



Ruthless Research

Final report for Luminare:
**Mapping of creative activities in Scottish
care settings 2018**

November 2018

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About Ruthless Research

Ruthless Research is an Edinburgh-based independent research consultancy, through which Ruth Stevenson provides a range of qualitative and quantitative research solutions to organisations who work for the benefit of the community.

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Executive Summary

Background and methodology

Luminate wanted to better understand what creative opportunities are currently happening in care settings across Scotland, to enable them to make evidence-based decisions and to guide their future work. Ruthless Research was commissioned to undertake this exercise, which comprised:

- A survey of current creative programming and practice completed by 97 Scottish care settings;
- Setting-specific data transferred into a database for pattern/gap analysis and future use;
- 10 semi-structured telephone depth interviews with artists and care setting staff to explore issues emerging from analysis of the database.

Understanding current creative provision in Scotland's care settings

Almost all (97%) of the care settings offered creative activities in some form, most often paid for by the core budget of the care service provider (38%) or through fundraising (37%).

Who leads creative provision?:

- Many of the care settings had several people leading creative activities.
- 73% of care settings offered creative activities led by care service staff.
- 42% of the care settings offered creative activities led by amateur or volunteer artists, 26% offered creative activities led by professional artists, and 20% offered creative activities led by registered arts therapists.

Provision of participative creative activities, where the older people join in to create something:

- Almost all (97%) of the care settings offered participative creative activities.
- These were typically offered either daily (52%) or weekly (42%).
- 92% of the care settings offered participative creative activities within the care setting, and 45% offered participative creative activities outside the care setting.
- The activities offered most were craft (90%), music (86%), painting, drawing or sculpture (78%) and shared reading activities (65%) – with an average of 4.8 artforms/different kinds of activity per participating setting.

Provision of audience-based creative activities, where the older people view something created by someone else:

- Almost all (91%) of the care settings offered audience-based creative activities.
- These were most often offered monthly (40%), with 29% offering such events more often than monthly, and 23% less often than monthly.
- 74% of the care settings offered audience-based creative activities within the care setting, and 66% offered audience-based creative activities outside the care setting.
- The activities offered most were musical concerts (66%), theatre performances (49%) and museum or gallery visits (48%) – with an average of 2.5 artforms/different kinds of activity per participating setting.

Geographic patterns in provision:

- Day centres offering creative activities were most often in the central belt and cities, whereas the care homes offering creative activities were distributed more widely.
- The care settings that did not offer any creative activity were in the Glasgow area.
- Professional artists and arts therapists were most often used around the cities, whereas amateur artists were often used both in cities and more rural areas.
- There was no clear geographic pattern in the type or genre of activity offered.

Key findings from depth interviews with care staff and artists

Understanding where creativity sits within care settings

Most care settings felt strongly that what they did day-to-day should be meaningful and fulfilling for the older people.

In practice, care settings generally employed members of staff to co-ordinate a daily programme of activities which was planned in advance and evaluated in conjunction with participating older people. A huge variety of activities were typically offered, including creative sessions of all kinds.

Most had core budgets to pay for this programme, although money always limited what could be provided and staff generally took an opportunistic approach by taking advantage of arising offers and opportunities.

Artists working in care settings found the job to be enjoyable and rewarding, although they found it difficult to source opportunities and their work was not always well paid or reliable.

Benefits of engagement with creative practice in care settings were thought to include:

- Enjoyment
- Improved wellbeing
- Opportunity to socialise
- Keeping the mind active
- Something to do
- Something to talk about
- An outlet for creative expression
- Opportunity to learn or use skills
- Sense of achievement
- Facilitates reminiscence
- Helpful for people with dementia
- Breaking down barriers between carers and clients
- Artists enjoy it

Barriers to creative practice in care settings were thought to include:

- Cost of providing creative activities
- Lack of training
- Lack of staffing
- Limited funding, specifically for materials and professional fees
- Lack of support for creative activities from care staff and relatives
- Engaging people with dementia
- Varied health and wellbeing needs
- Perceived ability of older people and managing low expectations
- Ability to maintain a consistent programme
- Challenges with transport
- A need to work flexibly
- A need for new ideas

Developing a model for understanding creativity in care settings

The following model has been proposed as one way to enable Luminate, care settings and other stakeholders to categorise the different types of creative sessions provided.

Category number	Category name	Description	Potential roles for Luminate
1	Creative arts led by non-arts specialists	Creative sessions led by non-arts specialists such as care setting staff or volunteers without an arts background.	Give care settings ideas for easy and impactful creative activities, to make the most of time and resources. CPD for care service staff.
2	Creative arts using resource support	Creative sessions led by non-arts specialists, but based around creative resources designed by arts specialists.	Make care settings aware of the range of available creative resources. CPD for care service staff.
3	Creative arts led by arts specialists	Creative sessions led by arts specialists or volunteers with a professional arts background.	Make links between care settings and professional artists and volunteers with a professional arts background. CPD for artists.
4	Therapeutic intervention	Creative sessions led by trained specialists in the type of therapeutic interventions required by the client group.	Sharing information on artist-led health initiatives.

Conclusions and next steps

A huge amount of creativity is happening in care settings across Scotland, and it is almost universally acknowledged that this is positive and beneficial.

However, most care settings have limited resources and this can reduce their capacity to include creativity within their programmes. The stakeholders also observed that attitudes differ across individuals and settings. At this time we do not necessarily share a universal language of creativity, and expectations of what can be achieved vary considerably. There is certainly a role for Luminate to play in enabling creativity to flourish in care settings.

Whilst access to finance is certainly a blockage and a wide-spread issue, Luminate is not in the position to act as a Funder. However, Luminate is strongly committed to knowledge exchange, to advocacy, to providing support, and to making connections. It is hoped that Luminate can work in collaboration with artists and care settings to enable older people to benefit from creative opportunities that are both practical and ambitious.

The next step for Luminate will be to consider how they wish to prioritise their resources around enhancing the quantity of provision, the quality of provision, advocacy, training and making connections.

Section 1: Background and context

Launched in 2012, Luminate is Scotland's creative ageing organisation celebrating our creative lives as we age. Luminate has run nationwide creative ageing festivals each October since 2012, with programmes featuring new work, collaborations and international projects specially planned and programmed for the festival, as well as independently-run projects led by a wide range of cultural and community organisations.

2018 sees the introduction of a new approach for Luminate, with a growing year-round programme developing creative activities with, by and for older people. As part of the development phase for this work, Luminate would like to better understand the development needs around this work, and to explore what Luminate's role could be in addressing these needs.

Across Scotland there are a number of innovative projects taking place in care settings, aimed at promoting the arts and creative engagement to enhance the quality of life and health of people as they get older. Luminate believes that older people should be able to access high quality arts and creative activities whatever their abilities, circumstances and wherever they live.

In 2016, Luminate partnered with the Care Inspectorate (who regulate and inspect care settings in Scotland, including care settings for older people) to promote the importance of creativity by developing the '[Arts in Care](#)' resource pack aimed at supporting care staff and professional artists working in care settings.

In 2018 Luminate would like to take the opportunity to better understand the range of creative activities that are currently happening in care settings across Scotland, via a rigorous mapping exercise designed to:

- Gather a comprehensive picture of creative activities in care settings across Scotland;
- Identify patterns and gaps in provision;
- Understand the challenges and practicalities surrounding creative provision in care settings;
- Provide a narrative report identifying key findings and next steps.

