



Creativity Matters: Second Year Evaluation Report

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November 2013

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Creativity Matters – Second Year Evaluation Report: Executive Summary

Introduction

'Creativity Matters' is a 5 year project, which was launched by Equal Arts in January 2012 and funded by the Big Lottery. Through bespoke training programmes, artists and volunteers aim to support residential care staff to adopt a more person-centred approach to the care of residents through the meaningful use of creative activity. The project objectives are to:

- Provide active older people living in the community with opportunities to develop their own creative interests and skills and to contribute to their communities.
- Develop the capacities of care staff to offer a more person-centred approach to the care of older people living in residential care.
- Combat isolation and improve the quality of life of older people with dementia, living in care homes.
- Contribute to the evidence base regarding the benefits of creative activity for older people's wellbeing.

Evaluation Findings

The project infrastructure established in January 2012 has continued to operate effectively, with the operational manager and two artists appointed remaining in post and continuing to make significant strides towards the project aims and objectives. The project steering group also continues to meet on a quarterly basis to review progress.

The two volunteer groups established in January 2012 still operate and meet regularly with the artists to develop their creative interests and skills. 'Grand Gestures' now has 22 members, having recruited ten additional members in Year Two. The group is located in Gateshead and maintains a focus on improvised dance. Throughout the second year of the project, the volunteers have been introduced to a wider range of movements and encouraged to undertake more choreographic tasks. As an increasingly confident performance group, the volunteers completed their first public performance in January 2013, while also producing a number of short films, which have been shown at various events. The group has also engaged with a number of other artists and art forms, challenging its skills base. In addition to improving the volunteers' understanding of improvisation and the quality of their movements, the sessions are supporting their health and wellbeing; improving the functionality of their bodies, providing enjoyment, offering a means of self-expression, increasing confidence and combatting isolation. The group continues to feel challenged by the sessions and in 2014, the volunteers would like to maintain their focus on dance and to engage in further public performances.

The 'Ukulele Group' has 9 members (with one less member overall than in Year One), is based in South Shields and maintains a focus on music. During Year Two, the volunteers have continued to extend their ukulele playing abilities through the development of a repertoire of songs, as well as their singing and performance skills. The group completed its first public performance at an International Older People's Day event in October 2013 and filmed a short performance, which resides on the project's blog. The group is also learning to perform songs using sign-language and is undertaking reminiscence work through creative writing and the creation of a pop-up exhibition. The volunteers' primary motivation for taking part in the

project is to support creative activity in care homes. As such, the benefits of participation discussed centre on the development of their creative skills and talents and improvements to wellbeing due to an additional sense of purpose and achievement. Nonetheless, the group report the sessions to be filled with joy and laughter and to provide a useful forum for the maintenance and nurturing of friendships.

In Year Two, the project has worked with four care homes, 186 residents and 186 care staff (17 of whom engaged with the programmes consistently). Engagement with the care homes consisted of twelve-week programmes of training and creative activity (two weeks longer than in Year One). A new structure and format to the programmes has been implemented, involving: an induction meeting with staff, an early review session, a requirement for care staff to deliver one session towards the end of the programme and a final review meeting, in addition to eight creative workshops with residents. Where possible, a debriefing process with care staff follow each session with residents and certificates are provided in recognition of their achievements, where appropriate. The structure is reported to have given the training element of the project an equal focus to providing residents with an enjoyable, creative experience and to have aided the management of the project, more broadly. Nonetheless, problems experienced in Year One – including a lack of care home management support for the project, insufficient care staff attendance at the sessions to support the residents, the volume of residents brought to the sessions and inadequate physical spaces for the sessions – persisted in some cases.

Stakeholders spoke of the residents' enjoyment of the sessions – evidenced by feedback and increased levels of participation, smiling and laughter during the sessions – and increases in their health and wellbeing following participation. Noticeable were improvements in the residents' mobility and heart and lung function, as well as their energy, alertness and concentration levels – evidenced by an increase in the range and quality of their movements, their capacity to sing and play percussion and their ability to sustain activities. The sessions were felt to be empowering for residents, providing them with an opportunity to exercise choice and control, a means of self-expression, a positive identity and a space to test their physical and cognitive competencies. Stakeholders also commented on the residents' sense of anticipation for the sessions and their ability to meaningfully engage, despite their dementias. The sessions were also reported to have brought a sense of community to the homes; building relationships through the sharing of experiences. Finally, stakeholders commented on residents' heightened sense of wellbeing following the sessions, manifest through more positive outlooks, a sense of calmness and/or lower levels of agitation.

Equally, care home staff reported participation in the project to be a positive experience, with the programmes supporting them to: develop their creative talents and skills (with associated increases in self-confidence); improve their knowledge of the value of creative activity to residents' wellbeing; enhance their facilitation skills; and develop their relationships with residents. Fundamentally, the sessions have provided care staff with the motivation, knowledge and skills to adopt a more person-centred approach to care. Staff reported decreased levels of stress and tension following participation and feelings of empowerment through being able to support residents to make positive, and sometimes even transformational, changes to their wellbeing. Staff who took part in the movement workstream struggled to remember the range of movements and exercises which they were introduced to due to the integrated nature of the training and delivery aspects of the project, and the absence of hand-outs. Some staff participating in the music workstream struggled to find the time to practice learning to play the ukulele during normal working hours and to remember how to plan and deliver music workshops. Participating staff were also sometimes unable to maximise the development opportunity offered by the project while continuing to fulfil normal duties.

In two care homes, stakeholders are confident that the project will have a sustained impact on the use of creativity activity with residents. Both homes have maintained contact with the volunteer groups and continue to engage the residents in creative workshops. The staff who led the project in these homes were each nominated for a Great British Care Award 2013 and took first and second place in the regional finals. One of the artists is also still working with one home who took part in the project in Year One, to professionally record a CD for the residents. Stakeholders were less confident, however, about the impact of the project in the remaining two care homes, particularly due to the lack of management support. Stakeholders also predicted minimal impact on the perceptions of wider staff on the value of creative activity for older people's wellbeing. Challenging this will be difficult among those who do not have the opportunity for sustained engagement with the project.

The care home sessions have impacted positively on families. An increasing number of family members – a number of whom were 'thrilled' with the positive impacts of the sessions on the wellbeing of residents - have supported the sessions in Year Two. In some cases, the sessions have supported a profound change in the way in which family members perceive and engage with their relatives. The project has also highlighted the important role that family members can play in supporting care home activities and a number have pledged continued support to sessions in the future.

Ten volunteers consistently support the care home sessions, with a wider pool of six contributing on an ad hoc basis. All of the volunteers reported benefits from this, including a sense of enjoyment, satisfaction and achievement. The sessions have encouraged the volunteers to reflect on their personal circumstances and appreciate their independence, while overcoming the taboo of discussing future care plans. The practical and emotional support provided by volunteers to the residents, care staff and artists during the care home activities was broadly praised, while stakeholders commented on the increased skills and confidence of the volunteers to support the residents over time and the mutually trusting and collaborative working relationships developed between them and the artists. However, while the Ukulele Group remains enthusiastic about volunteering in Year Three, the future role of Grand Gestures in relation to this should be considered; some volunteers reported to feel both physically and emotionally weary from this and dispirited by the culture of care in some of the care homes visited. The legacy of Grand Gestures coming together with the expectation of joining a dance and movement group and the importance of some of the volunteers' personal needs and circumstances have become more apparent in Year Two. Health conditions may also prevent some willing volunteers from continuing to support the sessions in future years.

Highly skilled in their respective art forms and experienced in delivering bespoke programmes of creative activity to older people with dementia, the skills and expertise of the artists are matched equally by their interpersonal qualities and commitment to the project. Both artists stated that witnessing the positive impacts of the project on the core beneficiary groups has validated their practice and that the project has improved their awareness of dementia-related issues, creative vision and professional practice. However, there was also a suggestion of feeling overwhelmed at times by the demands of the project and noted the increasing demands of the project as it progresses. In light of the difficulties experienced in the care homes, both artists at times also felt torn between trying to train care staff and providing the residents with an enjoyable, meaningful experience. Nonetheless, the support provided by the operational manager was highly praised by the artists and they continue to feel inspired by the opportunity to 're-imagine care' through the medium of creative activity.

Significant progress has been made in terms of raising the profile of the project and advocating the value of creativity for elders. The project blog has received almost 10,500 hits, project stakeholders have presented the project at various conferences and events, a sharing event was held in March 2013 and the artists have both completed international fellowship opportunities during the year (promoting the project in Australia, America and Brazil).

Recommendations

1. Core project stakeholders should meet to agree a definition of 'culture change' in relation to engagement with care homes, in order to manage stakeholder expectations.
2. Quarterly supervision meetings should take place between the operational project manager and artists, in order to support the artists to negotiate the demands of the project.
3. Consideration should be given to annual 'sharing events', to celebrate the achievements of project stakeholders and provide an opportunity for the recruitment of additional volunteers and care homes.
4. The project should be presented to care home managers in the context of their own particular concerns and priorities. Endorsement from the Tyne and Wear Care Alliance may help validate the project to care homes.
5. Further effort should be invested into developing the reflective practice of care home staff, through debriefings following engagement with residents, the completion of bespoke training workbooks, review meetings and/or external training events.
6. Volunteers who support the care home sessions should be provided with refresher/additional training in Year Three, particularly in relation to dementia awareness. Their current skillset could be validated through certificates.
7. The twelve-week structure developed in Year Two, to guide the project team's engagement with care homes should continue.
 - The inception, induction and debriefing components should be seen as critical parts of the programme.
 - At the inception meeting, issues around staffing levels and shift patterns should be discussed.
 - Project stakeholders should discuss the number of residents which they would like to engage in the sessions. Care homes should be asked to 'refer' participants to the sessions.
 - Sessions should be structured with clearly delimited 'training' and 'delivery' components.
 - Where possible, promotional materials about the project should be produced and displayed around care homes, to raise awareness of the project.
 - Signs could be produced, which are then displayed when sessions are taking place, in order to increase the sense of occasion when the sessions are taking place.
 - The final session in each care home could be framed as a celebration event.
8. Consideration should be given to the sustainability of volunteer support for the care homes sessions and the resource implications of various options. Where future recruitment does take place, the focus of the project should be made clear to volunteers. The recruitment of family members to the programme should also be explored further in Year Three.
9. Consideration should be given to providing the artists with additional resources to develop training materials for participating care staff, as well as the broader budgetary allocation given to artists for their creative input to the project. Alternatively, agreement should be reached between core project stakeholders about how existing allocations can be maximised to best meet the demands of the project.

