

Age & Opportunity Artist's Residency in a Care Setting

Information for Artists



Image: Joanna Hopkins, artist in residence 2017, Orchard Day Care, Blackrock

Background

Age & Opportunity's arts and culture programme has created an opportunity for a *publicly funded* care setting and its residents to engage creatively with a visual artist over the course of a number of months. The festival also wishes to offer an opportunity for an artist to develop their specific skills in relation to working in arts and health settings. The application process is two-part: care settings will apply for this unique opportunity based on an open competition and once the care setting is selected, artists will apply for the residency in the selected care setting. As such, artists will apply for this residency independently of care homes but with the specific knowledge of the particular setting.

This call is for stage two of this process; artists are being invited to make an application to this scheme.

Age & Opportunity has a longstanding stake in the provision of creative activities in care settings through its Creative Exchanges programme and in relation to creating meaningful experiences for people with dementia in terms of its Azure programme. Building on a highly successful residency in 2017,¹ Age & Opportunity, working with its Azure and Creative Exchanges programmes, and in association with the Waterford Healing Arts Trust, are once again offering an artist's residency within a care setting for people with dementia. We have selected people with dementia as a group of people who we feel would greatly benefit from an artist's sustained engagement and as a group who are often ignored in relation to arts provision.

Residency aims

This residency aims to deepen the public engagement of older people in the arts (particularly those who are harder to reach). The event also aims to value and support artists working in a broad range of contexts.

Residency format

The artist selected will work closely with the residents over a medium length period of time (1-2 months) with a view to opening up creative arts practice to the residents and in terms of supporting this specialist area of work. Specifically, the residency will combine the artist's engagement of the older people in creative processes with his / her creative reflection on this. WHAT and the Creative Exchanges programme will help broker the relationship between Age & Opportunity and the care setting, offer 1 – 2 mentoring sessions to the selected artist and link the artist to artists with experience of working with people with dementia. The artist will also be supported by the advice of a more experienced artist that will be sourced by Age & Opportunity in consultation with both artists, as well as input from the previous year's artist in residence.

About the Care Setting

Saint Joseph's Shankill is the only care home in Ireland solely dedicated to dementia care.

Currently, they offer residential care for 60 residents and support 2 people in respite care weekly and also provide a day care service with 120 places per week for people in the local community with a diagnosis of dementia.

Their vision is to lead the way in dementia care in Ireland, where people can live and be cared for in a homelike environment, where their feelings matter most. The first steps in achieving their vision have been completed already. They have transformed the centre from a traditional, institutional style nursing home, into 6 new homes or Lodges for their residents. They have also changed their culture of care from a medical model to a social model, and have been awarded a level 1 Butterfly award from 'Dementia Care Matters'.

¹ In 2017, artist Joanna Hopkins developed a project with Orchard Day Care, Blackrock under the mentorship of Marie Brett.

At Saint Joseph's, people at the same stage of dementia, live, eat, socialise, relax and are cared for together.

They describe four stages that Dementia Care Matters adapted from Naomi Feil's Model.

Early Experience - people living with the early experience of dementia, who will be aware of losses, appear to be orientated but try to hide and/deny that they have memory loss and other symptoms often associated with dementia. (Rathmichael Lodge: 9 people)

Different Reality - people experiencing more often a different reality to our own – For example they may say they have to go to work or collect the children from school. Living with a dementia they often draw upon feelings and experiences from events in their past to make sense of their feelings and experience of the world now. (Kilcrouney Lodge: 8 people and Carrigeen Lodge: 13 people)

Repetitive Emotion - People who express feelings through repetitive sounds, words or actions to communicate their feelings. The emotion is in the motion.
(Delgany Lodge : 9 people and Avoca Lodge: 8 people and 2 people in respite each week)

Late experience - people who have intense later 'stage' dementia care needs. Verbal communication skills are often very impaired; a person may appear to have 'shut out' the outside world.
(Glendalough Lodge – 11 people)

Call for Applications

Age & Opportunity invites applications from visual artists for this residency based at St. Joseph's Shankill specialising in care for older people with dementia. The deadline for applications is **September 21st.**

The focus of this residency will be the artist's engagement with the residents through participatory / collaborative arts experiences while also supporting the artist's professional development through mentoring and guidance from experienced practitioners.

