



Original citation: Evans, Simon , Garabedian, Claire, Bray, Jennifer  and Gray, Karen (2019) *Mentoring and Peer Support as Facilitators of Arts-based Practice in Care Homes*. *Journal of Applied Arts and Health*, 10 (2). 169-184(16). ISSN Print: 2040-2457 Online: 2040-2465

Permanent WRaP URL: <https://eprints.worc.ac.uk/id/eprint/8177>

Copyright and reuse:

The Worcester Research and Publications (WRaP) makes this work available open access under the following conditions. Copyright © and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable the material made available in WRaP has been checked for eligibility before being made available.

Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Publisher's statement:

This is an Accepted Manuscript of an article published by Intellect in the *Journal of Applied Arts and Health*, published on 1 July 2019, available online: https://doi.org/10.1386/jaah.10.2.169_1

A note on versions:

The version presented here may differ from the published version or, version of record, if you wish to cite this item you are advised to consult the publisher's version. Please see the 'permanent WRaP URL' above for details on accessing the published version and note that access may require a subscription.

For more information, please contact wrapteam@worc.ac.uk

Mentoring and peer support as facilitators of arts-based practice in care homes

Simon Evans, University of Worcester

Claire Garabedian, University of Worcester

Jennifer Bray, University of Worcester

Karen Gray, University of Worcester

Abstract

This article reports on the evaluation of a mentoring approach that was adopted to support the sustainable provision of activities in UK care homes across three creative art forms: poetry, dance, and drama. Data are presented from multiple sources including questionnaires, focus groups, reflective diaries and interviews to explore implementation and impact of the approach. Artists reported that the support of their mentors enabled them to develop the confidence, skills and strategies required to work effectively in care homes as a new setting. For the mentors, being involved in the project led to professional development. Diverse methods of mentor- to- artist contact were a key feature of the approach, including face-to-face meetings, telephone calls, emails and tele-conferencing. Peer support, although not planned, emerged as an important mechanism for sharing skills and information among artists. The impact of the mentoring approach continued beyond the life of the project, with some artists extending their practice to additional care homes and other settings including homeless adults, young children and hospitals.

Keywords

Mentoring

Arts

Care Homes

Peer support

Participatory

Drama

Poetry

Dance

Background and context

There is an emerging body of literature available highlighting the range of benefits that arts such as music, dance, drama and poetry can offer for older people including those living with dementia. These are thought to include increased attention, stimulation of memories, enhanced communication and improvements in memory, mood, expression and dexterity (Young et al. 2016; Särkämö et al. 2014; Coaten 2011). The UK All Party Parliamentary Group on Arts, Health and Wellbeing called for wider acknowledgement of these benefits based on an understanding that arts engagement leads to longer lives better lived (All-Party Parliamentary Group on Arts, Health and Wellbeing 2017). There is also evidence to suggest that creative arts programs can influence the care practice of staff (Broome, Denning, Schneider & Brooker 2017).

Reporting on a UK study, Windle et al. (2018) suggest that the environment is an important contextual consideration when considering outcomes for arts interventions. It is possible that the more institutionalized the setting, the less able it might be to 'generate good quality social environments' in which to create positive outcomes. As Moss & O'Neill (2009) acknowledge, best practice requires the practitioner to understand the environment in which they work. In healthcare settings this will include knowledge of the hierarchies, routines, needs of care workers, care practice and financial context. The majority of research into the arts and dementia has been carried out with people living in residential care, followed by work in museums and galleries.

The overarching aim of participatory arts projects is chiefly to promote health, wellbeing, and sometimes cognitive function for people living with dementia, in contrast to the work of arts therapists who often work in clinical settings and focus on specific symptoms of conditions (Zelig et al. 2018). While arts therapists usually receive ongoing training and support as part of their professional registration, artists who deliver participatory arts projects in community settings are more likely to benefit from less formalised approaches such as mentoring (Moss & O'Neill 2009). Despite a burgeoning 'creative ageing' sector, there is no accreditation scheme in the UK for arts providers working in care settings. A survey carried out in 2017 presented a diverse sector comprising 65 organisations in the UK running training for a range of stakeholders including artists, providers, volunteers, students and arts venues and concluded that 'the quality of arts delivered in care settings is dependent on artists having access to training that provides them with the person-centred skills they need to deliver successful sessions in care homes' (Allen 2018: 26). Similarly, an Australian study noted the lack of professional training for artists in care settings,

commenting that artists will ‘be required to perform in a fluid, shifting space that requires complex understanding, interpretation and response’, alongside ‘a focus on person-centred care and authentic engagement with individuals’ (Ford et al. 2018: 8).

