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Understanding integrated working between arts and care settings: an analytical framework for planning and research

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Understanding integrated working between arts and care settings: an analytical framework for planning and research

A paper for The Journal of Integrated Care

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from

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Abstract

Purpose – This article discusses integrated working between the arts and those in care settings. Identifying that the field is very broad, with diverse evidence and experience within it, the paper argues that there is a need to find ways in which to be clearer about the purpose of specific arts and care integrated projects. The paper draws on a case study project to develop some insights and a framework to help address this challenge.

Design/methodology/approach – The article is a conceptual discussion and development drawing upon insights from relevant literature and a *case study analysis* of an integration project between a hospice service, an art gallery and an artist.

Findings – The integrated working case study project between the hospice, art gallery and artist highlights some points about a lack of conceptual frameworks to help locate the purpose of diverse arts and care projects. There is scope for much confusion about the nature and purpose of such integration projects without a clear framework for articulating the aims of individual integration

endeavours and their place in relation to other arts and care work. This paper develops a framework and a clear understanding about the different kinds and goals of integrated working between arts and care settings to help with future practical and research projects.

Research limitations – The paper reports a case study which highlights key themes from which generalisation to other services will require interpretation for particular contexts.

Practical implications – The ideas present a helpful approach to articulating the goals of individual projects and to better understand the place of projects in relation to other arts and care initiatives.

Social implications – There is much scope for better integrated working between arts and care settings to achieve better outcomes for users of care services, and the ideas presented here should help to better organise and evaluate such developments.

Originality/value – This is the first paper to set out the framework presented to help with better integrated working between arts and care settings.

Keywords arts, care settings, health, social care, end of life care, integration

Paper type Case study and conceptual paper

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Introduction

Interest has been growing for some time now in identifying and promoting good integrated working between the arts and care settings (e.g. Health Development Agency 2000; Arts Council England 2007a & b; Department of Health 2007; Clift et al 2009; Consilium 2013a and b). Official national policy in England welcomes more integrated working between arts and care (e.g. Arts Council England 2007b), but it is not clear that the actual development of such working is a high national priority in policy or practice.

For some aspects of integrated working between arts and care settings we have good evidence. There is, for example, evidence of benefits for older people through participating in arts projects (e.g. Mental Health Foundation, 2011; Cutler 2009; Organ n.d.), in social care (Consilium 2013a and b), and in care homes (Cutler et al. 2011). There is also evidence to suggest that listening to music can have a beneficial effect on preoperative anxiety amongst patients in hospitals (Bradt et al. 2013) and that arts on prescription initiatives can help psychosocial distress (Bungay & Clift 2010). These are merely illustrations of the available evidence.

However, the very diversity of the arts and care sectors mean it can be confusing as to what aspects of integrated working between them are best and in which circumstances. It can seem difficult to make reasonable comparisons between different arts and care schemes, especially for those new to the topic and/or concerned with commissioning and operationalising projects in practice. The heterogeneity may result in confusion and mixed expectations, and perhaps then disappointment, amongst partners. It also makes it difficult to further develop the evidence base for better integration between the arts and care and defining what is good practice in specific contexts (Organ n.d.; Consilium 2013b).

What we need, then, are ways of being more specific about the nature of this integrated working, such as in terms of which arts, which care contexts what forms of artistic engagement are being used, and what outcomes are being aimed at over what timescale. This is essential if we are to most effectively plan and conduct good practice in this area and to further develop the evidence base.

This article discusses issues of integration between the arts and care and develops insights to help people to better articulate and evaluate the scope of specific collaborations between artists and those working in care settings. To assist in this it draws on a specific case study of collaboration between an art gallery, a hospice and an artist to illustrate some of the arguments. Lessons from the case study project and reflections on the literature led to the development of a framework for understanding different arts and care projects. This framework is expounded in this article and then applied retrospectively to the case study to illustrate the thinking in the framework and its potential for use in future arts and care integrated working projects.

