had been allocated the following groupings:

- Passed screening of titles and abstracts. (All papers confirmed having being confirmed as appropriate).
- Included based on abstract. (R2 agreed that all papers selected at this stage were worthy of reading in full)

- Excluded based on abstract. (R2 advised that one paper might warrant being read in full. This paper ended up being included due to the mentioning empowering staff and factors that could support change and demonstrating the efficacy of sharing papers for a second opinion).
- Unsure and kept for full text read. (R2 advised one paper be read in full due to being similar to other end of life/palliative programmes, as per the included abstracts folder. This paper was excluded following a full screening due to content).

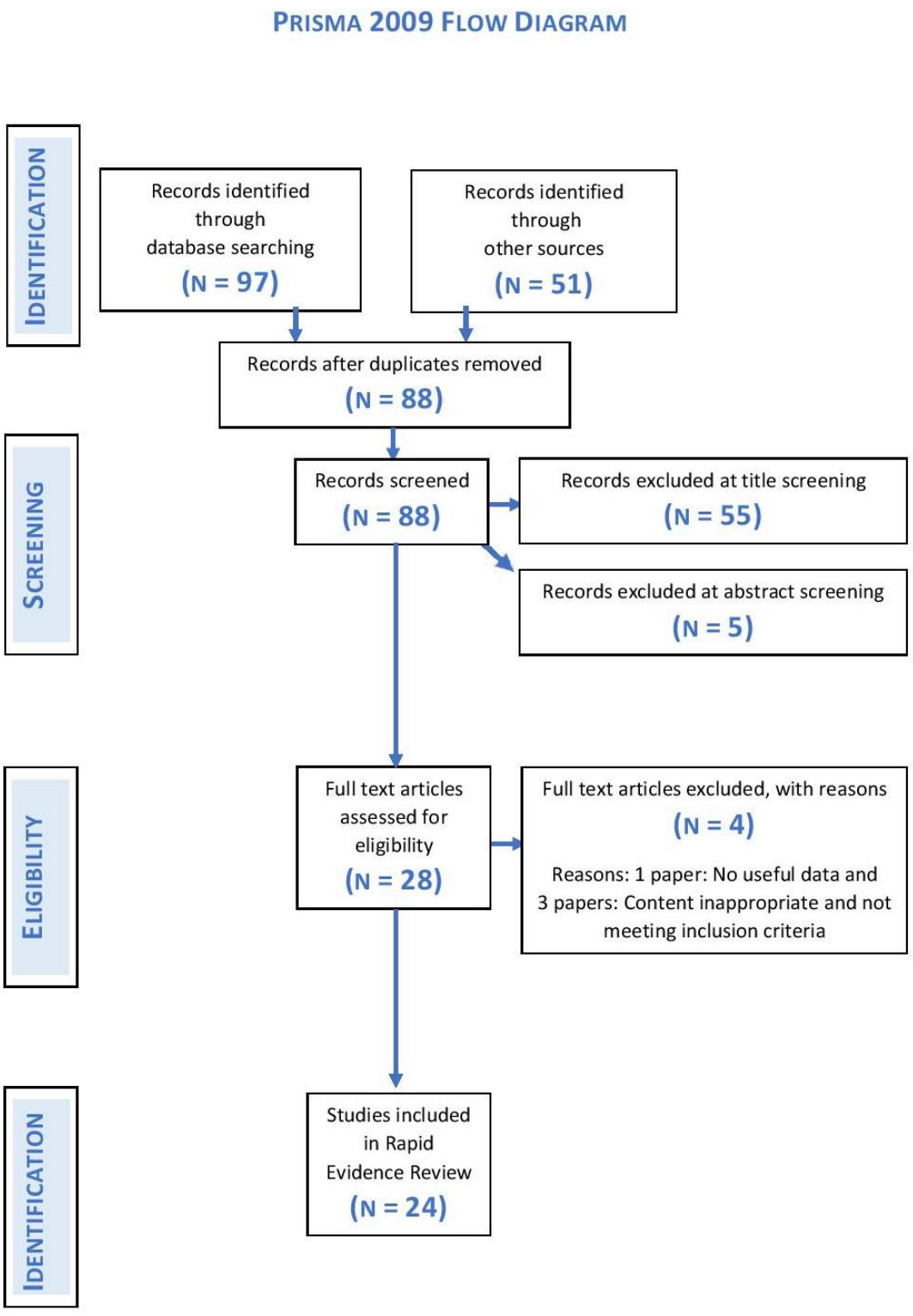
Disagreements were resolved by discussion. For instance, R2 queried the inclusion of projects without clearly identified creative features and we considered the merits of including projects which focused on the barriers of implementation within social care settings regardless of whether they were arts-based. In addition to content, 'creative' could also relate to how a programme is planned or delivered in a more resourceful, effective, and efficient way. This can bring benefit for residents, staff, and community. The word 'innovative' was included to explore the added value/improvements in programme development and delivery that may support its sustainability.

R2 agreed that this approach had potential thus the inclusion criterion was reworded slightly to accommodate a broader literature. Although the eligibility criteria was broadened to include this, it must be acknowledged that because the search was not repeated with amended terms that there was a risk that not all projects in social care settings that might have offered transferable lessons will have been captured.

Figure B introduces s a Prisma diagram which documents the academic and grey literature screening process.

Figure B:

Prisma Flow Diagram



N.B *Records identified through other sources* refers to grey literature.

55 articles were excluded at title stage and five at abstract screening as they did not meet the eligibility criteria, or lacked relationships linked with embedding or sustaining arts provision. Neither did they offer novel or innovative approaches to making change within an appropriate context- such as in a social care setting, or arts setting in the wider community.

Data Extraction

The summary table Appendix C presents an overview of the literature showing the diverse range of research being undertaken in this area. The following information is collated in the table:

- Author(s), year of publication, title, year of publication and country
- Evidence type
- Study aims
- Methods
- Key findings
- Recommendations and knowledge gaps

Thematic Analysis

This review applied thematic analysis techniques to national and international research papers and grey literature. Six key themes were identified based on the primary data. Themes were identified by considering the barriers and facilitators described within the literature and then classified into logical groups. Themes were considered as deriving from the findings or discussion sections of the papers- as this area synthesised findings allowing the author take meaning and context into account for each project, programme, or intervention. Next, applicability to cARTrefu was considering by the implementation strengths and weaknesses of cARTrefu and then exploring whether the themes in the papers correlated with these or provided answers to the issues faced by cARTrefu. For instance, some projects had developed their mentorship schemes and other projects

had a key focus on staff work-based development, or strengthening staff and resident relationships. These components are relevant to cARTrefu where identified strengths include upskilling staff and a weaknesses is the need to secure long-term funding. As previously stated, these projects were not always located within a care home setting; some were set within community groups, and other projects considered training sessions for various stakeholder groups.

Rapid Evidence Review Findings

The findings were arranged into a narrative as demonstrated by the following thematic analysis flow diagram (Figure C). Figure D then recognises and highlights the many significant interrelationships between these themes.

Figure C:

Thematic Analysis Flow Diagram

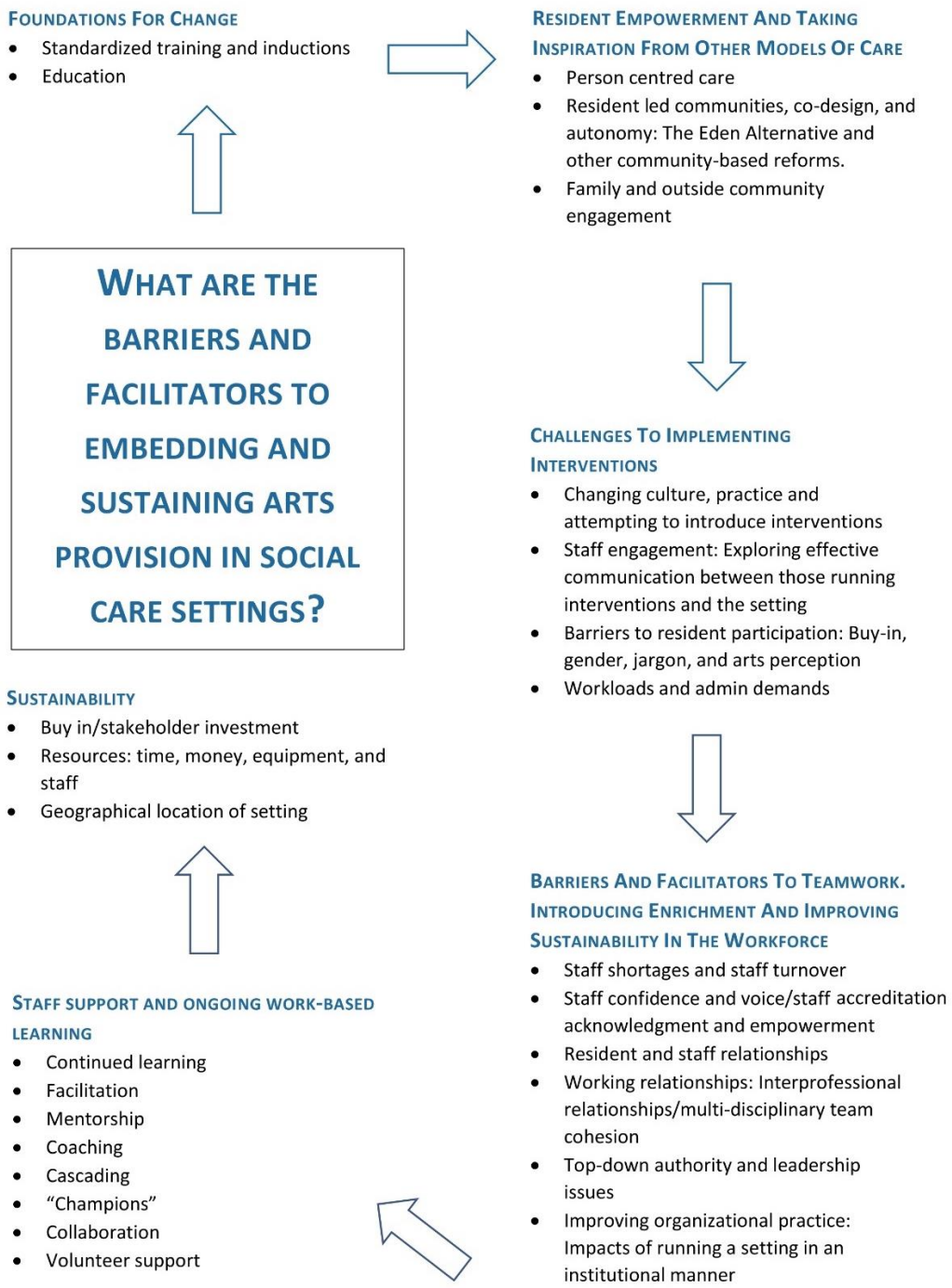
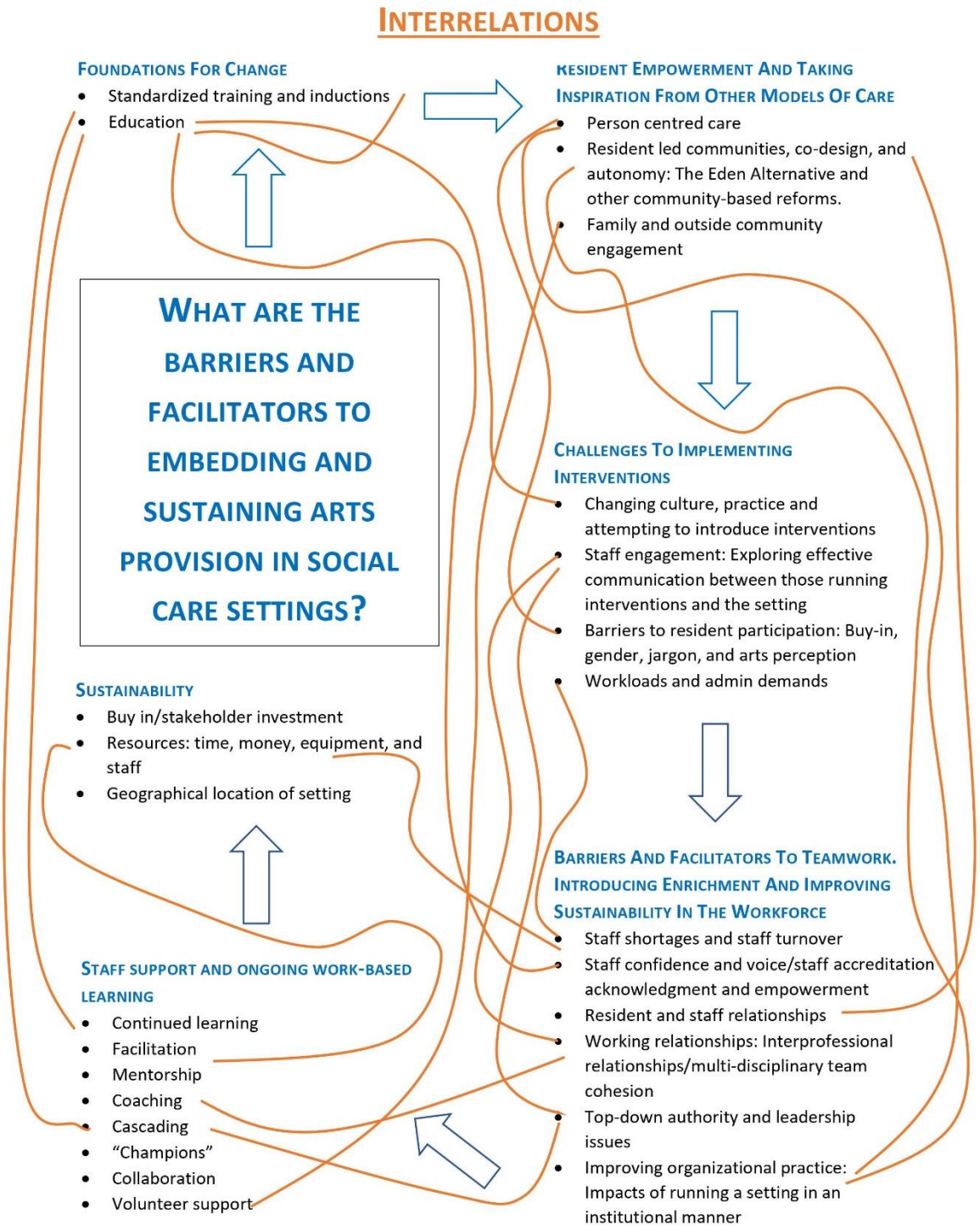


Figure D:

Thematic Analysis Flow Diagram Interrelations



The six themes illustrate the complexities and challenges associated with introducing and maintaining new interventions in institutional settings.

This section discusses the themes as developed through thematic analysis, and as represented in the above flow diagrams. Whilst many of the sub-themes interrelate, they will be presented in the following order as this arrangement of themes can also be considered as a step-by-step timeline for successful embedding and sustaining, as based on the review findings:

1. Foundations for change
2. Resident empowerment and taking inspiration from other models of care
3. Challenges to implementing interventions
4. Barriers and facilitators to teamwork
5. Staff support and on-going work-based learning
6. Sustainability

Theme One. Foundations For Change

Good quality care is reliant on an awareness of older people's issues. However, new staff members can sometimes lack training relating to some of the more complex facets necessary when working with older people or those moving into the final stages of their life. Particularly in terms of dementia awareness. In addition, many long-term staff members can remain in institutionalised methods of working that emphasise task-based working rather than embracing person centred philosophies.

Without dedicated training relating to person-centred care and in resident needs, both medical and emotional, there lies a real risk of poor well-being hindering health. For example, depression can have many knock-on effects which damage long-term health. To develop practice, staff need to understand how ageing hinders individuals; staff must understand cognitive diseases and physical ailments and be aware that older people are still often able to take part in challenging activities.

The literature highlighted the benefits of delivering training, inductions, education, and the on-going upskilling of staff (O'Brien, Kirkton, Knighting, Roe and Jack, 2016). While care settings offer some basic training, there is a significant vacuum in knowledge and awareness which could be remedied through standardised training and more opportunities for staff development (Johansson, Torgé and Lindemark, 2020; Kinley, Stone, Butt, Kenyon and Lopes, 2017).

There are many crossovers between training and education. When describing training, the acquisition of behaviour or new skills guides good practice. Education in this context describes the acquisition of knowledge. Both are vital, in that effective leaning will only happen if care home staff have both the knowledge and an appreciation of why new skills and different behaviours are required.

Standardized Training and Inductions

A lack of training is a common barrier when developing initiatives in care home settings (The Baring Foundation, 2018; Johansson et al., 2020; Liao, Xiao, Chen, Wu, Zhao, Hu and Feng, 2020; Kwak, Ha and O'Connell Valuch, 2020). Inadequacies in vocational training (for instance, some training can be poor quality) can further exacerbate weaknesses in the foundations underpinning care. Also, comparatively, care homes are less able to access the training resources which are used by health services (Liao et al, 2020).

Dix, Gregory and Harris (2018), The Baring Foundation (2018), O'Brien et al., (2016) and Weiner and Burack (2014) describe training as being a facilitator to the successful implementation of programmes, with Weiner and Burack making specific recommendations to facilitate extensive continued training for staff to maintain virtuous core values, including celebrating staff empowerment. O'Brien et al., found that in the field of palliative care the development of induction programmes for new staff could offer a solution to effective embedding and sustaining of initiatives being run in UK-based care homes.

Strengths of the ‘Making of Me’ element of the Arts in Care Homes project was that it developed a thorough induction,n as well as a logical training and development programme which were scheduled on an on-going basis throughout the project. Care staff were noted as having visibly improved in their confidence because of training designed to educate care home staff about art forms. Other outcomes noted were staff being less insecure about using creative approaches in practice, knowledge-gaps relating to creative practice being addressed, staff experiencing less anxieties and intimidation, and a strengthened sense of partnership and collaboration. A barrier with regards to this programme was that the report found that more work was required to extend the reach of quality arts provision into more care home settings, prior to a national rollout of the programme (The Baring Foundation, 2018). This work would entail securing more funds, more planning/recruitment and training, and more research to be undertaken to reduce the risks of a national rollout failing.

In a report regarding The Arts in Care Homes programme, it was acknowledged that care homes are often adept at seeking training for their own staff (Dix et al., 2018). The Arts in Care Homes programme evaluated four programmes, for which the £250,000 budget was divided over three years. Dix et al., explain that all the programmes included budgets for development and for the training of both artists and paid care staff in tandem. This approach was acknowledged as a facilitator due to the experience of shared learning about their work-based experiences resulting in changes in perspectives from the respective groups. It was conceded, however, that no specific model was developed to facilitate the further rollout of this training.

Successful embedding has been achieved by the ‘Steps to Success’ programme. Kinley et al., (2017) cite the importance of educating all staff responsible for the delivery of palliative care on palliative care matters, and to achieve this basic level of understanding there was a requirement that at least two senior team members would accompany one manager to attend four days training. The Macmillan Foundations in Palliative care training was specific to care home environments, with the

intensive course ensuring thorough training to the three core leaders and included a sustainability initiative for continuation of basic aspects of the course offered to the remaining staff. This approach allowed for consistent basic understanding throughout the staff cohort and significant in-depth knowledge for management which culminated in sustained implementation- essential to the embedding of the initiative.

Education

Kaasalainen, Williams, Hadjistavropoulos, Thorpe, Whiting, Neville and Tremeer (2010) described that there is a lack of education in social care settings which can hinder staff's openness to ideas. A lack of education was also found to be a major obstacle by Johansson et al., (2020); Kaasaleinen et al., (2010), Grealish, Henderson, Quero, Phillips and Surawski (2015), Kwak et al., (2020), Liao et al., (2020) and McAnulty (2012).

Kaasalainen et al., (2010) reported that issues surrounding aging such as declining cognitive ability due to dementia are not covered in the education provided to staff. In An Assessment of Organisational Infrastructure Gaps in Long Term Care Homes in Ontario, McAnulty (2012) explained that staff themselves report that they require education relating to the knowledge and expertise necessary in dealing with death and dying. 90% of medical directors in Ontario agreed that their undergraduate medical education did not provide them with the appropriate palliative care education (McAnulty, 2012).

Liao et al., (2020) found that during a mentoring intervention that mentors themselves identified and expressed a personal requirement for education to improve their competence. This shows that researchers, residents, and staff all benefit from educational support in their social care environments.

Barriers to accessing education/training include inadequate staffing to provide cover during educational sessions (Kaasalainen et al., 2010; Kwak et al., 2020) and a lack of time (Kaasaleinen et

al., 2010) with conflicts arising when team members need to arrange cover to attend educational sessions. Even when facilitators were present (for instance expenses to fund agency workers to cover staff), take-up still proved to be a common issue (Kaasaleinen et al., 2010).

Barriers caused by education/training include management being selective about which staff they pick for educational opportunities. This can cause friction between staff who are left wondering why some people are granted those chances- and others not (Kaasalainen et al., 2020; McAnulty, 2012). McAnulty described this cherry picking of opportunity as being a barrier because it culminates in resentment or jealousy, which isn't conducive to making everyone feel valued within a team.

In its first phase The Evaluation of the Cultural Commissioning programme (ECC, 2016) raised awareness of the benefits of arts and cultural providers through National Seminars and 'Making Connections' events in the UK. They produced and disseminated resource materials and case studies, investing in, and raising capacity for improved understanding of arts and culture. Arts Council England (2017) reported that during their Arts and Communities programme they found numerous examples of people with little or no experience of engaging in the arts playing active roles in local arts activities because of gaining education in the arts and culture. One specific individual gained skills because of the education provided. This enabled her to obtain employment.

In further support of the benefits of educational provision, Grealish et al., (2015) found that organisational learning culture was improved by activities facilitated by clinical educators, with these resulting in the largest improvements on learning culture. The focus of the study was an educational programme focused on relationships and social behaviours of staff and residents within care home settings. It had a specific focus on organisational learning culture with an aim to improve the work-based learning by applying a collective learning and development philosophy within the team. It was found that in two of the three settings the educational intervention resulted in significant short-term effects with the teams' continuation of application of the philosophies applied within the programme. Management involved in the intervention reported that staff learning improved while

the research students were present, describing them as a ‘positive influence’ and commented that they were interested in exploring new ways of promoting learning within their organisations. In direct response to this engagement, over a six-month period, three care homes partook in an educational programme which demonstrated that the setting were open to a deeper embedding of the programme.

Finally, the Six Steps Programme is a training and education method described by O’Brien et al., (2016) as being successful in imparting the knowledge and self-assurance necessary for staff working in palliative care. Six Steps provides some clear lessons for embedding interventions - irrespective of the palliative focus of the programme. The programme was flexibly designed so that it could be individually tailored to the geographical location and the individual cohort requirements in care homes. Facilitators included comprehensive and flexible support to settings. This flexibility seems key to effectively attracting staff to attending training programmes, as does manager support. The programme also needed the support of those with the authority to make decisions about who could attend.

The data suggests that preliminary training about cARTrefu aimed at managers might be a logical foundation to lay, because the literature points at managerial support being a significant enabler.

Theme Two. Resident Empowerment and Taking Inspiration from Other Models of Care

Resident well-being features highly in policy. While there is much to be done, many models of care are already embedded and have demonstrated their efficacy in promoting well-being. This theme looks in more detail at the philosophies underpinning good social care to analyse how interventions and human rights objectives such as seeing all people as worthy of happy fulfilled lives can help sustain art-based approaches in care home environments.

Person Centred Care

In putting their residents' needs at the centre of administrative and individual measures, care homes can be described as person-centred communities. Weiner and Burack (2014) discuss (when making the business case for culture change in nursing homes), the alteration of daily schedules away from traditional care home schedules (which typically operate on a practical level for ease of work for staff on shift) towards a focus on resident's preferences. The residents decided when they woke and slept, when and what the ate, the clothes they wore and the activities which they partook in (Eliopoulos, 2010).

Burgess (2015), Kaasaleinen et al., (2010), Kwak et al., (2020), McAnulty (2012) and Weiner and Burack (2014), found that staff are more likely to become empowered within person centred models of care with staff in an evaluation of the six steps palliative care programme finding that it is more likely that staff will challenge other professionals' decisions if they feel they know their residents' needs. Kaasaleinen et al., (2010) found that qualitative and quantitative findings of their study revealed that staff became more committed to improving their residents' quality of life as well as improving their practice in person-centred environments. O'Brien (2016) found that communication was improved in multi-disciplinary teams with an awareness of person-centred care (PCC) and McAnulty (2012) found that culture change and PCC reforms are effective in capturing the thoughts of residents, but a barrier can be that family members' views are still often overlooked. Exploring and incorporating family members perspectives when introducing arts-based approaches in care homes would help improve overall culture change in care homes, as family members are able to enrich this change.

Resident Led Communities, Co-Design and Autonomy: The Eden Alternative and Other Community Based Reforms

The nurturing of resident-led communities in care homes can be a successful model for optimum well-being outcomes for residents (Burgess, 2015. Kinley et al., (2017). The Eden Alternative (EA) was founded in 1994 in the USA and was developed by a medical director of a

nursing home who was feeling concerned that “loneliness, helplessness and boredom” seemed to affect older people more negatively than the health issues which caused them to move into a care home setting originally (Burgess, 2015, p.1). The EA describes itself as changing the care culture in settings such as care homes as well as the wider community through a person-centred approach and philosophy. The EA is found to have positive impacts on the well-being outcomes of not only residents, but of staff and relatives too (Burgess, 2015). As a result of the EA, The Green House Program was developed with an agenda to deinstitutionalise care home settings, by dividing large settings into small apartment style rooms with shared communal kitchens (Eliopoulos, 2010).

Weiner and Burack (2014) describe Jewish Home Lifecare settings in New York as a non-sectarian, not-for-profit long-term care setting which has been established for more than 165 years. Their culture-change communities were empowered via control over budgets, whereby community members were able to plan celebrations or activities, put on memorial services, or even redecorate the setting. The institutional feel is replaced by a more familiar homelike feel while high quality care is maintained and promoted (Eliopoulos, 2010). Residents are encouraged to plan and co-design their own activities and are described as ‘community members’ alongside the staff of the setting. Co-design, in practice would involve a combination of staff, residents and their families generating ideas as a collective and undertaking these ideas as a form of activity provision in an inclusive, joint manner. In moving away from administrative-based establishments, they used The Holistic Approach to Transformational Change (HATCh) (Weiner and Burack, 2014) to assess how the home culture has changed and whether progress towards PCC has been made. The results included improved discussion between residents. Residents planned and scheduled their activities, which improved engagement in pastimes. Residents were offered greater choice at mealtimes. Residents, families, and staff all reported a greater sense of spiritual well-being.

Co-design, and in turn, co-delivery are mechanisms to engage local people and to help shape concepts and to motivate participants (Arts Council England, 2017). Co-delivery, in practice, would

involve undertaking plans, allowing all those involved to participate and feel valued for their contribution. This latter element is what is particularly motivating for those involved. Arts Council England also cited the importance of encouraging the creativity of individuals, and of improving confidence through collaborative engagement in co-design and co-production projects, which builds and maintains relationships within communities (Warwick Commission, 2015).

Dix et al., (2018) and Kaasalainen et al., (2010) both found a primary factor in successful programmes was the engagement of all staff in the planning and creative stages, including care staff, coordinators and care home managers *all* working together. Dix et al., (2018). Arts Council England (2017) allowed space for different community groups to shape and create together. Co-design fostered mutual respect and recognition for one another as well as a sense of trust which allowed for the project to thrive and grow.

The idea of a social care setting as a location of 'community interest' is a new concept but is tied to the Care Quality Commission's requirement that there is a sense of cohesion and connectivity in care homes (O'Brien et al., 2016). Within 'community interest' one of the standards is that homes provide creative opportunities for residents. Care home settings sharing in creative or cultural practices are an "expression of community cohesion" (Dix et al., 2018, p.31).

Shura et al., (2011) state that participatory action research is:

> *…a viable method of engaging elders as competent and agentic individuals- indeed, as experts who can generate and contribute positive collective ideas and ideas for facility improvement (p. 12).*

The involvement of older people and older people's groups should help ensure that activities are tailored to their needs and interests. Co-designed projects have shown good results, with 82% of respondents for the Arts and Older People Programme feeling an increased sense of belonging to a community through making good friendships (The Baring Foundation, 2018).

The Arts and Communities Programme report (2017) demonstrated that there is no one-size-fits all model for co-design and co-delivery, but rather a set of steps and principles. The strategic attention to these factors allows for best practice, engagement and for co-design to successfully take place. Factors needing strategic attention include a working space, the opportunity for honest opinion sharing, a shared vision, time dedicated to building relationships, time to build a sense of trust, a skilled facilitator, and professional experienced artists with community engagement insights.

Fun Palaces is an annually run, workshop-based approach to culture within the community. Run voluntarily with social assets the project is co-designed and free to take part. The Fun Palaces cultural experience boasted high uptake and consistent engagement with a broad variety of participants (in terms of demographics). The participants devoted lots of their time to the projects thus assisting in the potential future sustainability (Barnett and Thurman, 2014).

Family and Outside Community Engagement

When looking at programmes it is important that family members views are pursued and acknowledged (O'Brien et al., 2016; Weiner and Burack, 2014). Additional family involvement should be encouraged, and education should be provided for family member's when appropriate. Preliminary work (surrounding any proposed culture change in a care home) should be undertaken to inform and empower families, such as educational material sent out in letters, followed up by presentations and the opportunity for informal conversations with staff members. The involvement of families in this manner fosters an emphasis on families becoming involved community members as well as having input into the care of their relatives (Weiner and Burack, 2014.) Families who are seen as being unsupportive of care home aims are often perceived by staff as a barrier when implementing programmes (Kwak et al., 2020).

According to the Office for Economic Cooperation, social capital or social assets describe networks with shared values which enable groups to deliver facilitation using their social connections. The

strengthening of local connections was effective in the delivery of new projects and in aiding projects to come to fruition. With more than one fifth of their projects being run by community volunteers, social assets were found by Fun Palaces to be vital, and as having more influence than either financial or physical resources (Barnett et al., 2014). McAnulty (2012) identified one weakness in the reliance upon social asserts with regards to volunteers- there are less people volunteering to come into care homes to support staff than there have been in the past. Furthermore, inconsistent attendance by volunteers was identified as a barrier to delivery by Kwak et al., (2020).

Co-design and community/family engagement appear to have significant impacts when it comes to people wanting to continue to engage with a project. The data suggests this inclusive approach to programme delivery is motivating for participants and this approach could help retain individuals who attend cARTrefu sessions. Good attendance would demonstrate to care home staff that cARTrefu is effective and worth creating time for. Voluntary input- whilst successful for Fun Palaces appears not to be a reliable/consistent source of support in care homes.

Theme Three. Challenges to Implementing Interventions

There are a myriad of personal reasons why we can fail to implement interventions effectively. This may be because of our perception of our abilities, or other people's perceptions of our abilities. The care home environment is complex; pressures on staff are high, practices and attitudes can be rigid. Implementing programmes takes time, care home residents can lack confidence, and stepping into the busy care setting requires careful planning and the building of new, trusting relationships between those coming to the home to undertake a programme. Engaging care staff with new ways of thinking or working can be challenging, because it involves the introduction of new approaches to practice which involve new ways of thinking.

This theme summarises the challenges reported in the literature, identifying ways to improve uptake when aiming to introduce novel interventions into care home settings.

Barriers to Resident Participation: Gender, Jargon and Arts Perception

An evaluation of the 'Each Breath is Valuable: Arts in Care Homes Programme' reported that some staff doubted residents' abilities to engage fully in activities yet upon delivery of the programme it was found that staff perceptions changed. Evidence in survey and interview form demonstrated that residents felt valued and that they had been treated with respect, and artists and staff were able to see these outcomes (Dix et al., 2018). One study, 'Culture change in long-term care: Participatory action research and the role of the resident' found that, participatory action research embraces older peoples' knowledge, perceptions, and experiences. This study carried out resident-led 'research groups' which verified that reengagement with residents was possible even with residents who previously lacked interest. It strengthened relationships, providing the:

> Opportunity to experience or demonstrate competence, to create more substantially significant and meaningful modes of connectedness, and to transform routinized, often ageist modes of relationships between residents, staff, and administrators (Shura, Siders and Dannefer, 2011, p. 11).