Having access to this baseline of information will enable Luminate to make evidence-based decisions and to guide their future work with care settings, the Care Inspectorate and practitioners providing creative sessions for older adults.

It is hoped that Luminate will then be well placed to support others who are working in this field, through sharing this report and following up on arising issues.

Section 2: Methodology

Ruth Stevenson of Ruthless Research was commissioned to undertake this research project. The project comprised a mapping exercise, followed by depth interviews.

Mapping exercise

A short web survey was prepared by Ruthless Research and distributed via Luminare's contacts and social media in April 2018. Respondents were asked to tell us about their care setting and the creative activities (if any) that take place there. If they worked for or with multiple settings they were asked to fill in a separate form for each, to ensure that a geographic picture of provision could be achieved. A prize draw to win a £50 Amazon voucher was offered as an incentive to participate. Survey responses were cleaned and de-duped, and any missing contact information was sourced via the web. The data was then transferred into a database. In total, 97 entries were made into the database. The database contains the results of a focused search, but it is incomplete. According to the [Care Home Census for Adults in Scotland 2016](#) there are 1,175 care homes in Scotland. This means that we have achieved a response from around 5% of care homes which is a reasonable sample on which to base decisions.

Depth interviews

During May 2018, Ruth also conducted 10 semi-structured telephone depth interviews with artists and care setting staff to explore emerging issues in more detail:

- Five members of care setting staff were interviewed. They were geographically dispersed and included representatives of care homes and day centres, which had different types of ownership and varied in capacity from 30 to 60 individuals.
- Five artists working in care settings were interviewed. The artists were geographically dispersed and worked with different creative genres (dance, drama, poetry, printmaking and visual arts).

The average duration of the interviews was 24 minutes.

Analysis and reporting

The analysis of the database, and other survey responses, and data from the depth interviews was conducted by Ruthless Research and the findings are provided in the following report.

Section 3: Key findings from the mapping exercise

This section of the report describes the patterns in data emerging from the mapping database.

About the care settings

The following section describes the care settings held within the database.

Type of organisation

In the survey, we asked respondents what type of care setting they were going to tell us about.

Base: All (97)	Number	%
A care home	62	64
A day centre	27	28
Other support service	7	7
Arts provider	4	4

The majority of care settings were care homes (64%) or day centres (28%). Three of the providers offered both day care and residential care.

7% of the entries were other support services (such as group activities for older people) and 4% were arts organisations offering activities for older people.

We also asked who owned the care setting in question.

Base: All (97)	Number	%
A charity or voluntary sector organisation	33	34
A company	28	29
A Local Authority	20	21
A private individual	17	18

There was some variation in ownership. Around a third (34%) of the care settings were owned by a charity or voluntary sector organisation, followed by 28% being owned by a company. Just over one in five (21%) were owned by a Local Authority and just under one in five (18%) were owned by a private individual.

Additionally, we also asked who was answering the survey.

Base: All (97)	Number	%
Member of staff	84	87
Artist	13	13
Volunteer	2	2
Friend or family member of older person	2	2

The survey was most often completed by members of care setting staff (87%) or artists (13%).

Overview of creative provision in care settings

The following section provides a broad overview of the creative provision available in the care settings held within the database.

For this section onwards we have analysed the 93 individual care settings, excluding the four arts providers.

Creative provision available in care settings

We asked whether the care settings offered any creative activities.

Base: All care settings (93)	Number	%
Yes	90	97
No	3	3

Almost all (97%) of the care settings offered creative activities in some form.

We asked who leads the creative activities.

Base: All care settings (93)	Number	%
Care service staff	68	73
<i>*Activities (or arts or lifestyle) Co-ordinator</i>	14	15
Amateur or volunteer artists	39	42
Professional artists	24	26
Registered arts therapists	19	20

(Written in as free text rather than asked overtly, so does not necessarily represent the full range of Activities Co-ordinators in this position)*

Many of the care settings had several people leading creative activities.

Almost three quarters (73%) of care settings offered creative activities led by care service staff. Helpfully, a sizable sub-set of this group 'wrote in' that their creative activities were led by an Activities Co-ordinator (or similar), which may or may not be a member of staff.

Around four in ten (42%) of the care settings offered creative activities led by amateur or volunteer artists, around a quarter (26%) offered creative activities led by professional artists, and one in five (20%) offered creative activities led by registered arts therapists.

We asked who pays for the creative activities.

Base: All care settings (93)	Number	%
Care provider pays from core budget	35	38
We fundraise to pay for these activities	34	37
Individual participants	4	4
The activities are led by volunteers so no cost is involved	1	1
Visiting/host group or organisation covers the cost of the professionals who lead the work	1	1
Various different ways	15	16
Not specified	3	3

The creative activities were most often paid for by the core budget of the care service provider (38%) or through fundraising (37%). 16% have a variety of ways of funding these activities.

Type of creative provision offered by care settings

The following section provides a more detailed breakdown of the creative provision available in the care settings held within the database.

Participative activities offered by care settings

We asked the care settings where participative creative activities were offered. These are activities where the older people join in to create something

Base: All care settings (93)	Number	%
Within the care setting	86	92
Outside the care setting	42	45
Not offered	3	3

Almost all (97%) of the care settings offered participative creative activities, indicating that all of the care settings that offered any creative activities offered participative creative activities.

92% of the care settings offered participative creative activities within the care setting, and 45% offered participative creative activities outside the care setting.

The care settings were asked to indicate what type of participative creative activities were offered.

Base: All care settings (93)	Number	%
Craft activities	84	90
Music	80	86
Painting, drawing or sculpture	73	78
Shared reading activities (poetry or books)	60	65
Dance	45	48
Drama	41	44
Creative writing or storytelling	31	33
Photography, filming or other digital artforms	15	16
None offered	3	3

The care settings offered a variety of participative activities with an average of 4.8 artforms/different kinds of activity per participating setting. The activities offered most were craft (90%), music (86%), painting, drawing or sculpture (78%) and shared reading activities (65%).

25 of the care settings listed other participative activities that they offered, all in addition to at least one as listed above. Other creative activities mentioned included printmaking, puppetry, film club, knitting and floral art. However, most of these mentions were not creative under the definition applied by Luminare (e.g. exercise, pet therapy, DIY, faith-based activities, tea parties).

The care settings were asked how often they offered participative activities.

Base: All care settings (93)	Number	%
Daily	48	52
Weekly	39	42
Monthly	3	3
Yearly	0	0
None offered	3	3

The care settings typically offered participative creative activities either daily (52%) or weekly (42%).

Audience activities offered by care settings

We asked the care settings where audience-based creative activities were offered. These are activities where the older people view something created by someone else:

Base: All care settings (93)	Number	%
Within the care setting	69	74
Outside the care setting	61	66
Not offered	8	9

Almost all (91%) of the care settings offered audience-based creative activities.

Only a small number (5) of care settings that offered any creative activities did not offer audience-based creative activities.

74% of the care settings offered audience-based creative activities within the care setting, and 66% offered audience-based creative activities outside the care setting.

The care settings were asked what type of audience-based creative activities were offered.

