Helium - Kids Own Art Elite

PUPPET PORTAL PROJECT

Patients
Parents
Staff
Artists
Teachers
Play specialists

Hospital C
Siobhan

Hospital B
Emma

Hospital A
Helen

Hospital D
Anna

Puppetry: Creating
Making
Performing
Watching

Happiness
Engagement
Sustainability
Fulfilment
Learning

DVD
Video
Film
Link-up
Technology
The

Puppet Portal Project

A Pilot Puppetry Project
Examining
Puppetry and Technology
Located
Across Four Hospital Environments
Within
The Arts–Health Context

Independent Evaluation
by
SpiralOrchard
“I am enough of an artist to draw freely upon my imagination. Imagination is more important than knowledge. Knowledge is limited. Imagination encircles the world.”

Albert Einstein
CONTENTS
1 Executive Summary ............................................................................................................ 7
   1.1 Introduction ................................................................................................................ 7
   1.2 The Arts and Health Context ......................................................................................... 7
   1.3 The Hospital Environment ............................................................................................ 8
   1.4 Bridging the Gap ........................................................................................................... 9
   1.5 The Impact of the Puppetry .......................................................................................... 10
   1.6 Conclusion .................................................................................................................... 10
2 Introduction ........................................................................................................................ 12
   2.1 Origin (Helium) ............................................................................................................. 12
   2.2 Project Partners ............................................................................................................ 13
   2.3 Artists and Hospitals .................................................................................................... 15
   2.4 Project Aims and Objectives ......................................................................................... 18
   2.5 The Stakeholders .......................................................................................................... 19
   2.6 Project Timescale .......................................................................................................... 20
   2.7 Artist Mentoring ........................................................................................................... 21
3 Evaluation Methodology ................................................................................................... 23
   3.1 Evaluation Aims ........................................................................................................... 23
   3.2 Evaluation Process ....................................................................................................... 24
   3.3 Quantitative Methodology ........................................................................................... 25
   3.4 Qualitative Methodology ............................................................................................ 25
   3.5 Data Collection ............................................................................................................ 26
      3.5.1 Questionnaires and Puppetry Sessions .................................................................. 26
3.5.2 Timeline for Data Collection ......................................................... 27
3.5.3 Limitations of the Data Collection Process ........................................ 27
4 Data Analysis and Results ........................................................................ 29
  4.1 Quantitative Analysis ............................................................................ 29
    4.1.1 Patients ......................................................................................... 32
    4.1.2 Parents/Guardians/Staff ................................................................. 42
    4.1.3 Artists/Teachers/Play Specialists ....................................................... 55
  4.2 Qualitative Analysis .............................................................................. 67
    4.2.1 Least Enjoyable Activities ................................................................. 67
    4.2.2 Most Enjoyable Activities ................................................................. 74
    4.2.3 The Last Word .................................................................................. 79
    4.2.4 Changing the Mood of the Patients .................................................... 89
    4.2.5 Notable Features of Sessions ............................................................... 92
    4.2.6 The School Curriculum ..................................................................... 96
  4.3 Artistic Evaluation .................................................................................. 97
  4.4 Multimedia Journals ............................................................................ 106
5 Further Learning ......................................................................................... 109
  5.1 Evaluator Site Visits ............................................................................ 109
  5.2 Travelling Puppets .............................................................................. 112
  5.3 Artist Mentoring .................................................................................... 114
    5.3.1 Mentoring Structure ......................................................................... 114
    5.3.2 Peer Mentoring ................................................................................ 115
    5.3.3 Support for Artists in Healthcare Setting .......................................... 116
5.3.4 Future Projects (Artist Mentoring) .................................................. 118
5.4 Creative Evaluation Meetings ............................................................. 119
5.5 Key Factors: Outlining the Success of the PPP ................................... 124
  5.5.1 Puppetry .................................................................................. 124
  5.5.2 The Intervention of Technology .................................................. 125
  5.5.3 The Artists ............................................................................. 125
6 Findings, Emerging Themes and Recommendations ............................. 127
  6.1 Findings Related to the Project Aims .............................................. 127
  6.2 Emerging Themes ....................................................................... 132
  6.3 Recommendations ....................................................................... 133
7 Conclusion .......................................................................................... 137
  Appendix I: References .................................................................. 139
  Appendix II: Questionnaires ............................................................. 142
  Appendix III: ‘Puppetree’ Poster ....................................................... 147
1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

This research was commissioned by Helium to evaluate the impact of a pilot Puppet Portal Project (PPP) carried out in four hospitals across Ireland. It evaluates the impact of puppetry sessions on the key stakeholders; paediatric patients, parents, artists, teachers, hospital play specialists and hospital staff. It also evaluates the project management in terms of the artistic process, artistic facilitation, collaboration with the teaching staff and collaboration with the hospital play specialists. The use of technology to communicate artistically between the four hospitals has also been studied. The evaluation makes recommendations for the continued development of future projects, and outlines best practice methods.

The project is divided into two distinct Blocks: Block 1 (April–June) and Block 2 (September–November) 2009. The recommendations provided by this evaluation are aimed at the implementation of future successful puppetry projects with children in hospital.

1.2 THE ARTS AND HEALTH CONTEXT

Increased awareness in arts and health provision facilitates the hospital domain as a health environment that is focused beyond the solely physical state of the patients. The highest standards of care have got to include the physical, mental and social wellbeing of patients in order to transgress the perceived primary need of physical healing. A hierarchical shift towards providing resources for local and national arts and health initiatives has gained momentum. It was enabled through the provision of funds from the Arts Council. Quality arts experiences require adequate resources; it is unfair and unrealistic for organizations that engage in arts practice with young people – and those who fund or otherwise support them – to think differently. This applies not just to materials, equipment and the physical surroundings but also
to the valuing of the artists’ own contribution (Arts Council 2005c p7). The healthcare setting can provide an opportunity for artists to explore their practice from a different perspective while delivering the arts to patients, staff and visitors within the hospital environment.

1.3 THE HOSPITAL ENVIRONMENT

The paediatric hospital units aim to create a harmonious setting by replicating environments that are familiar to their patients; some are very young and may not have the life experience or contextual framework to rationalize their hospital stay. Hospital schools have operated in Ireland since the 1920s. In more recent years, larger paediatric units have tended to have hospital schools and play departments that employ teachers and play specialists respectively. There are 25 hospitals in Ireland where there are children. Ten of these have play departments and nine have schools / teachers, of which two have teachers but not schoolrooms. Of these, six hospitals have both a play department and a hospital school.

In a hospital school the number of students attending may vary from hour to hour and day to day. The number generally ranges from a small few to groups of five to ten children. Hospital schools in Ireland are designated ‘special schools’ by the Department of Education and Skill. The pupils are hospital patients who are experiencing or recovering from illness, and are in receipt of treatment. Social engagement, emotional support and, not least, fun are other important functions of school activities. All school activities follow a flexible structure in line with the medical, educational and emotional needs of the child while aiming to complete the national school curriculum.

Hospitals with a play department generally have a designated playroom or play area within the paediatrics department. These are overseen by the play specialist and they vary in size from hospital to hospital. Their primary function is to encourage active and communicative play (facilitated by the play specialist) to suit all age groups by providing a variety of toys, books and other play materials. Where and when appropriate, the hospital wards provide locations for

SpiralOrchard
play and fun activities for patients who are unable to attend the classroom or playroom because they are bed bound or have been placed in isolation.

1.4 Bridging the Gap

By employing technological interventions (videos, pictures, internet), the PPP aimed to bridge the gap between geographically disparate patients by implementing a sense of a ‘single’ community. This was facilitated through communication using the web portal www.aiteile.ie, which is itself an online community. The hospital environment is essentially a community. The definition of a community generally refers to a social group of any size whose members reside in a specific locality. However, it is also defined as a group that shares common characteristics or interests and is perceived or perceives itself as distinct in some respect from the larger society within which it exists (www.dictionary.com, 25 July 2009). From the first definition, we can see that all patients who reside in a healthcare environment are a community, although they may be geographically separate. Even when children are quite ill, they need that possibility of socialization. It is very easy to become institutionalized and withdrawn (O’Connor 2009). A sense of solidarity or feeling of togetherness is an essential element of any community. In recent years, the rapid development of computer technology has radically influenced many aspects of our lives.

There is emerging international recognition that developments in information technology (ICT) have unprecedented potential to effect change in the field of health (WHO 2006). Information technology has dramatically changed the way in which children play and socialize and has become an integral part of their lives. Through Áit Eile, which is an existing online community based in hospitals throughout Ireland, the PPP has embraced the use of ICT in an innovative way. Áit Eile was developed by researchers at the Centre for Health Informatics, Trinity College Dublin. Its primary aims are to facilitate communication and provide education and entertainment for children in hospital. In the context of the PPP, Áit Eile provided the infrastructure for collaborative communication and acted as the repository for the resources
and materials developed by each of the hospitals in the form of an online journal. Information technology (ICT) can provide the infrastructure to support the creative arts in many different dimensions.

1.5 The Impact of the Puppetry

Puppetry is a form of theatre or performance that involves the manipulation of puppets. It is very ancient and takes many forms but they all share the process of animating objects to create a performance. Puppetry is used in almost all human societies both as an entertainment and in performance. Most puppetry involves some degree of storytelling. The impact of the puppetry depends on the transformation process, from puppets into characters with which we can interact. This can be a magical experience for children. Thus, puppetry can create complex and magical theatre with the use of simple, everyday materials.

As a result of their participation in the PPP and through playing with their puppets, children in the hospitals experienced increased levels of happiness, interaction, learning, communication, collaboration and play. Play serves an important function for hospitalized children in that it restores a sense of normality, reduces anxieties, serves as an outlet for tensions and conflict, facilitates communication and speeds recovery (Lansdowne 1996, Children in Hospital Ireland 2000). The feedback from the evaluation establishes that the PPP (puppetry) was delivered to the stakeholders in a conscientious and professional manner. The professionalism and sensitive approach of the puppeteers (artists) facilitated the successful integration and positive impact of the puppetry sessions.

1.6 Conclusion

This research document clearly demonstrates that the PPP had a positive impact on the mental wellbeing of the stakeholders. The project demonstrates the hospital environment as a venue in which the artist can engage creatively and artistically with patients and staff. It provides
evidence that puppetry and the process of puppetry (designing, making, playing and sharing) enhanced the hospital environment by directly affecting the patients’ experiences. This pilot project provided invaluable learning and experience for the artists and teachers in terms of best practice guidelines for the development of future projects specifically tailored to meet the needs of the patients.

It would be relatively easy to look at this project from a purely clinical point of view, assessing the number of completed questionnaires, the results from the quantitative data, reading the comments returned by the respondents, and judging whether or not the project fulfilled the primary aims and objectives of the PPP. However, the PPP transcended its primary aims and objectives and the critical clinical care of patients in hospital by helping participants experience increased levels of happiness, joy and fulfilment. This was achieved primarily through the planning and expertise of the artists, teachers, play specialists, staff, project facilitators and support structures. Ultimately, the patients were the primary beneficiaries of this pilot puppetry project.
2 INTRODUCTION

2.1 ORIGIN (HELIUM)

The Puppet Portal Project aimed to address the effects of hospitalization on children by promoting a sense of community and communication through a combined creativity and technological intervention carried out among participating hospitals. A talented team of skilled artists established an active and creative hub within each hospital community, thereby facilitating a performance art exchange. Puppetry, storytelling and technology were used to create interactive, contemporary puppetry performances via Áit Eile, the online community for children in hospital (http://www.aiteile.ie/).

The PPP was conceived and developed by a professional puppeteer, Helene Hugel, who is artistic director of Helium. Helium is a new arts and health company for children, which connects children, their families and friends, and healthcare staff on creative common ground to achieve goals that otherwise might be far more difficult to meet. Helium also recognizes healthcare communities and environments as valuable platforms from which to develop new and meaningful artistic work for and with children (www.helium.ie).

The PPP was informed through the preparation and research undertaken by Helene Hugel via a series of visits she made to two wards in two different children’s hospitals to assess the potential use and benefits of applying puppetry and performance to the video-link technology available on Áit Eile. The artist experimented with various approaches to puppet-making and performing on each of the five visits, working with sock puppets, two types of rod puppets and shadow puppets, as well as their corresponding puppet sets or theatres. Two live video-link
performances took place between the wards to explore methods of performing and playing via the web. Troubleshooting, problem solving and discoveries all took place whilst working with the children, the teachers and hospital play specialists, and with IT support from Trinity College Dublin's Centre for Health Informatics.

Helene Hugel also tried out different performance methods and types of puppets, and established the importance of using a purpose-built puppet theatre (or box) in order to focus and create a quality image on the screen. Helium invited applications from artists working in different locations to participate in this art and health technology project among the four hospitals. Helene Hugel worked as a collaborating artist on the project in one of the four hospitals, Hospital A.

Three of the artists were based mainly in the hospital schools while in Hospital A the artist’s main base was the playroom. Contemporary puppetry techniques, storytelling and a variety of communications and multimedia technologies were used to create live, interactive puppetry performances via the hospital web portal, Áit Eile.

The artists benefited from acquiring the expertise in technology, facilitated by the project partner, the Centre for Health Informatics, Trinity College Dublin, and through using their Áit Eile system. The artists were further supported through the expertise of the other project collaborator, Kids’ Own Publishing Partnership, who provided peer mentoring for the artists, and also through collaboration with puppeteer and arts and health practitioner Helene Hugel. The artists were also able to support each other and relate to the wider artistic community through online dialogue by means of a reflective diary on www.practice.ie, which is the online space for artists working with children and young people, developed and hosted by Kids’ Own.

2.2 PROJECT PARTNERS

SpiralOrchard
The project was funded by the Arts Council and the Health Service Executive (HSE), in conjunction with the European Year of Intercultural Dialogue and the HSE’s National Intercultural Health Strategy. The project comprised the following partners:

**Helium**, a new arts and health company for children. Helium connects children, their families and friends, and healthcare staff on creative common ground to achieve goals that might otherwise be far more difficult to reach. Helium’s artists offer the opportunity for innovative interventions for children in tertiary, primary and community healthcare settings, in order to reduce the negative effects of hospitalization and poor health, while giving them a voice, ownership and responsibility. Helium also recognizes healthcare communities and environments as valuable platforms from which to develop new and meaningful artistic work for and with children. Helium produced and jointly project-managed the Puppet Portal Project.

**Centre for Health Informatics**, Trinity College Dublin (TCD). It is a multidisciplinary research centre engaged in national and international research, including health informatics. Health Informatics broadly is defined as the application of information technology (ICT) to healthcare. The PPP was supported by the Centre for Health Informatics and their expertise in this technology. The Centre has played a key role in researching and developing virtual environments for children in hospital since 2001. Their contribution in the PPP was:

- Expertise in the technology developed for this project through the use of their existing system Áit Eile.
- Multimedia design and project resources design (website, leaflets etc.).
- Support and training in using Áit Eile as group meetings for all project collaborators.
- Support and training to artists, teachers and hospital play specialists in using specially developed multimedia resources for the project.

**Kids’ Own Publishing Partnership**, a non-profit organization that has been in operation since 1997. Kids’ Own aims to provide children and young people with the opportunity to engage...
with professional artists and take part in high-quality arts experiences that nurture their creative spirit. Kids’ Own champions children’s creativity and believes in the creative process as an enabler and as an essential component of learning and personal development. Kids’ Own advocates for the professionalization of arts practice with children and young people. It is a pioneer in terms of developing models of best practice, in particular through its exemplary support of artists who work in this field. Www.practice.ie was developed by Kids’ Own in 2008 and is the first all-Ireland online network for artists who work with children and young people. It provides a joint space for artists to come together and share their work, as well as to support them in the development of their practice. Kids’ Own was engaged to facilitate and support the PPP by sharing its model of working – developed over its 12-year history – with Helium. This provided a framework, which underpinned the structure of the project.

Within the context of the project, the roles of Kids’ Own were:

- To organize, plan agendas and lead all meetings,
- To liaise, support and mentor artists,
- To ensure communication and motivation between all parties.

2.3 ARTISTS AND HOSPITALS

Four individual artists were situated in four separate hospital environments. It is important to note that Hospital C organically extended the project to an associated hospital via puppetry performances on Áit Eile.

Artists

- **Helene Hugel** is a puppeteer, performer and arts and health practitioner with a qualification in hospital play specialism. She began her professional career as a puppeteer in 1997 as co-founder and partner of the award winning Púca Puppets. She now specializes in the dynamic field of art and health and regards the healthcare setting as a platform on which to
develop new work for children. ‘The Bedmaker’ is her most recent performance in which she travels from bedside to bedside, empowering children to transform their hospital bed into an imaginative, storytelling landscape. Helene Hugel is supported by Social Entrepreneurs Ireland in her development of a new, multidisciplinary art in health company for children, called Helium.

- **Emma Fischer** is a puppeteer and theatre designer from Limerick with a background in interactive installation art. She is particularly interested in using puppetry to work with children and has been working in schools and community centres since 2005. She served an apprenticeship at the Bread and Puppet Theatre in Vermont, USA, in 2006 and went on to train at the London School of Puppetry. Her company, Beyond the Bark Puppet, has been devising work and touring festivals since 2007. She was nominated for the Irish Theatre Designer of the Year Award 2009 and short-listed for the Limbury Prize and the Joycelyn Herbert Award in Theatre Design in 2005.

- **Siobhán Clancy**’s practice explores the dynamics of collaboration and the dialogue that informs it. Her work is produced within site-specific briefs that respond directly to the unique settings in which she works including community, healthcare, alternative economies, formal and informal education and youth work. Participation by stakeholders in these areas is facilitated by the artist through multidisciplinary research, workshops, lectures, activities and events. Performance, actions and tactile cum multi-sensory environments invite audiences to engage with the works. Siobhán's work with NCBI (National Council for the Blind of Ireland) received support from Dublin City Council Arts Act Grant 2010 and the Artist in the Community Scheme 2008 supported by The Arts Council and managed by Create (The National Development Agency for Collaborative Arts).

- **Anna Rosenfelder** is a theatre maker and puppeteer. She is founder and artistic co-ordinator of Theater Papilio. Theater Papilio’s shows and creative interventions fuse puppetry with storytelling, movement, play with objects and, sometimes, live music to create poetic and intimate theatre experiences for children. Anna frequently applies her practice in community contexts. She performed with children's theatre companies Monkeyshine and Helios, and facilitated participative theatre and arts projects with a wide
range of partners including Airfield, Kilruddery Arts, the Mermaid Arts Centre, Dun Laoghaire Festival of World Cultures and others (www.theaterpapilio.com).

**Hospitals**

- Hospital A employs 1,400 staff in providing in-patient, day care and out-patient services to 250,000 people. The mainstream services cover a very wide range of specialisms, including ENT, ophthalmology, orthopaedics, paediatrics, obstetrics/gynaecology, cardiology, oncology and intensive care medicine. There is a full complement of 318 beds. There is a play room in the paediatric department staffed by a full-time play specialist but no school. The artist was based in the play room and in the 25-bed paediatric ward.