The 'State of Play, Arts and Older People programme' (2018) report by The Baring Foundation identified obstacles to participation including that the arts are perceived to be inaccessible and elitist. The Arts and Communities programme report for Arts Council England (2017) highlighted the need to avoid the use of specific 'arts' language stating that jargon can prevent the involvement of local communities. More facilitative language was felt to include describing activities as 'fun and social'. The report states that this was especially important as a facilitator when working with people living in disadvantaged communities. In another care home-based project, the 'Music and Memory' programme, a lack of resident buy-in was identified as a barrier (Kwak et al., 2020).

The Baring Foundation (2018) also investigated barriers to participation in relation to gender. Older women were three times more likely than older men to take part in arts activities. Attempting to

remedy this, artist facilitators focussed on involving more men within their programme, with solutions such as developing specific projects aimed at older males. Their Craigavon project 'Age on Stage' specifically encouraged men to be involved. Whilst no data on the impacts relating solely to men was reported in the findings, it was found that loneliness was reduced post-project and that 82% of *participants* made strong friendships.

Attendance at arts events declines as people grow older. The Arts and Older People programme found that 48% of those aged 65+ had not attended any arts events in the last year (2018) and that 80% of those aged 65+ had not partaken in any arts activities within that same timeframe. Identified barriers to engagement included: Limited disposable funds, living with illnesses or disabilities, inaccessible venues, lack of access to transportation, safety concerns, and finally, a lack of information about the planned activities (The Baring Foundation, 2018). While many of these barriers include logistical or health-based concerns (which are beyond the scope of an arts programme), lack of information is an area which arts programmes can address. The Arts and Older People programme (The Baring Foundation, 2018) increased its participation by offering 'no commitment' taster sessions. Those reluctant to try something new were reported as feeling less intimidated, thus arts attendance increased, with less barriers to engagement reported.

Workloads and Administrative Demands

A study to investigate building relationships between researchers and care homes to promote quality of life for residents found that staff were struggling with their existing workloads. The notion of taking on additional tasks was met with the admission that staff were already finding it difficult to meet current daily tasks (Kaasalainen et al., 2010) including the day to day overseeing of the staff team, supporting residents and their families. Respondents described as 'directors of care' expressed staff being over-burdened as a pressing concern and key recommendations made during this intervention were to reduce additional paperwork as it adds to work tasks. It is significant to mention that despite this recommendation many staff did in fact find benefit in having undertaken

the paperwork, citing it as having notably improved their practice in relation to resident care. Similarly, Dix et al., (2018) stated that an artist survey response for the 'Making of Me' arts in care homes programme commented that the additional supportive paperwork accrued through training and planning documents were enormously helpful and a resource for the future.

Staff Engagement: Exploring Effective Communication During Interventions.

There have been attempts at building positive relationships between arts and cultural organisations by 'The Cultural Commissioning Locality projects' to help create opportunities for public service commissioners to share dialogue with arts and cultural organisations. The Evaluation of the Cultural Commissioning programme explains that networking engenders relationships and sustainable connections and that failing to form good relationships can have negative consequences for local commissioning projects with arts/cultural organisations. The report discussed the ways that changes in public and cultural sector funding can pose difficulties in terms of maintaining links among bodies. As funding streams and funding frameworks reduce, shift, or get cut entirely- historic links cannot always remain compatible. An initial scoping report of the first phase of the cultural commissioning programme was, nonetheless, found to have made significant progress in achieving the opportunities for alignment because of "infrastructure that is enabling the sector to present a coherent voice and point of contact for commissioners" (Parkinson and Wilkie, 2016, Page 6).

Sometimes compatibility between two similarly-aligned services could hypothetically support and enrich one another (such as in multi-agency arrangements) but they just aren't that practical in practice. As with cARTrefu, arts and care settings can offer opportunities for programmes to work together but Dix et al., (2018) explain that there are issues with compatibility regarding the differing ways of operating between care homes and arts organisations. They explain that collaboration between the two is often very challenging because they fail to speak the same professional languages. These organisations are not run in the same ways and have different employment models. Further to that, care homes do not function like other institutional settings, therefore

practice-based arts experiences (such as those referenced) in prisons, colleges, or schools, are not applicable models for art organisations to utilise. There are many more challenges to working in care homes which are not transferable from other environments. A lack of resources and equipment to people's varying needs and reliance on others for support or the routines and the limitations of working in settings whose construction and spaces are issues. They were never considered with arts in mind.

Kaasalainen et al., (2010) stated that researcher commitment to engage in discussion with staff to allay their apprehensions is important. Identifying and working with the concerns and logistics the care home team put forward as a constraint made for another enabler; all the participants involved felt that for a programme to be a success the care home structure and environment must be considered. During the intervention other enablers were identified including maintaining consistency in attendance at the setting, as well as an emphasis on including staff in decision making and keeping them engaged by taking the time to hear their concerns. Following the research period, many participants were invested to such an extent that they asked to be informed about the results of the study. Key learning from this research is that simple approaches that have minimal time requirements are often received more favourably and can lead to better adoption and greater likelihood of sustainability.

Kaasalainen et al., (2010) summarises by saying that the ways an environment functions can have big impacts on the potential of programmes, therefore this needs to be taken into consideration by those entering the setting.

Dix et al., (2018) describe how organisations wishing to collaborate with care settings need to be aware of the time required to build mutual trust and to understand how systems in care homes work. The arrival of the artist is perceived as a disruption and the complexities of approaching the care home environment is complicated further by understanding safeguarding, age-related illness, and the need to be sensitive to individual needs. This specialist understanding amongst arts

organisations is a key facilitator. However, recruiting artists with the necessary experience and sensitive approach is not straightforward. Furthermore, Dix et al., (2018) found that staff do not always prioritize creative activities for residents due in part to the unpredictable, spontaneous, informal, and sometimes improvisational style of the visiting artist, which they perceive as too complicated to align with care home tasks.

McAnulty (2012), and Kinley et al., (2017) highlighted poor communication as a barrier to the potential implementation of a programme. Strategies to overcome communication barriers were described by Kinley et al., (2017), Hale, Haverhais, Manhaim and Levy (2018), Weiner and Burack (2014) and Kaasalainen et al., (2010) whose interventions all designed communication methods at the onset of their programmes to alleviate staff concerns and to maintain healthy communication links. Hale et al., stated that underpinning the successful execution of their project was a dedicated paid project officer who facilitated frequent communication and informal feedback with the staff team. Weiner and Burack (2014) similarly describe the creation of a 'community coordinator' position in care homes whose role was to build relationships with all those involved in the setting: residents, staff, and families, stating that this shared decision making resulted in diplomatic decision-making, that considered the opinions of everyone involved. This role shares some parallels with the advantages of co-design in facilitating sustainable programmes, with the added benefit of having a dedicated leader.

Kaasalainen et al., (2010) attempted to build relationships between researchers and care homes. They began engaging staff by discussing in detail the benefits of each project, in terms of how it had the capability to improve quality of life for their residents. It was reported that this discussion and early involvement changed staff's attitudes, inspiring an increase in engagement. The team took time to share evidence and provide information to demonstrate the effectiveness of interventions. Some staff expressed scepticism, but all staff agreed that it was necessary that research be undertaken and showed appreciation for being involved in the project from its early stages. Via the

acknowledgement of the skills of the existing staff team and demonstrating how modifications had been made based on staff input, they were able to engage staff members who remained concerned.

The study *Creating Bridges Between Researchers and Long-Term Care Homes to Promote Quality of Life for Residents* study made key recommendations relevant to communication. These included that researchers should visit the setting regularly and facilitate regular communication. They should also provide and commit to scheduled appointments, and ensure that event or meetings details are circulated to everyone who might participate. Kaasalainen et al., (2010) links good communication strategies to the development of strong relationships where-by time is taken to listen to the concerns of all staff, be they administrative staff or members of the health care team. Maintaining flexible attitudes, timing interventions and meetings with the least disruption possible and working alongside the team fostered successful practice.

Arts Council England (2017) found that dedicated time for debate, interaction, and discussion deepened people's inclination towards engaging in the arts. The Arts and Communities project had profound results. By making people feel better about their place of residence and by facilitating stronger connections with those living in the community participants later became involved in planning, organising, or delivering arts projects or events themselves. Herein lies another close interrelationship between good communication strategies and co-production/co-delivery models. This demonstrates the ways that certain aspects have various attributes and benefits when undertaken appropriately in the care home context.

In terms of challenges to implementing interventions, the language which surrounds the arts stands as an obstacle to engagement. Whilst many other factors can contribute to this- the data shows that fears expressed by people who are unfamiliar with the ways the arts can enrich the care home experience can be a barrier. Successfully engaging staff with easy to comprehend terminology and transparency relating to the sorts of outcomes one might hope to achieve, could make a difference.

Changing Culture, Practice and Attempting to Introduce Interventions

Eliopoulos (2010) described that culture change in care homes can be defined as a transformation in values, moving away from institutional operational procedures towards personal and dynamic resident led/resident directed environments. To embed and sustain arts provision in care homes, there is a need to reframe how the arts are perceived. This reframing could involve culture change, to attempt an alternative approach to practice which can allow for arts provision.

The building of strong relationships between residents, staff and families was identified as a key enabler in attempting to sustain culture change according to Weiner and Burack (2014), Burgess (2015), Kinley et al., (2017) and McAnulty (2012). Kaasaleinen et al., (2010), Kwak et al., (2020). Weiner and Burack (2014) conveyed the need for staff to be involved in and receive supervisor support for the planning and delivery stages and to feel empowered to make decisions independently.

Kaasaleinen et al., warned against complicated processes that are reliant on staff involvement, advising instead to keep programmes relating to culture change simple and minimise disruption. They added that a barrier to changing practice can be staff's outdated approaches, highlighting the importance of education and training. McAnulty (2012) and Burgess (2015) found that programmes should be implemented in stages. Shura et al., (2011) recommend engaging directly with residents during the culture change process and said participatory action research was an effective method for improving culture change within care home settings.

Eliopoulos (2010) reports that within culture change processes there is an increasing emphasis being placed on residents and their families having central places in decision making. Shura et al., (2011) took such a resident-led stance, describing the Pioneer Network's ethos that every older person should be able to embody autonomy, regardless of where they live. They elaborated that in terms of resident roles, that care home dynamics shift when the notions of power and control are examined.

Suddenly, the authority of staff is scrutinised, and residents are offered the opportunity to make decisions personally. In their study they investigated the advancement of culture change within a care home by offering residents the opportunity to act as consultants with central roles in directing areas of change. The residents' roles were realigned; they ceased to be mere recipients of care, instead they became empowered experts informing others on care homes lifestyle. The older people developed reforms and as a result, older people's skills were cultivated to support culture change. The simultaneous restructuring of care settings and encouraging residents to have autonomy was a demanding undertaking for all involved. Indeed, it was found by Kinley et al., (2017) that 90% of culture change initiatives fail and yet, in the case of this initiative, it was successfully achieved by all the care homes who took part, with the supportive facilitation of the setting.

The EA (Burgess, 2015) is also resident led. It is a culture change model and a philosophy, led by cross-sections of certified 'Eden Associates' which includes care staff, registered nurses, and managers, having undertaken relevant training programmes. Knowledge is cascaded down to all staff, residents, and relatives, the aim being to develop the philosophy into a shared vision throughout the care home community. Burgess (2015) asserts that team relationships play a part, and that familiarity and respectful team relationships are key enablers for implementation. For example, if each team member can acknowledge the skills of other team members this leads to healthier working relationships and improved resident well-being. External support for these activities can come from programme staff and other wider stakeholders. It can be sustained and embedded like The EA with its mutually shared philosophy, which since it was established in 1994 has become a globally recognized brand and model of care.

Changing culture sits closely behind the need to consider the language commonly used within the arts, as well as the need for strong communication. Culture change needs to be a shared objective, and the culture developed needs to fit the setting philosophy and team goal. The need to be able to communicate well together in a care home to achieve this is clear. Culture change and embedding

and sustaining an arts programme, must be a shared vison. The purpose must be clear and explicit to capture the interest and motivation of those involved.

Theme Four. Barriers and Facilitators to Teamwork

Within teams if there is not good communication and respectful interactions, even normal daily personal care and support tasks can be challenging. Care home teams can be problematic work environments and potential sources of friction amongst teams are evident in the relationships between management, staff team members and residents. As reviewed below, there are many facilitators to teamwork and remedying barriers to teamwork can enhance the sustainability of arts-based programmes.

Staff Shortages and Staff Turnover

Staff shortages caused by illness or unforeseen circumstances often cause issues as finding replacement staff can be difficult and costly. Maintaining an adequate staff team is a challenge and recruiting and retaining staff is a common challenge in care homes (McAnulty, 2012). Kwak et al., (2020) describe inadequate staffing as a barrier to sustaining programmes.

High staff turnover was identified as a key barrier to introducing programmes by Burgess (2015), Hale et al., (2018), Kaasalainen et al., (2010), Kwak et al., (2020), McAnulty (2012), and O'Brien et al., (2016). Kaasalainen et al., (2010) state that the landscape of long-term care is changing with increased resident needs but that this has not been reflected in staffing requirements. Hale et al., (2018) explain that building relationships also becomes challenging when high staff turnover results in remaining staff becoming overburdened.

Staffing turnover rates in American not-for-profit nursing homes are lower than in private homes (McAnulty, 2012). Staff absenteeism and turnover can also be reduced by the empowerment of staff via training opportunities and dedicated team building, which is a philosophy adopted by The EA.

The EA boasts high job satisfaction and a diminished need for agency staff. Staff commitment is enhanced by efforts to develop creative communities. Where there is a fostering of staff and residents' relationships, staff are encouraged to be independent and creative, shifting the dynamic away from management decision-making into a more dispersed decision-making process that all staff participate in (Burgess, 2015). Furthermore, Weiner and Burack (2014) report that in homes adopting a community centric philosophy, staff members were empowered to coordinate their own staff rotas. Working together, staff developed their own strategies and, in the process, had more reliable and consistent staffing which resulted in residents receiving more consistent care from familiar staff members.

Top-Down Authority and Leadership Issues

Kaasalainen et al., (2010), McAnulty (2012), Shura et al., (2011), and Weiner and Burack (2014) describe the typical structure found in care home settings to be one of top-down authority. McAnulty (2012) found that often within care homes, staff holding the highest qualifications (rather than staff with the most experience) are bestowed with the decision-making responsibilities. Without consulting other staff members, these individuals instruct those with lower qualifications and less power. Kaasalainen et al., (2010) found that carers left their jobs in care homes because of the way they were treated by more senior staff, and not necessarily because of low pay or challenging tasks.

Furthermore, imbalances of power and conflicts of interest within staff teams hinder progress. Unless individuals feel like they are working together towards the same goals, with respect for one another, then those teams aren't going to function well. Plus, a lack of trust within staff teams forms barriers when implementing new programmes (Liao et al., 2020).

In terms of management, Liao et al., (2020) and O'Brien et al., (2016) found care staff felt they lacked the support necessary from management to implement interventions. Dix et al., (2018) found

that care setting managers' commitment to introducing programmes could vary. McAnulty found that all levels of staff were aware that authority stemmed from the hierarchy within care homes. These hierarchies in staffing resulted in *inconsistent care* due to staff perceiving certain tasks or roles as not being their responsibility. Liao et al., (2020) and McAnulty (2012) reported that staff below management level often lacked accountability. Care home staff below management level did however report undertaking work in their own time during the Six Steps to Success Programme, as insufficient time for training had been scheduled by the management team (O'Brien et al., 2016). This goes to show that accountability isn't always connected with the level of authority a person possesses.

Weiner and Burack (2014) altered the organisational structure of care settings by providing decision making responsibilities to residents and staff known as 'community-based work teams'. Management roles were developed into consultant positions when specific guidance was needed. Community based work teams held monthly meetings, wrote their own policies, and held responsibility over their facility budgets. It should be noted that new models of management might result in short term administrative issues, financial complications, and difficulty in providing oversight.

McAnulty (2012) stated that while management can hinder staff's abilities to participate in the implementation of programmes, they are vital in supporting the implementation of new ways of working. For instance, managers who attended the Palliative Care training were asked to select other key staff to attend alongside them. This was found to be a key enabler to the successful implementation and sustaining of the programme (Kinley et al., 2017).

The findings demonstrate that care homes are not easy places to attempt to introduce a programme. Managerial influence and resident input is key again here. Turnover and existing staff friction within homes sets a challenging stage for a programme wanting to engage in this setting. Work to improve these areas could help cARTrefu or a similar programme break into the care home

environment but it almost seems like the work cannot be done BY cARTrefu and would ideally need to be done BEFORE cARTrefu. Although a programme which is aware of and attempts to improve these barriers would also improve overall care home culture.

Improving Organisational Practice: Impacts of Running a Setting in an Institutional Manner

Shura et al., (2011) explains that the conflict between reform attempts and pre-existing organisational structures presents "formidable theoretical, methodological, and existential challenges" (p.213). The authors highlight how positioning residents as *recipients* of care who lack autonomy results in them being perceived as inept and devoid of power. They suggest that participatory action research has "indirect positive benefit for resident's quality of life because it can provide rich and meaningful social engagement in contrast to institutional roles and routine" (p.220). Shura et al., (2011) additionally explain that successfully de-institutionalizing the care home setting was undertaken by The EA. Efforts to alter the care home setting into a more person-centred environment included introducing plants, animals, and children into the home, so it became a more welcoming family home-like environment for residents, staff, and families alike.

Working Relationships: Interprofessional Relationships/Multi-Disciplinary Team Cohesion

Good working relationships between different professionals fosters a sense of trust (Johansson et al., 2020). Good relationships can also provoke a desire to undertake shared challenges. Johansson's study highlighted the significance of working successfully with other professionals. Healthy relationships between multi-disciplinary teams were identified by McAnulty (2012) as being key enablers, stating that the various specialists must effectively work together to provide unified standards of care. McAnulty (2012) explains that conflicts can arise between staff grades/levels and that attention should be paid to the mix of people in the team when developing a (palliative) programme; a recommendation arising from the study was that professionally registered staff should work alongside unregistered staff; higher levels of professionally registered staff has been

associated with increased functional ability in residents as well as less violations in the standards of care.

Kaasalainen et al., (2010) found that the organisational culture within a setting had a significant impact on working relationships, and that other staff members' "rigid attitudes and circumscribed knowledge bases" formed barriers, with such attitudes being labelled by interview respondents as "my way or the highway." Furthermore, clashes of personality (often with their supervisors), weak leadership and bad communication were repeatedly highlighted as obstacles by staff. Interestingly they were also cited as stating "bad decision-making" was another barrier. This quote wasn't elaborated upon, but it could be speculated that a statement which questions people's ability to make "good" decisions, might demonstrate a lack of faith or respect for the decision of their peers- or a lack of team coherence.

A feeling of frustration was reported by some staff (McAnulty et al., 2012) due to nursing staff not consulting personal support workers with decisions relating to residents. Lesser qualified staff can also feel disempowered as nursing staff are typically the people who communicate with the family of residents. This frustration and poor communication stems from nursing staff being less personally familiar with residents.

Arts-based interventions need to work with a wider staff group than just the core care home staff team. These wider relationships can also present facilitators and barriers to programme implementation. Burgess (2015), Kinley et al., (2017) and McAnulty (2012) all recognised the need for improved relationships with general practitioners (GPs) to achieve optimum health opportunities for residents. An awareness of arts in health with links on a GP practice could enhance the potential to embed programmes. An example of this could include a GP making recommendations that a resident with low mood spend more time enjoying activities which would improve their well-being, such as participating in arts provision.

Regular communication across health care disciplines was also raised by Hale et al., (2018), Kaasalainen et al., (2010) and Kinley et al., (2017), who emphasised the need for regular meetings to discuss the needs and requirements of residents.

Staff Confidence and Voice, Staff Empowerment and Accreditation

Engaging with staff is key to the potential of a program. A diminished sense of influence, a sense of disempowerment and a feeling of insignificance were common issues voiced by staff in a study investigating the relationships between care homes and researchers (Kaasalainen et al., 2010). A lack of confidence in their role was identified as a barrier which impeded the administration and use of End-of-Life tools whereas those with increased confidence levels in the same study experienced a greater likelihood of questioning the decisions of other staff members where they felt there was cause (O'Brien et al., 2016). The EA recognizes the value of empowering care home staff residents, and their families although ultimate accountability lies with qualified members of staff (Burgess, 2015). Open communication strengthens the efficacy of this program, and empowering the staff lead them to accept more accountability.

In further focus on staff engagement with a program, Burgess (2015), Kaasalainen et al., (2010), Liao et al., (2020) and O'Brien et al., (2016) all stated that empowering staff to develop their work-based skills for their practice development was important. Liao et al., (2020) state that positive behavioural changes can be sustained or inhibited by motivation levels; motivation is highly important. Initiating these changes to motivation can be maintained by practical application, support from authority, rewards, and the *framework of hierarchy*. The latter meaning regular team meetings which help different levels of staff to know and fully understand their responsibilities. A key recommendation which emerged from palliative care training sessions was that the participants requested certificates. These care staff *specifically* made requests for certification to be provided because they wanted acknowledgment of their newly gained skills. As a result, these sessions are now always accompanied by certificates (Kinley et al., 2017). Credit and recognition to staff seems to vastly

effect the ways in which staff are open to engaging with new ways of working and needs to be considered when planning programmes in care homes.

When considering staff attributes and engagement, recognition of skill level, inclusion in planning, acknowledgement of input and an influence on decision-making were strong themes in the study by Kaasalainen et al., (2010), which was improved by researchers encouraging the input of the care homes staff. The evidence suggests inclusion of staff helps in the effective embedding of a program as it makes staff feel valued.

Confidence levels grew during of the Arts and Older People programme (The Baring Foundation, 2018) where it was reported that sessions were skilfully designed to put care staff at ease with creative interventions; meetings had consistently good attendance rates. cARTrefu could benefit from including a focus on increasing care home staff confidence. This could benefit working dynamics and improve practice overall.

Resident and Staff Relationships

Burgess (2015), Shura et al., (2011), and Weiner and Burack (2014) discuss the importance of close relationships and a sense of connectedness between residents and the staff responsible for their care. In *Making The Business Case For Culture Change In Nursing Homes,* Weiner and Burack (2014) identify that the centrality of relationships between residents and staff is one of their underlying principles. The EA culture change transformation researched by Burgess (2015) used an incremental approach, transforming the community to a person-centred model. Burgess also states that the success of the EA demonstrates that the creation of small communities (staff, residents, and their families) is key and that while essential tasks must be completed and routines maintained, it should be the residents themselves shaping those routines.

Shura et al., (2011) identified a lack of connection between staff and residents as a barrier, with limited personal information about residents health needs shared between those staff working in

the care home. Several strategies were adopted during research group interventions in the Shura et al., study. Residents and staff supported one another while residents co-designed and conducted different exercises to become closer and build relationships with one another. Activities included informal one on one interviews with all the staff in their unit and the creation of a hard copy 'staff face book', the sharing of informal daily diaries (completed by staff, residents, and their families) as well as opportunities to learn more about each other. These activities were conducted to demonstrate that staff are valued as members of the setting by the residents and to form stronger relationships between themselves and the staff. In response to a request that Bulletin Boards be lowered to allow residents in wheelchairs to be able to enjoy community news, the management lowered the boards and printed news for residents in larger type. This improved communication helped to successfully develop relationships between everyone in the setting.

Engaging with cARTrefu would address many of these commonly reported resident and staff relationships- as a core principle for cARTrefu is encouraging staff to participate in the sessions and gain confidence alongside the residents.

Theme Five. Staff Support and Ongoing Work-Based Learning

Successful training and education from the outset can help to establish skills, confidence, and empathy. Work-based development e.g., mentorship programmes can further refine these attributes, allowing staff to further develop their skills and professional attributes.

It is important that staff feel supported to attend work-based learning opportunities as this can make staff feel that management are investing in them and that their time spent working on professional growth is noticed and valued by the setting.

Continuous Learning

Kaasalainen et al., (2010) found that a major barrier relating to continuous learning was that care staff were often excluded from participating in educational activities, were not supported to attend educational initiatives and lacked the knowledge needed to support interventions.

Continuous learning opportunities and education initiatives beyond initial training for new staff in care homes were cited as essential facilitators for staff development by Grealish et al., (2015), Kaasalainen et al., (2010) and Kinley et al., (2017). Kinley et al., also state that to allow initiatives to grow, it is recommended that on-going training be offered on site as well as at external sites.

Grealish (2015) found that scheduling staff development opportunities sowed the seeds for an organisational learning culture. To improve work-based learning, clinical leaders should direct their influence at the administrative level and not limit their engagement to staff members who work directly with residents. A priority recommendation for the second phase of The Cultural Commissioning programme was to support the development of skills of future commissioners and leaders demonstrating that on-going learning is perceived as important for practice at all levels within social care development and practice (Parkinson and Wilkie, 2016).

Mentorship

Liao et al., (2020) wrote in detail about the benefits of mentorship in their systematic review and qualitative meta-synthesis regarding mentorship programmes. They outlined that mentorship programmes can be described as a programme of staff development that utilises successions of organisational techniques to train and provide education for employees. Liao et al., (2020) describe how mentorships benefit both the mentor and the mentee. Liao et al., (2020) also found that mentorship programmes improve nursing staff abilities and professional standards.

The suitability of mentors can play a role as a key enabler. Liao et al., (2020) described that mentors would ideally have relevant clinical experience and possess good social skills, with a professional work ethic and a tendency not to be overly controlling. Mentors often liaise between care, nursing

and senior staff acting as useful communication bridges, therefore Liao et al., explain that the characterisation of mentors should be well-defined and established via standardized training and work-based education; passing on learning, acting as educators to new staff assisting them to adapt to their new roles within the setting. One barrier identified during this study was that care home settings are resource-poor environments for the development of staff as opposed to hospitals. This can cause conflict or resentment when over-stretched staff are asked to take on tasks that they perceive as outside their remit. A mentoring role could be undertaken by existing staff, internal to the setting- or alternatively externally, for example by researchers as reported in the systematic review by Liao et al. An example of this is the external mentors provided in The State of Play and Each Breath is Valuable programmes. Mentoring can be obstructed by the reluctance of internal staff members to step up a role demanding more responsibilities (Liao et al., 2020). The success of mentorship relies on the fostering of healthy trusting relationships between compatible mentors and mentees, regular training and education opportunities.

Dix et al., (2018) and The Baring Foundation (2018) both cited mentorships as ways to develop staff skills, in instances where staff welcome the additional engagement as part of their work-based development. In terms of mentorship to support artists, Dix et al., (2018) reported that during the Each Breath is Valuable programme, the programme devoted a lot of attention to mentoring artists. Alongside a care home partner, the artist mentorship programme served to embed good practice and forge strong relationships with the home. The Making of Me project trained three mentors then made use of a cascade model to pass on good practice through mentor led training sessions.

Cascading

Cascading is a somewhat similar intervention to mentoring with more focus on continual learning. Cascading is the practice of continued informal shared learning as an on-going process and is more intense than mentoring. Cascading can be undertaken by anyone involved in the home- be it residents, staff, or family (Dix et al., 2018). ‘Making of Me’ ensured effective delivery of the

programme via evaluation and feedback processes, as well as with a heavy emphasis on mentoring tactics to find solutions.

The EA teaches that culture change begins with the individual and with their attitude as a care giver. Participants receive a three-day training programme which is delivered by experienced care home staff, with participants being invited to take a step back from their usual practice and consider how things could be done differently. This 'step back' allows for the development of a shared vision of a preferential philosophy of care which they then 'cascade' down to remaining staff, residents, and relatives (Burgess, 2015).

Cascading can take place within and among other disciplines too. Where the EA works with care home staff within care homes, cascading was also reported as being effective in the Fun Palaces. Makers developed their own skills and honed their professional development, learning with the communities they were there to support. The makers acted as cascading conduits between the core team, other 'makers' and the participants (Barnett et al., 2014), cascading practices whereby the sharing of their skills and knowledge was passed on, or *cascaded* down, into the communities within which they were working.

Champions are another example of cascading roles and were described by O'Boyle et al., (2017) as those upskilled and competent to a standard suitable to cascade training through the care home setting to other staff members. Their research looked at the impacts of nursing home education and training, selecting 20 nursing homes to complete 'patient profiles' which formed the basis of new educational programme content, to effectively identify participating 'champions'. This initiative lowered unnecessary hospital admissions by 31%, reduced strain on community services, improved the health of care home residents, improved relationships between residents and staff, and markedly reduced costs per capita for the hospitals of approximately £319,000 over the course of the programme.

O'Brien et al., (2016) found that typically it was care home managers who were in 'champion' roles, and the lower turnover of managers was reported as being an important feature in successful implementation. Having a consistent champion throughout the 'Six Steps' programme established connections and links between the home and the facilitator. They also found that senior staff cascaded the information more effectively. O'Brien et al., (2016). Grealish et al., (2015) established that the process of developing champions was key to building learning cultures in care homes.

However, cascading is not always effective. O'Brien et al., (2016) found issues with the inconsistent cascading of information, relating to the 'Six Steps' training. Those who hadn't undertaken the training experienced poor cascading which resulted in a limited grasp of the programme. It was found that more work was needed to improve the cascading of information to the wider staff network, and that more care should be taken with regards to the selection process; facilitators felt incorrect staff members had been selected by the home who did not have the experience necessary to cascade the learning efficaciously. Barriers aside, it was found that cascading still seemed to meet care home training needs as this form of training can be delivered on-site overcoming barriers related to attending training sessions. Suggestions were also made to further explore additional methods of cascading information and not to rely too heavily on one approach.

Facilitation, Collaboration, and Coaching

Arts Council England (2017), Grealish et al., (2015), and The Baring Foundation (2018) describe facilitation skills as a key feature in the success of projects. Facilitation skills include the abilities to engage groups and bring out their individual strengths. Facilitation lends itself well to the practices of co-design and co-delivery in community projects. The Arts Council England, 2017 recommended the recruitment of an external facilitator to enable a 'cultural co-design process'. These facilitators were in post with dedicated time to focus solely on this work. Facilitation was also undertaken by roles known as 'community enablers and leaders' whose purpose were in-reach into

the necessary communities to identify potential partners but also to support participation on programmes too. A recommendation made in this report was:

> Artists and arts organisations need to strike a balance between raising aspirations and managing expectations, letting go but retaining control, and ensuring that the quality of the engagement process doesn't compromise the quality of the artistic output (Arts Council England, 2017, p. 22).

Grealish et al., (2015) found that organisational learning culture has greater impact when the facilitation role of a clinical educator was involved, and that clinical leaders must contribute continued facilitation at both individual and strategic levels to achieve the most effective gains in terms of embedding programmes at an organisational level and to exercise influence. This facilitation role was effective because it blended roles between staff on the ground and those in the strategic posts (as referenced) and this allowed for team building throughout the setting.

The State of Play (2018) report by The Baring Foundation reported that their facilitation process involved a deliberate strategy to create problems to enable the team to have a purpose in their joint working. People seemed to respond well to the notion of repairing and finding solutions to issues; imparting their experiences resulted in participants becoming more invested in the programme. Unfortunately, no examples were provided in the report.

Collaboration can be a significant facilitator to arts-based programmes (Arts Council England, 2017; Kangas, 2017 and The Baring Foundation, 2018). Kangas (2017) discussed The KUULTO action research project which found that collaborators in the form of local actors, researchers, and cultural organisations were pivotal in sustaining continued engagement in community arts projects. Communities can be inspired by exciting collaborations between artists and arts organisations (Arts Council England, 2017) and collaboration can be found at the core of the Arts and Older People Programme (The Baring Foundation, 2018). Collaboration is a useful approach in many settings, but

The Baring Foundation specifically said that collaboration is a suitable method within the following settings: older people's groups, palliative care providers, health, and social care trusts and within residential care homes. Perhaps this is due to older people sometimes being isolated in later life, thus benefitting from social experiences in a more meaningful way. However, while collaborations may occur organically in creative settings, they frequently require effort from organisers (in this instance, The Arts and Older People Programme) to ensure a unified, mutually co-designed idea (The Baring Foundation, 2018).

Coaching refers to the notion of more experienced staff members supporting newer staff members, or those who lack confidence in a new role. Coaching would typically, in these settings, be undertaken by other staff members, and provided in an informal manner. A feasibility programme utilised coaching techniques (such as shadowing and offering guidance/tips) during toothbrushing of residents, to enhance levels of oral health in care home residents. Johansson et al., (2020) concluded that successful coaching programmes had used 'behavioural change methods' like re-designing the routines surrounding toothbrushing, as well as approaches such as shadowing staff and offering advice and guidance.