Creativity Matters: Second Year Evaluation Report

Introduction

'Creativity Matters' is a 5 year project, which was launched by Equal Arts in January 2012 and funded by the Big Lottery. The project is targeted at three distinct groups of beneficiaries:

- Active older people in the community (Volunteers)
- Care staff in residential care homes
- The residents of care homes

The project is based on a model of artists and trained volunteers supporting residential care staff to engage in the meaningful use of creative activity to support older people's wellbeing. The objectives of the project are to:

- Provide active older people living in the community with opportunities to develop their own creative interests and skills and to contribute to their communities.
- Develop the capacities of care staff to offer a more person-centred approach to the care of older people living in residential care.
- Combat isolation and improve the quality of life of older people with dementia, living in residential care homes.
- Contribute to the evidence base regarding the benefits of creative activity for older people's wellbeing.

The five-year evaluation is both formative and summative. In addition to documenting project progress and capturing evidence of outcomes and impact, the evaluation is underpinned by an on-going process of dialogue between the evaluator and project stakeholders, with the findings being used to inform the development of the project each year.

This second report outlines project activities undertaken and progress achieved in Year Two, difficulties encountered with the project delivery model, evidence of the outcomes and impacts of the project in relation to the three beneficiary groups and recommendations for the development of the project in Year Three.

Methodology

The evaluation draws on a mixed-methods approach. This type of methodology combines the use of quantitative and qualitative research methods, in order to strengthen the validity of the research findings and generate a more nuanced understanding of the processes through which project activities, outcomes and impacts are linked, and the ways in which these are affected by the strategic and operational context in which the project is situated.

The data collection process in Year Two has involved eight key stages:

- **In-depth, semi-structured interviews with core project stakeholders (strategic and operational project managers and artists):** The interviews were wide-ranging and involved critical discussions regarding: changes to the project delivery model during Year Two; project achievements, outcomes and impact; challenges encountered during the project process; and suggested developments for Year Three.
- **Observation of (and participation in) ten sessions delivered in two residential care homes and four volunteer training sessions:** Observation of the sessions was used to gain an understanding, and form an independent assessment, of the operation of the project delivery model, as well as capture evidence of outcomes and impact.
- **In-depth, semi-structured interviews with two residential care staff:** Following completion of each programme of creative activity in the two case-study care homes, interviews with care staff were undertaken to explore: how the homes came to be involved in the project; their expectations of participation; their thoughts on the project delivery model; the outcomes and impacts of participation for residents, themselves and the wider culture of care within the care home; and suggestions for the future development of the project.
- **Two focus groups, one formal interview and several informal interviews with volunteers:** Discussions with volunteers centred on: their motivations for participation in the project; activities undertaken; the outcomes and impacts of participation in the project for themselves, as well as their perceptions of outcomes and impacts for care staff and residents; future intentions regarding participation; and suggested improvements to the project delivery model.
- **Analysis of secondary data, including the project's blog, video footage produced, artist feedback forms and steering group and review meeting notes:** This secondary data provided a wealth of process, outcomes and impact data from the perspective of all project stakeholders.
- **Attendance at project steering group meetings, sharing events and review meetings:** These provided further useful opportunities for discussion with current and potential project participants, with detailed notes taken in many cases.
- **A distance-travelled questionnaire for care staff:** This was developed and piloted in the latter two care homes worked with in Year Two. The questionnaires covered employment and training backgrounds, basic information about their job role and their knowledge and skills, experience and thoughts in relation to creative activity within a care context. They contained a mix of multiple choice and open-ended questions and took approximately 10 minutes to complete. The key staff likely to participate in the sessions were asked to complete the questionnaires during weeks one and twelve of the project. The results were analysed and used to facilitate discussion about the project during follow-up interviews.
- The evaluation approach and findings are also being informed by an **on-going literature review**, which will contextualise the project within the broader policy context and academic and grey literature.

Evaluation Findings

Project Infrastructure

The project infrastructure established in January 2012 has continued to operate effectively during the second year of the project, with the operational manager and two artists appointed remaining in post and continuing to make significant strides towards the project aims and objectives. The support provided by the operational manager was once again highly praised by the artists, with comments including: *'I feel very supported by Michelle'*, *'Michelle has really embraced the project'*, *'It's lovely to have her around and she's a really good sounding block as well'*, *'Michelle's fantastic at being very clear...I think Michelle's got the clarity of purpose and the skills to interface between me and the homes'* and *'I think we have really developed as a team'*. Highly skilled in their respective art forms and experienced in delivering bespoke programmes of creative activity to older people with dementia, the skills and expertise of the artists are matched by their interpersonal qualities and commitment to the project. Minor perceptual differences about the focus of the project - which appeared to exist among core project stakeholders in Year One – are no longer evident. The two volunteer groups established – 'Grand Gestures' and 'the Ukulele Group' – continue to meet to develop their creative skills and talents and to support creative workshops in local care homes. Finally, the project steering group established in September 2012 meets on a quarterly basis. The steering group is comprised of the project managers, relevant strategic contacts, the project artists, care staff, active older volunteers and the project evaluator. The meetings are used to review project progress and inform its development. The meetings operate on the basis of a rotating chair, which has helped foster a greater sense of ownership of the project among steering group members.

The Volunteer Groups

Grand Gestures

'Grand Gestures' was established in January 2012. The group is based in Gateshead and has continued to meet weekly throughout the second year of the project to develop the volunteers' improvised dance and movement skills. Ten additional members have been recruited to the group, resulting in a total membership of approximately 22, with a core weekly attendance of approximately 15 volunteers. The new volunteers were informed about the group by the artist and existing members and were interested in attending due to the potential benefits of dance to their wellbeing. The new members were welcomed by the wider cohort and on the whole, were felt to have had interfered little on the group's dynamics. Nonetheless, there are plans to limit the membership of the group going forward. Some of the volunteers have acute hearing and visual impairments and others have limited mobility and frailty. It is important that the artist is able to manage the wellbeing of all of the volunteers at all times. The group is also mindful of the size of the space in which it works. The group continue to meet in a local church hall and value the privacy and expanse of the space, but reported on-going problems with its acoustics. The gender split of the group is approximately 60% female and 40% male; attracting such a high percentage of men to a dance group of elders is a significant achievement of the project.

During Year Two, the artist commented that Grand Gestures have continued to develop *'beyond expectations'*, with *'beautiful things happening'*. Each week, the sessions consist of warm-up movements and breathing exercises, followed by improvised dance and movement and a cool-down, where the members reflect upon their achievements and wellbeing. The group has been introduced to a wider range of

movements and encouraged to undertake more choreographic tasks in Year Two. The group report to continue to feel challenged by the sessions, appreciating their diversity. Typical comments here were: *'Every week is different. I don't know how [the artist] does it'* and *'There are never two weeks the same so you can never get bored with it'*. The group completed a number of sessions in local green spaces during the summer months and recalled a sense of enjoyment and achievement from being a visible part of the community, as the artist explained: *'When we were going out in the summer and dancing on the grass, suddenly we were visible, doing our dance outside. Lots of the community were watching us, people were waving, taking photos of us...it was great. They enjoyed the attention. But what really impressed me was they never lost their focus as they were so into this sense of physicality and being into their bodies'*.

Grand Gestures continues to evolve as a confident performance group and undertook its first public performance – an impromptu dance happening at Newcastle Central Station – in January 2013. Recalling the event, one volunteer explained: *'It was minus two and snowing. We met at Central Station and we all wore something red [to give a sense of connection]. We were given a little bit of direction as to movements before we went and did a little bit of practice. We were all trying to copy other people in the station or follow each other like a train. I thought it was fun. We were getting a reaction from the station. There was one person who was watching and he asked if he could join in. He was really interested'*. The artist explained that this kind of 'pedestrian performance' is a particularly accomplished style of performance, commenting on the difficulty of infiltrating and absorbing the energy of a place. The group found the experience to be 'thrilling' and one volunteer further commented, *'When [the artist] first mentioned doing something in public, we were absolutely horrified, but by January, we were so ready for it'*.

The group has engaged with a number of different artists throughout the year and been exposed to several art forms. The volunteers have worked with a photographer/video production artist to produce a number of short films – both creative and relating to their experiences of participation in the project – which have been shown at a number of events. The short film of the group's public performance, entitled 'Passing', was described as *'great encouragement for the next performance'*. The group also completed three animation workshops, which saw the artist and volunteers working together to capture the movements of the group on paper and film. These were later used to develop a short animation piece. The group valued the opportunity to develop knowledge of additional concepts and skills through these sessions, particularly the use of technology. The group is also working with an academic from Sunderland University on an Arts and Humanities Research Council (AHRC) funded study into: the importance of somatic sensation to cultural experience; ways of articulating somatic sensory experience for the purposes of evaluation; and the usefulness of a 'somatic ethnographic' approach for the capturing of the individual and social impacts of arts and cultural activity. The academic has been welcomed as a member of the group and intends to gain a detailed understanding of the group's identity and practice before undertaking research activities with them. The lead artist is keen for practitioners to challenge and expand the knowledge and skills base of Grand Gestures, stating that this is something which the group enjoy. Critical, however, is that core project stakeholders, new artists and the volunteers have a clear understanding of the added value of engagement with different art forms to the volunteers' preferred trajectory. In respect of animation, the volunteers reported to be somewhat confused about the purpose of the tasks they were set and how these would culminate in a short animation piece, and they were, furthermore, ambivalent about the extent to which the animation sessions had enhanced their identity and creative journey. They expressed a strong preference for music to remain the focus of the sessions.

The group have attended a number of cultural events and performances, including the Edinburgh Art Festival in August 2013. The trip was felt by all to have endorsed the skills of the group and validated the ways in which they work, such that one of the volunteers commented, *'We learned how good we are!'*.