Context

There are a number of challenges in operationalising good integrated working between arts and care settings, including the diversity of the sectors. The term 'arts' encompasses a huge range of activities, including dance, drama, music, digital arts, painting, and written forms. Health and social care settings and the related needs of clients are at least as varied. Settings include in communities, people's homes, primary care, hospitals, and care homes. The range of people's needs encompasses

those arising from various psychological and physical disabilities and wide-ranging social contexts and individual aspirations.

How, where, and when to bring these elements together to achieve good outcomes, at acceptable costs, is clearly a challenge to describe, plan for, operationalise, and evaluate. The means, mode of engagement and ends of arts and care projects can vary extensively, for example:

- i) therapeutic arts – in which there is a specific therapeutic relationship between artist and client, as between other care professionals, and the goal is to assist the person with specific care needs;
- ii) participatory arts – in which there is less of a specific therapeutic relationship and approach, and the artist works with people to produce their own art, with the aim of achieving a goal that may include a therapeutic outcome, a creative outcome, a social outcome, or some combinations of outcomes. Other terms such as community arts and collaborative arts overlap with this and are also used (Organ n.d.).
- iii) Artist-led engagement – which describes a situation where artists are commissioned to create a piece of art, and others may be involved in the process, with the intention that the art is then used for some specific goal in relation to care.

The nature of the integration between arts and care is clearly quite different in each of these cases. Furthermore, the possible goals of projects can vary greatly between integration projects. With such diversity of processes and outcomes, a range of perspectives are required to understand and evaluate the impact of the arts. For example, educational theories are likely to be most helpful to understand how best to help people achieve learning goals through the arts, whilst psychological theories can illuminate how arts may help improve psychological states, sociologists can contribute to understanding social contexts and effects, and so on with other disciplines.

A further challenge for better integrated working can be cultural differences between the arts and care sectors. This includes perspectives on the need for evaluation and the kinds of evidence felt to be required (Joss 2008; Brown & Novak 2007). For Joss (2008: 63), despite differences of opinion about the value of different forms of evidence, there is a need to move to “greater clarity and confidence about what value the arts can and seek to create followed by rigorous evaluation of whether the value has indeed been created.’ However, as well as the cultural differences, this will require addressing a number of conceptual and methodological challenges that have been found in key aspects of the research (e.g. McCarthy et al. 2004; Consilium 2013b).

An example of one such key conceptual challenge is that between the intrinsic and the extrinsic value of an arts project. Intrinsic value is seen as the benefits gained whilst being involved in an artistic experience, such as creativity or immersion in the experience. Extrinsic value is that gained as an end consequence of engaging with the arts, such as the artistic works produced, social, health and educational gains, or economic value. There is something of a polarised debate about which of these should be seen as important, which is ultimately unhelpful (Joss 2008; McCarthy et al. 2004). Rigid insistence on one aspect of value over the other is likely to undermine arguments for and understanding of the potential for more integrated working (Organ n.d.). In reality, it is likely that, in most circumstances, immersion in the intrinsic aspects of an artistic activity will help produce the kinds of extrinsic value desired. For example, being focused on the artistic activity may lead to the desired psychological goals, or that fully enjoying it leads to more physical activity and associated

outcomes, and social interaction in the course of the work may lead to a range of extrinsic benefits. Each of these in turn may result in economic gains to services and society generally. Hence, what is needed is to be clearer in understanding both the intrinsic and the extrinsic contributions of the arts, and, crucially, theoretical and empirical appreciation of the interaction of both.

The scope of arts and care integration is, then, very wide. The potential for those commissioning arts based work in care settings is to be confused about and/or to misunderstand what they are commissioning. Drawing on experiences of, and the evidence for, therapeutic arts, for example, may not be the best starting point for thinking about commissioning a community arts project that is aimed at achieving social, educational or public health outcomes.

The case study arts and care integrated working project

The rest of this paper draws on ideas and insights developed during the course of an arts and care integrated working project, called Life:Still. It was a partnership between a contemporary art gallery (the Ikon Gallery), a hospice service (the John Taylor Hospice), and a photographic artist, Stuart Whipps, all based in Birmingham, England. The project was funded by the Baring Foundation. A version of the final piece of art, a slideshow and accompanying audio that was displayed in the Ikon gallery, is on YouTube (<http://www.youtube.com/watch?v=J5Ya-dB3Uuc>).