Volunteer Support

The Arts and Communities Programme (2017) was supported by 355 volunteers from the local area who assisted in delivering arts events. Arts Council England (2017) describe these volunteers as working alongside the professional arts facilitators to encourage local people to participate. The voluntary input was perceived positively as an asset facilitating the set-up. Kwak et al., (2020) and McAnulty (2012) identified that effective training of volunteers could reduce pressure on facility staff, with McAnulty reporting that staff in a care home criticised a lack of community involvement, stating the setting was not effectively making use of community resources such as volunteers to help support activity provision.

The Fun Palaces programme relied heavily on volunteer support, with 22% of their maker (facilitator) cohort being voluntary. However, when considering the project on a national scale, Barnett et al., (2014) warned that while volunteers require fewer financial resources and there are often plentiful volunteers coming forward, their dedication/ time on the project cannot always be relied on. They said these risks need exploring but did not elaborate further. Kwak et al., (2020) described irregularity of support (such as inconsistent attendance) from volunteers as a barrier to their Music and Memory Programme.

Theme Six. Sustainability

Resources: Time, Money, Equipment and Staff

McAnulty (2012) describes resources as "the assets and means available within the long-term care organization including financial, human, information, physical and community" (p.15). Arts Council England (2017), Dix A et al., (2018), Kwak et al., (2020), McAnulty (2012), Neville et al., (2010), and Parkinson and Wilkie, (2016), all concur that a lack of resources and the resource intensive features of implementing interventions are significant barriers.

Arts Council England (2017), Hale et al., (2018), Johansson (2020), Kwak et al (2020), Liao et al., (2020), McAnulty (2012), Neville et al., (2010), O'Brien (2016), and Parkinson and Wilkie (2016), all attribute timescales, limited time, time constraints and staff release time as commonly recurring barriers. Johansson et al., (2020) report that it is key to work around specific times of the day for ease of implementation in care homes; mornings are typically taken up with washing and dressing residents for the day, and care home residents tire easily. If looking to work creatively with residents' then routines and energy levels need to be considered for the least disruption to the staff, and optimum results in terms of resident engagement.

Hale (2018) identified how telehealth can free up staff to work more time efficiently. Neville at al., (2010) found that care staff greatly appreciate punctuality and reliability which lends itself well to

making best use of time and forming trusting relationships with staff involved with interventions. Arts Council England (2017) state that to be successful in attaining good engagement with communities, time must be taken build strong trusting relationships and to maintain continuity of delivery.

Funding and Stakeholder Investment

Arts Organisations are often modest in size, and vulnerable in terms of sustainability with their funding bases being insecure. They can lack the skills to plan within a business; board members are commonly unskilled when it comes to understanding how to run an arts organisation as a profitable or sustainable business (Dix et al., 2018).

Decreasing budgets are a barrier facing public service funding (Dix et al., 2018 and Parkinson and Wilkie, 2016). Parkinson and Wilkie (2016) found that in recent years the roles and functions of public bodies have altered and that rather than directly providing services they instead look to companies and organisations to deliver services. Local Authorities typically act as the funders of care services rather than providers and the impact of austerity and local authority cutbacks makes it difficult for Local Authorities to fulfil their statutory obligations to provide effective, person-centred social care. Local authorities typically focus their funding at a grass roots level through care funders apart from Nottingham Council and Kirklees Council who supported the @Home and We Do projects.

Care home groups in the UK commonly misperceive the arts as an optional luxury, appreciated as a minority interest for those with some degree of arts interest, arts aptitude, or background. Care homes fail to appreciate the applicability of the arts for all. Budgetary constraints were found to be highly restrictive preventing the opportunity for high quality well-resourced arts provision (Dix et al., 2018). Resource intensive interventions pose a significant challenge in terms of sustainability in care

home settings and strategies need to be developed to sustain programmes collectively through community development and commitment to continued delivery (Shura et al., 2011).

In other countries with alternative funding arrangements for social care/culture, other financial barriers might arise. For example, In Wisconsin, Kwak et al., (2020) reported that the state offered generous funding state-wide to initiate a Music and Memory pilot project. They found that the care homes agreed that the grant awarded them by the government was a great resource in allowing them to start and implement the program, but sustainability was a concern once the funding was concluded. In Ontario, McAnulty (2012) found that one of the biggest barriers to receiving funding from the government was the conditions relating to how that money must be spent. Their assessment of organisational infrastructure found that that care homes were in receipt of two funding streams: firstly, from the Ministry of Health and Long-term Care and secondly from the residents themselves, which is a supplementary payment to cover facility costs. The Ministry funding is allocated to nursing/personal care, program/support services, food, and accommodation costs (administration, laundry services, housekeeping, and other facility costs) (McAnulty, 2012). These funding amounts are assessed by the government using an 'Adjusted Case Mix Measure' depending on the level of care they require, and these figures cannot be altered by care homes. A key barrier is that that there is no provision within the funding for holistic care thus it doesn't consider the social, psychological, or palliative care and support needs of the residents.

@Home in Yorkshire which was led by We Do in Huddersfield explored funding models for their care home partner Anchor Homes by working across West Yorkshire in developing subscription models involving subsidised arts programme packages (The Baring Foundation, 2018). The aim was in time to create a self-sustaining provision, offering homes £625 per year, to include training for staff with one free activity then further activities offered at subsidised rates for the first year. Heavy promotion resulted in 5 care homes signing up to the offer. The @Home project never succeeded in securing

any further commitments from homes rendering the project non-viable, resulting in the We Do and @Home project ending in 2016.

The Making of Me project experienced issues in terms of the amount of financial contribution necessary to sustain an arts programme when their lead partner, Shaw Healthcare withdrew resulting in the programme needing to review its processes and scale.

In another example, a lead partner in the arts in care homes programme lacked central funding and project management costs were reliant on temporary funding. The Baring Foundation and Arts Council England provided substantial support for @Home and Home Service, but despite this the programmes failed to become sustainable. Key learning from the Each Breath is Valuable evaluation included ensuring there is an awareness with arts partners about the costs and scale intended of programmes. When planning programmes there is a need to explore the capacity of partnering agencies to financially support programmes with longer lead-in times and a more cautious approach that establishes realistic expectations of what arts programmes can achieve in the short-term. Funders often had unrealistic expectations in terms of what were realistic outcomes in delivering arts projects, financially and with regards to timescales. They often under-estimated the costs and factors involved (failing to appreciate artist pay rates, and the implications/time necessary for delivering high-quality sessions, with high-quality resulting artwork.)

The literature suggests that co-design can be one route for securing programme fundings. For example, in Bradford 5 Community Arts Networks were founded following the Arts and Communities Initiative. The council supports the networks via their cultural services team, delivering arts events and continuing to help the community build their confidence and skills. In Burnley, the same programme has secured additional funding. It is recommended that projects exploring community co-design cascade this method of collaborative project design across the arts and cultural sectors, involving wider audiences from the local community the opportunity to become engaged in shared activities, helping to sustain cultural assets (Arts Council England, 2017).

The Evaluation of the Cultural Commissioning Programme: Final report (Parkinson and Wilkie, 2016) found that the Arts and cultural sector organisations needed to adapt to function within new approaches to locality led commissioning which is an obstacle if not understood; this involves consideration of the local context and a high level of organisation within the cultural sector. Decreasing budgets put strain on public services: adult social care, public health and clinical commissioning groups all struggle to balance acute needs with an awareness that longer term, preventative strategies must be developed. These challenges with tight budgets pose the risk that outdated service models can come back into practice; preventative methods pose risky investment prospects as they are considered problematic to evidence. On a positive note, The National Council for Voluntary Organisations (NCVO) reported they hosted High Level Round Table Events for discussion and debate surrounding cultural commissioning to discuss the Care Act and how at local levels barriers to delivering good commissioning can be explored. Health commissioners' perspectives on utilising non-clinical interventions were explored and on forming relationships between arts organisations and cultural commissioners in areas lacking cultural funding. Stakeholder feedback was positive and helped develop more strategic approaches. Yet the absence of local authority arts development teams and reduced capacity in arts and cultural organisations due to budget cuts pose significant barriers to effective engagement and development work (Parkinson et al., 2016).

The State of Play in Northern Ireland provides funding for voluntary and community groups as well as arts organisations and local authorities to develop sustainable initiatives, and is in partnership with Arts Council, The Baring Foundation, and the Public Health Agency. The Arts Council has also created an Arts and Older People Steering Group, and established a full-time role of Arts & Older People Community Development Officer (The Baring Foundation, 2018).

Demonstrating effectiveness can be a further way for programmes to secure funding. For example, an initiative to reduce hospital admissions safeguarded its funding by evidencing that the

programme reduced hospital admissions. The outcome data they were able to share led to sustained, permanent independent sector and primary/secondary care in 20 care homes in Northern Ireland (O'Boyle et al., 2017).

Kinley et al., (2017) described a sustainability initiative relating to implementing and sustaining the Steps to Success programme whereby care homes taking part in the initiative were asked to contribute to the programme by employing an additional member of staff who supported the team, coordinated, and developed the programme. This addressed the workload and time constraint issues commonly identified as barriers to interventions.

It is important to identify all stakeholders at the beginning of a project to identify any barriers which may need strategizing to overcome (Neville et al., 2010.). Hale et al., (2018) utilised process mapping which outlines objectives and identifies stakeholders relevant to their project. They then visited community nursing homes in person to determine home's precise requirements and establish good communication through consultation. These stakeholders advised on strategies to overcome identified barriers (Neville et al., 2010).

In Birmingham the Designs in the Sky project under the Arts and Communities programme was a great success with its culturally appropriate co-designed community project which won the support of a local supermarket who provided resources, facilities, and allowed the work which had been produced to be exhibited on their fencing. Buy in from the community was demonstrated by the lack of vandalism of this exhibition (Arts Council England, 2017).

Geographical Location

The financial resources available for cultural activities varies between different areas in the UK with a clear difference in the number of people partaking in densely populated areas versus rural areas. Local policies also seem to favour cultural activities less in rural areas, where local communities often suffer with a lack of access to cultural activities/venues. Barriers include cultural

priorities not always being recognized in policy and practice, and poor communication between administrative sectors such as cultural departments, adult education partnerships and community resources such as the library. Good communication between those sectors was reported as being responsible for the successful continuation of services by the local people who participated (Kangas, 2017). Understanding the context on a local level for commissioning within the cultural sector is important. Sustainable models of cultural commissioning require key features to be developed for local level networks and commissioning processes. These features are vast and not easily or quickly remedied and include policy change, political buy-in and public service restructuring, and oftentimes budget cuts in other areas (Parkinson and Wilkie, 2016).

The Fun Palaces programme included an investigation into the geography and location of arts events. The notion that anyone can create a Fun Palace highlights how venues can be temporary and moveable 'homes' for the creative sector. Fun Palaces have planned to become a self-organising programme, with no central infrastructure and to continue its philosophy to be a non-fixed 'university of the streets' to improve our societies through inclusion. Fun Palaces has experienced success on a local and national scale (Barnett et al., 2014).

The Baring Foundation (2018) found that the geographic spread of their Arts in Care Homes Programme was at times, too great, which brought burdens in terms of communication and collaboration. Costs and travel times increased with larger distances, hindering regular face-to-face meetings, and creating a barrier as these meetings were noted to be very helpful. They also found that conglomerates in smaller geographic areas received higher support in the form of local sector knowledge (such as an awareness of the groups operating locally and their aims/contacts) and garner shared interest which sometimes led to larger projects. A key learning point for future national programmes was to target feasible geographic footprints for effective regional partnerships and networking.

Conclusion

Before discussing the findings, this section will summarise the key learning points. The literature highlights several barriers and facilitators to embedding and sustaining creative programmes in practice.

Good training and education can offer staff empowerment, equip artists to deliver to a high standard and offer management the understanding they need to provide the support/cover for staff to participate. Good inductions allow new starters to begin their role with an awareness of the potential of arts in health, for their residents, for themselves and for their team. This improved awareness can begin to replace task focused practice. Education and work-based training encourages staff to retain their roles, reducing staff turnover and saving care home costs.

An awareness of the needs and personalities of residents empowers individuals and motivates staff, as they come to know and develop bonds with the people they care for. Family involvement bolsters this healthy dynamic further, helping them to feel involved in their relatives' lives. Education that highlights the need for culture change ensures all members of the home understand the purpose of the programme being implemented; and new programmes can be developed through co-design which empowers all team members- be they artists, staff, residents, or families.

Education can reduce jargon and misconceptions and raise confidence and an understanding of the importance of the arts within the care home. However, management or homeowners *need* to fund these initiatives and provide cover for staff because workloads for staff are already at extremely demanding levels; there needs to be support and motivators for staff to want to add more activities into their busy working lives. Career development opportunities and accreditation can make this engagement more appealing.

Management can empower and cultivate their staff through training and education and opportunities such as cARTrefu to foster this respectful approach to staff development. With this

comes the opportunity to share learning more widely through cascading, champion roles and mentorship. Residents can be involved and empowered through the cARTrefu approach- providing them with a sense of belonging and purpose. Families can support new programmes if they feel included, and staff retention/absenteeism can be reduced.

The literature review findings suggest that sustainability depends on all the above plus access to sufficient financial resources. Programmes like cARTrefu are costly and sustaining their funding is not straight forward. If all the above can be addressed however, a programme like cARTrefu would stand a high chance of becoming embedded. Making programmes accredited and aligning programmes to the implementation of policy might make it easier to secure funding as programmes would have accountability. A significant part of the puzzle is identifying who an accrediting body should be.

Following the rapid evidence review it was important to build on the learning through social care innovation labs and individual interviews. The review highlighted the need to learn more about training, care home barriers, arts perception, and co-design. The literature demonstrated embedding successes where programmes included good quality training. It was also significant that arts language is often a significant barrier within the care home staffing demographics, so diving into the ways language can support cARTrefu's embedding was an important area for research. Co-design was found to be a great approach when working with care home communities- so investigating the barriers of working in the setting was of relevance.

The key priorities were to feed the findings/insight back to Age Cymru to see if they felt these were areas of benefit for cARTrefu growth. The author then worked together to discuss and refine areas of where new or further empirical data would also benefit Age Cymru. In helping to research ways similar programmes had strengths or weaknesses would allow Age Cymru to make informed decisions, planning their next steps in making cARTrefu a sustainable programme, through co-designed data collection methods. Meetings were held with the project coordinator to share findings, and ascertain what cARTrefu's research needs were. Collaborative working through rapid

evidence dissemination between the author and the cARTrefu project coordinator reduced the specific subthemes for discussion to:

- Arts in health training, well-being awareness, challenges and opportunities relating to working with artists, faced by care homes
- Staff confidence and views on programme accreditation
- Sustainability

Chapter 3

Empirical Data Collection

Introduction

Following the rapid evidence review the review findings were scrutinized to explore the ways in which the data collection might help me explore transferable learning to ensure the long-term sustainability of the cARTrefu programme. Research findings and recommendations were needed to guide Age Cymru's plans to embed the cARTrefu approach within the social care sector. Age Cymru is strongly placed to continue to meet the well-being needs of care home residents who are living with dementia.

The following key findings from the literature review a need to collect new data was identified:

Good training and education can empower staff, provide artists with skills to deliver to a high-quality training and promote manager buy-in. Is there a deficit in the quantity and quality of training being offered/up taken in care home staff? If so, when the research has demonstrable positive outcomes for employers, why is there a deficit?

Jargon and misconceptions relating to arts in care homes could be improved with education. This also raises confidence and a sense of importance of creative provision/creative engagement between staff, residents, and families within the home. The term "art" is so broad that it is open to many interpretations, so how could the language used to describe the cARTrefu programme reframe how the programme is perceived? Does it need reframing? Would a changed perception of cARTrefu strengthen or weaken the "high quality arts" reputation which the programme embodies?

Staff workloads are already at extremely demanding levels; there needs to be support and motivators for staff to want to add more to their busy working lives. The following questions could offer deeper insight to allow cARTrefu to overcome this barrier:

- Is career development, accreditation and improving staff confidence (through education) a motivator to encourage care homes to provide cover for staff to attend work-based development workshops or courses?
- Does an accreditation make cARTrefu engagement more appealing to staff and those responsible for offering them work-based development?
- In terms of holistic health, are staff and resident's well-being needs being met?
- Do care home stakeholders feel this need is receiving appropriate attention?

How can the philosophy of cARTrefu, that everyone has some form of creative ability, be sustained within a care home setting? Is it through scheduled activities? Dedicated activity coordinator positions or artists in residence and/or regular training? Are aspects of the cARTrefu approach to creativity already in place, and do these require on-going explanation of the ethos?

The data collection methods were designed to approach some of these questions because while the evidence base identified financial sustainability to be an issue, there was a need to gather empirical evidence from cARTrefu stakeholders and hear their ideas.

Method

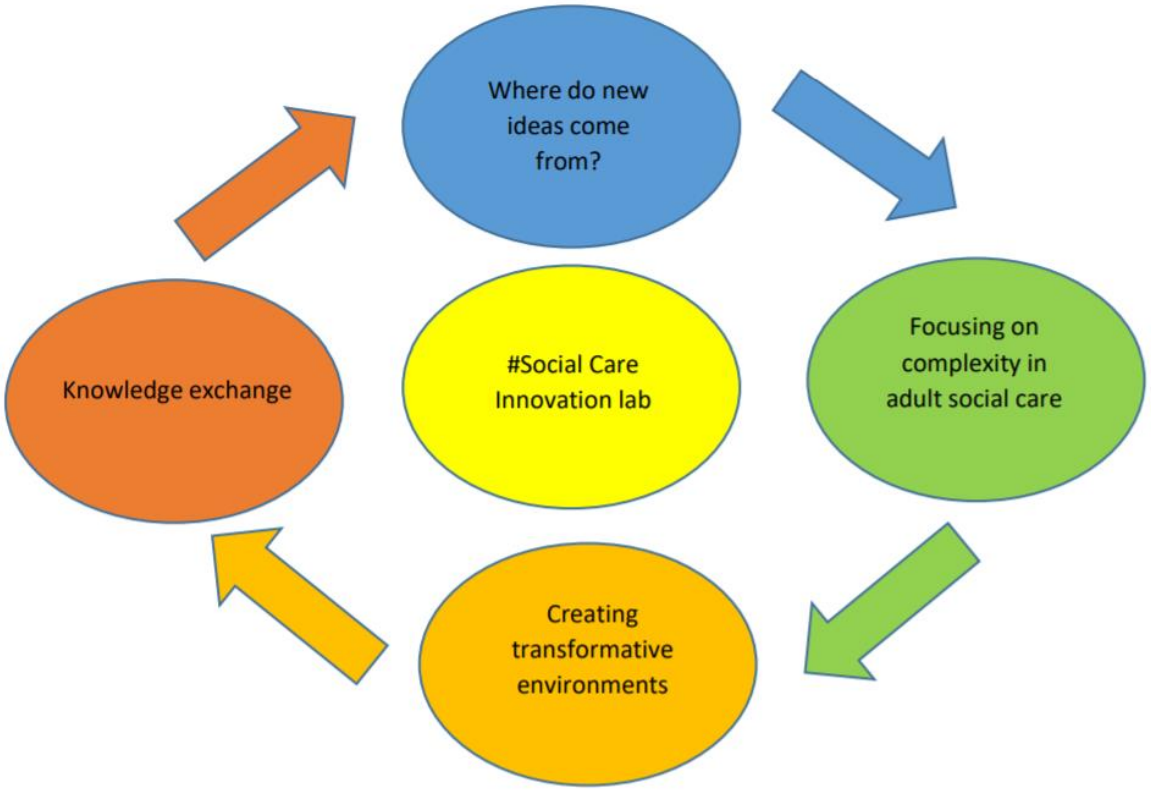
#Social Care Innovation Labs (SCIL) and Individual Interviews

A novel approach to developing solutions, #SCILs are a connecting hub that draw together individuals from different personal and professional backgrounds. The #SCILs provided a safe space for discussion about some of the barriers and facilitators to embedding and sustaining arts provision in social care settings. The #SCILs convened in the current study enabled engagement with stakeholders from diverse backgrounds and explored ways to embed the cARTrefu approach within the Social Care Sector.

The key themes from the rapid evidence review provided a structure for three #SCILs as well as five individual interviews. #SCILs are described as meetings to bring together people to connect, discuss their experiences, and areas of shared academic and practice interest (Seddon, Toms and Verity, 2021).

Figure E:

Schematic overview of #SCIL



Note. From Social care: research, policy and practice in Wales, Seddon, D., Toms, G., & Verity, F. 2021. (https://research.bangor.ac.uk/portal/en/researchoutputs/social-care-research-policy-and-practice-in-wales(fb0a8957-ee98-481d-bdef-d5a7c29242d4).html)

#SCILs and individual interviews were selected as an appropriate means of collecting data to build on the findings of the rapid evidence review and to further explore the challenges and opportunities for embedding and sustaining cARTrefu.

Stewart and Shamdasani (2017) explain that observing focus-group discussions through recordings are effective approaches to processing the data gathered in focus group settings. They also found that both face-to-face, and online focus-group arrangements offer good potential, and that there are new opportunities for undertaking research when it is undertaken online. They go on to explain that these opportunities can support theory, research, and influence decision making because focus groups facilitate innovation, and contribute to the refinement of theory among researchers.

Key stakeholders were invited to attend including artists, care staff, managers, local authority commissioners and responsible individuals.

Responsible Individuals work for individual providers, or in the case of a partnership, one of the partners is expected to hold “responsible individual” status. The responsible individual offers a position of seniority to hire, fire, be responsible for health and safety, to pay rates and decide on opportunities for investment within the care provider (Care Inspectorate Wales, 2016).

Invitations were sent to the following organisations and programmes. These organisations were invited to participate and encouraged to share the research project information with their members:

- DEEP (Developing Evidence Enriched Programme)
- ENRICH (Enabling research in care homes)
- CADR (Centre for Aging and Dementia Research)
- North Wales Innovation Hub Mailing List
- NHS Wales Confederation
- NAPA (National Activity Providers Association)
- Care Forum Wales
- Carers Trust Wales
- Engage Cymru
- Wales Arts Health and Well-being Network
- Age Cymru monthly newsletter and

- To other known individual stakeholders.

Initially the above stakeholders were targeted to allow them time to register, then soon after those organisations were invited to share with their mailing lists and other identified stakeholders. Finally, a post was shared on twitter with tagged keywords such as #arts in health, #cartrefu, #carehomes, #wellbeing, #arts in care homes, #dementia.

Originally the #SCILs had been intended to be held in person; one in North Wales, one Mid, and one in South Wales. The Health Protection (Coronavirus) Wales Regulations (2020) necessitated a change of plans, due to the social distancing requirements introduced. Therefore, the #SCILs were held online. Bilingual digital leaflets and documents were created which contained information about the #SCILs. See Figure F for participant information sheets which were delivered as a video clip. The author presented the information in more creative, engaging ways through a video with help of CADR colleagues:

Figure F:

Information sheets in the form of video

Consent was obtained when participants registered to attend along with information such as demographics, stakeholder roles and participants' language of choice (English or Welsh).

The team limited the number of participants to ten per group based on previous experience that in larger meetings some people are less comfortable contributing. However, this group limit restriction was flexible so that key individuals could still partake, even if the group limit had been reached.

Participants were invited to join one or more #SCIL when they registered. Some participants joined one session, some joined two. Those who signed up to all three, typically didn't attend any at all.

#SCIL participants reflected a range of roles and perspectives. The final number of participants (not including the research team) were: #SCIL1: **4** #SCIL2: **6** #SCIL3: **5**, compared with the sign-up numbers of #SCIL1: **11**, #SCIL2: **11**, #SCIL3: **10**.

The research team decided to utilise zoom to host the meetings because the author was familiar with the platform, and it had the necessary functionality. #SCILs were held at various times of the day to accommodate parenting and caregiving responsibilities. Minimising time-burden and providing advance notice of meeting times/dates was imperative during a time where diaries filled up quickly with online meetings and families had to negotiate who used the family computer equipment.

Ethics and Data Collection

To undertake this research project, it was necessary that the research team receive ethical approval from the Research Ethics Committee. To protect the safety, rights, well-being, and dignity of participants in this research, this project was approved by The School of Health and Medical Sciences Academic Research Ethics Committee at Bangor University. The reference number for approval was 2020-16723 and approval was granted on 3.12.2021.

As mentioned, when recruiting participants in this research, potential participants were provided with an information sheet. (See Appendix D.) There was also included an embedded video within the digital event invitation which outlined the same key information. This shared:

- The purpose of the research
- The purpose and structure for the #SCILs
- What taking part would involve
- What would happen to the results of the research
- The benefits to taking part
- Whether taking part would be kept confidential
- Procedures if someone wanted to withdraw
- Data Protection Information
- Information relating to the funders of the research
- Contact information for the research team
- Contact information for the Data Protection Officer at Bangor University
- Ethics information
- Complaints procedures
- Welsh Language participation information

Further to this information being shared with participants, other measures to protect the identification of participants and their anonymity were introduced.

Given the requirement for ethical consent, it was necessary to work out a way of gathering participant consent in a way that was easy to record. Registration included the vital consent details within that element of the booking form on Eventbrite. That way, registration could also collect and store the information in one place. Excessive personal information beyond the ethics requirements, were not requested.

In gathering key information during event registration, it also meant the team could determine which (if any) participants wanted to take part in Welsh. The information sheets and videos were bilingual; therefore, it was important to continue this equal opportunity to communicate in the labs via the native Welsh language. None of the participants asked to communicate in Welsh, so all data collection was held in a mutual language of English.

Observing confidentiality and ethical matters, when the data collection sessions took place, participants were welcomed to join the online data collection sessions with cameras turned off. To protect their identities, they were also informed ahead of the sessions, and in the first moments of the data collection sessions that they could opt to change their names on the screen display too.

No names were used in any section of the thesis. Names were changed for identifiers which only provided their stakeholder role. Use of role, such as “Activities Coordinator 1”, it was felt, was important to maintain within the body of findings, to provide context of opinion/experience.

Laptops were password protected, and only the author had access to these passwords. All data was securely stored on a password protected, encrypted laptop, at the time of research. It was then also securely disposed of following writing up the findings. We followed General Data Protection Regulation (2018) guidelines and all data was handled in confidence, stored without any identifying details under secure conditions. Personal data was kept for no longer than was necessary for the purpose of the research. The only people who had access to identifiable data were the research team.

Participants were invited to contact the author, research team or Data Protection officer at any time- with full transparency that they could withdraw from the study if they wished.

Topics

Each lab elicited the most significant barriers and facilitators linked with projects attempting to embed or sustain arts provision in social care settings. #SCILs looked at areas identified within the

rapid evidence review as well as looking at the areas of vulnerability and strength within cARTrefu, to see how the programme could be best sustained into the future. Umbrella themes offered possibilities to discuss other elements which were identified as significant within the rapid evidence review:

- Impacts of training
- Staffing issues
- Impacts of communication and jargon
- Strengths of person-centred-care/resident-led concepts
- Care home attitudes and
- Managerial influence

Interview prompts were used to facilitate the discussions as needed and when used these drew on some of the areas identified as important in the rapid evidence review.

To cover all these areas, each #SCIL had a specific subject focus:

#SCIL 1. Arts in health training, well-being awareness, challenges and opportunities faced by care homes

#SCIL 2. Staff confidence and accreditation

#SCIL 3. Sustainability

Lab Presentations

Each lab included housekeeping and etiquette standards to encourage a good dialogue and a reminder about ethical considerations. Key aspects covered were anonymity and the hand raising function in Zoom. (See Appendix E: “Housekeeping and etiquette slide”)

Each lab included a presentation by the Age Cymru company partner to familiarise participants with cARTrefu. The supervision team also attended to assist in note taking and facilitating appropriate discussions.

Following the Age Cymru presentation, an overview was given of the authors background. (See Appendix F: “Background and contextual slide”)

This covered the research on the project to date to provide context and explain how participants contributions would be valuable. This presentation shared findings from the rapid evidence review, highlighting how the review findings had informed the #SCIL itinerary.

Polls were used to foster engagement and ‘break the ice’ in the #SCIL.These included cARTrefu imagery on the slides as stakeholders with practice backgrounds might relate better to these images than text and ‘research’ concepts. (See Appendix G: “Icebreaker slide”)

Table 3 provides an outline and breakdown of activity of how the 90-minute-long labs were scheduled.

Table 3:

#SCIL outline and breakdown

Research team member number	Abbreviation
Research team member 1 Research team member 2 Research team member 3 Research team member 4	(RTM1) (RTM2) (RTM3) (RTM4)

Time	Activity
0-5 mins [RTM1] 14.00-14:05	Housekeeping announcements: Muting, raising hands, use of chat, reminder/caveat about recording #SCIL- option to turn off camera and/or change name
5-13 mins [RTM2] 14:05-14:13	cARTrefu presentation.
13-20 mins [RTM1] 14:13-14:20	Research project presentation. Introduce facilitators briefly and explain their roles.
20-25 mins [RTM1] 14:20-14:25	Poll and disseminate poll for context and participant engagement. Introduce discussion 1.

25-40 mins [RTM1,2,4] 14:25-14:40	Breakout room for discussion 1 to include a shared question for all with facilitator direction) Facilitators each responsible for recording each room. Facilitators will take notes to feed back to main group.
40-50 mins [RTM1,2,4] 14:40-14:50	Break out room dissemination, to be undertaken by facilitators for clarity and swiftness
50-60 mins 14:50-15:00	Comfort break. cARTrefu slideshow playing, lasting 10 minutes exactly.
60-80 mins [RTM1] 15:00-15:20	Introduce discussion 2: Main room discussion for all participants.
80-85 mins [RTM4] 15:20-15:25	Summary: Key messages
85-90 mins [RTM1] 15:25-15:30	Thanks, and next steps, future opportunities i.e., one on one interviews Few minutes for poll completion: "Would you like to participate further"

Group Discussions

As noted above, #SCILs combined whole group discussions and smaller break-out room discussions.

To stimulate the discussion, participants were provided with research-based statements to encourage thought, discussion, and the sharing of ideas. Before the lab, all these statements were reviewed with the cARTrefu coordinator to ensure appropriateness and relevance to future programming.

Some discussions used a statement that referenced a finding from the rapid evidence review other discussions were introduced with a statement that referenced relevant policy. Table 4 outlines the themes and pre-planned discussions.

Table 4

#SCIL discussions

#SCIL	Discussion
1. Arts in Health Training:	Discussion 1: The NHS (2018) recommends physical, social, mental, and creative activities to help people with dementia to live well.

	Well-being awareness, challenges and opportunities faced by care homes	Tell us about how arts in health/well-being awareness are provided in care homes. Please give examples of good practice, and areas for future development.
		Discussion 2: The Baring Foundation (2018) evaluated the "Each Breath is Valuable" arts in care homes programme. They found that a lack of training is a common barrier when developing initiatives in care home settings. Tell us about the challenges and opportunities faced by care homes when attempting interventions, and how these are addressed.
2.	Staff confidence and accreditation	Discussion 1: Policy and legislation is underpinned by a commitment to staff in care settings receiving support, professional development, training, and supervision to enable them to carry out their role and responsibilities. This support enables them to become competent, suitably qualified, and to gain necessary experience. How might cARTrefu artists successfully support and empower care staff to work creatively with residents around care home life and routines?
		Discussion 2: Legislation and policy state that staff should be supported by providers to obtain further qualifications. A systematic review by Kinley et al (2014) highlighted that the issuing of certificates encouraged attendance at training events in care homes. Tell us about how work-based training and accreditation can help embed and sustain the cARTrefu approach
3.	Sustainability	Discussion 1: The Baring Foundation (2018) evaluated the "Each Breath is Valuable" arts in care homes programme. Discuss the following finding: "Large care home groups with thousands of staff and residents and hundreds of properties, still largely see the arts as a minority interest or optional luxury" (Dix et al., 2018). Where does the financial responsibility lie in ensuring projects like cARTrefu are sustained?
		Discussion 2: One of the seven well-being goals listed in the Future Generations (Wales) Act 2015 defines 'A Wales of Vibrant Culture & Thriving Welsh Language'. Examples of cultural engagement according to the Welsh Government Arts and Culture Vision Statement of 2016 include music, literature, heritage, and the arts. Tell us ways in which cARTrefu could be sustained to fulfil this policy principle and embed these cultural engagement activities.