Furthermore, while the group admired the agility and skills of the dancers involved in some of the choreographed performances observed, the performances affirmed the volunteers' passion for improvised dance and its capacity as a medium for emotional and creative expression. The group has in turn been visited by a number of staff and residents from one participating care home, in order for them to gain a greater understanding of the meaning of dance for elders. The sessions also encouraged the group to engage in other creative hobbies and interests. For example, one volunteer reported, *'I find that in my spare time now, I am wanting to do things like write or pick up a paintbrush and paint something, which I would never do before'*. Another volunteer continues to paint images of the group from memory, which are used on the project blog and on promotion resources; while another who takes part in pottery classes, has begun to create clay dancing figurines. A further member wrote a critique of a performance previewed during the year and sent this to the artist.

Reflecting on the positive impacts of the sessions on the volunteers, the artist commented on their increased understanding of improvisation and skills in improvised dance: *'Their skills as a group have changed massively. I think most of them, even though they might not have the terminology, recognise that it's not what they do at other groups. They have a really clear sense that its improvisation...a connection to the inner, not being concerned about what you look like but conveying the inner feeling and emotion. They have great ensemble skills, being able to work with each other, having good reflective skills and in-the-moment analysis of what they are doing and how it is affecting them'*. The artist also highlighted the improvement in the quality of the group's movements and their confidence to engage in improvised dance. They explained: *'Improvisation is the hardest thing to do and they are very skilled at that. The quality of the movements is excellent. The confidence of individual group members to improvise in the sessions is also increasing...Someone who hasn't been able to improvise so far, recently got up, joined in and was smiling'*. Echoing this, the volunteers themselves commented, *'Our movements are so much broader...we can do so many things'*, *'We are much more creative than we used to be'*, and *'We have developed more as a group, working together, we are more aware of each other, we can work together, devise together'*. The facilitation skills of the group are also developing. While the artist completed a Churchill Fellowship, individual members of the group took turns to plan and lead parts of the sessions. The group commented, *'there really are a lot of skills that have been developed in the group and some of them are really great at leading now'*.

More profoundly, the sessions are having a significant impact on the volunteers' health and wellbeing. Both the artist and volunteers described the sessions as supporting their *'body, mind and soul'*, with one volunteer saying: *'You need a healthy body, mind and soul and I think this incorporates all of that. When you have all of these things together, it does make you feel a lot healthier'*. Both the artist and volunteers reported the sessions to have had a significant impact on the group's levels of energy. Notes on the artist feedback sheets included: *'Great dynamic and energetic dancing today'*, *'Very focused today and very serious which was great...they really got into it'* and *'Very little sitting down and lots of locomotion around the room and very little chatting whilst working!'*. The sessions have also improved the physical functioning and mobility of the volunteers. Talking about one volunteer in particular, the artist said: *'His mobility is incredible compared to when he started. Watching how he can flex in his hips, joints...it's amazing for a man of 88'*. This particular volunteer described the group as *'essential'* to their health. Others reported being *'more aware'* of their bodies, with one saying *'We are doing things here that we wouldn't do in normal life and having done that, I can feel my body and joints a lot better'* and another saying, *'I can really feel my body being worked more this year'*. There was discussion among the group of overcoming physical limitations during the sessions. One volunteer said, *'I started moving which I never dreamt of doing. I have arthritis and it starts moving parts that I'm not used to using'*. The artist also commented on the increased use of floor work in the sessions, highlighting the group overcoming of fears of falling and injuries to be a

significant achievement. The group also spoke about being able to adapt the tasks set during the sessions to their own levels of capability - a major benefit of the sessions compared to other types of physical activity which they have tried. One volunteer said, *'I like that it's exercise, I've been to several at the leisure centre, but because I'm asthmatic, they are too heavy for me, whereas this is gentler'*, while another said, *'This level of exercise is exactly right for me'*.

The sessions are also reporting to be having a significant impact on the volunteers' wellbeing. Reiterating the origins of the group, Grand Gestures started off as a disparate group of individuals. Central to the group now, however, are strong and trusting relationships. Comments in this regard included: *'We've made some lovely friends'*, *'They are very caring people and we miss people when they aren't there'* and *'You are accepted for what you are'*. During the sessions, the group reported to work flexibly and to be supportive of each other's needs. One volunteer said: *'I think what is really good is the way that people adapt to [volunteer]...sometimes when he comes, he's very unsteady on his feet but he is encouraged to move in whatever way he can and when you work in partners, if he needs to sit, people work around that...to me that demonstrates what a caring group it is'*. Commenting on the supportiveness of the group, the artist said, *'Every Friday, it doesn't matter what's gone on and how bad the week has gone, we meet and we dance'*. The group reported the sessions to be very sociable events, saying *'There's social interaction as well, it's not like going to the gym'* and *'I think the main word is laugh...we laugh with each other'*. Many of the volunteers spend time with one another outside of the sessions. Reflecting on this, one of the project managers said, *'What I love about the group is what they do outside of it, they're always going for walks down the beach or on the pier and weekends they get together and it's just really nice that it's brought them together'*. The sessions are also reported to be encouraging the volunteers to be more active and self-sufficient, with comments including, *'I take it out of here and use it in my life'* and *'I think it gently pushes you to do more things in your life'*. One volunteer, while disclosing growing fears around dementia, reported that improvised dance is *'helping [them] to age, to move forward and to help [themselves]'*. The sessions were also providing the volunteers with an additional means of self-expression, with comments including: *'You can express yourself'*, *'It brings you out of yourself'*, *'It's taught us to be so uninhibited'* and *'I am proud to be a part of grand gestures...I was introverted and shy. I discovered myself and I've really enjoyed it'*. One volunteer reported feeling that they are starting to 'lose their words' and that dancing provided them with another way of expressing themselves. The increased sense of wellbeing and resilience amongst volunteers is felt to be integral to their ability to support creative activity in care homes. The artist explained, *'without the social expressive time of Grand Gestures, I do not think they would have the confidence and flexibility of body and mind to volunteer so effectively in homes and with such joy for living in the moment'*.

Going forward, the group signalled their on-going commitment to attending the sessions. One volunteer, for example, said, *'I'm still enjoying it. I wouldn't miss it'*, while another expressed that dancing had become an integral part of their identity. The artist concurred that *'Grand Gestures is a huge and important part of their lives'*. Similarly, the artist reported having *'ambitious plans'* for the group and a desire for them to become a company of dance elders in the future. The artist promoted the work of the group while completing an international fellowship in summer 2013. Discussing this, the artist commented, *'In America, everyone talked on the artistry of the videos, they also commented on what they could see of the dance ability of the group. They couldn't believe they were all first time dancers, that we had so many men in the group...everyone was really investing in the vision of the group'*. In 2014, the group is keen to continue to develop their dance and improvisation skills through their weekly sessions and by visiting other dance groups of elders, and to undertake further public performances. Similarly, the artist would like to challenge the group to undertake more structured improvisations and suggested that it would *'get a massive kick out of doing another public performance'*. The project managers advised that an additional funding application

has been submitted to Arts Council England to enable the group to develop a large-scale public performance and that opportunities for input to the International Arts for Elders Festival in Year Three were also being explored.

The Ukulele Group

The Ukulele Group, also established at the outset of the project, continues to operate. The group is based in South Shields and volunteers meet fortnightly to develop their ukulele playing abilities and choir skills. In Year One, the group had 10 core members. During Year Two, these members retired from the project, following the relocation of the sessions from a sheltered accommodation site (where they were resident) to a community centre. Five additional volunteers were later recruited, with a further three then leaving due to work commitments and health difficulties. In total, therefore, the group now has nine members. Seven attend every session, while the remaining two attend where work and caring commitments permit. One problem in respect of recruitment to the group is the challenge of supporting newcomers to learn to play the ukulele, while continuing to progress the competencies of longer-standing members. One potential solution trialled by the artist was holding separate beginners classes for new volunteers. In the event, the additional sessions were abandoned due to the volunteers' personal commitments; however, this is an option that could, resources permitting, be explored again if recruitment occurs in Year Three. Alternatively, long-standing members could focus on craft activities for part of the sessions, while newcomers learn to play the ukulele.

During Year Two, the group has significantly expanded the range of activities it undertakes. The volunteers have continued to develop their musical abilities (building a repertoire of songs which they can now play on the ukuleles), as well as their singing and performance skills. The artist reported that the group is becoming more confident in its ability to play the ukulele, but is also beginning to recognise the importance of singing in harmony, breathing properly while singing and making eye contact with the audience, for example. The group completed its first public performance at an International Older People's Day event in South Shields in October 2013, and worked with a video production artist to record a short performance for the project's blog. The group is also learning how to perform a song using sign-language and, building on a strong sense of shared identity with residents of local care homes, is engaging in some reminiscence activities, such as creative writing and the creation of a pop-up exhibition about the local area. The group envisages the musical performances and pop-up exhibition being shared with care home residents during the third year of the project, as well as the local community for promotional and recruitment purposes. The naturally evolving trajectory of the group, which is reported to originate from discussion between the artist and volunteers, is encouraging. Indeed, the artist reported as being not only proud of the development of the group's musicianship, but amazed by the volunteers' emerging creative vision and the creative talents of some of the individual members. Commenting on one volunteer in particular, they stated: *'At the beginning, he was quite shy and he wouldn't strike you as being incredibly creative but he's come up with some amazing things'*. The artist went on to report that the group have really begun to recognise the capacity of the arts to reduce isolation and enhance wellbeing and to think *'outside of the box'* about how creative activity can be used to connect with care home residents.

Asked why they take part in the project, a typical response from volunteers was, *'The whole idea was to go around the older people's homes...in a few years time, we could be sitting in the homes and we would like people to come in and sit with us and entertain us'*. Indeed, the group expressed a deep sense of appreciation for their independence and empathy for those who were less fortunate than themselves. As such, when asked about the benefits of participation, the volunteers talked about the sense of purpose and

satisfaction deriving from their volunteering. The group also reported as experiencing a sense of joy from the sessions, with comments including, *'We have such a good laugh'* and *'It's about enjoyment'*. The artist was felt to play a central role in the volunteer's positive experience of engagement, with comments including: *'I don't think we would enjoy it so much if it wasn't for [the artist]'*. *'[she] has gone the extra mile'* and *'She's exceptionally good at what she does'*.

The group remains vehemently committed to supporting creative activity in local care homes in the future. The volunteers' on-going dedication to this should be commended. The group would like the focus of the sessions to remain the development of its performance skills and the preparation of resources to support activity in care homes. A particular ambition here is to make percussion instruments for the care homes from recycled materials and to create a short arts and crafts handbook for activity coordinators. The group reported that the resources will resonate with the residents' childhood memories, as well as support the sustainability of creative activity within care homes in the future.