It should be noted that the ideas discussed here for the framework and better articulating the goals of integrated projects were not applied to the case study project from the beginning. Rather, the project progressed through a broad and often implicit understanding between the partner organisations at the level of those most directly involved in it. Some of the challenges this threw up, and the potential for the use of the ideas presented in this paper to help anticipate and address such issues, are discussed below.

Method

Those organising the Life:Still project asked the author to participate in the project to collect, collate and share learning from it. Data for this process, some of which were used in this paper, were collected by:

- a) the author being present at project meetings from an early stage, allowing observation of the project's development and key issues that arose;
- b) material used in the symposium *Art and End of Life Care A Conversation* arising from the project and held at the Ikon Gallery in May 2013, where presentation slides were used and presentations were either video or audio recorded for the use of the gallery and made more generally available;
- c) the photographic and audio material used in the final artistic showcase, as in the YouTube link above;
- d) recorded interviews with key stakeholders in the project, i.e. members of staff from the Ikon Gallery and the John Taylor Hospice, and the artist.

Within the constraints of the project it was not possible to ask the participants in the photographs, i.e. those who were photographed, about their experiences. Whilst this would have been interesting, the primary aim of the Life:Still project, as will be made clearer below, was not to have a direct impact on them.

Through these processes of data collection, especially being immersed in project meetings and interviews, alongside reading and reflecting on the diverse existing literature, led to the development of the framework set out below. The data and interaction with literature helped to develop the analysis of key themes from the case study. A key lesson from reflection during and after the project was the need for a framework to better understand and articulate some features of the vast landscape of arts and care working, which led to the framework developed below.

A framework to help articulate the goals of arts and care projects

A framework is presented in figure 1 to help to overcome some of these problems facing us in better understanding and articulating practical approaches to arts and care integration and the underpinning evidence base. No similar framework has been developed before to understand arts and care integrated working. Where theory has been developed in this area it has been focused on those relevant for specific ends (such as therapeutic theories).

The framework was developed by reflection on the course of the case study project and consideration of the arts and care literature, most notably its diversity and considering how to develop a better overall understanding of this literature and evidence. Figure 1 has two axes, the horizontal one being time, and the vertical is the level of society the project is aimed at. Time is divided in to short-, medium- and long-term. These are not specifically defined here as they would in part relate to the context of each project, but broadly short-term is considered to be up to about 1 year, medium 1-2 years, and long-term would be greater than that.

[Insert figure 1 about here]

The levels of society in the vertical axis would similarly require detailed specification related to context. However, we can again broadly describe them; the micro level would encompass work targeted at individuals and/or families, the meso encompasses organisations, and the macro would include broader systems, populations and communities as the targets for a project.

By combining these axes, those who are collaborating on a project across the arts and care sectors would be able to locate the target cell for their project to ensure a better shared understanding of the goal of the work. For example, a project may be aimed at working over the medium term with individuals and their families (micro level). This would then enable a more focused discussion about who the population covered and the specific end goal(s), so that within the pertinent cell of the diagram we would expect to see a set of more precise definitions relevant to each project. This would help develop a nuanced and specific understanding of relationships between means and ends in the project, encompassing clarity about the mode of artistic engagement (as in the discussion above) and the intrinsic and extrinsic value. In essence, modes of artistic engagement sits as a possible third dimension behind this diagram (something to explore in future research), and the intrinsic/extrinsic aspects would be developed as programme theories within each cell to further aid analysis.

An individual, modest scale project is most likely to be aiming at work and impact in one of the cells in this diagram. However, a large-scale project or a more developed programme of integrated arts and care working work, might work across several of the cells and we could plot the trajectory of this

across the diagram. Some impact may be expected to be realised after the actual integrated working, and this could be readily mapped on to the time axis of the framework. The timeline could also include exploration of intrinsic and extrinsic value and when they are realised (which may be across different time cells in the framework). For example, the previously mentioned medium-term, micro-level project, may be part of a plan for longer-term goals aimed at the macro, community level, with some extrinsic value (perhaps sustained population level changes) being generated after the actual integrated working. Collaborators in the work could map this and would then have clear, shared expectations about what would be expected to be achieved and when, rather than having confused and different views. Expectations about evaluating outcomes from the work would then also be matched to the trajectories across the framework.

