

UK Residency: Project Report



“We live in a world that is still too often reluctant to acknowledge these needs. Even today, it is all too easy, and all too acceptable, to disregard, ignore and side-line those who can’t communicate well or lack the power to get themselves heard. We are conditioned to see older age as having no value of its own, bringing only loss and decline, vulnerability and unwanted ‘dependence’”¹ (Julia Unwin, 2013).

The European Commission support for this publication does not constitute an endorsement of the contents which only reflects the views of its authors and the commission cannot be held responsible for any use which may be made of the information contained therein.

¹ Blood, Imogen. 2013. A Better Life: Valuing our Later Years. Joseph Rowntree Foundation



Introduction & Acknowledgements

This report examines the learning and actions, which emerged from the first Residency, project which took place in Staffordshire, 14 October-5 December, 2015.

The report focuses on 4 key areas:

The Methodology

The story of the Residency

Evaluation of the Residency

Sustainability Action Plan

The report scrutinizes the research model and methodologies employed by the UK Residency team. The findings from the first residency in the Residency project were also used to inform the residencies in Spain and Poland about best practice within this area of work and research.

The Residency project is supported by the EU, and we thank our funders for their support and commitment to the Residency project.

We would like to thank all of the participants and the project team for taking part in the UK Residency project but also for contributing to the research. In particular, we would like to thank the staff at Choices Housing/ The Cambrian Care Hotel and St. Quentin's Residential and Nursing Home for their support and engagement in the project. Thanks are also given to Rebecca Owen our community practitioner and Kate Gant from Creative Health CIC for their guidance throughout the project. Glen Stoker from Airspace and Anna Francis and the Photography Department at Staffordshire University, we thank for their technical support and encouragement in developing materials for the project. We also thank LASS (Longton Ladies Self Support Group), the West Midlands Participatory Arts Forum, Stoke on Trent Cultural Development Team, B- Arts, Staffordshire Arts Team and the Live Age Festival for their participation and support during the project. Finally, a big thank you to artists Almudena Caso and Cathie Powell Davies for their energy, commitment and enthusiasm throughout the project.

Aims of this report

This report details the experiences and findings, which emerged during the UK residency. It examines both the effectiveness of the residency in achieving civic engagement outcomes, but it also examines the key learning which has emerged about using the Residency model as a training tool in the context of creative civic engagement initiatives.

It draws upon the feedback given from everyone involved in the project including the viewpoint of participants, creative facilitator, academics and management. It aims to provide evidence of the impact of the project and also offers case study examples depicting how the process was implemented and the impact it had on participants.

It tells the story of the Residency, and includes details about what took place during the residency and an analysis on the impact the residency has had on long term planning within the care sector in North Staffordshire.

Context

The concept of the Residency project is about using action research to explore the impact of using an artist residency model in the context of delivering creative work, which influences issues associated with civic engagement.

Background to project

The project evolved from the Localise project² involving a partnership between Staffordshire University, The University of Warsaw and Vilnius University, Lithuania. The desire to explore the potential of artist residencies in this context stemmed from an idea during this programme that new and innovative approaches to developing training and support for practitioners working in these settings was required.

Residency emerged as a research programme exploring the training needs of people wanting to use creativity in the context of civic engagement work. During each residency two lines of enquiry were established- the evaluation of the project in regards to the experiences associated with achieving civic engagement outcomes and secondly, a review of the learning which has taken place in the context of this work. These findings will be analysed in this report, but further resources and materials have been developed and incorporated into a toolkit and publication for people wanting to develop similar work

The Context for the UK Residency: Arts and Older people

Our initial review of potential Staffordshire organisations willing to host a residency concerned with civic engagement identified that work involving older people in the region was expanding rapidly, however it was limited in its scope and reach. Creative work targeted at older people included activity sessions, specialist older people initiatives hosted by arts venues or led by creative practitioners, lifelong learning opportunities as well as person led activities focused upon hobbies, interests and professional skills. These activities are influenced by cultural policy as well as health, social inclusion and regeneration agendas. This work has evolved over a long period of time and each sector advocates ideas for good practice.