Engagement with Residential Care Homes

During Year Two, the project has worked with four residential care homes (two located in Gateshead and two in South Shields), in which all of the residents are under 24 hour care and many suffer from dementia. Engagement with the homes consisted of two-hour, weekly sessions over a twelve-week period (two weeks longer than in Year One), to provide the project team and care home staff with sufficient opportunity to plan and review the delivery of the project. The focus of the sessions in Gateshead was movement, while those delivered in South Shields focused on music. The project team engaged with approximately 186 residents and 186 care staff (17 of whom had consistent engagement with project) during Year Two.

Similar to Year One, care homes were recruited to the project following research into the nature and quality scores of care homes operating in the target areas. A representative of one of the care homes also attended a 'sharing event' held in March 2013 (itself a recommendation of the first year evaluation). The aims of the event were to: promote and raise the profile of the project; celebrate the achievements of project stakeholders to date; and support the recruitment of volunteers and care homes to the project. The sharing event consisted of: a brief introduction to the project by the strategic project manager; the showing of a DVD documenting the experiences of volunteers, staff and residents already participating in the project; taster sessions delivered by the artists and volunteer groups; and group discussion. The care staff who attended the event welcomed the opportunity to meet the project team and gain a clearer understanding of the ethos and nature of the project before signing up. Core stakeholders agreed that the event had helped to *'break down barriers'*.

During the second year of the project, a new structure was devised for the care home sessions, in line with the recommendations of the first evaluation report. The new structure consisted of: an induction meeting for care staff, a review session, specific staff training sessions, a requirement for care staff to lead some activities towards the end of the programme and a final review meeting, in addition to eight creative workshops with residents and subsequent debriefs. Certificates were provided to participating care staff in recognition of their achievements, where appropriate. Broadly speaking, stakeholders spoke very positively about the way in which the new structure worked. The operational project manager and artists commented that the induction and review meetings were a useful device; providing opportunities for detailed discussion with care home staff about the aims and objectives of the project, the expectations of all parties and the extent to which these expectations were being met. Artists also identified the establishment of a potential exit strategy as reassuring. In one care home, it was felt that the first review session took place too soon. The

operational project manager suggested that this could be moved from session four to session five In Year Three.

The format of the music and movement sessions differed in Year Two. The music sessions reflected a more formal training approach, with the first 45 minutes dedicated to staff training and the second part dedicated to the artist, volunteers and care staff working collaboratively to provide the residents with an enjoyable and creative experience. This reflected the feedback received from care staff in Year One, which indicated that it would have been useful for a greater proportion of the sessions to be dedicated to staff training. Care staff who took part in the music sessions were generally satisfied with the way in which the programme was organised, with one stating, *'I was happy with the time I had. I've learned how to play the ukulele, so I'm happy with the way that went. It was the right amount of time. My fingers would have been falling off if I had any more time!'* The artist also stated that the format of the sessions worked effectively, having placed the training element on a footing equivalent to that of the resident engagement element. Nonetheless, they reported feeling torn between trying to train the care staff and provide the residents with a meaningful experience within the limited time available, saying, *'You are in a room with ten residents who are having a good time and volunteers who love seeing responses to what we are doing and it becomes very hard unless you disengage, not to offer the residents the purposeful activity...so [the training] can get lost'*. Conversely, the training and delivery elements of the movement sessions were integrated, such that the workforce development focus of the project may have been less apparent. Indeed, one of the activities coordinators who took part in these sessions explained that they did not feel like they were being trained and that they would have liked more one-to-one time with the artist: *'It just felt like nice sessions that we were doing, and I picked up things from it, but it didn't feel like I was being trained...but more time with [the artist] I think would have really helped'*. The artist equally agreed that they would have liked more dedicated time with this individual – saying *'It would have been really good for me to have had time with the activities coordinator on her own to really pick the session apart, "This is what I do, this is what's happening". I think that might have really helped'* – but did not understand this to be feasible due to the care home's staffing limitations. The care staff taking part in both workstreams also reported difficulties remembering the information shared with them. Some of the activities coordinators taking part in the movement workstream, in particular, experienced difficulty remembering the movements undertaken with the residents and the benefits of particular types of movement to their wellbeing. They explained that they would have welcomed accompanying hand-outs to the sessions: *'I think if [the artist] could do some hand-outs that I could take home and look at, maybe giving ideas of movements to do or breathing techniques, that would be great. I look at stuff and I think "That's brilliant" but then I forget it'*. The artist discussed wanting to produce some training resources and a CD to guide the sessions, but stressed the resource-intensive nature of the task and the absence of capacity to produce this within the limits of their contract. They explained, *'it's quite hard because what they get is the live-in-the-movement workshop once a week...I absolutely think what we need to do is have some bespoke sessions with just the workers, take them through it and then leave them the pack'*. Equally, the music artist agreed that it would be useful to develop resources around how to lead a music session in Year Three.

Another topic of discussion in respect of the programme structure was the requirement for care staff to lead one of the sessions with residents near the end of the programme. This caused a significant amount of anxiety amongst care staff, linked to an initial lack of understanding about what was expected from them, and fear that their skillset would be 'judged' by the project team. Having disclosed their anxieties, staff were quickly reassured about the amount of time they were to be allocated as 'leaders' and offered logistical support by both the operational project manager and artists. Care staff reported to enjoy leading the sessions once they were underway and to gain a sense of achievement from this, particularly

after seeing the responses of residents. One care worker explained, *'I did feel quite pressured and nervous having to do that...[but] I'm glad I've done it. I've enjoyed doing it, but the biggest part of it for me is the change I've seen in the residents...you see that you've helped them make the change and you feel good'*. Despite some initial communication problems, therefore, all parties felt it important to include this aspect in the programme in Year Three.

A key area for possible future development is care workers' reflective practice. The intention was that all sessions with residents would be followed by a debrief between the artist, volunteers and care workers, to discuss how the session went and the responses of residents. Where a debriefing process did take place, the artists reported the impact of this on care staff to be particularly noticeable. The debriefing process was often difficult to instate, however, due to the other duties required of care staff in the period following the sessions and the timing of shift changes. Indeed, one of the project managers said, *'Having time to reflect in the homes is a real issue and always has been'*. Project stakeholders expressed a measure of concern, then, in relation to the capacity of staff to observe and understand the responses of residents to the sessions and any changes to wellbeing over time. On multiple occasions, project stakeholders observed that care staff failed to notice significant changes among the residents, both within the context of individual sessions and across the twelve-week programme. Stakeholders also expressed concern about the absence of any recording about this on the part of care staff on residents' care plans, for instance. It was also reported that care staff were asked to complete a reflective feedback sheet, but that they typically reported not to have the time or inclination to complete this. Yet, commenting on the importance of this, one artist explained, *'It's another development of their skillset within the care system if we can get them to not just be writing facts but to be recording things about residents in a more holistic way....I would like to see how we involve the residents in that feedback, particularly when the minute we pack up some residents have already forgotten we've been singing. Maybe the staff could just share what they are writing with them. I think there's something quite symbolic about sharing that with them. And we've had a lot of feedback from families, it's all been really positive but it's all been anecdotal'*.

Outcomes and Impacts

Participation in the project continues to have positive outcomes and impacts for the three core project beneficiary groups (the residents, volunteers and care staff), as well as on the artists and the relatives of residents.

Residents

All project stakeholders interviewed spoke of the wide-ranging impacts of participation on the wellbeing of residents, stressing that for every resident, taking part in the sessions has been a very positive experience. One of the artists said, *'For every resident, an anecdote could be provided of them dancing, singing, tapping their foot or just being calm and awake...Everyone is on their own journey...whether it's physical frailty or cognitive difficulty...but within the sessions, I think there is a really positive sense of wellbeing'*; while the second artist said, *'The impact on the residents is why I keep going as that warms my heart'*. Stakeholders spoke of the residents' enjoyment of the sessions, evidenced by high levels of participation, smiling, laughter and conversation during the sessions. Typical comments here included: *'[May]¹ said she has enjoyed being out of her room and taking part', 'it's a happy atmosphere', '[Margaret]*

¹ Pseudonyms have been used to protect the identities of residents and volunteers.

and [June] were completely animated and participated in everything with obvious joy', '[Joan] was 98 yesterday and she had a ball, so much game playing and banter' and 'Everyone was talking, interacting, shouting out what they wanted and generally having a good giggle'. Feedback from the residents themselves, included: 'I am happy in myself', 'I've enjoyed it all and all the good memories we have had' and 'I have enjoyed every moment and every note'. One resident told a care worker that the session had 'lifted her soul'. One volunteer commented on the sense of playfulness that ensued when the residents were given props to stimulate them, saying 'One of the things that is lovely to see is when some things are brought out for us to play with like long straws...they become like naughty school children...its lovely to see them begin to play and forget that they are old people sitting in a chair in a home'. Commenting on the importance of play to wellbeing, one of the artists said, 'Playing is a foundation of all learning, of being curious and engaged whatever your age. Having a playful mind is the key to creativity. It releases you into what is possible'.

Linked to this, stakeholders commented on the levels of responsiveness, energy, alertness and concentration exhibited by the residents during the sessions and how this increased as the programmes progressed. Here comments included: 'It was the first time we worked with people with quite advanced symptoms of dementia so there was a lot of behaviours that challenge, but the residents really responded to the music', 'Incredible session with high energy. It was miraculous to see a group go from so quiet and insular', 'So much interaction and energy today', 'Oh, the alertness of the residents as its gone on, they've been more alert and they've got into it more' and 'I've noticed that the residents are responding more to music'. Making reference to individual residents, comments included: 'She really came alive. She certainly seemed livelier', 'She stayed awake and they generally just fall asleep in the afternoons', '...its very noticeable that when we are doing, actively moving, watching or listening, she is totally absorbed' and '[Emma] is now singing, moving in time with the beat, playing percussion in rhythm'. One of the activities coordinators, in particular, reported to be shocked by the sustained engagement of the residents with the sessions, commenting that they find it very difficult to sustain their attention at times.