Care homes can be particularly challenging settings for artists, whose spontaneous approaches can be in sharp contrast with environments that are often institutional and highly scheduled (Rix et al. 2018). Previous UK research advocates training for creative arts specialists to develop interpersonal and non-verbal communication skills and gain the confidence of older care home residents, particularly those living with dementia (Garabedian & Kelly 2018; Dobson 2000; Mottram 2003; Coaten et al. 2013). The Baring Foundation’s Creative Homes report in the UK (Cutler, Kelly and Silver 2011) recommends that arts practitioners working in care homes be attuned to the individual interests and needs of residents, that they work in partnership with staff, that they seek to communicate with residents in a variety of ways, that they are flexible, that they seek to engage individuals ‘in the moment’ and that they are attentive to the health and safety needs of all involved. A recent study suggested that encouraging autonomy, fostering relationships and building confidence are key to delivering arts programmes within a care home setting, for which there is currently little training available (Broome et al. 2017). This supports the findings of a report published by the Baring Foundation in the UK, which concluded that placements and mentoring are crucial elements of training for artists wishing to work in care homes (Allen 2018).

Despite a plethora of studies focusing on mentoring, particularly in management and education, there is a noticeable lack of clear definitions, with most work identifying the attributes of mentoring rather than stipulating the meaning of the concept itself (Bozeman & Feeney 2007). For example, a study exploring the feasibility of incorporating mentoring into general practice medicine in the UK (Freeman 1997) describes the term ‘holistic mentoring’ as containing three key aspects: continuing education, personal support, and professional development (457). Freeman also emphasises the importance of self-reflection on the part of mentees. The key aims of this approach were stated as:

Achieving change through the medium of a reflective, supportive mentor relationship, resulting in changed perspectives [enabling] mentees to achieve a more robust professional identity, empowering them to take control, rationalise pressures, and formulate and implement change in their working lives (p. 459).

Encouraging and supporting reflective practice is a key element of many mentoring approaches and has been applied to professional development in a variety of contexts (Schön 1983). There is considerable evidence for the value of mentoring across a range of settings and professions. For example, Eby et al. (2008) reported that mentoring in youth, academic and workplace settings is associated with a wide range of favourable behavioural, attitudinal, health-related, relational, motivational, and career outcomes. In the USA nursing sector mentoring has been linked with increased self-confidence, leadership, job satisfaction and staff retention (Mills & Mullins 2008).

There is very little peer-reviewed literature exploring mentoring in the arts sector. However, the evaluation report on a mentoring approach to delivering arts in care homes across Wales highlighted support and reassurance, practical guidance and advice as key elements of successful mentoring (Algar-Skaife et al. 2017).

This article reports on an evaluation that explored the implementation, effectiveness and sustainability of a mentoring model that was adopted for an arts-based project in England from 2016 to 2018.

The Making of Me project

The Courtyard, Herefordshire's Centre for the Arts has provided access to the arts for the older rural population since 2010 and has previously conducted two pilot mentoring projects, both of which positively impacted on the mentors and artists and were well-received by the participating care home residents (Lillyman et al. 2014). This larger-scale, two-year 'Making of Me' project was funded by the Baring Foundation, a UK foundation which protects and advances human rights and promotes inclusion. An independent evaluation of the project was carried out by the Association for Dementia Studies at the University of Worcester. Making of Me aimed to implement a mentoring approach to the sustainable provision of activities in care homes across three creative art forms: poetry, dance, and drama. The mentoring approach adopted for this project, the 'Killick-Courtyard Mentoring Model' entailed each mentor working with artists who are experienced in delivering creative sessions, though not in care settings, providing them with training and remote support. After two days of initial training, artists deliver a series of ten-week residencies in care homes. They work with care staff to help support the continuation of activity after each residency. Participating artists have gone on to work in the UK both as solo artists and in collaboration with fellow artists in running sessions within residential care settings.

Three mentors with significant experience of working with older people, including those living with dementia within care homes trained and supported nine artists across three art forms: dance, drama, and poetry.; Artists were recruited from a pool of applicants with considerable prior experience working within various community settings (e.g. prisons, schools etc.), but not with older people or people with dementia living in care homes. The two-day training course with their mentor focused on how best to use their art form within the care home setting, before each artist was assigned three care homes with the expectation that they would provide ten weekly Making of Me sessions in each. Subsequently, each artist was shadowed and supported by their mentor during their initial care home sessions. Artists also received ongoing support from their mentor throughout the project via email, telephone, online sessions and during quarterly face-to-face meetings. Each participating care home was asked to identify two members of staff to act as ‘champions’, to assist the artists in delivering sessions in their allocated care homes. These champions were also encouraged to attend quarterly meetings to share and discuss their experiences of the project. An experienced team at The Courtyard organised the meetings, managed relationships with the homes, commissioned and paid the artists and maintained regular contact with all participants.