² <http://blogs.staffs.ac.uk/ccu/files/2013/02/full-publication1.pdf>

The unregulated way in which provision has emerged for older people, whilst at the same time the life experiences and profile of older people has changed radically has resulted in a body of work which is diverse and uncoordinated. In the review of current activity for older people, we identified some gaps in how creativity was being used and with whom it was being targeted at. It was evident that the majority of these activities are targeted at older people who are still independent and active. We explored the effectiveness of such activities and revealed that there were some factors which prevented some older people from accessing some of these opportunities. These included issues around transportation and requiring a carer to participate. We recognised that older people in residential care settings rarely attended some of these cultural opportunities, often because of the location but also due to physical and mental health issues which sometimes made it more challenging to participate.

Work around civic engagement and older people does take place in the region, notably through the good work of EngAGE, and older people's forums in the region. However, the relationship between care providers and forums such as this has been limited due to time, recourse and staff capacity. In recent years, the Care Quality Commission has begun to assess the relationship between residential care settings and the local community. In 2014, a new standard was introduced, by which care homes are monitored. This promoted a requirement for care settings to actively engage with the local community, thus setting the scene for residential homes and communities to begin to find ways to work with each other.

Community and participatory arts are well represented in the region. Stoke on Trent benefits from being part of the Arts Council of England's Creative People and Places Programme (Appetite), is part of ArtCity and is home to a number of established organisations (B- Arts, The Cultural Sisters, letting in the Light) as well be home to a large population of community arts practitioners.

Staffordshire University also has a long standing commitment to supporting community and participatory arts. In addition, the Creative Communities Unit has been offering courses, consultancy and practical support for people working within communities who are trying to implement civic engagement.

Methodology

Residency was designed and investigated using action research and methods associated with participatory appraisal. Staffordshire University has designed a model called, Get Talking which creates an infrastructure to help work in this way.

The aims for the residency were identified through engagement with community groups and in mapping current provision and triangulating this information with the views of community members and staff from Staffordshire University.

This process identifies participants as co creators and researchers of any work impacting them. This presented some challenges to the UK Residency, as there were some challenges in involving people who had complex health needs and could be receiving palliative care. Taking this into consideration, the action research activities were structured to enable their participation, however we also explored ways in which staff, families and friends could contribute on their behalf. We modelled this approach on how the participant's views were currently upheld within the care system and using care staff as representatives was an approach which participants were comfortable with and staff were trained to be their advocates.

The findings which emerged from the evaluation and reflection activities were reviewed in weekly planning sessions and at the residency steering group. The residency steering group met at three stages during the project and comprised of the care home managers, the community practitioner, the artist and the trainee and the UK Researcher. The role of the group was to provide overall project management and guidance to the project.

In addition, the artist network meetings were open events for artists and practitioners in the region to engage in discussions about the emerging findings. Participants were encouraged to discuss key issues associated with the project as well as identify any additional topics, which they wished to discuss. To maximise participation, we hosted the meetings in collaboration with organisations representing community and participatory artists in the region. This enabled us to host the network meetings as part of a wider programme of events and increase artist involvement in discussions.

We also established personal reflection tasks from the artist, the trainee artist, the researcher, and the community practitioner. The project trialled the Be Reflective reflection model³ which was devised with artists by the West Midlands Arts, Health and Wellbeing network. This new model was designed to help artists working in this sector consider issues associated with quality.

We have tried to maintain people's confidentiality within this report and whenever possible findings have been anonymised. The report has been constructed in partnership with the people who engaged in the different strands of evaluation activity. Each strand has a slightly different focus, for example the artist reflection process was designed to focus on training and support required to deliver this work, whereas participant's comments and feedback was predominantly focused on their experiences of the project and how it contributed towards civic engagement objectives.

³ <http://www.westmidlandsartshealthandwellbeing.org.uk/be-reflective.html>

The Action Learning Set and Steering group: The story of the residency & learning outcomes

The context

Stoke on Trent is a region which is regularly associated with issues aligned to places considered to have low levels of civic engagement. The rapid decline of the Potteries industry and the lack of coordinated regeneration in the region means North Staffordshire normally features high on indices of deprivation and inequality.

However, by viewing it from another perspective the region can be seen more positively in terms of it being seen as a place where due to Potteries, the general population is somewhat supportive of the creative industries. In addition, it is home to a number of initiatives designed to develop civic engagement in the region such as the Get Talking and 1000 Lives networks.