- Hospital B has a discrete unit that caters for children from four days to 16 years old. The unit is dedicated to the care of paediatric in-patients and has 52 in-patient beds. It includes a six-bed day ward; a dedicated day unit for children and young people with cystic fibrosis, and facilities for parents. There are 56 full-time clinical staff members in the unit. The unit incorporates a two-teacher Department of Education school, which caters for students of four to 16 years. The Department of Education and Skills curriculum is covered, including Visual Arts and Drama. There is a play department that provides play facilities indoors and an extensive outdoor play area for all children and young people during a hospital admission.

- Hospital C is a large academic teaching hospital within a major urban centre. It provides emergency and acute care services across 54 medical specialisms to a local community of some 290,000 people. It employs approximately 3,500 staff and has 820 beds. There are 28 beds in the Paediatric Unit. Pupils are in-patients and tend to be from a brain surgery or brain injury background. They are generally long-stay pupils with intense educational and rehabilitation needs. ABI (Acquired Brain Injury) in children can result in many special needs requiring specific learning targets particularly in the areas of language and behaviour.
Hospital D is an acute paediatric hospital. It provides a secondary and tertiary referral and care service both regionally and nationally up to the eve of a child’s 16th birthday. The hospital cares annually for about 125,000 children who require treatment for a wide range of conditions and illnesses. The Accident and Emergency Department treats approximately 50,000 children every year, making it one of the busiest paediatric A&E departments in Europe. The hospital currently has over 1,000 staff.

2.4 Project Aims and Objectives

Primary Aims:

I. To use puppetry and technology as a medium through which to develop and promote children’s imagination and creativity,

II. To reduce the sense of isolation and alienation for children staying in hospitals,

III. To explore the Áit Eile online community as a tool for collaborating creatively with children across hospitals and linking them with their peers and other artists,

IV. To provide a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future,

V. To explore themes of inter-culturalism by working inclusively with children from all backgrounds,

VI. To develop the role of the artist working with children in a hospital setting.

Objectives

A. Engage four professional performing artists to deliver puppet-making sessions, performance building and video creation with children in hospitals,

B. Facilitate open communication and collaboration between artists and hospital staff, particularly teachers and play specialists, to enable cross-learning and joined-up thinking,
C. Provide a supportive platform in which to bring professionals from the health sector and the arts sector together to engage in common dialogue around best practice for children and young people,

D. Encourage sustainability through transferral of skills between artists and teachers, play specialists and parents,

E. Work in partnership with the Centre for Health Informatics, Trinity College Dublin, to develop and promote the facility of Áit Eile as a means of building a sense of community between artists, teachers, play specialists and children in different hospitals,

F. Examine how Áit Eile can be further developed by the Centre for Health Informatics to improve and support this process,

G. Work in partnership with Kids’ Own Publishing Partnership to provide professional support and management for participants and partners of the project and sustained learning,

H. Conduct an independent evaluation that measures the impact of the project locally and within the wider arts and health context,

I. Disseminate the findings of the project to hospitals, policy-makers, arts and health practitioners and funders in order to advocate for the value of this work and for sustained funding to enable its development.

The broad theme of the project is intercultural dialogue, which was and continues to be developed by the group of artists in discussion and collaboration with the hospital school teachers and play specialists.

2.5 THE STAKEHOLDERS

The project stakeholders are:

1. Patients,

2. Parents,
2.6 PROJECT TIMESCALE

The project study was based in four hospitals, within three schools and two playrooms. Teachers, assistant teachers and play specialists from the different hospitals were involved from the early stages of the project development. Each of the four artists took up a residency in their assigned hospital. The residencies ran from the end of March to July (Block 1) and from August to mid-November (Block 2) with a summer break from July to August 2009. They involved 40 residency days, including contact, process and studio time, during which time artists worked in the hospitals one day a week over 20 weeks. The timeframe also included five professional development days and four meeting days, which facilitated project briefing, artistic development, technology training and evaluation briefing. There were also steering meetings for the project partners between Block 1 and Block 2. The timeline for meetings during the project are shown below.

The creative exchange meetings played an important role in the implementation of the PPP by facilitating progress updates, identifying challenges, resolving issues, enabling ongoing support from project partners and providing the chance to reflect on the impact of the project.

Meeting Schedule
27 February – Artist interviews,
10 March – Artist meeting (half day),
18 March – Creative Exchange 1 (Evaluator present),
23 May – Artist meeting,
11 June – Partner Skype meeting (Helene, Paula, Jo) 9am–10am,
22 June – Creative Exchange 2 (Evaluator present),
11 Aug – Steering meeting 11am–1pm, Dublin (Evaluator present),
15 September – Creative Exchange 3 (Evaluator present),
13 October – Artist Skype meeting 10–11am,
22 October – Steering meeting 11am–1pm, Dublin (Evaluator present),
27 October – Artist meeting,

2.7 ARTIST MENTORING AND WWW.PRACTICE.IE

1. Artist Mentoring

According to Kids’ Own Publishing Company, “The provision of a mentor for artists taking part in residency projects aims to give a support to the artists that lies outside of the practicalities of the project itself. It serves to give the artists capacity for reflection as a means to enriching their overall professional practice. It is part of a wider holistic approach that encourages best practice for working with children and young people”.

All four of the artists availed of the mentoring facility during the PPP. Initially, the artists were unsure of the benefits that mentoring would afford. As the project progressed, they indicated that this was a supportive structure, which was a strength of the project overall, including the role played by Kids’ Own mentoring. The artists’ mentor, Ann Henderson, has written her own report about the mentoring process. From the perspective of Kids’ Own, the mentoring process did not seek to achieve concrete outcomes of its own other than to support and enrich the process for the artists. Taking time out to reflect on the processes of their work was a very positive element of the project for the artists.

www.practice.ie

Www.practice.ie, an initiative of Kids’ Own Publishing Partnership, is the website of the first professional network for artists working with children and young people in Ireland.

SpiralOrchard
Www.practice.ie is an online collaborative research space that reports on artists' practice in this field. It aims to raise standards, validate practice and provide professional and peer support to artists working with children and young people. Since September 2008, www.practice.ie has been developing as a dynamic space for sharing and discussion around contemporary practice and as a valuable database documenting the artists’ work with children. This includes a number of professional development sessions led by Kids’ Own throughout the island of Ireland. These sessions provide an opportunity for artists to share practice, discuss and critique the main elements of their work, and consider its role within a wider context. Through building an online community of artists who interact and share information about their work, www.practice.ie is gathering and profiling case studies of best practice for working with children and young people in Ireland.

The PPP made an important contribution to the www.practice.ie database of work by providing information about the very specific nature of the healthcare setting. During the PPP, each of the four participating artists blogged regularly about their work in the four hospitals, which enabled other artists to engage in the process, to follow the project’s development and to enter into dialogue, debate and critique of the project with the artists involved. On a more personal level, the blog function on www.practice.ie enables artists to reflect on their practice and develop new perspectives on their work. The impact of www.practice.ie is further explored later in this document.
3 Evaluation Methodology

Varied techniques of data collection were chosen to comprehensively analyse the PPP’s full impact and ascertain if the primary aims and objectives had been fulfilled. The evaluation employed questionnaires designed to extract relevant quantitative data and qualitative information (comment) from the sample (See Appendix II for sample questionnaires). In addition, multimedia journals and artistic methods of data collection, including a visual record of the project in the form of images and videos, were also used. The evaluators also conducted on-site evaluation consisting of interviews and observations. It was important to ensure the questionnaires received ethics approval from each hospital. Parental permission was also required for the completion of questionnaires by patients, which was afforded by the completion of a separate consent form.

Initially, the data was analysed by comparison with the aims of the study. Following this, the data was scanned for ‘unfolding data’ or ‘emerging themes’ and key learning outcomes were noted. Data was then cross-checked to ensure viability and rigour in data analysis methodologies.

3.1 Evaluation Aims

The overall aims of this independent evaluation are to analyse and assess all aspects of the PPP in direct relation to the project aims and to produce a set of recommendations that will expand knowledge of the processes and practices involved for future similar projects. It was essential to evaluate this pilot project in order to establish if the development of a more extensive puppetry
programme was feasible and desirable. The aims of the evaluation set out in the evaluation brief proposed to do the following:

I. Independently evaluate the Puppet Portal Project,

II. Discover if the primary aims and objectives were met,

III. Extrapolate appropriate recommendations from the findings.

3.2 Evaluation Process

The process of the evaluation and its findings on the pilot project are equally important. The evaluation process was designed to create opportunities for the stakeholders to learn experientially. The evaluation used the primary aims and objectives of the project to monitor and assess the impact of the puppetry sessions. This was bolstered by ongoing steering meetings and debriefing sessions. In line with best practice, the evaluation included a high level of stakeholder consultation throughout the entire project, as a means of both sharing and disseminating knowledge. Because each hospital was unique, the evaluation process developed organically and evolved progressively during the project.

A combination of quantitative and qualitative evaluation methodologies were employed. The evaluation process was designed to address specifically the needs of the patients, parents, staff, artists and teachers in terms of ease of participation and relevance of the PPP. A formal meeting of the evaluators, artists, play specialists and teachers took place before the commencement of Block 1. The artists, teachers and play specialists were continually consulted throughout the questionnaire design process. Their valuable input was directedly related to the appearance, content and presentation of the questionnaires. A ‘puppetree’ evaluation poster was also designed in partnership with the artists as an artistic method of data collection. During Block 1 of the PPP sessions, the artists, teachers and hospital play specialists became interested specifically in how they could evaluate the project artistically. The evaluators
encouraged this initiative by inviting them to develop their own data collection methods. What emerged were several site-specific artistic data collection interventions. These were refined and included in Block 2 of the project by the artists, who modified them for new locations.

The participative and collaborative nature of the evaluation design allowed real-time learning to be incorporated into the project. As a result, the data collected has been divided into Block 1 and Block 2 to demonstrate the evolution of the PPP over its course. The project evaluation debriefing meeting took place upon completion of the project.

### 3.3 Quantitative Methodology

The quantitative methodology analyses the data from the stakeholders and presents the logistics of the project in graphic form to illustrate the impact of the project. The answers for each question across the four hospitals were totalled. In analyzing the results, there are references to the values for the individual hospitals. These individual references were important when differentiating between the locations. They allowed project aims to be clearly related to percentages and ratios provided by the quantitative analysis. There is also a quantitative analysis of the qualitative questions where appropriate.

### 3.4 Qualitative Methodology

The qualitative analysis examines feedback from the sample group in the form of comment and opinions provided by the stakeholders. Each stakeholder was invited to provide direct feedback and observations as an integral part of the qualitative methodology. Specifically, the stakeholders were asked to give their opinions on different aspects of the PPP. To help analyse the direct feedback and comment from the stakeholders, their responses were scaled in a range of options from most positive to least positive (there was no negative feedback). Artists, hospital play specialists and teachers were also required to complete multiple choice questionnaires and provide detailed reasons for each of their answers. In addition, the artists completed online journals and posted images and videos of the puppetry sessions on a weekly basis.

SpiralOrchard
basis on the web forum www.practice.ie. These journals provide an insight into the intricacies of the project and are analysed for recurring themes and trends. The artists were greatly interested in devising their own artistic methods of data collection and in contributing to how these could be artistically evaluated.

### 3.5 Data Collection

For the purpose of this research, the stakeholders were asked, but not required, to attempt or complete as much of the evaluation questionnaire as possible, allowing for the time constraints of the allocated puppetry sessions. The data collection tools and methods were devised to ensure that critical data was collected while providing a clear view of the effectiveness and viability of the PPP. Overall, the data collection was comprehensive and this is reflected in the enthusiasm shown by the stakeholders while engaged in the evaluation process.

#### 3.5.1 Questionnaires and Puppetry Sessions

The questionnaires consisted of short, simple questions that were graphically designed to be eye-catching for the young people.

To fully illustrate the purpose and scope of the PPP, the events over the course of a standard puppetry session are listed below. This is only a sample as there were variations among the hospitals; sometimes a session could happen twice, once in the morning and once in the afternoon.

1. Completion of consent forms by parents and guardians,
2. Children are brought to the classroom or playroom,
3. Brief artist introduction to patients/parents/guardians,
4. Puppet making,
5. Performance and filming,
6. Áit Eile link-up,
7. Winding down,
8. Packing up and storing materials,
9. Evaluation and data collection,
10. Video editing.

Arts activities that provide sensory stimulation, stimulate kinaesthesia, promote orientation to time and place, encourage social interactions and reduce depersonalization are likely to be well received by children (Hart et al. 1992).

3.5.2 Timeline for Data Collection

The data collection for the study occurred over two Blocks;

**Block I.** April to July (10 individual day puppetry sessions),

**Block II.** September to November (10 individual day puppetry sessions).

3.5.3 Limitations of the Data Collection Process

The data collection methods ensured gaps in the data were minimised. However, hospital and individual patient circumstances did not allow for 100% data collection response, in part due to the transient nature of the population in hospital schools and playrooms, for example:

- some patients would not be present for the entire session,
- patients present before lunch may not be present after lunch and vice versa,
- patients might have impromptu visitors,
- patients were discharged during sessions,
- patients had to have medical attention or interventions during artistic sessions.
For example, one artist made this comment in feedback: “Only three out of six got to fill out forms”. Therefore, the use of a mixed methodology allowed for the data sets to be cross-referenced during analysis, which improved data viability and reliability.
4 DATA ANALYSIS AND RESULTS

The data consisted of:

- patient questionnaires,
- parent/guardian/staff questionnaires,
- artist/teacher/play specialist questionnaires,
- direct feedback questions,
- artistic data collection methods,
- interviews and follow-up meetings.

The artists facilitated the puppetry sessions, adapting to the needs of each group.

4.1 QUANTITATIVE ANALYSIS

This section of the report is principally concerned with evaluating the quantitative data generated by the PPP questionnaires. The data is differentiated according to patient, parent/guardian/staff and artist/teacher/play specialist. The data relates specifically to the fulfilment of the primary aims and objectives of the PPP and these are referenced where appropriate. The data is further analysed for ‘unfolding data’, ‘key learning outcomes’ and ‘experiential developments’ within the puppetry sessions across the entire project.

Table 1

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Block 1</th>
<th>Block 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>78</td>
<td>47</td>
<td>125</td>
</tr>
</tbody>
</table>

SpiralOrchard
Total Completed Questionnaires: 292

The data has been divided into Block 1 and Block 2 to demonstrate the continuous and evolutionary development of the project. The data in Figure 1 (below) reflects the scope of the project; 292 questionnaires were completed; appropriately, 125 were completed by the patients who are the primary stakeholders. However, more patient questionnaires were completed during Block 1 (78) compared with Block 2 (47). This was due to the impact of the H1N1 virus (Swine flu) on the hospital schools. There were strong figures for the completion of questionnaires for parents/guardians/staff (72) and for artists/teachers/play specialist (95) across the entire project.

FIGURE 1: COMPLETED QUESTIONNAIRES

The average attendance and average age per session for each hospital is shown in Table 2 below. It was found that the average attendance was highest in Hospital D (6) and lowest in

SpiralOrchard
Hospital C (3). The average age of the patients attending the puppetry sessions ranged from nine to 11 years. The lowest average age (9) was found in Hospital A while the highest average age (11) was found in Hospital C. The youngest patient to complete a questionnaire was four years old and the oldest patient to complete a questionnaire was 17 years old.

Table 2

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Average Attendance</th>
<th>Average Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital C</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Hospital B</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Hospital A</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Hospital D</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

The average parent/guardian/staff attendance and average repeat patient attendance for each hospital is shown below (Table 3). It is significant that there was a strong parent/guardian/staff presence for the puppetry sessions across all four hospitals. This demonstrates the importance of the project to all of the PPP stakeholders through their willingness to attend sessions.

It is also shown that Hospital C and Hospital D had an average of two repeat patients per session. Hospital B and Hospital A had an average of one repeat patient per session. This data reflects the transient nature of patients in the hospital environment. However, in Hospital B the evaluator was informed during a site visit that a family from the travelling community had attended the PPP sessions more than once, although this was not indicated in the questionnaires returned to the evaluator.

Table 3

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Average Staff/Parent/Guardian Attendance</th>
<th>Average Repeat Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital C</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hospital B</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
4.1.1 Patients

This segment of the report focuses on the feedback from the patient questionnaires that provided quantitative data.

i. The patient feedback indicates that attending the puppetry sessions had a significant positive impact on the mood of the patients.

### FIGURE 2: BLOCK 1 PATIENTS: BEFORE AND AFTER PUPPETRY SESSIONS

The patients were asked how they felt before and after the puppetry.

<table>
<thead>
<tr>
<th></th>
<th>Bored</th>
<th>Tired</th>
<th>OK</th>
<th>Excited</th>
<th>Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>20</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>After</td>
<td>4</td>
<td>16</td>
<td>10</td>
<td>8</td>
<td>44</td>
</tr>
</tbody>
</table>
Block 1:

*Alleviation of boredom.* It is evident from Figure 2 that patients emerged less bored following their participation in a puppetry session. Alleviation of boredom through the puppetry sessions is considered a noteworthy development because it acknowledges the significant impact boredom has on a patient’s hospital experience.

*Increased levels of happiness.* The results shown in Figure 2 demonstrate that the number of children who are ‘happy’ after the puppetry session is approximately 100% greater than the number before the puppetry session. Furthermore, higher levels of happiness also increase the release of endorphins: “natural pain relievers” ([Wikipedia](https://en.wikipedia.org/wiki/Endorphin) 2010).

*No increase in Fatigue.* The number of patients who were ‘tired’ before and after the puppetry sessions is relatively the same. The puppetry sessions involved mental and physical activity, therefore it is to be expected that the children would become fatigued over the course of an entire day. However, considering that the results indicate only two more respondents ‘tired’ after the session than before, this is an overall positive outcome.
FIGURE 3: BLOCK 2 PATIENTS: BEFORE AND AFTER PUPPETRY

<table>
<thead>
<tr>
<th></th>
<th>Bored</th>
<th>Tired</th>
<th>OK</th>
<th>Excited</th>
<th>Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>12</td>
<td>4</td>
<td>14</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>After</td>
<td>1</td>
<td>7</td>
<td>12</td>
<td>7</td>
<td>26</td>
</tr>
</tbody>
</table>

*Block 2:

**Alleviation of boredom.** It is evident from Figure 3 that patients experienced reduced boredom after the puppetry session (1) when compared with before (12).

**Increased happiness.** The results in Figure 3 show that the number of children who were ‘happy’ (26) after the puppetry session increased by more than 200% over the number ‘happy’ (8) before the puppetry session. This is a significant increase and provides clear evidence of the patients being happier after the puppetry session.
An increase in fatigue. In Block 2 the number of patients who were ‘tired’ before (4) and after (7) the puppetry nearly doubled, shown in Figure 3. There is a specific factor that contributed to this result. In Block 2, the artists were more organized (indicated by the artists during the course of the project) and arranged the layout of the sessions more effectively to incorporate all aspects of the puppetry, therefore the children experienced more concentrated activities over the course of a session and as a result became more fatigued.

Overall, the trend for this question is that the children are likely to be happier and less bored as a result of their participation in the PPP. The impact of fatigue on patients should be considered carefully for future projects.