The sessions were reported to have had a profound impact on the health of residents, with significant improvements occurring in respect of mobility, as well as heart and lung functioning, evidenced by the range and quality of movements undertaken over time, the amount of singing and playing of percussion during the sessions and their ability to sustain these activities. Indeed, the movement artist reported that the residents began to move with more 'force and effort', 'giving greater weight and dynamic' to their movements and were able to move 'through the major joints, shoulders, hips, knees, ankles and wrists and spine', 'through gentle curves and extensions and some twists and lateral stretches' as the sessions progressed. They also reported that the group responded 'brilliantly' to 'working with vocalisations', such that they became 'loud and expansive with their breath' and 'you could see the colour rise in their faces'. Stakeholders also commented on the heightened sense of emotional wellbeing which ensued both during and following the sessions, with some residents reported to have a more positive outlook and others being less agitated following the sessions. One of the activities coordinators commented on how quickly the activities captured the attention of residents, such that anxiety and aggression could be dissipated quickly, and how the sessions provided the residents with a welcome distraction from negative thought patterns. The artists and volunteers recorded a number of moments of residents moving 'from being distressed to sheer delight and enjoyment' as the sessions began. Individual cases included one resident who used to tell the other residents to 'shut up' when the sessions first began, but as the programme progressed, ended up singing all of the time and another who 'used to cry all the time', but 'really came out of her shell' during the sessions, 'and it was almost as if she had been brought back to life, even for that short time'.

Another recurring theme was empowerment, with the sessions felt to provide the residents with an opportunity to exercise choice and control. One of the artist's feedback sheets said, '[Charlotte] who is very

deaf, was shouting out 'dance, everyone dance' and so we did, which seemed to please her immensely...it's great to let the residents direct in this way, although it does seem chaotic. It is so different energetically from the sedate atmosphere in the rest of the home...I think this opportunity to have a bit of anarchy is absolutely necessary in homes where all too often it can be regimented and elders have little choice and opportunity to let go'. Empowerment was also linked to the residents overcoming perceived physical and cognitive limitations and being provided with an opportunity for a positive sense of identity. Staff commented on the residents' sense of anticipation for the sessions and their ability to remember the words of songs and complex sequences, despite their dementias. Stakeholders recalled one resident who did not move his legs or feet prior to engagement with the project, but who, from the first session, began to move. One of the later artist feedback sheets from this home stated, '[Robert] has made progress to walking and actually danced in the middle of the circle holding his zimmer and wiggling his legs', while another stated, '[Robert] looks so much better and it's like he has grown younger, no longer an old man in a wheelchair. He proudly showed us how he can walk and he is calmer in himself'. In another instance, one of the artists recalled, '[Ruby] responded when I asked her if she could lengthen her spine. She totally transformed and smiled, it was remarkable the difference in her from slumped and withdrawn to alert and noticing. She beamed away as everyone applauded her effort'. The artist went on to state, 'There's this slight sense of anarchy when we go in there....and I really like the fact that we take in energy, a performativity and there's an expectation that everyone can do this, everyone is included and even if you have a condition, there is something in this moment that you can do...it's a real privilege'. The volunteers were reported to play an instrumental role in encouraging residents to overcome perceived limitations during the sessions.

A positive sense of self was linked to the discovery and development of the creative talents of residents. One such example was provided by the movement artist who said, 'I asked [Bill] if he would play the bongos again as he seemed so interested in them as they were passed around. Suddenly the whole room joined in tapping and dancing as he played. He showed absolute focus and interest in what he was doing'. In another case, the artist recalled a resident producing wonderful arm movements during a session and commented on their 'sense of blossoming', 'opening up' and joy gained from 'taking up space and being seen'. In another case, the artist recalled, '[Barbara] stole the show with her energetic solo...she was energised and determined and everyone clapped and cheered her on. It was remarkable considering how little she was able to do in the first week...a huge transformation'. Discussing the power of the arts to support wellbeing, one of the artists said: 'It's wonderful to see what a positive attitude can do. Creative engagement lets everyone see the possibility of experiencing that change is always there for the taking. When you change your mind set to one of possibility, then you can change everything'. The implications of improved independence of, and resilience among, residents for the work of care staff – through reduced workloads and reduced levels of stress – are significant.

Finally, the sessions were reported to have brought about an increased sense of community within the homes; building relationship between residents, care staff, family members, the artists and the volunteers. Stakeholders were astounded by the quality of the relationships developed between the residents and volunteers and the sharing of stories that would otherwise have gone untold. One lady spoke of the butcher's shop which her parents owned when she was a child. Following the session, the volunteers researched the shop and found a picture which they gave to the resident the following week. The resident was overjoyed and thanked the volunteers dearly. Another resident told a story about being proposed to on Scotswood Road when local songs played. In relation to this, one of the artists said, 'I had been very conscious when they go into care homes, that they are like a breath of fresh air...and they talk about things like the butcher's shop that had closed down, the social club where everybody went to play bingo...so they have a really shared identity with a few of the residents'. A sense of compassion and caring for one another

also developed between the residents and volunteers. For example, the Ukulele Group bought a bouquet of flowers for one lady who had had a serious fall during their time supporting the home. Stakeholders also suggested that the sessions had provided the residents with a new topic of conversation and brought a new element of sociability to the home. General comments here were: *'It helps them because they talk to each other more, get to know each other a bit better'* and *'normally they wouldn't sit there and talk to each other, they'd just sit there and watch the telly or fall asleep'*. Critically, the sessions supported a shift in the way in which staff perceive some of the residents, having learned more about the residents in terms of their life experiences, interests and competencies. This will provide staff with a basis for adopting a more person-centred approach to the care of the residents. Indeed, one of the staff said, *'[Doreen]'s normally quite introverted and when she was talking about (inaudible), I was like, 'I can't believe it, not only are you voluntarily opening up and chatting, but you're chatting about stuff like that', and it was brilliant. It was like a totally different side to her. Opening up more would probably be the biggest benefit for everybody, because the more we know, then the better we care for them'*.

Residential Care Staff

Similar to the other beneficiary groups, all of the care staff who participated in the project reported to have found this to be a positive learning experience. For most, participation was the first opportunity they had had to engage in a training programme of this nature. Three care home staff learned to play the ukulele in Year Two. One member of staff, in particular, thoroughly embraced the process, practising the ukulele in their spare time, attending training sessions on their days off and showing the residents what they had learned outside of the sessions. Commenting on the creative talent of this member of staff, the music artist said, *'[Kelly] has proven to be a totally natural musician. From day two, she was playing 'You are My Sunshine' in the garden with the residents'*. Another activities coordinator who took part in the project was already an accomplished musician, but nevertheless welcomed the opportunity to broaden the repertoire of songs which they could play with the residents, develop their facilitation skills and learn how to personalise musical activities to the needs and wants of residents. The third member of care staff was unable to practice outside of the sessions due to work and family commitment so disengaged mid-way through the programme. The staff were grateful that ukuleles were provided by Equal Arts for the sessions and that they were able to keep them during the twelve week programme so that they could practice at their own pace. Two care home staff understood training as part of the movement workstream and both completed the twelve-week programme. All staff reported to enjoy the process of developing their creative talents and to have gained a sense of achievement from this.

Critically, care staff reported to have become more aware of the value of creative activity to the health and wellbeing of residents. One activities coordinator reported to have stopped using props and playing particular games with the residents, considering them to be 'childish', but to have quickly resumed them with residents after gaining a deeper understanding of how different types of sensory activity can improve wellbeing. Another care worker reported that the project has impacted on their perception of the value of creative activity, having witnessed the positive impacts of the sessions on the residents. They explained, *'I did know that creative activities have an impact on people because it engages their bodies and minds, but I didn't realise how much of a big effect it does have until I saw the changes in the residents. Seeing it in practice has made me realise how essential it is'*.

A key theme of the sessions with residents was personalisation. At the beginning of sessions, residents were always asked how they were feeling and to say something about themselves, enabling the artists to gauge their moods and identify any issues that may be affecting their wellbeing. At times, the artist

feedback sheets indicated an unsettled or particularly jovial atmosphere in the homes and changing their plan for the sessions accordingly. Artists also personalised the sessions by offering residents choice and control over their content and in some cases, created songs or sequences based on the contributions of the group. Both artists were confident that the programmes will have equipped care staff with a number of tools to adopt a more person-centred approach to the care of residents, with one saying, for example, *'I think staff have started to think more about personal choice, which is great... you don't just have to put the music on...you can have a creative conversation there, without needing extra resources'*. Indeed, when asked what they had learned about facilitating sessions, one activities coordinator said, *'We've discovered that too fast songs is too much for them because it's too quick for them to keep up with. So a nice easy, slow song or a gentle song is nice for them sometimes; they find it relaxing and they can get involved more...and where it's too loud, it's just racket and it distresses them. And the atmosphere, how they are that day is important, because some of them wake up in a champion mood on a morning, then the next morning you come in and they're not in a very good mood. Every person is different every day. You have to test that situation and see how they are within the day and make the sessions fit that'*. Another said, *'Now I realise that it doesn't have to be as structured if that makes sense...it can be more relaxed and just seeing how people are doing and where we go from there, so that helped a lot. I've realised that flexibility is better because that's what the residents need because every day is going to be different'*. Regarding another of the activities coordinators, one of the artists explained: *'You do get stuck singing the same songs, so we brought in a repertoire that was new to the home but familiar to the residents so the repertoire might change...and also not moving straight on to the next song, slowing things down, changing the key, having a more personalised, flexible approach. Even though it was a signing session, there was a lot of chat as well'*. Linked to this, care staff also reported to have become more aware of the signs to look for when assessing the response of residents to, and their enjoyment of, creative activities. They explained, *'Knowing what residents like and don't like...we've recognised the signs more with doing that. The residents will benefit especially because we know when they're not happy with what's going on, so then we make some changes to try and meet their needs as well'*. It was also reported that the sessions had impacted positively on staff wellbeing. They not only reported to enjoy the sessions and experience reduced stress and tension levels during the sessions, but also to have gained a heightened sense of wellbeing from having a positive impact on the wellbeing of residents.

The sessions were also reported to have improved the skills and confidence of staff to facilitate creative workshops. One activities coordinator said, *'You need to have confidence really. If you haven't got confidence, it's not going to work out how you wanted it...and it's giving me that. It's not there yet but it's getting better'*. Echoing the previous comment, another care worker said, *'Well it's more the confident issue of setting it out and actually getting up in front of them and doing it...it has built my confidence to be better at it'*. Another reported that before taking part in the project, they would have thought, *'Well, where do I start?'* if asked to plan and deliver an activity for residents, but now, they are aware of the key steps that they should follow in doing this. One of the artists perceived that the informal approach to training adopted by the project team supported staff confidence to deliver creative workshops, saying: *'I think because we offer an informal approach, I think we've supported staff to feel that what we do is achievable'*.