Being clearer and more precise about the scope of the work would also help with understanding and managing challenges and changes in the project as it became operational. It would also, then, help with placing individual evaluations in the overall body of knowledge. We would be able to more clearly compare projects aimed at similar things. This would be further helped by being able to articulate sets of better defined theories and outcomes to guide the practice, evaluation and comparison of similar projects in each cell, including better understanding the links between intrinsic and extrinsic values and explanatory models to describe what enables achieving these. As our empirical evidence developed we would begin to have a better idea of the set of programme theories that operated best in each cell.

In terms of this approach to evaluation and building our understanding, further helpful guidance is that developed by the Medical Research Council (MRC 2008) to develop and evaluate complex interventions, and as developed to apply to end of life care (Evans et al 2013). Complex interventions are those that have several components, across which there may be many possible interactions. The MRC framework demonstrates a cyclical approach to developing and evaluating the intervention, then further refining and appraising it over time. The dimension of time clearly fits with the framework in table 1 above. A key point about the MRC guidance is that we should not expect an individual evaluation to deliver definitive understanding about the impact of complex interventions, which could include arts projects. Rather, several linked projects would be used to refine and further develop our understanding of the intervention, including developing a theoretically grounded model to understand the processes involved in the intervention. Using the framework to be clearer about each project should help to address some debates about evaluation of arts and care projects (e.g. Galloway 2009) as we could then also be more focused on the most suitable methodologies for specific questions, and their strengths and limitations and place in an overall body of knowledge.

Some examples of projects and arts interventions placed in terms of the framework given here are:

- a) Potash et al (2013) describe using arts developed by people experiencing mental health problems to help reduce stigma about mental illness amongst the audience – in terms of the framework in figure 1 the immediate goal would be in the macro-level, short-term cell, with possibilities for working across the time axis for explore medium- to longer-term impact.
- b) Goldie (2007) discusses a range of ways in which arts projects may be connected with the area of mental health, including those intended at being therapeutic for individuals (perhaps micro-level and short-term impacts), projects aimed at community cohesion and/or

regeneration, or targeted at population level anti-stigma work (all these latter be grouped as macro-level, medium- to longer-term in figure 1).

- c) Waller & Finn (2011) describe work using arts to improve the patient environment of health care settings (meso-level, short-term goals), with a view to improving patient experience (micro-level and medium-term in figure 1).
- d) Stickley & Eades (2013) discuss how 2 years after an initial project they followed up a group of people who had received arts on prescription services to help with their mental health and sought to identify the longer-term impact and sustained changes for them (micro-level, longer-term).
- e) Ings, Crane & Cameron (2012) explore the lessons relating to arts, people's feelings of wellbeing and their communities (macro level, medium-term).

This is a deliberately eclectic list to illustrate the use of the arts and care integrated working framework in figure 1, and the clarity it can bring in to the diversity of arts working in and with health and social care. Whilst the framework is not absolutely categorical as to where you might place some projects, it nevertheless has utility in framing and focusing discussion even in these cases, to hopefully help achieve some shared clarity amongst stakeholders and, hence, better integrated working.

Discussion of other key themes arising from the case study

A number of other key themes and associated lessons drawn from the project are discussed next and how they relate the framework in figure 1. The degree and nature of interactions between several of these key themes is part of the learning drawn from the project. The details of several of the lessons, such as the aims and the thoughts about what makes a good piece of work, are specific to this project, but it is hoped the lessons overall are more generic and would helpfully apply to other arts and care projects.

i) being clearer about the aims for the project

A critique of arts and care projects is that all too often they do not have clearly enough defined aims or outcomes. In addition to the problems for communication and expectations that this can bring, terms such as aims and outcomes can be value-laden and subjective depending on the perspectives of professionals involved. For example, outcome might lead health care professionals to expect assessment of a clinical outcome, whilst others might feel that being specific about aims restricts creative dimensions to the project. It is important, then, to find a way of being clearer that fits with an individual project and meets all expectations. It is hoped that the framework in figure 1 will help people to do this.

