What do we know about the role of arts in the delivery of social care?

Rapid evidence assessment
Final report

February 2013

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Published by Skills for Care

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Executive Summary

Introduction

Consilium Research and Consultancy (Consilium) was commissioned in November 2012 by Skills for Care, in partnership with Skills for Care and Development and Creative & Cultural Skills, to inform future thinking around the role of arts in the delivery of social care and in particular the implications for workforce development. This narrative report provides a summary of the evidence collated and reviewed as part of the evidence review of studies on the role of arts in the delivery of adult social care.

This review is focused on the use of arts in adult social care including activities delivered in a range of social care settings such as residential, day, domiciliary and community care. It also includes activities for adult recipients of care delivered in community settings. The key research questions were: What works? What do you need to make it work? How much does it cost?

Policy Context

In 2010 the Care Quality Commission commissioned the Social Care Institute for Excellence to define what an excellent adult social care service looks like. The report identified four essential elements of excellence, one of which was to provide a service which supports and enables people to engage in activities, pastimes and roles which bring them pleasure and meaning and enhance their quality of life. However, with pressure on funding available to arts organisations across England, there is a need to explore existing and potential models of using arts to deliver social care including the implications for workforce development.

Methodology

The approach to completing the evidence review has followed Skills for Care's agreed approach (Appendix 1). Having formulated the review questions and developed a conceptual framework (Appendix 2), inclusion and exclusion criteria were agreed and the search strategy implemented. The evidence review was implemented between the 10th December 2012 and 1st February 2013.
The evidence review identified 191 documents that met the search criteria. Each document was screened by a member of the research team and compared against agreed inclusion and exclusion criteria.

The process of initially screening the studies reduced the number of documents to be synthesised to 91. The screening process identified a number of trends in the studies including those presenting evidence on the use of arts in delivering health

and social care outcomes but falling short of making a clear distinction between them and publications focusing on the impact of the arts-led activity on the participant/social care recipient but offering limited reflection on the implications for workforce development.

The profile of evidence included:
- *43% of studies were based on primary research, 37% on secondary research and 20% on a combination of primary and secondary research*
- *62% of the studies cover multiple social care settings*
- *35% of studies were aimed at a variety of service users*
- *59% of studies described the use of multi-artform activities with service users*
- *51% of studies referenced arts activities delivered in partnership between social care staff/organisations and professional artists/arts organisations*

There is considerable variation in the quality and rigor of the evaluation reports identified in the evidence review as well as a lack of consistency regarding the measurement tools used to assess the impact of arts activity on the participants. Indeed, a number of the evaluation studies highlight the need for follow-up research in order to validate any findings arising from pilot studies. It is therefore not possible to make judgements on comparative effectiveness or delivery quality. This review does however identify common themes and learning arising from the evidence base that can inform future approaches to address the needs of the social care workforce to facilitate the use of arts to deliver social care.

Review Results - The use of arts to deliver social care
Evidence on the use of arts to deliver social care has been broadly grouped by artform as the screening process revealed that this was likely to be more productive than grouping by setting or needs of the service users. In many cases the evidence base presents information on programmes that involve the use of more than one artform and participants with different needs.
- Whilst many of the publications broadly advocate for the use of arts and creative practice, a number focus on the use of particular art forms to deliver positive outcomes for recipients of social care. The evidence base also highlights the increased opportunities that the use of arts provides for social interaction.
- The use of art, when delivered effectively, has the power to both facilitate social interaction as well as enabling those in receipt of social care to pursue creative interests. Consequently, the ability of recipients of social care to access a range of art activities will enable them to exercise the choice and control that underpins the personalisation agenda.

  Music

- Music can enable people to participate in activities that are stimulating and personally meaningful. It can provide a source of social cohesion and social contact, give participants a degree of empowerment and control in everyday situations and contribute to a good quality of life.
- In order to be effective, approaches to encourage recipients of social care to participate in arts also have to persuade carers to have an open mind and facilitate access to arts-led activities.
- Professional musicians can assist care staff in their work by offering valuable insight or points of connection with older people for whom communication is difficult.

Dance

- The evidence base outlines the positive impact of dance on physical health, particularly in areas such as strength, fitness and balance both among healthy participant groups and those with physical impairments.
- In terms of psychological status the review highlights the benefits of dance for reducing loneliness and alleviating depression and anxiety.
- Dance has the ability to promote creativity and social integration, allow nonverbal stimulation and communication and simply to provide an enjoyable activity.

Literature

- The poetry and creative writing sessions offer patients who find it difficult alternative methods to express themselves.

Visual Arts

- Art workshops provide both carers and participants with an opportunity to 'feel special'.
- Training can be valuable in enabling some care staff to challenge their preconception that the end product of making art was the most important factor and helping them to realise that there is considerable value in the process of making.

Review Results - Workforce development models

- The evidence suggests there are limited published examples or detail of workforce development to support the adult social care workforce in using arts effectively as part of a care plan or personal plan.
- Whilst the availability of guidance material, toolkits and practical resources has a role to play in supporting workforce development, it is difficult to ascertain to what extent these are being accessed and used by the adult social care workforce to support the use of arts with recipients of social care.

- Generally where examples of art based activities to develop social care skills have been identified it is not always possible to assess their effectiveness in affecting the actual practice of adult social care staff.
- Training can be instrumental in changing some care staff's attitude towards their job and care for older people. Providing them with the skills and confidence to deliver activities and see the difference it makes to their residents can give them a new perspective of care, an understanding of the importance of activities and an enthusiasm for providing them.
- Due to the variety in tasks and activities associated with the use of arts, care staff can find their job more interesting. Having received training and feeling more equipped and confident to fulfil their role, the use of arts can increase levels of staff job satisfaction.

What do you need to make it work

Our analysis of the evidence suggests some emerging synthesis across published studies on certain factors and ideas that can support the effective use of arts to deliver social care.

For Participants

- Hosting taster sessions - this can allow participants and carers to see what they can expect from different activities before committing to an individual intervention or programme of activities. This can also be used to empower the participants to choose which activity is of most interest to them (Irving 2010 & Coda Music Trust 2012);
- For sessions delivered in a community space (e.g. gallery, museum or community hall) it can be effective to telephone participants the day prior to the activity in order to remind them and thus encourage attendance (Irving 2010); and
- Adopting a person-centred approach and being responsive to the needs of individuals; and
- Using a mixture of approaches that enable participants to be passively or actively involved (Swann 2012).

For Care Staff

- Providing care staff with an opportunity to share practice and experiences with other staff through informal networking (Wright 2008 & Jones 2012);
- Using artists as mentors to support care staff to lead activities within their setting and enabling them to reflect on sessions (Wright 2008);
- Avoiding preconceptions about the ability of participants to engage in a range of arts activities (i.e. holding 'deficit models' which can lead staff to underestimate the capabilities of participants and not offer them sufficient challenge) (Hallam et al 2011);

- Running a longer-term programme of activities in order to build the care recipients confidence and engagement as well as supporting progression where appropriate. At the same time ensuring that the length of the sessions reflects the capacity of the participants and that the number of participants is guided by the capacity available to support their needs;
- Effective preparation and planning in particular with regards to using resources/prompts, transforming the space where the activity will be delivered and ensuring sufficient staff capacity is available to meet the personal needs of participants Swann 2012);
- Ensuring that evaluation methodologies are sensitive and tailored to the needs of the participants and nature of the arts activity; and
- For staff to actively participate in the sessions in order to build and strengthen relationships with the people in their care (Jones 2012).

Gaps in the Evidence Base

It is challenging to clearly differentiate between studies that report on the use of arts and those that report on other activities that are outside of the parameters of this review. Moreover, variations across studies mean that it is not possible to compare the impact of different approaches and make judgements on the effectiveness of one approach over another. Whilst acknowledging the limitations of this review, the gaps in evidence include:

- Studies which evidence the longer-term impact of workforce development on the practice of social care staff using arts to support people in their care;
- Detail on the funding models used to deliver arts-led activities in different settings in particular making a distinction between self-funded and funded care recipients;
- Information on the specific skills, knowledge and qualities that social care staff need to deliver different art forms in different settings to people with different needs;
- Discussion on the role of the commissioner or senior managers in providing the necessary organisational context to facilitate and support effective practice;
- Agreement on what constitutes effective practice and how quality of delivery can be measured and assured;
- Existing joint workforce planning to is focused on supporting both artists and social care staff to enhance positive outcomes for adults in receipt of social care; and
- Detail on the levels of investment in workforce development by social care employers to support staff to use arts effectively in the delivery of social care.

Conclusion

Impact on Participants

The review evidence demonstrates the considerable physical and psychological benefits of using arts with people in receipt of social care. Although some work has

been undertaken to establish a baseline of information regarding the use of arts to deliver social care, this does not provide coverage across a range of settings or provide detail on the training and professional development provided to support the adult social care workforce.

Consequently further research may be required to obtain a more accurate picture of how arts are used to deliver social care, the level of investment in training and professional development and models of workforce development that have proven effective in using arts effectively.