In two care homes in particular, the operational project manager, artists and volunteers were confident that the project will have a lasting impact on the use of creative activity with residents. One of the homes which took part in the music workstream stated that they were keen for music sessions to become more commonplace in the home due to the enjoyment and improved sense of wellbeing which the sessions brought to the residents. The member of staff who learned to play the ukulele said they were very committed to continuing to learn to play. Following the project, the project team gave them a ukulele to keep and the volunteers bought them a tuner (they were later reimbursed for this by the operational project

manager, but the manger felt this demonstrated '*a huge sense of ownership*' of the project by the volunteers). At the final review meeting, the volunteers agreed to support further sessions in the home and have since returned to the home on a monthly basis. The home stated, '*it means a lot to have the support of the volunteers*'. It was also reported that music has become more commonly used to entertain and calm the residents while waiting for mealtimes, for example. In the second care home, which took part in the movement workstream, staff reported to be using some of the skills and exercises learned through the programme with residents. The activities coordinator has purchased some of the equipment used by the movement artist and again, the volunteers have returned to the home several times to support sessions. Talking about the legacy of the project, the coordinator said: '*I never used to do exercises because I wasn't sure what they could and couldn't do but now I do the arm, leg, shoulder, feet and knee exercises that Paula did. I've bought some feathers, straws and musical instruments. The feathers are really calming and I get them to rub down their arms. I've also started asking everyone in the group how they are feeling today which I didn't do before. I also do the 'copy Maureen' thing and use maracas to give a beat and they copy it. I didn't know before how to get their attention but now I do. They love the musical instruments*'. They have also shared the movements with other care staff in the home so that they feel more comfortable when supporting the sessions too. The staff who led the programme in these care homes were both nominated for a Great British Care Award by the project managers and volunteers. They came first and second place in the regional final. Important to note is the crucial practical and emotional support provided by volunteers, which enabled the care staff to focus on the training component of the programmes.

In the remaining two homes worked with in Year Two, both artists and volunteers were less confident about the lasting impacts of the sessions, with comments including, '*It's really sad to say but I'm not sure how much will change*'. This was felt to be linked to a number of factors, including: the inability to provide resource packs to activities coordinators to support them to remember the programme content; the widespread perceptions of some care staff that creative activity is a form of entertainment for the residents, rather than a meaningful activity which can support their wellbeing; and, the limited capacity of staff to engage with the sessions due to staff shortages and shift patterns. As such, the operating environment of the care homes was felt to have inhibited the capacity of staff to see participation in the project as an opportunity to up-skill and further develop relationships with residents. One stakeholder said, '*I would say the intention is there, the skills are there, but whoever we've had, they're up and down and having to address other agendas*'. In one care home, the activities coordinator also stated that they are perceived by care staff to be '*skiving from the real work of care...a constant round of personal care, feeding, assisting, mobilising, serving and clearing*'. In other cases, it was perceived that care staff felt that the sessions were creating more work (requiring staff to support residents to and from the sessions, for example) and that they found the increased energy of residents to be challenging. Overall, therefore, some stakeholders reported feeling that challenging the culture of care in residential homes is an '*unrealistic expectation*', stating that '*the requirements for this are to do with issues around funding, employment, the calibre and selection of excellent care staff who want to do the job. We can't have any influence over this*'. These stakeholders reported it to be unlikely that the project would have a significant impact on cultures of care, unless care staff are given the opportunity for a sustained period of exposure to high quality, creative activity.

The Volunteer Groups

Three members of Grand Gestures consistently support the care home sessions in Gateshead (with a wider pool of six supporting the sessions on an ad hoc basis). Seven members of the Ukulele Group

consistently support the sessions in South Shields. All of the volunteers identified positive impacts on their wellbeing arising from this. The volunteers reported gaining a sense of enjoyment from engagement with the residents and a sense of reward from seeing the responses of residents to the sessions. Volunteer comments included, *'I liked it best when one lady who was crying lit up when we started singing...but then when the music stopped, she started crying again. You bring the mind back to life for a little while and that's really rewarding'*, *'Seeing the expressions on their faces is lovely'*, *'It's nice to try to bring people out of their shells. We like watching them respond to what we are doing'* and *'Well I get a lot of satisfaction because you get to know them all and you see them improve. I love being with them all'*. The artists concurred, stating, *'Seeing the residents responding, they really hang onto that. So I think they do get something back from it'* and *'All of them really have enjoyed engaging and making a difference, and I think that's the key, they know that they've made a difference. Every session we've had an 'Ooo' moment, when something's happened and you've thought, 'Oh it was really worth coming''*. The volunteers were also reported to gain a sense of enjoyment and achievement from seeing the positive responses of care staff to the sessions. Here, one of the volunteers said, *'To see the carers' reactions is brilliant as it's obvious that some of them have so much invested in what they are doing...it's just lovely to see'*, while one of the artists stated, *'This last care home, the care worker was just amazing and really moved out of her own comfort zone. The volunteers got so much from that'*.

More profoundly, engagement with the care homes was reported to have reinforced the volunteers' appreciation for their on-going ability to live independently. Comments here included, *'It's quite humbling to go into care homes and see what were once active lively people...'*, *'It makes you count your blessings, it really does...Some of the people in the homes are our age or younger than us'* and *'There for the grace of god. We could be in here ourselves and if we are we hope we get people like us coming in and entertaining us'*. Members of both volunteer groups have also begun to discuss their future wishes around care with family members and friends and have recognised the importance of trying to maximise their wellbeing as they age, with engagement in creative activity considered central to this. All project stakeholders considered these to be significant and constructive developments.

More broadly, stakeholders spoke of the increasing skills and confidence of the volunteers to provide both practical and emotional support to all stakeholder groups during the sessions. When asked if they thought their skills and confidence had improved, one of the volunteers said, *'Yes definitely. The first time you go in, you're worried and we know we aren't supposed to help them do anything but at least now, we do support them if they want to stand up. We've changed a lot that way'*. In particular, the volunteers were reported to be *'incredibly skilled'* and intuitive in respect of finding appropriate and innovative ways of supporting residents to engage with the sessions. In one instance, a volunteer was reported to play a central role in encouraging a resident who is blind to join in with a singing session, with the artist explaining, *'there's a guy [David] who doesn't see, so it was [Pauline's] instinct to get down and talk to him and I was singing to him and he was singing back and [Pauline] would be partnering him'*. In another case, one of the artists recalled the way in which a volunteer began a conversation with a resident who is deaf: *'She's completely deaf, so [Mary] said, 'Have we got a white board?'...[Mary] sat with her and the task was where are you from? And [Mary] laboriously wrote things down and they had this fantastic conversation. I couldn't get that in the mix and keep everything going, so that was great'*. Stakeholders commented on how comfortable some of the volunteers are becoming when engaging with residents with a range of cognitive and physical conditions. One of the volunteers said, *'I learnt that I need to involve the residents rather than entertain them'*, while one of the artists said, *'[Sam] said the other week...[about] not feeling so compelled to try and do things for people...I think that's very hard because they're nice people and they want to help'*. The artists also commented on the development of the volunteers' reflective practice skills, saying, *'They learned the*

signs to look for about the benefits of the sessions on residents. They're understanding a bit more that just because somebody isn't joining in doesn't mean to say they are not enjoying it'. The artists recalled instances of volunteers picking up on 'cues' from them about particular residents and responding accordingly and vice versa. For example, the music artist said, '[Helen] is amazing. On two occasions, I had missed really significant moments with the residents and she very skilfully gave me the cue to continue with that song and then she went and sat with the resident and spent some time with her...I think they have sat and watched me and learned'. The facilitation skills of the group are also improving, with one of the artists saying, for example, 'I can hand over part of the sessions to do now'. In respect of the ukulele group, the operational manager observed, 'The way that they interact with [the artist]...they very much have their roles...they all work as a team, they go in there and they think they have a job'. However, it is important to note that while the facilitation skills of the group are improving, the artists continue to play an integral role in leading the sessions. Nonetheless, it may be valuable to be more proactive in supporting the volunteers to appreciate the skills that they are developing, with not all able to recognise this. Volunteers may also benefit from some form of formal recognition of the development of their skills, through certificates presented at a sharing event, for example.

Family Members

The care home sessions can also be seen to have impacted on the relatives of residents. An increasing number of family members have supported the sessions in Year Two, with up to six attending each week in some cases, often having visited the home specifically to support the project. The support offered by them was invaluable to the residents – with some family members playing a critical role in giving their relatives the confidence needed to engage with the sessions – but also to care staff. Family members were reportedly overjoyed to see the residents enjoying the sessions and commented on the changes to their wellbeing brought about through participation. The wife of one resident, for example, said, *'It's so lovely, he is so much better than normal'*. In some cases, the sessions supported a profound shift in the way in which family members perceived and engaged with their relatives. Speaking about her husband, one family member said, *'you have shown me how I can be with him, given me ideas'*. Some family members also reportedly gained an improved sense of wellbeing from taking part in the sessions, partly linked to the sessions removing the stress and monotony associated with visiting the home. In one case, the artist commented, *'she really enjoyed herself, she seemed to relax and relinquish some of the tension she arrived with'*. The project has also reaffirmed the important role that family members can play in supporting homes to care for residents and a number have pledged to offer continued volunteer support to sessions in the future. This will be beneficial to the wellbeing of residents, the sense of community within the homes and the workloads of, and quality of care provided by, staff.