Base: All care settings (93)	Number	%
Musical concerts	61	66
Theatre performances	46	49
Museum or gallery visits	45	48
Film screenings	35	38
Dance performances	23	25
None offered	8	9

The care settings offered a variety of audience-based activities with an average of 2.5 artforms/different kinds of activity per participating setting. The activities offered most were musical concerts (66%), theatre performances (49%) and museum or gallery visits (48%).

Other creative activities mentioned included history talks, library events and cabaret. Five care settings mentioned attending shows put on by local schools.

The care settings were asked how often they offered audience-based activities.

Base: All care settings (93)	Number	%
Daily	5	5
Weekly	22	24
Monthly	37	40
Yearly	21	23
None offered	8	9

The care settings most often offered audience-based creative activities monthly (40%), with 29% offering such events more often than monthly, and 23% less often than monthly.

Attending external creative activities

We asked what type of creative activities were attended outside the care setting.

Base: All care settings (93)	Number	%
Activates specifically designed for older people	43	46
Activities open to any audience members.	49	53

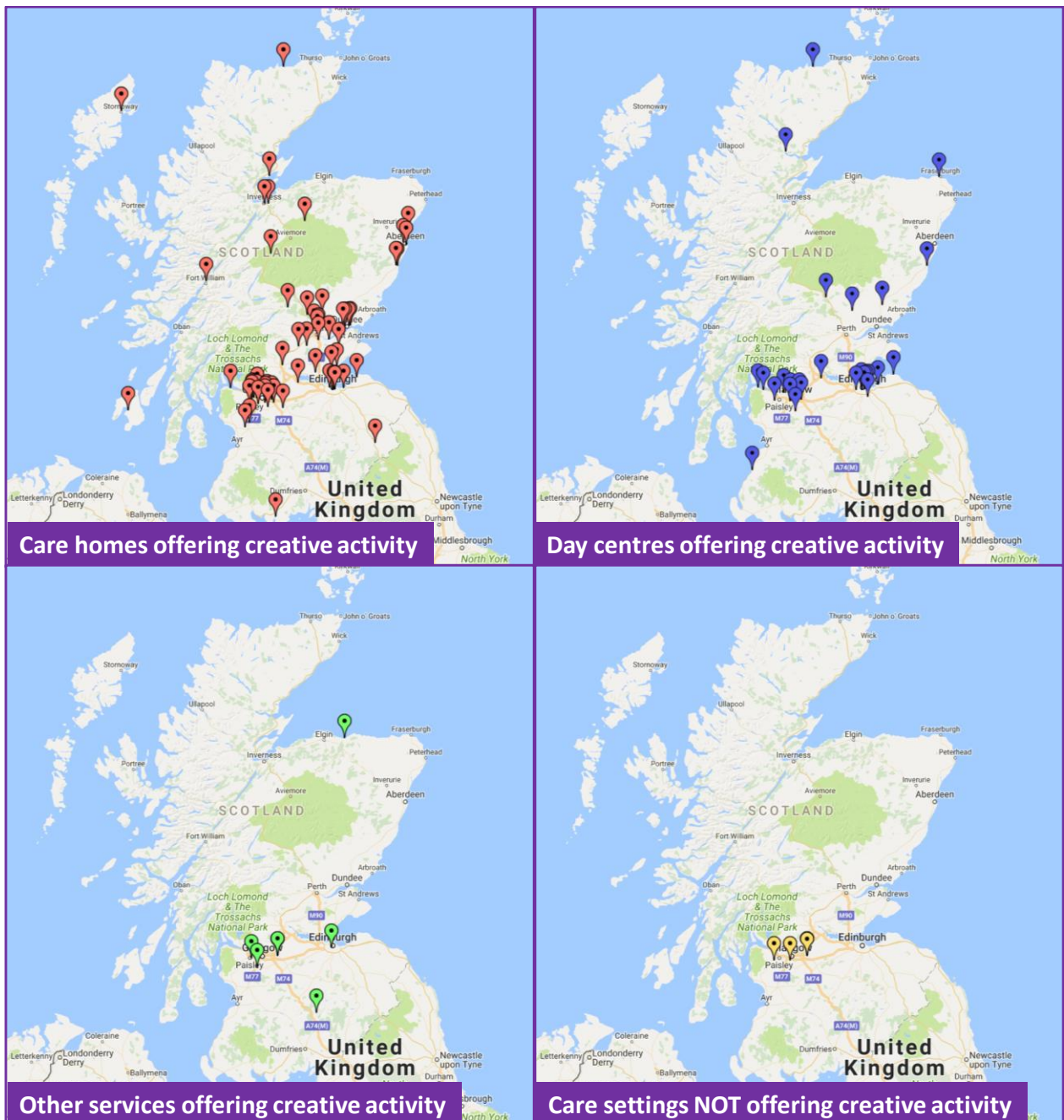
Just under half (46%) of the care settings attended creative activities specifically designed for older people and just over half (53%) attended creative activities that would be open to any audience members.

The geography of creative activity in care settings

The following section provides a geographic analysis of the creative provision available in the care settings held within the database.

Responding care settings

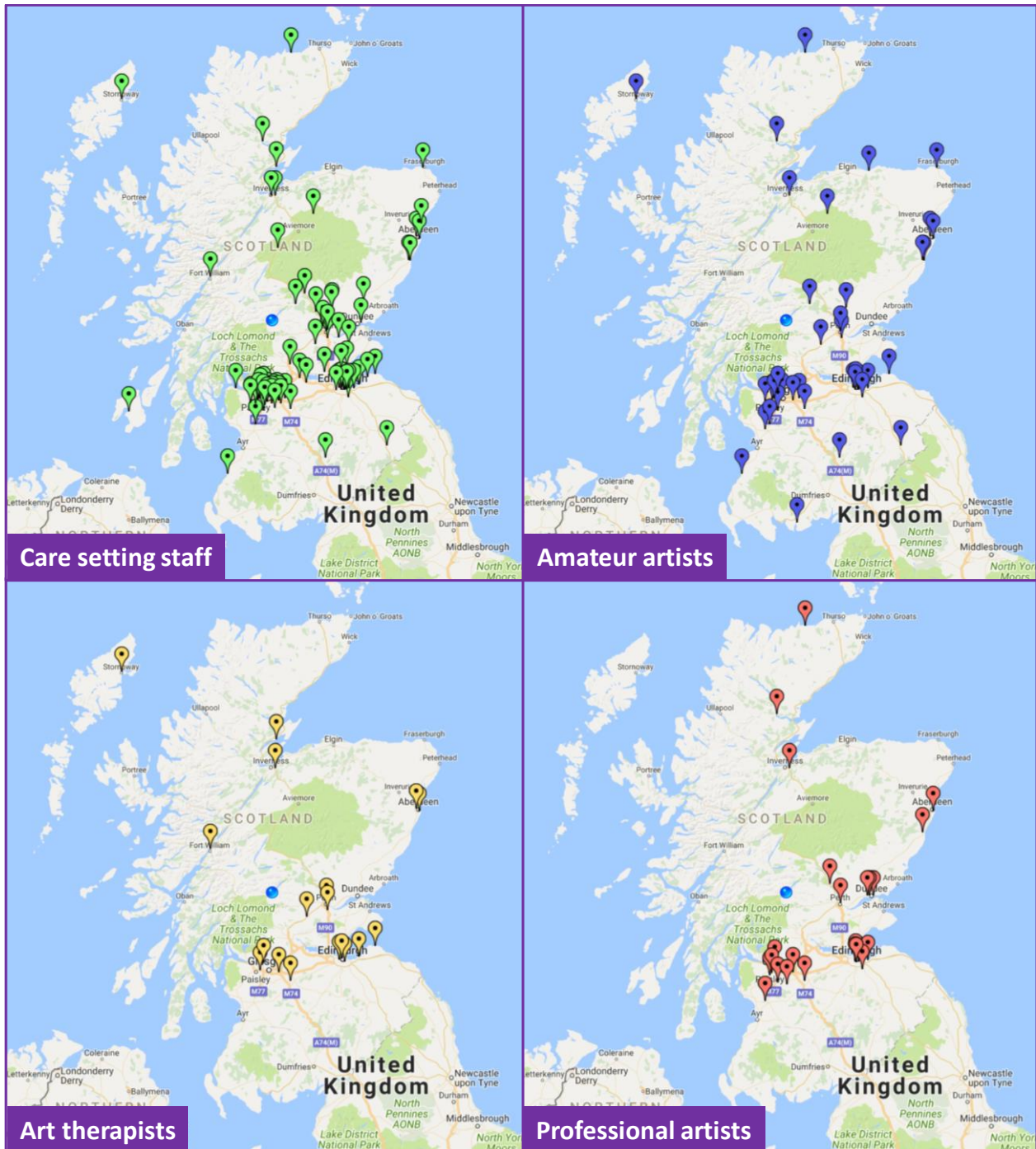
The following maps show the location of care settings that responded to the survey.