Impact of Social Care Workforce
The use of arts can deliver profound benefits for the social care workforce, in particular challenging preconceptions on the abilities and talents of people with a range of conditions or needs. For some staff and/or organisations the use of arts can act as a catalyst for change in the workforce culture which in itself can serve to deliver longer-term improvements to the quality of care and experiences of those within the social care system. The evidence base outlines the importance of providing care staff with the confidence to apply any learning and lead sessions themselves as well as highlighting the benefits of enabling care staff to build on any existing creative skills or interests that they have.

Workforce Development
The evidence base largely describes activities that have been led by a professional artist rather than a social care professional. Although there are some examples of delivery by the social care workforce, these have tended to be in a supporting as opposed to leading role. As a result there is currently a lack of published evidence that describes the delivery of arts-led activities by the social care workforce and so in turn a lack of detail as to what training and professional development was provided to support this delivery.

However, there are some useful workforce development models that merit further exploration including approaches that use artist mentors to support care staff to use arts as part of their care plan and those that enable care staff to network and share practice. The evidence review also indicated the existence of a number of toolkits and training resources that have been created by arts organisations although it is not possible to determine the extent to which these are actually applied by care staff to support the use of arts in their settings.

In most cases there is a lack of follow-up to ascertain the extent to which the training is still in use and importantly whether this is proving effective in delivering quality arts

activities. Further consideration is needed to understand and unravel the specific training approaches that are likely to be the most effective in providing social care staff with the skills, knowledge and qualities to use arts effectively in the delivery of social care.

1 Introduction

1.1 Consilium Research and Consultancy (Consilium) was commissioned in November 2012 by Skills for Care (SfC), in partnership with Skills for Care and Development (SfC&D) and Creative & Cultural Skills (CCS), to undertake an evidence review and activity mapping study to inform future thinking around the role of arts in the delivery of social care and in particular the implications for workforce development.

1.2 This narrative report provides a summary of the evidence collated and reviewed as part of the evidence review of studies on the role of arts in the delivery of adult social care. At this stage of the research this report aims to shape subsequent research tasks as well as stimulate discussion amongst Skills for Care, Skills for Care and Development and Creative & Cultural Skills. This evidence review is being followed by an activity mapping exercise which will identify the range, types and characteristics of activities using arts within social care settings.

1.3 This review is focused on the use of arts in adult social care including activities delivered in a range of social care settings such as residential, day, domiciliary and community care. It also includes activities for adult recipients of care delivered in community settings such as libraries, galleries or community centres. The review acknowledges the absence of a clear distinction between health and social care in much of the evidence. It also recognises the potential transferable lessons from studies that report on the benefits of using arts to deliver health benefits for the social care sector. As such this report makes reference to studies that report on the use of arts to support the delivery of both health and social care outcomes.

1.4 The key research questions that the evidence review seeks to answer are provided below:

What works?
- What evidence is there of the effectiveness of using arts to deliver social care?
- What workforce development models are effective in providing the adult social care workforce with the necessary skills, knowledge and qualities to use arts effectively?

What do you need to make it work?
- How is quality and effectiveness measured?
- What are the key characteristics of effective practice?

- What are the factors that support quality/effectiveness when using arts in the delivery of social care?
- What are the skills, knowledge and qualities that the adult social care workforce requires to support the effective use of arts in social care settings?
- What is the role of commissioners and employers in supporting the use of arts in the delivery of social care?
- What factors could improve the recognition and support for the effective use of the arts in workforce development strategies?
- What is the role of arts organisations / creative practitioners in supporting the use of arts in the delivery of social care?

How much does it cost?
- How is the use of arts in social care funded?
- What is the cost of effective workforce development?

1.5   This report is structured into the following five sections:

2. **Policy context**
3. **Methodology**
4. **Results**
5. **Gaps in the evidence base**
6. **Conclusion**
7. **References**

2   Policy Context

2.1   The Caring for our future: reforming care and support (HM Government 2012[1]) White Paper outlines two core principles. The first is to prevent, postpone and minimise people's need for formal care and build a care system around the notion of promoting independence and wellbeing. The second is to ensure that people are in control of their own care and support.

2.2   The White Paper also emphasises that the future of care has to do more than just keep people healthy and out of hospital. The system has to recognise that people with care needs have something to offer. Care and support should not just be about making people comfortable but about helping them to fulfil their potential, whatever their circumstances. The vision for care and support outlined in the White Paper places emphasis on promoting well-being and independence. The new system aims to transform people's experience of care and support, with services responding to people's needs and improving quality of life.

2.3   In 2010 the Care Quality Commission (CQC) commissioned the Social Care Institute for Excellence (SCIE) to define what an excellent adult social care service looks like. The report states that excellence in social care is '*rooted in a whole-hearted commitment to human rights, and a continuous practical application of that commitment in the way that people who use services are supported. People who use services are demonstrably placed at the heart of everything that an excellent service does*'[2].

2.4   The report identified four essential elements of excellence, one of which was to provide a service which supports and enables people to engage in activities, pastimes and roles which bring them pleasure and meaning and enhance their quality of life. Across England a large number of organisations have a track record of engaging people in social care in arts activities. Research published by the Baring Foundation in 2011[3] makes reference to a review of National Care Forum members which found that 82% included on their websites details of art activities within their care home services.

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1 HM Government (2012) - 'Caring for our future: reforming care and support'. July 2012.

2 Social Care Institute for Excellence (2010) - 'A definition of excellence for regulated adult social care services in England'. October 2010.

3 The Baring Foundation (2011) - 'Creative Homes: How the Arts can contribute to quality of life in residential care'. November 2011.

2.5   However funding for the arts is under considerable pressure with the 2010 government spending review reducing Art Council England's budget by almost 30% and further cuts earmarked between 2013 and 2015. The resultant pressure on funding available to arts organisations across England highlights a need to explore existing and potential models of using arts to deliver social care.

2.6   Whilst the workforce development strategy published by Skills for Care in 2011 provides direction and a framework for employers to ensure that their workforce has the skills to deliver the vision for care and support outlined in the White Paper, there is no single policy to direct workforce development regarding the use of arts in the delivery of social care. This commissioned research aims to inform future thinking around the role of arts in the delivery of social care and in particular the implications for workforce development.

3   Methodology

3.1   The approach to completing the evidence review has followed Skills for Care's agreed approach (Appendix 1). Having formulated the review questions and developed a conceptual framework (Appendix 2), inclusion and exclusion criteria were agreed and the search strategy implemented. The evidence review was implemented between the 10th December 2012 and 1st February 2013.

Search strategy

3.2   The search strategy incorporated a number of approaches in order to identify studies that would assist in answering the key review questions. Searches were undertaken of a range of web based knowledge management systems including Social Care Institute for Excellence (SCIE) Social Care Online, the National Adult Social Care Intelligence Service (NASCIS), Google Scholar, the NHS Information Centre for Health and Social Care, Skills for Care Research Knowledge Base, The British Library Social Welfare Collection, The Cochrane Collaboration, Joseph Rowntree Foundation, Springer Link, Wiley Online Library, Ingenta Connect, The King's Fund and Medical Humanities/BMJ Group.

3.3   To interrogate the knowledge management systems the research team used a number of search terms including: arts and social care; arts and adult social care; arts and older people; music and social care; visual arts and social care; music and social care; dance and social care; poetry and social care; creative writing and social care. In light of the blurred distinction between health and

social care in the initial search results the search was expanded to include a wider range of terms such as arts and health; arts and dementia; arts and mental health; arts and learning disabilities; arts and end of life; and arts and physical disabilities.

3.4   Information on the parameters of the evidence review was included on a dedicated web page on Skills for Care's website and the Scottish Social Services Council's website. Introductory text and a link to Skills for Care's web page were also disseminated to a wide range of organisations. In total the research team disseminated details of the evidence review to 173 individuals covering 169 organisations. Details of the evidence review were also included in e-bulletins disseminated by Skills for Care and Creative & Cultural Skills to a wide range of members.

3.5   The research team was also kindly assisted by a number of additional membership based organisations who cascaded information regarding the research to their respective networks. This has been particularly valuable in the identification grey literature that is difficult to trace via conventional routes such as published journals either because it has not been published commercially or is not widely accessible. Generating a 'call for evidence' across a range of organisations has enabled the evidence review to draw on original and relatively recent reports relating to the use of arts in adult social care settings.

3.6   The 'call for evidence' was cascaded through the following organisations:
   - *Arts Development UK*
   - *Baring Foundation*
   - *Chief Cultural & Leisure Officers Association*
   - *Dementia Action Alliance*
   - *Help the Hospices*
   - *Paul Hamlyn Foundation ArtWorks UK Pathfinder Programmes*
   - *The National Alliance for Arts, Health and Well-being*
   - *The National Association for Providers of Activities for Older People*
   - *The National Care Forum*
   - *The National Institute for Health Research, School for Social Care Research*
   - *United Kingdom Home Care Association*

3.7 The research team was supported by a number of organisations that form a virtual reference group for this research. Their suggestions of key publications and relevant organisations were much appreciated.