The Artists

Both artists commented on the impacts of the project on their personal and professional development, with one commenting, *'I have been on a journey this year, I really have'*. Both of the artists reported that the positive impacts of the project on the creative talents and wellbeing of the three core beneficiary groups had helped validated their practice. They also felt that the project has nurtured their own creativity and their creative confidence. The music artist in particular expressed, *'My creativity generally has just been really encouraged...and my confidence has grown...because [this project is] about creativity and wellbeing, as an artist, I haven't been channelled into just one thing. The singing is the main thing that I*

deliver but the spin offs from that have been amazing. I could have never expected it. If I could have a wish list for my ideal job, this would be it. Both artists also reported that their awareness of dementia-related issues has greatly increased as a result of their encounters with residents (who in some cases have particularly advanced stages of dementia) and a sense of responsibility to know as much as possible about the condition in order to inform their practice. The artists further explained that the long term nature of the project has presented them with a unique opportunity to explore new ways of working with the key beneficiary groups in order to maximise project impacts. In Year Two, for example, in respect of working with the residents, one of the artists explained, *'I think I'm more mindful of the subtleties of things and allowing more time for the residents to engage and respond'*. The volunteers were said to have played an instrumental role in allowing the artists the capacity to explore and reflect during the care home sessions, with one saying, *'Because of the volunteers, I'm able to do that more....it's more difficult when you're just on your own trying to do everything'*. In Year Two, this artist has incorporated the greater use of props into care home activities having witnessed that care staff and volunteers feel more comfortable delivering sessions when they can draw upon tangible resources. The artist has also started experimenting with the use of yoga movements and has been mesmerised by the impacts of this on the residents: *'I've got loads from watching how it affects them...you watch them become very relaxed...you can see their face changes, you're getting the circulation going....I get really absorbed and stunned by how articulate people are without speech, how the body does speak, and especially in conditions like dementia or when people have just been sat and ignored you just think, it's like seeing what it is to be alive. I've enjoyed that'*. The artist felt inspired by the potential of yoga to improve the wellbeing of residents, both physically and emotionally, and would like to explore this further in Year Three.

Project Challenges & Barriers to Impact

The Resourcing of Sessions

Throughout Year Two, the adequate resourcing of sessions by care homes has remained problematic. Despite the expectations of all parties being explained at project inception meetings and outlined in the Memorandum of Understanding put in place between the project team and individual care homes, the sessions undertaken with residents have not, typically, been supported by (what are considered by the team to be) appropriate numbers of care staff. This is particularly important in respect of meeting the personal care needs of residents. Comments here included: *'The huge issue we had yet again was not enough care staff, so if someone wanted to go to the bathroom...someone waited 40 minutes'*, *'The circumstances and staff support were sadly lacking. I felt really deflated as last week had been such a great session. There were several times when staff were not with us and we need to be mindful of this in case of any incidents'* and *'There still doesn't seem to be a lot of carers coming into the room compared to the number of residents'*. Instances of residents' personal care needs remaining unmet were reported to be very distressing for the artists and volunteers. All care homes at the initial review meeting said they could free up an appropriate number of staff for the sessions (in proportion to the number of residents attending the session), but one activities coordinator later confided that they had not thought the project expectations through at the initial meeting and feared that the project team would not engage with the home if they explained that they could not fulfil the project expectations. In a number of care homes, staff support was problematic due to staff shortages, shift changes, unforeseen emergencies and lack of management support. Where possible, the issue was raised with managers and care staff, with some staff subsequently being allocated to support the remaining sessions or sessions being moved from afternoon to mid-morning slots to

accommodate shift patterns. It is important to note that the success of the project in one home was due to one member of staff attending all of the sessions on their days off and practising learning to play the ukulele in their spare time. As such, their participation in the project did not affect staffing levels in the home. The commitment of this member of staff is likely to be an exceptional case.

The physical spaces in which some of the sessions took place were also not considered appropriate in all cases. In one case in particular, the activity room used for the sessions coupled up as the residents' kitchen and dining room. While the doors to the room were sometimes closed, staff and residents could not be denied access to the kitchen. The frequent interruptions caused by this were considered to be very disruptive to the flow of the sessions. A small, private room in the home could have been used for the sessions but the number of residents able to attend would have had to be limited; one of the artists suggested that this could have been beneficial in terms of the quality of training given to staff and the quality of the creative engagement with residents. Ventilation in some of the rooms used was also poor at times, particularly during the summer months, with some residents becoming uncomfortable or agitated during the sessions and concerns being raised in relation to tiredness and dehydration.

The Number of Residents Attending the Sessions

Difficulties have also occurred during Year Two in relation to the number of residents invited to attend the care home sessions, particularly in light of the size and temperature of the rooms in which the programmes were taking place, the needs of residents and the number of care staff and volunteers available to support the sessions. Where a high number of residents were brought along to the sessions, with low levels of care staff and/or volunteer support, artists explained that it became difficult to personalise the sessions, thereby potentially limiting the positive impacts of the sessions to wellbeing. One artist stated, *'The other issue for me was the amount of residents who were actually being wheeled into sessions and whether or not they were getting anything out of it because we ended up with so many residents. The whole idea was that we were able to interact with people and respond to need and it was more like an entertainment session. Any form of music and dance is entertaining, but there's also more to it'*. The operational project manager and artists did try to address this issue by asking staff, in a process akin to an informal referral, to identify which residents would particularly benefit from the sessions and why, but this did not always materialise in practice and was not necessarily communicated to wider staff in the homes.

Care Home Management Support

Building upon the lessons learned during the first year of the project, it was the intention that before the project team began its work in each home, an inception meeting would be held between the operational project manager, the relevant artist and the care home manager. This took place in some cases, but not all, due to management staff sickness and busy schedules. Once the project began in the care homes, responsibility for the sessions was typically delegated to activities coordinators and in one case, a member of care staff. No managers were present at the planning and review meetings and few spent any significant period of time at the sessions. The importance of management support to the successful operation of the project, however, in terms of providing leadership and motivating staff, as well as providing practical support, continued to be apparent in Year Two. Where managers were supportive of the sessions, the appropriate number of residents were brought along to attend, care staff were encouraged to support the sessions and any problems that arose were quickly addressed (and vice versa). In one of the care homes, for example, the manager was reported to be very welcoming of the artist and volunteers at the start of each

session and although support appeared to be 'low key', the manager did quickly address any issues. This manager also bought the volunteers some chocolates and a card to say thank you for their support. Not surprisingly, this is one of the homes where the sessions have continued beyond the twelve-week programme and stakeholders are confident that the project will have a lasting legacy. In another of the care homes, the manager was reported to be very enthusiastic about and supportive of the project but went on sick leave just as the programme was about to commence. The absence of the manager at this time meant that care staff were neither aware of the project, nor mandated to support the sessions. As such, the activities coordinator reported this to have had a significant impact on the operation of the project, saying, *'[Her] presence would have just pushed the staff a little bit more as well. Staff wise, [she] would have had a massive input, it would have made a huge difference'*. Accordingly, stakeholders were more dubious about the lasting impacts of the project in this home. In the third home, the activities coordinator disclosed receiving little or no support from management when undertaking their duties. Here, the artist reported it to be very difficult to find an opportunity to speak with the manager about the sessions. The success of the project in this home, therefore, was said to be a result of the commitment of the activities coordinator. The artist said, *'She is just one of those rare people that clearly loves her job and wants the best for those she works with'*. In the final home, the artist reported clear problems of communication breakdown between the activities coordinator and the manager, although having raised some issues with the manager, additional members of staff were allocated to support the sessions. Again, the artist suggested that contextual issues within this home will undermine the impacts of the project.

At the 'sharing event' held in March 2013 and at the quarterly project steering group meetings, stakeholders discussed possible approaches to gaining management support for the project. The key ideas suggested were to: produce a DVD showing the positive impacts of the sessions for staff and residents to the managers (this has now been done); present the project as an initiative which will help care homes to meet specific priorities and standards, rather than as an 'arts for elders project' (further work could be done around this, although the operational project manager reported to be more confident about the way in which the project was presented in Year Two); and, produce a short information pack for care home managers about the project (this could include the DVD). The steering group agreed that an event, supported by Tyne and Wear Care Alliance, should be held for care home managers early in Year Three, where issues around their engagement with the project can be discussed.

Structure and Format of the Care Home Sessions

In Year One, it was recommended that the ten week programme of training and creative activity in care homes be extended to include an inception meeting with care staff and a final review session, where issues around the sustainability of the project (amongst other things) could be discussed. These recommendations were implemented in Year Two, resulting in a twelve-week programme of engagement per care home. The sessions remain approximately two hours in length. The movement workstream raised the length of the programme and the sessions as a topic for further consideration in Year Three, reporting that both they and the volunteers have found engagement with the care homes to be physically and emotionally exhausting. This is linked to the chaotic nature of some of the care home environments worked in, the number of residents engaged with and the needs of residents (and in some cases, those of volunteers, also). They suggested that, in future, the time spent with residents be reduced to one hour and/or the length of the programme be reduced, with the artist saying, for example, *'By the end of this one, I was getting really tired of it. I'm really passionate about it, but even for me I just thought...I think ten would be better'*. This problem has not been so apparent with the music workstream, although as previously

discussed, the music sessions are divided into two sections; with 45 minutes dedicated to staff training and approximately one hour dedicated to engagement with the residents. At these sessions, the music volunteers only attend the latter part of the session and attend on a rotating basis. The music volunteers also have lower levels of need than the movement volunteers, thereby placing lower demands on the artist. These differences are likely to account for the different perceptions of the artists about the delivery of their workstreams in the care homes going forward. The movement artist also suggested that reducing the length of sessions may make it more manageable for care home staff to engage and negotiate the sessions around mealtimes and shift changes etc.

Volunteer Recruitment

Another concern raised by some stakeholders is the sustainability of volunteer support for the care home sessions under the current model. Almost two thirds of volunteers engaging with the training sessions at present do not support activity in the care homes. For some, part-time employment, caring duties and health complaints prevent this. For others, care homes are associated with painful memories of loss. Some of the volunteers also have a range of vulnerabilities – around physical and mental health, emotional wellbeing and isolation – which make the prospect of volunteering in care homes daunting. This is particularly true in relation to Grand Gestures, where it was suggested that at least half of the group do not see going into care homes as something they are willing/able to do.