Evaluation Methods

In this paper a university research team reports on an evaluation that they carried out, which focused on the extent to which the project achieved three key aims: The effectiveness and sustainability of the mentoring approach in terms of enabling the care home champions to deliver creative arts sessions in their own organisations; the expectations and experiences of working with this approach for the artists and mentors involved in the project; and the characteristics and comparative effectiveness of the programmes being offered across three creative art forms (poetry, drama, and dance).

This paper explores the implementation and impact of the mentoring approach, drawing on qualitative data collected, from six sources:

1. A pre-project questionnaire completed by artists, exploring their prior experience and their expectations. (n=7)
2. Questionnaires completed by artists after the two-day training sessions with their mentor. These provided insights into what each artist had learned and how this learning affected their perceptions and expectations of their participation in the project. (n=9)

3. Semi-structured reflective journals written by the mentors and artists after each care home arts session they facilitated. These journals focused on the impact of the sessions and their experiences of delivering them. (n=23 mentor journals; 526 artist journals)
4. Questionnaires completed by the mentors and artists during six quarterly meetings that took place throughout the project, with the aim of celebrating successes and addressing emerging challenges to the project. (n=52 responses)
5. Focus groups held with mentors, artists, and champions attending the quarterly meetings. (n=15 groups attended by an average of 8 people)
6. A final follow-up questionnaire completed by artists approximately six-months after the conclusion of the project, focussing on any lasting impact that the Making of Me project had for their creative arts practice. (n=2 year one; 7 year two)

Data were analysed using a thematic approach facilitated by computer assisted qualitative data analysis software. Two members of the research team agreed on a coding framework based on an initial reading of three transcripts. Data were then coded and discussed within the team to identify key themes.

Ethical approval for this evaluation was granted by an ethics committee at the University of Worcester.

Findings

In this section we present the experiences of the mentors and then those of the artists, in order to explore different perspectives of the mentoring approach adopted, including key facilitators and barriers. This is followed by consideration of the extent to which the mentoring approach promoted sustainable delivery of creative arts, which was a key aim of the project.

Mentor experiences

Early in the project, the mentors identified several areas in which the artists could be supported to successfully complete the project. For example, they suggested that artists needed more confidence to enable them to foster a sense of ownership and move forward from their initial two-day intensive training. They also felt that artists should instil a sense of togetherness among themselves, with each other, and with the resident participants from the start of each new residency: 'Two of the artists are struggling slightly to move away from the

training and assert the work and practice as their own. Solo working is clearly very isolating at times.’ (Mentor 2)

One mentor commented on the level of nervousness among the artists, perhaps due to a lack of experience in working with older people. This was manifested in particular behaviours such as an artist forgetting to smile or to greet residents by name as they came into a session, and by fiddling with equipment as residents were arriving. One way that some artists initially grappled with their nervousness, was through trying to micromanage their sessions, which could be counter-productive: ‘And actually, I think that, that desire to know exactly where the session will go for 10-minute slots is a real barrier to development and to the session feeling rich and creative and artistic.’ (Mentor 2)

One mentor expressed surprise regarding the variable levels of confidence artists appeared to have and hence the amount of support they required:

[It is] difficult to gauge how much to interact, possibly because the mentees by personality want/ need varying levels and types of support. Trying to be as responsive as possible, not to impose but to be available and interested. Want interactions to feel genuine, tailored and useful. (Mentor 1)

Mentors also commented on the many ways in which each artist had improved their practice as a result of mentoring. For example, one mentor spoke of how an artist who had initially lacked confidence was doing really well by the end of their first solo residency. This mentor spoke of monitoring this artist very carefully via weekly contact through email or telephone calls, as well as holding an extra face-to-face meeting. This was far more contact than the mentor had with other artists: ‘I’m giving her lots of support and she’s doing very well.’ This mentor also spoke of focusing on getting this less experienced artist ‘on the right path’ and helping her get the most out of her two remaining solo residencies. Another mentor spoke of successfully encouraging artists to use a non-verbal approach, providing fewer instructions, and adapting the way they worked to meet the needs of the group. This mentor explained that using words or talking too much is not always appropriate for residents, and lengthy instructions are generally not helpful for people who have more advanced dementia or for people who have hearing problems: ‘The artists have gone from lots of unnecessary chattering...to using the non-verbal, their gestures and their facial expression. That’s been very exciting.’ (Mentor 2)

Mentors also identified a range of limitations with the mentoring approach adopted, including the challenge of communicating effectively via email and video-conferencing rather than by direct contact. For example, they felt that artists were not always adept at presenting a complete picture for the mentors of what was actually occurring during their sessions, choosing instead to discuss more perfunctory issues related to scheduling and logistics:

I think my [artists] need to be continually reminded that it isn't just about having a good time in the group...but the one-to-ones are an opportunity to go deeper and [the artists] shouldn't undervalue them – they should have equal weight. And if you're not there seeing what [the artists] do, it's difficult to see if they're doing that. They tend to write about both, but they are writing more about the group ones obviously because they are enjoying them more. (Mentor 3)

Conversely, one mentor suggested that the flexibility of this mentoring approach and the on-demand nature of advice and support they were able to give to artists, primarily via telephone conversations, was a strength of this approach because it allowed individuals to tailor the support to their own requirements. They preferred this to a more rigidly structured approach including for example compulsory monthly meetings. Having previously mentored exclusively via direct observation, this mentor felt that although that method of mentoring can be helpful, sometimes the advice provided can be lost, whereas the ongoing nature of remote mentoring provided within Making of Me resulted in richer and more valuable discussions.

Mentors also spoke of the importance of the artists being open to critical feedback because, although they all had experience leading sessions within community settings, they were not necessarily immediately able to translate their skills to working within care homes with older people and people living with dementia. However, they also suggested that most of the artists recognised and welcomed constructive criticism, especially when they were aware that a session had not gone as intended or as well as hoped.

Over the course of the project, mentors provided useful suggestions and recommendations for future programmes of this nature. One suggestion was that the mentors be contracted to observe at least one session significantly later in the project for each artist, as well as one session at or very near the conclusion of the project:

I did say last time we met, if there was the funding for a follow-up visit... it's when the work gets a little bit more mature that there is an opportunity for deepening it, drilling down, actually taking it further...extra mentoring visits have not been costed in. (Mentor 1)

Mentors also felt that they should be present at an initial planning meeting between artist and care home staff before the beginning of each residency. They felt that this might circumvent problems that could result from mis-matched expectations. Preliminary meetings were held between the artist and care home staff prior to each series of Making of Me sessions. At these meetings, detailed arrangements were agreed upon, including how many residents would participate in each session and how many staff would be present to support them. However, these conditions were not always adhered to, leading the artists to have concerns about duty of care and safety, particularly in relation to the number of participants. Settings expectations and clarifying understandings requires a particular set of skills which mentors felt could be passed on to artists. One mentor added that this might help with encouraging Champions to 'turn residents away' if there is not enough staff capacity to include greater numbers.

Artist experiences

Feedback from the artists suggested that the mentoring approach embedded within Making of Me was largely successful in facilitating delivery of the creative arts programme. For most artists, the support and advice they received from their mentor was crucial to the successful delivery of their residencies. For example, one artist approached their mentor because they had not previously worked with anyone who had experienced a stroke and did not know how to physically support them. Discussions with their mentor enabled this artist to put into practice suggestions for supporting the engagement of the resident in question, while also helping the care staff to learn how to better support people with this and similar physical conditions.

Several artists described how their mentor had aided them to resolve specific practical issues through discussions with care home staff. For example, one care home wanted the artist to hold one-to-one sessions with residents who were more difficult to engage in group activities due to their advanced dementia; the mentor explained the ethos of the Making of Me project with the home in greater detail, and it was agreed that inclusion of residents with very advanced dementia would not be feasible for the specific art form. Some mentoring arrangements worked better than others, and there were particular times when the artists

would have appreciated having more contact or guidance from their mentor via feedback and further mentor-observed sessions. One artist felt that there was too long a timespan between mentor observations across their residencies: ‘Talking about things over the phone is not the same as someone being there and seeing it for themselves’. Artists identified several ways in which this particular mentoring approach could be improved or enhanced. It was suggested that the mentors come back later in the project to see how much they had progressed: ‘It’s a shame really that there isn’t the budget for the mentors to come back and see, now we’ve gained a bit more confidence in what we’re doing’. Another suggestion was to support artists shadowing each other as a means of getting feedback when mentors were not present.

‘Cross-fertilisation’: the value of peer support

Contact between artists emerged as an important trigger for changes in practice and as a channel for information and suggestions about particular care homes. This peer support may have been facilitated by the regular meetings between artists that were organised as part of the project, and by an urgent need to overcome the challenges of working in care homes as a new setting. It also emerged through a development during the project whereby dual residencies took place involving artists across two art forms: poetry with drama; dance with drama; and poetry with dance. These dual residencies were driven principally by the artists’ desire to learn from each other and from other art forms, as well as to maintain and strengthen the relationships they developed through working on the project. As one artist commented: ‘We’ve been having a think about what we could do, because we’ve been enjoying the project so much that we don’t want to just stop’.