3.8 Finally as part of the review and screening process the research team sourced relevant publications references in studies collated as part of the evidence review. All studies identified in the evidence review process have been referenced within a bespoke database to provide a resource that can underpin future research and development.

Screening

3.9 The evidence review identified 191 documents that met the search criteria. Each document was screened by a member of the research team and compared against the final agreed inclusion and exclusion criteria (see below). It should be noted that the initial inclusion and exclusion criteria were modified following discussion with Skills for Care and Creative & Cultural Skills in light of the nature and content of studies identified.

Table 1 - Inclusion and Exclusion Criteria

<u>**Inclusion**</u>
- Studies that focus on adult social care
- Studies that report on practice involving a defined art form(s) and a clearly stated purpose
- Studies that report on practice that is led by an artist or a social care worker
- Studies that include clearly defined outcomes
- Studies that reference workforce development activities specifically to support the use of arts in the delivery of social care
- Studies that report on approaches to commissioning artists/art organisations to work in social care settings

<u>**Exclusion**</u>
- Studies that report on practice that doesn't have a clearly stated purpose or include clearly defined outcomes
- Studies that report on practice involving children and young people (i.e. under 18)
- Studies published before 1989[4]
- Studies that reference practice outside of the European Union

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4 In 1989 the White Paper 'Caring for People- Community Care in the Next Decade and Beyond' was published by the Department and was regarded by many commentators as a watershed in social work for adults in the UK.

> ▪ Abstract of the study is not published in English

3.10 The process of initially screening the studies reduced the number of documents to be synthesised to 91. The screening process identified a number of trends in the studies, in particular those submitted by organisations and individuals as part of the 'call for evidence' process:

- ▪ *There are a wide range of studies that present evidence on the use of arts in delivering health and social care outcomes but fall short of making a clear distinction between them;*
- ▪ *The majority of publications focus on the impact of the arts-led activity on the participant/social care recipient but offer limited reflection on the implications for workforce development;*
- ▪ *A number of the publications describe the use of arts to deliver positive outcomes for older people without making a distinction between older people in receipt of social care and those that are not;*
- ▪ *Many of the evidence examples describe arts-led activities delivered by artists with fewer examples forthcoming of practice led by the social care workforce; and*
- ▪ *It is difficult to establish a clear distinction between arts-led activities and other activities that are used to deliver positive outcomes for recipients of social care with the latter often including physical activities, leisure activities or activity broadly termed as creative practice.*

Quality assessment

3.11 Following the initial screening process the research team reviewed the publications in further detail in order to ascertain the value and contribution of each study to answering the agreed research questions. The secondary screening process uncovered some further trends in the collated studies, most notably the challenge of screening material in the absence of any cross-sector agreement on what is meant by 'effectiveness', 'effective practice' or 'quality'.

3.12 A number of publications present evidence of practice in the form of individual case studies, however these vary in the strength of their evidence base with a number offering greater value for advocacy or awareness raising as opposed to providing logical and plausible cases on the effective use of arts in the delivery of social care.

3.13 However, these publications still retain value in building a picture of the extent of practice across the UK and in several cases make a case for investment in more thorough research to build the evidence base.

3.14 A considerable proportion of publications highlight the contribution of the arts to improving quality of life, promoting well-being, tackling loneliness and social isolation and facilitating a positive experience of social care. Each of these outcomes is included in the Adult Social Care Outcomes Framework[5], and as such, a number of these documents have been included. Where the research team considers publications to have value but are methodologically weak this has been denoted with appropriate caveats.

Profile of evidence reviewed

3.15 The studies and publications reviewed cover a range of social care settings and some healthcare settings as well as a wide range of care and support needs. Of the 91 studies included, 39 (43%) were based on primary research, 34 (37%) on secondary research and 18 (20%) on a combination of primary and secondary research.

Table 2 - Research Type (n=91)

Setting	Number	%
Primary	39	43
Secondary	34	37
Mix	18	20
Total	**91**	**100**

3.16 Almost two thirds (56) of the studies included in the analysis cover multiple social care settings. 12 studies (13%) outlined details of arts activities in community settings whilst eight studies (9%) focused on arts delivery within both of health and residential care settings.

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5 Department of Health (2012) - 'The Adult Social Care Outcomes Framework 2013/14'. November 2012.

Table 3 – Social care setting (n=91)

Setting	Number	%
Various	56	62
Community	12	13
Healthcare	8	9
Residential	8	9
Other	6	7
Day	1	1
Total	**91**	**100**

3.17 In keeping with the broad coverage or applicability of arts activities covered, just over one third (32) of the 91 studies included was aimed at a variety of service users. The 'Other' service user category encompasses 29 studies (32%) with a large proportion of the service users referenced in these studies described as 'older people'. 15 (16%) of studies referenced arts activities focusing on service users with mental health problems with a further nine (10%) detailing activities aimed at people with dementia.

Table 4 – Service user (n=91)

Service User Type	Number	%
Various	32	35
Other	29	32
Mental Health	15	16
Dementia	9	10
End of Life/Hospice	2	2
Learning Disabilities	2	2
Drug and Alcohol	1	1
Physical Disabilities	1	1
Grand Total	**91**	**100%**

3.18 The largest group (54) of the 91 studies included in the analysis described the use of multi-artform activities with service users. The largest group of studies outlining the use of single art form activities in social care referenced the use of music (17 studies or 19%) followed by visual arts (9 studies or 10%).

Table 5 – Art form (n=91)

Art Form	Number	%

	r	
Multi-Artform	54	59
Music	17	19
Visual Arts	9	10
Dance	6	7
Literature	4	4
Other	1	1
Grand Total	91	100

3.19   Approximately half (46) of the 91 studies included in the analysis referenced arts activities delivered in partnership between social care staff/organisations and professional artists/arts organisations (the term partnership is used broadly and in most cases it is more accurate to state that the social care staff had some active involvement as opposed to a clearly defined delivery role). Arts activities delivered by professional artists/arts organisations accounted for 26 studies (29%). Arts activities delivered by social care staff/social care organisations accounted for nine studies (10%).

Table 6 – Delivery (n=91)

Delivery	Number	%
Both	46	51
Professional artist/art organisation	26	29
Other	10	11
Social care staff/organisation	9	10
Grand Total	**91**	**100**

Limitations of the Review

3.20   This evidence review has been conducted over a period of seven weeks, which included the Christmas period. Given the call for evidence approach used to generate evidence, and in particular grey material and unpublished documentation, then further time would have enabled more evidence to be identified and reviewed.

3.21   There is considerable variation in the quality and rigor of the evaluation reports identified in the evidence review. Examples range from research studies involving a large cohort of participants and a control group to small scale pilot studies that present qualitative evidence from a handful of participants. There is a lack of consistency in the evaluation reports regarding the measurement tools used to assess the impact of arts activity on the

participants. Indeed a number of the evaluation studies highlight the need for follow-up research in order to validate any findings arising from pilot studies.

3.22 In light of the considerable nuances evident in the use of arts to deliver social care (i.e. by setting, by art form and by needs of service users) and different levels of quality in the evidence base it is not possible to make judgements on comparative effectiveness or delivery quality. This review does however identify common themes and learning arising from the evidence base that can inform future approaches to address the needs of the social care workforce to facilitate the use of arts to deliver social care.

3.23 The review acknowledges the absence of a clear distinction between health and social care in much of the evidence. It also recognises the potentially transferable lessons from studies that report on the benefits of using arts to deliver health benefits for the social care sector. As such this report makes reference to studies that report on the use of arts to support the delivery of both health and social care outcomes. However, studies that are clearly focused on medical outcomes as opposed to health and wellbeing outcomes were excluded.

3.24 Whilst the reviewers have sought to include all identified studies that appear to have relevance for the key research questions, it has not been possible to access a number of studies either due to the publications not being available electronically or where a fee was required to access them (in particular commercial publications). Whilst these studies have not been included in this review, they have been collated as part of a more comprehensive bibliography.

4   Review Results

4.1   This section of the report provides a synthesis of the evidence captured through the review process. Following the screening and quality assessment stages of the review it is apparent that there is insufficient evidence to answer many of the research questions. As such the synthesis of evidence is presented against the following headings:

- **The use of arts to deliver social care**
- **Workforce development models**
- **What you need to make it work**

4.2   The evidence base relating to the use of arts in health and social care can broadly be segmented into the use of arts in healthcare settings or with primary therapeutic aims and the use of arts in social care settings with a focus on improving care quality and quality of life. There are clear transferable lessons between these fields with effective practice used in healthcare settings providing relevant learning and application for social care settings. The evidence base doesn't always make a clear distinction between health and social care in recognition of the fact that recipients of adult social care are likely to also be in receipt of both primary and secondary healthcare.

4.3   Evidence on the use of arts to deliver social care has been broadly grouped by artform as the screening process revealed that this was likely to be more productive than grouping by setting (i.e. residential care or day care) or needs of the service users (i.e. dementia or physical disability). In many cases the evidence base presents information on programmes that involve the use of more than one artform and participants with different needs.