Evaluator On-Site Observations

‘M’, a young boy patient in Hospital C, kept referring to his hunger every few minutes (he was fasting for an operation). The artist, Siobhán, acknowledged his hunger but also encouraged him to take part in the puppetry thereby distracting him. He mentioned the hunger again and a doctor came to ask him if he was OK with the hunger. So when the distraction didn’t work the artist suggested, “you need to sound really hungry to make a convincing growling sound like a lion for the puppet” he had made. The artist encouraged him to channel his uncomfortable feelings creatively by expressing his hunger through a roar thereby working the negative hunger feeling into a positive creative sound, giving it expression. The doctors came back and told ‘M’ that he was going to have his operation that day. ‘M’ was talking anxiously a lot about the upcoming operation. Siobhán asked him to help with the story for the lion puppet he made, so they could video it. ‘M’ worked his hunger into the story, saying “the lion hasn’t eaten since he was first born, his whole life, and now he is really hungry”. Even though he was still referring to his hunger, he seemed less upset as he was processing his anxiety by transferring his energy into playing it out through the puppet in a creative way and giving his frustration expression both by the hungry roar of the lion’s voice and the story of his hungry life. Even though the theme for that day’s puppetry session was ‘Animal habitats’, the artist Siobhán allowed the patient to
lead the creation of the storyline with gentle questioning and encouragement. In Hospital D, a parent said their child “couldn’t wait to come this morning for PPP; they were in the classroom the day before and heard about it and saw the journal”. A ward and classroom teacher in Hospital D said: “All the effort Anna puts in and teamwork make the children totally forget they are in hospital, they become totally engrossed, it is very therapeutic”.

**ii. The patients indicated that they would like more puppetry sessions.**

![Figure 4: Patients: More Puppetry?](image)

<table>
<thead>
<tr>
<th></th>
<th>Block 1</th>
<th>Block 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>49</td>
<td>25</td>
</tr>
<tr>
<td>Maybe</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

**Block 1:**
A high percentage of the students (67%) indicated ‘yes’ when asked would they like more puppetry. One patient commented: “Because I liked making the puppet” and another added:
“Because it was very fun”. Considering that the patients would have liked to be involved in more puppetry sessions, it is inferred that the puppetry had a positive impact on them. Further comments included: “Because Kate loves puppetry”; “because I like making”; and “It’s great to make them”. It is interesting to note that in Block 1 not a single patient indicated that they would not like more puppetry. There were 24 respondents (33%) that replied ‘maybe’ to this question. It is also important to note that for many of the patients this was their first introduction to puppetry and particularly to the processes of making and performing, which makes the positive nature of this result even more encouraging and significant.

**Block 2:**
It is evident from Figure 5 that the patients would like more puppetry. Following the completion of Block 2, a high percentage of the students (52%) also indicated ‘yes’, they would like more puppetry. Looking at Figure 5, there is a small percentage of patients (6%) who did not want more puppetry. However, having reviewed these respondents’ individual questionnaires, it was noted that, although they indicated they would not like more puppetry, all three patients described the puppetry positively in their final comments.

Overall, throughout the project there was a clear indication that the patients would have liked more puppetry and were engaged in the process. This related to Primary aim I, whereby the puppetry is a medium through which the patients developed their imagination and creativity. Klaesi (1922) said: “Healing aspects are based in the processes of creativity, playing and acting,” and Müller-Thalheim (1975) put forward the idea that creativity has within it inherent self-healing processes.

**iii. The patients indicated that ‘making puppets’ was their favourite activity followed by ‘making video’, ‘using puppets’, ‘video-link’ and finally ‘watching puppets’.”

FIGURE 6

FIGURE 7

SpiralOrchard
Patients: Favourite part of the puppetry session?

The patients were asked what was their favourite part of the puppetry session?

<table>
<thead>
<tr>
<th>Block 1</th>
<th>Making Puppets</th>
<th>Watching Puppets</th>
<th>Using Puppets</th>
<th>Video link</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49</td>
<td>11</td>
<td>19</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 2</th>
<th>Making Puppets</th>
<th>Watching Puppets</th>
<th>Using Puppets</th>
<th>Video link</th>
<th>Making Video</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>14</td>
</tr>
</tbody>
</table>

For Block 2 the steering committee agreed to add a fifth category to this question.

Block 1:

Following the completion of Block 1, 49 patients (54%) indicated that ‘making the puppets’ was their favourite part of the puppetry session: “Because I was learning new things”. The hospital environment has to be a controlled environment; children are continually instructed where to go, what to do and what to eat. It is appropriate to conclude that ‘making puppets’ afforded the patients a degree of freedom and self-expression that was lost to them within the hospital environment: “Because you could do the puppets how you like”.

SpiralOrchard
Children tell us, and research confirms, that connected relationships – where adults in their lives think of them as people first and ‘patients’ second – are very important in helping them cope with the stresses of illness and treatment (Rollins 2003).

Patients’ next favourite part of the puppetry session was ‘using the puppets’ (21%) which, again, affords the patients freedom of expression. The final two categories, ‘video-link’ (13%) and ‘watching puppets’ (12%) received an almost identical number of replies.

Block 2:
Prior to the commencement of Block 2, a fifth category, ‘making video’, was added to this question, which related to Objective A of the PPP. It was important to differentiate between the video-link technology (Ait Eile) and the ‘making of videos’ that were recorded and put onto a DVD that patients could take home with them. As can be seen in Figure 7 above, the patients again indicated that their favourite part of the puppetry session was ‘making puppets’ (48%). It is also clearly shown in Figure 7 that ‘video making’ (26%) was the second most popular choice, thereby demonstrating a clear distinction between the video link-up and the film making. The overall process of video making involved the use of sets, performing, using the camera and videoing a short film. These tasks afford the patient an element of control in the tightly structured hospital environment.

Although it is to be expected that each patient will have a favourite part of the session, it is important that they enjoy all of the activities in the session. This question is particularly important, as it ascertains not only the areas of the sessions that are most popular but also discovers which of these need appraisal or adjustment. Overall, this question provides vital feedback that the children happily engaged with activities that provided the platform for meeting the primary aims and objectives of the PPP.

Evaluator On-Site Observations

SpiralOrchard
In Hospital D a patient came back to the classroom during lunchtime to show her granny the puppet and castle she had made. Granny feigned disbelief saying, ‘you didn’t make that, it’s very good’. Then the girl showed her mother, who said ‘Oh my God, well done, how do you feel, you lucky thing, see you later, Love’.

iv. The patients indicated that they thoroughly enjoyed the technology element of the project:

<table>
<thead>
<tr>
<th>Block 1</th>
<th>I Didn’t Enjoy</th>
<th>OK</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>12</td>
<td>10</td>
<td>18</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 2</th>
<th>I Didn’t Enjoy</th>
<th>OK</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
</table>

![Pie charts showing patient feedback on technology]
Block 1:
Upon completion of Block 1, the patients were asked what they thought of the technology. The technology is directly related to Primary aim I, II and III of the PPP. As seen in Figure 8 above, the overall consensus is that the technology was seen as ‘excellent’ (37%). “The technology was cool,” or ‘very good’ (28%). “I thought it was very good because I could see what other people made.” Overall these two categories combined accounted for 65% of replies. Significantly, there were no responses for ‘I didn’t enjoy’ (0%) and the categories ‘good’ (16%) and ‘OK’ (19%) were sufficiently matched to each other that these results can be explained by comments such as: “It was very good but we didn’t use it that much”.

Block 2:
In Block 2, when patients were asked what they thought of the technology, the results were seen as ‘excellent’ (17%): “Because you can talk to other people”, or ‘very good’ (34%). “It was good as I got to watch the other children’s puppet show.” These two categories were 51% overall. There were four responses for ‘I didn’t enjoy’ (0%) while the categories ‘good’ (16%), “I thought it was good”, “It was good to get through to friends,” and ‘OK’ (19%) were closely matched.

As the technology has a direct influence on a number of the aims of the PPP, it was important to gauge the patients’ thoughts on this aspect of the puppetry sessions. The positive reaction to the technology addressed the fulfilment of Primary aims I, II and III, particularly exploring the use of Áit Eile as a tool for collaborating creatively with children across hospitals and linking them with their peers and other artists. The fulfilment of the primary aims was facilitated by the technology employed throughout the PPP and for this reason it was impressive to see the patients’ positive reaction to it. There were some minor issues with sound quality and picture size but these can be minimised in future projects.

Evaluator On-Site Observations

SpiralOrchard
Emma (artist) showed the evaluator the editing corner she set up in Hospital B so children could come in the afternoon and help edit their CDs and upload their pictures of their artwork onto the Áit Eile site. This is a particularly important and exciting element of the project especially for older participants because using the technology almost helps make the process more ‘trendy’ since nowadays most older children and teenagers are competent in using technology as a norm. Children who may have considered puppetry as exclusively for younger children are often drawn into the project by the technology aspect, which is quite dynamic and sophisticated, ranging from online visits to other hospitals and documenting the performance with the videos to burning CDs and editing them with sound effects and voice-overs. In Hospital C a boy patient ‘M’ proudly declared: ‘I was never on TV before,’ during the video link-up.

4.1.2 PARENTS/GUARDIANS/STAFF

This section of the report focuses on the feedback from the parent/guardian/staff questionnaires that provided quantitative data.

v. **There was significantly increased awareness of the puppetry sessions amongst Parents/Guardians/Staff in Block 2 of the project when compared with Block 1.**

<table>
<thead>
<tr>
<th></th>
<th>Block 1</th>
<th></th>
<th>Block 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parents/Guardians/Staff: Aware of the Puppetry Sessions?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td></td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

SpiralOrchard
It was important to gauge how aware the parents were of the puppetry sessions to assess the impact of the puppetry throughout the entire project. It was an objective of the PPP to encourage sustainability through transferral of skills between parents/guardians/staff and artists/teachers/play specialists. Therefore, it was important to discover if there was an increased awareness of the PPP in Block 2 because if the parents/guardians/staff were not aware of the puppetry sessions then they would not be present to engage in the transferral of skills. Figure 10 shows that, in Block 1, only 39% of the parents/guardians/staff were aware of the puppetry while Figure 11 shows that, in Block 2, up to 56% were aware of the puppetry, a significant increase. This increase can be attributed to the high level of performance exhibited by artists/teachers/play specialists. There were also articles in hospital papers, flyers, display stands created by the artists, other forms of publicity and word of mouth. In future projects, it is important to build on this learning and increase awareness of the project’s positive impact using all available media.

Evaluator On-Site Observations

*In many of the hospitals there were repeat patients for the PPP, especially in Hospital D, which is one of Ireland’s largest dedicated children’s hospitals where children often have serious, long-term medical conditions requiring repeated care. During a site visit there, the evaluator noted a brother and sister looking back proudly and fondly on the work they had*
done in the Multi-Media Journal at a previous session. On the same day another boy and girl at the session had also been there before.

vi. The Parents/Guardians/Staff felt strongly that the puppetry enhanced the hospital environment.

<table>
<thead>
<tr>
<th>Block 1</th>
<th>Block 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>34</td>
<td>0</td>
</tr>
</tbody>
</table>

The parents were asked if they thought that the puppetry sessions enhanced the hospital environment and why.

Block 1:
The puppetry sessions directly affected people’s perception of the hospital environment as reported by this respondent: “It is a very interesting and enjoyable distraction for the kids”. From Figure 12, it is encouraging that, from the sample of 38 respondents, 100% replied ‘yes’,
they thought the hospital environment had been enhanced by the PPP. This positive feedback is significant and addresses Primary aims IV and VI. Parents commented as follows:

- “It brings a fun time for kids and relaxes them and they also learn a new craft,”
- “Children who were less likely to get involved became involved and enjoyed the activity, came out of themselves,”
- “Children are happy and interested in the session”.

The comments from the parents/guardians/staff reinforced the comprehensive results provided by the quantitative data. The following comments demonstrate patients’ ability to work together:

- “Helps to get kids to come together,”
- “Yes, kids really mixed well and parents enjoyed it and mixed”.

This relates to Primary aim II where, by analysing the direct impact of the puppetry on the patients, it is seen that providing positive peer interaction gives relief from feelings of isolation and alienation. In *Children's Peer Relations and Social Competence: A Century of Progress*, Ladd (2005) states that adverse peer experiences can be stressful for children and, if persistent, can lead to feelings of anxiety\(^1\), depression\(^2\) and loneliness\(^3\). If adverse peer experiences can lead to loneliness, it is inferred that positive peer experiences alleviate loneliness and, therefore, isolation and alienation.

**Block 2:**

We see an identical response in Block 2. The sample again indicated that the hospital environment had been enhanced by the PPP when 100% of respondents replied ‘yes’. One

\(^1\) [Http://www.medicalnewstoday.com/info/anxiety/what-is-anxiety.php](http://www.medicalnewstoday.com/info/anxiety/what-is-anxiety.php)


parent commented: “It makes children forget they are in hospital”. A staff member added: “The children were very cheered by the experience”.

This question related directly to Primary aim II and provided direct feedback regarding the reduction of the sense of isolation and alienation for children staying in hospitals. Two parents commented respectively:

- “All the kids of different ages got involved and interacted with each other,”
- “Bringing children together making new friends”.

These comments, coupled with the overwhelming quantitative response to this question, provide a clear indication of the positive impact of the PPP overall. They demonstrate strongly that the puppetry sessions were warmly received and professionally administered, whilst also providing strong reasons for their continuation.

Although arts and healthcare have been companions probably since the beginning of humankind, today’s changing world has created greater demands both for those in need of care and the caregivers (Wikoff 2003). Throughout the entire project, each parent/guardian/staff member surveyed replied that the puppetry had enhanced the hospital environment. It is conclusive that 100% of the respondents agreed that the PPP had a positive impact on the children.

- “Excellent for the children and keeps them really happy,”
- “The days are long for both children and parents and it was a lovely way to spend the day,”
- “It makes the children happy and their mind is based on other things than illness”.

Evaluator On-Site Observations
When staff became involved in a collage project in the staff room in Hospital A, which was led by artist Helene Hugel, it led to dialogue and to staff taking time to be creative within the hospital environment. It also helped to change the social dynamic of the hospital working environment. Elsewhere, in Hospital D, an existing display case was used to display the puppets in a main corridor near the hospital entrance. Prior to this the display case had been used for classical religious iconography. Staff reported that the puppets were a welcome and surprisingly uplifting relief that brightened up the often serious hospital environment.

vii. According to the Parents/Guardians/Staff, the puppetry sessions had a number of specific impacts on the patients.

FIGURE 6: Parents/Guardians/Staff: Changes in your child?

The parents were asked if they noticed any of the following changes in their child as a result of the puppetry session.

<table>
<thead>
<tr>
<th></th>
<th>Block 1</th>
<th>Block 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happier</td>
<td>15</td>
<td>23</td>
</tr>
<tr>
<td>Made new friends</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Happier in hospital</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>More relaxed</td>
<td>27</td>
<td>19</td>
</tr>
<tr>
<td>De-stressed</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Positively distracted</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Learned new skills</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
FIGURE 7: Parents/Guardians/Staff: Changes in your child?
This question uncovers evidential feedback relating directly to Primary aims I and II of the PPP. These aims are directly related to the primary stakeholders who are the patients. This question assesses the impact on the patients from the perspective of the parents/guardians/staff.

**Block 1:**
A hospital stay can be a stressful experience for any individual particularly children who cannot rationalize the emotional trauma of illness. For parents, siblings and guardians, the thought of having to undergo a hospital stay can be very stressful, even when one knows and understands what is going to happen. For a child, the stress and anxiety can be tenfold (www.helium.com). As shown in Figure 14 above, the feedback from this question indicates that six parents (5%) indicated their child was ‘de-stressed’. A further 27 parents (23%) indicated that their child was ‘more relaxed’ and 17 parents (14%) believed their child was ‘positively distracted’. This feedback refers directly to Primary aim II of reducing the sense of isolation and alienation experienced by children staying in hospital. This data is further reinforced by a total of 48 parents/guardians/staff who indicated that the children were either ‘happier’, ‘made new friends’ or ‘happier in hospital’. Finally, 22 respondents (18%) indicated that the children had ‘learned new skills’, thereby fulfilling Primary aim I, developing and promoting the children’s imagination and creativity.

**Block 2:**
As shown in Figure 15 above, the feedback from Block 2 follows similar trends to those shown during Block 1. The results indicate that eight parents (6%) believed their child was de-stressed. As many as 19 parents (15%) indicated that their child was ‘more relaxed’ while a further 19 parents (15%) believed their child was ‘positively distracted’. Taking Block 1 (22) and Block 2 (19), 33% of the parents indicated that their child had ‘learned a new skill’, which relates directly to Primary aim I. The fulfilment of Primary aim II is supported by the 61 parents (48%) who indicated that their child was either ‘happier’, ‘made new friends’ or ‘happier in hospital’.

Evaluator On-Site Observations

SpiralOrchard
In Hospital D, a brother and sister worked together while making puppets and later did a performance together. Both suffered from the same genetic illness and the medical staff timed their appointments to have treatments and check-ups together as their parents had to travel a long distance to Hospital D for their specialized care. During their visits, they availed of the PPP on several occasions.

viii. The parents/guardians/staff did learn new skills through their presence at the puppetry sessions.

**FIGURE 8**
**FIGURE 9**

*Parents/Guardians/Staff: Learn any new skills?*

<table>
<thead>
<tr>
<th></th>
<th>Block 1</th>
<th></th>
<th>Block 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24</td>
<td>No</td>
<td>Yes</td>
<td>24</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td></td>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>

*Block 1:

This question specifically aimed to ascertain if **Objective D** (Encourage sustainability through transferral of skills between artists and teachers/play specialists and parents) was fulfilled. The
results clearly indicate that sustainability was encouraged because there was a transfer of skills, since 24 parents (83%) indicated that they did learn a new play skill that they would use again. Parents commented:

- “Yes, I would use it at home as it’s a great way to communicate with your child,”
- “Creating 3D shapes,”
- “How to make a puppet and clothes”.

This clearly demonstrates that the puppetry encouraged social interaction and that a transfer of skills took place during the course of the project. The transferral of skills was not a purely mechanical operation but took place in a fun and happy environment that made the process all the more enjoyable, as shown by respondents’ comments:

- “Just being creative and having lots of fun with kids,”
- “Great way to make friends by sharing crafts, can make all different puppets,”
- “How to make a puppet with simple ingredients”.

The following comment not only reflects the positive impact the puppetry sessions had but also indicates definitively that the transfer of skills occurred: “I would try to make a puppet show at home and record it on my phone”.

**Block 2:**

It is shown in Figure 17 that Block 2 also encouraged the transfer of skills since 24 parents (96%) said they had learned a new skill they would use again:

- “How to make puppets and photography,”
- “To make puppets out of the smallest of materials”.

SpiralOrchard
A lot of parents made comments for this question in Block 2 demonstrating that the parents/guardians/staff felt strongly about the impact of the PPP. Parents commented:

- “The easy and fun way it was to create your own film,“
- “I picked up a lot from art, creating puppets, to IT, creating videos,“
- “Help child to draw and cut out shapes for puppets“.

The large number of comments in response to this question suggests that the respondents felt strongly about the new skills they had learned. As the majority of the comments were focused on puppetry, this indicates that the enjoyable puppetry sessions were facilitated through the professionalism and skill of the artists.