Peer support took several forms in addition to dual residencies; artists observed each other’s sessions, swapped ideas and suggestions via email, shared materials and resources, reading other artists’ journals, and met up as a group. Perhaps the biggest impact of this cross-fertilisation can be seen in the changes to practice that artists reported:

Truly, having a multi-arts approach is the best. The change in dynamic, the capacity to re-energise and to focus in tightly as well. I shall definitely be incorporating some of [artist name] marvellous ideas and bring more physical activity into the sessions.
(Poet Artist 2)

It gets you thinking outside of your own little box, it has been inspirational.

I found I was more and more drawing on the other art forms, like reading out the poem at the start of the session last week, so that's been really great... enriching...keeping it fresh. (Drama Artist 2)

The artists commented on how interesting they found it to work with other art forms and explore different approaches. For example, one artist noted that while in dance they were encouraged not to use words, working with poetry was by necessity quite different. Similarly, using props and costumes in sessions run by a drama artist was 'an eye opener' for one poet, who described how when a resident put on a hat, they 'become another character'. This suggests that peers had a substantial role in the development of new skills and perspectives with which to facilitate sessions.

Having another artist present during a session also brought advantages when working with individual residents who were struggling to engage. For example, if someone was hard of hearing, or if a resident was particularly enthusiastic and talkative or dominating, it was less disruptive for the group if another artist worked with them individually, supporting them to engage more fully '*in the moment*'. This can be a particularly important element of creative arts sessions which include people living with dementia (Dowlen et al. 2017), MacPherson et al 2009).

One example of the usefulness of this cross-disciplinary knowledge exchange was artists sharing information amongst each other about working with specific care homes was provided by an artist who experienced numerous session cancellations within one care home. When another artist began experiencing similar cancellations within the same care home, advance warning gave the second artist the confidence to '*nip it in the bud*' and suggest alternative solutions. This can be an important issue for artists who are self-employed, and therefore don't get paid if sessions are cancelled by the care home.

Although one mentor cautioned that differing styles might result in artists having difficulty in leading collaborative sessions, in general mentors recognised the value of this unanticipated development of collaboration and support between artists:

The artist who has worked with another has obviously really benefitted from that experience. I am exploring ways forward with both artists to encourage an increased sense of collaboration. I just think that these collaborations have really lifted it. They just seem to be buzzing with ideas and I think it's really nourishing them creatively. (Mentor 1)

Sustainability: long-term impacts of the mentoring approach

Data from questionnaires completed by artists six months after the conclusion of the project, suggests that taking part in the project positively influenced their ongoing practice. Specific examples included the use of structured sessions around specific themes, carrying-out detailed planning while also preparing to be flexible, adopting a person-centred approach, and eliciting feedback from staff and residents towards better tailoring their sessions:

My work with Making of Me has vastly improved the audience experience in all care settings. I think the way I used music has changed; the variety of all my plays list for classes has improved. I don't use classical music all the way through adult ballet classes but add in some pop and contemporary music as a result the classes are more fun and popular now. Let's just say I'm on a whole new level now. (Drama Artist 2)

I am much more likely to incorporate elements from different art-forms in my work. I also think I'm more likely to take risks – not in a bad way! I'm more prepared to allow silence to deepen because sometimes something very profound can come out of a silence. Before, I had too much of a tendency to jump in. (Poetry Artist 3)

Several artists reported implementing learning from the project in other settings and within other populations as well, including with homeless adults, young children and hospital patients:

Although on the face of it a world away from the elderly in a care home, in practice the situations turn out very similar: massive variations in mood, ability to engage, frequent but unpredictable 'intrusion' from other aspects of life and very limited attention span. As with the Making of Me residencies, one can have a wonderful 'group' session one week and a total car crash the next. (Poetry Artist 1)

It continues to influence my practice both in terms of working with older people, plus more recent work with young children. I am particularly mindful of how and what I communicate, working more non-verbally and responding more spontaneously. (Drama Artist 2)

Artists also reported that taking part in the project had a strong impact on their skills and confidence to continue similar work:

I also felt towards the end of the Making of Me project that I had several epiphanies in my practice, gained a greater understanding of the nature of dementia and a willingness to just 'go with it'. I relaxed more into it, and began to welcome the challenges. (Poetry Artist 1)

Perhaps the most compelling evidence for the success of the project and its mentoring approach is the subsequent formation of a collective involving four of the artists, which is committed to working creatively with older people. This collective built on the experiences and partnerships they had developed with participating care homes and aims to engage people imaginatively in workshops in ways which increase levels of engagement and their quality of life.

Mentors were also asked about the impact that the project had on their own personal practice. One mentor noted that the project had contributed to their own professional development and commented on the risk of becoming out of touch with what happens in care home settings, saying that carrying out observations kept their work grounded in the realities of care home arts practice.