Low participation in the arts has led to investment from Stoke on Trent Councils, Arts Council England and Esmeé Fairburn to develop 3 major participatory arts projects in the region- Appetite a community led arts 3 year olds programme, Art City – exploring ways of adapting abandoned industrial space to create more artist workspace and Factor- support for creative starts ups.

The first stage in our Residency was to invite expressions of interest from community groups who were interested in getting involved in developing civic engagement work. The diverse range of work being undertaken in North Staffordshire posed some challenges, as there was a lack of coordination amongst the range of civic engagement work going on, and there was clearly already a range of incentives to try and tackle this issue.

Initial mapping activities

The first stage in this process was to undertake some mapping activities. The purpose of this was to scope out existing civic engagement activities and identifying what civic engagement work was already taking place and whether any of that work had identified areas of need, which were not currently being identified.

The people involved in this process included:
Colleagues at Staffordshire University
Get Talking Network

Local Council officers
Student volunteers
Students Union
100 Lives Community
Appetite Consortium

The Residency researcher communicated with each of these groups and people and worked with them to find out more about

1. The civic engagement work, which they are currently involved in
2. The challenges in delivering civic engagement work in the region
3. Any contacts, which they felt, might want to benefit from an artist residency
4. Their interest in becoming part of the Residency project (as a critical friend, an action learning set member, an artist network participant or a steering group member)

This process was led by the Residency Research and the information was tabled which was shared with each interviewee, as a way to link up the conversations between the people the project involved. A summary of the key themes can be found in the tables below.

Current Civic Engagement Activities in North Staffordshire

Environmental- urban vision

Park friends group- the region is home to a number of independent park friend's groups which were set up to preserve the status and develop facilities and usage in local parks. Locality teams were established within communities as part of this community development programme.

Health- Public health team has a long standing programme of public engagement work and every trust has a member's scheme to engage people in decision making processes. This is particularly poignant in light of the issues at Stafford Hospital, and as such there are a number of independent scrutiny and campaigning groups specifically concerned with care. These include groups such as:

North Staffs User group campaigns for better health services in North Staffordshire.

Patient Congress led by the local Clinical Commissioning Group.

North Staffs Carers Association campaigns for the rights of carers in the region.

LGBT groups, including specific focused groups such as older and younger people.

Local authority- range of initiatives including national Taking Part programme to engage

more people to engage with and work in local politics.
Children and Young people's services under review and have adopted a participatory programme of activity to engage people in decision-making.

Interest groups- There are a range of groups affiliated to organisations representing specific groups in the region. These include
The YMCA- representing young people
Brighter Futures- which works with people living with mental health issues.
North Staffordshire Pensioners Association
Age UK
ARCH- working with people who are impacted by domestic violence
Engage- championing the engagement of older people in decision making in the region.

Challenges to Civic Engagement in North Staffordshire

Transport- and the difficulty moving between areas
Reliance on support staff being present to help support activities
Language – there is a large Pakistani population, but this could always change.
Participants reported that occasional it felt like an Overload of civic engagement activities so - it can be difficult to choose
Low levels of literacy
Sustainability and opportunities to develop citizen led projects
Poor relationship / trust between local council and citizens
Often 'campaign focused' and there are limited opportunities to gain the skills and experience needed to effectively engage with decision making processes.
Lack of independent initiatives- most approaches are developed by institutions (possibly with vested interest other than civic engagement).

Older People and Civic Life

Once these interviews had taken place, then a small group involving community workers and the Residency Manager and Researcher met to engage in some mapping activities to consider whether there were any priority areas to approach regarding the possibility of hosting a Residency project as part of their civic engagement work. This meeting was the start of the Action Learning Set (ALS) – which was a group which we hosted throughout our residency and which was designed to explore key issues and learning, which emerged as the Residency

process progressed. Once the project began the ALS became an extension of the steering group meeting involving staff from the care settings, the researcher, the artist, trainee and community practitioner and it met 4 times during the course of the project.