Most participants volunteered to partake in individual interviews indicating that they had enjoyed the #SCIL and recognised the importance of the research.

Thematic Analysis of the #SCILs

Thematic analysis was once again used to interpret the data and used the Clarke and Braun (2013) method of reflexive thematic analysis. Reflexive thematic analysis is considered an effective means of working with qualitative data. The data was analysed for concepts, arranging the data to tell a narrative which worked through the findings in a manner which tackled barriers and facilitators in a logical order (Clarke and Braun, 2013).

The recordings of the #SCILs were transcribed by the author. The opportunity to utilise software for the thematic analysis process was declined (such as NVIVO) as the supervision team explained that using such software can be a steep learning curve, so the author opted for working through the data manually.

Relevant sections of the transcripts were coded and then this coded data was extracted into tables.

The initial a priori codes were based on the lab objectives: arts and health training, well-being awareness, challenges and opportunities faces by care homes, staff confidence and accreditation, and sustainability.

Thematic analysis is noteworthy due to its rigorous and transparent nature (Braun and Clarke, 2019). As a result of rigorous working and thorough deliberation, the authors coding involved several variations. Four themes were identified from the data:

- What the health
- Roles
- Support
- Sustainability

Whilst refining the themes it became apparent that the areas requiring further data collection in individual interviews would potentially sit within the themes formulated in the #SCILs. To prevent repetition the interviews delved deeper into the existing themes to refine and strengthen the findings.

Semi-Structured Interviews

Following the #SCILs data gaps were identified concerning team coherence, managerial influence, funding, the financial aspects of cARTrefu, and the impact of policy makers and regulatory bodies. Topics were developed to further explore the roles of care home stakeholders to discover how these roles interrelated and how cARTrefu might better support these roles. However, the interview topic guide enabled participants to introduce new areas of discussion if they wished.

Five individual interviews were conducted. The strength of interviewing work is reported by Denzin and Lincoln (2011) as being the ability for researchers to capture the genuine lived experiences of those they are seeking to interview.

The bias of a researcher must be identified when working within qualitative research study (Miles and Huberman, 1994). Within qualitative research researchers can bring and share their bias to the research/reader. It is important to mitigate the personal bias of researchers over-influencing the interpretation of participant data. This data collection involved triangulation via collecting data in #SCIL and interviews. Both #SCIL and interviews were held because multiple sources of data contribute to the reliability of results and in running two sources of qualitative data collection to triangulate the findings (Fusch et al., 2018).

Miles and Huberman's framework (1994) outlined the importance of leaving an audit trail and discussed the benefits of the collection, interpretation and dissemination of data collected in interviews (Onwuegbuzie, Leech and Collins., 2008).

Data Collection

Participant demographic:

7 participants were approached. 5 participated.

Participants were contacted either due to a) particular expertise or deep insight offered in #SCIL which would be enriched by a one-on-one interview, as well as expressing an interest to participate more intensively following #SCIL

or b) knowledge gaps identified in #SCIL. These participants were approached due to voids in knowledge base or lack of availability to participate in #SCIL. These individuals were all linked to original invitation networks.

Consent

Interview consent was received via digital registration, following sharing of all information sheets/videos.

Interviews were held online, in keeping with covid-19 regulations. Interviews lasted between 50 and 70 minutes.

All participants were invited to share their perspectives on how to embed and sustain cARTrefu.

Interviews were scheduled soon after, to plugs gaps associated with the #SCIL themes making enquiries into certain areas which lacked detail or context in the labs. Also, to ensure that the strategic stakeholders had an opportunity to share their insights.

Interview findings were compiled soon after compiling #SCIL data to form one large data collection.

When the interview transcripts were analysed alongside the #SCIL data, there were many consistent themes, but other new codes were identified. This was beneficial is these were the areas necessitating deeper insight. The latter themes included:

- The Inspection Framework
- Administration
- Logistics

- Resources
- The “Business case”
- Demonstrating the value

The following findings aligned with themes already identified in the #SCILs:

- Best practice approaching working in a care home > Getting a foot in the door
- Local authority engagement/commissioners and regional health board funding > Managing budgets

Conclusion

In this chapter the planning and conducting of primary evidence collections have been laid out. These included three #SCILs and five semi-structured individual interviews.

The research team worked with key stakeholders to gather this data.

Transcripts were scrutinised and the research fed directly into areas which required additional investigation to explore embedding and sustaining arts provision in care homes. Thematic analysis was used to arrange the data. The next chapter will present the findings.

Chapter 4

Results

Introduction

The following results were collected via #SCIL and individual interviews. The participants who contributed this empirical data were stakeholders of the care home sector. They included paid care staff, care home managers, care home activity coordinators, freelance artist practitioners, funders, and commissioners.

The table below provides shares the roles of people who took part in which aspect of the primary data collection. The terms below are used to identify quotes within the findings. Some participants partook in both #SCIL and one-on-one interviews. Those in bold, attended both.

Table 5 is a table which helps identify data collection participants and their roles as stakeholders.

Table 5:

Key to identify abbreviations within findings

#SCIL participants	Interview participants	Role
ActivitiesCoordinator1/ #SCIL	**ActivitiesCoordinator/ Interview**	Care Home Activities Coordinator
Artist1/#SCIL		Freelance Artist Practitioner
Artist2/#SCIL		Freelance Artist Practitioner
Artist3/#SCIL		Freelance Artist Practitioner
ResponsibleIndividual1/ #SCIL		Care Home "Responsible Individual"
CareWorker1/#SCIL		Care Home Care Worker
Strategy1/#SCIL	**Strategy1/Interview**	Strategically Employed Stakeholder
Strategy2/#SCIL	**Strategy2/Interview**	Strategically Employed Stakeholder
Strategy3/#SCIL		Strategically Employed Stakeholder
	Strategy4/Interview	Strategically Employed Stakeholder
	Strategy5/Interview	Strategically Employed Stakeholder

The data was arranged into the following four themes, using thematic analysis, and then divided into the final #SCIL and individual interview themes:

Theme One

What The Health?

The Evidence Of The Benefits Of Arts In Health And How It Supports The Care Sector

- ❑ Policy in theory and policy in reality
- ❑ Care needs Vs Well-being needs: How they support and compete with personal care needs
- ❑ Staff well-being
- ❑ Accreditation
- ❑ The Inspection Framework

Theme Two: Roles.

1. The Relationships Between Care Home Staff And The Arts- Plus The Preconceived Ideas Which Relate To Those Roles
    - ❑ Activity & What It Means: The Structure And Forms Activity Can Include. Creative Delivery And Creative Conversations
    - ❑ An awareness of the value of art, of professional artists input, and recognizing the value of art provision in homes
    - ❑ Jargon and the influence of arts language
    - ❑ cARTrefu's status within care homes
    - ❑ An awareness of the value of activities coordinators, their roles, and the contrasts between homes with or without the post
    - ❑ An awareness of the value of care workers
    - ❑ Contemplating the job remit in care
    - ❑ How people living with dementia can access the arts and the damaging role of stigmatising language
    - ❑ Person centred care
2. Training And Education To Improve Perceptions Of Roles
    - ❑ Approaches To Training Or Educating Staff: Should Training Be Mandatory Or Voluntary?
    - ❑ Managerial *Buy-In And The Potential Impacts It Has For Other Roles In The Setting*

Theme Three: Support

1. Common care home challenges and what needs to be addressed
   - ❑ *Getting A Foot In The Door*
   - ❑ *Overload and staff shortages*
   - ❑ *Geography and Logistics*
2. cARTrefu supporting homes
   - ❑ *Four C's: Consultation, Communication And Collaboration*
   - ❑ *Recognising The Strengths Of Residents*
   - ❑ *Resources*
   - ❑ *Upskilling And Taking Inspiration From The Interests Of Staff*
   - ❑ *Skill-Sharing And Identifying Skilled Community Members*
   - ❑ *Technology*
3. Homes Supporting Residents
   - ❑ *Intergeneration And Community Integration*
   - ❑ *Harnessing Family Support*

Theme Four: Sustainability

Financing And Sustaining The cARTrefu Approach

- ❑ *Managing budgets*
- ❑ *The impact of a social service intervention and the barriers caused by the COVID-19 virus*
- ❑ *The opportunity for recovery by utilising creative approaches: Creative Growth Via The Pandemic*
- ❑ *The "business case"*
- ❑ *Demonstrating the value*

Theme One: What The Health?

The Evidence Of The Benefits Of Arts In Health And How It Supports The Care Sector

Well-being is imperative for overall health of individuals, be those individuals members of the care home workforce or care home residents. This theme summarises the key components which raise awareness of, and support well-being in care homes. This theme incorporates five sub-themes:

- Policy in theory and policy in reality
- Care needs Vs Well-being needs: How well-being needs support and compete with personal care needs
- Staff well-being
- Accreditation
- The Inspection Framework

Policy in Theory and Policy in Reality

In Wales, policy is supportive of arts-based approaches which speak in plain terms about the necessity of well-being within social care services. There seemed to be a disparity from data accrued in the #SCILs and interviews between the policy principles in theory and how the policies were being implemented in practice.

When speaking with stakeholders it was clear that policy is theoretically understood. The everyday language referring to well-being used by care workers reflected the policy goals. Participants understood well-being as a concept, as well as the legislation connected with supporting it. One funder from outside Wales said he thought Wales is over-reaching its capability to effectively cascade policy principles into the practice environment, describing Wales as sounding like a: *Mythical place, where everyone is happy; Like Shangri La!* (Strategy4/interview).

Translating policy into practice according to the #SCILs and interview findings was indeed less straightforward. While all respondents appreciated which policies existed, what policy aims to achieve and how to do that- it seems that accommodating well-being-focussed activities (as endorsed in policy) within the daily running of the home is difficult. An activity coordinator explained that their setting on the surface appeared to be meeting well-being goals, but the activities were not getting done (ActivitiesCoordinator1/#SCIL). No participants queried the importance of well-being aspects within policy, but no stakeholders had found a way to embed them into their daily routines:

We have learned about the legislation but to structure it into your day is something which is always left until last (Careworker1/#SCIL1).

In terms of authorising funding, one commissioner described that when putting in tender applications, they were under pressure to ensure certain well-being needs boxes were being ticked. She did not think that tender stipulations really made much difference to the actual delivery of well-being focussed activities which shows that funding criteria or reports do not always deliver the agendas which they set out to achieve. Further to this she went on to explain that there is a disparity in training relating to well-being needs when compared with other features of care home training. She explained that staff must participate in mandatory training, such as safeguarding, moving and handling, and infection control. With regards to well-being training there were no mandatory requirements. Mandatory training takes priority and attendance at 'optional' well-being training can be prevented by factors including *pinch-points with staffing* (Strategy2/interview) and a lack of *significant funds* (Strategy4/interview). Another participant described large funding cuts as being a financial barrier stating that the cuts are so extreme that staffing ratios are worse and that many homes are shutting down (Strategy2/interview). Regulation and inspection were also seen as important with some expressing the opinion that it would be unfair for regulatory inspectors to criticise care homes for a lack of cultural provision if adequate funding is not provided to support its delivery in practice.

This again sheds light on the reality that without sufficient funding, arts provision is simply not an option for many settings. The practical side of how to deliver the well-being principles in an underfunded and understaffed sector is a major barrier. One suggestion which could address the lack of cultural provision/engagement was suggested in a #SCIL, namely of *running an activity* under a cultural theme was identified as an enabler within care homes. It also emerged as a potential means of sustainably embedding the arts in homes because people appear to respond differently to creative activities when they are under a less imposing umbrella than *The Arts*. Participants at the

#SCIL reported the effectiveness of person-centred approaches to tailoring cultural activity. A strategy offered was: *Being informed by the resident* (Strategy3/#SCIL). One example included being inclusive of the Welsh language with successful activity provision linking to that cultural theme. Another example was the notion of cultural events like Christmas. Participants highlighted the efforts which homes make at festivities like Christmas: Inviting in a choir, doing themed activities, and it being a fun place.

One strategic respondent highlighted the responsibility which lies on cultural bodies to play a bigger part in engaging with all members of society, particularly those in care homes: *I think there is a responsibility on people providing cultural and artistic experiences to include people in care homes, who can't physically come out. That's one way of sustaining it* (Strategy1/interview).

There are also discrepancies between local and private sector care provision. Here, care ratios play a role, with one care worker explaining that local authorities demand a better staff: resident ratio which allows certain times to be dedicated to well-being needs. They elaborated that in the private sector it is impossible to do that and the care ratios in operation mean you *simply do not have the luxury* (Strategy2/#SCIL). They explained that these care homes are often reliant on visiting practitioners to fulfil the requirement to deliver well-being focussed provision.

One participant in a lab explained that the inclusion of the well-being focus is welcomed but is not being delivered in practice:

> *There are posts called Health Care and Well-being Officer posts. The feedback we get is health are stealing them to do blood tests and blood sugars. I don't know if that's true, but we are told they are not doing social care, let alone well-being* (Strategy2/#SCIL).

This indicates that health needs appear to be prioritized over well-being, even in roles where "well-being" is part of the role title.

Care Needs Vs Well-Being Needs: How Well-being Supports and Competes with Personal Care

The disparity between the importance afforded to personal care and well-being seemed to be a major barrier to arts-based provision. In terms of personal care, participants described residents' needs: to be kept clean, to be fed and hydrated, to be kept warm and well and they suggested that there was a lack of staffing and time to attend to other areas. The urgency to complete these tasks was asserted strongly by stakeholders. One participant compared it with hospital care saying certain tasks: *simply take priority and that core duties need to be adequately resourced* (Strategy4/interview). Further to that, structure to complete any more than those personal care tasks was a barrier: *To actually structure it into your day is something which is always sort of left until last, because you've got your tasks and immediate needs, then that well-being thing is kind of an extra, isn't it?* (Careworker1/#SCIL).

Limited amounts of time for tasks other than personal care was a common concern raised in the labs:

> *Caring and the practicality of care must come first. It would be nice if activity was perceived as being on the same level as personal care- and if practicalities allowed that to happen* (Strategy1/#SCIL).

Personal care cannot really be classified as an obstruction because it is an accompaniment to overall health via well-being. Yet it is seen as a barrier to delivering arts in care homes, as it competes with the available time. Carer staff feel that those working on the care floor are pushed to the limits before considering anything beyond immediate direct care: *That well-being thing is kind of an extra, isn't it? Well, it shouldn't be, but it is* (CareWorker1/#SCIL). Yet participants recognised the risks of not providing activities for individual well-being:

> *It's not enough to only make sure someone is clean and fed, the right temperature. There is more to living than just existing* (Strategy2/interview).

> *The implications on health are things like depression, anxiety, and loneliness if your well-being needs aren't being met- it has a retrograde impact on your other health needs!* (Strategy5/interview).

Once more, the lack of adequate funding was described as sabotaging the value of arts activity (Artist1/#SCIL). Additionally, the timing of care needs can conflict with art activities, exemplified in this example: One home employed an extra member of staff specifically for activities but conflicts in timetabling certain essential tasks had thwarted the activity plans, for example, when nurses came to take residents for blood tests:

> *We had an extra member of staff on, we tried to do it [SIC, activities] last week and suddenly the nurses came and took everybody off to do blood tests or whatever. We hadn't sort of anticipated that when we had arranged it. All of those things sort of tend to get in the way* ***all the time****.* (CareWorker1/#SCIL).

Care staff were aware and concerned about the lack of activity being offered to residents with one carer describing under-stimulated residents (CareWorker1/#SCIL). Another participant explained that staff can utilise art and craft to make residents happier (Responsible Individual1/#SCIL) and an artist explained that everyone present knew that creative activity should be a priority because *Connection is so important for the residents* (Artist1/#SCIL). However, the imperative to care for mental well-being still lags behind the need to deliver immediate care responsibilities, even though stakeholders understand the retrograde impact upon overall well-being.

Staff Well-Being

The covid-19 pandemic brought greater public awareness about care home life. Care staff were recognized as frontline workers, and there has been more appreciation about what working in care involves. Participants made many references to the pandemic and in particular, the greater awareness of staff well-being needs that had resulted. While cARTrefu always had a focus on staff

well-being, the need for support seems to have grown since Spring 2020. Stakeholders agreed that cARTrefu still needs to be looking at staff well-being as well as the well-being of people living in the care home (Strategy1/#SCIL). Poignantly one carer explained that they have a hard enough time: *Just to keep going* (CareWorker2/#SCIL). Care staff described that they are: *literally keeping people alive* (ActivitiesCoordinator1/#SCIL), and as such their well-being should be a priority; they have experienced extreme trauma. One participant shared how their county had offered a novel approach to catering for staff well-being needs: *Here social services are looking after the care staff through the turmoil of last year, with a kind of creative first aid kit and creative activities that staff can dip into for their well-being… to dip into and decompress* (Strategy1/interview). They explained that when staff were consulted about this new resource, they automatically assumed the resource was for residents rather than themselves. This implies the staff are aware of creativity and how it is used to support the people they care for. This (once more) demonstrates that staff awareness about how to support residents' well-being but their lesser recognition of the need to receive support for themselves.

Accreditation

The #SCILs and interviews explored whether accreditation of cARTrefu training would be beneficial. Accreditation is a motivator for staff, and this could increase their desire to engage in work-based development. This in turn could help support their well-being by feeling that they are developing in their role and that their skills and knowledge are being recognised: *I think it's true that it is quite useful to have a qualification, and quite often it's nice to come away with a bit of paper that can go in your portfolio* (Strategy2/#SCIL). The data from the #SCILs demonstrated that the opportunity to partake in relevant accredited training could help improve the job retention rates and that the training currently offered is not helping to retain staff- resulting in wasted funds on ineffective training:

> *It is a good thing, utilising people's skills, I think in the care setting they are so desperate for people, they are always short staffed and for some people it's a high turnover job because it is so demanding. They spend lots and lots of money on training* (Careworker2/#SCIL).

Participants used the following descriptors about potential cARTrefu accreditation opportunities: *A qualification, training, or credits. It doesn't need to be an* NVQ (Strategy2/#SCIL), *As education, research, and learning. A pathway within work; Something which has kudos and isn't patronising* (CareWorker2/#SCIL).

In terms of the status of cARTrefu training and how stakeholders feel it needs to be developed or shaped it was unanimously found that essays and lengthy writing would not be appealing: *It feels important that you don't have to produce essays or write anything extra; they just don't have the time* (Strategy2/#SCIL). Significantly, all those who expressed a disliking of essay writing were those with direct care work experience at some stage in their career.

Participants felt that cARTrefu already offered an attractive prospect for care homes: *The affiliation with Bangor University has a lot of volume about it. Also, Age Cymru, the NHS, all these partnerships* (ActivitiesCoordinator1/#SCIL). Another participant acknowledged the weight of the partnership with Bangor University explaining that: *The fact it is attached to Bangor University helps* (Strategy2/#SCIL).

Accreditation was highlighted by a participant as being: *Something which is giving weight, validation and taking yourself, ourselves, seriously as professionals* (CareWorker2/#SCIL). Accreditation thus empowers and esteems the role of care worker. If cARTrefu training were accredited this might enhance uptake.

Two participants strongly felt that accreditation would promote management buy-in. A coordinator said that given the associations cARTrefu has with Bangor University and Age Cymru that accreditation could be easily achieved (ActivitiesCoordinator1/#SCIL). If managers could see a reason

for the staff below team leaders to pursue something which comes with accreditation; it strengthens the home ultimately. One carer felt that accreditation would increase respect towards care staff from management. They felt that the engagement and opportunity to experience working with an artist would earn them more esteem in the eyes of management. She elaborated about wanting to: *Learn and want to develop skills,* and that having undergone a pathway in something expressive and creative like cARTrefu there is: *A pathway that managers then take seriously* (CareWorker2/#SCIL). The notion of a pathway was apparent as a further key motivator.

The context of what the accreditation/certification looks like practically was noted. Simply: *A one pager saying you are affiliated with cARTrefu, what you've done, that you've gained useful information, you feel supported and have an outreach* (Activities Coordinator/#SCIL).

Finally, accreditation which demonstrates that staff have improved their awareness of dementia and learnt ways to work effectively with people living with dementia, was identified as an enabler. Becoming a dementia friend was suggested:

> *If we are incorporating dementia, working towards being a Dementia Friendly organisation- that that would be able to be used as useful evidence on an organisational front. A lot of care homes and councils are working towards that status so that might be helpful, linking in with organisations like DEEP (Strategy5/interview).*

One strategy stakeholder explained that linking *creativity* with dementia would be useful and this could offer more opportunities to sustain cARTrefu. Currently, the cARTrefu approach doesn't offer 'Dementia Friendly' status- or provide any specific reach to homes relating to approaches to working closely with those living with dementia. Staff are trained in dementia awareness but a specific strain targeting the ways enrichment can be offered through creativity are not taken advantage of. Creative approaches to care as well as taking part in creative activities were considered as two standalone opportunities within this data collection theme. It was insinuated that a specific focus on

working with those living with dementia could have strengths in that a) cARTrefu has the artist base to support this and b) there could be opportunities for accessing other fundings streams relating to dementia care; In offering a unique position to work successfully (with flagship status in Wales) people entitled to receive bespoke person-centred activity would be in a situation to receive tailor-met, experiential skilled activity provision.

The Inspection Framework

The Regulation and Inspection of Social Care (Wales) Act (2020) is a component of the Inspection framework. Activity provision is not currently something which falls under the remit of the Inspection framework. One participant in a strategic role asserted that if it was in remit, you could then see a route through with the uptake in cARTrefu (Strategy5/interview). In an individual interview a participant summarised that:

> *It comes back to money. Regulation and inspection are key. It is wrong to say we are going to come down on homes with regulators if there isn't adequate funding. It is a big political issue for the government. You can't expect those fantastic words about well-being to be realised without the significant funds* (Strategy5/interview).

This participant suggested that alongside significant funds, the guidance of the Care Inspectorate and Social Care Wales were key: *To make sure they are embedding those things within what their expectation of what the home is like. If a home says it is delivering a gold standard, show me how?* (Strategy5/interview).

Theme Two: Roles

The Relationships Between Care Home Staff and The Arts- Plus the Preconceived Ideas which Relate to Those Roles

This theme summarises the various stakeholder roles which are commonly found within care homes. It outlines some of the barriers and facilitators relating to the responsibilities issued to different roles, and the ways this can help or hinder arts provision. This theme incorporates nine sub-themes.

- Activity & What It Means: The Structure And Forms Activity Can Include. Creative Delivery And Creative Conversations
- An awareness of the value of art, of professional artists input, and recognizing the value of art provision in homes
- Jargon and the influence of arts language
- cARTrefu's status within care homes
- An awareness of the value of activities coordinators, their roles, and the contrasts between homes with or without the post
- An awareness of the value of care workers
- Contemplating the job remit in care
- How people living with dementia can access the arts and the damaging role of stigmatising language
- Person centred care

Activity & What it Means: The Structure and Forms Activity can Include. Creative Delivery and Creative Conversations

In discussing the role of art in care homes and the various people responsible for undertaking activities it is important to consider what the term 'arts activity' means to different stakeholders. Activity is a broad term, and individuals have different perspectives. Participants talked about activity (broadly) in terms of structured, unstructured, one-on-ones or group activities. Art activity was described in similar terms when it came to the ways it was scheduled into daily care home life.

Structured activity seems to be mutually understood and typically involves planned sessions where groups of (or individual) residents are invited to partake in activities. Fitting structured activity into a working day was reported to be challenging. This was touched upon by other participants who queried what exactly is meant by the loose term “unstructured activity”- which is a far broader concept than those two simple words imply.

Unstructured activity can include informal approaches to the arts like singing a song, playing music, or having a chat with someone. An activities coordinator described playing music to residents as a: *Base level way of interacting* (Activities Coordinator1/interview). There was an impetus to include the sorts of activities that independent people living in the community outside the home might engage in. Activities such as *gardening, singing groups or art groups* (Strategy1/#SCIL). *Unstructured activity could even include simple everyday household tasks like peeling potatoes or pairing socks* (ActivitiesCoordinator1/interview).

An artist participant admitted that her approach to ‘activity’ rarely involved a precise plan and instead followed person centred care principles: *You want it to come from the residents: I find a spark, and that might lead into an activity. It could be singing or making something; it could just be having a chat* (Artist2/#SCIL). This demonstrates the way an experienced artist might have the confidence to approach an un-scheduled activity.

An important finding of the #SCILs and interviews were the philosophy of: *Creative care* (Strategy1/interview), or: *Life-story work as a springboard for creativity* (Strategy5/interview) within care environments. It represents the ability to utilise conversation and physical touch to engage residents. Stakeholders talked about how creative care presents a new approach for people to use when working with people with complex needs. This philosophy also removes the issue of arts jargon as it replaces that language with a language of care, which is second nature to carers: *Holding someone’s hand for ten seconds while you are changing the sheets; Practical things that you can relate to whether you are interested in arts or not* (Artist1/#SCIL). The artist went on to describe the

transformation this change of language could achieve: *There was a big change in some carers who actually felt more comfortable, even considering things or being a little more open to a closeness to residents, through activities* (Artist1/#SCIL).

The notion of spontaneity and spur-of-the-moment social activity which can be delivered during caring tasks. The following demonstrates a beautiful example provided by a participant:

> *I would go and have a natter and then we would get into a conversation- then someone else would come along with a Zimmer-frame and we would suddenly (for no apparent reason) be having this conversation about previous boyfriends or girlfriends. I should have done paperwork and they should have been heading off to bed but actually we just had quarter of an hour of amazing time laughing together, thinking imaginative stuff.*
> (Strategy2/interview).

Further to the *concept* of creative care- creative approaches to caring can also reduce resistance from residents: *It might be good to have a library of activities which don't say how to handle somebody who doesn't want to wash but there could be some help and guidance in these videos or pieces of writing* (Artist1/#SCIL).

An Awareness of the Value of Art, of Professional Artists Input, and Recognizing the Value of Art Provision in Homes

Staff members who engage in the arts outside of work are more likely to engage in participatory art within the care setting.

In the #SCILs all participants appreciated the value of engaging in creative and cultural activities. One interesting response about the value of art in care homes was: *A useful tool in your profession* (ActivitiesCoordinator1/#SCIL). During the #SCILs staff, coordinators and responsible individuals extoled the value of art in care homes. They discussed the merits of shared learning, namely artists learning from care workers and vice versa: One participant went on: *We will never become specialists in each other's skills, but we do need to learn the basics so that we can work together in a*

safe, trusting creative way (Strategy2/#SCIL). A coordinator explained that when it comes to the appreciation of the arts that you are not never going to*: convert everybody* (ActivitiesCoordinator1/#SCIL), but possibly that time spent getting to understand the role of the artist could reshape the misconceptions held by other disciplines and lead to deeper engagement with cARTrefu.

The following example of an artists' insight into the *role* of the artist demonstrates the ways it is difficult for artists to fit into care home teams: *The artist becomes other, and you can be perceived as extra. The artist becomes a sort of creative alien, comes down- does your thing- and goes back. There needs to be more fusion* (Artist3/#SCIL). Yet the artist, while feeling like an alien, is still valued as offering something unique to the setting. The unique opportunities offered by artists because of the mystery surrounding them can be especially appealing: *We all need new faces, new skills; people enjoy relationships with artists because they are different* (Strategy4/interview). The opportunity for shared learning and development was a recurring theme during #SCILs regarding the role of artists in homes whose impact was perceived positively by all stakeholders.

In line with the value of art as a cultural experience, the value of arts provision in homes was endorsed by all #SCILs and interview participants. An interesting idea emerged around how arts provision could be regarded as a form of *caring*: *Creativity comes into every aspect of your caring and how you can support someone as part of your caring. It's a different way of looking at the arts* (Strategy1/#SCIL).

Jargon and the Influence of Arts Language

The data suggested that jargon and arts language can form a significant barrier when artists approach care homes.

Participants in the #SCILs said that many people they work with in care homes do not realise that artistic or cultural experiences are things they already partake in. When asked in an individual interview about how arts can be embedded into care homes, and the issues surrounding misinterpretation, one participant explained that it is about the ways art is described to people. He

expanded on the point stating: *There are very few people who have got absolutely no interest in any art form whatsoever* (Strategy4/interview). It is easy to appreciate why many people disassociate with 'formal' art. The participant elaborated: *Perhaps they just enjoy singing a song or listening to music, but if it is seen as something odd or strange like going to see conceptual art in a gallery then huge numbers are going to say that's not for me*. Another participant in an individual interview described: *Art is so broad and in some ways it's a way of doing things as opposed to a thing you are doing; it's not about what you do, it's about how you do it!* (Strategy5/interview).

Participants suggested that arts language is a barrier. The associated jargon is off-putting to many who lack confidence or experience in the field. Many people have a notion that the arts are not for them. While art is taught in all mainstream schools, the bridges into creativity in adulthood can become damaged: *I definitely think that carers look at art and think "that is beyond me" or "that is too intelligent for me" or "that's too airy fairy". Sometimes it's the demographic. They've never had art in their life* (Strategy2/interview).

The lab participants explained that many care workers will label themselves as "not creative". This self-perception impedes them taking up the opportunity to have a go at art activities. One care worker reflected that a lack of confidence was apparent with her staff team: *While they trusted me, they knew I was a bit* [sic] *arty- drama-y, theatre-y, they would say "That's fine for you but you are different, you are not like us"* (Strategy2/interview).

Residents also have their own ideas and preconceptions about art, and they too can lack confidence, thinking they are no good at art. Capitalising on resident curiosity was one factor mentioned , which might improve resident participation. On days where residents aren't willing to engage with arts, it is important to respect that and not be put off- however residents are often curious: *Our residents- if the artist is going to be there, they are going to be curious; they will want to know about the activities* (Responsible Individual1/#SCIL).

The residents will be familiar with their consistent, regular staff, but newcomers offer new stimulation. Artists have fantastic potential to engage with residents and to capitalise on their interest.

While many people in care homes do not have an arts background, workshops were cited as being a good way of developing skills to improve confidence in delivering creative provision. Helping people to recognize their creative capabilities would help in getting those with low confidence to participate. Cultural activities were an often-cited development which emerged from #SCILs with several sources stating that when invited to participate in *cultural* activities, more care workers will get involved. It seems that offering something more tangible and relatively fixed in its social context is less intimidating than arts: *We always practice the things we are good on, but we never practice the things that need work* (Activities coordinator1/interview). They went on to explain the success of cultural activity in their setting: *We did a St. David's Day celebration. I found that the cohort of care staff; that was their thing. Culturally, they brought a lot to the table*.

An artist explained that key to arts engagement is helping people to understand how broad arts is and being more transparent with the language used to describe how it can be brought into the lives of staff and residents in practical, sociable ways:

> *De-mythologising what arts means because it is a scary word that people are very petrified of hearing because it is uncomfortable. But if it is broken down into things like hold someone's hand for 10 seconds while you are changing the sheets, or something… it's a matter of semantics* (Artist1/#SCIL).

An example of how explaining jargon would improve uptake on arts activities was given by a care worker participant: *Some residents just weren't interested or found it too challenging. You would say "so and so is here to do art with you" but some of our residents would say no out of fear of it. Fear of failure* (Careworker1/#SCIL).

cARTrefu's Status within Care Homes

It would be natural to assume that anyone joining the #SCILs would be familiar with the cARTrefu programme. Given its strong reputation as Age Cymru's flagship arts in care homes programme, it would seem to make sense that the name would be known within care homes. Interestingly, however, many participants had never partaken in any cARTrefu activities.
The strategic positioning of cARTrefu was also broached as a means of better engaging with the care home audience: *Either we need to educate people about the arts and the value of the arts or whether it is actually about the older people's experience. Maybe there is a different way of positioning this to kind of help people's understanding? (*Strategy5/interview).

It seemed that there was still a need for Age Cymru to better market the programme. Many at the #SCIL asked for more information- it seemed that the links used for recruitment were perhaps different networks to those currently used by cARTrefu. If key stakeholders are interested enough to join a Bangor University #SCIL, with no awareness of the fact cARTrefu exists- then this identified an area of growth for the programme.