In addition, the length of this particular project provided unique opportunities for growth and learning:

This project has left a legacy, not just for the homes, but for the artists in terms of the skills they have developed to take forward. Given the length of the project, it has shown me how important it is to build relationships with mentees over time. You don't get this as much in other projects. (Mentor 1)

Discussion

The Making of Me artists began this project expressing clear expectations and goals: developing the confidence and skills to work effectively in care homes; learning how to engage older people and people living with dementia; improving the wellbeing of participants; learning from their mentors and peers; and enhancing their own practice. Artists reported that with the help and support of their mentors, they were able to adapt their practice to be effective in care homes as a new setting. Their mentors enabled them to acquire new

skills and strategies. These included learning to negotiate arrangements with care home staff, carrying-out detailed session planning, adopting a person-centred and inclusive approach to abilities and preferences of individual residents, and eliciting feedback from staff and residents to inform and improve their ongoing practice. Crucially, as well as adapting and improving their practice, the artists came to accept that they had little control over the broader context of their residencies and developed the confidence to adapt to the situation as they found it. These findings confirm the need for artists to develop an understanding of the environment in which they are working (Windle et al. 2018, Moss & O'Neill 2009), particularly when considering care homes (Rix et al. 2018). The overall impact of this mentoring approach might be viewed as contributing towards the development of the 'professional identity' of artists (Freeman 1997). While the approach adopted for this project was generally valued by the artists, some felt that they would have benefited from increased contact with their mentor, particularly face-to-face.

The initial primary aims expressed by the mentors were to give the artists more confidence in working with older people and people with dementia within the care home settings. To this end, the mentors adopted a variety of methods of communication that met the needs and preferences of themselves and their artists: face-to-face meetings; residency shadowing and observations; quarterly training sessions; telephone calls; emails; video calls; and written reports. While face-to-face meetings and observations were deemed to be the best vehicles for exchanging information, the mentors recognised that ongoing remote modes of communication were also essential to a successful long-term mentoring approach. With support from their mentors, artists adapted their approach to meet the abilities and preferences of specific individuals, be they the physical needs of someone who had experienced a stroke or the communications needs of someone with dementia. In this respect, our findings reinforce previous calls for more person-centred approaches to creative arts practice (Allen 2018. Ford et al. 2018).

This evaluation also found good evidence for the sustainability of the mentoring approach adopted for the Making of Me project. The artists described the training, advice, support and encouragement that the mentors provided as having led to increased confidence and changes in their approach. Ultimately, they felt that it contributed to them being more effective, confident and independent practitioners in their work in care home settings. These perceptions were closely reflected by the mentors, who also highlighted the effectiveness of the mentoring approach in providing the artists with new tools, skills and understandings. These included: negotiating the practical details of session delivery; adopting a more person-

centred approach to engaging residents; and working with residents living with dementia through, for example, better use of non-verbal communication. In addition, mentors mentioned the positive impact this mentoring approach had on their own professional development, which one mentor described as feeling ‘creatively nourished’.

The longer-term sustainability of this mentoring approach is perhaps best illustrated by the fact that, in addition to improving their confidence and skills for working in care homes, several artists have subsequently applied the learning from Making of Me to their work within other settings and services including homeless adults, young children, and within hospitals. Although it might be argued that this doesn’t in itself represent ‘sustainability’ in terms of direct continuation of the residencies that were set up during the project, it does suggest that the mentoring approach that was adopted has the potential to increase the delivery of creative arts across aged care services and more widely.

A less anticipated feature of the project was the high level of peer support that emerged as the project progressed. This occurred both within and across the three art forms, and included shadowing and regular meetings between artists, as well as collaborative residencies. Several artists spoke of the value of peer support in terms of informing and improving their practice, the development of multi-arts approaches, and the exchange of information and strategies for working within particular care homes. This approach proved so effective and popular that an artists’ collective was formed at the conclusion of the project, which was subsequently commissioned to deliver additional care home sessions.

This study has started to fill a gap in the research evidence by exploring the role of mentoring for arts-based practitioners. It also builds on previous findings that suggest there is a need for training that supports creative arts specialists to develop interpersonal and non-verbal communication skills, particularly when working with care home residents living with dementia (Dobson 2000; Mottram 2003; Coaten et al. 2013; Garabedian & Kelly 2018). However, the differing approaches and practices adopted by the mentors and artists involved suggests there is still a need for clear definitions of mentoring as an overarching concept (Bozeman & Feeney 2007).

Key Learning Points

- A successful mentoring approach is based on regular and flexible contact between mentors and artists that combines a range of methods including training, face-to-face

meetings, shadowing, session observations, and virtual contact such as telephone, email, and video calls.

- It is important that mentor input spans the entire duration of a programme, from an introductory meeting, through regular support as required, to observation of the final session that the artist delivers.
- Peer support isn't a substitute for mentoring, but it should be encouraged as an efficient and valuable way for artists to exchange ideas and information that can enhance their session delivery.