\textit{ix. The puppetry had a positive impact on the parents’ hospital experience in a number of ways.}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
                   & Block 1 & Block 2 \\
\hline
Happier           & 13      & 13      \\
Made you laugh    & 16      & 20      \\
Time for a break  & 26      & 15      \\
De-stressed       & 3       & 13      \\
Time to talk to staff & 10   & 7       \\
Positively distracted & 13  & 17      \\
Other              & 2       & 2       \\
\hline
\end{tabular}
\caption{Parents/Guardians/Staff: Changes in yourself?}
\end{table}
FIGURE 11: Parents/Guardians/Staff: Changes in yourself?
Block 1:
Parents were asked how the puppetry had affected their experience of the hospital environment. The highest proportion of parents (31%) indicated that the puppetry had allowed them ‘time for a break’. This is a noteworthy response because the hospital experience for a parent can be very demanding of their time with most of their attention directed towards others. Hawkins (2010) says of a parent whose child is in hospital: “These stays can wear you out faster than you think, take care of yourself so that you can help take care of your sick child” (www.helium.com). The puppetry sessions afforded the parents ‘time for a break’ which was a positive consequence that demonstrates the impact of the puppetry on the stakeholders. The next highest reply, 16 parents (19%), indicated that the puppetry ‘made them laugh’. Laughter is an important way to de-stress and is essential in the hospital environment, which can be particularly stressful for a parent who sees their child unwell, interacts with medical staff and comforts the child. From Figure 18 we can see that 12% of the respondents indicated that the puppetry session gave them ‘time to talk to staff’.
Block 2:

It is shown in Figure 19 that the Block 2 results for this question followed the same trends that were apparent in Block 1. However, the response ‘made you laugh’ (23%) replaces ‘time for a break’ (17%) as the most common reply. The reply ‘de-stressed’ increased from Block 1 (4%) to Block 2 (15%) and this is significant because the hospital environment is particularly stressful for both patients and parents. This significant feedback indicates strongly that participating in the PPP reduced stress levels. There are also a number of replies for ‘time to talk to staff’ (8%), ‘positively distracted’ (20%) and ‘happier’ (15%).

Significantly, in Block 1 and Block 2 we learn that there were 30 responses for ‘positively distracted’. To be positively distracted was important for patients and parents partaking in the PPP, which reflects positively on the impact of the project overall.

Evaluator On-Site Observations

In Hospital D, a parent told the evaluator she had gone home to have a shower during the PPP, saying ‘it is great to even get a wash!’ The parent seemed physically and emotionally refreshed, while declaring with delight and surprise that her daughter ‘was there all morning’.

4.1.3 ARTISTS, TEACHERS AND PLAY SPECIALISTS

x. The Artists/Teachers/Play specialists learned new skills.

<table>
<thead>
<tr>
<th>Artist, Teachers and Play specialists: Learn any new skills?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artist, Teachers and Play specialists were asked if they learned any new skills.</td>
</tr>
<tr>
<td>Block 1</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

SpiralOrchard
The PPP facilitated an environment for learning new skills that encouraged artists, teachers and play specialists to engage in cross-learning and joined-up thinking by working in conjunction with and observing each other. This question specifically aimed to ascertain if the Objectives B, C and D were met. Teachers and play specialists commented on their new skills:

- “It was my first session to sit in, so I learnt how to make a puppet myself,”
- “How to put a performance together,”
- “How to create a puppet theatre stage”.

Artists commented on their new skills:

- “How to engage children with no speech, little English and very low mobility,”
- “Coughing sometimes means a child will vomit, so check,”
- “How to work with children with low energy”.

The artists’ comments revealed they had learned to deal with hospital-related situations, which addressed the fulfilment of Primary aim IV and Objective C. There were also examples of experiential learning, illustrated by the following comment: “Well, more of an idea of how to do
our object exchange with other hospital, which happened spontaneously today, discovered through doing”.

**Block 1:**

As is expected, many of the teachers and hospital play specialists learned new puppetry skills and applications. Teachers and play specialists noted:

- “Puppet making and improvised play,”
- “Articulated limbs on puppet,”
- “How to make and use shadow puppets”.

Artists also gained invaluable experience, which directly relates to Primary aim IV, illustrated by the following comments:

- “Organizing group discussion to decide on a story,”
- “Putting pics on computer; projector, how easy it is, will use it lots in the future”.

The artists’ own experiences during the PPP specifically developed the role of the artist working with children in a hospital setting, for example: “Encouragement and support of introverted or shy participants; relating to teenage boys – interests, humour etc.; managing a session – distraction etc.”.

**Block 2:**

It is evident from Figure 21, 89% of the respondents indicated that they learned new skills, which demonstrates that this important learning process continued in Block 2. A teacher commented: “How to make a pop-up puppet” while an artist said: “How to take precaution against H1N1 flu.”

The following replies further illustrate the development of the artists’ role and the ongoing learning process:
• “Made up a fun activity that I would like to use again in other projects,”
• “To encourage participants to make own music or use any skills they have in production of puppet show”.

There was also evidence of experiential learning that aided the development of the PPP: “I incorporated a free web tool I found during the week for making self-portraits, ‘webface’.” Further examples revealed that aims related to Áit Eile were met:
• “How to encourage further interaction using the video link,”
• “Integration of the video link alongside the overhead projector, effectively using this for the audience,”
• “Video recording, editing and burning the DVD”.

The practical experiences of the artists for this pilot project will be an invaluable resource for future projects and the current four artists can be consulted for any future puppetry projects. The following are some simple but noteworthy comments that further demonstrate experiential learning by the artists:
• “Trying not to re-invent what doing from week to week and building more and using puppets/props/ideas from week before to develop each week,”
• “Ongoing: to limit materials and explore infinite possibilities of few”.

The combined learning and interaction experienced by the artists, teachers and play specialists were shared and this learning facilitated the extraction of best practice methods for the benefit of the patients, for example: “How to manage classroom in certain situations. Another participant is recovering from head injury after road accident, is non-verbal, sensitive, was good to work with teacher with her and I didn't know how to deal with certain reactions so I followed teacher’s lead. Without her support I would be lost sometimes!” Some learning was specific to
individual patients and their varied conditions, as demonstrated by one artist’s comment: “De-stimulate room for child with head injury”.

Evaluator On-Site Observations

_The evaluator noticed at a typical session in Hospital D the varied range of stakeholders other than patients who were involved in the PPP, all of whom were learning new skills from the artist and each other. There were teachers; classroom assistants; special needs assistants; a transition year student and a teacher of the primary art curriculum of ‘Fabric and Fibre’ who was studying for a Master’s degree in Child Art Psychotherapy. Medical staff, nursing staff and parents also accessed the project through the Puppet Packs that Anna made for the wards during the H1N1 virus outbreak alert. The transition year student said: “This is brilliant”. Anna, the artist in Hospital D, said: “Creativity and excitement to me is what works best for children.”_

**xi. The children indicated they enjoyed the video-link technology.**

<table>
<thead>
<tr>
<th>Artists/Teachers/Play specialists: Did children enjoy video-link?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artists, teachers and play specialists were asked if the children enjoyed the video-link technology.</td>
</tr>
<tr>
<td>Block 1</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>20</td>
</tr>
</tbody>
</table>
The video-link technology was an essential component of the PPP and this relates to Primary aims II & III and Objectives E & F. It was important to create a sense of community spanning the four participating hospitals. The Áit Eile portal and the expertise provide by the Centre for Health Informatics at TCD, through the video-link facility, bridged the distance between individual hospitals and patients participating in the PPP. To assess the impact of the video-link, the artists, teachers, hospital play specialists and staff were asked if the children had enjoyed the video-link technology.

**Block 1:**
Figure 22 shows a totally positive ‘yes’ response for the video-link technology (100%). This is strong evidence that the children did enjoy the video-link technology. Many factors contributed to the children enjoying the video-link technology and some of these are illustrated by the following comments:

- “They enjoyed watching other children doing the same as they were,”
- “I think they were just amazed they could talk to other hospitals around the country,”
- “They like seeing the other children’s puppets in the other hospital”.

*SpiralOrchard*
The video-link technology also engaged with the broad theme of intercultural dialogue, as is illustrated by the following comment:

- “Older child briefly involved, was interested but not overly. Younger with no English became totally engrossed and stood up to watch screen closer; even tickled the puppet on the monitor and the puppet responded, which was really funny to watch,”
- “Simulated multi-language use by children”.

However, some technical issues reduced the effectiveness of the video-link technology, as illustrated by the following comment: “We didn't use it. There were three hospitals logged on together when we logged on, lots of feedback from mics and confusion. Conversation – some artists busy helping other kids finish puppets, so conversation was not facilitated. It was difficult to understand and join in. We were in the middle of recording our puppet show so I decided not to continue with that.”

Block 2:
Again, in Block 2, the video-link technology received more positive feedback. The comments included: “The tooth fairy puppet in Hospital A was looking for the tooth in the land of Earth in Hospital B and found it under a puppet.” A noteworthy comment showed the technology had engaged patients directly: “The six-year-old boy loved it and it was through this that he became engaged with the project. We worked together for the rest of the day.”

The following comment illustrates the real impact of the technology: “We projected the performance into the hall so they enjoyed watching the reactions of their audience. It also looked brilliant – dark corridor, lighted images changed the atmosphere of the space completely. Felt the magic was leaking out”.

The comments below demonstrate the positive impact the technology had on the patients themselves:

SpiralOrchard
• “They really enjoyed this as their parents and nursing staff got to watch on the wall,”
• “Enjoyed seeing other kids and watching them showing their own puppets”.

Primary aim II and Objective F were met, as demonstrated by the following:

• “Absolutely, I think they found it to be a novelty that there are other children in hospital just like them,”
• “Seeing and hearing description from other school was great. It gave our pupils the opportunity to explain and present their work to an outside audience”.

Seeing other children in other hospitals could alleviate feelings of isolation and alienation. This aspect also highlights the role of Áit Eile in delivering the PPP.

It is evident from this feedback that the video-link technology had a major impact on the PPP. However, there were some technical glitches that need to be rectified for future projects, for example:

• “But became quite bored because the screens are quite small and don't hold their attention,”
• “Unfortunately, due to an error that occurred, the other hospitals could not hear us so I think this impacted on the child not enjoying it as much as he may have otherwise”.

The main problems experienced with the link-ups were sound, picture size and picture quality, as this response showed: “However, there seemed to be a problem with the sound so we watched a silent puppet show”.

The implication of the following comment is important for future projects because the video-link could be available for children who are in isolation. Potentially it could be extended to hospitals in different countries, increasing the interculturalism of the project. “Enjoyed
watching Anna's puppet. Enjoyed performing for Anna's puppet to watch and after she was smiling and relaxed for the first time. (Anna was in studio not hospital due to H1N1 restrictions).” There is definite potential for artists to work from their studio and engage in the video link.

Evaluator On-Site Observations

*In Hospital C a boy patient said: “I never saw myself on TV before”. The ramifications of the use of technology for working creatively with children are exponential: for example, children in isolation with contagious medical conditions or children isolated due to immune system deficiencies.*

**xii. There was experiential and best practice learning for the artists, teachers and play specialists.**

**FIGURE 16**

**FIGURE 17**

*Artists/Teachers/Play specialists: Changes for future sessions?*

| Artists, teachers and play specialists were asked if there is anything they would like to change for future sessions? |
|-----------------|-----------------|----------------|-----------------|
| Block 1 | Block 2 |
|----|----|----|----|
| Yes | No | Yes | No |
| 9 | 14 | 20 | 16 |
In order to ensure sustainability and to assess whether or not the role of the artist in the hospital was worthwhile, the artists/teachers/play specialists were asked if there was anything they would like to change for future sessions. This question relates directly to Primary aim IV & VI and Objectives B & E. A high number of the respondents said they would like to change something for future sessions and the changes submitted were generally constructive and positive. The feedback provided by the respondents has been divided below into three distinct categories that relate to the corresponding aspect of the session (pre-session, mid-session and technology-related) with quotes included as evidence:

**Block 1:**

**Pre-Session:**
- “A different way to deal with the several speeds in making puppets. Take photos or designate teachers to do so,”
- “More stories. More sound. Happy with format though.”

**Mid-Session:**
• “It’s all learning. Too complicated start; more focus on play and animation through simplified techniques. More puppetry-based approach than film centred,”
• “A little less form filling and organizing,”
• “Less of me involved in puppet; stand back more even if puppets are shy.”

Technology-related:
• “Would love to have a bigger screen for Áit Eile; everything else great,”
• “More excitement about video link, more communication,”
• “More clarity about use of video link. Make better backdrops – maybe provide templates. Have more info on other cultures ready to hand; pictures, music, examples, etc.”

Block 2:
For Block 2 we see similar issues arising:

Pre-Session:
• “More preparation. More teaching tools,”
• “More preparation. Always I feel I need more and more. I wish I had time to spend a few days in the hospital researching and finding materials but I don’t,”
• “More prep for structure if needed. Do more during video-link time,”
• “Speaker for the computer.”

Mid-Session:
• “If possible even more interaction on video-link,”
• “Nurses’ involvement; I have discussed this with hospital play specialist and we have a plan,”
• “Far more involvement; this is a big challenge and needs to be worked on in the future.”
Technology-related:

- “Video clarity; unfortunately, the projector didn’t link up,”
- “A few things; updating software on computers,”
- “Bigger screen on Áit Eile. It is fine on the projector but we did not have it today,”
- “Link between two hospitals, wallpaper option; will talk to TCD.”

The main issues surrounding the pre-session categories are preparation and organization, which should be resolved through time management. The artists learned a great deal over the course of the project. However, the transient nature of the hospital environment, coupled with the unpredictable nature of patient conditions, mean that preparation is helpful but may not be used. In the PPP, the artists used their learning and experience to manage this issue but more preparation and planning are required.

The main issues for the mid-session are participation and involvement of patients: “Still looking for more involvement and use of window outside playroom”. The levels of involvement are directly related to preparation and in particular to ensuring that the session activities are engaging for the patients throughout the whole session. It is important that the puppetry session fulfils the PPP requirements but it is also important that the needs of individual patients are addressed to facilitate their participation.

In relation to the technology category, the issues concern screen size (use of projectors helped this) and involvement, leading to guidelines for link-up strategy, i.e. patients not participating directly in link-up may be due to background elements of the link-up, e.g. sound effects.

Some specific lessons relating to facilitation for the artists will improve the implementation of future puppetry projects, as illustrated by the comment: “Find way to ask adults to leave room for 'chats' not connected to puppet show”.

Evaluator On-Site Observations

SpiralOrchard
The evaluator witnessed an on-the-spot technology lesson between a teacher and an artist during a PPP session when the teacher in Hospital C explained to Anna in Hospital D how to increase the volume of the video for the Áit Eile link-up during the actual link-up. The artists exchanged skills that had worked well for them each week via their reflective blogs on the www.practice.ie online journal. They also showcased these for each other at artistic training and development days. The evaluator noticed examples of these during site visits. One one occasion, Anna in Hospital D used a ‘cranky’ during the second Block 2 of the project that Emma had pioneered in Hospital B during Block 1.

4.2 Qualitative Analysis

This section of the report focuses on the qualitative feedback provided through comment or opinion. Where appropriate the answers are graded from most positive to least positive.

4.2.1 Least Enjoyable Activities

Patients

xiii. The patients indicated their least favourite activities were: Nothing (enjoyed entire session), Personal Dislikes, and certain aspects of the Technology.

There were seven questions on the patients’ questionnaire in Block 1. It was agreed by the project partners to reduce this to five questions for Block 2: the artists, teachers and play specialists felt that, although seven questions provided valuable feedback, it was too many for the patients to complete given the time restrictions surrounding the puppetry sessions. As a result, the patients were only asked what their ‘least favourite’ part was in Block 2. The evaluator felt this question was important in order to ascertain the elements of the PPP that did not engage the children so this feedback could be available for the artists, play specialists and teachers.
The replies are presented in three categories: Nothing (enjoyed entire session), Personal Dislikes and Technology Related. The number of times a reply was returned is shown in brackets.

**Nothing (Enjoyed Entire Session):** It is important to point out that most comments indicated that the children liked everything about the puppetry. This is clearly demonstrated by the following replies:
- “When it is finished,”
- “I didn’t have one because it was really fun,”
- “None” (8),
- “I liked all of it” (6),
- “No” (4),
- “Enjoyed it all” (2),
- “I like everything” (2),
- “Nothing” (2),
- “no bit”.

It is significant that the patients responded positively to this question.

**Personal Dislikes:** It is interesting to note that the elements specified by the patients as ‘least favourite bit’ were most commonly related to particular activities that the individual child personally disliked doing, for example:
- “The dance” (2),
- “Disco,”
- “Using them because I didn’t like being on camera,”
- “Trying to improvise because I’m not good at it”.

SpiralOrchard
It is understandable that a child will not like to partake of something they find is embarrassing. However, there are two sides to every story and what works for one patient may not always work for another, as illustrated by the following two responses: “Using them because I wasn’t really good at it,” and, “Watching puppets because I was not doing it”. This is further evidence of the dynamic environment in which the artists were operating and the unique preferences of each child.

**Technology Related:** A number of patients referred to the technology/video-link as their least favourite part as shown by the following replies:

- “Technology,”
- “Video link because it was hard to see,”
- “Video link (shy)” (2),
- “Video link was embarrassing,”
- “Making the video,”
- “Taking the pictures”.

There are two main issues here:

- The video-link was not always successful for technical reasons. It was a pilot project and this needs to be rectified for future projects.
- The need to instil confidence in the participants by developing methods for encouraging the children to be less shy about performing.

**Parents/Guardians/Staff**

xiv. **According to the parents/guardians/staff, the patients’ least favourite activities were; Nothing (enjoyed entire session), Performing, Technology and Idle Time.**

**Block 1:**

SpiralOrchard
The parents/guardians/staff were also asked what the children enjoyed least. Out of the 23 replies, 14 (61%) indicated that the patients enjoyed the entire session and did not have a least favourite bit; “enjoyed all aspects” or “enjoyed it all” and “nothing” (5). The remaining replies were divided into the following three categories: Performing, Technology and Idle Time, and these are examined again for Block 2.

**Performing:** This aspect of the puppetry session seemed to be the least popular activity for a number of patients, which can be partially attributed to shyness. This is illustrated by the following comments:
- “He was too shy to participate in the show,”
- “Video, Annie shy at the moment,”
- “Some children were shy; did not like to talk with puppets”.

**Technology:** The technology was warmly received by all over the course of the PPP. However, technical glitches did reduce its impact slightly, according to one respondent:
- “The video link was hard to hear properly”.

**Idle Time:** It is inevitable that the patients would have some idle time over the course of the puppetry session for various reasons. Patients experience a lot of idle time during a hospital stay and, as a result of this, tend to not like waiting for something to do or for something to happen; “Waiting to do the puppets”.

**Block 2:**
In Block 2 there were 12 replies to the question of least favourite activity and six (50%) of these indicated that the patients enjoyed the entire puppetry experience. A respondent commented: “Seemed to enjoy all of it”; another added: “None of it,” and also: “When it was finished”.

SpiralOrchard
Performing: In Block 2, performing seemed to be the least popular activity for the patients, and this can be attributed to shyness. One parent observed: “Having to speak into microphone or perform different voices as a result from being self-conscious from their current situation”.

Technology: There is again an issue with the technology. However, it was unclear if patients were uncomfortable with using the technology or being in front of it as a respondent simply replied: “Camera”.