The decision to focus on working with older people arose as a cross cutting issue impacting all of the groups and people. They consistently said that it was more difficult to engage with people living in care settings. We also became aware that older people in the region had suffered the most in terms of changes to employment, housing, poor transport links and often had caring responsibilities and additional needs. We did identify a range of amazing initiatives to support older people, but close analysis revealed that the majority of these initiatives were targeted at older people who were able to be independent and none were focused at older people with significant care needs.

We worked with people and organisations with whom we initially consulted with to appeal for anyone working with older people with significant care needs to submit an expression of interest in developing a Residency.

The challenges facing people in the care sector were brought to our attention following a meeting with Creative Health CIC. They had undertaken some scoping work in the region regarding wellbeing initiatives taking place in health and social care settings. Through this work they identified that there was concern and new standards within the care sector to engage more closely with the local communities within which they were based. They had come across no evidence to suggest that civic engagement needs of older people in these settings were being addressed,

despite the obvious commitment of care managers to try and involve their residents in community life. The care needs, the fragility of many of the people in the care sectors and working practices of care settings restricted how this could be delivered. They had built links with SCARP (Staffordshire Association of Care Providers) and they expressed an interest in finding ways for their members to develop the work.

The residency team initially met with SCARP to discuss the possibilities regarding whether a care home might want to host a Civic Engagement residency. Following this meeting an appeal was sent to all care providers registered with SCARP inviting

them to participate in the project. Two providers- St Quentin's Residential and Nursing Home and Choices Housing both expressed an interest and attended an initial meeting to explore the possibilities. Residencies normally occur in one setting over a prolonged period of time, so the Residency team had initial concerns about how a 2 centre Residency could operate. A key-learning outcome emerged during these discussions, in regards to the extent to which care settings are seen as people's homes. In community settings people normally have the choice to participate in activities- or not, we learned early on the working in a care environment is the equivalent of working in someone's home. Therefore, the idea that the artist worked across two sites is advantageous in this context, as the intensity of a 'full time artist' and the perceived idea that you have to participate in activity programmes, enabled the Residencies to minimise any disruption to the routine and respected privacy and dignity arrangements in each setting.

Appointment process for artist

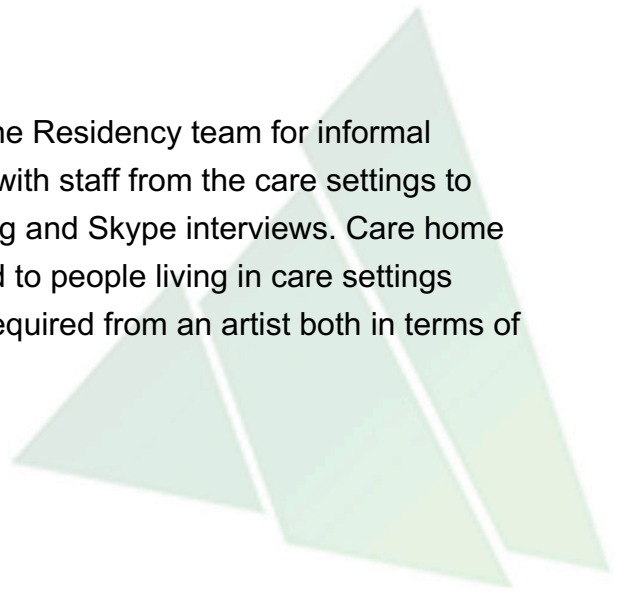
The steering group initially engaged in discussions about what the Residency should focus on and to reflect upon ways in which the participants would be involved in the design and evaluation of the Residency project. The care settings invited some care staff including nurses and support workers to participate in these discussions. They were encouraged to share their views and represent the views of the people living in the settings.

The issues which were first considered divided into two categories- firstly, there were issues impacting the day to lives of the people living in the care settings, secondly there were issues about the concept of care settings being community buildings and involved in the wider community. The issues about day-to-day life included supporting people to have choices over the treatment, the structure of their day, the management of the care setting and the ways in which they wanted to receive care. In terms of the community issues, these included issues in how the care settings were perceived by the wider community and the lack of acknowledgement or provision to enable people living in the settings to participate in community activities.