The day centres offering creative activities were most often located in the central belt and cities, whereas the care homes offering creative activities were distributed much more widely. The care settings that did not offer any creative activity were in the Glasgow area (although there may be others that did not respond to the survey).

Who leads creative activity?

The following maps show who leads creative activity in the care settings, by location.



Professional artists and arts therapists were most often used around the cities, whereas amateur / volunteer artists were often used both in cities and more rural areas.

Genre and type of activity offered

There was no clear geographic pattern in the type of activity offered, the genre of participatory activity offered, or the genre of audience activity offered.

Section 4: Key findings from the survey

The mapping survey respondents were given several opportunities to write in more about their views and experiences. This section of the report describes the findings emerging from these survey questions.

Perceived benefits of engagement with creative practice

The following section provides an overview of the perceived benefits of engagement with creative practice as described by survey respondents.

“Being creative, in whatever form, shouldn't stop or not be offered just because someone is in care.”

“Residents still have a life when they live in a Care Home and it is important that they can still take part or enjoy activities.”

Enjoyment

First and foremost, many respondents said that the older people enjoyed taking part in creative sessions.

“The clients who participate really enjoy them.”

“We see increased levels of happiness and contentment in our participants when they are engaging with creative activities.”

“Fun and engagement from residents, lots of laughter.”

Improved wellbeing

Many had noticed that taking part in creative sessions improved the wellbeing of the older people.

“The services that we have are hugely beneficial and valuable to our residents group and have a massive impact on their wellbeing.”

“They are integral to the wellbeing of our service users.”

“Maintaining physical and mental wellbeing.”

“It promotes health and general wellbeing.”

“When we do any of these activities with our clients we can see a rise in their mood. Afterwards they may not all remember the activity they have participated in but they are always in good spirits afterwards.”

Opportunity to socialise

The creative sessions gave older people the opportunity to socialise, and make friends within the care setting.

“There is also a strong social factor.”

“The benefits are building friendships, a sense of community and belonging.”

“Some of our projects bring several residents together to work as a team helping with bonding and friendships.”

Keeping the mind active

Many felt that creative sessions were a useful way to keep an older person’s mind active.

“I think it keeps people’s minds active.”

“Can aid cognitive stimulation.”

“Cognitive development and exercise of the brain are key to keeping brain activity at an optimum.”

Something to do

In some cases, it was felt that creative sessions were simply ‘something to do’.

“It passes time for residents.”

“Keeping hands and minds busy.”

Something to talk about

Similarly, some said that creative sessions gave the older people ‘something to talk about’.

“Gives them something for them to tell their relatives about.”

“They have things to talk about with family and friends.”

An outlet for creative expression

Several had observed that creative sessions gave the older people an opportunity to express themselves creatively.

“It can also be a creative outlet for many older people.”

“A way of expressing themselves where they may otherwise struggle.”

“Essential to allow residents to be as creative as they want.”

“It helps them express themselves when they may have lost the ability to communicate, it helps them explore their reality and condition. It helps others understand their needs better.”

On opportunity to learn or use skills

This also provided a space for the older people to learn new skills or use existing skills.

“Gives them the opportunity to create which they may not have had time for in their lives prior to this.”

“Allows them to rekindle skills they once had or perhaps have never tried.”

“Taking up past hobbies and maintaining skills and interests.”

“Stimulates long forgotten memories and skills.”

“Revisit past activities.”

“Continuation of past hobbies and interests.”

Sense of achievement

Taking part in creative sessions could also give the older people a sense of achievement.

“There is a chance to try something new and feel proud of achievements.”

“Opportunity to try new things to feel fulfilled and content.”

“Gives someone pride in their achievements.”

“It gives the resident a sense of pride to showcase their work.”

Facilitates reminiscence

Many felt that reminiscence plays a major role when working with older people, and said that creative sessions facilitate this.

“Provide an opportunity to reminisce.”

“Reminiscing.”

“Gives them a change to reminisce.”

“Helps promote reminiscence.”

Helpful for people with dementia

Creative sessions had been observed to be a helpful way of engaging people with dementia.

“It is a very good way of "being in the now" with people who are living with dementia.”

“Creative work allows people, especially with dementia diagnosis to work in the moment as opposed to reminiscence approaches where they are asked to remember, and often can't.”

“Creating something new in a world where the past is often seen as more important than the present gives residents an opportunity to look forward and not just back.”

Linked to this, the creative sessions were felt to be to be calming for this group.

“Can be particularly useful if a participant has a tendency towards agitation or distress.”

“I feel this can be calming for some of our residents.”

Breaking down barriers between carers and clients

Several had noticed that working together on creative projects could help to break down barriers between carers and older people.

“Takes the focus away from the care relationships.”

“Sharing creative activities helps our members and volunteer helpers to ‘bond’.”

“It is a great way to integrate people into the service.”

“They engage with staff and each other more.”

“Sharing an experience together without the barriers of care giver and care recipient.”

Artists enjoy it

The artists also described how much they enjoyed their work.

“Makes our job so worthwhile when participants delight and engagement observed.”

“For the artist, it is rewarding and paid work.”

“Their enjoyment also gives me pleasure and reward.”

Perceived barriers to creative practice

The following section provides an overview of the key barriers to creative practice as described by survey respondents.

Cost of providing creative activities

The cost of offering creative sessions was a key concern, described by many of the survey respondents.

“There are activities we would like to do with our clients but the cost is too high. We do have to look for free or low cost activities.”

“There is definitely a lack of funding for artistic/theatrical therapy for people with dementia and frail elderly in Scotland.”