Idle Time: Here the patient is holding a puppet while others are performing. This may have been just a tiring exercise but it indicates that the patients would rather be involved directly in an activity: “Trying to keep the puppets held up”.

It is significant that overall a high percentage of the respondents indicated that the children enjoyed everything about the puppetry sessions.

Evaluator On-Site Observations

Anna further reported during an interview that a member of staff from the Centre for Health Informatics, TCD, was very helpful and came on site visits to assist with the technology, for example “helping to reduce the echo sound”. One of the artists reported that the form filling (consent forms and evaluation forms) was a “bit of a grind”, but “you can’t not do them”, because they were important. This became easier in Block 2 as the teachers took on this role in Hospital D.

Artists/Teachers/Play specialists
According to the artists/teachers/play specialists the patients’ least favourite activities were: Nothing (enjoyed entire session), Talking and Performing, Technology, Story Development, and Idle Time:

Block 1:
The artists were asked what the children enjoyed least. The feedback demonstrates that, of the 23 replies, eight (35%) indicated that they “enjoyed all aspects” or “enjoyed it all” and “nothing” i.e. that they enjoyed least (5).

Nothing (Enjoyed Entire Session): More than one-third of respondents indicated that the patients enjoyed the entire session: “Very positive feedback from pupils and parents”. The following comments indicate how much the patients enjoyed all aspects of the puppetry sessions: “Very positive response from pupils,” and “Again a really positive experience”.

Technology: The technology session suffered minor technical faults, which affected the patients’ enjoyment of it: “Video link had no sound and I had to watch without showing kids who had no completed consent forms,” and “movie editing”.

Idle Time: As can be seen from the responses to this question, the patients clearly did not enjoy any period of inactivity (waiting). One reply stated: “Waiting e.g. for materials, turns to perform etc.,” another said: “Waiting to do something,” while another added: “Time waiting on each other,” and, finally, “waiting for the technology to work”.

Talking and performing: Overall, the patients engaged with the puppetry very well. However, the feedback indicates that a number of them did not like performing and talking for their puppet. “Talking about what to do, got distracted and wanted to talk about their...
own interests”. This point is further illustrated by the following comments: “Speaking for their puppet,” and “speaking for puppet during performance”.

**Story Development**: The story development is an important part of the puppetry session and relates directly to Primary aim 1. Therefore, it is important to make this activity as engaging for the patients as possible: “Making up the story initially,” and “trying to get started on a story”.

**Block 2**:  
The feedback from Block 2 shows that eight of the 23 replies (35%) indicated they, “enjoyed all aspects” and “enjoyed it all”.

**Nothing (Enjoyed Entire Session)**: It is evident that the patients were engaged by the entire puppetry session.  
- “Having to leave in the middle of a session,”
- “When it was finished,”
- “They enjoyed it all.”

**Technology**: There were a number of issues related to technology in Block 2, as demonstrated by the following comments:  
- “Technology – waiting for other hospitals to join us,”
- “Technology not working, we wanted to watch some films on Áit Eile, which did not work”.
- “Watching the other hospitals’ performance because image too small and quiet,”
- “Web link (our sound didn't work so restricted interaction),”
- “Link-up,”
- “Áit Eile not working”.

SpiralOrchard
The evaluator believes that pre-session preparation and consultation between the artists and the Centre for Health Informatics could help to prevent technology issues from having a negative impact on the puppetry sessions.

**Idle Time:** The impact of waiting during the session is illustrated by the following comments:

- “Waiting for the link-up with the other children, which did not happen,”
- “waiting for us to solve technical problems”.

**Talking and performing:** Again it is evident that performing and talking were not popular activities:

- “Being recorded on camera or voice,”
- “Being on camera,”
- “The video recording”.

However, the artists, teachers and hospital play specialists did find ways to reduce this ‘shyness’ and the following comment demonstrates experiential learning: “Children were a little shy in giving their puppets voices but the musical instruments worked really well”.

**4.2.2 Most Enjoyable Activities**

Parents/Guardians/Staff

xvi. According to the Parents/Guardians/Staff the most enjoyable activity was making the puppets.
The staff/guardians/parents of the children have a direct insight into the psyche of the child; accordingly they were asked what the children enjoyed most. A lot of the respondents indicated that the children enjoyed the entire PPP process. The comments ranged from “all of it” to “enjoyed the entire process”.

**Block 1:**
The most common reply again indicates that the children enjoyed making the puppets more than anything. Eleven respondents commented: “Making the puppet”; others added, “Making the puppet, picking out all the bits and pieces he wanted”.

This question addressed the fulfilment of **Primary aim I** and freedom of creativity and the opportunity to create. ‘Making the puppets’ provided the children with an important activity and creative outlet, as indicated by the following replies:

- “Making their own puppets and putting their own ideas and creativity,”
- “Personal choice and control over their own creation”.

Although these were the main replies, interaction with other children was also marked as an important feature by respondents, who said: “Participation, making the puppets,” and “working with other children, watching the puppet show”. Both of these comments relate to **Primary aim II**.

Other comments were more straightforward and focused directly on the enjoyment experienced through involvement in the puppetry sessions: “Having something positive to do,” and “just being able to enjoy himself and the result of the puppet”.

**Block 2:**
The same trends that appeared in Block 1 are found in the responses from Block 2. Again, ‘making the puppets’ features heavily as most enjoyable activity, illustrated by the following comments:

- “Designing puppets/settings,”
- “Making puppets and video link,”
- “Making the puppets and using different stuff,”
- “Making the puppets, acting out and performing”.

For Block 2, there is a distinct increase in the number of respondents who said that the technology, i.e. video making and link-up, were also very popular activities. Some comments included: “Making the films of their puppets,” and “The video making puppets”. This is important feedback regarding the overall impact of the technology and the important role it played in the PPP. Another parent commented: “Making the videos”. The following comment simply expresses the impact that the puppetry had on one individual child: “He loved everything about making puppets and the staff was wonderful”.

Artists/Teachers/Play specialists

xvii. According to the artists/teachers/play specialists the most enjoyable activities for the patients were ‘making the puppets’ and ‘the technology’.

The artists, teachers and play specialists were asked what they thought the children enjoyed most about the PPP sessions. The qualitative feedback from this question provided evidence for the achievement of the Primary aims I, II & III and Objectives A, E & F.

Block 1:

SpiralOrchard
Much feedback showed that making the puppets was a popular activity for the patients. This relates directly to Primary aim 1, using the puppetry as a medium through which to develop and promote children’s imagination and creativity. Some of the comments named ‘most enjoyable activity’ as:

- “Making puppets” (9),
- “Making the puppets and backgrounds,”
- “Making the story,”
- “Making their own puppet, very proud of them”.

Through making puppets, the patients experienced and developed their own creativity, as these replies demonstrate:

- “They enjoyed the freedom of creating their own puppets with very little restriction on their expression,”
- “Working together as a team”.

The artists, teachers and play specialists also indicated that the technology (making videos and the Áit Eile link-up) had a positive impact on the children over the course of the project, identifying:

- “Making the film,”
- “Making the video,”
- “Video link,”
- “Technology part, taking pics, watching other hospital shows,”
- “Video-recording and stop motion editing”.

There is also evidence that the patients were engaged with the entire PPP process, as indicated by this respondent:

SpiralOrchard
• “Performance of their puppets in ‘puppetopia’; watching their video back; making puppets; penalty shootout,“
• “Making, also telling stories, while videoing; seeing the other children”.

Block 2:
The most popular activity for Block 2 is also ‘making puppets’, with a large number of respondents saying:

• “Making the puppets and the houses,”
• “Making the puppets. In the afternoon one child made a storybook about their puppet,”
• “Making the shops and puppets”.

The patients were also very engaged with the performing element and the technology played an important role in facilitating this. One respondent observed: “I think the children most enjoyed their puppet show up on the wall. We displayed the show in the corridor via the video-link for all to see. The children loved this.” This point is further illustrated by the following two replies: “Making props and puppets; the video-link with Helene,” and “making the puppets and the video link”.

Another important reply to this question demonstrates that Primary aim II was fulfilled, by showing the children they were not alone in their hospital scenario but that there were other patients in other hospitals across the country: “I think the children mostly enjoyed the web link-up, they enjoyed talking to and seeing children in another hospital”.

The technology incorporated more than just the link-up between the hospitals. As discussed earlier, video making and editing were important aspects of the puppetry sessions for patients, as demonstrated by the following comments:
• “Technology use,”
• “Editing on sound and video applications,”
• “Freedom to use own video,”
• “Making the video in class.”

There are also appropriate indicators of the impact the PPP had on guardians and patients: “Magic trick (from granddad)” and “partaking in using the puppets they have created”. It is promising that the staff became involved when available but this was not always possible: “Performing, wanted more of the staff to watch but unfortunately they were unable to watch”.

The different aspects of the puppetry sessions engaged the patients in different ways and on different levels.

- Making
- Performing
- Link-up
- Video
- Filming
- Technology
- Interaction
- Creativity.

### 4.2.3 The Last Word

**Patients**

*xviii.* *Overall the patients mostly thought the puppetry sessions were brilliant and excellent.*

The patients were asked what they thought of the puppetry overall. This question specifically targeted the child’s personal opinion of the puppetry. The patients’ ‘additional comments’ were
distinctly positive. This is found throughout the qualitative data, indicating the puppetry sessions were highly enjoyable. The replies have been grouped into the different categories shown below.

**Block 1:**

**Brilliant:** The patient’s comments are overwhelmingly positive.

- “Quite fun, making little puppets out of paper and sticks. Who could know small things can make you so happy”; “Good, Nathan would like to make puppets again”; “So happy, very good when we put the eyes on”; “Happy”; “It was klass (sic)”; “Very enjoyable” (2); “A great experience”; “I thought it was brilliant”; “Very good and brilliant”; “Excellente (sic)”; “Deadly”; “Brill”; “Brilliant”; “Excellent” (2).

**Very Good:**

- “V. Good” (5); “V. good and entertaining, thank you”; “Very good and made me very relaxed”; “Very good and great fun”.

**Enjoyable:** The patients enjoyed the puppetry.

- “Great” (3); “Deadly”; “Excited”; “Fun and enjoyable”; “Great fun”; “Good fun” (3); “Funny”; “Fun”; “A good idea”; “Good” (10); “OK” (2).

**Block 2:**

Again in Block 2 the patients’ comments are positive:

- “Excellent and brilliant” (2); “Superb”; “Excellent, I loved making the houses and puppets”; “Class”; “Brilliant”; “Excellent” (2).

**Very Good:**

SpiralOrchard
• “Exciting as I got to make lots of puppets, it was fun”; “So good, loved everything”; “Very fun and interesting to watch”; “V. good” (5); “Really good”.

**Good:**

• “Good fun”; “Good” (4); “Very good but it was more for children”; “OK, I liked it.”

**Making Puppets:** This was an enjoyable activity

• “Exciting as I got to make lots of puppets, it was fun”; “Very good and exciting, I loved making the puppets and decorating them”; “It was klass (sic)”.

**Wanted More Puppetry:**

• “Very good and exciting, I loved making the puppets and decorating them”; “Very good and I was glad I was here”; “Exciting and fun, I would like to do it again”; “Funny and I’d like to do it again”.

Patients also provided the following comments:

• “Happy” (3); “So good, loved everything”; “Very fun and interesting to watch”; “I thought it was real fun, great fun” (2); “Really fun” (2); “Funny”; “Exciting” (2); “Fun, enjoyable good”.

**Parents/Guardians/Staff**

_xix._ **Overall the Parents/Guardians/Staff thought the puppetry was a very positive initiative.**
This question specifically targeted the overall opinions of parents/guardians/staff about the PPP. This question generated some of the most definitive feedback specifically showing how the PPP had a positive impact on the patients and their parents. The replies have been divided into: Definitive: Observatory: Anecdotal

**Block 1:**

**Definitive:**

Some of the respondents gave very clear opinions on what they thought of the PPP. One respondent felt so strongly that they printed their comment in bold capitals to emphasize how they felt: “PROJECTS LIKE THIS SHOULD BE FUNDED AND EXPANDED”. Others simply gave their opinion: “In my personal opinion I think the puppet show has great advantages for children in hospital. And Emma is great at what she does”. The comments also reflected the professionalism of the artists, hospital play specialists and teachers: “Fantastic staff, true professionals and dedicated to kids”. The following comment illustrates how the PPP shows that the hospital does more than just dispense medicines: “Bravo, shows an interest in child’s mental wellbeing”. This feedback also indicated the fulfilment of **Objective D:** “Excellent idea,” and “Really enjoyable, very different, have not seen this before, would love to test it out as an activity with my own children”.

**Observatory:**

The parents/guardians/staff were very impressed overall with the PPP. Some of the respondents became caught up in the puppetry stories that they saw unfolding: “When the dinosaur and the man were fighting and there were snakes, they broke snakes and fell on the ground and pointed the camera down, he thought it was so funny”. The puppetry sessions also distracted the patients’ minds from their illness, as illustrated by the comments:

- “Something to keep the children occupied during the stay in hospital,”
- “Very good for keeping the kids occupied,”
- “Great to keep the children busy, distracted from not being able to eat,”

SpiralOrchard
• “Excellent staff,”
• “Great distraction and really lovely idea”.

Anecdotal:
The respondents also wanted to express how the PPP had affected their own and their children’s hospital experience:

• “My daughter really enjoyed herself; she made new friends and she learned a new skill and expressed herself freely,”
• “Gave him a chance to meet other people and helped him to feel happier about being in hospital and he enjoyed making the puppet,”
• “A very enjoyable experience and great distraction from the serious business of the hospital”.

These are just a selection of the comments made by the respondents. It is crucial to note that no negative comment was returned for this question, which is a positive reflection on the artists, teachers, play specialists and staff involved with the PPP.

Block 2:
The positive nature of the parents’ comments continued for Block 2. In addition, more comment was directed at the professionalism and courtesy of the staff, as reflected in the following remark: “Thank you. This morning was lovely fun session for Sean. He loved the attention he received from everyone and all the make and do activities. Staff are so lovely to children and parents”.

Definitive: The respondents also supplied clear indications of their thoughts on the PPP:

• “Well done, it's great idea to get kids out of bed and away from Nintendo DS for a while,”
• “Very enjoyable project both for the children and parents to take part in,”

SpiralOrchard
• “Excellent,”
• “Great initiative”.

Observatory: Others wrote about what they had seen unfolding.

• “Excellent morning, the children really enjoyed the morning and were very relaxed leaving the classroom,”
• “An excellent opportunity for kids and parents to play together while they are here”.

Anecdotal: Further comments related directly to the patients’ experiences:

• “Enjoyed it so much that he wanted to stay longer,”
• “It was a very positive time for me and my child”.

A defining comment made by one parent shows that, through their own interaction with the PPP, they feel that the project should be developed into an ongoing event: “This puppet making class is very good for sick kids and I hope it continues throughout Ireland”.

Artists/Teachers/Play specialists

xx. Overall the Artists/Teachers/Play specialists thought the puppetry had a very positive impact on the patients, parents and themselves.

As with any questionnaire process, it is often the final comment, whether positive or negative, that presents information in a clear and direct way. The additional comments, feedback and suggestions of the artists, teachers and play specialists demonstrate the impact the PPP had not only on themselves but also on the patients, parents and staff.

SpiralOrchard
The comments demonstrate the many facets of the PPP, including the testing, unpredictable and constantly changing nature of the hospital environment for the artist. One teacher commented: “The unpredictable nature of the hospital school is that one may plan for a particular group and on the day a different set of children arrive. Well done to (the) artist for very quickly adapting to specific needs”. This comment also displays the adaptability and professionalism of the artists and indicates the achievement of Primary aims IV & VI and Objective A. At the same time, an artist commented: “Support of staff excellent,” which shows how the artists, play specialists and teachers worked professionally and harmoniously to deliver the PPP to the patients. This is illustrated further by the following response: “Well done, Siobhán. While two patients carried over from last week, this group dynamic was very different. Last week (K) met Siobhán, but at that time was bed bound and non-communicative”.

However, the project did present challenges and a number of issues had to be dealt with, as illustrated by the following replies:

- “Technical problem. Due to a very safe firewall in Hospital D, videos from vimeo cannot be downloaded,”
- “Children incorporated their knowledge of Irish history very well – seems to be slight reluctance to introduce other cultures in story lines. This might be a reductive interpretation but I wonder if this has to do with strong nationalist agenda of primary curriculum in general but particularly in history and sports”. This last comment is significant because the broad theme of the PPP is intercultural dialogue and it would be interesting if the structure of the primary curriculum hindered the development of this aspect.

Overall, the comments provided very positive feedback on all aspects of the project:

- “Everything is organized very well,”
- “Very enjoyable for all involved,”
- “It was excellent,”
• “Great to keep the children so enthralled in an activity,”
• “There was a great anticipation of this session from those who had been here last week”.

Similar trends are shown by the comments collected during Block 2. The following comment from an artist demonstrates experiential learning and the acquisition of techniques important for project sustainability: “It is good to remain flexible about the techniques, as in not to insist on filming if this is of no interest to the children. To really listen to their needs generates new ideas I would not have thought of earlier”.

Over the course of the project, the comments from the artists, teachers and play specialists were informative, concise and revealing. The following anecdote from an artist sums up the PPP: “Today a thank you card arrived from a girl who had participated in an earlier session”. Her mother wrote: ‘We’ve enjoyed watching the puppet DVD, many thanks, Laura is going to bring it to school to show it to her friends’. Laura wrote “Thank you, love from Laura”. In relation to reducing the sense of alienation and isolation that can be experienced in hospital, a respondent wrote: “At the beginning all were quite shy but by middle of workshop they were relaxed and asking each other ‘what are you in for?’ One girl had been learning piano for just one year and created musical score for puppet show on own initiative. Lovely”. In this instance, the PPP gave a platform to a child to continue a home hobby while in hospital.

One particularly interesting development was the design of a puppet-making pack by artist Anna Rosenfelder. This is an example of how the project evolved by responding on the spot to the unpredictable nature of the hospital environment. This process is best described by the artist in her own words:

“Having to think of a puppetry-related activity that allows children on the wards and in isolation to have access to the PPP made me think that this could be a way to generally involve a bigger number of children without having to facilitate it on your own. To prepare simple puppet-making kits or another art activity that is somehow related to
the theme worked on in the classroom. While children who are able to visit the classroom work with the artist on a video and link-up, others make puppets in their beds (or make postcards, draw images, etc.). Later in the afternoon, images of both activities could be tied together in one image, which can be printed out”.

This demonstrates ongoing project development through practice-based creativity and the creation of solutions to problems that had not been foreseen, showing experiential learning by an artist. Further examples are described by the following feedback:

- “Musical' puppets have good possibility for communication on a lot of levels,”
- “Getting more relaxed and workshop getting better,”
- “Just so interesting to see how the different groups react so differently each week. Every session takes such a different path,”
- “One child commented ‘this is brilliant’,"
- “Very good focused instruction from the artist,”
- “Excellent morning, really enjoyed helping the children with their work,”
- “I set up a display area in the main hall, lots of people passing by commented (mainly staff) ‘That's just what's needed in a children’s hospital’”.

Evaluator On-Site Observations

Anna said ‘most of the children prefer to get engrossed in making’.