The use of arts to deliver social care

> **Key Findings**
> - Whilst many of the publications broadly advocate for the use of arts and creative practice a number focus on the use of particular art forms to deliver positive outcomes for recipients of social care. The evidence base also highlights the increased opportunities that the use of arts provides for social interaction.
> - The use of art, when delivered effectively, has the power to both facilitate social interaction as well as enabling those in receipt of social care to pursue creative interests. Consequently the ability of recipients of social care to access a range of art activities will enable them to exercise the choice and control that underpins the personalisation agenda.

4.4 A range of studies present evidence on the effectiveness of using arts to deliver social, health and well-being benefits. Matarasso (1997) provides a comprehensive overview of the evidence base that describes the social impacts arising from participation in the arts. The report outlines the ability of the arts to support personal development, improve quality of life and contribute to social cohesion.

4.5 With specific reference to health and well-being, the report makes a distinction between activities designed to deliver a clear health outcome and activities where health is not the primary outcome but where enjoyment, empowerment, social contact and confidence building are instead the focus.

4.6 Both the Arts Council England (2007) and the Health Development Agency (2007) have published reviews of evidence and practice relating to the impact of the arts on health and well-being. The Arts Council England review provides case studies of projects that, for example, improve quality of life for people with dementia, support the management of chronic pain for suffers of rheumatoid arthritis and contribute to a reduction of instances of self-harm for mental health patients. The publication states that one of the challenges to securing interest and support for the use of arts to deliver health and well-being outcomes is a misconception that there are few scientific studies which demonstrate its positive contribution and impact.

4.7 The Health Development Agency concludes that the development of interpersonal skills, opportunities for making friends and increased involvement are among the most important contributions to health and well-being outcomes that arts projects can make. The report also suggests that whilst there has been an increase in the use of the arts to impact on health and well-being, there are no established principles and protocols for evaluating outcomes, assessing the processes by which outcomes are achieved or disseminating recommendations for good practice to the workforce. However, the report also recommends that as many of the best projects are based on intuition, opportunism and personal drive it is important for the field not to become 'over-professionalised'.

4.8 In an earlier review Staricoff (2004) found evidence that participating in arts programmes in care settings can have beneficial impacts on the physical health and psychological well-being of service users. The review reports that

anxiety, depression, heart rate, blood pressure and the demand for oxygen therapy were reduced for those participating in arts activities.

4.9   Several reviews have focused on the use of arts to support specific conditions or client groups. The Mental Health Foundation (2011) provides an evidence review of the impact of participatory arts on older people. Whilst the review includes 31 studies, most of these were of older people who were in generally good health, although 6 of the studies involved people with dementia, usually in a residential or day care setting.

4.10   The review outlines a series of mental and physical well-being outcomes achieved for participants. These include increased confidence and self-esteem, delivering feelings of accomplishment, counterbalancing the mental well-being difficulties associated with periods of loss which can increase the risk of low mood, anxiety and social isolation and improving cardiovascular functioning, joint mobility and breathing control through the use of dance, singing and playing musical instruments. Although this review does not reference any workforce development models to increase the effectiveness of using arts, it does include a recommendation that health and social care planners should recognise the potential of participatory arts and invest in the workforce to grow their ability to reflect on their practice.

4.11   A large scale evidence review conducted by Secker et al (2007) focused on participatory arts projects in England for people aged 16-65 with mental health needs. The report presents evidence of gains in mental health, social inclusion and in particular empowerment which, the authors conclude, provides justification to support future arts and mental health work. Drawing on primary research from a sample of case studies, the report highlights three arts projects comprising processes which were important for most participants:

- *Getting motivated inspired hope and reduced inactivity, and so improved mental well-being and decreased mental distress;*
- *Focusing on art providing relaxation and distraction, which again resulted in improved mental well-being and decreased mental distress; and*
- *Connecting with others in a supportive environment decreased social isolation and increased confidence to relate to others, thus combating social exclusion and mental distress.*

4.12   A further three processes were reported as being important in some but not all projects:

- *Self-expression promoted catharsis and self-acceptance, and provided alternative ways of coping – benefits that decreased mental distress and reduced social exclusion;*
- *Connecting with abilities gave a sense of pride and achievement, which improved mental health/well-being; and*
- *Having time out helped alleviate worries and responsibilities, thus decreasing mental distress.*

4.13   In the context of residential care settings, Swann (2012) outlines the benefits of engaging people with dementia in creative activities. Drawing on the author's practical experience as an Independent Occupational Therapist the article emphasises that creativity is not just art and crafts, but encompasses a variety of activities including writing, music, dance and drama with each activity having specific benefits which can be enjoyed passively by observing, or through active participation. The article also includes practical learning for care staff on choosing the right activity, encouraging creativity, managing group dynamics and evaluating impact.

4.14   Whilst many of the publications broadly advocate for the use of arts and creative practice (Arts Council of Northern Ireland 2011, Art Shape 2000, Devlin 2010, Healing Arts 2010a 2010b, Ni Leime & O'Shea 2012 and the Baring Foundation 2009 & 2011), a number focus on the use of particular art forms to deliver positive outcomes for recipients of social care. The evidence base also highlights the increased opportunities that the use of arts (as with other activities) provides for social interaction.

4.15   Elliot et al (2010) provide a practical exploration of the arts in the healthcare of older people based on a small scale project delivered over a six week period. The project involved creative artists working with older people with dementia and staff from two housing centres that were supported by Belfast Health and Social Care Trust. The project incorporated the use of a wide range of art forms to engage the dementia suffers and provided a range of well-being benefits and social engagement benefits.

4.16   The research also found that the programme enabled carer participants to see their tenants *'in a new light'* and was effective in challenging assumptions as well as offering new insights into their interests and personalities. The

programme also enabled the development of respectful and creative relationships between tenants, carers and artists.

4.17   Although not specifically focused on the use of arts, publications such as Grundy et al (2007) and the Baring Foundation (2012) outline the importance of social interaction for successful ageing. Looking forward in the context of residential care, Mason (2012) suggests that the current generation of 50–60-year-olds who are likely to become care home residents in the next 20 to 30 years will have had a different set of life experiences from the present care home cohort. Future care home residents will want to influence decisions about their care, to continue to lead a *'good life'* and be able to pursue their interests, dreams and goals.

4.18   The use of art, when delivered effectively, has the power to both facilitate social interaction as well as enabling those in receipt of social care to pursue creative interests. Consequently the ability of recipients of social care to access a range of art activities will enable them to exercise the choice and control that underpins the personalisation agenda.

Music

> **Key Findings**
> - Music can enable people to participate in activities that are stimulating and personally meaningful. It can provide a source of social cohesion and social contact, give participants a degree of empowerment and control in everyday situations and contribute to a good quality of life.
> - In order to be effective, approaches to encourage recipients of social care to participate in arts also have to persuade carers to have an open mind and facilitate access to arts-led activities.
> - Professional musicians can assist care staff in their work by offering valuable insight or points of connection with older people for whom communication is difficult.

4.19   A total of 17 studies specifically cover projects that focus on using music (including singing and the use of instruments) to provide quality of life and well-being outcomes for recipients of social care. Hallam et al (2011) present an analysis of the Music for Life project which aimed to explore the way in which participating in creative music making activities can enhance the lives of older people. The project was delivered across three case study sites including The Sage Gateshead, Westminster Adult Education Service and the Connect programme at the Guildhall School of Music & Drama. Using a variety of qualitative and quantitative research methods and including the use

of a control group, the study concluded that active musical engagement delivered a range of social, cognitive, emotional and mental health and physical well-being outcomes.

4.20　The report emphasises a need for opportunities for active music making to be made available locally and that these need to be open access (i.e. no prior experience required, no auditions) and provide opportunities for progression from beginner to more advanced levels. The report also states that active music making for older people should not be restricted to choirs and opportunities should be available for older people to take part in instrumental groups, making use of a range of wide range of instruments. With regards to practitioners leading the sessions, the report outlines a need for training to include the inappropriateness of holding *'deficit models'* of aging which can lead them to underestimate the capabilities of older people and not offer them sufficient challenge.

4.21　The Sidney De Haan Research Centre for Arts and Health at the University Centre Folkstone has produced a series of publications that highlight the benefits of singing for people with a range of conditions including mental health (Morrison, I. & S. Clift 2012a), chronic obstructive pulmonary disease (Morrison, I. & S. Clift 2012b), dementia (Vella-Burrows 2012) and Parkinson's (Vella-Burrows & Hancox 2012). These publications also provide practical guidance for practitioners (including those in social care) wanting to set up and use singing groups with people who live with each condition.

4.22　Sixsmith and Gibson (2007) present research that outlines the role of music and music-related activities in their everyday lives of people with dementia. The research findings are drawn from the results of qualitative research which was collected during in-depth interviews with 26 people with dementia and their carers who lived either in their own homes or in residential care in different parts of England.

4.23　The study concludes that as well as being appreciated in its own right, music can enable people to participate in activities that are stimulating and personally meaningful. It can provide a source of social cohesion and social contact, give participants a degree of empowerment and control in everyday situations and importantly enable people with dementia to enjoy many of the everyday activities that contribute to a good quality of life. The research also illustrates the problems that impede many people with dementia from engagement with music and participation in music related activities, in

particular that many of the participants were dependent on others to access music, which had implications for the support and care that they received.