“Funding - without cash very little can be done.”

Specifically, some of the respondents said that the cost of artists and materials can be prohibitively high.

“Professional artists need to be paid a reasonable rate and this is not always available.”

“Money to buy materials.”

“Creative supplies can be expensive too, especially for large group workshops.”

Lack of training

Another key concern was that more training was needed for staff leading creative sessions.

“I do believe that activity staff should have training as this is a complex role and to be successful you need to understand the role and the needs of people.”

“This role in care services is normally carried out by Activities Co-ordinators. In my experience these individuals have little training.”

“Staff training/support/coaching in how to support residents to do this.”

“The main issue is an identified training provider to support staff to deliver effective and worthwhile activities around being creative.”

Lack of staffing

Linked to this, several respondents had experienced difficulties in providing staffing cover for these activities.

“Shortage of staff.”

“Staff cover can be difficult.”

“Activities are often spur of the moment and reliant on staff facilitating them.”

“Not enough staff on to be able to take time out to do these things.”

“When someone is in a job that is very task orientated, there can be pressures of time and getting things done and this doesn't lend itself to creative opportunities.”

Lack of support for creative activities

Also linked to this, several respondents felt that staff members were not always supportive of creative projects.

“Educate and train staff in importance of creative work for older people.”

“Rigidity of thought - and expectations coming from staff in the care sector.”

“Some staff do not see the benefits.”

Ability of older people

Several respondents said that working with the varied creative abilities of older people could be a challenge.

“Ability of some of the residents with advanced dementia.”

“It's difficult to provide activities that are suitable to people with varying care needs i.e. dementia sufferers have differing abilities to someone who is frail but mentally alert.”

“Working with groups of very varying abilities and how to reach out to everyone within these groups.”

“A lot of professionals are wary of our client groups and find it hard to see past the disability.”

However, others believed that this was unfounded.

“Pre-conceived ideas around residents abilities.”

“Perhaps a lack of recognition of what a resident may be capable.”

Providing a quality experience

Some of the respondents felt that it was difficult to provide a quality creative experience.

“Ensuring they do not appear childish.”

“I think creativity can sometimes come across as child-like.”

“Arts activities can be seen as simply another activity to fill people's time.”

Challenges with transport

Practically, several respondents said that transport could be a barrier.

“The theatre which is a 90 mile round trip for people with disability.”

“The issue was it was Edinburgh and due to our family of residents having dementia travel was the only identified factor.”

“Getting people there and back and providing meals / tea etc. whilst on trips can be prohibitive. Where we are based (East Renfrewshire), getting anywhere using public transport is all but impossible.”

A need for new ideas

Several of the respondents said that they would like to do more creatively with older people.

“We don't do enough.”

“There is so much more we can do.”

“How do we get more?”

Many said that they were open to new ideas.

“Could do with more ideas.”

“We are always looking for new activities which can enhance their daily lives.”

“We are very keen to learn new things so any advice is very much appreciated.”

“We constantly thrive for new ideas as we are a very active centre so any ideas are appreciated.”

Section 5: Key findings from the depth interviews

This section of the report describes the findings emerging from the depth interviews with artists and care setting staff.

Activities in care settings

All of the care settings interviewed ran a programme of activities for older people, including creative sessions.

Motivation for providing an activities programme

Most of the care settings felt strongly that what they did day-to-day should be meaningful and fulfilling for the older people.

“The activities have got to be meaningful to them and have a positive outcome.” (Care setting 4)

“There needs to be an overarching theme of it having meaning not just being a tick box exercise.” (Care setting 3)

“Making people’s lives fulfilling.” (Care setting 5)

“People have said they would be dead if they didn’t have this place to get out of bed for.” (Care setting 2)

It was also noted that the Care Inspectorate expects to see a programme of activities.

“The regulator wants to see a programme of activities.” (Care setting 3)

“The Care Inspectorate has given us a lot of good ideas of what to do. I was tasked with evidencing our activity programme that was tailored towards the residents’ likes and dislikes. They make sure we’re doing what we’re supposed to do.” (Care setting 4)

Structure of programme

The care settings had members of staff who were employed to plan and manage the activities.

“We have an Activities Coordinator who is amazing.” (Care setting 3)

“We’ve got three activity organisers.” (Care setting 4)

“I’m the Project Co-ordinator.” (Care setting 2)

“I am Activities Coordinator, responsible for activities and wellbeing.” (Care setting 5)

These members of staff co-ordinated a programme of activities which operated daily and was planned in advance.

“We provide various activities throughout the day. There’s a choice of three activities in the morning and three in the afternoon.” (Care setting 1)

“We operate that seven days a week.” (Care setting 3)

“We have a daily plan and a weekly plan.” (Care setting 4)

“We offer quite a wide range of activities for older people. We have a newsletter of what we have planned for the month.” (Care setting 2)

The programme of activities was typically programmed based on suggestions from older people and an evaluation of what had worked previously.

“We do a survey on the activities that they want to do, and we produce an activity plan from that.” (Care setting 3)

“We do reviews with the service users, ask them what they would like to do. The staff have a meeting every Friday where they evaluate the activities from the previous week and decide what to do next week.” (Care setting 1)

“The staff do a post mortem on the events, and we ask the clients themselves.” (Care setting 2)

Those that were part of a chain of care settings said that this could be of benefit when planning activities.

“We can share our ideas and people can say ‘oh we could do that’.” (Care setting 3)

“We’ve got links to other Activity Co-ordinators so we don’t need to reinvent the wheel or ask if anybody has an idea or a form. We can request equipment and money, so it is positive.” (Care setting 4)

Type of activities offered

Variety of creative and other activities offered

A great variety of activities (both creative and otherwise) were offered within the care settings.

“The usual stuff – quizzes, bingo. You name it we do it.” (Care setting 3)

“We have entertainment, arts and crafts, gardening, shopping trips, a pub lunch.” (Care setting 4)

“We have a lot on our programme. We enter the garden competition. There’s the summer fete. Walking. A quiz. Clean out the aquarium. A church service. There’s a lot about the Royal Wedding so we’re planning a tea party and to watch the wedding.” (Care setting 5)

“Music plays a big part of what we do in here. We’re having a Royal Wedding tea party with a mock wedding.” (Care setting 2)

In many cases, specific considerations were made to ensure that a variety of activities were offered for people with dementia.

“If they have dementia we steer them to the dementia activity, we don’t want them to feel uncomfortable.” (Care setting 1)

“We purchase dementia activities through funding. RemPods produce specific activities. Reminiscence about happy times. We recently got a magic table with a projector from the ceiling.” (Care setting 1)

“A game which comes from the ceiling and onto the table, it is interactive. Apparently it is good for everybody, also very good for people with dementia.” (Care setting 3)

Creative activities offered

All of the care settings interviewed offered creativity in some form.

Some offered participative creative sessions led by the care setting staff themselves.

“The staff do very well. They go on Pinterest and see something to do. We do creative activities for celebrations like Valentines, Christmas, summer...” (Care setting 1)

“We try and do craft.” (Care setting 5)

“We’ve got some of the ladies jewellery making and they are enjoying that.” (Care setting 2)

“They put on music and have song sheets.” (Artist 2)

Some offered participative creative sessions led by professional artists.