The Life:Still project had two main goals, namely i) to generate a good piece of art, and ii) to develop a foundation for further work that could be used by the participating organisations. In terms of the framework in figure 1 above, the second goal locates the project in the short-term, meso-level cell. The work involved offering to clients of the hospice (people who were dying and/or their families, and bereaved family members of people who had recently used the hospices services) the opportunity for the photographic artist to come to their homes and take photographs of them, their homes and objects of theirs.

Locating the project now within the framework above makes it clear that it was not a goal to offer an intervention aimed at being therapeutically helpful to participants (the hospice had a range of other services, including arts therapy, for this purpose). Further clarity can be added to this by recognising the types of possible arts and care integration mentioned above, i.e. therapeutic arts, collaborative/participatory arts and artist-driven projects, to better articulate to everyone what the means and goals are.

As already mentioned this framework, though, was not available at the beginning of the project and what were and were not the aims of the project was not always clear to all relevant members of staff at the two organisations. For those at the Ikon, mainly used to projects with very specific timelines and goals, the complex nature of developing the working relationship between the artist, hospice and gallery was not clear at the start.

Senior members of staff at the hospice who were directly involved in the arts project were more clear about the purpose and proposed trajectory of the project and organisational links, but this was not always clear to other staff within the organisation. Some of these members of staff were important gatekeepers to gain access to potential participants in the photographic work and their lack of understanding about the aim of the project was, for a time, a stumbling block to moving the project forward. Using the framework in figure 1 could have helped people to see the possible different interpretations about the goals of the project and, hence, to plan a means of communicating more clearly to everyone the actual purpose.

Further, using figure 1 we can project the vision for a longer-term programme of work and collaboration between the partners, and how this could begin to develop. A longer-term goal for the hospice is to change the pattern of experiences of end of life care for the populations it serves¹. An element of this is, as managers there express it, opening up a conversation with people in the locality about death and dying and, thereby, seeking to change the pattern of use of services to deliver better experiences of care at end of life.

¹ Over the last 100 years there has been a dramatic change in end of life care, as the Department of Health (2008) notes:

- Around 1900 about 85% of people died in their own homes;
- Now, of the roughly 500,000 people who die in England each year, 58% occur in NHS hospitals, with around 18% occurring at home, 17% in care homes, 4% in hospices and 3% elsewhere.

Although it is difficult to say until the time arrives where and how one would actually like to die, there is consistent evidence that most people say they do not want to die in hospital (Department of Health 2008). Yet, this is where most do die. A challenge set in the Department's *End of Life Care Strategy* is to make sure that high quality end of life care is the norm in all settings where people die, and to offer people a more realistic choice about where and how they die. Dying in one's place of choice is seen as a component of a good death, and, it may be that having fewer people die in hospital is more affordable for care services and society.

In terms of figure 1, we can plot a trajectory for the integrated working between the partners moving towards the top right cell, longer-term and population level outcomes. The initial project and the production of the work of art generated publicity in the local media, which becomes a means of opening up the desired public conversation about a difficult topic. By drawing on the capital of each organisation (including their networks, status in local communities, their communications channels, and their avenues for obtaining resources for further work) and their shared social history², there is the potential to organise a longer-term campaign drawing extensively on the arts to open up a difficult topic.

ii) understanding intrinsic and extrinsic value in the project

Being able to more clearly articulate what an integrated arts and care project is about, and what it is not seeking to do, helps partners to begin to explore its intrinsic and extrinsic values. A helpful process is to develop an understanding of both forms of value and, most crucially, the relationship between the two in any given project (McCarthy et al 2004). This, though, requires clarity amongst everyone about what the integrated working is meant to achieve and how this is to be done. In the *Life:Still* work and understanding its goals in terms of figure 1, it is clear that the extrinsic value was in producing a good piece of art work and in developing a trusting basis for a longer-term relationship between the partners. For this to work the intrinsic value of the project had to be about developing an integrity to the process that satisfied everyone and would then result in the trust and a space to create good art.