The group decided that the Residency project should focus on the community issues. This was partly because strategies were in place concerning how to ensure people living in care homes felt empowered in the context of their own lives, and many of the ways in which this was undertaken were already part of the key work of the care setting, and often required the worker to have professional skills and training in order to deliver this work. However, the group acknowledged that work with the community was limited and current activity was often limited to established links with schools (e.g. the annual choir concert) and the Library service. The staff representing the people living in the settings said they had spoken about their memories of the local community, and many were still curious and interested in what was happening locally- but had limited ability to get involved.

Once this area of focus had been agreed, the ALS worked together to produce an artist brief. This was then shared by staff with people living in the homes and their visitors, and anyone could contribute ways in which it could be improved. Once finalised it was then advertised within the UK and Spain. An advertisement and a

brief were produced, and artists could contact the Residency team for informal feedback. The Residency team worked closely with staff from the care settings to prepare everyone to participate in the shortlisting and Skype interviews. Care home staff helped select shortlisting criteria and talked to people living in care settings about their expectations in terms of what they required from an artist both in terms of professional and inter personal skills.



Evaluation of the Community Practitioner role

How the role was appointed

The community practitioner role was hosted by Creative Health CIC. Creative Health CIC leads the West Midlands Arts, Health and Wellbeing Network and are the regional representatives for the National Alliance for Arts and Health. Their involvement came at the request of Staffordshire Association of Registered Care Providers. In initial discussions they felt their care staff would not have the capacity or the experience to fulfil the role of a creative practitioner, however they welcomed the involvement of community practitioner in the project to help embed the project into the routines of both organisations.

SCARP had an existing relationship with Creative Health and prior to Residency they had been working together to develop work within care settings. Coincidentally, Staffordshire University had previously worked with Creative Health as a partner in the delivery of the artist professional development programme for arts and health. A brief for the community practitioner role was drawn up between the university and SCARP, and Creative Health were invited to tender for the work to appoint and host the community practitioner.

SCARP noted that the added value of this was firstly Creative Health had the experience of ensuring the community practitioner was appropriately trained for their setting, and secondly they had a commitment to developing the work beyond the Residency project.

Upon successfully tendering for the work, Creative Health appointed Rebecca Owen as the community practitioner. Rebecca had extensive experience in developing creative work in care settings and is an artist in her own right. She had recently completed the management for a large-scale arts and health project across care provision in Telford and had extensive experience in integrating creative work in care settings.

The role and the responsibilities:

The community practitioner was responsible for:

Liaising with care setting to ensure standards were met in terms of training, quality of delivery, and regulations were adhered to relating to working in care settings
Monitoring project progress and working with care homes to ensure processes and staff within the care settings were able to host the residency
Supporting the artists, staff and participants when required
Developing links within the wider community
Attending all planning meetings and contribute towards the overall management of the project.

In terms of her supervision, this was jointly managed by Staffordshire University, Creative Health and SCARP. She attended all steering group meetings and was offered individual supervision. We used ongoing evaluation activities to assess the role and undertook a review meeting at the end of the project.

Review of the effectiveness of the role

In the context of the review, we identified the following successes and challenges for the role:

Successes

Working closely with the care staff, the role was able to explore how to more effectively connect with organisations in the local community. Through the process of trying to make links with the community, Rebecca was able to use her experiences (good and bad) to encourage debate within the care teams about how and when they work with community groups.

Trouble shooting issues such as low participation, changed venue or timetable clashes.

Being an active member of the planning team and operating as a critical friend. This encouraged the care homes to think differently and helped prompt more rigorous discussion about issues such as the level of participation expected by participants.

Helping forge links with community groups and role model behaviours and techniques, which can be used when developing creative work with older people.

This includes being able to draw on previous experiences to inspire and explain possible ideas to both artists, participants and care staff.

Establishing community connections such as the Live Age Festival and LASS.

Challenges

Changing care staff and rotas made it difficult for the community practitioner to develop ongoing relationships with people working at a local level.

Deciding upon who had accountability for what in regards to ensuring the role fulfilled key objectives. The overall management of the role was with Creative health but obviously the university and SCARP had influence and ideas about how the role could be developed.

Being realistic about the amount of work generated. As the role was not based in a venue, the main functions of the role were determined by the activities of the project- and these did not always neatly break up into regular spurts of activity- instead it was more normal to have sporadic intense periods of activity- but obviously this is difficult to plan for.