**xxi. The technology had a positive impact on parents’ overall opinions of the entire PPP.**

An important role was played by the technology in the overall delivery and impact of the PPP. Accordingly, parents were asked what they thought of the technology/journals/video. Their responses demonstrate the positive impact the technology had on the parents’ opinion of the entire PPP.

*Block 1:*

*SpiralOrchard*
The parents commented on the technology itself:

- “Great way to introduce children to ICT,”
- “Fantastic – children are so in tune with modern technology,”
- “I think it’s a good idea as the children can watch themselves and what they made”.

Further comments were made about the educational aspect of the technology:

- “Very good and informative. Educational for the kids,”
- “Brilliant really educational,”
- “Great, educational, kids really enjoyed it”.

Another comment by a parent highlighted the impact of the technologies on **Primary aim III** (to explore Áit Eile as a tool for collaborating creatively with children across hospitals and linking them with their peers and other artists): “It's a brilliant idea to link in with other children in different hospitals”. The feedback confirmed that the parents thought the technology was, “impressive,” “excellent, really enjoyable, exciting,” and “excellent” (3).

**Block 2:**

In Block 2 there were further positive comments regarding the technology of the PPP. One parent commented: “So impressed with this, so nice for the children,” while another added: “Wonderful idea, great technology”; “Excellent, the children loved all of these hands-on activities and they loved to get involved with other children and puppets in other hospitals”. Other feedback again pinpointed the fulfilment of the **Primary aims II and III**, with the following comments:

- “Great for interacting with other children. Helped children get skills in presenting their ideas,”
- “The children enjoyed watching themselves and seeing what they had done on camera,”
- “Excellent opportunity for children to participate,”
• “Excellent, encourages early learning”.

4.2.4 Changing the Mood of the Patients

xxii. According to the artists/teachers/play specialists the mood of the patients changed from negative to positive through the intervention of the puppetry sessions.

FIGURE 18: Block 1: Artists/Teachers/Play specialists: Change in patient’s mood?

This question asked if the mood expressed by the children immediately before the puppetry session and immediately after the puppetry session had changed according to the perspective of artists/teachers/play specialists. This provided important feedback defining whether or not the puppetry session had a positive impact on the children. The responses have been categorised as Positive, Neutral or Negative. Positive ranged from “Good, Enthusiastic” to “Interested, excited, relaxed”. Neutral ranged from “They weren’t sure what they would be
doing so they were quite calm” to “quiet”. Negative ranged from “Some quiet, shy, anxious, tired” to “very low energy”.

Block 1:
It is evident from responses that, before the puppetry session, the mood of patients was evenly spread between positive, neutral and negative. However, after the puppetry session there was a clear move to positive, with the exception of two neutral replies. Although this opinion was solicited from the artist/teachers/play specialists, the results provide comprehensive feedback that the puppetry sessions had a positive impact on the children. This was demonstrated by the following comments:

- “Great, smiling and waving with puppets in ward afterwards,“
- “Stimulated and eager to show their parents the puppets,“
- “Very good, the children made friends with each other”.  

The evaluators’ observations while attending the puppetry sessions and subsequent interviews with the hospital staff confirm the strength and validity of this feedback.
FIGURE 19: Block 2: *Artists/teachers/play specialists: Change in patient’s mood?*

Block 2:

In Block 2, the children’s mood exhibits a definite shift from, before the puppetry:

- “Quite open, lively, I went to collect them with the teachers on the wards, they got really excited meeting a puppet,”
- “Relaxed, a little shy and reserved,”
- “Quite low energy, a bit quiet,”

to, after the puppetry,

- “Lively and engaged, asking if we could do more tomorrow,”
- “Lively, made new friends and very happy and giggly,”
- “Happy, proud, some were tired and exhausted. Two girls did also bring their sets back to the wards so I guess they will keep playing with them”.

SpiralOrchard
This shows a positive shift in the mood of the patients through the intervention of the puppetry.

Evaluator On-Site Observations

*The evaluator noticed that two shy children gained confidence while performing with their puppets. They were even too shy to use their voices and did a silent performance of their ghost puppets (the theme in Hospital D during Hallowe’en week). Some other children made spooky noises for their performance using musical instruments and this worked really well. Their peers and staff gave a resounding positive response to them demonstrated by a big round of applause at the end of the performance. So even though they were very shy, it didn’t prevent or hinder them from participating fully in the session.*

4.2.5 Notable Features of Sessions

*The notable features from individual sessions recorded by the artists/teachers/play specialists provide important feedback illustrating how the project evolved.*

In order to appropriately document the influence and evolution of the project, the artists/teachers/play specialists were asked at each session if there had been a notable feature during the session and, if so, to explain it further. A notable feature is anything that is of particular consequence for the ongoing assessment and development of the project. Notable features provide important feedback and include experiential learning gathered over the course of the project. This question is beneficial in assessing the primary aims and objectives of the PPP. Therefore, examples of notable features recorded below have been directly related to the aims and objectives of the PPP:

**Primary Aim I:** The purpose of Primary aim I was to use puppetry and technology as a medium through which to develop and promote children’s imagination and creativity. The project used
puppetry sessions to facilitate the exploration of patients’ imaginations and therefore attempted to alleviate the intensity of their hospital stay. The following comments illustrate this: “Very creative” and “Children enjoyed creating the story”. The technology also played an important role in stimulating the child’s interest as can be seen from the following remarks: “Making the puppets and making the film”; “seeing the final projects being filmed”. The following provides examples of the puppetry and technology working as a medium to develop and promote the children’s imagination and creativity.

- “People working together to make a gorgeous set. Later, adults and children sat happily in a circle on the floor completely absorbed in their puppet making,”
- “They were very excited when they saw all the materials they could use”.

**Primary Aim II:** The purpose of Primary aim II was to reduce the sense of isolation and alienation for children staying in hospitals. To fulfil this aim, the puppetry sessions endeavoured to bring children together with a common goal and encourage them to work side by side, as indicated by the following feedback: “They listened to everything that had to be done and happily took part, worked together and enjoyed it”. It is important for children to interact positively with each other, illustrated by: “As children were similar, they seem to play well together showing similar interests”.

It is important also to include children who had nothing in common except for their presence in hospital:

- “The children that didn't really know each other interacted with each other,”
- “Teenage boys participating in a puppet show in front of each other,”
- “Two teenage boys willing to do puppetry and voluntarily returning after lunch”.

The following comments indicate there was a reduction in the sense of isolation and alienation for children staying in hospitals:
“Positive interaction of children involved,”
“Dad joining in the video-making performance,”
“Friendliness between children to one another,”
“The way they created a very friendly and social group together.”

**Primary Aim III:** The purpose of **Primary aim III** was to explore Áit Eile as a tool for collaborating creatively with children across hospitals and linking them with their peers and other artists. The Áit Eile site provided an invaluable tool, which allowed the artist and patients in different hospitals to interact directly with each other. This was important on an artistic level for the artists because they got an insight into the techniques being used by their peers, and it allowed the patients to see what was happening with the PPP in other hospitals: “Hospital B did a shadow play for us through live link-up”.

**Primary Aim IV:** In terms of **Primary Aim IV**, to provide a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future, it is important to provide evidence of the success of the PPP. This is indicated by the following comments: “All children had been here during the week so were very relaxed and anticipating the session” and, “Emma had done wonderful preparation so the children were presented with a huge variety of materials to stimulate them”. Further examples of the ongoing learning process are demonstrated by the following:

- “Worked from studio as classroom was closed (swine flu). Sock puppet very fun and useful addition to facilitation – entertains and helps in workshops,”
- “Small concern about one patient on EDV experiencing headache, I wouldn't have asked him, good to have other teacher present,”
- “A dad came in to watch the puppet show video with us at the end of the session, laughed a lot with his daughter,”
• “Yes. The special needs of the individuals. One child has, at present, no communication verbally, one with behavioural issues, one with developmental delay. This made for increased planning and organization. Improvisation was great,”
• “Working on the floor, which was very special. It totally changed the atmosphere as suddenly all sat around a pile of materials making puppets”.

**Primary Aim V:** The aim is to work inclusively with children of all backgrounds. The PPP explored Áit Eile as a tool for collaborating creatively with children across hospitals and linking them with their peers and other artists. The following comments demonstrate the fulfilment of this aim:

• “When a boy (uninterested and playing elsewhere in the playroom) rushed over during the video link and gave a great improvised performance with a fork,”
• “During link-up, a child was so engaged with interacting with other hospital she ran to get some pretend money to get the other hospital; also mum joined in as voice during the link-up. Sweet”.

**Primary Aim VI and Objective C:** The purpose of this primary aim and this objective was to develop the role of the artist working with children in a hospital setting and, thereby, provide a supportive platform in which to bring professionals from the health and the arts sectors together to engage in common dialogue around best practice for children and young people. Most young school-aged children love to create puppet shows. Although there are many methods for making elaborate puppets, given a sick child’s limited energy, sometimes simple is best (Rollins 2004). As the hospital is a totally new setting for most of the artists involved, it provided new challenges and obstacles, as shown by the following example: “Inclusion of one patient (K). This was a big step for K, post-head trauma patient with limited communication skills. A great opportunity. Her time was limited as fatigue an issue, but was fully involved while present”.

SpiralOrchard
There is also best practice garnered from the experiential learning acquired by the artists and teachers: “The shift from working individually on making puppets in different 'speed' – some already looking at building stage – to commonly making the film”. The following comment demonstrates the adaptability of the artists and their engagement in the hospital environment: “I left the classroom to accompany the teacher to the ward for ten minutes and to make a puppet with a girl who was in bed with a stroke”.

4.2.6 THE SCHOOL CURRICULUM

xxiv. The artists/teachers indicated that the puppetry sessions covered numerous aspects of required school curriculum.

This question relates to a number of the PPP objectives. The PPP fulfilled elements of the required school curriculum, including: Drama (16), Design, Science and English. The puppet-making sessions, performance building and video creation engaged the artists directly with the children in hospital. Fulfilment of the curriculum is demonstrated by the following replies: “Communicating with each other”; “IT”; “storytelling”; “craft”; “visual arts”; “music”; “science”; and “animal habitats”.

The fact that the artists cover the school curriculum further enhances open communication and collaboration between artists and teachers, which achieves the objective of cross-learning and joined-up thinking. This allows for combined learning between the artists and teachers, which strengthens their bond and provides the children with comprehensive levels of care and education.

Accordingly, the transfer of skills between artist and teacher will help to ensure the sustainability of the PPP. It provides evidence for the important impact of the PPP:

- “Making puppets, story development and performance,”
- “Language development around the Hallowe’en theme,”
- “Communication,”
• “Good communication, working together as a team,“
• “Aspects of oral language development“.

The school curriculum was covered in both blocks of the PPP. Although a number of the mainstream subjects were included, there were also less common ones such as “fabric and fibre”, “construction”, “zoology”, “nature studies”, “improvisation”, “seasonal activity (Hallowe’en) and group work”, “construction” and “safety and fire”. Covering the school curriculum also increased the acceptance of the artist into the hospital classroom setting: “Very positive, fun kid, nice to work with. I’m much more relaxed this block, which is nice,” “languages,” and “touched on Gaeilge”.

Evaluator On-Site Observations

The evaluator noticed students in Hospital A asking ‘M’ in Hospital C online: “What do starfish eat?” Siobhán and ‘M’ found out through a Google web search that “starfish eat shellfish”. This was a simple lesson in nature studies and also a skills learning of how to do online research. What the evaluator found particularly noteworthy was children encouraging their peers to learn through the themes of the puppetry. The slightly competitive nature of the questioning made the learning experience exciting for them. A ward and classroom teacher in Hospital D reported through an interview with the evaluator that the children were doing so many different things during the puppetry, “drama, art, performing, thinking skills, hands-on materials usage, and the resources are lovely”. She also said that the PPP was “especially good for oral language, brilliant for their self-confidence, doing small dramas, they can deal with their worries through play and making”.

4.3 ARTISTIC EVALUATION

Artistic evaluation requires pre-planning and implementation coupled with artist consultation from the outset of the project.
Artistic evaluation of the PPP involved artistic forms of expression to demonstrate the fulfilment of the primary aims and objectives of the project. To initiate the artistic evaluation the evaluator introduced a ‘puppetree’ poster (see Appendix II) for the artists. This poster allowed the patients to stick different coloured stars onto it that represented their opinions of the different aspects of the puppetry sessions. The artists were pro-active and interested in finding ways to artistically evaluate their sessions. However, this was not always easy to integrate. The organic nature of the project coupled with the artists’ contributions facilitated the development of a number of important evaluation methods, which are illustrated below.

- ‘Puppetree’ Poster

The ‘puppetree’ poster was used primarily in Block 1 and helped the artist to develop their own artistic evaluation methods. Artist Anna Rosenfelder comments: “I used the puppetree throughout the first project block, time to fill out evaluation forms and the puppetree did not leave time or make necessary other methods of creative evaluation”.

- Pictures and Video
Throughout the PPP, the pictures and videos that were taken and made during puppetry sessions provided an artistic evaluation of the project as illustrated by the following photos. This way of documenting artistic evaluation was very organic and easily implemented.
The pictures and videos visually demonstrate the successful implementation of the project and are featured throughout the project.
Artist Emma Fischer commented: “I think that I evaluated the session by how much they enjoyed it, which is captured on the DVDs they made. I also found that the puppet making and films themselves would provide ‘creative evaluation’.”

- PPP Book

Artist Anna Rosenfelder started to keep a PPP diary in the form of an ornate scrapbook that she used to document and record the PPP journey in Hospital D. This proved an excellent way to artistically evaluate the project. Anna describes how she developed this method:
“I developed a diary and liked the idea of a book which would remain in the classroom during the sessions, thus keeping the PPP ‘present’ in the time from Wednesday to Wednesday. I liked the idea of the book as it offered the possibility to visually document the project (printing out images from the journals, original drawings, also screenshots etc). This way, I could explain the Puppet Portal Project to parents who dropped in their children in the mornings, without getting them to look at the computer or taking lots of time to explain all aspects. Looking back onto images of puppets or projects that children had been involved in filled them with pride when they came back, and made them feel more connected to or in charge of the project as well. To create a feeling of ownership and a document or proof of a collaborative project, a joined effort made by all children who participated over the course of the whole 10 months”.

Although Anna’s book was a success for her in Hospital D, it involved a considerable amount of time and work. Artist Emma Fischer in Hospital B found it more difficult to implement; she worked in several different locations, the school, the playroom, the wards and isolation rooms so, in her own words: “I tried to find time to add in a book but in the end I found I couldn’t fit it in to an already very busy day”. This type of artistic evaluation is very good. Perhaps if its application were to be a little more structured, it could be replicated in all future locations for the PPP.

- Puppet Window

SpiralOrchard
The puppet window was an unobtrusive way of drawing feedback from the stakeholders, and it afforded them anonymity. Hospital C artist Siobhán Clancy introduced a puppet window onto which people passing could place their opinions and comments. However, this excellent initiative could not always be replicated in other hospitals: “I think Siobhán’s window is great as people passing can leave messages; we had a board but unfortunately if anything else was happening it would get taken down, and I would have liked to set up a system like Siobhán’s if I had the space,” another artist noted. Again, there is scope for developing this creative evaluation method and it could be replicated in all future projects with suitable locations and staff approval.

- Staffroom comment box

In Hospital A, artist Helene Hugel introduced the simple but effective idea of a staffroom comment box. The only difficulty with this idea was, “to keep it from being taken by cleaning staff I had to mount it on the wall”. Helene adds: “Great to give staff a private outlet for expressing input, and I discovered opinions they would not have voiced, I think”. Helene Hugel was very engaged with the creative evaluation of the PPP and reflected: “Include staff all the way including with the creative evaluation”.

SpiralOrchard
- Wipe board outside playroom where anyone could write a comment

This simple and basic form of creative evaluation encouraged respondents to write or doodle their opinions of the puppetry session. It was instigated by Helene Hugel, who said: “Difficulty was in encouraging staff to use it; children were happy to draw, etc. It required constant invitation to adults to join in. By the end, though, I didn’t need to encourage so much”. The wipe board was regularly photographed and then wiped clear so it could be updated.

- Fun Scale

A fun scale was developed in Hospital C and the artist describes it here: “Fun to use but not much extra info gathered. Primarily quantitative, not qualitative”. She added: “Sometimes not accurate as children liked to use all the smiley faces so they would vote on each in turn instead of accurately reflecting what they thought of each aspect. This was avoided by gathering assessments at the end of each process instead of all at the end of the workshop. This also provided short-term achievable goals.”

(Evaluator On-Site Observations)
The evaluator also noticed during site visits that creative evaluation needs to be hospital specific. Each location has unique opportunities and limitations determined by several factors such as the number and type of children attending the classroom, the size of the classroom and the staff supports available to the artists. Siobhán created and used the fun scale in Hospital C; the evaluator saw how it worked at the end of the puppetry session and how easy it was to document by taking a photo of it, so it can be re-used over and over. It consisted of various faces, happy, sad, neutral, boring, and the artist used to ask the participant five questions, e.g. what did you think of making the puppets? The child put a facial expression beside each question, which was then photographed. Children could do this as individuals, which took longer, or as a group, by consensus. Emma works in such a wide variety of hospital locations, in the morning she is in the classroom, afternoon on ward including isolation wards, evening in playroom. Therefore the evaluator wonders how she can accommodate a realistic creative evaluation technique to fit all the various locations that would be easy to use and not too time consuming.

4.4 Multimedia Journals

The use of blogging and multimedia journals plays an important role for artist development and for increasing outside project visibility.

The artists were encouraged to keep a journal of their experiences of the PPP on www.practice.ie, which is the first all-Ireland professional network for artists working in all art forms with children and young people. www.practice.ie is a space where professional artists and practitioners can share and discuss their work through blogs, images and forum discussions. It also features project descriptions, as a resource for artists and as a means to stimulate debate and dialogue on contemporary arts practice for young people.
Specifically for the PPP, the artists were asked by Kids Own to keep a blog of their work throughout the project on www.practice.ie, which they did. The blogs provide detailed insight into the first-hand experiences of the artists, their creative approaches, and the ongoing challenges and outcomes.

Essentially, www.practice.ie provided an important space where the different journeys of all four artists could be brought together. This gave the project visibility and made it accessible to a wide audience of professional artists and arts practitioners. But more important was the opportunity that blogging afforded for reflection and thinking time, for looking back over the work that had been done, making responsive developments and problem solving, experiences available to all concerned. It provided a space for them to be mentally processed. Two of the artists said about the positive benefits of blogging:

“When reflecting on the day or process it lets you step back. This helps to gain new perspectives on work, i.e. if you feel the day was not successful then you stop to think about it through blogging and realize that actually lots was achieved. You also begin to make connections from what may have felt disconnected.” (Helene Hugel)

“It was a great way to hear about the other puppeteers’ day and also a great way to get my thoughts out about my day. It was good for Ann also as she had an understanding of our day before we talked. I never used names but did always have in the back of my mind that I was putting what felt like a very personal day online. It was strangely easier then I first imagined. It was a way to learn from each other and also to see the similarities and differences between each hospital.” (Emma Fischer)

For Kids’ Own, reflection is a critical part of the creative process, which allows for ongoing self-evaluation and adjustment. This bolstered the fulfilment of the PPP aims and objectives by ensuring that the project was thoughtful and meaningful throughout.
(Evaluator On-Site Observations)

*Each artist put their own stamp on the project and shared their adapted skills from prior experience with each other through the www.practice.ie blog. Emma explained how a ‘cranky’ worked. Anna introduced the benefits of using a journal scrapbook to document the sessions. Helene tested and pioneered the use of a projector to expand the project from the playroom into the hospital corridor and ward. Siobhán maximised her project PR to staff and others by modifying the classroom window into a constantly updated Puppet Window, showing ongoing progress. She also encouraged staff involvement by getting the patients to make puppets as caricatures of the staff. The www.practice.ie blog has been nominated for an award.*
5 Further Learning

The learning acquired from the on-site observations and the data analysis is categorized according to the following themes:

5.1 Evaluator Site Visits

- Skills of artist

All the medical staff interviewed spoke highly of the skills of the artists both in terms of artistic acumen and people skills, particularly their sensitivity to the patients.