The successful artist will receive a studio space for a four month period in the care setting, a bursary and materials budget, along with support from Age & Opportunity and its Creative Exchanges Programme. They will also receive 1-2 mentoring sessions with WHAT, a more experienced artist and the most recent residency artist.

The artist will:

- Engage part of the patient population of the care setting in participatory and / or collaborative arts experiences;
- Meet the Age & Opportunity / Bealtaine curators and management team of the chosen care setting;
- Produce an exhibition/performance or public event on completion of the residency;
- Creatively reflect and report on the residency once completed.

Age & Opportunity will:

- Provide curatorial and administrative support to the artist;
- Co-ordinate and select the mentoring aspect of the residency;
- Issue all payments of artist's fees and contracts;
- Liaise with Creative Exchanges on the initial set up of the residency on behalf of the artist.

The care home will provide:

- A space to work and reflect on the residency process. This won't necessarily be a "studio" space, it might also be a private area in a shared use space;
- A dedicated liaison person for the artist to support them throughout the residency;
- Internet access;
- An appropriate workshop / common area for the artist to hold meetings and activities with residents.

Application Process:

Those wishing to apply for the residency should submit:

- A current CV (maximum 2 pages);
- A short outline of your proposed approach to engaging with residents (maximum 300 words).
This should consider:
What will be your 'creative invitation' to residents?
What are your aims for the residency?
What time commitment can you make to the residency over the 1-2 month period? See Appendix 1 – '10 things to consider' provided by WHAT;
- Documentation of practice: six to ten fully captioned images/ sound recordings / publications including where available documentation of collaborative practice to be emailed to linda@lindashevlin.com;
- Contact details for two current referees.

Fees:

The artist will be paid a fee of €250 per day for 25 days totaling a fee of €6250 including travel, accommodation, etc. There is an additional materials budget of €1000.

Applications should be submitted to Age & Opportunity/ Bealtaine visual arts co-curator Linda Shevlin no later than **September 21st** e-mailed to linda@lindashevlin.com. **E-mail applications should not exceed 12MB in size.**

More Information

Age & Opportunity

Age & Opportunity is the **national** organisation that inspires everyone to reach their full potential as they age.

Our goal is to turn the period from age 50 onwards into one of the most satisfying times in people's lives, by facilitating opportunities to engage in arts and cultural activities, sport and physical activity and providing platforms to learn and be involved as active citizens.

We work with public and private partners to deliver established innovative programmes like the Bealtaine arts festival, and Go for Life - the national sports programme for older people. We are also developing a series of exciting positive ageing programmes. Our major partners include the HSE, Sport Ireland and the Arts Council.

WHAT

Waterford Healing Arts Trust (WHAT) is Ireland's leading arts and health programme. Established in 1993, WHAT brings arts experiences to the bedsides of patients at University Hospital Waterford and other healthcare settings. We believe that the arts contribute to the wellbeing and vitality of society and that engaging with the arts stimulates our sense of identity and creativity. WHAT supports the development of arts and health in Ireland and manages www.artsandhealth.ie, a national website.



www.ageandopportunity.ie

www.bealtaine.ie

www.waterfordhealingarts.com

10 THINGS TO CONSIDER when integrating arts experiences into healthcare settings

Note: not all of these points will apply to all arts and health programmes. Some relate to participatory and collaborative programmes and some relate to aspects of environmental enhancement such as curating in healthcare settings. Some apply to both.