Deciding how and what supervision the post required. As the post was so successful it was easy to simply let it function. However, upon reflection it was obvious that the post owner had the same professional and personal needs that all workers need, and it was important to consider how these could be met in the context of the role.

Owen

In conclusion the role was seen as success in terms of delivering the key activities it was responsible for. However, it also created an opportunity for Rebecca Owen to develop her professional practice. The intention of working with Creative Health was to develop sustainable work, and at the end of our Residency, Rebecca secured the post as Arts manager at University Hospitals North Staffordshire and has been able to continue to develop work within the care sector in the region.

Evaluation of the residency

An overview of the Residency

The partner's agreed that that the overall aim of the residency was to use creativity to engage the residents from the care setting more within the local community. This aim was formed on the basis that existing creative offers for older people were targeted at active older people who lived independently. More generally, care settings felt as though they were not considered as institutions within the community and the perception of care settings was not that of a community organisation.

The initial plan was to use a programme of participatory photography activities as a tool to firstly get to know participants, and then to help them engage with community activities, and possibly producing work and using photography as a means of connecting with the community as well as changing people's perceptions of care settings and the people who live in them.

The initial plan included a programme of activities, many of which used participatory photography activities. The initial part of the project was designed to use these activities to help participants become more familiar with each other and to generate conversation about community life. The photography from this phase of the project was then going to be used in the context of discussions with the participants about the sort of community project they wanted to be part of, and then in the final part of the project the artist and trainee artist planned to work with the participants to help facilitate this project, as well as engage with community groups and finally use some of the work as an exhibition in the community.

All partners were involved in devising the plan, but all partners were aware that the plan needed to be adaptable to suit the needs and interests of the participants, and it was very hard to predict who and how participants would respond to the project plan until very close to the start date. In order to be prepared for this over the course of the summer, there was a series of communications between the care staff and artists. Posters, information and examples of projects were distributed to potential participants and their families.

Once the project began however, then the project was restructured to suit the needs of the participants. As the project had to be scheduled into the timetable (this ensured the relevant carers were present to help enable people to participate), the timetable for the project changed very little. The workshops were delivered in St Quentin's for 3 days, and each day focused on a different section of the care home (this included residents in the nursing home, who often participated on a one to one basis). It was delivered at the Cambrian Care hotel once a week and this included a bespoke session with the art club participants, and in addition a week long intensive programme was planned at a midway point.

A total of 6 weeks workshops were delivered, and all sessions had participants. This is significant as illness and other demands have traditionally prevented people from participating in regular activities- particularly on a long-term basis and involving people from outside of the care home.

The major change in the workshops was in terms of the creative activities, which were undertaken. At a very early stage the artists adapted the initial participatory photography activities, as it was very clear that the initial participants were unable to engage in these activities. They worked closely with the care staff to make the adjustments, and initially began to incorporate more craft activities as ice breaking sessions. This was more akin to what was delivered in activity sessions and it proved successful in terms of gaining interest. It was more challenging to do this at the Cambrian with the art club as they already were engaged in a programme of work, so activities had to be designed to meet their expectations about what they did at art club.

During the workshops, the artists quickly learned about ways in which the participants were associated in the local community and were interested in how participants were especially concerned about the way in which the local community perceived them now that they were in care. The artists learned about their pride for the local community, the potteries, their professions, their relationships and their desire to ensure people outside of care settings better understood who they were. The emphasis of their discussions was very much focused around developing better friendships and relationships in the community than being part of formal decision making in the community- many participants had already said they had been active when they were younger and now the focus was on having fun!

In terms of making links with the community the participants were comfortable with the use of photography in order to challenge the perceptions, but they also wanted to use craft as a way of engaging in conversations. To this end, the artist proposed that she would work with the participants- and with community groups to help them create photography which documented the lives, interests and realities of the care settings and which could be shared with the wider community. Participants took their own photography but also asked the Artist to take images, and later in the project they began to collect audio. Once this process was established, similar workshops began to happen in the community notably with LASS- a mental health support group for older people living in the community and with groups associated with the Live Age festival.