Furthermore, there is a sense among some of those allied to Grand Gestures who do volunteer in the care homes that they would prefer not to continue with this (appreciating, however, that funding for their training sessions is dependent on this). Their appetite to volunteer has decreased, having found the care homes sessions to be physically and emotionally draining. This is linked to some of the behaviours of residents with advanced dementia – with volunteer comments here including, *'One of the things I find difficult is when they say 'I wonder where my mam is' and you know they are way back. I find that a little bit disconcerting. It's hard to make them feel calm when the boundaries of reality are so fluid'* – and the chaotic nature of some of the care home environments visited. Some of the volunteers have also become dispirited at the prospect of working with the care homes, having felt that their contributions to the home have not always been recognised. Furthermore, issues raised around the personal care and level of stimulation offered to residents, has caused some volunteers to report increasing levels of anxiety about the ageing process and the prospect of requiring residential care in the future. This coincides with a number of volunteers developing more acute cognitive and physical conditions and impairments. Taking all of this into account, the movement artist said, *'I am very mindful of just how great our volunteers are in going into residential homes as they are facing many personal fears head on. Sometimes it scares me thinking about what may happen later in life and it must be much more of a concern the older you are'*. Nonetheless, these issues raise concern that supporting the care home sessions may be undermining the wellbeing of volunteers and undoing the positive impacts emerging from the weekly training sessions. Broader issues that may account for the reluctance of some of Grand Gestures to continue to support the care home sessions relate to the small number of group members who support the sessions, meaning that they often attend all 12 sessions per care home. This is in contrast to those in the Ukulele Group who volunteer on a rotating basis. Also important to reiterate is that the Grand Gestures group of volunteers primarily came together in the understanding that they were joining a dance and movement group which may be beneficial to their physical and emotional wellbeing. The potential role of the group in supporting creative activity within care homes was introduced several weeks into the project. This is in contrast to the Ukulele Group where members were all recruited on the basis of supporting culture change in care homes.

Concerns were also raised about the sustainability of volunteer support linked to some of the volunteers' deteriorating health. Talking about one of the volunteers, for example, one of the artists said, *'We have noticed [Robert's] getting older, that he's really unaware of where the rest of us are up to in the songs, or what's been happening a lot is he's singing another tune. Physically, in his body, he's getting stronger and stronger, but his hearing and vision...and he will admit that it does get him down'*. During interview, the strategic and operational managers were very mindful of problems of 'burn-out' among the volunteers and are very willing to revised delivery models to ensure the wellbeing of volunteers. They also reiterated that volunteers are not expected to attend all care homes sessions; although this highlights the importance of recruiting additional volunteers with a specific remit to support care home activities.

A fundamental question for the project team is how to make the volunteer 'offer' more appealing to a broader cohort of active older members of the community. The Grand Gestures volunteers spoken to were unsure about how best to achieve this, feeling that offering the group formal training on dementia-related issues, for example, may only increase levels of anxiety about volunteering. Possible approaches might be: to change the project delivery model so that more of the training sessions with care staff (and family members) are held in community venues; that the volunteers simply support ad hoc sharing/training events; or, that they showcase their work as a group in care homes (thereby not following the current care home format used).

Volunteer Training

Throughout Tear Two, the support provided by the volunteers during the care home sessions has been described as invaluable by stakeholders. Activities coordinators, care staff and residents alike, spoke of the value of the practical and emotional support provided, with comments including, *'It's very difficult when you don't have care staff support. The job would be immensely difficult without them'*, *'Now when I look back and think about all the sessions I've done on my own, it feels like, 'How did I do it? How did I kept my spirits up?'*, *'I continue to be moved by their generosity and skill'* and *'We have a good giggle...they keep it quite light-hearted'*. Nonetheless, some minor misunderstandings, incidents and difficulties have occurred through the year, in relation to: responding to residents with dementia, maintaining persona boundaries, managing the physical environment and health and safety. While some training has already been provided on these issues, refresher training would be useful to volunteers who have difficulty remembering the training or have on-going anxieties about key issues. The training would be likely to increase the confidence to volunteers to support the care home sessions, as well as their skills.

Artist Resources and Supervision

While both artists reported to gain a great sense of enjoyment and to have benefitted significantly in terms of their professional practice and development through engagement with the project, concerns were expressed that the resource requirements of the project have expanded significantly since the delivery model was initially devised and as such, are becoming disproportionate to the terms of their contract. For example, one artist said, *'The only downside is it's four hours a week for both of the sessions and then there's the planning and preparation...I always have a lesson plan for each session written down and I have to be much more organised now that the volunteers are doing the creative stuff'*. Indeed, all stakeholders commented on the additional time devoted by the artists to the project outside of their contracts; for instance, on raising the profile of the project, blogging, providing transport to volunteers to and from sessions, taking the volunteers on trips, and supporting them at local charity events. The artists also

reported that the project entrusts them with a significant amount of responsibility, practically in respect of meeting the project expectations – with one artist saying, *‘Being a choreographer, a facilitator, a motivating agent for change, an advocate for elder arts...the responsibility level which I have has developed significantly...which is fine, but it’s a lot’* – but also emotionally, in terms of supporting the wellbeing of the volunteers, managing the sometimes challenging behaviours of residents, ensuring safe practice and reflecting on and reviewing the project process.

The artists further indicated that at several times throughout the year, they have experienced anxieties about particular elements of the project (particularly around the care home sessions) – with one artist saying, *‘I think it was making me feel down...it’s like being caught in a loop you know, seeing the same issues in every home. I just get really frustrated at it...and there doesn’t seem to be any comeback about these practices...for me, it’s becoming the less attractive part of it’*. They noted the absence of a formal opportunity for them to discuss the impacts of the project on their development and wellbeing with the project managers. One artist, for example, commented, *‘I feel guilty as it is a brilliant opportunity but I haven’t really had the chance to talk about what’s happening for me...it’s all about what’s happening in the groups, what’s happening in the care homes...I say on the bottom of one of the feedback sheets how tired I am and that’s it’s an awful lot of expectation’*. When these issues were discussed with the project managers, they were very receptive to the idea that the artists may require additional practical and emotional support to manage the demands of the project. They reported that actions will be undertaken to address the needs and concerns of the artists ahead of Year Three.

Conclusion and Recommendations

The evaluation findings indicate that stakeholders, building on the success and lessons learned during the first year of the project, have continued to make significant progress towards meeting project aims and objectives in Year Two. The particular strengths of the project can be seen to be: the provision of opportunities for older people living in the community to develop their creative interests and skills and contribute to their communities; and, facilitating improvements to the quality of life of older people living in residential care homes. The development of Grand Gestures and the Ukulele Group and the profound effects of participation on the residents' and volunteers' wellbeing are significant achievements, for which the artists should be commended. While the core care staff who took part in the project have undoubtedly developed their capacities to adopt a more person-centred approach to the care of residents – driven by the commitment and expertise of the artists and volunteers and the new structure to the sessions implemented in Year Two – the lasting legacy and reach of the project (particularly among care home managers and care staff who are not directly involved in the project) remains tentative. The achievement of this objective is largely inhibited by a number of boarder cultural and contextual issues in operation within the care homes and as such, is not attributable to the project delivery model. Key challenges for the project moving forward, will be the sustainability of volunteer support for care home activities, and both deepening and broadening the impacts of the project on approaches to care within care homes.

Nonetheless, a series of recommendations to enhance the project delivery model and further support the achievement of project goals In Year Three, have emerged from the evaluation. The recommendations are outlined below. Many of these have already been discussed with core stakeholders.

1. Core project stakeholders should meet to agree a definition of 'culture change' in relation to engagement with care homes, in order to manage stakeholder expectations.
2. Quarterly supervision meetings should take place between the operational project manager and artists, to ensure that the artists have a formal opportunity to discuss the demands of the project, the boundaries of their role and the impacts of the project on their professional practice and wellbeing. This is in addition to the good quality support already provided by project management.
3. Consideration should be given to the 'sharing event' held in March 2013 becoming an annual event. The events could be used to showcase and celebrate the achievements of project stakeholders, provide an opportunity for networking and the sharing of best practice among care staff and offer an avenue for the recruitment of additional volunteers and care homes to the project.
4. The project should be presented to care home managers in the context of their own particular concerns and priorities. Resource packs could be developed, which include information about how the project contributes to the care standards which they are expected to meet and a promotional DVD showcasing care homes' experiences of engagement with the project. Endorsement from the Tyne and Wear Care Alliance may help validate the project to care homes.
5. Further attention should be given to developing the reflective practice of care home staff, through debriefings following engagement with residents, the completion of bespoke training workbooks, review meetings and/or external training events.
6. Volunteers who support the care home sessions should be provided with refresher/additional training in Year Three, particularly in relation to dementia awareness, health and safety, personal boundaries and managing the environment. Additional work could also be undertaken to highlight the existing skillset

which they have (through sharing events and/or the development of certificates, for example). This will further enhance the confidence of volunteers to support activities.

7. The twelve-week structure developed in Year Two, to guide the project team's engagement with care homes should continue.
 - The inception, induction and debriefing components should be seen as critical parts of the programme. Development of the reflective practice of care home staff is critical to the success of the project.
 - At the inception meeting, issues around staffing levels and shift patterns should be discussed.
 - Project stakeholders should discuss the number of residents which they would ideally like to engage in the sessions and care homes should be asked to refer participants to the sessions (albeit with a degree of flexibility).
 - Sessions should also be structured with clearly delimited 'training' and 'delivery' components.
 - Where possible, promotional materials about the project should be produced and displayed around care homes, to raise awareness of the project to all staff and visitors.
 - Signs could be produced, which are then displayed when sessions are taking place. This may help to increase the sense of occasion when the sessions are taking place.
 - With the support of care home managers, the final session in each care home could also be framed as a celebration event. This would help to showcase the achievements of the project to care home managers, enhance the reflective practice skills of staff and provide the homes with an opportunity to recognise the contribution of the volunteers to the home.
8. Consideration should be given to the sustainability of volunteer support for the care homes sessions and the resource implications of future models. Specific issues for consideration include:
 - The recruitment of volunteers to the music workstream due to the difficulty of developing the musicianship skills of volunteers with different levels of ukulele playing ability.
 - The future engagement of Grand Gestures in the delivery of care home sessions.
 - Where future recruitment does take place, the focus of the project should be made explicit to volunteers.
 - The recruitment of family members to the programme should also be explored further in Year Three, although it is recognised that levels of support vary greatly across care homes. The project could be promoted to family members in advance of the twelve-week programme commencing through letters, leaflets or posters. The promotional resources could highlight some of the positive feedback received from the project. The recruitment of family members would support the sustainability of the project and will prevent the volunteers becoming overwhelmed by the demands of the project.
9. Consideration should be given to providing the artists with additional resources to develop training materials (such as hand-outs and CDs) for participating care staff, as well as the broader budgetary allocation given artists for their creative and practical input to the project. Alternatively, agreement should be reached between core project stakeholders about how existing allocations can be maximised to best meet project requirements.