An Awareness of the Value of Activities Coordinators, Their Roles, and the Contrasts Between Homes with or Without the Post

There is no legal requirement to employ an activities coordinator in a care home. One artist explained: *It is recommended but it isn't required* (Artist1/#SCIL). Many do because activities coordinators can (in theory) attend to resident well-being. Other homes chose to share the responsibility of activity provision between the care-work team. The data suggested that often those carers with an interest in artistic or cultural engagement are likely to step forward to accomplish activity provision. However, there was no data demonstrating which option is most effective- it seems that both approaches have their strengths and weaknesses. Participants explained that sharing the responsibilities allows for varied types of activities- but this approach can lack structure. As previously identified by #SCILs respondents, arts activity can come in various forms: structured, unstructured, one-on-ones or group activities. An awareness and ability to deliver within these

various opportunities can offer freedoms to activities coordinator. A particular benefit is afforded in the ability to work flexibly and to deliver unstructured or person-centred activities to smaller (or individual) groups of residents. Having a dedicated coordinator can allow one staff member to fully focus on activity but this can also create divisions. One activities coordinator described her standing within the home: *I do see myself in a different zone* (Activities coordinator1/interview). One care worker in a home without a dedicated coordinator reported finding it difficult to structure activity into her routine.

If there is a dedicated activity coordinator role sometimes this was seen to cause friction within the staff team. One artist explained his experience of frictions between carers and activities staff: *There is this antagonism. (i.e.) "It's lucky for some, you can sit on your bum all day and sing songs while we are running around and cleaning" …It's a conversation we hear over and over again* (Artist1/#SCIL). One participant explained that having started out as a care worker, she moved into an activity coordinator role, and this helped to earn the trust of the care workers. Appreciating the roles and challenges people face in their work demonstrates a respect and seems to earn respect in return: *I'm lucky because the carers never refuse me, and I think that's because I was one of them at one point. They are like "oh you were on night shift?"- so yeah. So, they don't think I'm an alien coming in* (Activities Coordinator1/interview).

While one participant described the activity coordinator role as: *A luxury* (Strategy2/interview), an experienced artist participant felt there was a need for:

> *Giving credit to the artists and art coordinators in care homes. That their service is valuable as the caring duties. When homes employ a person to be responsible for it, to share those responsibilities but reward staff for doing those things; allocate times so "this is your shift, and nobody can pull you away from when you are doing this!" And that other members of staff don't scorn. Training would have to be from the management to say, "That is this person's job; it is valued. Nobody touches that, and nobody question that"* (Artist1/#SCIL).

The interviews also yielded an example of a close working relationship between a carer and an activity coordinator: *She knows every element of the building. She knows all the safeguarding. It's a blessing having a care worker on board with me* (Activities coordinator1/interview). This demonstrates that in settings where extra effort is taken to work on team building, mutually beneficial partnerships can emerge.

An Awareness of the Value of Care Workers

Care staff often feel undervalued. One care worker shared a saddening insight into the lack of knowledge that the general population have about care work. She repeated: *A colleague had been told: "All you do is wipe bums." She was really upset and if that is how the public perceive care workers, then we need to do a lot to change that* (CareWorker2/#SCIL).

Whilst this disparaging comment had been demoralising to that setting- this generalisation was far from being the consensus within the #SCIL of stakeholders. Within this practiced environment, care staff were described by stakeholders as being: *Intuitive* (Strategy1/#SCIL). Another described her team as being *Naturals with people* (Stategy2/#SCIL). Within the care home landscape, those possessing experience are aware of the degree of pressure and responsibility, and it does not go unnoticed. Another participant described that they are working under responsibilities: *Which are huge* (Activities coordinator1/interview). Furthermore, those with insight into the role appreciate the sensitivity and stamina required. Working in care is not for the fainthearted! Care staff are doing far more than the stereotype suggests.

Taking note of the pressures involved, the data also suggested that in the endeavour to support care staff, that care home staff and visiting artists can form effective collaborations. To alleviate the pressure and support one another, an artist in data collection described the need for: *Fusion between artists and care workers* (Artist3/#SCIL). The stakeholders felt that to strengthen this working relationship that artists could benefit from a deeper insight: *The artist needs to have a clear and good spectrum of understanding where care homes are coming from; they need to enlighten*

themselves into that world (ActivitiesCoordinator1/interview). Given the demands of care staff, and the lack of daily immersion in the care home, the evidence suggests artists do require the partnership of the care staff to have a good chance of making impacts within the setting. Also, in working this way, the care staff who are employed within that home can form safe, nurturing creative relationships with artists. In turn, the artists are supported by care staff who hold the personal information to allow for truly unique, needs-based activities for individuals.

The participants discussed the merits of facilitating a two-way conversation between artists and care workers. They talked about how this could enable cARTrefu artists to better understand how it is to work in care. If artists can work alongside carers with an insight into the demands of their job, then there is the potential to work in tandem and partnership. Care staff share the same desire as artists to stimulate the residents, to value them and provide them with happiness: *We are trying to bring them back to the light* (ResponsibleIndividual1/#SCIL). As such, an awareness of the role of the care worker can strengthen a collaboration with an artist.

Contemplating Job Remit in Care

Data from the #SCIL found that at present, person specifications for care work roles do not include creativity within the role remit. Participants reported that the opportunity for engaging in or delivering activities does not feature in the remit at all. It was suggested that the job remit could include mention of creativity to celebrate the inventive potential offered in care work. This might result in care staff beginning in the role with more awareness of activity delivery: *It's a career that can be a hundred million things to a hundred million people but if we could advertise the stuff – the part that creativity allows within the job. That feels quite important* (Strategy2/#SCIL).

How People Living with Dementia can Access the Arts, and the Damaging Role of Stigmatising Language

In #SCIL one, respondents described how *distractions can be an issue for those living with dementia* (ActivitiesCoordinator1/#SCIL), and that as a result some staff in settings perceive

dementia as a barrier to benefiting from arts provision. Another participant in a #SCIL elaborated that her experience had shown her that: *A lot of people with dementia are so wonderfully creative- it's just that you need to work in a slightly different way and not be too stuck in being in the here and now* (Strategy2/#SCIL).

One care worker had a novel solution to this. She suggested including and celebrating the capabilities of those living with dementia in arts-based training. She said: *Why not the residents? They participated in something. Let's encourage adult learning because we only stop learning when we are dead* (Careworker2/#SCIL).

The idea that people living with dementia should be encouraged to find ways of adapting to areas of difficulty was also endorsed by an artist participant. They described how having volunteers available had enabled residents living with dementia to fully participate in arts-based activities. They expressed the opinion that people living with dementia should not be discouraged from engaging in art activities and should instead be assisted in fulfilling creative pursuits. Training to help staff to implement this empowering approach, would be beneficial as expressed by one participant:

> *A lot of people with dementia are so wonderfully creative- it's just that you need to work in a slightly different way and not be too stuck in being in the here-and-now. What would be valuable would be for some creative work to be going on, on a one-to-one basis for people who might not be living in the here-and-now, but for who doing creative work would be really healing and helpful for them. In that respect, whether we could link in some way with some training and qualifications in relation to dementia* (Strategy2/interview).

There were also several examples of negative language which described people living with dementia in ways which could be described as stigmatising, and which failed to acknowledge the individual. This demonstrates an unhealthy ingrained culture within some settings. An interview participant described the context of working on one ward as being*: On dementia* (Activities

coordinator1/interview). The irony being that while discussing the improvement of person-centred care approaches, that the use of language used to describe an area of work was highly stigmatising and hints at that terminology being quite an ingrained label within the home. The same participant in a #SCIL described tending to the needs of residents as*: Making sure they are well and truly watered for the day* (Activities coordinator1/#SCIL) which while being well-meaning seemed more like the sort of language one might attribute to non-sentient beings.

Person Centred Care

The significance of person-centred-care within the arts stands on a secure footing within Welsh care homes. All participants were well acquainted with what person-centred-care means and why it is important to tailor activity to the individual. Developing activities with a person-centred approach was discussed in the #SCILs - and the importance of getting to know the residents was highlighted. Working with different people, with their unique interests and personalities- does require a certain amount of skill and social confidence. Communicating in people's language of choice was identified as being significant, particularly among the older generation of people who are first-language Welsh speakers.

When aiming to work in a setting with hierarchy, the data suggests that the PCC values and recognises the needs of those with age-related illness and appreciates that these need to be carefully negotiated for people to thrive. The staff must also feel seen and represented otherwise despondency can set in, as well as other barriers such as frictions within staff roles. cARTrefu is well-placed to address these needs. In engaging with all people in a care home on one level, boundaries are broken, and roles can thrive in a way which benefits all those involved. Engagement with cARTrefu could open conversations and allow each role to flourish.

Theme Three: Training and Education to Improve Perceptions of Roles

Following on from outlining the significance of roles within care home environments it seems key to acknowledge that for these roles to operate successfully within the setting that work-based training or education be provided for staff. The following theme looks at the factors relating to training and education that were discussed at the #SCILs. The impact of manager buy-in was brought to light in an art provision context, participants explained that the opportunities offered by arts activities are vital and necessary for care home residents and yet reported that: *If the management doesn't believe these activities are worthwhile then nobody is going to believe these activities are worthwhile* (Artist1/#SCIL).

Approaches to Training or Educating Staff: Should Training be Mandatory or Voluntary?

Opportunities for work-based development are important but the language used can be a barrier to participation. While most participants used the word *training,* one care worker advised against that explaining: *You can train monkeys. We should be using the word educating because I think training is not an appropriate word for what we do. It implies that anybody can do it, and I don't think anybody can*! (Careworker2/#SCIL).

The #SCILs and interviews identified that most staff training is linked with practical tasks like medication, infection control or work around oral hygiene. The stakeholders explained that there aren't many training courses around creativity and imaginative practice. None of the participants could offer any specific examples (other than cARTrefu), of courses or training linked with well-being. This demonstrated the gap in offering care home staff work-based skills in arts-based approaches.

An artist commented that when it comes to work-based support, people want: *Quick fixes* (Artist1/#SCIL). This artist suggested sharing a library of activities with care workers. They suggested the library would consist of short films with suggestions for how to work with residents- be that in structured activities, or unstructured ways. In providing these approaches the idea was to help

support staff with residents who live with dementia: *There could be some help and guidance in these videos or pieces of writing. I think videos are quite easy in terms of accessibility. The simpler, the better, right?! Nobody wants to be preached at or go into long conversations*. Taking into consideration the demands of the job, an accessible and relatable format such as this could be a valuable tool and a useful way to engage staff in work-based development and support.

Participants felt that training should not be mandatory but should be offered as an option for interested staff. Informal support in terms of artist residencies with visiting artists was also an idea which resonated well: *It's that whole thing about taking time- just being. Walking down the corridor. Helping someone. Showing you are trustworthy* (Strategy2/Interview). This relaxed approach to becoming familiar in a setting could offer a different angle for cARTrefu residencies.

In terms of the format of training, one carer described issues with one-day workshops saying that is: *Only a certificate of attendance- that doesn't give me any qualification. It just says I sat in a room of people. It doesn't give validation* (CareWorker2/#SCIL). This suggests that training with participatory activity is valued. There seems to be indicators from the data that a creative session should be delivered in a creative manner. In terms of the way the training might be delivered, requests for: *Something imaginative* were expressed (Strategy2 #SCIL), and as: *A fun aspect of your development* (CareWorker2/#SCIL).

Managerial Buy-In and the Potential Impacts it has for Other Roles in the Setting

Supportive managers were a commonly discussed enabler in the #SCILs. Good communicators, who offer support and recognise the value of what staff members contribute, were particularly heralded. One care worker talked about how her good relationship with management had given her the confidence to not do certain things if she felt it wasn't appropriate for her role- such as personal care tasks like toileting when her daily tasks were to offer the provision of activity (Strategy2/interview).

One activities coordinator joined us from a setting, within which she was very happy. The elements which contributed to her being professionally contented in this home included: well-bonded staff teams who knew their roles and thrived in their positions, an engaged manager who communicated well and supported the team professionally and personally, happy residents, and a low staff turnover as a result.

The participant spoke in an interview about the skills their manager possessed: *She is very aware that everyone has their place, within the cogs. So, in order for me to be able to do my job she will make sure they are up and ready- but to let the carers do their role and that's that. She understands care to the point where I can't even describe it. She sees the worth in the key things that I need support for* (Activities coordinator1/interview).

The interview data also highlighted a need for good business acumen within the care home management team. The same coordinator was aware of her manager's approach to making sure beds were filled and securing a reliable income. This allowed the home to employ several maintenance staff, a good-sized care work team and several activities coordinators: *If I go to her, she will order things straight away. She has made sure the beds are filled, therefore there is money in the home. She is very switched on, business wise.*

Encouragement from managers as well as their expertise was seen as important: *Enthusiastic sympathetic leadership that really values creative activities* (Strategy5/interview). An artist participant described a trickle-down effect, whereby he described the role management plays with regards to provision: *Decisions would **have** to be taken by management and implemented from the weight down [weight from management]: it's a trickle effect. If the management doesn't believe that these activities are worthwhile then nobody Is going to believe that these activities are worthwhile* (Artist1/#SCIL).

The voluntary nature of training or education was an important finding. Those working in or closely with care homes felt that training should not be mandatory. cARTrefu is a voluntary programme, but respondents also stated that it is was important that managers bought -in to the need for their staff to attend.

Theme Three: Support

Three main subthemes that talked to how homes supported their residents and how this could help or hinder arts-based approaches. The subthemes were:

- Common care home challenges and what needs to be addressed
- cARTrefu supporting homes
- Homes supporting residents

Common Challenges Associated with Working in Care Homes, and what needs to be Addressed

The following sub-theme relates to the identified challenges relating to working in care homes and the suggested solutions. It contains three subthemes: Getting a foot in the door, Overload and staff shortages, and Geography and logistics.

Getting a Foot in the Door

It was reported that artists could find it difficult to communicate with care homes. Participants explained that making good links with those who are open to the possibilities on offer is important, citing that their attendance at the #SCIL was due to proactive managers:

> *If you get put through to the receptionist there is just absolutely no way that is going to get filtered through. You aren't going to get further. It needs to be a conversation that needs to happen directly, so: "Who is the best person to talk to about this? Get me their email address?"* (Activities coordinator1/#SCIL).

Comments made by participants of the #SCIL included not to give up and to appreciate the complexities of the administrative and hierarchical structures. Sometimes messages get lost amid other correspondence.

One carer also suggested approaching family members outside of the setting, so that their interest would put impetus on the setting to participate: *A good home will have significant input from families and that could be another way in* (Strategy2/interview).

The practicalities of distributing resources regionally (such as supporting literature or guides in the form of books) are another issue which were brought to light in an interview. It seems that care homes do not always work together as a network:

> *The logistics of getting into care homes to send resources are extremely difficult and costly. We have never found a good way. If I knew every care home had received the resources but the logistics aren't there* (Strategy5/interview).

Overload and Staff Shortages

Overload describes a situation where people feel that have more responsibilities than they can comfortably accomplish. Participants suggested many factors that contributed to overload: absenteeism, a lack of staff, the complex needs of residents, and staff attending training which puts pressure on other team members. Participants also suggested that overload was the cause of many of the difficulties in introducing and sustaining arts provision in care homes. When an activities coordinator was asked about her insight into whether staff overload is an issue in care homes she responded: *It's not a case of THINK, it is. Their responsibilities are huge. They've got the responsibilities of turning, pad changing, feeding, making sure they are well and truly watered for the day. They are huge responsibilities; they are literally keeping people alive* (Activities coordinator1/#SCIL).

Geography and Logistics

Wales as a nation is hindered by being divided over expanses of rural countryside, poor transport links, and populated areas which are spread apart. This can make delivering national programmes across the region difficult- depending on where the artists and coordinators are based. Yet, whilst Wales has these geographic challenges, one participant explained that it is looked upon with admiration by the rest of the UK for its *organisational functions* (Strategy5/interview). This participant went on to explain that Wales is in the fortunate position of having Age Cymru to connect Welsh care homes:

> *For each country there is a completely different system of regulation and providers and it's pointless talking about the UK- frankly England is a bigger mess than anywhere else* (Strategy5/interview).

> *The links are more organised in Wales. It's always England that's the problem because it's hugely fragmented. Scale matters: The population of Wales is something like 2-3 million. The population of England is 20x as big. Secondly you are based at Age Cymru and already had extremely good links with most of the care home providers. There isn't really an organisation that has got as good links in England. There are several different umbrella bodies; they are all very small and they all find it terribly difficult to span that scale of 20x bigger* (Strategy5/interview).

However, this interviewee still recommended that Age Cymru look at whether improvements can be made in the care inspectorate systems in Wales*: How you can make that system work as effectively as possible. We have tended to only look at bits of the system rather than the ways they interrelate. (Strategy 5/ interview).*

cARTrefu Supporting Homes

This subtheme includes the following six themes: Three C's: Consultation, communication and collaboration, Recognising the strengths of residents, Resources, Upskilling and taking

inspiration from the interests of staff, Skill-sharing and identifying skilled community members, and finally, Technology. Participants thought that cARTrefu was well placed to work with settings to improve the identified issues. The following data spoke to the strategies or approaches that would facilitate working productively and in partnership with cARTrefu.

Three C's: Consultation, Communication and Collaboration

Consultation is vital for artists, staff, and residents to all feel confident about delivery plans. An example of how consultation would improve uptake of arts activities was given by a care worker: *I think it would maybe be helpful to meet with an artist and discuss the various and what their needs are, to discuss the barriers and find out what they need* (Careworker1/#SCIL).

This idea of introducing the artist to the setting and letting the artist, carers, coordinators, managers, and residents get to know one another ties into strong communication. Building of relationships and a sense of familiarity was a feature within the data with a responsible individual in a #SCIL highlighting the importance of the artist familiarising themselves with the residents and staff and explaining their purpose. When asked what was important to ensure there is adequate well-being provision for residents, an activities coordinator responded: *Practice is one. Communication is another* (Activities coordinator1/interview). This demonstrates that communication between the visiting artist and the setting must be fostered and maintained.

Effective consultation can support the development of sustained relationships by ensuring participants feel that contact is regular. Furthermore, regular consultation allows those involved to feel that they have someone to talk to about their ideas or issues and allows time for trust to be built. Participants suggested that consistency is imperative: *Maybe we could have a meeting once a month to see how it is going, really.* (Careworker1/#SCIL). This statement suggests that people would appreciate the opportunity for an artist to reassure them and boost them.

Collaboration is the next step. Consultation is required for a successful, enjoyable cARTrefu experience: *The artist needs to know a bit about the residents that they are working with. It needs*

that relationship with the staff; that they are going to be in the room say, "she would need something tactile" (Artist2/#SCIL).

Maintaining trust is also important for collaborative working. If a trusting relationship is maintained the artist will be able to fully understand and work with the care home to impart and receive knowledge:

> *We will never become specialists in the other's skills, but we do need to learn the basics so that we can work together in a safe, trusting and properly creative way. There may be care workers who are already artists and artists who may be care workers but there is need to learn from each other otherwise there is a danger that someone will make a mistake* (Strategy2/#SCIL).

Providing *unstructured time* for building trust was suggested (Strategy2/interview). These factors feed back into the three C's consolidating the foundations and enriching the relationship between the parties: *It feels to me like it needs weeks of hanging out together, building trust, finding out what's important to the individuals* (Strategy2/interview).

When participants talked about how to create effective partnerships with care homes, they also highlighted the need to: *Go with the grain of the system* (Strategy5/interview) and to devise plans that are simple and which any member of staff could achieve (Strategy2/interview). The same strategist emphasised the need to consider the practicalities: *I think I went in a bit blindly thinking "I'm going to change everyone's lives and it's going to be amazing" but I hadn't really thought about the practicalities.*

Recognising the Strengths of Residents

Additional to recognising the assets of the care home staff, is the need to be in tune with the skills and strength of the residents. Resident-led projects include the three elements detailed above: Consultation, communication and collaboration. The lab participants recognised that resident input was key. Participants in one #SCIL reflected on how handing over 'power' to residents could have a powerful impact on staff: *The starting point was from the residents; what excited or interested them.*

It was meaningful and one of those days you remember forever. What was so special about it was that it all came from the residents and their imaginations (Strategy2/interview).

Artists must also have a genuine respect for what residents can offer and dedicate proper time to fully engaging with and working with (not for) residents: *If artists are going into care homes, that we recognize the residents' contribution - because you can't work without them. And what they produce- you are the conduit. But they're also inputting* (Careworker2/#SCIL).

Resources

An artist commented in one lab: *I think the pattern is simple: where there is money, there are fewer problems* (Artist1/#SCIL). Money, however, is only one of the resources needed within care home environments. There exist many other opportunities which cost nothing within care home settings such as time for conversation between staff and residents. Equally, there is the opportunity for using the existing creative skills of those who live, work in or visit the home. Not only does this make people feel valued for skills, but it also allows people to become closer through spending more time together in activity.

Upskilling and Taking Inspiration from the Interests of Staff

Resources can refer to anything which has value including the ideas, time and skills offered by people. The participants described particular people within their setting with arts-based skills, explaining that their passion for certain activities was a natural resource for activity provision. Participants also mentioned that utilising people's skills is a great way to help embed arts in homes, and that this could be improved by providing further support: *It's not necessarily that we don't have people with the skills to deliver things but it's just distractions and other things get in the way* (Careworker1/#SCIL).

Skill-Sharing and Identifying Skilled Community Members

Skill-sharing can develop between artists and staff, between residents and staff, and with others: *I think there is something about us all learning from one-another!* (Strategy2/interview). Upskilling must be handled effectively because it was reported in the #SCIL that frequently, the staff

nominated to work with the artist fail to remain in the room. In not being in attendance the upskilling element simply doesn't happen: *What would tend to happen was the staff would think: "Oh we have got the artist there, that's an hour for us to go and do something else"* (Strategy2/interview).

Technology

Technology was described as a useful resource. Advancements in technological awareness and capability were reported and care staff reported feeling more competent with adapting to using technology in the workplace. These developments occurred because of the COVID-19 pandemic, which forced care homes to adapt and utilise technology to allow their residents to engage with the world outside of their locked-down care homes. Several interesting suggestions relating to technology were made during an interview with a participant in a strategic role: *There have been some lovely intergenerational projects involving families and while the resident said she hates technology she loved it because it involved her granddaughter* (Strategy2/interview). However, many older people were reported as mistrusting computers and residents were reported as becoming increasingly irritated by their presence (ActivitiesCoordinator1/#SCIL). Instead, more traditional/ familiar communication methods were heralded as being less intrusive for residents. One initiative was described by an interview participant with a strategic role. They felt this had real potential for carers and could be something cARTrefu might investigate. Known as "Keeping In Touch", the service involves phones which connect carers for peer support: *You get this phone and people within the community will get a buzz and then someone knows someone is up for a chat. It's more familiar, and you would only get folk in your own area who are also carers* (Strategy2/interview).

While participants said much technology was used to sustain family contact during the COVID-19 pandemic, the opportunities for creativity were limited. The nature of arts, and the energy it creates in a room was described as incompatible in the following context: *We did have a concert in our*

home, but it was on a screen- the sound kept coming and going and it was still just a person, on a screen, in the corner of the room; it missed so much of the human element (Strategy2/interview).

Homes Supporting Residents

The significance of the support cARTrefu can offer homes is unique and can help care homes offer meaningful support to their residents. The following section is divided into two subthemes which include Intergenerational And Community Integration projects, and Harnessing Family Support.

Intergenerational and Community Integration

Intergeneration can be described as the deliberate mixing of younger with people older. Within intergeneration there can be experienced the opportunity to compare, contrast, share life experience and share commonalities of life. Intergenerational approached possess a dedicated approach can describe those who might be described as younger, with those who might be described as older people.

The engagement of older people living in care homes alongside those younger people residing in the outside community, benefits both those within the home and those living in the wider community. They each hold their shared experience of the human condition. Activities such as choirs, allotments and clubs were all referenced during the #SCILs as examples of community-centred activities to prevent residents becoming isolated: *I'll never forget one of the residents. She did know what the season was- but only because somebody told her; she was so detached from the flowers growing, because she was never going out anymore to smell her favourite flower* (Strategy1/#SCIL). They described that creativity can be a *wider thing* and that cARTrefu engagement can help unlock this way of thinking, so that broader participation in stimulating activities has a raised profile in care homes.

Intergenerational projects were also discussed in that they provide older and younger people with a brilliant opportunity to get to know people of another generation. As an artist participant said: *As a*

society we involve children in a lot of things. They need to start looking at the other end of the spectrum. It just fizzles out- it doesn't seem to be on people's radars in the same way (Artist3/#SCIL).

Harnessing Family Support

Involving family members in the operations of the care home is important. Specifically, incorporating family in creative activities allows the home to learn about the individual residents and as such, offer person-centred care. It also enables family members to remain part of their relative's life. One participant stated: *A good home will have significant input from families* then in the context of cARTrefu she elaborated: *And that could be another way in* (Strategy2/#interview). Participants talked about how typically families would volunteer and come to support the staff, which offers benefits for all involved. It helps the family member to still feel like they have an important role in the life of the person living in the home and allows the resident to feel that their family member is involved in their life too. But it also provides paid staff with the time to find out more about their resident through their loved one: their history, their preferences and needs, abilities or areas which might require extra support.

The idea that cARTrefu could work more with families is an interesting one. One participant described how cARTrefu artists might provide: *A bit of intervening and smoothening* (Strategy2/interview). This aligns with the importance of consultation, communication and collaboration. It seems that homes would really appreciate the relationship-building opportunity which could be offered by cARTrefu. The involvement of outside perspectives such as family or friends in the community could be facilitated through cARTrefu developing more of a focus on engaging with those outside of the home through collaboration.

Theme Four: Sustainability

Financing And Sustaining The cARTrefu Approach

This theme consists of five subthemes that talk to the different ways which a programme of the geographic scope and scale of cARTrefu can be financially sustained. The subthemes are:

- Managing budgets
- The impact of a social service intervention and the barriers caused by the COVID-19 pandemic
- The opportunity for recovery by utilising creative approaches; *creative growth via the pandemic*
- The "business case"
- Demonstrating the value

Sustainability depends on finding someone who is prepared to put forward the necessary funds to cover the costs of the programme. Sustainability was described by a strategic stakeholder: *Anything is sustainable even for a very long period if you can find someone that is willing to pay. Whether its individuals, whether it's foundations, or whether it's governments. That's really the only question is who is paying* (Strategy5/interview).

The stakeholders were asked their opinions on which bodies could fund the cARTrefu programme. While some funders potentially contribute to or match-fund projects- investigating the potential commissioning bodies was a priority in the data collection process.

There were various interesting suggestions made from: *Government schemes* (Strategy2/#SCIL) to more in-depth suggestions offered by the same participant in an interview: *The Intermediate Care Fund (ICF), local authority health board work, the voluntary sector, regional health boards, and through training funding* (Strategy2/interview). The Intermediate Care Fund places emphasis on social value and refers to the possibility of collaborative funding bids. The participant explained that originally the bids would typically be from health and local authorities but there is an emphasis in the fund on involving the third sector too. She explained that 20% of the Intermediate Care Fund (ICF) is expected to go to the third sector. In terms of the ICF the participant advised that now would

be a good time for cARTrefu to make links with local authority or health boards on the basis that the ICF are unlikely to say yes to a bid if it isn't considered collaborative enough. They also explained that North Wales has been poor at securing social value funds through the ICF, only receiving 13% of what could have been awarded, with South Wales doing slightly better. She believed evidence will become a requirement to demonstrate third sector value. The advice offered was to:

> *Try to get yourself onto those regional partnership boards and the places where funding is discussed. Especially if you can evidence that there are huge benefits, especially when you consider what a dreadful time people have had in residential recently* (Strategy2/interview).

Managing Budgets

To deliver arts-based activities in a care home there must be a budget for such provision. Care home budgets are notoriously tight and continue to be put under pressure. Participants described the constant issue of finding the budget (Careworker1/#SCIL), financial pressures (Strategy2/#SCIL) and cuts were mentioned several times in different contexts in the #SCILs by participants.

In terms of in-house means of raising funds, donations were suggested as a means of operating activity provision, but several participants described this as being too unreliable to offer anything long term or consistent. Examples of donations varied, but all offered short-lived potential. One participant elaborated sadly*: We got to a point where we had spent all but £5 of the budget and then we just had to stop. It's heart-breaking, it's almost better not to have started* (Strategy2/interview). Fundraising as a means of raising money was put forward, with one participant explaining that a weekly dementia arts club had suffered during the pandemic due to not being able to fundraise. They said that finding money is less difficult for big organisations who have probably got a fundraising officer.

Grants were reported as being responsible for some successful short term care home projects, but again, these didn't answer the issue of sustained and embedded provision. One artist queried the possibility of being on the brink of seeing a change because of the new Arts Council "Arts and health

and well-being grant". They queried whether there was a possibility for improved financial relationships between organisations and asked: *Surely forging partnerships between arts organisations, could be care homes or any other health organisations - if it's not there now you would imagine it would improve when the funding starts being used on those projects* (Artist2/#SCIL). A similar arrangement exists between the ACW, artists, and schools. The idea, known as Lead Creative Schools, aims to help improve arts engagement which supports not only artists but teachers and their pupils too.

Other sustainability ideas were put forward such as homes funding the provision themselves and homes becoming more efficient in filling beds (Activities coordinator1/interview). This participant elaborated that as a home with a strong activities team, their ability to run well-funded provision was due to ensuring the home appealed to potential residents/families and runs at capacity. The idea of asking the care homes to factor in the cost of running activities, like cARTrefu, is valid but stakeholders also cautioned that care homes were already reporting that they did not have the budgets to do any more.

If homes were to consider overheads in their running costs, training fees were also identified as an area whereby strategic approaches to training could offer opportunities for cARTrefu sustainability. In securing funding for dementia awareness, training was suggested for cARTrefu (Strategy2/#SCIL). This participant talked about how there are requirements upon settings to undertake certain amounts of registration training with new staff. They proposed making links between the benefits of cARTrefu and supporting people with dementia and sensory loss to strengthen the training case. While that sounds very logical, she warned that training funding is not usually very big.

Greater contribution from Local Authorities could significantly help cARTrefu going forwards. At present, this financial contribution was described as inadequate by another strategic interviewee:

> *It isn't enough to do things the way they should be done. There is a strong economic theme that is overlaid with the ageism that makes it ok for us not to invest enough in the services.*

> *They are having to be run with not enough staff to do things in the way we would want it to be done if it was us sat there in that care home* (Strategy4/interview).

Other sources of funding were suggested such as looking for funding from the national lottery or from the ACW. The sums necessary to run cARTrefu at its current scale was not described as vast in the scheme of things: *It's 5 or 6 full-time workers but distributed among artists. I don't know who you are applying to but that isn't a massive grant to the national lottery charities board. It wouldn't be a huge sum for the government* (Strategy4/interview). But participants warned that there are huge pressures on these organisations. Furthermore, the point was raised as to whether the funding should come from arts funders or from social care organisations. The funding focus for arts funders can shift over time and this leaves arts programmes vulnerable: *It depends on what proportion is artist-led and what proportion is care-home staff-led. If a high proportion is care-home staff-led, it's unlikely that the major amount of funding is going to be coming from arts funders; they fund professional artists* (Strategy5/interview). There is a risk that too much emphasis on upskilling care home staff can result in losing valuable funding for the artists with their valuable skills and experience.

One interview participant suggested a long-term solution acknowledging the need to fund effective well-being provision. This approach ensures that the provision is delivered upon, as it makes the home financially accountable:

> *I think cARTrefu is at that staged approach and it was what we expected a care home to deliver, then it would be within the fee structure of the homes, and that the homes then would be able to make sure that work was happening. Then they could commission things like cARTrefu. That would be the most sustainable model for the future because if it's for people like [Funding Organisation] to commission these sorts of things they will always be very stop/start when you want it to become embedded, and part of how you run a care home. Not an added extra. Not an optional extra. It's got to be central* (Strategy4/interview).

The Impacts of Social Service and Public Health Interventions and the Barriers Caused by the COVID-19 Virus

The #SCILs highlighted some interesting social service provision aimed at improving the well-being of people in care homes during the COVID-19 pandemic.