The culmination of the workshops resulted in an exhibition incorporating the photography, audio, and text and was hosted by the UNI Cube Gallery at Staffordshire University in December 2014. This was open to the wider public and representatives attended the launch event from each of the partner countries, participants from the project and people from local community groups.

Critical review

The residency was evaluated based upon project objectives, which were aligned to the main aims of the project, as stated in the initial bid. These were the effectiveness of the project in terms of how the project was delivered and managed, the impact the project made on the participants, artists and care providers and finally the impact it had on civic engagement.

Effectiveness

At a midway point in the project, work at the Cambrian Hotel was reviewed due to a relatively low number of participants. The review discovered that this was mainly due to low occupation of rooms on the days when the sessions took part- and was not a reflection of the project. In addition, a key member of staff who was instrumental in establishing the project was off work for a long period of time during the project.

The artists experienced some challenges developing a programme of activities,

which was compatible for older people, and people with learning disabilities. The residency model put an emphasis on the time limited nature of the project and thus, the project team constantly reviewed how to make best use of artist time. Care staff and community groups reported they learned more about the effort, which is required to prepare for a workshop.

The residency required strategic effort to incorporate the creative activities into the daily programme of the care settings. Often there were clashes with other events. During the period of time when the Residency was taking place there were a number of celebrations, culminating in Christmas. This again meant other activities were taking place and the project had to reschedule sessions to allow for these activities to happen.

The evaluation activities frequently refer to the limited amount of time available to engage people. Artists observed that participants often only engaged in short bursts- but surprisingly could keep working like this for the entire day. Many staff remarked that they had not expected such an ongoing commitment and participation by many of the participants. Nevertheless, the artists reflected that it was challenging to intensively work with people who had limited mobility and contact with the outside world. Their health needs often prevented them from participating for long periods of time, and their health needs often meant there were inconsistencies in terms of who could participate in each session.

All of the project team expressed gratitude to participants for the way in which they were welcomed into their home. The artists reported that this helped them understand and respect that it was a home environment within which they were working. Some reflection from the artist and care staff questioned the relationship between civic engagement activities in a community setting and the same activities in a home setting. Therefore, the artists decided that trying to 'enforce' participatory activity had to be done carefully and with the full consent of those present.

One of the main aims at the start of the project was to use creative activities to engage with community groups. The initial plan for this was to work with local schools- as they occasionally performed for the care homes at Christmas. The community practitioner and UK project researcher were unsuccessfully in

Establishing relationships with schools. There was a level of interest but a lack of commitment and support from teaching staff towards a project which was not explicitly linked to curriculum objectives. Therefore, the attention shifted to working with groups for older people in the region. This was beneficial for two reasons, firstly due to the voluntary nature of these groups, they were able to be adaptable and flexible enough to fit into a residency model. Secondly, the community groups reported how they had not considered how they engaged with care homes- despite targeting older people in their own work.

Working in partnership with the trainee artist was a vital component in the projects success. It allowed the artists to split groups based upon abilities and preferences, and quite simply allowed time and space for an artist to continue with a conversation whilst the other artist facilitated the session.

The engagement of health care staff was a resounding success. Responsibility was given to a senior staff member to undertake an induction with the artists, and this induction programme created an ideal, non-threatening space for the staff to engage with the artists.

Breadth of workshop which were delivered was much higher than expected. Demand for workshops stayed high.

Impact

20 participants agreed to sharing their stories and images. Initially the project was planned on the basis that this work would be shown internally within the homes and to a selected community audience. The agreement (and suggestion) by the participants to show the work in the *Unicube* was a positive outcome.

The residency was very much dependent and appreciative of the support offered by care staff, particularly the activity coordinators. A close relationship emerged between the creative team and staff and the feedback reports this was mutually beneficial. Not only did it help practically but both parties fed back that it helped them value the impact of their work and feel more motivated to continue- even when sessions were less successful. Care staff reported that it inspired them to do new

things, and importantly for Residency the process made them more aware of the local arts scene and learn more about how the care homes could connect to it.

This led to care settings becoming more motivated to use the arts as an engagement tool to help them re engage with the local community. They worked closely with eth community practitioner to identify future groups and organisations whom they could work with in the future.