“It isn’t about getting entertained as such, or about coming out each time with a picture in their hand. We don’t sit and do valentines cards and pumpkins at Halloween. We did Japanese rice paper, and garden ornaments, and soap making with lavender.” (Artist 1)

“We’ve had five art exhibitions. People who had never put a paintbrush in their hand since school were producing this fantastic artwork. Wonderful artwork that has gone on exhibition and people have wanted to buy. They all had a portfolio with their own artwork in it.” (Care setting 2)

“We have music and movement with a community dancer.” (Care setting 5)

“I take poetry, story and song to care homes. Interactive poetry, or sometimes we write group poems, or we’ve used a published poem as inspiration.” (Artist 4)

Some offered audience-based creative sessions within the care setting.

“We have various entertainers that come. An entertainer came from the theatre. They were dancing and singing along.” (Care setting 1)

“If we have an entertainer they get up and dance.” (Care setting 4)

“We have a film maker, he comes here with his movies about old Edinburgh. They enjoy that, they see Edinburgh as they remember it.” (Care setting 2)

“We have a lot of outside entertainment comes in, at least one a week. Community singers or professional artists. Jugglers. Theatre pieces.” (Care setting 3)

“We’ve got a musician that comes in with his dog.” (Care setting 5)

Often, the local community is involved with this.

“At Christmas the local schools come in with their choirs. The nursery school come and do a craft activity and a physical activity.” (Care setting 1)

“The church comes and visits.” (Care setting 4)

Some also attend creative events outside the care setting.

“We’ve taken them out to concerts in an art gallery with professional musicians and singers. They have good access and are on a level, they are suitable for getting our people into. We went to a concert in St Giles, our people would never usually have the opportunity to see something like that. Who would take them?” (Care setting 2)

“We go to a choir inspired by memory and poetry.” (Care setting 5)

“They’ve got a minibus so I thought it’d be daft not to go to the theatre together. It was really nice to encourage them to come out of their care setting.” (Artist 3)

The benefits of doing creative activities within the care settings

Several of those interviewed described the particular benefits of offering creativity within the care settings.

“They get so much more than if they just bumbled about the shops.” (Artist 1)

“People share stories who don’t usually speak. Something is triggered.” (Artist 4)

“You tap into something and it helps bring back some memories.” (Artist 5)

“Some residents can get aggressive, but it has a settling effect and reduces aggression.” (Care setting 4)

After people had died, we had families come back and said they were so glad they had wonderful keepsakes of their mother in their artwork.” (Care setting 2)

Providing an attractive care setting

Incidentally related to creativity, several also believed in the importance of providing an aesthetically attractive care setting.

“We have wall murals which we gained funding for. It lifts them, when they come in.” (Care setting 1)

“We’ve decided to theme the corridors and floors – sky, beach, town. We’re doing art projects around that to involve everybody.” (Care setting 3)

“We’re doing up the rooms, and the residents will choose the stuff for the rooms.” (Care setting 4)

How working with older people is different

Two of the artists mentioned how different it was working with older people as compared to other client groups.

“There’s nothing to prove! So there is a really strong social aspect. Young people and adults are looking for development and technique but older people it is more of a meeting place and enjoying doing what you are doing together.” (Artist 2)

“There’s no outcomes of employability so there is no pressure on pushing people out – although that does create a bottleneck.” (Artist 1)

Engaging people with dementia

All of those interviewed highlighted dementia as being of particular relevance when working with older people in care settings.

“Dementia is the main thing.” (Care setting 1)

Many mentioned that they found it difficult to engage with the people experiencing dementia.

“It is quite challenging on occasion finding ways to keep the dementia people occupied.” (Care setting 2)

“Communication and ability to participate can be limited for people with dementia.” (Care setting 3)

“Some of them can’t get involved because they’ve got dementia.” (Care setting 4)

“If they have dementia it can be quite challenging at times.” (Artist 5)

Two artists described particular circumstances where dementia intersected with other issues, and had been a particular challenge.

“It was difficult to follow her narrative because her first language wasn’t English and these days she goes back and forward between English and her native language.” (Artist 4)

“You’ve got somebody with a learning disability with dementia on top of it.” (Artist 1)

Some had observed that that being able to provide a consistent and regular routine worked better for people with dementia.

“If they could do a consistent thing that is better for the people with dementia.” (Artist 1)

“Repeating things are useful.” (Care setting 5)

Reminiscence was also considered to be effective with this group.

“We have somebody that comes in and does reminiscence with them.” (Care setting 4)

“They like Scottish music, the ones with dementia they used to dance to. They say they can’t get out of their chair but you put it on and they dance. They remember the dances.” (Care setting 2)

“A reminiscence session using some really nice books about the 1940s to the 1970s.” (Care setting 5)

“We are going to do projections onto the wall, for a focal point of conversation. Reminiscence of how the town used to look.” (Care setting 3)

Taking varied needs into account

The definition of older adults typically comprises a wide band of ages.

“The age range is between 56 and 99, we have to facilitate different ages.” (Care setting 1)

As such, this group can include very varied needs relating to physical and mental health.

“It depends on their physical and mental abilities.” (Artist 5)

Some older people are well, and can participate easily.

“Some people that have just retired want to do a leisure class and meet people.” (Artist 5)

However, those interviewed highlighted a number of health issues that typically affect this age group and must be considered in planning:

- General illness: “We have a variety of illnesses.” (Care setting 1)
- Stamina: “They get tired much quicker.” (Artist 5)
- Limited sight: “The majority have a visual impairment.” (Care setting 1)
- Limited mobility: “Many are wheelchair users, or walk with zimmers or sticks.” (Artist 2)
- Limited hearing: “Their hearing.” (Artist 4)
- Recovery from stroke: “I worked with people that have suffered a stroke.” (Artist 5)

Many are also living with grief, affecting their wellbeing.

“A lot of them have lost their siblings, their partner, their immediate family. Some have lost their children. They have to live with that grief for years.” (Care setting 2)

“One woman had a son who died.” (Artist 4)

“Some people are very isolated, have lived alone and their husband or wife have died.” (Care setting 5)

The importance of keeping active

Linked to the above, many of those interviewed mentioned that it was important for them to ensure that the older people kept active in order to maintain physical and mental wellbeing.

“Some of them would just sit and we want to keep them moving.” (Care setting 2)

“We want to keep their mind active and keep their muscles strong.” (Care setting 4)

“Once they come in they quite often just sit down – they may be afraid to walk or are scared they will fall. We try to maintain mobility.” (Care setting 5)

This often included planning activities that have incidental opportunities for standing or dexterous tasks.

“Exercise where they don’t realise.” (Care setting 1)

“Being supported by sensory objects is a really big part of it.” (Artist 4)

“I use a lot of scarfs and props and tactile things to get people’s hands working.” (Artist 2)

“We get people on their feet very gently, if we can.” (Artist 3)

“Getting people used to using their hands again.” (Artist 5)

Managing low expectations

Many of those interviewed described the way that people tend to have low expectations of what older people can achieve, creatively.

In some cases this comes from the older person themselves.

“People say they can’t do art or they are not creative.” (Artist 5)

“They said they couldn’t do it.” (Care setting 2)

In other cases, this comes from carers and relatives.