A clear example of this was the understanding of the importance of informed consent from participants in the photographic work, despite the fact that this process delayed the course of the project. Spending time together as an integrated team to understand the nature of informed consent in this context, of how important it was and of developing a robust process to obtain and continually review consent, were part of the intrinsic value and laid the basis for achieving the extrinsic value.

There was a sense that what helped make a valuable piece of art at the end was this continued process of consent and discussion between all participants in the project, which helped give the work an authentic voice. As someone working on *Life:Still* noted about informed consent and being true to the aims and principles of the project, 'regardless of anything legally that is signed, anytime that any of this material is used, people should be consulted and that conversation should continue'. Despite being an artist-led engagement, the artistic material was seen as not belonging to any one person or organisation, but that, rather, as a collaborative production and, hence, that decisions about future uses of the materials should also be in this collaborative style, including with those clients and/or families photographed.

The form of the final artistic product was also shaped by the process and understanding of the goals of the work. The final piece of work is made of photographic slides (projected on a wall, or seen as

² A much noted connection during the course of the project was that of the local dignitary and photographer Benjamin Stone (1838–1914), who lived in the house now home to the headquarters of the hospice, and the gallery and photographer have an interest in the archive of photographs he left in the city.

slides on a video) accompanied with voice overs drawn from the conversations the artist recorded with the participants in the photographic sessions. This was a new form of presentation for the artist, who was more used to displaying his photographs as prints on a wall. As the artist said, 'I didn't want it to feel like an exhibition of my work. That was what was really important, that it felt like this presentation of this long project' – that it 'encompasses all of those conversations'.

Another person involved in the project commented on the final art work, 'the fact we have worked on it for so long . . . and really listened to people I think has come through in the end . . . when they watched the work [during the opening night of the exhibition] people talked about people's lives and people's stories, they didn't talk about how well composed the photos were, and I think that's really positive.' There was a required harmony between the intrinsic, process value and values of the project and the ultimate extrinsic value. This is further reflected in the fact that following a shared sense of achievement amongst the partners the gallery and the hospice have continued to work together.

In being able to better plot the goals and trajectory of integrated arts and care working, we can more clearly articulate and understand what might be the active processes at each stage in achieving specific intrinsic and extrinsic value. In this way we can plan for and operationalise more robust and relevant evaluations of complex integrated working, along the lines of the MRC guidelines discussed above. The cyclical nature of this research process assists and requires us to develop a clearer understanding of the nature and purpose of the complex intervention or integration project, or of the intrinsic and extrinsic value.

Conclusion

More integrated working between the arts and care settings has undoubtedly much to offer, given the scope of each of these domains. To fully realise the potential of this integration, however, we need to be able to clear about the goals of the work and the processes for achieving them. In some respects we have good evidence to guide such integrated working, but not in many aspects, nor often a clear understanding of what the evidence does and does not relate to.

This paper proposes a conceptual framework to guide those developing integrated working across arts and care. The framework consists of two axes, one of time (i.e. short, medium and longer term) and the second of the social level that the integrated project is aimed at (i.e. micro, meso and macro). By clearly thinking about the place of an individual integration project within this framework those involved will be surer of having a shared understanding about the goals of the work.

Further, they can then begin to more clearly develop a shared sense of important detail about the project within that cell of the framework and in relation to other arts and care initiatives. Examples of this detail are the nature of the artistic engagement (for example participatory or therapeutic arts), and of what outputs and outcomes are to be achieved. The participants will also then be better placed to understand the relationships between the process of the artistic engagement (or intrinsic value) and the final outcomes (or extrinsic value). This will help ensure a more robustly operationally organised project, and assist with understanding the scope of any evaluation of the project.

The partners in the case study project have found their integrated working to be very valuable, especially as a foundation to continue their collaboration and consider how to work towards the longer-term aim of engaging with a wider public on the topic of end of life. The ideas developed in this paper through engaging with the Life:Still project are now available to the partners to help them in this work and will help inform longer-term evaluation of their integrated working.

The framework presented here needs further empirical research to explore its utility in planning and understanding integrated working between arts and care partners. It is also possible that it could be applied in other aspects of integrated working in care sectors, and this also could be the subject of further research.

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Figure 1: A framework for better understanding different arts and care integrated working projects