4.24   The publication outlines the potential for effectively delivered music-based activities involving care-givers to provide an important emotional bonding experience. As such it emphasises the importance of care givers appreciating the role of music therapy and incorporating music activities in the care provided.

4.25   The important role of the care giver (either paid or unpaid) is a recurring theme in the evidence base, in particular as they can strongly influence the choices made by the person/people in their care. Consequently, in order to be effective, approaches to encourage recipients of social care to participate in arts also have to persuade carers to have an open mind and facilitate access to arts-led activities.

4.26   Wood (2004) provides a summary of a small scale music therapy project used within a nursing care centre. The article advocates the use of music as an activity to address the social and creative needs of residents. Wood states that activity organisers within care settings do not have to be musicians but rather experts in knowing their residents' interests and needs to enable them to utilise opportunities for socialising and being creative through the use of recorded music, local musicians and media. The article concludes that within a care setting it is possible to view a resident's musical experience in a way which can encompass intensive therapy, group opportunities and social leisure time in order to keep each resident at the centre of their care and make the most of the power of music.

4.27   The evaluation of Meaningful Moments (Frearson 2009), a programme of live music performances for audiences of older people in nursing and care homes, day centres and other community settings across the UK, delivers a range of learning points for the social care sector. The programme incorporated over 300 interactive music events delivered over a two year period and which reached 2,000 people in 76 residential homes.

4.28   The study outlines the contribution of the performances to the well-being of older people, particularly those with severe dementia. It also suggests that regular performances, in contrast to ad hoc or one off activities, demonstrate significant impact on the engagement, memory and vitality of residents with dementia. Importantly the findings state that the performances are most

effective when care staff are actively involved as this contributes to the social aspect of the events. The programme also demonstrates the potential for professional musicians to assist care staff in their work by offering valuable insight or points of connection with older people for whom communication is difficult.

4.29   Offering a different insight, CODA Music Trust (2012) provide a summary of their Music for Health and Well-being Programme which was developed in response to a need for services for individuals who have elected to use personal budgets as part of the roll out of self-directed support in health and social care. The programme included activities for service users with different care needs including Parkinson's disease and stroke sufferers, adults with learning disabilities, dementia sufferers and people with mental health problems. Activities were delivered in a range of venues including but not restricted to day care centres.

4.30   Whilst the programme recorded positive outcomes for participants, the summary report outlines significant challenges in engaging sufficient and consistent numbers of participants at the sessions and charging sufficient fees per head to cover the costs of the music leader, venue hire and organisational overheads. Consequently the cost models used to underpin arts activities are important as these influence the frequency and sustainability of activities.

Dance

Key Findings
Key Findings • The evidence base outlines the positive impact of dance on physical health, particularly in areas such as strength, fitness and balance both among healthy participant groups and those with physical impairments. • In terms of psychological status the review highlights the benefits of dance for reducing loneliness and alleviating depression and anxiety. • Dance has the ability to promote creativity and social integration, allow non-verbal stimulation and communication and simply provide an enjoyable activity.

4.31   The use of dance to engage recipients of adult social care was addressed in six studies. Connolly & Redding (2010) from the Trinity Laban Conservatoire of Music and Dance present a comprehensive literature review of the impact of dance on health and well-being among older people. Dance styles covered included social dance, creative and contemporary dance and traditional dance

forms such as Turkish folklore dance, traditional Greek dance and Irish Céildhe dancing. The review concludes that dance can have a positive impact on both the physiological and psychological status of older people. In particular the review outlines the positive impact of dance on physical health, particularly in areas such as strength, fitness and balance both among healthy participant groups and those with physical impairments such as Parkinson's disease. In terms of psychological status the review highlights the benefits of dance for reducing loneliness and alleviating depression and anxiety.

4.32   The report also highlights the ability of dance to promote creativity and social integration, allow non-verbal stimulation and communication and simply to provide an enjoyable activity. The review states that the range of research carried out makes it difficult to draw clear conclusions on the relationship between specific types of dance or facets of dance and the measurable outcomes for groups of older people, or concrete best practice recommendations for appropriate delivery of dance among specific elderly groups within the population. However, it does outline a need for more appropriate activities for residents living in care (including residential care and domiciliary care) and the potential for enhancement of well-being through the provision of physical or stimulating activities. The report does not contain specific discussions or note any recommendations on training or professional development in dance for the adult social care workforce.

4.33   Specifically looking at the use of dance as a psychotherapeutic intervention for people with dementia, Hamill, Smith & Rohricht (2011) report on the use of circle dancing with a group of 18 people (11 people with moderate-to-severe dementia and 7 family carers) who participated in 45 minute sessions once a week for 10 weeks). The small scale pilot study completed assessments before and after the group therapy sessions, used weekly progress monitoring sheets and undertook qualitative interviews with participants after the group sessions to obtain their views.

4.34   The pilot study found that the use of circle dancing as a therapeutic intervention had a positive impact on participants' general well-being and mood, including improving people's concentration and communication with others. A number of carers stated that the group helped them to acknowledge the reality of dementia diagnosis and process their feelings of grief and loss as well as see beyond the diagnosis to the person they cared for. The report also provides an outline of the main stages of each group session and considerations for practitioners interested in providing similar activities.

4.35 Houston & McGill (2012) present a mixed method study which examines a 12-week dance project for people with Parkinson's led by the English National Ballet. The evidence presented is based on findings involving 24 participant-dancers who were aged between 60 and 82 years old and had varying degrees of disease progression from mild to severe. Two of the participant-dancers were wheelchair users and six normally used walking aids. The report concludes that dancing may offer benefit to people with Parkinson's through its intellectual, artistic, social and physical aspects. In particular, the dance project helped to improve balance and stability for participants. This project was led by professional dance artists with no direct involvement by the social care workforce.

4.36 Dorset County Council (2011) report on the Dance Generations Project which was delivered between 2006 and 2009 and provided dance activities for 265 people in residential care homes, day care centres, special schools and pre-schools. The project aimed to provide dance and movement opportunities for those who do not usually have access due to age, health conditions, access requirements and/or financial limitations.

4.37 A main focus for the Dance Generations Project was to create a lasting legacy by ensuring that dance became part of a programme of care delivery in the centres. A programme of training was delivered to care staff and teachers to increase skills and capacity as well as training to local artists to develop the skill pool. The training was facilitated by a toolkit created by dance artists. The project used artist mentors to work with and support staff (mentees) and to provide them with an opportunity to put into practice their training in a supported and mentored environment. Before each session artists and mentees discussed the session plan, roles and responsibilities, observation or delivery tasks. After each session there was feedback, advice support and suggestions for further planning.

4.38 Presenting impact evidence from one residential care home the report states that there was evidence from participants and Activity Officers that the dance sessions had a positive effect on mood. The creative dimension of dance and the particular structure of the sessions encouraged individuals to think and express themselves. This was seen as a distinctive feature of the dance sessions in comparison to exercise or other physical activity classes which are more about following instructions.

4.39 The structure and training was reported as an effective way of transferring knowledge and skills to enable Activity Officers in a residential home to deliver dance sessions in a creative, imaginative and enthusiastic manner. A bespoke toolkit was created to be used with the training with each including a workbook that the mentee could use to review the training or to plan future sessions. The toolkit also contained information on dance workshops and ideas for creative exercises.

4.40 Arts for Health Cornwall and Isles of Scilly (2009) has also produced a toolkit which provides ideas, advice and inspiration to help staff deliver dance sessions in care settings. The toolkit outlines some practical tips on ensuring effective practice, including:

- Providing advance notice to participants so that a potentially new experience is offered in a non-threatening way;
- Giving value to the activity by making the environment special to create the right atmosphere;
- Structuring the time of the session appropriately. 45 minutes is regarded as a good length of time for participants to feel that they have been active without becoming over tired;
- Removing distractions that can break up the flow of the session. Participants may have a regular routine and may become anxious if tea breaks don't happen at the same time. Pre warning about a change of routine or planning the session times to coincide with the breaks may be wise;
- Ensuring that the sessions are held in an accessible space where people can watch at a distance initially. Playing music before a session can be helpful in getting everyone prepared and in the right mood to dance. Replaying the music used in the sessions during the week can also be helpful;
- The use of props can be effective. Scarves, ribbons, flags, percussion instruments and balloons can all be incorporated into the dance sessions to support spontaneous movement and inclusivity. People with little movement or comprehension can be a valuable part of the group just by holding a ribbon or feather; and
- Ensuring that sufficient staff support is available to assist with the care aspects such as helping participants to join the group, providing refreshments, toileting and other personal needs.

Literature

> **Key Findings**
> - The poetry and creative writing sessions offer alternative methods to patients who find it difficult to express themselves.