“Sometimes the carer thinks they can’t do certain things.” (Artist 5)

“One of the Activities Coordinators took over a bit. Quite often a resident would say they don’t know and they would be answering the question for them. One said we’d only get 20 minutes max out of people.” (Artist 3)

“There’s quite a lot of ‘my relative won’t be able to do that’ because they are in a wheelchair, they can’t tell you what they want...” (Care setting 3)

However, it was also noted that this barrier could be circumvented with appropriate skill and encouragement.

“They can do more than they think they can do. Don’t put barriers in the way.” (Artist 5)

“I try to get them out of their comfort zone a bit, so it is a challenge for them.” (Artist 1)

“We don’t want the traditional risk averse stuff. We need to think around that so that person can do what they want to do in a safe way. It isn’t a reason not to.” (Care setting 3)

“Working with people to give them the chance to do as much as they could and encouraging people.” (Artist 5)

The experience of working with artists in care settings

Sourcing engagements with artists

One of the freelance artists had noticed that they very rarely saw opportunities to work with care settings advertised.

“I look at the Creative Scotland website, Artist Newsletter, word of mouth, local advertising, Facebook. You see very few opportunities advertised in care homes, or known about.” (Artist 5)

One of the care settings said that they actively looked within the community for ideas and inspiration.

“When I’m out and about I look at things happening in the community or library, and I telephone them to see if they are interested.” (Care setting 5)

However in practice, the majority of engagements came through opportunistic approaches by artists or organisations offering pre-formulated funded programmes.

“We’ve had work with Live Music Now, they asked did we want them to come.” (Care setting 2)

“The staff said they would come and do the art tutoring and we give them the space, as long as our people can join in.” (Care setting 2)

“I was part of an outreach department of a theatre and they had a project with five dance artists. We had training then they wanted us to identify a care home or day care centre to deliver some creative movement sessions.” (Artist 2)

“We’re doing a pilot with care homes. They said ‘oh my goodness will it be something free?’ That was appealing!” (Artist 3)

“Some write to the care home saying they offer the services.” (Care setting 5)

“I try and look for things, I contact people and organisations.” (Artist 5)

Benefits of working with an external artist

Some of those interviewed felt that the older people engaged better when they were led by an external party.

“It can work better with somebody the residents don’t know.” (Care setting 5)

“The carers love having facilitators come in, for inspiration and they say it is not as good if it is done in-house.” (Artist 4)

Maintaining a consistent programme

Some of the artists and care settings said that it could be difficult to maintain a consistent programme when working with external people, for a variety of reasons.

“It would be great to have a drawing or painting group. We had a local artist come in for an arts group which was very successful, but now the gentleman is unwell.” (Care setting 5)

“I have volunteers but I don’t see them in between to plan things.” (Artist 4)

“Volunteers are great but they don’t come in every week and it can be tricky to get someone during the day.” (Care setting 5)

“They come in and volunteer once or do something for their CV.” (Artist 1)

“Once the original project is finished unless there is another way of funding it is quite likely it will just stop.” (Artist 2)

The experience of working as an artist in care settings

Benefits for artists

All of the artists said that they enjoy what they do.

“I come running in on a Monday morning! I love my work, absolutely love it.” (Artist 1)

“It is really nice work. I’ve been thinking why do I enjoy it so much? It is very relaxed. There’s a lot of potential for me to learn from them which has informed all of my work.” (Artist 2)

“The joy of seeing it happen for them.” (Artist 4)

“Very rewarding.” (Artist 5)

Experience of working in care settings

The artists described what it was like to work in a care setting.

In some cases the experience was very positive.

“One home in particular really good. Giving the residents time, supporting them in a really gentle way.” (Artist 3)

“They have had other dance artists going in before, which helped me because the users had previous experience and the staff knew to have a clear set up and sitting people in a circle. They are really supportive, they will join in and offer to get glasses of water.” (Artist 2)

In others, there had been challenges.

“With my work in the day care centre I need to be a bit more flexible. I’m never sure who will be there. They might turn up late, or maybe I’ll arrive and they’ve just been given a cup of tea and a biscuit. Once there was a member of staff trying to give somebody foot massages at the same time. That was a bit tricky! I talked to the Manager.” (Artist 2)

“The people would just decide it was the end of their session and leave.” (Artist 5)

“New people keep coming to join. And we’d done all of the introductory things weeks before. The group that we have should be consistent if we can. One time they brought the nursery children into the session and I’d planned a whole programme which certainly

didn't include nursery children! I know now I need to spend a bit of time with the staff, a bit of CPD to take them through a session." (Artist 3)

"Families think they are paying so they are entitled to this or that. They give instructions that their relatives can't spend any money. I've had about three relatives come to me and say 'what if you get paint on their clothes, will you replace their clothes?'" (Care setting 3)

Autonomy

The artists said that they typically had the autonomy to run sessions as they saw fit.

"Complete autonomy, I choose. The content is just me. (Artist 2)
I am generally left to my own devices." (Artist 5)

"I have complete freedom. I go with participants ideas if I can. I have a plan, but something else will happen that stimulates it to go in a different direction." (Artist 3)

Training and expertise

One of the care settings pointed out that it was important that the artists were appropriately skilled to work with older people.

"They need to be trained and aware of dementia and working with a frail person." (Care setting 5)

However, two of the artists described how their training in this area had been quite ad hoc.

"I've had bits and pieces of training along the way, and books about creative movement in older adults." (Artist 2)

"A lot of new graduates do not have the training to deal with the situations and what they would be challenged with. I wasn't aware the physical limitations of people who'd had a stroke." (Artist 5)

The issue of funding

Challenges with funding

Having the available funds to pay for a creative programme was a limiting factor mentioned by all.

"We can't do it out of fresh air." (Artist 1)

"Everything costs a lot of money." (Care setting 4)

"You always would like to do more." (Care setting 5)

"It is all down to funding in the end." (Artist 5)

Where funding comes from

Funding was sourced through a variety of routes.

Most of the care settings had some money ringfenced for activities.

“We’ve got a budget.” (Care setting 4)

“We do have an activity budget for that.” (Care setting 5)

However, as stated above this was not typically enough to meet their ambitions so extra money needed to be sourced.

“Unfortunately we don’t have a budget for that sort of thing.” (Care setting 1)

“We’ve got to raise the money, the company won’t pay for it all. And we’ve got to find volunteers.” (Care setting 4)

“The day care centre I’m in are always continually looking for funding.” (Artist 2)

The artists noted that they were often paid through grant funding associated with a charity or arts organisation.

“My work is funded through various grant funding. We currently have a year-long grant which supports materials and salaries.” (Artist 4)

“I’ve been paid as a lead artist with funding from Councils, or national funding, or a charity, or self funded from the client.” (Artist 5)

“We get our funding from Rank.” (Artist 3)

This means that in practice the costs are not passed on to the care settings or older people, however the funding tends to be short term.

As private organisations, some care homes do not have access to grant funding themselves.

“We can’t get grants, not at all.” (Care setting 3)

Instead, the care homes tend to look for small-scale local funding sources.