The feedback from the exhibition was extremely positive- both from those involved in the project and by the general public. It led to a number of local arts organisations and voluntary groups reporting that it made them reassess how they work with care homes and the exhibition has now been shown in 2 more community settings. There has been an on-going interest in where and how the exhibition is going to be used.

Participants reported that the residency activities made them feel connected to their old lives and communities. Care staff reported that they had not heard participants reflect upon on a lot of the issues discusses, and did not previously know about their involvement in the community prior to living in the care settings.

Feedback from participants and care staff indicated that participants engaged in these activities for much longer periods of time that other activities. In particular, participants reported that they liked the opportunities it gave them to talk and staff observed that the workshops generated different discussions about more boarder topics than day to day life, as well as encouraged different people to talk to each other.

Civic engagement

Participants reported that the simple act of asking them about the local community and having the opportunity to talk to an artist from overseas made them feel more involved in the local community. Care staff reported how they had not always considered how they were not engaged with community matters, and the Residency made them more aware of raising the profile of the care setting.

Through trying to get older people to participate, the residency revealed some of the

practical barriers to participation. For example, it enabled care homes to think about the mobility of participants, and the possibilities of taking residents into the local community. This was challenging due to needing bespoke transport and ensuring you have the staff capacity in order to fulfil health and safety requirements for issues such as moving and handling. Care staff reported that recent legislation about how they can move residents potentially jeopardised the future of external visits, however the Residency project forced them to tackle some of these issues head on.

The residency forged partnerships formed with external groups including LASS and local arts organisations. The lack of success with schools, helped demonstrate to the care setting how there were other organisations with whom they could work with. The residency project was able to offer signposting and suggestions for whom the care settings might work with in the future and offer a model of working which could be replicated by care homes to create new partnerships.

Community members and staff reported that the use of story telling- both in the text and the pictures helped participants depict their stories and experiences of community life. The residency enabled staff to learn new things about the participants. The participants and the care staff all remarked how the use of external artists was essential to the success of the project. Their presence promoted people to engage in discussions about civic engagement, which they would not normally be aware of.

Sustainability action plan

Develop the skills of Staff to led creative activities

To develop ideas and concepts of civic engagement in a care setting

Skills identified	Key audience	Skill development activities
Embed creative activities into a the programme of the home	Care staff	Intensive work and support for activity coordinators Care staff notified and attend local arts and health events
Develop the skills of staff	Care staff SARCP representatives	Artist shadowing opportunities Activity sheets distributed to Staffordshire University
To develop skills to secure partnership working with local groups	Care Home manager Development Director Activity Coordinator	Participate in study visits Work with project partners to develop partnerships
To sustain work and relationships between the community groups and the care sector	Care Home Manager Older people	Attendance at community events such as Live Age Events
To disseminate this way of working to the wider care sector	SARCP	Presentation to SARCP members
To work with families and carers, and use the arts as a method to engage a wider audience of people associated with care settings	Participants and families and friends	Publicise the project in care home documentation and publicity
To find ways to fully appreciate the skills, community connections and resources participants may be bringing to the care settings.	Participants, families and friends	Develop the use of memory books in care setting to include references to the community.

Review vocational training which emerged during Residency- activities which took place/ ideas for other VET activities

There were two consistent themes relating to VET which emerged from our artist network meetings and Residency experiences. The first is that artists said they would like to be accredited for the skills which they had to acquire and utilise to deliver civic engagement work effectively, and secondly care settings said they valued training for care staff to help them use the arts to generate better communication and conversation between residents.

During the residency, small-scale interventions were established to help disseminate vocational skills. The artists provided briefs about the activities and reviewed them with staff, and care staff said this process alone made them more aware of how to use the arts for group work. Secondly, the artists and activity coordinators participated in skills sharing activities, whereby care staff shared their creative talents outside of the workshop format. This proved successful, as it was an informal space, which helped remove barriers between artists and care staff, and it was used to encourage care staff to develop their own workshops. Another approach was for the artist and care staff to undertake joint research trips to arts events in the local region. This helped them work together when devising the project.

After the residency was completed, the project team continued to meet to explore opportunities for VET. Additional funding was secured by the trainee artist to deliver a programme of workshops designed to support care staff in residential settings to lead on workshops. In addition, Staffordshire University has validated a module which would allow artists training in the arts and civic engagement.