In one county, a dedicated budget was allocated by social services to commission a creative support pack to support care staff through the pandemic, and to provide them with activities aimed at improving well-being. Consultations with paid care staff found that they described a need to: *Recentre themselves during the day and to be able to de-compress* (Strategy2/interview). The social services intervention was reported to be successful when it was delivered- but it was felt the initiative could be extended in the future, particularly given the influence the local authority has: *You could say that there could be more opportunity to bring more creativity into recovery for care staff and how we walk into the future* (Strategy2/#SCIL).

The Opportunity for Utilising Creative Approaches: Creative Growth via the Pandemic

Participants emphasised the opportunities for a project like cARTrefu to make a real difference in helping care homes recover from the COVID-19 pandemic. Stakeholders described the pandemic as: *Honestly one of the worst things I have ever seen in my life* (Activities coordinator1/interview), and a time which left people: *Battered and bruised* (Strategy2/#SCIL). The arts were used in abstract ways in the height of the pandemic. The following example resonated deeply with a coordinator: *We brought in the arts, even when people were so poorly. I remember reading the bible to somebody. That was very spontaneous and purely personal* (Activities coordinator1/#SCIL). This suggests that this type of openness to the ways creative thinking can support residents was highlighted during this time of turmoil. It was suggested by one #SCIL participant:

> *We need to take a look at all this taking into account covid and financial pressures. I would like to think there is an opportunity there. It might be interesting to look at the potential of*

this helping with the healing for residents and staff. Care homes had a lot of help from the government last year (2020) but if that stops, they probably won't be able to continue. They will probably think "Do you know that is not a high enough priority" (Strategy2/#SCIL).

It is interesting to note from the #SCIL that the arts, as a vehicle for improving well-being, received greater attention from the Government during a crisis. Yet, that acknowledgement could become overlooked again, once the restrictions of the pandemic ease. Most interesting is that the evidence points to the notion that arts as an effective tool for improving well-being hasn't altered, it's simply the credit it receives which threatens to slip further away from focus once more.

The "Business Case"

Care homes, while they offer people somewhere to live, companionship and care, are fundamentally businesses. One stakeholder cautioned that homes must make efforts to offer people a well-organised setting which is sensitive to the well-being needs of their residents and families:

Fewer and fewer people want to go to residential now because they don't want to be isolated or have lockdowns on visiting. Extra care is more popular than residential so now might be a good time. It makes their home look a lot more attractive because they offer a variety of activities. It's also something that care inspectorate are really big on- that it's not just bingo and something a bit more imaginative (Strategy2/interview).

Demonstrating the Value

Evidencing the benefits of cARTrefu was suggested by two strategic stakeholders. In a culture of evidencing programme claims, it was felt that now would be a very important time to showcase the benefits which cARTrefu brings, to improve buy-in. One participant referred to recent research from Age UK explaining that research findings demonstrated: *That the biggest impact on people's well-being was cultural experience* and went on to say: *If someone is living in a care home then this sort of thing would be a cultural experience. The things that can be done within the how will sit within that space of cultural experience. That should be core* (Strategy5/interview). There is a

need to back-up cARTrefu's impact. One recommendation from the same interviewee was for Bangor University to undertake more research into the impacts: *I think there is a need to go back and start shouting about some of the difference that has been made and see if there is potential for a short-term intervention*.

Conclusion

Having reported on the findings from the data collection in the form of #SCIL and individual interviews, the next chapter will present the discussion.

Chapter Five:

Discussion

Introduction

This chapter presents the main conclusions, considers their implications for practice development, for policy, for future research. It also makes recommendations that will help embed and sustain the cARTrefu programme in care homes.

Findings

This research project explored the barriers and facilitators to embedding and sustaining arts provision in social care settings, with a particular focus on embedding and sustaining an art in care homes project, cARTrefu, based in Wales. The research consisted of three parts:

1. A rapid evidence review
2. #Social Care Innovation Labs (#SCILs)
3. Individual interviews

The research was iterative: the findings from the review informed the #SCILs and the #SCIL findings informed the individual interviews. The discussion below distils the key learning from across the research, beginning by demonstrating the way the review data allowed for iterative data collection.

Review Findings which Informed Data Collection

The first main theme as outlined in the review theme was *Foundations for change*, which related to training and education in care homes. This broad topic then developed a #SCIL discussion theme. The topic of training and education remained consistently significant through each stage of the research and was also discussed in interviews. It is a key barrier *and* facilitator.

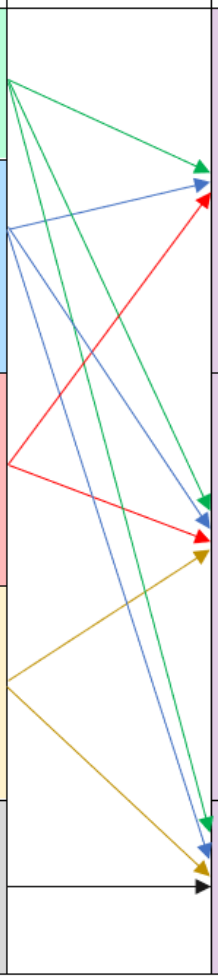
The theme ‘Challenges to implementing interventions’ explored staff engagement and their workloads. Introducing new routines into a setting does not come without its difficulties; this theme looked at culture change and common difficulties faced when introducing new ways of working. The theme ‘Barriers and facilitators to teamwork’, looked at what can be done to improve working relationships. For new practices to be successful, staff teams need to appreciate and embrace change. Communication and enrichment featured heavily here, as well as the demands upon staff. Beyond that, the review identified the importance of ‘Staff support and on-going work-based learning’ and the review findings supported the benefits of continued learning in healthy workforces.

The review also looked at ‘Sustainability’, to explore funding, buy-in, stakeholder investment and resources such as skilled/experienced staff members, available time, supplies and materials.

Figure G illustrates the key themes drawn from the review themes and demonstrates the ways in which those themes from the review touched on other aspects in preparation of the data collection.

Figure G:

Key themes from review

Origin theme from rapid evidence review themes	Specific subthemes for further investigation	Merges and interrelations	Developed topics for data collection	Goal
Foundations for change	Training, well-being, resident empowerment		Arts and health training, wellbeing awareness, challenges and opportunities faces by care homes	Embedded and sustained arts provision in social care settings
Staff support and on-going work-based training	Care homes attitudes			
Challenges to implementing intervention	Jargon and arts perception		Staff confidence and accreditation	
Barriers and facilitators to teamwork	Considerations relating to staff confidence and accreditation			
Sustainability	Sustaining arts provision		Sustaining arts provision	

Moving into Primary Data Collection

The theme findings were triangulated from the review with the primary data collection findings as relating to embedding and sustaining arts interventions.

These barriers included:

- Ineffective training (i.e., that which fails to make positive impacts on practice for paid care staff)

- Staffing issues (such as short staffing, poor staff retention or staff teams with ineffectively functioning working relationships, such as unbonded teams who disagree on responsibilities) and
- Unsupportive management (i.e., managers who fail to encourage work-based development for themselves or their staff. Also, managers who fail see the links between arts provision and the need to free up staff or themselves to attend educational sessions to better understand the benefits of creativity in care homes).

The facilitators included:

- Good training (i.e., training which increases confidence, increases job satisfaction, raises awareness of age-related disease and results in happier staff/happier residents as defined by less complaints/less poor well-being)
- Management support (i.e., managers who support staff and buy-into the notion of creativity as a means of improving well-being via their paid staff's practice)
- Strengths of person-centred-care/resident-led concepts (i.e., projects which utilise resident skills and strengths, as well as those of staff to co-design and co-produce activities within a home)
- Sustainability (i.e., the ability to ensure the culture change is underpinned by sufficient resource, both financially and as an ethos)

Training and Education

A significant and commonly cited review finding was that a lack of training and education was a major barrier when developing creative initiatives in care home settings (The Baring Foundation, 2018, Kaasalainen et al., 2010, Liao et al., 2020, Kwak et al., 2020) and the literature also found that a lack of training to support the implementation of interventions in care home settings was a commonly identified barrier (Weiner and Burack, 2014). The empirical data supported

these findings with stakeholders in interviews explaining that it is mandatory for staff to participate in certain types of training: safeguarding, moving, and handling, and infection control. However, with regards to training which might include creativity to support well-being, there were no mandatory requirements. Participants explained that training opportunities linked to creativity rarely arise and hardly ever is post-training implementation of the learning supported (Strategy2/interview).

The review found that there are issues surrounding staffing and the financial implications relating to freeing up team members to access training initiatives linked with the arts. When elaborated upon in one #SCIL, the barriers also included the fact that mandatory training takes priority and attendance at 'optional' well-being training can be prevented by pinch-points with staffing. This deeper understanding highlights that care homes are often open to initiatives linked to the arts. The research findings highlight that it is extremely challenging to find the time or money to provide good quality personal care as well as undertake additional provision linked with well-being. This openness cannot be the sole component needed, as developing the capacity to undertake arts activities is often challenging. The term 'mandatory' here could almost be interchanged with 'important'. Non-mandatory training therefore being deemed not important, not a priority, and not relevant enough to free up staff to attend. The review data, #SCILs and interview data all demonstrated the same thing- care home staff explained that their organisation infrequently provide backfill so that staff can attend training or education.

The review looked at the terminology and definitions of *training* and *education* separately. Training was afforded particular attention as being highly significant due to the prevalence of its impact in the review. The review findings were split based on these terms to ensure a deep exploration of the merits of each concept. There was richer data in the review relating to the word training. As a result, and with consideration, the word training was taken forward and a #SCIL was devised which focused on this area. Interestingly, both training and education were words used by those taking part in the #SCILs. Most participants used the word *training,* possibly because it had been introduced in the

discussion prompt. Other than the objection that *You can train monkeys* (Careworker2/#SCIL) it wasn't clear whether other participants preferred the term education over training. This correction by one participant was so strong and passionately voiced that her opinion stood out as an important piece of unexpected evidence due to it having been identified as having implications within care home education context within the review. This was not something which had been explored within the existing literature.

Training multiple disciplines together were found in the review to be an enabler to the effective unrolling of creative projects in care home settings, whereby 'The Making of Me' and the 'Arts in Care Homes' projects trained artists alongside care staff with great success (Dix et al., 2018). This improved receptiveness to arts activity provision in care home staff. The research was not able to support this further, because the topic never arose amid much discussion surrounding training in the #SCIL and individual interviews, but skill share was recommended by a #SCIL participant who felt some care roles lack awareness by other roles (#SCIL/strategy4).

Recommendation: Dedicated time to explore teaming up or skill-sharing (within educational sessions) of the various roles within a care home setting would help to show value in those paid care staff running activities, and artists.

The need for education to improve receptiveness and the perception of the responsibilities associated with different staff roles was identified within the literature and then also substantiated in the #SCILs. Education could strengthen and showcase the facets of capability of care staff or activities coordinators, as well as the flexibility and willingness of artists to upskill them. The review evidence (in particular) points at the idea that sometimes, spending time learning about other people's roles and skills can positively impact the ways these people work together in the future. This in turn could help teams to better appreciate the skills other team members bring to a role.

The wider literature demonstrated that in a study to investigate interprofessional learning activity cross healthcare disciplines that interdisciplinary learning enhances readiness for interprofessional learning within healthcare teams. They described interprofessional education as being the optimum approach in terms of educating health care professionals; this includes the development of staff able to engage in collaborative practice with artists. They also found that these learning opportunities improved teamworking, patient outcomes (e.g., improved well-being outcomes) and quality of care (Judge, Polifroni, Maruca, Hobson, Leschak and Zakewicz, 2015).

cARTrefu has been offered as a free programme since its inception in 2015, and yet due to a lack of capacity, some care homes are sometimes unable to release staff to attend as back-fill creates other challenges for homes. One interview participant described that resistance to a different creativity programme at their home stemmed from issues about rotas and timing. They explained that in cases like this, there is a need for at least one person to run a session, if not two (Strategy5/interview).

Ensuring managerial staff (who fund, and release paid care workers) have a good understanding of the benefits of arts-related training (and how it relates to well-being) is paramount and must be taken into consideration given the apparent obstacles of understaffing and a lack of finances. Care staff need to understand what they stand to learn, and managers need to facilitate their cover to attend.

The literature and the primary research data collected during this study supported each other in that there is a tension between meeting personal care needs and well-being needs, with well-being perceived by some care staff as something that is to be aspired to but often difficult to realise in practice. Capacity limits the potential time available to engage in unstructured activity provision. It remains that immediate personal care needs must be attended to and without the additional staffing and time, care staff will be overburdened simply trying to fulfil these needs. Working outside of structured activity was discussed in the labs and this is a logical step; for care staff and residents to enjoy meaningful engagement whilst personal care needs are being attended to, but a lack of

confidence in relation to what unstructured activity resembles from staff suggests that this needs to be rolled out through educational activities between cARTrefu artists and care home staff.

cARTrefu Engagement

The review found that clinical educators who continue to visit a care home setting improve receptiveness to new ways of working and the organisational learning culture (Grealish et al., 2015). In support of this, one participant in a #SCIL suggested that having artists return regularly to their setting could help embed and sustain their creative momentum.

Recommendation: Having artist return regularly would be helpful to care homes, as opposed to stand-alone sessions.

In the 'Making of me' programme, care home staff were taught art skills which made them feel more competent in their *caring* roles (Dix et al., 2018). The current research findings resonate with the findings of Dix et al., and data collected from the #SCILs extoled the value of art in care homes and these opinions were shared by carers, coordinators, and responsible individuals.

A project with a focus on introducing creative care approaches has been devised and evaluated by Bangor University in partnership with Flintshire local authority. The Creative Conversations (CC) programme was developed as an arts-based approach to staff development to enhance interactions between staff and care home residents. CC aimed to incorporate creativity into day-to-day care. The CC Programme secured funding to cover back-fill, but this was a pilot and is not easy to fund long-term; CC involved a resource-light programme of conversing and communicating about the ways dementia impacts on care home life. Back-fill for a project like cARTrefu could involve taking away funds from other areas such as materials or artist fees which would compromise the quality of the activity being offered.

<u>Recommendation:</u> Working on the notion of creative care being provided via unstructured activity could be a huge enabler for creativity within care homes. If staff can acknowledge and make space

around their daily tasks with residents, then creativity could be incorporated around those personal care times- rather than under the restrictive notion of a structured allocation of time for creativity. This designated time might simply never happen. Education and research to roll out creative care could improvement well-being outcomes for residents/staff, and the confidence of staff. It would also empower staff who could feel that they are able to achieve more than immediate personal-care tasks, getting to know their residents and enjoy the process more.

An evaluation of CC found that staff confidence in providing creative care improved resulted in more meaningful interactions between residents and paid staff. Not all staff participated. A strength of this intervention was that the workshops were informal (Windle et al., 2020). This type of intervention holds similarities with cARTrefu due to its combination of creativity and work-based learning; the key aim of CC is to improve staff confidence in providing creativity in care homes, which resonates with cARTrefu. CC is often utilised by artists whose natural ability to perceive creativity in a myriad of contexts is in line with the teaching of CC. Furthermore, CC is also run in Wales, in the same care landscape, involving the paid care staff in arts. Both programmes successfully increased the confidence of care home staff and resulted in better awareness of the versatility of arts in care homes.

Recommendation: A work-based learning approach like Creative Conversations could also be a style which could suit cARTrefu due to the synchronicities relating to setting and subject matter.

#SCIL respondents urged that any programme running in a care home needs to fit into their schedule (Strategy2/#SCIL). The combination of short-staffing, staff lacking confidence and a lack of time to attend additional work-based opportunities would also suggest that informal workshops might be more accessible. Care home stakeholders might be more receptive to such an approach. When looking at strengths of CC, that back-fill is extremely helpful but not something which cARTrefu can provide. Therefore, work is necessary to enlighten the homes as to be benefits of attending. If a free

work-based opportunity like cARTrefu is not appealing to homes, then the potential for homes to subsidise the sessions themselves is highly unlikely- and doesn't provide cARTrefu with sufficient potential to be self-sustained without grant funding.

A recently published paper on the "Bringing Art to Life" program by Reel et al., (2021) explored the ways an intergenerational art-based intervention increased social and art engagement. The study was conducted in a day centre in America where people living with dementia were paired up with students from The University of Alabama Honors College as part of a "service-learning" opportunity. The pairs took part in eight creative sessions with art professionals. The data demonstrated that this intervention improved students' attitudes towards dementia. They became more empathetic, and their interest in working with people with dementia also increased. The study found that sociability and physical involvement improved in those living with dementia (Reel et al., 2021). Whilst not all care home residents live with dementia and in this case the participants were frequenting a day centre, it is interesting to note that both the students, and the day centre participants experienced positive effects from working creatively together in similar contexts as the benefits discussed in the empirical data collection elements of this cARTrefu research.

Both programs utilise art professionals, in social care settings and include people who may live with age related illness. The purpose of cARTrefu is to increase opportunities for residents and staff to participate in the arts. The programme had a significant impact on older people's well-being, as well as staff attitudes towards residents, especially those living with dementia. Similarities between the Reel et al., study and cARTrefu were that they included eight sessions with residents. cARTrefu phase 1 residencies involved eight sessions, and in phase 2, 12 sessions. The difference was that with cARTrefu, participation was patchy and changed week-by-week; staff would have to leave to attend to residents and often (due to being too busy or sometimes feeling outside of their comfort zone) used that opportunity to leave altogether. With committed attendance to cARTrefu sessions, such as pairing up with specific residents, care staff could also experience similar results. If their interest in

working with people with dementia could increase, then it's a fair hypothesis that their interest in continuing art activities with those people would continue. This could allow a better chance of embedding and sustaining cARTrefu.

The idea that care staff can learn from artists is an interesting one and the idea that there are ways to care creatively was also discussed in the #SCILs. Stakeholders talked about how creative approaches to the delivery of care presents a new tool for people to use when working with people with complex needs, allowing care staff to call upon imaginative approaches to help support their work.

A continued relationship seems to validate those responsible for creative provision and to make a setting accountable. A relationship between the artist (and their associated support system, such as cARTrefu) and a care home, provides structure and routine. This sort of momentum and pace would help to embed certain activities within a setting which bolsters care homes and provides a continued function for the cARTrefu programme.

Challenges Faced by Care Homes, Staffing Issues, Accreditation, and Managerial Influence

A key review finding indicated that hierarchy is a barrier to effective team relationships within care home settings (Liao et al., 2020) and the same study also found that a lack of trust within staff teams forms barriers in engaging with new programmes. One participant attending the data collection had both strategic and activity provision experience. They explained in an individual interview that a confidence deficit was apparent with her staff team who struggled to trust her when it came to the sort of activities they planned because of her expressive, creative inclinations; they were fearful that they would be put outside of their comfort zones.

Facilitating a deeper respect for the skills of colleagues in other roles is an enabler. Upskilled staff members could be summarised as those upskilled and competent to a standard suitable to cascade training through the care home setting to other staff members. This champions initiative was proven

to improve the health of the care home residents and improved relationships between residents and staff (O'Boyle et al., 2017). The notion of champions who cascade knowledge is in keeping with the phase 1 and 2 of the cARTrefu programme; the research findings indicated that care home teams already contain skilled creative staff, but these staff sometimes lack the confidence, skills, supplies, or support to sustain creative provision independently. Encouraging this awareness within different care home job roles within the care setting could be achieved via education but also by the facilitation of care home champions which was a key finding of the review. The data indicated that champions would be reliant on outside support from a source outside the home (i.e., cARTrefu) to keep the momentum going, and that there would be a need to situate those champions within a context which continues to be recognized by the other people working and living in the home. As such, champions could enrich the cARTrefu experience and allow the cARTrefu programme a strong position within homes- but regular engagement would be vital. In many ways, cARTrefu would need the champion as much as the champion would need the artist: the two roles in tandem would be far harder to ignore. In having someone within the home to *fly the flag,* there would be an easier continuation for an artist- without needing to continually become familiar with new staff faces who do not continue to engage long term. It would be easier for a respected champion to be that go-between. Encouraging this awareness within different care home job roles within the care setting could be achieved via education but also by the facilitation of care home champions which was a key finding of the review.

O'Boyle et al., (2017) undertook research on championing within care homes, and it demonstrated that it did improve the relationships between the staff and the residents, but the empirical data in #SCIL and Interviews was not strong enough support this review finding relating specifically to champions in a cARTrefu context. #SCIL participants did express an interest in the idea of a continued relationship with artists which would be like that of a champion.

It raises the question whether a championing role could embody and empower staff as ultimately this is cARTrefu's area of expertise. An existing staff member who has worked with cARTrefu previously could "graduate" to champion role, possibly following a certain number of hours spent under the guidance of an artist. The cARTrefu artist would stand as a mentor and an *ambassador* for the arts; utilising the experience and confidence of artists to bring out the talents and confidence in skilled care home staff. If homes would support a team member to become a champion and protect that time for that member of staff- this could allow for cARTrefu artists to embed their practice. The continuation of that relationship would make the best opportunity for sustaining the relationship and providing the home with long term, high-quality participatory arts. The benefit of a champion Is that they can informally cascade that knowledge through the staff team in practice- almost like a drip feed with the champion bridging the gap between the disengaged staff and the *creative alien* (Artist3/#SCIL).

Recommendation: Supporting and evaluating the success of championing those creatively inclined people to cascade the cARTrefu approach seems to be a logical step forward for cARTrefu. Mentoring and artist residencies from within the home have already been successful. cARTrefu Phase 3 looked at working harder to support care staff to deliver their own arts provision. cARTrefu Phase 4 could delve deeper into blending the learning from all the previous phases into bringing out the in-house skills of care staff, whilst still retaining cARTrefu artists who would be the strategic skilled professionals to incubate these skills.

When investigating the wider literature, a study looked at a decade-long collaborative model which integrated visual art within mixed settings (Isaac and Meyers-Kingsley, 2022). The settings included school classrooms, theatres, and museums, and involved art and dance. Inspired by the Kafai Model, the study explored the efficacy of a cross-disciplinary cascading mentorship model. The findings included the effective cascading of experience and active learning, that mentoring culminated in learners transforming into teachers via cultural engagement (Kafai, Griffin, Burke, Slattery, Fields,

Powell, Grab, Davidson and Sun, 2013). These findings demonstrated the efficacy of long-term mentoring models, which supports the capability of cascading cARTrefu within the wider cultural landscape.

A lack of confidence in relation to arts within staff teams is a significant inhibitor of engagement in creative activity provision in care homes. While many people in care homes do not have an arts background, workshops were cited as being a good way of developing skills to improve confidence in delivering creative provision although these workshops would need to be planned to carefully ease in participants. There was mention of the antagonism which exists between care staff and activities coordinators (Artist1/#SCIL) and cARTrefu's potential for fostering better relationships between these team members by using the arts as a way of bonding teams.

Recommendation: cARTrefu could benefit from including a focus on increasing care home staff confidence. This could benefit working dynamics and improve practice overall. Also, credit and recognition to staff seems to influence how open staff are to engaging with new ways of working and needs to be considered when planning programmes in care homes.

Mentoring and residencies were evidenced as having been a success in the first two phases of the programme. Perhaps the natural progression now would be to delve deeper into the skills possessed by care staff using those in-house skills which were mentioned in the #SCILs. There is the possibility to look at ways to nurture the capabilities of the staff by championing those creatively inclined people (as defined by those who might engage in creative activities in their spare time and consider it to be an active part of their identity). This would also have the benefits of letting those individuals feel valued, seen and making best use of people's skillsets. Also, allowing the artists to step-up as mentors in the arts-in-care-home capacity, would offer professional progression for artists too. The role of "artist practitioner" is an emerging term. In wider literature, The Culture Health and Well-being Alliance make the claim that*: If we are to work effectively to support health and well-being, practitioner support must be embedded in commissioning and funding structures* (*Culture Health and*

Well-being Alliance, 2022, https://www.culturehealthandwellbeing.org.uk/key-themes/practitioner-support-wellbeing). In allowing cARTrefu artists to develop their professional skills they are generating experience which supports their careers but also strengthens the status of the artist practitioner as an expert with the field of arts in health. The inclusion of wider, cultural settings also appears to open the opportunity for arts influence beyond to that of simply involving a visiting artist; the arts/culture environment has the capability to contribute to overall inspiration.

Management

The review identified that sometimes care staff felt they lacked the support necessary from management to implement artistic and creative interventions (Liao et al., 2020 and O'Brien et al., 2016). Managerial buy-in featured in the review whereby a lack of engagement and buy-in from all levels of staff including management are commonly cited barriers to initiate, deliver and follow up programmes (Kwak et al., 2020).

The impact of manager buy-in was supported by the #SCILs and interview data. The empirical data suggested that strong management can have transformative effects in care homes, with one interview participant describing the value her manager sees in the key things they are attempting to deliver within activity provision. The worth they see, allows that coordinating team to deliver good quality, Person Centred Care (PCC) activities for their residents because they feel justified and validated in their practical application of activity.

In an art provision context, participants explained that the opportunities offered by arts activities are vital and necessary for care home residents and yet reported that managerial approval is vital for other team members to buy into the value.

Within the wider literature, one Swedish study explored how managers perceive PCC in care homes. The findings described a need for management to provide support to care staff when delivering PCC and that this leads to innovation and trust within the care environment.

Accreditation

The review suggested that certification could help drive up ambition to attend training opportunities (Kinley et al., 2017) but this was disputed in the #SCILs given that one participant felt that attending training in order to gain a certificate does not equate to any form of qualification or accreditation and is not a motivator. Another #SCIL participant in the same conversation contrasted that opinion that in fact being awarded with a certificate to go into their portfolio.

Participants overall were more positive about accreditation stating that the affiliations cARTrefu holds with Bangor University has acclaim to it. It does not seem unreasonable to surmise that if the cARTrefu programme could secure accredited status that this would bolster the reputation of the programme, encouraging more participants to attend thus helping to embed and sustain cARTrefu in care homes. One finding in the wider literature which supports the need for accreditation was that training standards in care homes were not always optimal; learning could be hindered by poor training (Woo et al., 2017).

Social Care Wales (SCW) have been recommended as an organisation to accredit cARTrefu training, but a barrier was that running sessions and providing backfill comes with a financial cost. The lack of regulation of activity provision is leaving a void for ensuring that provision is properly understood and funded. SCW has a qualification framework which (for care home activity coordinators) recommends for practice:

- Level 2 Award in Supporting Activity Provision in Social Care
- Level 3 Certificate in Activity Provision in Social Care

SCW advises that:

> *Service regulations require that "the service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service"* (Social Care Wales, 2023),

https://socialcare.wales/qualifications-funding/qualification-framework/job-roles/care-home-services-for-adults/adult-care-home-activities-co-ordinator)

With accreditation, cARTrefu could meet these characteristics, and offer up training to deliver skilled, competent, and experienced activity delivery to care staff.

SCW notes that in order to achieve this that all employers who are new to the sector, role, or organisation have a responsibility to ensure their new starters are provided with an adequate induction which makes use of the "All Wales induction framework for health and social care" (Social Care Wales, 2022).

The data found that partaking in something recognized would be appealing to managers, as the training would come from a trusted and respected source. Both scenarios could result in a certificate being awarded, but the value of that award will depend on the duration of the sessions involved- and whether those sessions come with any accompanying training status/accreditation.

Recognised national certification such as St John's Ambulance is awarded because of written assessments and observations by the St John's trainer. The credit awarded comes as First Aid at Work certification: *Successful candidates receive a St John Ambulance certificate, valid for three years* (St John's Ambulance, 2022, https://www.sja.org.uk/courses/workplace-first-aid/first-aid-requalification/book-fawr/). This training is described as conforming with Health and Safety Executive guidance (2022), and with Health and Safety (First Aid) regulations (1981). This attribution likely leads to the training being appealing. Being awarded this knowledge (demonstrable through a certificate) is typically sufficient for employers to pay for this training to be delivered, for staff to be granted time to participate, and appealing enough for staff to agree to. It is worth considering that First Aid Certification will come as a legal requirement in many work-place settings. The same cannot be said for well-being related training like that which cARTrefu could offer.

There is a key difference between the notion of taking part in a training exercise which results in a certificate of attendance, and the notion of undertaking some form of recognized accredited course. The value of the resulting certification within an accredited body would carry a significant amount more kudos, and might open more doors for paid care staff, in terms of their professional contribution/responsibilities. The primary data and the wider literature supports this. The difficulty would be the additional strain put upon the already over-burdened staff, but those with ambitions to progress in their career might be excited about this prospect.

Without regulators (such as SCW) to assess whether well-being objectives are being met through arts provision, the impact of policy in practice is difficult to identify. The provision necessary to remedy the void comes with a financial cost; this needs to be provided to a suitable level.
Whilst ultimately, accreditation will not overcome staffing issues, it could make training a higher priority when care home managers decide where to allocate their scarce resources; the reputation of cARTrefu could reassure care homes that the training they were being offered was of high quality and could help care home to achieve activity provision of a good enough standard to nourish staff work-based development as well as to improve well-being outcomes. Given that cARTrefu works with highly experienced artists, it has strong potential to boast effective training capabilities and make the case for accreditation.

Well-being Awareness

This challenges for care homes to support residents to achieve personal well-being outcomes for their residents without adequate funding are significant - returning to the question of how to embed and *sustain* this provision.
It is worth considering *how* to embed and sustain cARTrefu in care homes, and whether we look at a more bespoke approach that is underpinned by a set of shared principles as a continuation of previous cARTrefu models. It seems most logical to apply a universal approach, blended with consultation and individualised elements: in homes where they have an activities coordinator, or a

supportive manager, artists might hope to arrive at an enlightened setting. We might be faced with different challenges in homes without the support in the form of people who actively engage in activity provision. We can never be sure until we enter that setting and get to learn about how it functions.

Based on the complexities and intricacies highlighted in the evidence collected, one recommendation could be to consider sustainability at the level of individual care homes. cARTrefu is best placed to build relationships with these individual homes yet establishing connections in the first instance can be difficult. The homes who understand the value already participate. How do we engage with those for whom *arts in health* is an area they aren't exposed to? Nor are aware of the benefits of arts in health? There appears to be a gap in the awareness about the benefits of arts in health, which is difficult to penetrate. A back to basics, "Introduction to well-being and how art supports it" might be a sensible foundation to lay in as many settings as possible to reap the best results.

It is difficult for people to be convinced of the ability to use the arts to improve well-being if those people participating are yet to understand how creativity and well-being relate. If we want to achieve embedding of creative culture within practice, it stands to reason that people need to understand why, and how this can be achieved through arts provision.

Communication and Jargon

Communication and jargon can stand as barriers or facilitators to arts engagement for residents and staff. The language surrounding the arts is a barrier and the sector is commonly treated with suspicion, and scepticism. They explained that art is sometimes appreciated, but often isn't understood (Strategy5/#SCIL).

This inhibits cARTrefu particularly because the care home setting has a disproportionate amount of people who do not describe themselves as creative. Indeed, some of their own staff also label their peers as such, when describing them as non-creative.

In the rapid evidence review, a piece of literature evaluated one arts in care homes project (Dix et al., 2018). In this project care staff were provided with training which addressed different types of art forms. Staff were noted as having visibly improved in their confidence due to this opportunity. This allowed the staff to appreciate the variety of arts methods and lessened their insecurities. They felt less anxious, less intimidated and had a greater sense of partnership among peers and collaborating artists (The Baring Foundation, 2018). The report explained that there were limits to the reach of this programme and that further research was necessary to explore whether the growth in confidence was maintained. This insecurity relating to the arts was identified as a barrier in the #SCIL data. The lab participants explained that many care workers will label themselves as "not creative" which provides further evidence that care homes have high numbers of people who do not associate themselves as being particularly connected with the arts/arts culture.

The arts were also described as *"too airy fairy"* to interest some care staff- but it is also not unreasonable to assume that people are afraid to engage with an unknown field. Cognitive dissonance is at play in this situation; people experience psychological discomfort when posed with new or unusual scenarios and this leads to avoidance and dismissal of new things. As a result of this psychological discomfort, people may shut down and resist exploring something new (Harmon-Jones and Mills, 2019). Arts engagement is, by essence of its scope, full of new or unusual ideas. These can result in care staff feeling uncomfortable or unsettled.

The literature described the benefits of improving staff awareness of the arts, but the depth of alienation care staff feel as described in the #SCILs demonstrates that more work is necessary to facilitate a familiarity and understanding about the myriad ways the arts can be used. Furthermore, artists could work in the future with new or existing staff members to help identify the skills which they can already contribute to creative activities.