“There’s two locality planning groups with money to spread about local community activities. So we apply for funding to them and we’ve been very successful. Otherwise I wouldn’t have been able to do half of what we have done in here.” (Care setting 1)

“We had one of those things where you put your buttons in to choose a charity. We got £200 from that.” (Care setting 4)

“We do fundraising, for example our summer fete.” (Care setting 5)

Unfortunately, those with relevant roles said that they rarely had time to dedicate to fundraising.

“I don’t have the time to do fundraising. It takes so much time and it could be a dead end. I’m in the art room three days a week and a day of admin. The time I spent on fundraising, it takes up a lot of my time. I spent two days on a proposal for a bus and Creative Scotland gave me 45 seconds and said they didn’t do that sort of thing.” (Artist 1)

“We don’t always have time to go chasing it.” (Care setting 2)

Ultimately, therefore, ambitions for undertaking a creative programme in care settings are limited by available funding.

Cutting costs

As an alternative to sourcing funding, some of the artists and care settings spoke about cutting costs so that they could still offer creative sessions.

Some settings mentioned routinely taking imaginative routes when thinking of things to do.

“They know they don’t have a big budget so they try and keep it simple.” (Care setting 1)

“How do you fund projects like that out of thin air? It takes a lot of imagination!” (Care setting 3)

Others mentioned looking for ways to do the same things, for less money.

“I use my Scottish Artist Union card to get discounts, I go to Ikea to get picture frames, I say we’re a charity in case we can get things cheaper. Anything to cut costs.” (Artist 1)

“What does a picture cost to put on a wall? For something half decent is £100. But people creating that artwork the cost is negligible. It gives them a focal point, they have ownership of it, and nobody can criticise that piece of work. The Care Inspectorate can’t criticise it!” (Care setting 3)

Paying professional artists

Several care settings described the fees typically charged by professional artists, which is something that they cannot always afford.

“The challenge is the cost of it. For professional arts facilitators, the care homes can’t pay enough to sustain their work if it isn’t a funded programme.” (Artist 4)

“These people are paid. They are professionals.” (Care setting 5)

“The cost of a tutor is a lot of money and I have to justify it with the numbers. We would not be able to afford all those artists. If you’re paying four professional artists we don’t have that type of money.” (Care setting 2)

One care setting noted that they are already paying salaries for several Activities Coordinators.

“A minimum cost of Activities Coordinator salaries, just above the basic carer rate.”
(Care setting 3)

One of the artists was satisfied with the fee they were paid by a care home.

“I’m paid a decent rate. £25 an hour, a standard rate. And they pay my travel at a decent rate. They asked me what was my price.” (Artist 2)

However, two of the artists said that they were not typically paid a professional fee for the work that they do with older people in care settings.

“I get paid support worker fees, not artist fees. It keeps the costs down. If I charged artist fees I’d see less groups. I’m fortunate my husband’s got a good job.” (Artist 1)

“There’s different rates the AN says you should be charging. But realistically you might charge yourself out of it or the money isn’t available. I might do it for a bit less. I’ve done things voluntary if I wanted more experience.” (Artist 5)

Section 6: Proposing a model for understanding creativity in care settings

According to the descriptions of the type of activities undertaken in care settings a very broad spectrum of activities are offered, matching the broad range of interests and skills of older people. Activity programmes are routinely reviewed by staff and participants ensuring provision works well and is enjoyed.

The care settings have limited budgets and many people to please so they work hard to maximise the resources available to them, and try to be opportunistic taking advantage of ideas and resources as they arise. When it comes to the provision of creative sessions it would be unrealistic – and indeed unnecessary - to expect that every care setting should run a full programme of creative sessions led by professional artists.

That said, it may be useful for Luminare to pick apart this ‘variety’ so that they can delve deeper into understanding what is currently provided.

The following model has therefore been prepared based on the information provided in the interviews and mapping exercise, as one way start to categorise the different types of creative sessions provided and to help to think about what Luminare’s role could be in facilitating creativity in care settings.

Category number	Category name	Description	Potential roles for Luminare
1	Creative arts led by non-arts specialists	Creative sessions led by non-arts specialists such as care setting staff or volunteers without an arts background.	Give care settings ideas for easy and impactful creative activities, to make the most of time and resources. CPD for care service staff.
2	Creative arts using resource support	Creative sessions led by non-arts specialists, but based around creative resources designed by arts specialists.	Make care settings aware of the range of available creative resources. CPD for care service staff.
3	Creative arts led by arts specialists	Creative sessions led by arts specialists or volunteers with a professional arts background.	Make links between care settings and professional artists and volunteers with a professional arts background. CPD for artists.
4	Therapeutic intervention	Creative sessions led by trained specialists in the type of therapeutic interventions required by the client group.	Sharing information on artist-led health initiatives.

As a first step, Luminare could make the case for creativity so that creative sessions are routinely scheduled and provided.

Section 7: Conclusions and recommendations

A huge amount of creativity is happening in care settings across Scotland, and it is almost universally acknowledged that this is positive and beneficial.

However, most care settings have limited resources and this can reduce their capacity to include creativity within their programmes. The stakeholders also observed that attitudes differ across individuals and settings. At this time we do not necessarily share a universal language of creativity, and expectations of what can be achieved vary considerably. There is certainly a role for Luminare to play in enabling creativity to flourish in care settings.

Whilst access to finance is certainly a blockage and a wide-spread issue, Luminare is not in the position to act as a Funder. However, Luminare is strongly committed to knowledge exchange, to advocacy, to providing support, and to making connections. It is hoped that Luminare can work in collaboration with artists and care settings to enable older people to benefit from creative opportunities that are both practical and ambitious.

Luminare will need to digest the information provided within this report and consider what resources they wish to put towards this area and what their priorities for this resource are. The following table may be a useful starting point for discussions and may also prompt further practical ideas or areas to follow up.

Priority	Description	Ideas
Quality	Working within the sectors to improve the quality of the creative provision available in care settings.	<ul style="list-style-type: none"> ▪ Advocacy ▪ Training ▪ Making connections
Quantity	Working within the sectors to ensure that more creative provision is available in care settings.	<ul style="list-style-type: none"> ▪ Advocacy ▪ Training ▪ Making connections
Advocacy	Working within the sectors to make the case for creative provision in care settings.	<ul style="list-style-type: none"> ▪ Describing the benefits and making this information available to professional and student artists, care settings, regulators, funders and policy-makers.
Training	Ensuring that those providing creative provision in care settings have access to relevant training.	<ul style="list-style-type: none"> ▪ Advocacy, creative skills, sector specific skills, fundraising. ▪ Training for care setting managers ▪ Training for Activity Co-ordinators ▪ Training for care setting staff ▪ Training for artists ▪ Training held Scotland-wide
Making connections	Connecting the sectors to ensure that providing creative sessions is as straightforward as possible.	<ul style="list-style-type: none"> ▪ Connecting Activity Co-ordinators to share ideas ▪ Connecting care settings with artists ▪ Connecting care settings with volunteers ▪ Connecting care settings with relevant funding sources

Practical first steps might be:

- An advocacy statement, or summary of this report, for circulation to relevant parties.
- Consult with artists to better understand their training, payment and other needs.
- An e-newsletter or website pulling together information, training and event dates, links to tried-and-tested funding sources, creative ideas and top tips.
- Links with Universities to bring this area to the attention of student artists, provide access to training and information, and potentially source skilled volunteers or interns.