- Uniqueness of each hospital location

Each hospital location has a unique charm and character which added a richness and variety to the project. For instance, in Hospital C there is a window at the classroom that the artist Siobhán transformed into a puppet window, which helped draw patients and staff to the project. In some cases, the hospital environment proved limiting when compared to the other hospitals. However, the artists and teachers rose to these challenges with determination and used lateral thinking to overcome or circumvent them. At times the challenge was a springboard to an artistic intervention that was admired and proposed as a model for future projects in the other hospitals.

Hospital D is quite old with narrow stairs and the classroom is located far away from the wards. However, the room is large and bright, with a high ceiling, creating a sense of space. This is one of the largest children’s hospitals in Ireland and so the PPP here was mainly confined to the classroom, although there were always sufficient patients to make this viable.
Hospital B is a modern hospital with a large, purpose-built classroom, a spacious playroom with adjoining children’s garden. The classroom is located quite close to the wards, facilitating ease of access by patients and staff. In this hospital, the artist was able to work in a broad spectrum of locations including the classroom, the wards, with children in isolation rooms, the playroom and adjoining garden.

Hospital C has a medium-sized classroom set right on the ward, which makes it very accessible. It also has a large window that the artist Siobhán transformed into a three-dimensional puppet portal, thereby promoting the project in-house to patients, their parents and staff. Hospital C is a specialized hospital for patients with severe brain trauma. This posed unique challenges for the PPP delivery, and it had to be tailored according to the abilities and needs of each patient in terms of their recovery and rehabilitation.

As Hospital A does not have a classroom or school, the project was run in co-operation with the play specialist in the playroom, which was spacious and bright. However, it was accessible to both parents and patients at all times, which meant that all equipment had to be stored away outside of normal school hours. Also, medical staff routinely briefed parents in the room and often did minor assessments on patients there. Although this was somewhat disruptive to the puppetry sessions, it had the advantage of promoting the project to staff and parents and siblings of patients often participated in the project, or could witness it directly.

In all locations there was a lack of sufficient permanent, lockable storage space for equipment and artistic materials, which necessitated extra time for setting up and clearing up.

- **Pros and cons of technology**

In some cases sound was a problem. The small size of the video image on the screen was noted as something that could be made bigger during the live link-ups. This is related to the technology infrastructure, and sharpness of image varies depending on the quality and size of the image. Also, only one or two patients could use the computer screen at a time. Webcams
sometimes don’t work or reach far enough for practical use. There was often a time delay in sound when talking to other schools, which the children did not understand. Encouraging them to listen and respond often compromised natural, spontaneous conversation.

○ Staff interaction varied by location

Siobhán got staff to be photographed and made into a puppet character by the children. Helene facilitated a staff collage project for the staffroom and on wards. Emma was very involved with staff in the playroom especially play volunteers and play specialists, and they learned puppetry skills that they can use in their ongoing work. In Hospital D, the classroom is separate from the wards but the teacher and classroom assistants are highly involved in the project and Anna made PPP Packs for patients to use on the wards, and through these hospital staff could get involved with the project.

○ Practicalities of running a puppetry session

Each session requires certain essential components such as recruiting patient participants; form-filling including consent forms; unpacking materials; explaining the project to patients; making the puppets; artistic aims for each session, themes etc; link-up performance; video-making; video uploading and editing; evaluation; packing materials; debriefing with patients, parents, and staff. A checklist or tracking sheet would be useful for artists.

○ Overall impact of PPP on hospital environment

The PPP brought creativity and humour to the hospital environment by creatively stimulating and soothing the senses, visually, emotionally, audibly, kinaesthetically and so on. For example, in Hospital D they had a display case of puppets in the corridor leading from the main entrance foyer. The artist Emma in Hospital B was able to work in some wards with children in isolation, which had a major impact on their confined and otherwise functional medical environment.

Spiral Orchard
5.2 Travelling Puppets

The travelling puppets were an integral part of the PPP and would be used for future projects.

An important element of the PPP was the puppets that travelled between the hospitals. One hospital would make a puppet, which was then posted to the next hospital and eventually visited all of the hospitals. The travelling puppets helped with the fulfilment of the project aims and objectives. The main benefits of the travelling puppets are outlined below.

Einstein Traveller Extraordinaire!

Paddy the Hurler!
According to the artists, the travelling puppets made the connection between the patients and the individual hospitals very real because the patients could see the puppet in their hospital and in another hospital the following week. This is illustrated by the following comments from the artists:

- “The travelling puppets played an important role in bringing patients and hospitals closer together,”
- “Real interaction,”
- “Dispels feelings of isolation.”

The travelling puppets added complementary fun, excitement and balance to the technology. This is illustrated by the following comment from one of the artists, Emma, who said: “These puppets provided a link between the hospitals, which sometimes, in the first project Block, was not easy to create merely through the Áit Eile link-ups, due to technical difficulties and the fact we were still sometimes struggling with technology”. Emma added: “It also complemented the use of Áit Eile in a positive way as puppets would re-appear on different hospitals journals and one could trace their journey back by looking at these”. This is evidence of a simple, inexpensive idea that facilitated the aims and objectives of the project.

The travelling puppets also provided peer inspiration for the artists, as indicated by the following comment: “For me as an artist the puppets were a great and inspiring starting point for the PPP sessions. I could draw inspiration from my co-artists’ ideas; their techniques and themes inspired future sessions”. Another artist added: “Also, just opening a package is fun and reading the adventures the other hospitals got up to was great”. Siobhán simply added that the puppets were, “Inspiring”.

The travelling puppets also encouraged the development of strong relationships between the artists. One artist commented: “These simple travelling puppets were also a way for the artists...
to support each other.” Another added: “(it) broadens knowledge” and Helene Hugel commented: “I felt they were a great addition”.

5.3 ARTIST MENTORING

The artist mentoring played an important role for the artists by providing ongoing support and reference.

Ann Henderson acted as a mentor for all four artists for the duration of the PPP. Ann was employed by Kids Own Publishing Partnership (www.practice.ie). The artists faced numerous challenges throughout the project. The artist mentor supported the artists in many different ways, not just artistically, and the feedback suggests that Ann Henderson was particularly suited to her role. For evaluation purposes we will focus on the development of the mentoring sessions via the direct feedback from the artists.

5.3.1 MENTORING STRUCTURE

The mentoring structure was an organic process and engaged the artists on their own artistic level by drawing on the relevant expertise and experience of the mentor. The facility was available on a weekly basis throughout the project. Time constraints did occasionally present issues for the mentoring but generally the artists were able to agree time slots with the mentor that suited their schedules. Ann’s role was to act as peer mentor (rather than an expert–novice kind of mentorship) to each of the artists. Here Siobhán describes her experience of the mentoring process:

“How it practically worked is that once a week we spoke with her for an hour each (over phone or on Skype) about ideas arising, issues as they occurred and personal and professional progress in general. Invariably she took notes and referred to those in the following conversations to see how progress had been made. However, this was not like checking homework, more like continuing the conversation. It is precisely because of the notes Ann
referred back to me or her interest in an idea I had expressed a week previous that I realized the potential in my own suggestions that I would otherwise have forgotten about”.

In the following comment, artist Anna Rosenfelder describes her experience:

“At first the sessions were quite unstructured and focused upon discussion of the difficulties and challenges facing the artist in their new working environment . . . Throughout the project we developed a loose structure for our mentoring session: (1) A short report from the last PPP day; (2) A theme I proposed or wanted to tackle, or needed advice about; (3) a theme or question that the artist mentor considered relevant . . . Structuring the mentoring sessions in this way mirrored developing a structure for the PPP days; in both experiences, it became obvious how beneficial a set structure can be”.

The following feedback from artists Siobhán and Anna indicate the ease with which Ann Henderson could relate to and engage in discussion with the artists.

“Ann often went beyond her professional duty to accommodate varied times and modes for communication and redrafting of appointments”. (Siobhan)

“Ann frequently contextualised my experiences or immediate observations, relating them to earlier discussions, thus providing assistance in identifying progress and achievements in a way I could not have done on my own.” (Anna)

5.3.2 PEER MENTORING

The mentor is also an artist, having previous experience of working with children. Because of this Ann could provide the artists with a bespoke mentoring service that incorporated peer mentoring. This is reflected in the following comment by Helene Hugel:

“Gave me support, guidance, reassurance, insight, objectiveness, opportunity to see the bigger picture, and also to solve smaller problems. Our conversations were very valuable in taking yourself, as the artist, out of your own head and examining situations in different light . . . (it) made you take the time for further reflective processes that perhaps you wouldn't have taken
time for. This then led to new ideas, and solutions or directions to work in that I may have not thought of in isolation”.

This demonstrates another aspect of the peer counselling input, primarily, time to absorb and reflect upon the puppetry sessions.

The mentor’s ability to draw upon her own artistic experiences and share them during the mentoring had a positive impact on the artists. Anna Rosenfelder said: “The artist mentor provided invaluable support to the artist through expertise in the field, and openly shared examples of her extensive experience of working with children . . . sometimes those personal stories were very helpful and I sometimes felt our talks might also inspire or engage Ann’s practice (I hope!)”.

Siobhán, who worked in Hospital C, had this to add: “It worked because she simply listened and offered an objective point of view when asked about something. She was also interested in the field and that was enough to encourage the conversation. We joked that she was like an art counsellor because she listened and that helped us sort our heads out; creative ideas and emotional dross . . . Ann also has advised me on many practical and organizational issues, which are relevant to all my artistic practice, thus providing support which extended the PPP and helped me to generally plan and structure my work time more effectively”.

5.3.3 Support for Artists in Healthcare Setting

This section addresses the impact upon the artist while performing in the healthcare setting, i.e. the stress and emotion of working with sick children. The artists had many varied duties to perform during the course of the PPP and it is apparent from artist feedback that the healthcare setting affected them directly. Although it is believed that the artists did receive a degree of support and assistance indirectly through the artist mentoring facility, this had not
been set out as a prerequisite of the mentoring. Artist Siobhán provided very worthwhile feedback:

“The objectives of the Puppet Portal Project itself were many and complex. This made it very interesting and exciting to facilitate. However, in an unpredictable environment where the participants may come at any time, leave with little warning for an appointment, get sick, suffer a fit, etc. it sometimes felt overwhelming in the beginning to try to achieve all the objectives. I learned eventually to pace the workshop, provide short-term goals throughout the day and look at the achievement of the objectives as a bonus not an obligation. The cultivation of a professional detachment, whilst not compromising on providing personal, creatively nourishing experiences, took time and energy”.

Siobhán demonstrates her own artistic development within the healthcare setting during the entire project in the comment:

“It was noticeably easier for me to work in the second block because I felt I had established familiarity and good working relationships with the staff and there was a structure within the workshops that I was comfortable and felt competent with”.

Siobhán also illustrates the importance of the artist mentoring in facilitating and nourishing this development in the following feedback:

“It was through conversations with Ann that I recognized these things and found ways to resolve them for myself. This is because a one-hour conversation allowed enough reflection time to see what was going on, both in me and around me, emotionally and mentally. However, I don’t think it was Ann’s place to take on all of this stuff as part of her role. Whilst she provided reassurance and encouragement seemingly without effort (and this is really because of her empathetic nature, not professional skills), there is probably training involved in this kind of role that could have been provided by the link staff member (teacher/play specialist/whoever). This would have reinforced the relationship between artist and link staff and I feel the staff would have had an appreciation for the impact on the artist. Then both could have worked together to create the environment to enhance the experience rather than manage it”. 
This feedback is deemed important by the evaluator as it contextualises the artist experience and provides a clearer picture of the full impact of the PPP directly on the artists.

The following comment from Emma reveals the impact the hospital environment and working with sick children had on the artist:

“The Puppet Portal Project was my first time working in an environment with sick children; I found the support of Ann very necessary as I was able to talk to her confidentially about how I felt working with very sick children . . . Finding your way through a jungle of different activities and ‘duties and responsibilities’, which were inherent in the project; also dealing with insecurities in the relationship with my partners in the hospital school; with experiences in this new environment and with severely sick children, which at the start, being new, was sometimes not easy to handle emotionally”.

The issue of supporting artists in the healthcare setting is important and could include the provision of training and preparation to enable the artists acquire coping mechanisms when working in an emotionally charged environment.

5.3.4 Future Projects (Artist Mentoring)

All of the artists had strong feelings on the importance of the artist mentoring facility for future projects:

“The experience of receiving such extended and intense mentorship over a period of time was unique and has (in combination with all the other supportive measures and structures in place throughout the PPP) made me aware of the extreme benefits of mentoring (and consultation with peers, experts, project partners)”. (Anna)

“I wondered how having the same mentor for all four of us helped Anne to gain the biggest picture than any of us.” (Helene)
“In terms of future projects, this is definitely something that I would like to build into my proposals. In fact, I made this recommendation to an organization I am currently working with”. (Siobhan)

It is clear from their comments that the mentoring was a positive and nourishing experience for the artists. The artists believe that the mentoring service should play an integral role in future projects as Anna says: “Projects I am recently planning (projects to develop new theatrical work for children) and that I will plan in future will always include mentoring or consultative guidance by some professional or experienced artist or professional”.

5.4 CREATIVE EVALUATION MEETINGS

xxix. The creative evaluation meetings served an important function for information sharing, joint learning and open discussion.

Kids’ Own organized and delivered several day-long creative exchange meetings with artists, teachers, play specialists and stakeholders. There were four structured meetings between the participating artists and a number of steering meetings between stakeholders only. Bringing partners and participants around the table at regular intervals throughout the process of a project is an important part of Kids’ Own’s practice. It aims to ensure that good relationships are built between all parties by providing an opportunity for sharing and reflection at all stages of the project. Through these meetings, Kids’ Own encourages mutual understanding and joint learning.
In facilitating these meetings, Kids’ Own’s role was important. Creative methods were used to engage participants in a manner that encouraged openness and helped people with different roles to find common ground. The scale of this project was such that there was a large number of people involved (from staff in four hospitals, artists, technical support, funders and evaluators) and also there were many elements to the project itself, from puppetry to technology, inter-culturalism and the practicalities of the hospital setting.

With this in mind, there were many issues to address in the meetings and time was always a constraint. Many of those attending the meetings already had time restrictions of their own and therefore it was essential that the meetings were of relevance to everyone involved and reflected a positive use of their time. As part of their own reflective process, Kids’ Own invited feedback from participants in response to these meetings.

One artist suggested the following:

“Maybe you could help by inviting suggestions beforehand so we can see the spectrum of interests from various stakeholders and focus our aims in a mutually beneficial direction – even
split activities if that’s what’s required . . . Thanks for the opportunity to feedback. Appreciate the ongoing support and conscientious methodology,” the artist concluded.

This section focuses on the outcomes from the final evaluation meeting, which was facilitated by the evaluators. The final creative evaluation meeting provided an important forum for the artists, teachers, play specialists and project partners to voice concerns and highlight positives of the PPP. This meeting provided valuable feedback on what they could foresee developing in future puppetry projects. There are two main themes:

- In-house adjustments (changes requiring no additional funding)
- Funding required (changes that require outsourced funding to implement)

The main themes have been sub-divided.

1. Budget money
   - Money to engage artists more on a full-time basis or pay for additional preparation,
   - Full-time jobs for the artists,
   - Sustainability and longevity: PPP sustained to give rise to longer-term benefits.

2. Development and Research
   - More detailed research,
   - Inclusion of third-level students,
   - PPP as a mainstream practice in hospitals (as a model for broader arts practice in hospitals).

3. Working with different groups
→ Reaching ALL children in hospital,
→ Puppeteer availability (classroom, playroom, wards, A&E, Out Patients Department, surgical day ward),
→ PPP extending into the community to chronic patients’ homes.

4. IT / learning

→ To upload ourselves children’s drawings as the wallpaper during the workshop activity,
→ Bring projections on the ward, mobile wireless projector and tiny laptop,
→ Solas being available on the wards in all hospitals. Connection from school wards,
→ Building a virtual world together,
→ Easier way to upload videos,
→ Movable Áit Eile windows – big/small, even inside each other,
→ Children being able to see their work online once they are home or at school.

→ Amazing interactive screens
→ Having a big TV on the ward playing the children’s puppetry.

5. Expansion

→ Long-term can show puppetry to their school and friends; connecting children,
→ PPP working in other departments in hospital, e.g., Out-patients Department, Accident and Emergency,
→ Puppeteer can reach out to other areas on demand, i.e. spread wings to OPD, A&E,
→ Working with adults also, perhaps ones with particular needs or conditions.

→ PPP – in the future it would be nice to see the project extend to more hospitals,

SpiralOrchard
Puppets on all wards,
Doctor puppet,
Resources,
Interactive white board,
Amazing new webcams with crystal clear screen and no pixilation (all webcams to be like Anna’s),
Larger classroom area and project room,
Big art press,
A big display case for the children’s puppets.

6. Timing

Wednesdays becoming PPP days,
Time to fully explore each child’s creative output.

Preparation time
Artist-in-residency (3 days a week), Classroom day, Ward day, Dissemination day,
PPP in hospitals every day of the week,
Artist-in-residence (weekly). All children can avail of the activities/benefits of PPP.

7. Artistic

Linking with a musician,
Use of all forms of expression,
All sessions link up and form one beautiful artwork in the end,
Volunteer on work experience to accompany each artist (at least working in playrooms).
Using the puppeteer as a tool, i.e. almost going in to hospitals and teaching the nurses, doctors, teachers, play specialists and play staff so that they can incorporate puppetry into working with the children and making it a long-lasting thing in the hospital. Consultant role for the puppeteer (on call to come in and give advice).

8. Isolation

- Connecting children in isolation,

- Connecting children in isolation,

- Movable puppetry.

5.5 KEY FACTORS: OUTLINING THE SUCCESS OF THE PPP

There are at least four areas where the arts have a significant role to play in healthcare by:

(a) enhancing the healthcare environment;
(b) providing a therapeutic tool for patients;
(c) serving as therapy for health professionals;
(d) aiding public understanding of health issues (Rice 2003).

The PPP could not have been successfully implemented without the planning and structure established prior to project commencement. The project partners ensured the smooth implementation of all aspects of the PPP. Supplementary to that, the following contributory factors played a crucial role in the success of the PPP.