The arts are allied with wealth and higher education, and this is affecting confidence in those who do not attribute themselves to those demographics. The assumption that certain staff members aren't

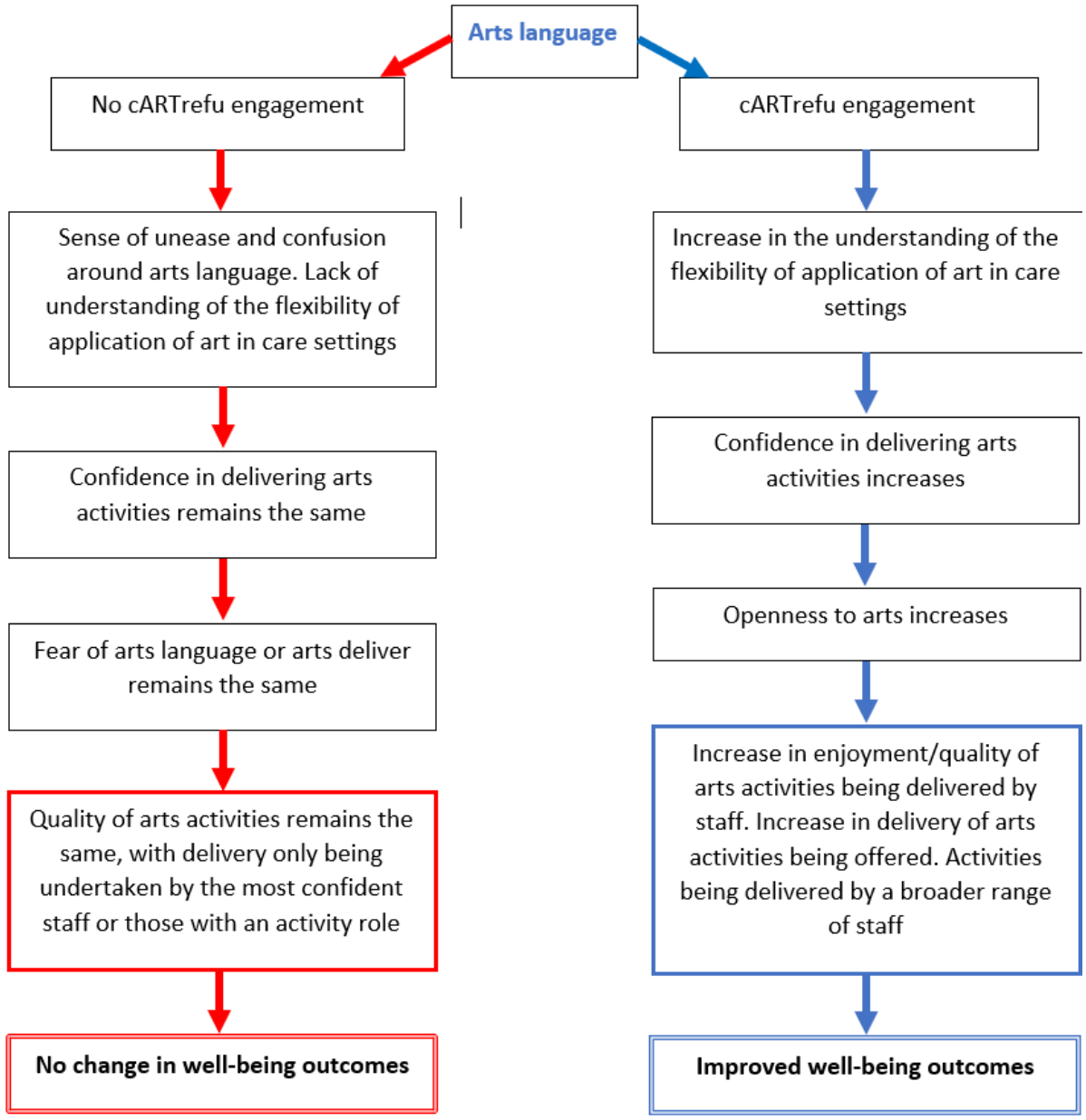
creative is damaging language and gives weight the idea that certain people lack creativity as a skill. This will inhibit a person greatly, and they are likely to retreat and remain in roles which might relate closer to personal care etc.

A *highly* important implication is to reframe the way the arts are described or considered- or the ways creativity can be applied within care. Empirical data showed artists are acutely aware of the importance of improving people's understanding of the arts, because they find commonly that people are uneasy around the subject. Art as a medium, is vast, and job roles within it vaster still. As a result, when the common artist roles are found to not be the medium of the artist in question, people retreat into feeling embarrassed or ignorant. If people could have the realisation that creative thinking is an ability everyone is capable of, then it can allow all people to feel more comfortable engaging in it.

Figure H demonstrates the ways a cARTrefu intervention can increase the potential quality of delivery of arts activities, as well as the ways individuals disengage when not offered the opportunity to learn more about the scope of arts.

Figure H:

The impact of arts language within care home settings



This demythologising is another virtue which comes in tandem with the engagement and involvement of cARTrefu artists visiting care homes. If we are to consider Vygotsky and *The Zone of Proximal Development* (PR) (Doolittle, 1997), a cARTrefu artist can stand in the role of *The More Knowledgeable Other.* Vygotsky's hypothesis was that to enable effective learning, there are key

roles- wherein someone with greater experience can gently teach someone new things and increase their development via their interactions. The zone of PR with a cARTrefu artist could be categorised as an organic and efficient way of harnessing learning, as well as the opportunity for an artist to teach or mentor others. It is important however, to note that Vygotsky's theory was applied to childhood development and has only been applied to other contexts/age ranges by subsequent academics (Fani and Ghaemi, 2011). If we are to suppose the same theory could be applied to the artist/care staff relationship, then in working in a nurturing environment with an artist- PR would be a natural process. Informally, PR has already been taking place in phases 1 and 2, during artist residencies. The residencies didn't however place sole focus on this relationship between the artist and the care staff- who would often make excuses to, or legitimately need to, be excused to work on other tasks. In putting dedicated focus on a PR relationship, the urge to avoid the encounter with the artist would be more difficult for care staff. Particularly if they were offered reassurance that it was ok to not be entirely confident about the process, and to embrace that as part of the experience.

Recommendation: Revising the language used to describe cARTrefu could make the programme more appealing to care homes. Until hypothetical introductory sessions regarding Arts in Health could be delivered, a simple measure could be to adopt less niche language and instead focus on the participatory and fun aspects of the programme. This would help cARTrefu appear less threatening and remove the onus on staff needing to attribute themselves as being "creatively" skilled. It is also possible that time spent getting to understand the role of the artist could reshape the misconceptions held by other disciplines and offer deeper engagement of a programme. To improve perception of roles and reduce misconceptions, care staff could via education learn more about the freedom and scope offered by the arts.

Sustainability

The following subthemes are key to ensuring sustainability:

Person-centred, Resident-led, Co-designed and Co-produced Approaches

Shaping activities to an individuals' particular needs, preferences, interests, capabilities, and personal history has been robustly supported in research (Sauer, Fopma-Loy, Kinney, and Lokon, 2016; van der Ploeg et al., 2012) and underpins health and social care policy (Social Services & Well-being Act, 2014). The PCC approaches to tailoring these activities are effective in that they are considering and accommodating the needs of individuals. The approaches also emphasise the importance of dignity and respect, communication and engagement, compassion, and allowing the person the opportunity for self-management (Hartmann et al., 2017*).*

The literature review demonstrated strong evidence that staff engagement is improved within person centred care models (Burgess, 2015, Kaasaleinen et al., 2010, Kwak et al., 2020, McAnulty, 2012 and Weiner and Burack 2014). O'Brien (2016) found that communication was improved in multi-disciplinary teams with an awareness of PCC. Such concurrent evidence stood out in the literature, and the person-centred care model was reassuringly referred to throughout the primary data collection process of #SCILS and interviews with all stakeholders. They utilised the terminology prolifically and proficiently explained the ways it informs and drives their care and stood out as a key enabler for bespoke care provision. Participants at the #SCILs reported how effective the PCC approach is when tailoring cultural activity, because it gives care staff permission to tailor-make activities for their residents within a framework that is advocated by the sector- in terms they understand. The #SCIL participants also discussed the merits of artists learning from care workers and vice versa.

The #SCILs and interviews demonstrated that PCC principles go together with resident-led planning. Resident-led planning of activities could be described as co-designed or co-produced: the difference being that co-design applies to the planning stages, and co-production to the "doing" of the activity. An example might be- that some residents generate the concepts, for instance, a play about growing older. Other co-producing individuals might take interest in the advertisement of the event or the

set-making or the scriptwriting. Then as we transition into the co-produced side of proceedings- others might be involved in the performance or of other back-stage aspects during the delivery itself. This means some people's strengths can be shared in the planning or generating of ideas stage, some in the undertaking, and some in both. The #SCILs also showed that resident-led activities share the same values as co-designed or co-produced ones; they take inspiration directly from the interests of the residents and their needs as a starting point. The empirical data as shared by activities coordinators showed that not only residents, but also staff, feel far more invested in activities for which they have been involved in the planning stages.

It was reported that staff and residents engaged on a far deeper level when they had been consulted with and involved in the planning process, and how that led to strong buy-in from the home staff and residents (Activitiescoordinator1/interview).

In terms of staff engagement, participants in one #SCIL reflected on how handing over 'power' to residents and allowing them to take the lead on activities had a great impact on the staff involved. They consulted with their residents to ascertain what excited or interested them and planned activities based on their findings and a meaningful and informed schedule of activities was developed.

Co-design and co-production were specifically highlighted in the review findings. The review identified a project who recommended that programmes that aim to include communities should adopt a co-produced and collaborative approach to delivery. They found that involving wider audiences from the local community into arts and cultural projects encouraged engagement and supported sustainability. Co-design fostered mutual respect and recognition for one another as well as a sense of trust which allowed for the project to thrive and grow (ACE, 2017).

Co-design is a mechanism to engage local people and to help shape concepts and to motivate participants (ACE, 2017). Another study which also describes the co-produced approach found that in the potential success of a programme was the engagement of *all* staff in the planning and creative stages (Dix et al., 2018; Kaasalainen et al., 2010). The rapid evidence review demonstrated that

developing relationships between residents and staff increases staff's confidence in their abilities to work effectively and more creatively with residents.

A study by Warran, Burton and Fancourt (2022) looked at the scarcity of supporting evidence relating to the impact and mechanisms which activate positive health and well-being effects. They found that the co-production of creative interventions to meet the needs of care home residents, with a focus on what precisely arts in health activity entails facilitated the sustainability of programmes. Many of the findings from the current research undertaken for this thesis aligned with the findings reported in the Warran et al., (2022) study, demonstrating that they possess resonance with the recent literature.

#SCIL findings demonstrated that consultative planning within care home teams can support the development of sustained relationships, which can give projects and activities better chances of being embedded and sustained. Participants suggested that consistency of communication with a cARTrefu artist and coherent delivery are imperative. Co-production between artists and care staff or activity coordinators were also discussed with #SCIL participants discussing the need for care home staff to be closely involved in the planning stages to ensure the needs of residents are met. This could also include family members in the co-design (planning) stages and co-production (delivery) stages.

These needs could arise because of sensory impairments or physical issues which might prevent them from fully participating; the familiar care staff would be imperative in sharing this knowledge with the artist to achieve the best possible results. The engagement of residents and staff, coupled with a competent artist appears to offer the best potential for genuine interest from the care home community. Harnessing the interests and being aware of the abilities of those who live and work in care homes is a skill. There is a sensitive approach offered by artists working in this setting and the evidence suggests this method is well received by homes who feel acknowledged and respected.

A core principle for cARTrefu is encouraging staff to participate in the sessions and gain confidence alongside the residents, so cARTrefu could facilitate these deeper bonds by encouraging participation and collaboration with staff.

An inclusive approach to involving people (through diversity and inclusion agendas) could be via listening to ideas and suggestions. It could involve harnessing people's planning skills, or it could include involvement in the activity itself. There is even the opportunity to include people who may have an interest in the curatorial elements of a co-designed project. There are:

- Those who might love to utilise their creativity in the showcasing of the work.
- Those who liked to entertain in their lives prior to living in a care home might engage well in planning a celebration or preview, to reflect on and share the project as a group.
- Those with a passion for music might put together a playlist for such an event.

There are so many opportunities to include people under the vast umbrella of arts provision when we consider the activities as being a means of *engaging* with residents and staff.

If we step away from the simple terms of art activities being a time where residents sit for one hour to paint a picture, and instead look at the broader ways we can inspire, include, and bring energy into the lives of people living and working in care homes.

Co-design and co-production methods for running or delivering the activities take PCC a step further; it would be straightforward to plan *on behalf* of residents but to embed and sustain arts provision in care homes, including residents in co-design and co-production strengthens the possibility of that activity being well-attended, and demonstrating good well-being outcomes. It takes more planning and dedication.

In terms of the notion of community- this can equally apply to the care home context, providing the wider community has links and opportunities to engage with the care home communities. Involving wider audiences from the local community into arts and cultural projects is something cARTrefu could facilitate.

Recommendation: With committed attendance to cARTrefu sessions, such as pairing up with specific residents, care staff could also experience similar results as with the Bringing Art to Life intervention (Reel et al., 2021). If their interest in working with people with dementia could increase, then it's a fair hypothesis that their interest in continuing art activities with those people would continue. This could allow a better chance of embedding and sustaining cARTrefu.

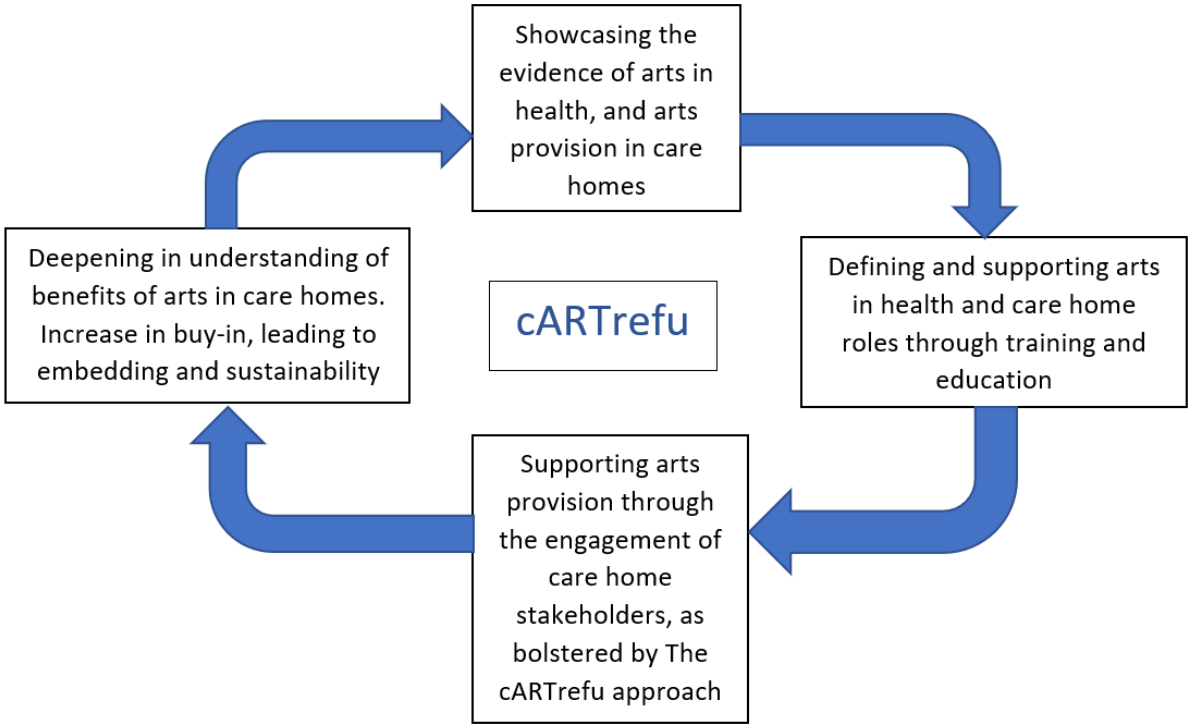
Best Practice and Other Opportunities for Sustainability

Sustainability is reliant on the cooperation of the care home stakeholders, but sufficient financial resource must be in place to enable embedding and sustaining of arts provision within that setting. Broadening horizons to make possible sustainability is key, as short-term grant funding cannot ensure financial stability for a large-scale, high-quality programme like cARTrefu. Sustainability is also reliant on buy-in from care home stakeholders, who hold the key to allowing a project to become successfully embedded into their setting. Openness to improved practice allows this to make impacts on the setting, and cARTrefu is well placed to demonstrate how good practice and collaboration can achieve this.

The evidence as pertained in the rapid evidence review, the #SCIL, and the individual evidence, when collected together can be understood as demonstrated in Figure I which outlines the ways cARTrefu meets the barriers and facilitators to embedding the cARTrefu approach in care homes.

Figure I:

An example of a potential flow of best practice for embedding and sustaining cARTrefu



Good practice allows the setting to understand the benefits and gain trust in the possibility of change, which can then allow the setting to participate effectively with a partner like cARTrefu. Other sustainability opportunities include cultural funding connections, engagement from publicly funded services, training specific to creativity and funding with a focus on staffs' well-being needs are explored below.

The review found that while there have been several art programmes in care home settings, few have been successfully embedded or sustained. For instance, the @Home project did not secure ongoing commitments from homes and ended in 2016 (The Baring Foundation, 2018). Similarly, the 'Making of Me' project could not secure the financial contributions necessary to sustain the programme and the lead partner withdrew. This resulted in the project changing significantly in scale (Dix et al., 2018).

In Canada, an assessment of care home organisational infrastructure found that care homes were in receipt of funding streams from the Ministry of Health and Long-term Care, but the residents also provided a mandatory contribution (McAnulty, 2012). We have (in the UK) both private and means-tested care, therefore this system differs from the UK funding system, and therefore might not offer the same opportunities in terms of funding sources. Wales is highly reliant on public funding for arts programmes, such as that provided by the ACW, which is seldom intended to be long term.

Studying programmes like @Home and 'Making of Me' offered significant clues about how a similarly aligned project like cARTrefu, could learn from the issues other programmes experienced. There was also the opportunity to learn from other models implemented in other countries, although caution is needed regarding the transferability of findings.

Care home settings sharing in creative or cultural practices are an "expression of community cohesion" (Dix et al., 2018). There were connections drawn in the #SCILs between activities with a focus on culture and opportunities for sustainability. Buy-in from residents and staff who perceive cultural activities as being more accessible through care homes can enhance sustainability. Paid care staff described the success of culturally themed days and stated that their success lay in the opportunity to plan and co-produce the activities together with residents who felt familiar with the subject matter. Cultural funding opportunities as opposed to creative funding opportunities were highlighted as being an area for potential subsidy, because cultural engagement shares many of the same values. One strategic respondent in a #SCIL highlighted the responsibility which lies on cultural bodies to provide cultural and artistic activities which include people who cannot access these services from within a home. Engagement from publicly funded services like libraries or museums could meet this need, with support from cARTrefu to facilitate the operations.

Participants in one #SCIL explained that there is a lack of training courses around creativity and imaginative practice; the participants could not offer any specific examples (other than cARTrefu), of courses, training, or education linked with well-being.

Additional key findings in the #SCILs and interview data was that since the covid19 pandemic there is increased awareness of the well-being needs of staff. The unprecedented nature of the global pandemic meant there was no previous situation where care staff's emotional and mental needs came under such pressure, but it was strongly referenced as a potential new way for creativity in care homes to become sustained.

There appears to be a gap in training in relation to facilitating arts provision by care home staff suggesting that cARTrefu has a strategic advantage as it does have training opportunities to offer; the interest is there. However, the perceived lack of education in creative approaches also raises questions about whether the cARTrefu programme has sufficient reach and marketing to promote uptake and whether a stronger focus in cARTrefu education on linking the arts with well-being would be well received among care home teams.

One solution would be to co-design models in collaboration with the arts and cultural sector. Withdrawals of direct arts services paired with reductions in local authority cultural spending means that not only are these collaborations unlikely, but many arts and cultural organisations themselves are diminishing because of local authorities withdrawing or reducing their grant funding. Furthermore, the budgets and preferences of local commissioners vary significantly.

The British Council offers International Collaboration Grant which requires a focus on arts and culture, or higher education and research projects with an arts and culture element (British Council, 2023) and the European Commission offers the Creative Europe MEDIA Programme which is set up to meet the needs and challenges of the cultural and creative sectors.

In conclusion, the complexity of the status of arts in health and social care within certain settings, such as care homes, is a picture of opposing levels of buy-in. Bridging gaps between disengaged individuals who struggle to position themselves within a "creative" context poses many difficulties. The #SCIL and interview findings found that when attempting to embed and sustain arts provision

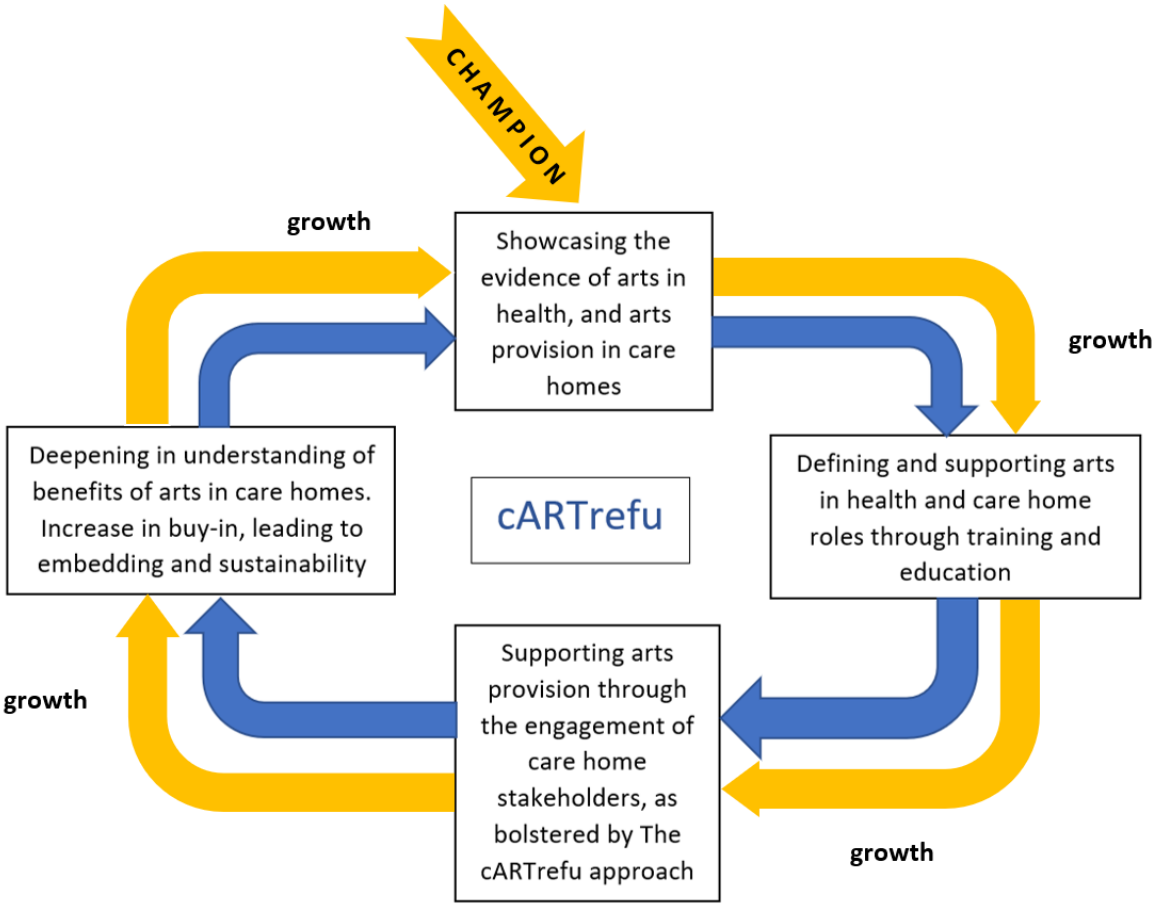
within these environments, conflicting degrees of understanding about the validity and impact of arts in health was a commonly cited concern. The backing of engaged stakeholders demonstrated that these divisions could be improved through addressing the barriers and facilitators listed above with practical approaches, which are addressed in this discussion within the recommendations section. These practical approaches could improve the understanding of arts in social care settings, as well as empowering disengaged care home residents, staff or visiting family members of residents to appreciate the well-being outcomes possible through creative engagement.

In defining the potential of utilising arts to improve well-being outcomes, and explaining or demonstrating the benefits of arts in health, cARTrefu can offer a unique insight and opportunity to care homes. Understanding the benefits through training is the first step in gaining the interest and loyalty of care home staff. Once this foundation for change is laid, cARTrefu can then support the setting throughout the delivery stages- ideally via co-designed planning with the staff and residents, and/ or families. As we move along, we can evidence that staff begin to gain confidence and see the benefits to their residents. Management might be seeing the gains in their staff too. This deepening of understanding leads to people becoming enlightened to the benefits of art, and feeling a sense of achievement in their progress. With this progress, cARTrefu is then able to capture this and showcase the benefits. The cycle can repeat with potential for including champions along the cycle, to keep momentum and help ensure the programme becomes embedded. In theory, a setting can join the cycle at any point, and in delivering the outcomes of each stage of the cycle, the programme is demonstrating efficacy.

Figure J demonstrates an example of a potential flow of best practice for embedding and sustaining cARTrefu when a champion is also included on the journey of growth, to bolster the cARTrefu approach.

Figure J:

The journey of growth with a cARTrefu champion



cARTrefu is known and respected. Many settings are already aware of the programme but in working in this cyclical manner, cARTrefu has scope to remain a partner to the home, as opposed to running occasional sessions or offering standalone residencies. Slowing down and taking a step back to outline the role cARTrefu plays alongside basic well-being is important, because the #SCIL data identified the need for well-being not to be perceived as only an aspiration. This implies that the role and importance of well-being is being missed. Increasing confidence then showcasing the impact would be made easier by this introduction, as buy-in of care home staff is intrinsic to the potential

for embedding and sustaining cARTrefu in care homes. Significantly, in The Baring Foundations "Every Care Home a Creative Home; A systems approach to personalised creativity and culture" a key recommendation was that ACE should liaise with ACW over the replicability of the *highly successful* cARTrefu model (Cutler, 2022, pg.2).

Limitations of the Work

Due to the time constraints associated with this masters project, the decision was made to undertake a *rapid* evidence review to assess the current research or grey literature associated with barriers and facilitators to embedding and sustaining art in care homes. In a rapid review there is always a possibility that some literature could have been missed; also, in terms of time there wasn't the opportunity to locate any data within specific arts academic databases and instead focussed on a humanities and social sciences angle. In looking at the grey literature, there was only had sufficient time to utilise The Repository for Arts and Health.

The literature search only included studies published in the English language. There were no resources for translation.

While the search method acknowledged the need to search different ways of spelling words, such as English or American English spellings, there is also the possibility that some terminology or names for certain elements of care in other nations could have been missed or overlooked due to the lack of potential terms being known when attempting the searches. To attempt to remedy any linguistic or national language quirks, or differences in terminology the author met with the subject librarian and sought appropriate training and support. The search may not have covered all other programmes implemented in social care, due to your search terms, although trying to capture all programmes would have been out of scope in terms of the resources and timeframe

By nature of being a post-graduate research project, one limitation would be that the project offered limited funding and timescales.

The #SCILs or interviews could have been hindered by the nature of hosting discussions which sat in themed groupings: 1. Arts in Health Training: Well-being awareness, challenges and opportunities faced by care homes, 2. Staff confidence and accreditation, 3. Sustainability. While this allowed for the research to be focussed into specific areas that were deemed as gaps in the knowledge- this is a subjective area and could have resulted in other barriers or facilitators such as geography/location of setting, or family engagement not being directly addressed.

A strength was that #SCIL were planned to include smaller numbers to allow less confident participants to feel comfortable in offering their opinions and thoughts. Larger #SCILs could have been dominated by bolder characters, and in such situations, there was a risk that shier personalities would not contribute so openly.

A key strength was the inclusion of international literature work. It was important to consider international findings which might allow cARTrefu to consider areas for replicability. It is key to take into consideration that Wales has a distinctive social care policy landscape. As such, international literature may offer potential novel solutions or ideas to borrow aspects from- but there could be some transferability issues.

Unfortunately, the research aimed to include the perspectives of the following stakeholders: Regional Partnership Boards, Social Care Wales and Care Inspectorate Wales. The data collection was undertaken during the Covid-19 pandemic when health care systems were under huge pressure to react to the crisis. As a result, it must be taken into consideration that many of the targeted strategic stakeholders did not accept invitations to join the #SCIL or interviews because they were occupied with the immediacy of the virus. Sadly, this means their voices weren't captured in this study. Had the research been undertaken before, or in the years following the pandemic, other data might have arisen.

Recommendation: Age Cymru might want to consider gaps in the knowledge as relating to these stakeholders not participating.

Future Research

- Future research exploring how arts in health (and social care) training and awareness impacts the uptake of creative care approaches is needed. The current research suggests that well-being training can help embed the arts in health and social care settings and suggests that care staff would appreciate and benefit from such training. A pilot is needed, however, before a full roll out of any such training. In piloting and comparing the impacts of the training, we would be able to gather empirical data about the ways practice was changed:
    - ❑ Whether staff felt more confident about unstructured activity provision within the working day,
    - ❑ Whether attitudes changed about the ways creativity can be delivered within the working day.
    - ❑ It would also be important to investigate if attitude change could be sustained.
    - ❑ It would help to ask staff what they did differently, and things that they can now attribute to "activity" without feeling guilty about having taken time to converse or reminisce with residents as they went about their tasks.
- Other avenues to explore with potential pilots would be exploring staff retention and relationships between paid staff and residents. It stands to reason that relationships and familiarity would improve, and that people would be happier in the setting. Thus- lower staff absenteeism and improved retention. Furthermore, it would be interesting to investigate whether family members noticed any improvements in their relatives living in the care home: did they seem happier, more settled, and with improved well-being? Could this, in turn, improve

the personal relationships between residents, family members, and those in the family outside the home? There is also potential for research to look at ways to involve families in co-designing and co-producing creative activities - and implications of their involvement for sustainability.

- Exploring different *approaches* to training would be important here too. For instance, there are several approaches, and it would be key to identify the strengths and limitations of each approach. These approaches could include:
    - ❑ Revised induction training that highlights the importance of arts in health
    - ❑ Optional training vs mandatory training (the empirical data in the #SCILs implicitly advised against the latter).
    - ❑ On-the-job learning opportunities, such as well-being awareness as a requirement for new starters with new starters then cascading this learning to existing team members.

It would be interesting to query which has biggest impacts- and importantly whether the final option is experienced by existing staff/staff who feel both competent and overloaded in their roles. Being told how to adapt your practice by someone younger, newer, or less experienced could certainly upset some of the more established members of paid care staff teams. Also, there is the opportunity for an emphasis on reciprocal learning. Newly recruited staff members may be new to the care home setting yet may also have a wealth of experience to draw on. Opportunities like these should not be overlooked.

- Assessing how new starters progress in their practice if provided with arts education as part of an induction would strengthen some of the themes in the #SCILs results. It could be surmised that arts education during induction would help new staff members develop or improve their understanding of creative care practices. There was no literature within the review findings to support this, but the #SCILs and interview data strongly suggested that this early influence on new starters could lead to a deeper understanding of the benefits of arts in health. Whilst it

must be acknowledged that they might already come with a wealth of experience, this could also help to make lasting culture change within care home environments.

- Distinctions between the terms *training* and *education* could also be researched further to ascertain which approach is most beneficial and appealing in health settings.
- Care home staff/artists co-joint training has been researched and data from the research supports this. More work is required to extend the reach of this approach to training but initial findings within the review indicate there is potential here because this approach was particularly strong and relevant to cARTrefu. The programme related to a programme funded by ACE, with professional artists being co-trained with care home staff members.
- Exploring Proximal Development with artists as *the more knowledgeable other* is another interesting area for future research, to explore how artists can encourage care staff to work closely in nurturing relationships.
- Exploring how different managerial models within care homes support or hinder arts-based approaches in further research will help delineate the best managerial model for sustainable arts-based care provision. It would be important to explore whether cARTrefu based training is perceived as a positive and relatable influence and allows care workers to be on a level playing field with managers as certain opportunities could blur the lines between different roles in the staff team. Training multiple disciplines together was found to be highly effective in the review.