4.41   Four reports explore the use of poetry or creative writing as part of adult social care. Hilse, Griffiths & Corr (2007), report on the impact of participating in a poetry workshop for people who had experienced mental health problems in the past. Using in-depth interviews with two people who had experienced mental health problems, the report identifies both positive and negative impacts on mental health through the writing of poetry and sharing it with others. The researchers conclude that poetry writing as a mental action, as well as sharing poetry in a poetry workshop, has both positive and negative effects.

4.42   However, they also state that it should not be assumed that writing poetry is beneficial for all people with mental health problems in any circumstances. The report provides insights into the possible risks and benefits that could be considered in relation to using the writing of poetry as a therapeutic intervention. However the very small sample size raises some caution with regards to the reliability of the findings presented.

4.43   An earlier report by McArdle & Byrt (2001) outlined various ways in which expressive and therapeutic reading, poetry sessions and writing have been used to benefit users of mental health services. The report draws on evidence presented from a wide range of studies. One approach cited in the research is the telling of a story which is added to, in turn, by each participant, until it is completed. This can be a light-hearted activity enjoyed by participants and effective at increasing group cohesion. However, they also highlight that many studies include little or no mention of nurses' involvement in expressive or therapeutic uses of reading and writing. They cite one exception by Simms (1993) who argues that '*art adds a dimension in stimulating creative, expressive and imaginative ways of working'*, both within individual nurse–patient relationships and the creation of '*a more accepting, caring culture'*.

4.44   More recently Haraldsdottir (2011) evaluated the use of poetry and creative writing in day care. Using a case study methodology the project was delivered by two poets who facilitated five poetry reading sessions and seven creative writing sessions in a day care setting. All sessions were co-facilitated by a clinical nurse specialist in palliative care.

4.45   A total of 25 patients attended one or more session with volunteers and staff members attending poetry reading sessions. Each session lasted for one and a half hours. The evaluation report concluded that the sessions provided an alternative approach to communication that facilitated social interaction and *'sharing of stories'* within a day care setting that would otherwise not occur. It provided common ground and a unique way for the patients to connect with each other.

4.46   The poetry and creative writing sessions offered patients who found it difficult to express themselves alternative methods. However the evaluation does not outline any learning from the experiences of staff or include details on what, if any, training was provided by the poets to facilitate staff involvement. In addition no detail is provided on the measurement tools used to assess the

Visual Arts

> **Key Findings**
> - Art workshops provide both carers and participants with an opportunity to 'feel special'.
> - Training can be valuable in enabling some care staff to challenge their preconception that the end product of making art was the most important factor and helping them to realise that there is considerable value in the process of making.

4.47   Nine studies specifically covered visual arts. Harper & Hamblin (2010) from the Oxford Institute of Ageing discuss the delivery and impact of the Good Times Programme which was delivered at Dulwich Picture Gallery in the London Borough of Southwark. The Programme incorporated gallery tours, gallery creative workshops, outreach creative workshops, celebration events and intergenerational creative workshops.

4.48   The Programme, in partnership with local doctors' surgeries, also incorporated 'prescription' for art workshops offered to individual elderly people who may be frail, depressed or lonely. Doctors referred patients to the Gallery to participate in regular creative art classes. Training was also provided for carers in order to develop their skills and build their confidence in continuing the creative processes outside of their contact with the Gallery. As part of its outreach activities the Programme worked in partnership with a range of social care settings including day centres, residential care homes and a local hospice.

4.49   Drawing on the first five years of the Programme the report presents qualitative evidence of impact from both carers and participants who noted that the workshops provided them with an opportunity to *'feel special'*. Those taking part were reported to have enjoyed learning new skills and found a new self-belief in their abilities. The workshops were also reported as successful in encouraging staff from a number of organisations to plan activities suitable for day rooms or other community space. In particular the training was stated to be valuable in enabling some staff to challenge their preconception that the end product of making art was the most important factor and helping them to realise that there is considerable value in the process of making.

4.50   One of the lessons highlighted in the research was for staff (care staff, activity coordinators or healthcare professionals) not to underestimate the capacity of people in their care to engage in the arts. Indeed the report stated that several care staff were amazed at the concentration, talents and interaction achieved through just one of the creative sessions. Active participation in the sessions and attendance at training enabled the project to overcome any initial wariness and hesitation of staff as well as allowing them to realise the potential enjoyment and insight of working with older people as part of a creative process.

Workforce Development Models

Key Findings
- The evidence suggests there are limited published examples or detail of workforce development to support the adult social care workforce in using arts effectively as part of a care plan or personal plan.
- Whilst the availability of guidance material, toolkits and practical resources has a role to play in supporting workforce development, it is difficult to ascertain to what extent these are being accessed and used by the adult social care workforce to support the use of arts with recipients of social care.
- Generally where examples of art based activities to develop social care skills have been identified it is not always possible to assess their effectiveness in affecting the actual practice of adult social care staff.
- Training can be instrumental in changing some care staff's attitude towards their job and care for older people. Providing them with the skills and confidence to deliver activities and see the difference it makes to their residents can give them a new perspective of care, an understanding of the importance of activities and an enthusiasm for providing them.
- Due to the variety in tasks and activities associated with the use of arts, care staff can find their job more interesting. Having received training and feeling more equipped and confident to fulfil their role, the use of arts can increase levels of staff job satisfaction.

4.51 The evidence suggests there are limited published examples or detail of workforce development to support the adult social care workforce in using arts effectively as part of a care plan or personal plan. Whilst publications such as the Baring Foundation's (2011) Creative Homes report or the Facilitating Music-Making for Older People Handbook published by the Institute of Education (Creech et al 2012) provide practical tips and guidance that can support effective practice, these do not form part of a structured and planning programme of training or professional development.

4.52 Whilst the availability of guidance material, toolkits and practical resources has a role to play in supporting workforce development, it is difficult to ascertain to what extent these are being accessed and used by the adult social care workforce to support the use of arts with recipients of social care. For example, The Isle of Wight Primary Care Trust (2010) has produced two toolkits as part of its Healing Arts Programme, one covering the use of arts for stroke survivors and the other for people with mild to moderate depression.

The toolkits provide an overview of the guiding principles, session plans and specific practice issues. However to date there has been no assessment of the extent to which these toolkits have been used (by artists or care staff) to deliver arts activities.

4.53 Circle Dance (2012) is an organisation which leads and trains staff in the use of Circle Dance for people with dementia. Since September 2008 it has run 85 training days for 1,000 staff including 600 staff from care homes. The one day training course provides trainees with all of the information they need to deliver Circle Dance within their setting. Their most recent summary report includes positive feedback from a selection of staff that have attended the training but falls short of presenting a more detailed assessment of impact on professional practice and outcomes delivered for social care recipients. This is not directed as a criticism but is referenced to outline the fact that the full impact of training activities on staff is not always captured either due to capacity, cost or expertise.

4.54 Generally where examples of art-based activities to develop social care skills have been identified it is not always possible to assess their effectiveness in affecting the actual practice of adult social care staff (i.e. use of arts, quality of delivery and impact of participants) as largely this information isn't presented. In other words the publications tend to present feedback on the training course rather than a more detailed follow-up of trainees to determine the extent to which they are putting the learning into practice in their respective setting (which is likely due to a lack of resources to undertake such research). Other documents outline potential benefits rather than stating actual benefits based on empirical evidence.

4.55 There are some exceptions however. Jones (2012) presents an evaluation of the First Taste training programme which delivers training to care staff in Derbyshire in order that they are able and confident to deliver learning activities for older people in care settings. The training was mostly attended by staff with specific responsibilities for providing activities but was also attended by some care home managers and care assistants. The training covers a wide variety of one-to-one and group activities, including chair-based exercises, arts and crafts, poetry, the use of the Nintendo Wii and hand massage.

4.56 The activities co-ordinators interviewed as part of the research reported that they had not received any training specific to their role before they participated in the First Taste training. The research found that:

- The participants gained new skills that they were immediately able to put into practice in their everyday work. For example, they gained new understandings of health conditions such as dementia, and strategies for coping with them;

- The opportunity to meet other staff in similar roles helped them to feel supported and motivated. It also provided an opportunity to share ideas, good practice and build networks;

- The training was instrumental in changing some staff members' attitude towards their job and care for older people. Providing them with the skills and confidence to deliver activities and see the difference it makes to their residents gave them a new perspective of care, an understanding of the importance of activities and an enthusiasm for providing them;

- Due to the variety in tasks and activities, staff find their job more interesting. Having received training and feeling more equipped and confident to fulfil their role, activities staff reported higher levels of job satisfaction;

- As a result of the activities they provided for residents following the training, some relationships within the residential care homes improved. Activities gave staff an opportunity to spend more time with the residents and get to know them – their likes, their dislikes and their life experiences;

- The training taught the staff ways in which activities could be adapted to enable residents to take part. Research participants explained that they felt more able to be creative with the activity sessions and that they had developed the tools and confidence to try new things. Seeing the residents being able to fully participate gave them a new perspective of residents and their capabilities;

- Activities provide an opportunity for staff to utilise their full range of skills. The training helps to unlock staffs' talent; and

- Perhaps the clearest message from activity co-ordinators was that they felt First Taste had given them an identity and a voice. Due to the different ways that activities are delivered in care settings and the various interpretations of the activities co-ordinator role, they valued having an organisation that publicly supported them.