Conclusions

Making of Me was an innovative, multi-art form programme based on a mentoring approach and predicated on the success of a small-scale poetry-based pilot. The mentors, who specialised in drama, dance and poetry, drew on their considerable experience to support artists in adapting their practice to working with people living with dementia in care homes.

After initial training sessions, ongoing support was provided via face-to-face contact (both individual and group-based) as well as remotely through telephone, video calls and emails. The advice and support that the mentors provided was fundamental to the artists in developing the skills and confidence required to successfully negotiate the challenges they encountered. The potential sustainability of the mentoring approach adopted is evidenced by the subsequent application of the learning from the project by artists in care homes and other settings. Findings also suggest ways in which the effectiveness of a mentoring approach can be maximised including regular and flexible contact between mentors and artists and mentor input that spans the entire duration of a programme. It also recognises the value of peer support alongside mentoring.

This paper has explored implementation of a mentoring approach to delivering a creative arts program in care homes. A further publication is planned with a focus on the impact of the program for artists, care home staff and residents.

Acknowledgements

The authors would like to thank everyone who took part in this evaluation including the mentors, artists, care home staff and care home residents. We are also grateful to The Courtyard and the Baring Foundation for funding the evaluation.

References

- Algar-Skaife, K., Caulfield, M. and Woods, B. (2017), *cARTrefu: Creating artists in residents. A national arts in care homes participatory and mentoring programme*. Evaluation report 2015-2017. DSDC Wales Report, Bangor, www.agecymru.org.uk/cARTrefu/. Accessed 03 February 2019.
- Allen, P. (2018), *Arts in Care Homes*, London: The Baring Foundation.
- All-Party Parliamentary Group on Arts, Health and Wellbeing (2017), *Creative Health: The Arts for Health and Wellbeing*, www.artshealthandwellbeing.org.uk. Accessed 03 February 2019.
- Bozeman, B. and Feeney, M.K. (2007), 'Towards a useful theory of mentoring: A conceptual analysis and critique', *Administration and Society*, 39:6, pp. 719-39.
- Broome, E., Denning, T. and Schneider, J. (2017), 'Facilitating Imagine Arts in residential care homes: The artists' perspectives', *Arts & Health* (Online First).
- Coaten, R., Heeley, T. and Spitzer, N. (2013), 'Dancemind's "Moving Memories" Evaluation and analysis: A UK based dance and health project for people living with dementia and their care-staff', *UNESCO Observatory Multi-Disciplinary Journal in the Arts*, 3:3, pp. 1-17.
- Coaten, R. (2011), 'Dance movement psychotherapy in dementia care', in H. Lee & T. Adams (Eds.), *Creative Approaches in Dementia Care*, New York: Palgrave Macmillan, pp. 73–90.
- Cutler, D., Kelly, D. and Silver, S. (2011), *Creative Homes: How the Arts Can Contribute to Quality of Life in Residential Care*, London: The Baring Foundation.
- Dobson, J. (2000), 'Step by step: The use of creative arts as a therapy', *Nursing Standard*, 15:9 pp. 18-19.
- Dowlen, R., Keady, J., Milligan, C., Swarbrick, C., Geddes, L. and Riley, B. (2017) 'The personal benefits of musicking for people living with dementia : a thematic synthesis of the qualitative literature', *Arts & Health: An International Journal for Research, Policy and Practice*. Taylor & Francis, (Published online 08 September), pp. 1–17. doi: 10.1080/17533015.2017.1370718.
- Eby, L.T., Allen, T.D., Evans, S.C., Ng, T. and DuBois, D.L. (2008), 'Does mentoring matter? A multidisciplinary meta-analysis comparing mentored and non-mentored individuals', *Journal of Vocational Behavior* 72:2, pp. 254–67.