Education and research to roll out creative care could make vast improvements to the well-being and confidence of staff, and the well-being of residents. A mixed methods study might explore this.

Conclusion

This project looked at embedding and sustaining the flagship Age Cymru cARTrefu project in Wales. It included a rapid evidence review, which was then used to inform primary data collection in the form of #SCILs and individual interviews. Key stakeholders participated in both aspects of

primary data collection, to offer their unique experiences and insights into working in care home settings. Enduring interrelated barriers and facilitators were identified in the literature review which were corroborated in the #SCILs and interviews. These included the key barriers of:

- Ineffective training
- Staffing issues and
- Unsupportive managerial influence

And key facilitators including:

- Impacts of *good* training
- Managerial influence
- Strengths of person-centred-care/resident-led concepts and
- Sustainability

A model which makes improvements in these areas would be best placed to help embed and sustain the cARTrefu approach.

The research suggests it is very difficult to embed creative approaches within care homes. It seems, based on the findings, that well-being training is a key and a practical next step indicated in the research for cARTrefu to focus on. Also, an emphasis on the versatility of arts and how it supports good well-being would help establish the two elements as being interlinked. The versatility and scope of arts as a vehicle for many different types of structured or unstructured activities offers a practical approach within care home settings but more research is needed to explore how to deliver training in the optimal format.

Co-design (and in turn, co-production) of activity amongst care home staff, residents and families appears to be hugely beneficial. Also, cultural change within care homes is relevant, in working carefully with hierarchical management systems, challenging misperceptions about the arts and

valuing the contributions of all team members from resident to family member, from care staff to activities coordinators.

Programmes like cARTrefu are costly and the evidence shows that sustaining that funding is not straight forward. A focus on quality activity provision within policy, as well as activity provision accreditation could help, making the financial side of funding the course accountable to somebody with Social Care Inspectorate and or the regulator, Social Care Wales seeming to be the most logical bodies.

It is notable to mention that this research could be transferred to other creative arts programmes running in care home settings.

Looking to the Future

There are exciting research and practice development opportunities in this field and the author has recently been involved in an externally funded mapping exercise that will help to take this work forward. The knowledge gained from the thesis work, alongside the experience as a cARTrefu artist, helped in successfully completing this mapping work.

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Appendices

Appendix A

This appendix describes the various definitions and descriptions of artforms which could be undertaken during the delivery or arts provision:

Artform	Definition
Visual arts	Animation, Fine art, Graphic art/illustration, Live art, Moving image (artists film and video), New media, Digital Media, Performance art, Photography, Sculpture, Painting, Drawing, Printmaking, Installation/site specific Art, Multimedia Art, Sonic Art, Computer-generated Art, Murals.
Craft	Ceramics, Textiles (including knitting & embroidery) Jewellery, Silver, Other Metal, Weaving, Furniture, Wood, Leather, Stone, Glass, Paper (excluding graphic craft), Synthetic Materials (including plastics), Mixed Media, Graphic Arts (including calligraphy, sign writing & book binding).
Public Art	Visual art and craft located in a public space. Landscape/environmental art. (It is in the public realm, regardless of whether it is situated on public or private property.)
Words	Live literature (including performance poetry), Poetry, Prose, fiction, non-fiction, Publishing (print and web-based work), Storytelling, Literary talks, Other literature.
Performance	Arts Council Wales provides the following definition: "Artworks that are created through actions performed by the artist or other participants, which may be live or recorded, spontaneous or scripted. Typically features a live presentation to an audience and can draw on a number of artforms such as film, video, photography and installation base artworks." Drama, Theatre Entertainment, Film Production, Dance, Film/Video screenings, Combined Arts/Multi-disciplinary arts
Drama	Classical plays, Community theatre, Contemporary plays, Experimental (including visual & digital theatre), Mime, Physical theatre, New writing, Street theatre, Circus, Theatre in education, Welsh language theatre, Other drama/theatre
Theatre entertainment	Cabaret, Comedy, Comedians, Musicals, Pantomime, Puppetry, Variety, Family Entertainment
Film Production	Any production of a film by a workshop/participatory group
Dance	Ballet, Community dance, Contemporary dance, Traditional dance, Youth dance, Culturally specific dance, Welsh dance, Irish dance, Scottish dance, South Asian dance, African dance, other dance.
Film/Video screenings	All screenings to the public including mainstream cinema, specialist or art-house film, and screenings of 'live' performances of theatre, opera, ballet etc.
Combined Arts/Multi-disciplinary arts	Carnival, community combined art
Music	ACW provides the following definition "Art which uses sound both as its medium (what it is made from) and as its subject (what it is about). Sound art is interdisciplinary in nature." Sub-categories include Music, Opera, Theatre Entertainment. Within those sub-categories are the following relevant types of activity. Brass and Silver Bands, Chamber, Choral/gospel, Classical/orchestral, Community music, Contemporary Classical, Contemporary popular, Early music, Baroque, Experimental and electronic music, Jazz/improvised music, Roots/folk, Traditional music, World music, Youth music, culturally specific, barber shop, Irish music, Welsh music, Scottish music, flute / accordion and pipe, Other music.
Opera	Opera and Music Theatre

Theatre entertainment	Cabaret
Further definitions as stated by Arts Council Wales (https://arts.wales/resources/guidance-notes-arts-portfolio-wales-survey-2019)	
Participatory art	"Participatory sessions are workshops, classes and rehearsals or any amateur performances, or films that have resulted directly from general participatory activity. One 'session' can last for half a day or less."
Socially engaged practice	Socially engaged practice, also referred to as social practice or socially engaged art, can include any artform which involves people and communities in debate, collaboration or social interaction."
Community art	"Community art is artistic activity that is based in a community setting, involving a professional artist."

Appendix B

Search strategy summary for Rapid Evidence Review:

Expansion of searching into Arts and Humanities Database:

Total: 27 results

The term education seemed to be bringing up less relevant info.

Theory: I might need to remove this from the search terms since I have included the term "program". This should still mean I catch certain papers as education and program overlap.

Removal of term "education" reduced articles to **NIL**

Theory: bebunked on this occasion. I need to try other databases.

ASSIA minus "education"

Total: 0 results

CINAHL

After removal of education I have added "cultur*" as an experiment

Total: 2 results

CINAHL

Changing "sustain*" or "embed*" or "entrench*" or "continu*" or "endur*" from TITLE to ABSTRACT

Total: 12 results

Appendix C

Literature Summary Tables for Rapid Evidence Review:

Reference and research location	Evidence Type	Study Aims	Method (s)	Key findings	Recommendations and knowledge gaps
Arts Council England. (2017). *Arts and Communities Programme report.* UK: Arts Council England.	Grey literature Primary data collection	The aim of this report is to showcase the progress and achievements of the activity which has been delivered through the Arts and Communities programme.	Qualitative: Case studies	Achieving genuine engagement and involvement of local communities takes time and requires continuity of approach and the ability to build and maintain relationships. Although outreach work can be resource intensive it is nevertheless an essential part of reaching new audiences and engaging new communities. The success and effectiveness of outreach activity can be assisted by working with organisations and services that already have links into target communities.	One of the learning points highlighted through the delivery of the Arts and Communities programme has been the importance of avoiding the use of exclusive 'arts' language and jargon which can act as a barrier to encouraging local communities to get involved.
(2018). *The state of play: Arts and Older People programme.* UK: The Baring Foundation.	Grey literature Primary data collection	Summary of findings about the impact of the Arts Council Northern Ireland (ACNI) Arts and Older People Programme, jointly funded by ACNI, the Baring Foundation and the Public Health Agency.	Qualitative: Case studies	The likelihood of having good physical and mental health in later life is not evenly distributed across the population, with life expectancy and disability-free life expectancy experienced disproportionately by people in the lower socio-economic groups. Loneliness and isolation have also been shown to be significant factors in older people's health and wellbeing.	The 2013-16 programme concentrated on involving older people in project planning and tailoring activity to their needs. There is greater recognition that work must be sustained, and projects need to demonstrate best practice, relationship building and potential legacy opportunities
Barnett, M. & Thurman, C. (2014). *Fun Palaces, Evaluation Report.* UK: MB Associates.	Grey literature Primary data collection	This report evaluates Fun Palaces, a campaign to share nationally and locally the notion of 'everyone an artist, everyone a scientist'.	Qualitative: Case studies, surveys	All the outcomes - to be valued, strengthen local ties, grow access to public space, make people happy and learning and generate a national campaign - were achieved to some extent. The Fun Palaces campaign shows excellent value for money.	The recommendations are to be more targeted and joined-up nationally, with a focus on establishing the value of the kind of social productivity and social wellbeing that can be generated locally by Fun Palaces.
Burgess, J. (2015). Improving dementia care with the Eden Alternative. *Nursing times*, 111(12), 24-25. UK	Peer reviewed: Secondary Data Collection	This article explains how the Eden Alterative (EA) was developed and discusses its implementation in the UK over the past 10 years.	Qualitative: Case studies	The EA is a relatively simple approach with far-reaching consequences. It empowers residents, improves their wellbeing, fosters more effective relationships between staff and residents, helps staff develop their own roles, and saves time and resources that can be better used elsewhere	Care staff are advised to attend short, intensive training sessions to become EA associates.
Dix, A., Gregory,T., Harris,J. (2018). *Each breath is valuable: an evaluation of an arts in care homes programme.* UK: The Baring Foundation.	Grey literature Primary data collection	The Arts in Care Homes programme was a joint funding initiative by the Baring Foundation with the Arts Council England (2013-2016) to explore models of professional arts practice with and for older people in care homes over three years.	Qualitative: Case studies	The Arts in Care Homes programme has been both an influencer and intelligence provider for future funding and investment by both the Baring Foundation and the Arts Council.	Training and induction was a necessary part of the programme, the experience of hands-on delivery and working in partnership with people who had a different perspective was invaluable. Mentoring, evaluation, and feedback sessions were the places where experiences were shared, problems discussed, and solutions found.
Eliopoulos, C. (2010). Guest Editorial: Cultural transformation in nursing homes. USA	Peer reviewed	Concentrates on culture change and identifies successful models of homes which have undergone culture change	Guest editorial describing evidence-based effective practices that enable nursing homes to be fulfilling settings	Recognises success of Eden Alternative, Pioneer Network, Green House Project and Wellspring Program	N/A
Grealish, L., Henderson, A., Quero, F., Phillips, R., & Surawski, M. (2015).	Peer reviewed:	To explore the impact of an educational programme focused on social behaviours and relationships on organisational learning culture in the residential aged care context	Mixed methods	Clinical educator activities appear to have a significant effect on organisational learning culture, with a focus on the organisational level	The study was conducted in one jurisdiction in one country, and so, the findings are unique to these settings. The sampling size was small.

The significance of 'facilitator as a change agent'–organisational learning culture in aged care home settings. *Journal of clinical nursing*, 24(7-8), 961-969. Australia	Primary Data Collection			having the greatest positive effect on learning culture and in individual or situational level having a limited effect.	
Hale, A., Haverhals, L. M., Manheim, C., & Levy, C. (2018). Vet connect: a quality improvement program to provide telehealth subspecialty Care for Veterans Residing in VA-Contracted Community nursing homes. *Geriatrics, 3*(3), 57. USA	Peer reviewed: Primary Data Collection	The vet connect project is a quality improvement project aiming to implement video technology to support access to speciality care.	Qualitative and quantitative: Process maps to best assess pre- and post-visit processes. Feedback provided by a dedicated project coordinator. Micro-costing techniques to estimate the financial resources saved.	Subspeciality care delivery to nursing homes using video visit technology in the Vet Connect program is feasible using centralised organisation to coordinate complex clinical, business and technical processes. Vet Connect has proved sustainable and had potential to expand within and outside of Veterans Health Administration (VA).	Limitations of this project's methodology include sample size and assumptions made in out initial coat analyses. Future research will attempt to answer whether Vet Connect saves costs longitudinally, given that increased access to care may cost more in the short-term and pay off in the long term in lower rates of hospitalisation. Lastly, given the small sample size of this analysis, further work is necessary to assess the generalizability of these cost estimates.
Johansson, I., Torgé, C. J., & Lindmark, U. (2020). Is an oral health coaching programme a way to sustain oral health for elderly people in nursing homes? A feasibility study. International journal of dental hygiene, 18(1), 107-115. SWEDEN	Peer reviewed: Primary Data Collection	To examine the feasibility of an oral health coaching programme involving practical support on individual levels to staff in a nursing home aiming to improve oral health care-related beliefs.	Mixed Methods: RCT	This study demonstrates a feasible design for how dental care can support nursing staff in maintain older people's health.	Design improvements in this intervention are needed. Regular discussion at meetings and training is also needed. Nursing homes with less favourable initial staff beliefs are needed to explore this programme in different contexts.

Kaasalainen, S., Williams, J., Hadjistavropoulos, T., Thorpe, L., Whiting, S., Neville, S., & Tremeer, J. (2010). Creating bridges between researchers and long-term care homes to promote quality of life for residents. *Qualitative Health Research*, 20(12), 1689-1704. CANADA	Peer reviewed: Primary Data Collection	The purpose of this study was to a) identify barriers and facilitators of long- term care homes' readiness to implement evidence-based interventions and b0 develop strategies to facilitate their implementation.	Mixed methods design, primarily qualitative and supplemented by two smaller, embedded quantitative components. 13 focus groups, 26 interviews and two surveys.	Findings revealed that participants enjoyed being involved in the early stages of the project, but receptiveness to implementing innovations was influences by study characteristics and demands within their respective practice environment.	Future research is needed to sample more geographically dissimilar regions using a more systematic investigation for issues specific to rural homes. The quantitative research would have been strengthened by a larger random sample for the surveys. Also, future research should include other important healthcare providers.
Kangas A. (2017). *Removing Barriers – Participative and Collaborative Cultural Activities in KUULTO Action Research.* Helsinki: Center for Cultural Policy Research NEW ZEALAND	Grey literature Primary data collection	The aim of KUULTO Action Research was to combat cultural inequalities by increasing cultural participation in localities where the level of municipal cultural funding was low and where other barriers existed.	Qualitative: Participatory Action Research and case studies	One of the most important results of the KUULTO action research and its findings had to do with the productive impact of the work of artists in the local cases. The engagement of artists played a very central role in the cases in Kainuu, Kontionlahti, Posio, Pirkanmaa and Southwest Finland.	Attention needed to be paid to ensuring that the local residents' wishes, desires and needs would be conveyed to the development of the activity
Kim, J., & Lee, J. (2017). Intergenerational program for nursing home residents and adolescents in Korea. *Journal of Gerontological Nursing,* 44(1), 32-41. KOREA	Peer reviewed: Primary Data Collection	The study developed a 6-week intergenerational program to facilitate interactions between nursing home residents and high-school students.	Qualitative: Pre-test - post-test control group and focus group interviews	The current findings suggest that the intergenerational program for nursing hoe residents and adolescents is a valuable nursing intervention in Korea to overcome the generational gap and achieve developmental tasks.	One limitation of the study was that was because it was conducted in the southern area of Korea, regional characteristics may have influenced the research process. To improve the validity of the results, it is necessary to broaden the sample, diversify the study variables, and conduct more

					longitudinal studies to clarify changes in variables.
Kinley, J., Stone, L., Butt, A., Kenyon, B., & Lopes, N. S. (2017). Developing, implementing and sustaining an end-of-life care programme in residential care homes. *International journal of palliative nursing*, 23(4), 186-193. UK	Peer reviewed: Primary Data Collection	To implement an end of life care programme, "The six steps", in residential care homes.	Quantitative: Measurable outcomes were collected through audit.	Achieving change in any organisation, let alone sustaining such change, is not easy. Six factors enabled this to occur and these should be considered when implementing other such initiatives in residential care homes.	As demand increases resources will need realigning. Further recommendations are emerging from the Vanguard sites
Kwak, J., Ha, J. H., & O'Connell Valuch, K. (2020). Lessons learned from the statewide implementation of the Music & Memory program in nursing homes in Wisconsin in the USA. *Dementia*, 1471301220962234. USA	Peer reviewed: Primary Data Collection	To examine facilitators and barriers related to implementation and sustainability of the music and memory (M&M) program.	Qualitative: Survey Questionnaire, Online and mail. Descriptive statistics and content analysis were conducted.	Key barriers to deliver M&M consistently and effectively for residents were lack of buy-in from all levels of care staff and management, and a lack of or limited time for staff to implement and maintain the program. Adequately addressing these two barriers may increase implementation fidelity and implementation rate.	For the program to be successful, facilities must identify the residents most likely to benefit from it, realistically estimate its costs and required labour, and ensure staff buy-in. More studies are needed to evaluate the program's effectiveness in multiple facilities to determine generalisability of the program's success and to develop and successfully implement ongoing monitoring to facilitate the program's sustainability.
Liao, L., Xiao, L. D., Chen, H., Wu, X. Y., Zhao, Y., Hu, M., & Feng, H. (2020). Nursing home staff experiences of implementing mentorship programmes: A systematic	Peer reviewed: Systematic Review	To determine nursing home staff mentorship experiences in mentorship programmes.	Systematic review and qualitative meta-synthesis	The implementation of effective mentorship programmes is influenced by three factors: mentor capability, opportunity in the mentorship programmes, and motivation in the mentorship programme	To strengthen the evidence on implementing mentorship programmes in nursing homes, it is necessary to develop new research methods and approaches for mentoring, with a focus on mentoring processes, conditions, consequences and
Improving end of life care in care homes; an evaluation of the six steps to success programme. *BMC palliative care,* 15(1), 1-10. UK	Primary data collection	account of the impact of Six Steps on individual care homes.	facilitators, and case studies.	amended and improved which may affect the direct transferability of the results to future cohorts.	views are sought, hence there is a need for further research specifically seeking the opinions of residents and families.
Parkinson, A. & Wilkie, S. (2016). *Evaluation of the Cultural Commissioning Programme: Final report.* Newcastle upon Tyne: Consilium. UK	Grey literature Primary data collection	The Cultural Commissioning Programme (CCP) is a 3-year Arts Council England funded programme which works with arts and cultural organisations across England to help them better engage in public sector commissioning.	Qualitative: Round table evaluations and discussions	The Learning Programme has been successful in significantly increasing the knowledge of skills of arts and cultural organisations to support them in engaging with local commissioning. Evidence from the internal evaluation also demonstrates that it has improved the confidence of arts and cultural organisations to diversify their income and audiences through commissioning and produce high quality work in a public service context.	Arts Council England should consider how its Relationship Managers cohort can support arts and cultural organisations around cultural commissioning, and how it would work with local and other partners to this end. The Department for Culture, Media and Sport and Department of Health should consider how they might work together to support arts and cultural interventions which provide cost effective solutions to the health sector, prevent the need for acute interventions and enable people to better manage long term conditions.
Shura, R., Siders, R. A., & Dannefer, D. (2011). Culture change in long-term care: Participatory action research and the role of the resident. *The Gerontologist*, 51(2), 212-225. USA	Peer reviewed: Primary Data Collection	To advance the process of culture change within long term care and assisted living settings by using participatory action research (PAR) to promote residents' competence and nourish the culture change process with the active engagement and leadership of residents.	Qualitative: Participatory action research	All PAR groups generated novel ideas for creative improvements and reforms in their communities and showed initiative to implement their ideas.	Challenges to the process included staff participation and sustainability

review and qualitative meta-synthesis. *Journal of nursing management*, 28(2), 188-198. CHINA					determinants in a broader context.
McAnulty, J. (2012). *An Assessment of organizational infrastructure gaps, barriers and enablers to developing formal palliative care programs in LTC homes: a comparative case study of two long term care homes in Northern Ontario* (Doctoral dissertation). CANADA	Peer reviewed: Primary Data Collection	To assess the infrastructure of two Long Term Care (LTC) homes in Ontario as a step towards developing their capacity to implement formalized palliative care programs.	Comparative case study design with qualitative Surveys.	The enablers seen within the data include an organizational mission and value set that is consistent with a palliative care orientation, and 90 having staff with positive caregiving traits. The barriers include: financial resources, communication strategies among staff members, lack of appropriate physical space to dedicate to palliative care, working within a hierarchical structure, underutilization of community resources, and lack of human resources and time.	The two main limitations regarding the thesis research are that the results of this research cannot be generalized to all LTC homes and the results only include the perspectives of staff and information gained from a document analysis. Not discussed are the other two sides of the Square of Care and how they interact with the resources and functions as this was beyond the scope of this thesis.
O'boyle, A. M., Graham, E., & Ellis, M. (2017). In reach into Nursing Homes Education, Training and Development Programme. *International Journal of Integrated Care,* 17(5). NORTHERN IRELAND, UK	Peer reviewed: Primary Data Collection	A conference abstract introducing an initiative to reduce emergency department (ED) attendances by empowering nursing home staff via education and training to assess appropriate care needs.	Qualitative and quantitative	Underpinned by the triple aim IHI framework this initiative reduced avoidable ED attendances by 31%; reducing cost per capita (approx. 319k), reduced reliance on community services, improved the care home population health, and improved the resident and registrant nurse experience.	This was a small cycle of change (PDSA) quality improvement initiative
O'Brien, M., Kirton, J., Knighting, K., Roe, B., & Jack, B. (2016).	Peer reviewed:	The evaluation explored the implementation approach and experiences of the programme facilitators and obtain a detailed	Qualitative: Online questionnaire with facilitators, interviews with	The findings suggested an overall positive impact from the programme. This flexibly designed programme continues to be dynamic, iteratively	The evaluation only obtained facilitator and staff views on the implementation and effects of *six steps*. It is important that residents' and family members'

Walls, A., Mullen M., McTaggart S., O'Connor P. (2019). *Creative Practice for Youth Wellbeing in Aotearoa/New Zealand: Mapping the ecosystem in Tāmaki Makaurau, Auckland. New Zealand*: Critical Research Unit in Applied Theatre (CRUAT), University of Auckland NEW ZEALAND	Grey literature: Primary data collection	This report, prepared by the Critical Research Unit in Applied Theatre at the University of Auckland, examines organisations supporting the wellbeing of young people through participation in the arts.	Qualitative and quantitative: Online surveys and desk-based mapping	The report includes the following key recommendations to government: • To recognise the significant role of the arts in maximising the potential for individual, community, social health and wellbeing. • To invest in national strategic leadership and resourcing to resolve the deep-seated, significant challenges to the growth and sustainability of this sector. • To develop a national arts strategy to embed the arts across all government policy areas. • To adequately resource Te Ora Auaha Creative Wellbeing Alliance Aotearoa and Arts Access Aotearoa as national bodies representing the sector. • To invest in high-quality professional development, evaluation and research to strengthen quality practice. • To fund similar mapping/scoping research at a national level and extend it beyond the exclusive focus on youth .	The database search for relevant organisations was limited by a reliance on information available in the public domain. Since completing the survey we have become aware of further organisations that do not have digital platforms and/or whose online presence is in early stages of development. These observations highlight the limitations of the research methods, and we suggest further qualitative research would provide enhanced insights.
Weiner, A. S., & Burack, O. R. (2014). Making the business case for culture change in	Peer reviewed:	Addressing the culture by which Jewish Home Lifecare created pilot communities as a way to change the direction of a system.	Qualitative: Discussions. The Holistic Approach to	All 41 of the Jewish Home Lifecare System are guided by PCC approaches. Maintenance of high-occupancy and private pay percentages and ongoing	Colleagues are urged to think if the issues of sustainability in each of these metrics to assume that PCC care be a value,

nursing homes. In A. S. Weiner, & J. L. Ronch (Eds.), Models and pathways for person-centered elder care; models and pathways for person-centered elder care (pp. 221-237, Chapter xxiii, 493 Pages USA	Secondary Data Collection	The related research and learning about sustainability are followed by an analysis of the busines case for the support of person-centred care (PCC).	Transformational Change tool (HATCh)	savings in overall staffing as well as reduced sick calls and turnover provide documented economic metrics in support of PCC.	approach and philosophy not the "program de jour."

Appendix D:

Information sheets (x4) for #SCIL:

Embedding and sustaining art activities into care home settings

You are being invited to take part in a project to explore the future of the cARTrefu Programme!

This information sheet is for you to understand why the research is being undertaken and what the **voluntary** contribution of your experience to the research will involve. **Please take your time to read the information and discuss it with others. Please ask if anything is unclear or if you would like more information**.

The cARTrefu programme began in 2015 with the aim of improving access to quality arts experiences for older people in residential care.

An independent evaluation showed that participating in the cARTrefu programme had a significant impact on older people's well-being and staff attitudes towards residents, especially those living with dementia. Staff also gained the confidence to lead creative activities themselves.

While this evaluation provides strong evidence of the impact of cARTrefu on care home residents, staff and artist practitioners, a more detailed investigation of how to embed and sustain the cARTrefu approach is now required to ensure the long-term future of the programme. We therefore need to speak with care home staff, managers, activity coordinators, artist practitioners and key stakeholders.

The project is a Master of Research at Bangor University, funded by KESS2 East. The Company Partner is Age Cymru.

age Cymru cARTrefu | kess2 | Prifysgol Bangor University | Cronfa Gymdeithasol Ewrop European Social Fund

SCIL Participant Information Sheet V1_05.10.2020

We want to invite you to take part in a Social Care Innovation Lab!

What is a Social Care Innovation Lab?

Social Care Innovation Labs (#SCILs) act as a connecting hub to provide space for people, sometimes from a diverse range of backgrounds to share, discuss and prioritize ideas for future practice development.
http://www.cadr.cymru/en/social-care-innovation-lab.htm

The aim of this Social Care Innovation Lab is to answer the following research question: **How can the cARTrefu approach be embedded and sustained within the social care sector?**

What would taking part involve?

We are inviting you to volunteer to take part in a Social Care Innovation Lab on Zoom. Here you will talk with other participants about your experiences, lasting no more than 2 hours. We will also invite some participants to an individual interview at a later date to discuss the results from the Social Care Innovation Lab and their implications.

The Zoom will be recorded so that we can talk to you without having to write everything down. Quotes that you make may be included in the final thesis and other outputs arising, but will not be linked to your name.

In each group, we will lay out a set of ground rules to ensure participants keep information about other members of the group confidential. Comments are confidential unless there is a disclosure of malpractice or in the case of serious risk of harm being reported.

Although main group conversations will be held in English, there is the opportunity for Welsh speaking group discussions. Those wishing to take part in Welsh are welcomed and have an opportunity to inform us during the consent process.

It is possible to opt out of being videoed without it affecting your participation in the research.

Participants wishing to be involved are asked to fill in the attached consent form, to be returned to Penny Alexander, who is undertaking this research project. Email: cartrefu@bangor.ac.uk, Tel: 01248 383719

What will happen to the results of the research?

Study findings will be written up within a thesis and we will publish the findings in peer reviewed journals as well. A summary report and recommendations will also be prepared for Age Cymru.

What are the possible benefits and risks to taking part?

There are no immediate benefits from taking part in the research, but it gives you the opportunity to have your say and share your thoughts. Results are intended to improve the quality of life for older people living in care homes and will help to embed arts provision into these settings. We do not anticipate any disadvantages or risks. You can stop at any time if you feel uncomfortable.

Will my taking part in the study be kept confidential?

Yes. We will follow General Data Protection Regulation (2018) guidelines* All data is handled in confidence, stored without any identifying details under secure conditions. Personal data shall be kept for no longer than is necessary for the purpose of the research. The only people who will have access to view identifiable data are Dr Diane Seddon, Dr Kat Algar-Skaife and Penny Alexander.

What happens if I don't want to carry on with the Social Care Innovation Lab or the research?

You are free to withdraw from the research at any time without giving a reason, but we may use the data collected up to your withdrawal. Please email Penny Alexander at cartrefu@bangor.ac.uk if you decide to withdraw.

*Data Protection Information

Bangor University will be using information provided by you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly.
As a University we use personally-identifiable information to conduct research to improve health, care and services. As a publicly-funded organisation, we have to ensure that it is in the public interest when we use personally-identifiable information from people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use your data in the ways needed to conduct and analyse the research study. Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we use the minimum personally-identifiable information as possible. In this study, no personal identifying information will be retained once the study is complete. Health and care research should serve the public interest, which means that we have to demonstrate that our research serves the interests of society as a whole. We do this by following the UK Policy Framework for Health and Social Care Research.

If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter. If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful you can complain to the Information Commissioner's Office (ICO).

Our Data Protection Officer is Gwenan Hine, Head of Governance and Compliance and you can contact them at Email: gwenan.hine@bangor.ac.uk Phone: 01248 382413

What happens after the Social Care Innovation Lab?

Who has approved this project?

All research is looked at by an independent group of people known as a Research Ethics Committee. This project has been approved by The School of Health and Medical Sciences Academic Research Ethics Committee at Bangor University.

This is to protect your safety, rights, well-being, and dignity.

Who can I contact for further information or to make a formal complaint?

For more information about this Research Project please contact:

Penny Alexander, Bangor University. Email: cartrefu@bangor.ac.uk
Tel: 01248 383719

If you are unhappy about any aspect of the way you have been approached or treated during the course of this project, please tell us about this in the first instance, so that we can try to resolve any concerns and find a solution. If you remain unhappy and wish to complain formally, please contact:

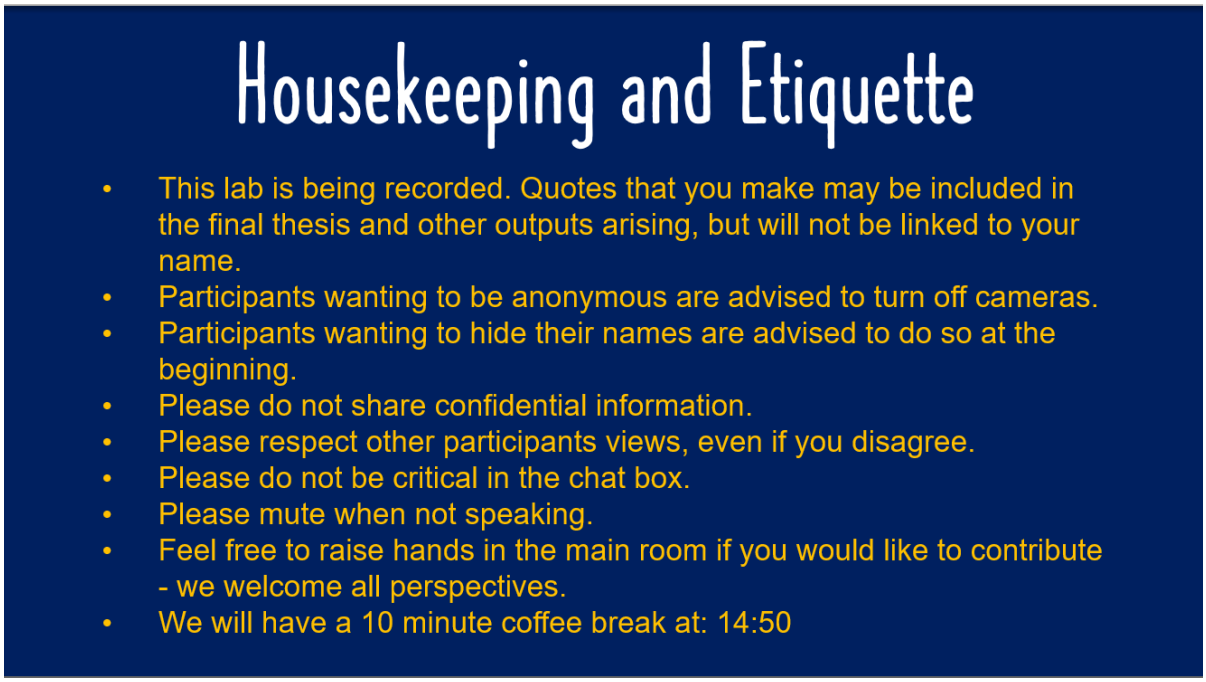
Dr Diane Seddon d.Seddon@bangor.ac.uk Tel: 01248 388220 or

Dr. Kat Algar Skaife k.algar@bangor.ac.uk Tel: 01248 382226

School of Health Sciences, Bangor University, Bangor. LL57 2EF.

Appendix E:

Housekeeping and Etiquette Slide for #SCIL:



Appendix F:

Background and Contextual Slide for #SCIL:

Appendix G:

#SCIL Icebreaker Slide