4.57 Wright (2008) presents a reflective study of the Creative Carers programme which is a training programme run by Suffolk Artlink for those involved in delivering creative activities within care homes and day centres in Suffolk. The aims of the training were to provide carers of older people with the additional skills and confidence to deliver high quality activities and also create new opportunities for older people and their carers to take part in creative activities

with professional artists. It was hoped that the training would contribute to improving the long term care for older people and well as improving job satisfaction and the confidence of carers. The cost of the programme is largely supported through fundraising also each participating care home pays a £200 fee.

4.58   The training programme incorporates whole day group sessions away from the workplace and individual sessions in the workplace to support carers in any site-specific or clientele specific issues. In addition an artbox, filled with objects and materials relevant to the course, was given to each home at the end of the course. The training covered the following areas:

- Creative approaches;
- Workshop facilitation skills;
- Communication and presentation skills;
- Planning and time management skills;
- Experience of collaborative working;
- Increased confidence and self-esteem; and
- Strategies for the generation of creative ideas and embedding their use longer-term.

4.59   The study outlines a number of impacts for carers and their clients following delivery of the training programme. These include:

- Elderly people who encounter creative carers became more active physically and mentally;
- Through common creative experiences they became less isolated and more socialised;
- They make less demands on their carers - less attention seeking (fewer loo trips, less requests to see the doctor, less complaints);
- Nursing staff are able to get on with nursing duties with less interruption;
- The relationship between carer and cared for is changed and humanised; and
- Carers are empowered and grow in confidence and job satisfaction is increased.

4.60   The study outlines a series of recommendations, which in summary include:

- Providing opportunities for care staff to network and observe practice delivered by staff in other care homes;
- Ensuring Care Home managers are aware of the support that carers require both to attend the training and put it into practice;

- Establishing a more realistic and acceptable level of payment from Care Homes to contribute to the training costs;
- Providing opportunity for the trainers to coach or mentor carers to help them adopt creative practice; and
- Consider accreditation or another form of recognition for carers.

What Do You Need to Make it Work

4.61 Our analysis of the evidence suggests some emerging synthesis across published studies on certain factors and ideas that can support the effective use of arts to deliver social care. Specific examples include:

For Participants

- Hosting taster sessions - this can allow participants and carers to see what they can expect from different activities before committing an individual intervention or programme of activities. This can also be used to empower the participants to choose which activity is of most interest to them (Irving 2010 & Coda Music Trust 2012);
- For sessions delivered in a community space (e.g. gallery, museum or community hall) it can be effective to telephone participants the day prior to the activity in order to remind them and thus encourage attendance (Irving 2010);
- Adopting a person-centred approach and being responsive to the needs of individuals; and
- Using a mixture of approaches that enable participants to be passively or actively involved (Swann 2012).

For Care staff

- Providing care staff with an opportunity to share practice and experiences with other staff through informal networking (Wright 2008 & Jones 2012);
- Using artists as mentors to support care staff to lead activities within their setting and enabling them to reflect on sessions (Wright 2008);
- Avoiding preconceptions about the ability of participants to engage in a range of arts activities (i.e. holding 'deficit models' which can lead staff to underestimate the capabilities of participants and not offer them sufficient challenge) (Hallam et al 2011);
- Running a longer-term programme of activities in order to build the care recipients confidence and engagement as well as supporting progression where appropriate. At the same time ensuring that the length of the sessions reflects the capacity of the participants and that the number of participants is guided by the capacity available to support their needs;

- Effective preparation and planning in particular with regards to using resources/prompts, transforming the space where the activity will be delivered and ensuring sufficient staff capacity is available to meet the personal needs of participants Swann 2012);
- Ensuring that evaluation methodologies are sensitive and tailored to the needs of the participants and nature of the arts activity; and
- For staff to actively participate in the sessions in order to build and strengthen relationships with the people in their care (Jones 2012).

5 Gaps in the Evidence Base

5.1 As outlined earlier, this review acknowledges the absence of a clear distinction between health and social care in much of the evidence. It also recognises a lack of consistency in the use of the term 'arts' with the evidence base also making reference to creative practice or simply leisure activities. As a consequence it is challenging to clearly differentiate between studies that report on the use of arts and those that report on other activities that are outside of the parameters of this review.

5.2 Generally evidence of impact is positive in terms of the benefits of using arts with adults in receipt of social care. However, although there is fairly consistent support for the role of arts in improving both physical and mental health, the considerable variation in the evaluation methodologies used to evidence impact makes it difficult to draw out conclusions. Whilst some use experimental methodologies such as randomised controlled trials to demonstrate impact and importantly establish causality, others present qualitative case studies and anecdotal accounts from a small number of participants. Both have a place in any narrative on the use of arts in the delivery of adult social care. However the variation in approach means that it is not possible to compare the impact of different approaches and make judgements on the effectiveness of one approach over another. The next section of this report provides a more detailed commentary on the implications of the evidence base on future workforce development planning.

5.3 Acknowledging the limitations of this review, the gaps in evidence include:

- Studies which evidence the longer-term impact of workforce development on the practice of social care staff using arts to support people in their care;
- Detail on the funding models used to deliver arts-led activities in different settings in particular making a distinction between self-funded and funded care recipients;
- Information on the specific skills, knowledge and qualities that social care staff need to deliver different art forms in different settings to people with different needs;
- Discussion on the role of the commissioner or senior managers in providing the necessary organisational context to facilitate and support effective practice;
- Agreement on what constitutes effective practice and how quality of delivery can be measured and assured;
- Existing joint workforce planning to is focused on supporting both artists

> and social care staff to enhance positive outcomes for adults in receipt of social care; and
> - Detail on the levels of investment in workforce development by social care employers to support staff to use arts effectively in the delivery of social care.

5.1.

6   Conclusion

6.1   This evidence review has sought to inform future thinking around the role of arts in the delivery of adult social care and in particular the implications for workforce development. The process of identifying relevant evidence has encountered a number of challenges, most notably the absence of a consistent terminology in terms of the use of 'arts' and agreement on how to measure quality and effectiveness. In addition, many publications don't make a clear distinction between adults in receipt of social care and those that are not, in particular with reference to activities delivered for older people and many publications blur the boundary between health and social care.

Impact on Participants

6.2   The review evidence demonstrates the considerable physical and psychological benefits of using arts with people in receipt of social care. Whilst the studies vary in terms of the rigour of their assessment, what is clear is that the arts provide an opportunity for people to interact with others in a meaningful and structured social activity. They facilitate creativity and individual expression and promote feelings of well-being. Where used effectively and as part of a longer-term approach, participants can also demonstrate progression in a particular art-form activity which, in turn, can engender a powerful sense of mental well-being.

6.3   Although some work has been undertaken to establish a baseline of information regarding the use of arts to deliver social care, this does not provide coverage across a range of settings (i.e. day care, residential, domiciliary or community) or provide detail on the training and professional development provided to support the adult social care workforce.

6.4   Consequently further research may be required to obtain a more accurate picture of how arts are used to deliver social care, the level of investment in training and professional development and models of workforce development that have proven effective in using arts effectively. It is evident from the evidence base that the use of a sustained programme of arts activities is desirable to maximise the positive impact on participants. It is possible that longer-term investment in workforce development is likely to provide stronger value for money for social care providers than making funding available on an ad hoc basis.

Impact of Social Care Workforce

6.5   The use of arts can deliver profound benefits for the social care workforce, in particular challenging preconceptions on the abilities and talents of people with a range of conditions or needs. For the want of a better word the arts has the ability to 'rehumanise' the people in receipt of care and help the social care workforce to establish a stronger bond and relationship with their clients, seeing them as individuals with their own aspirations and interests. For some staff and/or organisations the use of arts can act as a catalyst for change in the workforce culture which in itself can serve to deliver longer-term improvements to the quality of care and experiences of those within the social care system.

6.6   The evidence base outlines the importance of providing care staff with the confidence to apply any learning and lead sessions themselves. Several of the studies also highlight the benefits of enabling care staff to build on any existing creative skills or interests that they have, most notably in terms of job satisfaction.

6.7   Commissioners and employers within the social care sector have a clear leadership role to firstly recognise the value of using arts to support their clients and secondly to invest in the development of their workforce to ensure that the use of arts becomes an everyday part of care planning as opposed to ad hoc one off activities.

Workforce Development

6.8   The majority of the research has focused on the impact of the activity on the participants. Whilst this is understandable, it does nevertheless present difficulties in extrapolating from the evidence the role of the adult social care workforce and in particular identifying the skills, knowledge and qualities that are required to enable similar arts-led activities to be delivered in other settings/for future participants.

6.9   The evidence base largely describes activities that have been led by a professional artist rather than a social care professional. Although there are some examples of delivery by the social care workforce, these have tended to be in a supporting as opposed to leading role. As a result there is currently a lack of published evidence that describes the delivery of arts-led activities by the social care workforce and so in turn a lack of detail as to what training and professional development was provided to support this delivery.