- Ford, K., Tesch, L., Dawborn, J. and Courtney-Pratt, H. (2018), 'Art, music, story: The evaluation of a person-centred arts in health programme in an acute care older persons' unit', *International Journal of Older People Nursing*, 13:2, pp. 1–9.
- Freeman, R. (1997), 'Towards effective mentoring in general practice', *British Journal of General Practice*, 47:420, pp. 457-60.
- Garabedian, C. E. and Kelly, F. (2018). 'Haven: Sharing receptive music listening to foster connections and wellbeing for people with dementia who are nearing the end of life, and those who care for them', *Dementia*. doi: 10.1177/1471301218804728
- Hale, R. (2018), 'Conceptualizing the mentoring relationship: An appraisal of evidence', *Nursing Forum*, 53:3, pp. 333-38.
- MacPherson, S., Bird, M., Anderson, K., Davis, T. and Blair, A. (2009) 'An art gallery access programme for people with dementia: "you do it for the moment".'. *Aging & mental health*, 13(5), pp. 744–752. doi: 10.1080/13607860902918207.
- Mills, J.F., Mullins, A.C. (2008), 'The California nurse mentor project: Every nurse deserves a mentor', *Nursing Economics*, 26:5, pp. 310–15.
- Moss, H. and O'Neill, D. (2009), 'What training do artists need to work in healthcare settings?', *Medical Humanities*, 35:2, pp. 101–05.
- Mottram, P. (2003), 'Art therapy with clients who have dementia', *Dementia*, 2:2, pp. 272-77.
- Rix, A., Gregory, T. and Harris J. (2018), *Each Breathe is Valuable: An Evaluation of an Arts in Care Home Programme*, London: The Baring Foundation.
- Särkämö, T., Tervaniemi, M., Laitinen, S., Numminen, A., Kurki, M., Johnson, J. K. and Rantanen, P. (2014), 'Cognitive, emotional, and social benefits of regular musical activities in early dementia: Randomized controlled study', *The Gerontologist*, 54:4, pp. 634–50.
- Windle, G., Joling, K. J., Howson-Griffiths, T., Woods, B., Jones, C. H., van de Ven, P. M., Newman, A. and Parkinson, C. (2018), 'The impact of a visual arts program on quality of life, communication, and well-being of people living with dementia: A mixed-methods longitudinal investigation', *International Psychogeriatrics*, 30:3, pp. 409-23.
- Young, R., Camic P.M. and Tischler, V. (2016), 'The impact of community-based arts and health interventions on cognition in people with dementia: A systematic literature review', *Aging & Mental Health*, 20:4, pp. 337-51.

Zeilig, H., West, J. and van der Byl, W. (2018), 'Co-creativity: Possibilities for using the arts with people with a dementia', *Quality in Ageing and Older Adults*, 19:2, pp.135-45.

Contributor details

Simon Evans is a Principal Research Fellow with the Association for Dementia Studies. Simon has developed a portfolio of dementia research projects that spans a wide range of topics including housing, health, social care, the arts, assistive technology, care homes, and communities. His role includes applying for research funding, managing a team of researchers, and ensuring that research findings are disseminated to key audiences. Simon was awarded a BSc in Psychology in 1980 and worked in the NHS as an administrator and then a researcher, moving to academia in 2001. After a brief spell at the University of Bath he moved to the University of the West of England in 2003 (where he achieved a PhD in 2010), and joined the Association for Dementia Studies in 2011.

Contact: Association for Dementia Studies, Institute of Health & Society, University of Worcester, St. John's Campus, Worcester WR2 6AJ UK

E-mail: simon.evans@worc.ac.uk

Claire Garabedian is a professional cellist and certified music practitioner and held the post 'Associate Researcher in Creative Arts and Dementia' with the Association for Dementia Studies from 2014 to 2018. She now works as a guest lecturer and presenter regarding the use of creative arts with people living with dementia/nearing the end of life and their caregivers throughout the UK as well as internationally, and is frequently invited to speak on related current events on BBC radio.

Contact: Association for Dementia Studies, Institute of Health & Society, University of Worcester, St. John's Campus, Worcester WR2 6AJ UK

E-mail: cgarabedian40@gmail.com

Jennifer Bray is a Research Assistant with the Association for Dementia Studies and has over 18 years of experience in project research and evaluation. Since joining the Association for Dementia Studies in 2010, Jennifer has worked across a number of research projects and enjoys the variety that this brings to her role. Although she has a strong background in quantitative analysis, Jennifer has been able to develop and expand her qualitative skills

during her time working with the Association for Dementia Studies. The diverse nature of her role has enabled Jennifer to explore dementia in different care settings and in relation to a variety of topic areas. This has enabled her to develop expertise in dementia and sight loss, intergenerational aspects of dementia awareness, and the use of technology with people living with dementia.

Contact: Association for Dementia Studies, Institute of Health & Society, University of Worcester, St. John's Campus, Worcester WR2 6AJ UK

E-mail: j.bray@worc.ac.uk

Karen Gray is a researcher with a particular interest in exploring the value of cultural and leisure activities for enhancing the health and wellbeing of people as they age (including those with dementia), and the methods and tools we use to assess this value. She is currently completing a PhD at the University of Worcester as part of The Arts and Dementia Doctoral Training Centre (TAnDem DTC), funded by the Alzheimer's Society. Karen holds research posts at the University of Winchester and Brunel University.

Contact: TAnDem Doctoral Training Centre, Institute of Health & Society, University of Worcester, St. John's Campus, Worcester WR2 6AJ UK

E-mail: karen.gray@worc.ac.uk