5.5.1 PUPPETRY

SpiralOrchard
The puppetry engaged the children in multi-faceted activities that encouraged creativity, peer interaction, communication and kinaesthesia, distraction from their situation, environment and illness. It encouraged the patients to be confident and expressive: “The reaction of the audience is probably a big factor in participants’ attitudes to performance. Atmosphere is everything. I think if they feel they control the show and their own image they are more confident”. More than any other element of the session, the patients enjoyed the puppetry and received real satisfaction from their participation. This satisfaction cannot be measured but it is clear from the feedback.

5.5.2 The Intervention of Technology

The intervention of technology played a crucial role in elevating the impact of the PPP to a higher level. The technology gave visibility and transparency to the activities that occurred during the project. Essentially, running puppetry sessions in four completely separate locations would still be good for the patients but, when looking at the feedback from this evaluation, it shows the major influence of the technology on the implementation of the PPP and on stakeholders’ perception of the PPP, as demonstrated by the following respondents:

- “The link-up worked really well, all the hospitals linked up, there was some nice interaction and intervention,”
- “Using a video camera to involve a boy who did not want to perform”.

5.5.3 The Artists

The professional and sensitive performances of the artists underpinned the success of the PPP. Siobhán said:

“It also took time to get to know the staff and establish a relationship with them, especially when, as an artist, I felt I was regarded as an outsider, understandably so, as my contract was for a limited period but also in a professional capacity, an artist on a hospital staff is not typical,
after all, and in this very practical, critical environment, it is difficult to appreciate the value of art when lives are at stake”.

Obviously, the artists were an essential ingredient for the PPP, but the true worth of the artists who were selected to administer the PPP cannot be overestimated. Through their professionalism and craft they integrated themselves into the hospital environment.

“As the child in this session is a wheelchair user I felt the artist found creative ways to make the whole session accessible, e.g. use of bed table,”

As always, it is the considered, careful approach of our artist that makes for successful, enjoyable sessions. The needs of each child were met both physically and emotionally to ensure participation. This was not an easy task as the complexity and variation of conditions was huge. Bravo Siobhán.”

In Hospital B, the staff was so impressed with the performances of artist Emma that they raised their own funding to keep her on for the summer months during the PPP interval.
6 Findings, Emerging Themes and Recommendations

6.1 Findings Related to the Project Aims
The evaluation findings were distilled directly from the quantitative and qualitative analysis and are based on the entire process of the PPP. The appropriate findings are presented in direct relation to the primary aims and objectives.

i. The patient feedback indicates that attendance of the puppetry sessions had a significant impact on the mood of the patients and this helped to reduce the sense of isolation and alienation for children staying in hospitals.

ii. The patients indicated that they would like more puppetry sessions, thereby providing a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future.

iii. The patients indicated that ‘making puppets’ was their favourite activity, followed by ‘making video’, ‘using puppets’, ‘video-link’ and finally ‘watching puppets’, facilitating the use of puppetry and technology as a medium through which to develop and promote children’s imagination and creativity.

iv. The patients indicated that they thoroughly enjoyed the technology element of the project, thereby facilitating a partnership with the Centre for Health Informatics, Trinity College Dublin, to develop and promote the facility of Áit Eile as a means of building a sense of community between artists, teachers, play specialists and children in different hospitals.

SpiralOrchard
v. There was significantly increased awareness of the puppetry sessions amongst parents/guardians/staff in Block 2 of the project when compared with Block 1, encouraging sustainability through transferral of skills between artists and teachers/play specialists and parents.

vi. The parents/guardians/staff felt strongly that the puppetry enhanced the hospital environment, allowing four professional performing artists to deliver puppet-making sessions, performance building and video creation with children in hospitals.

vii. According to the parents/guardians/staff, the puppetry sessions had a number of specific impacts on the patients, especially that of reducing the sense of isolation and alienation for children staying in hospitals.

viii. The parents/guardians/staff did learn new skills through their presence at the puppetry sessions. Encourage sustainability through transferral of skills between artists and teachers/play specialists and parents.

ix. The puppetry had a positive impact on the parents’ hospital experience in a number of ways, by providing a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future.

x. The artists/teachers/play specialists learned new skills and this encouraged sustainability through transferral of skills between artists and teachers/play specialists and parents.

xi. The children indicated they enjoyed the video-link technology, assisting the exploration of Áit Eile as a tool for collaborating creatively with children across hospitals and linking them with their peers and other artists.
xii. There was experiential and best practice learning for the artists, teachers and play specialists and this provided a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future.

xiii. The patients indicated their least favourite activities were: Nothing (enjoyed entire session), Personal Dislikes and certain aspects of the Technology. This learning helped to provide a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future.

xiv. According to the parents/guardians/staff, the patients’ least favourite activities were: Nothing (enjoyed entire session), Performing, Technology and Idle Time. This learning helped provide a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future.

xv. According to the artists/teachers/play specialists, the patients’ least favourite activities were: Nothing (enjoyed entire session), Performing, Technology and Idle Time. This also assists in providing a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future.

xvi. According to the parents/guardians/staff the most enjoyable activity was ‘making the puppets’, and this engaged four professional performing artists to deliver puppet-making sessions, performance building and video creation with children in hospitals.

xvii. According to the artists/teachers/play specialists, the most enjoyable activities for the patients were ‘making the puppets’ and ‘the technology’, thereby engaging four
professional performing artists to deliver puppet-making sessions, performance building and video creation with children in hospitals.

xviii. Overall the patients mostly thought the puppetry sessions were “brilliant” and “excellent”, showing the use of puppetry and technology as a medium through which to develop and promote children’s imagination and creativity.

xix. Overall the parents/guardians/staff thought the puppetry was a very positive initiative, thereby engaging four professional performing artists to deliver puppet-making sessions, performance building and video creation with children in hospitals.

xx. Overall the artists/teachers/play specialists thought the puppetry had a very positive impact on the patients, parents and themselves. This facilitated open communication and collaboration between artists and hospital staff, particularly teachers and play specialists, to enable cross-learning and joined-up thinking.

xxi. The technology had a positive impact on the parents’ overall opinion of the entire PPP, therefore examining how Áit Eile can be further developed to improve and support this process.

xxii. According to the artists/teachers/play specialists the mood of the patients changed from negative to positive through the intervention of the puppetry sessions, thereby reducing the sense of isolation and alienation for children staying in hospitals.

xxiii. The notable features of individual sessions recorded by the artists/teachers/play specialists provided important feedback illustrating how the project evolved, allowing for the provision
of a supportive platform in which to bring professionals from the health sector and the arts sector together to engage in common dialogue on best practice for children and young people.

xxiv. The artists/teachers/play specialists indicated that the puppetry sessions covered numerous aspects of the required school curriculum, further providing a model of working within the hospital setting for arts practitioners that can be replicated for wider impact in the future.

xxv. Creative evaluation requires pre-planning and implementation coupled with artist consultation from the outset of the project. Pre-planning should incorporate all cultures and languages, exploring themes of inter-culturalism by working inclusively with children from all backgrounds.

xxvi. The use of blogging and multimedia journals play an important role for artist development and increasing outside project visibility. It provided a supportive platform through which to bring professionals from the health sector and the arts sector together to engage in common dialogue on best practice for children and young people.

xxvii. The travelling puppets were an integral part of the PPP and should be used for future projects, helping to provide a supportive platform through which to bring professionals from the health sector and the arts sector together to engage in common dialogue on best practice for children and young people.

xxviii. The artist mentoring played an important role for the artists by providing, in partnership with Kids’ Own Publishing Partnership, ongoing support and reference, professional support and management for participants and partners of the project, and sustained learning.

SpiralOrchard
The creative evaluation meetings served an important function for information sharing, joint learning and open discussion.

6.2 Emerging Themes
Throughout the project the evaluator searched for emerging themes provided by the data. The most significant of these are listed below.

- Parent-child bonding,
- Use of technology,
- Staff support for the PPP including voluntary staff involvement,
- Artists’ peer learning through meetings,
- Enthusiasm of artists,
- Artistic and facilitation challenges for the artist,
- Transient participants,
- Modification of the project in real time,
- Seasonal influence on healthcare setting and patients,
• Creative development,

• Using the hospital materials,

• Creating and strengthening positive relationships between staff and patients,

• Changing the mood on the ward,

• Humour, fun and enjoyment for the children,

• Creating opportunities for play.

6.3 RECOMMENDATIONS

A number of priority areas have been identified and flagged for assessment. The recommendations below were extracted directly from the analysis of the feedback provided by the stakeholders in the questionnaires. Further, during the evaluation meetings the artists, teachers, play specialists and project partners provided valuable insights into the fulfilment and development of future projects, which were also taken into consideration. The decisions taken for future projects must focus on the stakeholders: “Decisions concerning children in the healthcare setting can have a significant impact on them” (Philips and Grahn-Farley 2002).

1) The continuation and development of future puppetry projects. Based on this research there should be further funding to roll out the PPP for a sustained period with appropriate
prolonged research to ascertain the specific outcomes and benefits of puppets in the healthcare setting:

- The pilot project to act as a model for future developments,
- Continuation in current hospitals,
- Expansion to other hospitals (eventually nationwide),
- Pilot the PPP with international partners abroad.

2) The articulation of best practice guidelines and puppetry session structures for future projects to be focused through consultation with the current PPP artists. Simply offering a storybook to a child may be helpful, but research tells us that directed activities are more effective (Banks et al. 1993), including:

- Pre-train staff to implement puppetry sessions,
- More preparation time integrated into artists’ brief,
- Pre-session planning: Generalised structure for sessions,
- Experiential learning: Integrate learning outcomes from pilot project,
- Themed Sessions: Optimization of allocated time,
- Pre-organized structured link-up: To increase stakeholder enjoyment,
- Prioritize inclusion-based activities: To reduce interaction barriers, shyness, etc.

3) Raised awareness of future projects (public information campaign): It is important to provide potential stakeholders with an insight into the puppetry activities:

- Advertising in all media,
- Paper-based media; posters, leaflets and reports,
- In-house multimedia; one-to-one laptop presentations,
- Availability of puppetry session DVDs to the public,
• PR presentations in hospital foyers on interactive touch screens,
• Internet: Direct potential stakeholders to websites, YouTube, blogs and Twitter sites.

4) Centre for Health Informatics, TCD: It is important that the Áit Eile portal is equipped to deliver the highest quality link-up experience available to the stakeholders:

• Screen size
• Sound quality
• Picture quality
• Themed backgrounds
• Patient-designed background
• Interactive digital questionnaires
• The use of projectors to engage all stakeholders (patients, staff etc.).

5) Creative evaluation guidelines: The artists provided strong creative evaluation ideas and in some cases they tested these out during the pilot project. However, there is scope for guidelines and recommendations to ease the implantation of such initiatives for future projects facilitated by:

• Clarity on process methods and guidelines for desired outcomes,
• Implement on-site diaries similar to that used in Hospital D,
• Consultation with the current artists,
• Allocated time to seamlessly integrate creative evaluation into puppetry sessions,
• Use of current creative evaluation methods in future.

6) The implementation of support for artist in healthcare setting guidelines:
• Training for artists prior to project commencement,
• Awareness of this requirement by hospital staff,
• Ongoing review of feedback,
• Consultation from current mentor Ann Henderson,
• Counselling support for artists in healthcare setting similar to supports other hospital staff receive.

7) Puppetry Packs branded for the Puppet Portal Project: This excellent initiative has the possibility of generating revenue for the PPP and is also a method for generating publicity:
  • Subject to the consent and permission from artist initiator Anna Rosenfelder,
  • Available in non-participating hospitals that also have access to Áit Eile.

8) Reflection on the artistic process. The PPP was a very dynamic and multi-faceted project with a plethora of diverse participants. This posed unique challenges in terms of evaluation. The main aspects of the evaluation methodology were flexibility, adaptability and involvement of as many participants as possible in the evaluation process from the outset, including evaluation meetings, stakeholder opinions, briefing, debriefing, the artistic evaluation, and questionnaire design.
7 CONCLUSION

“One participant remarked: ‘I thought I was stupid at everything, now I don’t’.”

In conclusion, this evaluation provides strong evidence of the successful implementation of the pilot puppet portal project. It identifies through data analysis the contribution of the project partners in ensuring the fulfilment of the project aims and objectives.

The volume of completed questionnaires demonstrated the scope of the project and the willingness of the stakeholders to provide feedback on their experiences of the puppetry sessions. The majority of the respondents reported positive effects and this in turn reflects favourably on the fulfilment of the aims and objectives of the PPP. To corroborate this, the evaluator witnessed examples of the positive effects during site visits. There are clear indicators that the stakeholders were content to be involved in all the aspects of the PPP. Both the quantitative and qualitative results reflect positively on the overall implementation of the project.

The professional approach of the artists facilitated the smooth integration of the puppetry sessions into the healthcare setting. From the outset of the PPP, the artists were an integral element in its successful implementation. It is strongly recommended that consultation with artists plays an important part in the drafting of best practice guidelines for future projects. Kids Own, The Centre for Health Informatics, and Ann Henderson (artist mentor) provided strong supports to the artists and worked together to create effective delivery of the project. The PPP enhanced the hospital environment and the stakeholders’ experience.
The recommendations address issues that arose during the pilot PPP. The implementation of the recommendations for future projects will enhance their operation. Finally, it is important to reiterate that the PPP’s successful introduction of puppetry sessions had a positive impact on the patients. Also, it is important to highlight that the stakeholders (patients, parents, artists, staff, teachers and play specialists) and the project partners would like to see its continuation.

There are important contextual implications from the PPP on current practice regarding the following:

- Arts and health: Perceived therapeutic, psychosocial and environmental benefits,
- Art and technology: A successful integration,
- Artists working with children: Delivery of high-quality, engaging experiences,
- Puppetry in hospitals and technology: A successful integration.

The following quote resonates with the professionalism of all in involved with the pilot Puppet Portal Project:

The vision, skills and dedication of a great many individuals have helped to establish a valued role for the arts within healthcare. Art has shown itself to be a significant factor in enabling people to feel more at ease, which in itself aids recovery and recuperation.

(Peter Senior, MBE\(^4\))

\(^4\) Director of Arts for Health, Waterford Institute of Technology, 2004)
APPENDIX I: REFERENCES


APPENDIX II: QUESTIONNAIRES
Thank you for completing this important questionnaire. Your answers will help us to evaluate and improve the Puppet Portal Project leading to more performance art sessions. Your opinion is important to us and therefore all answers are valid.

BOY / GIRL Patient Feedback Form  AGE:

1. Before the Puppetry session I was......?
   - BORED
   - STRESSED
   - EXCITED
   - TIRED
   - SAD
   - OK
   - RELAXED
   - ENERGISED
   - HAPPY

2. Would you like more puppetry? Why
   - YES
   - NO
   - MAYBE

3. My favourite bit was? Explain
   - MAKING PUPPETS
   - USING PUPPETS
   - WATCHING PUPPETS
   - VIDEO LINK

4. My least favourite bit? Explain

5. Did you learn any new skills? What Skills

6. What did you think of the technology/journals/video link...? Explain
   - I DIDN'T ENJOY
   - OK
   - GOOD
   - V. GOOD
   - EXCELLENT

7. After the Puppetry session I was......?
   - BORED
   - EXCITED
   - TIRED
   - SAD
   - OK
   - RELAXED
   - ENERGISED
   - HAPPY

I thought the puppetry was......

Again, thank you for your time. We may publish your comments for the benefit of other patients, however if you do not want your comments made public, please tick here ______. This evaluation is conducted by SpiralOrchard: www.spiralorchard.com. Please contact Edelle if you have anything you would like to discuss at 087-7759643.
Thank you for completing this important questionnaire. Your answers will help us to evaluate and improve the Puppet Portal Project leading to more performance art sessions. Your opinion is important to us and therefore all answers are valid.

BOY / GIRL

AGE:

1. Before the Puppetry I was......?

- BORED
- TIRED
- OK
- EXCITED
- HAPPY

2. Would you like more puppetry?

- YES
- NO
- MAYBE

3. My favourite bit was?

- MAKING PUPPETS
- USING PUPPETS
- WATCHING PUPPETS
- VIDEO LINK
- MAKING A VIDEO

4. What did you think of the using the AitElle technology/journals/video link...? Explain

- I DIDN'T ENJOY
- OK
- GOOD
- V. GOOD
- EXCELLENT

5. After the Puppetry I was......?

- BORED
- TIRED
- OK
- EXCITED
- HAPPY

I thought the puppetry was......

Again, thank you for your time. We may publish your comments for the benefit of other patients, however if you do not want your comments made public, please tick here. This evaluation is conducted by SpiralOrchard: www.spiralorchard.com. Please contact Edellie if you have anything you would like to discuss at 087-7759643.
Thank you for completing this important questionnaire. Your answers will help us to evaluate and improve the Puppet Portal Project leading to more performance art sessions. Your opinion is important to us and therefore all answers are valid.

Puppet Portal Project
Parent/Guardian/Staff Feedback Form

Q1. Were you aware of the puppetry sessions?  
  ◯ YES  ◯ NO

Q2. Do you think the puppetry enhances the hospital environment & atmosphere? Example  
  ◯ YES  ◯ NO

Q3a. What did the children enjoy most?  
Q3b. What did the children enjoy least?

Q4. What did you think of the use of technology/journals/video link .......?

Q5. Did you notice any of the following changes in your child as a result of the puppetry?
  ◯ HAPPIER  ◯ MADE NEW FRIENDS  ◯ HAPPIER IN HOSPITAL  ◯ MORE RELAXED
  ◯ DE-STRESSED  ◯ POSITIVELY DISTRACTED  ◯ LEARNED NEW SKILLS  ◯ OTHER

Q6. Did you learn any new play-skills that you would use again? Explain  
  ◯ YES  ◯ NO

Q7. Did the puppetry help you in any of the following ways?
  ◯ HAPPIER  ◯ MADE YOU LAUGH  ◯ GAVE YOU TIME FOR A BREAK  ◯ DE-STRESSED
  ◯ TIME TO TALK TO STAFF  ◯ POSITIVELY DISTRACTED  ◯ OTHER

Q8. Any other comments............?

Again, thank you for your time. We may publish your comments for the benefit of other patients, however if you do not want your comments made public, please tick here ....... This evaluation is conducted by SpiralOrchard: www.spiralorchard.com. Please contact Edelle if you have anything you would like to discuss at 086-7714617.
Artists/Teacher/Play Specialist Feedback Form

Name: ____________________________

No. of Patients: ___________________

Max: ____________________________

Min: ____________________________

Parents/Guardians/staff present: ____________________________

Q1. Overall, how was the children's mood, before the session?

Q2. Was there a notable feature during this session? Explain

Q3a. What do you think the children enjoyed most?

Q3b. What do you think the children enjoyed least?

Q4. Did you learn any new skills today? Explain

   YES   NO

Q5. How many children used the video link technology?

Q6. Did the children enjoy the video link technology? Explain

   YES   NO

Q7. Is there anything you would like to change for future sessions? Explain

   YES   NO

Q8. Overall how was the children's mood after the session?

Q9. Did any aspect of this session cover the required school curriculum?

Q10. Any additional comments, suggestions or feedback?
APPENDIX III: ‘PUPPETREE’ POSTER

Puppet Portal Project

Puppet technology: videos etc.

Watching the puppets:

Playing with the puppets:

Making the puppets:

The Puppetree

Please put the stickers provided on the poster to show what you thought of the different stages of puppetry.

Yellow if you liked it! Red if you didn't like it!

Orange if you are not sure!