6.10 Although the evidence identified a limited number of training programmes that supported social care staff to deliver art activities, there are some useful workforce development models that merit further exploration. In particular approaches that use artist mentors to support care staff to use arts as part of their care plan and those that enable care staff to network and share practice.

6.11 The skills required from the adult social care workforce will be strongly influenced by whether the activity is led by a professional artist, co-produced or led by the social care team. As a consequence any future workforce development programme which aims to increase the skills, confidence and capacity of the adult social care workforce to use arts to support the people in their care will need to acknowledge and accommodate this complexity.

6.12 The review has revealed considerable breadth in the use of arts and creative approaches. Whilst there are undoubtedly some underpinning skills, knowledge and qualities that the adult social care workforce requires to support the effective use of arts with recipients of social care, it is important not to over-generalise given the necessary wide range of variation in approaches. For example, the skills, knowledge and qualities required to deliver a visual arts project for people with dementia in a residential care setting may differ from those required to deliver a music project for people with mental health issues in a community setting.

6.13 The process of undertaking the evidence review also indicated the existence of a number of toolkits and training resources that have created by arts organisations. However it is not possible to determine the extent to which these are actually applied by care staff (in particular activity coordinators) to support the use of arts in their settings. Toolkits and resources include videos which give potential participants an idea of different art activities and thus have the potential to inspire and motivate the social care workforce. The activity mapping phase of the research that will follow this evidence review will generate further detail on the resources that are currently in use to support art activities in social care settings.

6.14 This review highlights the absence of any longitudinal impact data on the use of arts by social care workers in a range of settings. Although there are a number of examples of workforce development projects that are providing the social care workforce with the skills and confidence to use arts to support people in their care, in most cases there is a lack of follow-up to ascertain the extent to which the training is still in use and importantly whether this is

proving effective in delivering quality arts activities. This is likely to be a function of capacity and finance on behalf of the organisation delivering the training.

6.15   Further consideration is needed to understand and unravel the specific training approaches that are likely to be the most effective in providing social care staff with the skills, knowledge and qualities to use arts effectively in the delivery of social care. It is likely that a range of different approaches will be required although there is merit in looking at both accredited and non-accredited models as well as those that are classroom-based and those that are distance based. Any discussion on workforce development for the use of arts in the delivery of social care also needs to acknowledge a wider dialogue about professionalisation and progression routes for care staff and the link to improving outcomes for care recipients.

6.16   Finally, the evidence reveals considerable variation in approaches to measuring the impact of arts activities on participants. Whilst it is important to ensure that the process of gathering data on the impact on participants is ethical, practical and commensurate with the nature of the activity, gathering more robust evidence on the impact of participation on physical and mental health, quality of life and general well-being can assist in the process of raising the profile of the arts in the delivery of social care in particular amongst commissioners and employers. The provision of guidance and tools that enable care staff to demonstrate the contribution of the activities to the achievement of adult social care outcomes and Care Quality Commission's Provider Compliance Assessment could be explored in further detail.

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Appendix 1 - Skills for Care Rapid Evidence Assessment

Formulate the REA question	This will lead the direction of the review and therefore conclusions that follow. It is important to make clear any assumptions associated with for example the conceptual framework for the review. It is important that any REA question: • Drives the process • Is a statement that can be investigated not a subject area of interest • Is clear and answerable • Should need an answer and be worth asking Three main types of questions: 1. What works (impact) 2. What do you need to make it work? (non impact e.g. what do people need or want, attitudes, what do people think etc) 3. How much does it cost? (economic questions)
Conceptual framework?	Agree the framework for considering the research including any definitions to be used and underlying assumptions associated with the research.
Set inclusion and exclusion criteria	The inclusion criteria specifies studies to be included and excluded along with some justification. Can include language of publication, date of publication, population group, type of intervention or study, settings, research methods. This can also include how the REA will be rapid, e.g. include only existing systematic reviews
Devise search strategy	This can include: • What is to be searched for (inclusion/exclusion) • Sources to be searched (electronic, grey, specialist websites) • Search terms (key terms to be used)
Begin searching	Using pre-determined databases and websites, and contacts begin searching using search terms and combinations. Articles identified in this initial search to be recorded in Endnote and roughly keyworded. Included articles based on inclusion and exclusion criteria set out above

Screening (abstract)	Once identified through searching the next stage is to screen the abstract in more detail and compare with inclusion criteria. If the study meets the inclusions criteria, then it will be included in the next stage of the review. If now, reason for exclusion noted on Endnote.
Quality assessment	This next round involves reading the full report in more detail and making an assessment based on a set of standard questions on the quality of a study. At this stage, studies considered to weak to be useful can be excluded (and recorded on Endnote). This critical appraisal ensure the study is relevant and findings reliable. For a rapid evidence assessment key questions to assess quality could include: • Aim of the study/research questions • Target population and setting • Research methods (design, sample, data collection, analysis) and appropriateness linked to research question, population and setting • Outcomes or findings and do they follow from results • Relevance of study focus for answering REA question. For a Review of reviews, key questions could include: • review search strategy stated • comprehensive search strategy • relevance criteria for primary studies described • quality of primary studies assessed • findings from studies integrated • adequate data to support conclusions • country of review and note on transferability for England. Following assessment, studies can be included or excluded depending on the outcome. Again outcomes recorded on Endnote. Alternatively, rather than excluding all studies that are considered methodologically weak, they can be included with adequate caveats. This can happen in the absence of any other good quality evidence.

Full data extraction	Once a study has been assessed for relevance and quality full data extraction for inclusion in the narrative report can take place. There are various ways to extract this information e.g. Excel spreadsheet, Nvivo, relevant details directly into report.
Synthesis of findings	This will vary depending on research questions but requires consideration of all evidence extracted using narrative or thematic synthesis. Consideration needs to be given to integrating qualitative and quantitative studies into the evidence synthesis to 'tell the story' from the findings.

Appendix 2 - Conceptual Framework

Key Concepts and Assumptions

One of the challenges facing cross-sector working is obtaining agreement on the use of terminology. This is heightened in this instance with evidence of divergent views on key concepts and definitions within both the social care and art sectors. This REA process does not seek to impose a set of definitions on either sector but merely to clarify the key concepts and definitions that apply to this research. This will aid communication of the research objectives and parameters to individuals and organisations engaged through the search strategy. It will also facilitate the identification of research evidence of relevance to the objectives of the research and associated key research questions.

Key Concepts

Definitions of the key concepts likely to be used in the REA process are outlined below. Specifically not included for reasons of practicality is a definition of quality. This research acknowledges the on-going work within both the social care and art sectors to establish quality standards[6]. It is envisaged that the REA process is likely to identify different models for assessing quality for the use of arts to deliver social care and as such the provision of a definition of quality from the outset is likely to be unhelpful and restrictive when gathering practice examples.

> **Adult Social Care -** Includes all forms of personal care and other practical assistance for individuals who by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, are in need of such care or assistance.
> **Artist -** An artist is a person engaged in one or more of any of a broad spectrum of activities related to creating art, practicing the arts and/or demonstrating an art.
> **Artforms** - Dance, Music, Literature, Theatre, Visual Arts.
> **Continuous Professional Development** - The maintenance of knowledge and skills related to a profession.
> **Co-production** - Delivery of an arts activity within social care as a partnership between the artist and the social care worker.
> **Cross Art Form** - Initiatives and interventions that cut across different art forms.
> **Effectiveness** - The degree to which clearly stated objectives are achieved.
> **Multi Art form** - Referring predominantly to artistic practices and programmes that involve more than one art form.

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[6] Includes work commissioned by the National Institute for Health and Clinical Excellence (NICE) to develop quality standards and other guidance for social care in England in response to the responsibilities outlined in The Health and Social Care Act (2012) and a suite of toolkits and resources developed by the Arts Council England, Arts Council of Wales and Creative Scotland to assess the quality of art activities.

Outcomes - The impact of an activity on participants. This may include changes in behaviour, attitude, skills, knowledge or condition.

Participants - The end user or recipient of the arts activity within a social care setting.

Social Care Workforce - Includes adult social care workers, volunteers and carers.

Workforce Development - A coherent approach to addressing the skills, knowledge and behaviours that are needed by the social care workforce to deliver services both now and in the future and outlines how these will be resourced. Learning and development opportunities are detailed in workforce development plans which meet identified needs for new or different skills, trainee opportunities, talent management schemes, professional development and career pathways.

Assumptions

The following underlying assumptions underpin the REA process.

- The use of arts in the delivery of social care will be governed by clearly stated objectives.
- It will be possible to distinguish between the impact of the arts activity and other activities when evidencing the outcomes for participants[7].
- The activity will be clearly defined as an arts activity.
- There is a common understanding of the concept of quality in the use of arts in the delivery of social care.
- Adults in receipt of social care are recognised as potential active participants in art activities.
- Employers are aware of the use of arts and engagement in arts activity by their workforce to support adults in receipt of social care.

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[7] The research team acknowledges the recent publication by the Department of Health of The Adult Social Care Outcomes Framework 2013/14.