1. Partnership

Equal partnership between arts and health sectors, which is the foundation stone of arts and health is based on open, honest and trusting relationships. It can take time for all parties to get to know the other in an informal way and through a more formal project planning and debriefing processes whereby all involved clarify expectations, roles and responsibilities, co-design the project format / structure while allowing scope for change and development and reflect on what they considered worked and what did not. Each partner brings their ethos, values, experience, skills, needs and expectations to the table. However, the culture of the world of art differs in many ways to the world of healthcare and getting to understand the other demands an ability to listen carefully. Assumptions should be recognised for what they are and time may need to be invested in clarifying language and naming what is important to each partner.

2. Boundaries

In all fields of work, effective practitioners understand the nature and scope of what they do and are able to articulate this. This clarity helps build good partnerships. It is important that artists working in healthcare settings perform no function that is outside the boundaries of his/her artistic activities. Specifically, in the case of arts and health practice, the artist is not an arts therapist and this should clearly be communicated to partners and participants at briefing sessions and planning stages and in the course of a programme.

3. Parameters

Arts and health practitioners can experience a number of challenges and obstacles in attempting to present integrated artworks and arts experiences into healthcare settings which relate to health and safety, infection control, security and ethics. Rather than reducing arts and health to the lowest common denominator of artistic experience, good arts and health practice has evolved to respond to the conditions of healthcare settings and the specific needs of health service users.

4. An involuntary site for art

A healthcare setting can be an involuntary site for arts experiences. That is people do not, for the most part, expect to engage with art when they enter a healthcare setting. In some cases, art, in an unmediated form, may be an unwarranted intrusion and / or result in a defensive response from those who experience it. Furthermore, a health service user's physical condition and anxiety about his / her illness can reduce his / her willingness and even ability to engage with art and therefore at the very least, service users should be given the opportunity to opt out of an arts experience.

5. Art about vs art for

A lot of powerful and moving artwork has been inspired by the experience of ill health. Often implicit in this are thoughts and feelings about death. However, health service users may not wish to be faced with issues of mortality and ill health at times when they are most vulnerable. In short, not all artwork borne of a healthcare context should be presented in that context.

6. The creative invitation

Engagement of health service users in participatory / collaborative programmes can involve an artist making a creative invitation that responds to the setting and the needs of its occupants, does not go beyond the boundaries of the artist's practice and is person-centred. Health service users in healthcare settings may have a lot of time on their hands. Yet healthcare staff are more often than not severely short of time. An arts and health programme will have a better chance for success if it enhances the role of the healthcare provider instead of conflicting with it and can merge seamlessly with the rhythm - routine, layout, transition of service users through the space etc. - of the setting.

7. *Process vs product*

Some participatory or collaborative programmes will result in an artistic outcome such as an exhibition or a performance which in turn becomes the basis for a collective celebration. However, in other cases, the expectation to produce an artwork can result in adverse pressure on all involved. Given this, the process of engagement and collaboration can in itself be viewed as an outcome.

8. *Consultation*

Placing art in healthcare settings can be a careful balancing act between presenting art which engages and stimulates the audience and avoids provocation at a time when members of that audience may be emotionally vulnerable. Arts and health practitioners may find themselves anticipating the service users experience based on the given context and applying this to the selection and placement of artwork. Consultation with service users is not always easy. Service users are not a homogeneous grouping. For example, in acute hospitals, service users transition at different speeds through the space and therefore healthcare staff often act as their spokespeople. Arts and health practitioners should consider ways to build consultation into the programme design.

9. *Navigating the institution*

Healthcare settings can be complex organisms. It can take time for an artist working in healthcare to navigate the setting, to find out the local policies / codes of practice that will impact on his / her work, to get to know how decisions get made, to test the feasibility of his / her ideas, to consult and illicit feedback etc. In the absence of a dedicated arts and health practitioner, he / she will need support from healthcare staff. This could be provided by a healthcare practitioner performing the role of liaison person and / or a steering committee to support the project.

10. *Documentation and evaluation*

Arts and health is an evolving field of work. It is important to document and evaluate it and to share learning with peers for the benefit of the sector. This is not without its challenges. Confidentiality of patients is central to the culture of healthcare whereas public celebration is central to arts practice, and so documentation can become one of those points of tension between the world of art and the world of health.