

The role of collaborative working between the arts and care sectors in successfully delivering participatory arts activities for older people in residential care settings

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Abstract

In the UK support for older people living in residential care to undertake meaningful activities is provided by Activities Co-ordinators. There is also a growing trend for care home providers to invite arts organisations into care settings to deliver a range of arts and cultural activities. These arts and cultural activities are delivered by Arts Facilitators, who are distinct from Activities Co-ordinators because their practice is specifically in an art form. This paper presents findings from the Creative Journeys research project which focused on exploring the role of participatory arts within residential care home in developing and maintaining social relationships between residents and staff. One of the objectives of the research was to identify factors which facilitated or hindered the delivery and impact of the activities. Data collection methods included observations and semi-structured interviews with residents and staff. Thematic analysis was conducted on the qualitative data. It was found that a key factor in the successful delivery of the groups was the working relationship between the Arts Facilitators and the Activities Co-ordinators. This relationship is explored and presented under three main themes: the collaborative process, practicalities and preparation and the approach of the Arts Facilitator. The Activities Co-ordinators' role is an under-researched area, but they play a central role in supporting visiting arts organisations to deliver the sessions and in enabling residents to attend and engage with meaningful activities.

1 | INTRODUCTION

This paper draws on data collected as part of the Arts Council England-funded research project 'Creative Journeys' (2016–2018) conducted in partnership with Essex County Council Culture and Community Engagement Team, and the Older People's Research Group Essex (OPRGE; Bungay et al., 2019; Dadswell et al., 2020). Creative Journeys is a programme of participatory arts, which enables older people living in residential care to be actively involved

in creative activities. Arts Council England (2010) describe participatory arts as a collaborative process, whereby creative energies of skilled artists and participants combine to produce an event or an experience. The impact of arts and culture on health and well-being is acknowledged both nationally and internationally (Boyce et al., 2017; Curtis et al., 2018; Daykin et al., 2020). There is also extensive evidence that arts engagement enhances the lives of older people, including improving emotional and physical well-being, creating opportunities for social interaction, increasing self-confidence,

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alleviating anxiety and improving communication and relationships (Baring Foundation, 2019). There is little research published however on the role of the staff that deliver arts activities in residential care homes.

There are approximately 416,000 older people living in residential care in the UK (LaingBuisson., 2016), and of these four in ten are depressed (British Geriatrics Society, 2018). In 2013, The National Institute for Health and Care Excellence issued quality standards regarding the maintenance of the mental well-being of older people in care homes. The first quality statement stipulated that older people living in care homes should be offered opportunities to participate in activities that are meaningful to their mental health and well-being. Included in these guidelines was recognition of the evidence for group activities such as singing and other art forms, and that activities need to be inclusive and take account of different needs and (dis)abilities (NICE, 2013). This was further reinforced in the recent Care Quality Commission Skills for Care (2019) guide to good and outstanding care.

Residential care homes recruit Activities Co-ordinators (sometimes called Lifestyle Coordinators) specifically to facilitate and support social activities for residents. The role of the Activities Co-ordinator is rooted in the occupational therapy tradition of supporting people to maintain meaningful occupation. It is a generic role, and activities are not limited to arts or culture. Activities Co-ordinators arrange outings, activities and events, and in discussion with older people, families and other care staff, provide support for older people to engage with meaningful activities on a one to one basis (NIACE, 2014). The role of the Activities Co-ordinators is often misunderstood, with some organisations regarding the Coordinators as having sole responsibility for providing all the activities in the care setting (Hobson, 2019). However, this would be an impossibility in most care homes where only one or two Activities Co-ordinators are in post and often only employed during the day, on weekdays. In this situation the ratio of residents to Activities Co-ordinator(s) precludes significant engagement on a one to one level.

Activities Co-ordinators do not require specific health or social care qualifications, although employers may ask for qualifications in English and maths at General Certificate Secondary Education (Skills for Care, n.d.). According to recent guidance, effective Activities Co-ordinators need to have an awareness of local organisations/volunteer groups who can be involved with the residents, require good communication skills and have the ability to put people at ease, draw people out and support and encourage participation. They also need organisational skills and to be flexible and adaptable (NIACE, 2014). It is noteworthy that despite the acknowledgement of the importance of providing opportunities for meaningful activities in residential care as a measure of good quality care, the Activities Co-ordinators role and associated responsibilities are relatively invisible in the health and social care literature.

There is a growing trend to invite arts organisations into residential care homes to provide a range of arts and cultural activities

What is known about this topic?

- Extensive evidence demonstrates that arts engagement enhances the lives of older people.
- The provision of meaningful activities is key to supporting the mental health and well-being of older residents in care homes.
- The role of Activities Co-ordinators in providing meaningful activities in care homes is an under-researched area.

What this paper adds?

- Arts Facilitators rely on care home staff and specifically Activities Co-ordinators when working with older residents in care homes.
- Activities Co-ordinators are advocates for residents optimising their participation and experiences of activities on offer.
- Activities Co-ordinators and Arts Facilitators learn from each other and work together to enable older residents to engage in participatory arts activities.

for older people (Baring Foundation, 2019). The activities in these situations are delivered by Arts Facilitators, who are distinct from Activities Co-ordinators because of their practice (and training) in a specific art form. In this study the role is described as an Arts Facilitator rather than Professional Artist to distinguish them as *facilitating* participatory arts activities rather than performing to the residents in the care homes. They are also distinct from art, dance, drama or music therapists because their focus is on the artistic process rather than psychotherapeutic outcomes (Swindells et al., 2016). Arts Facilitators working with community groups are usually trained artists (e.g. actors, musicians or dancers), but need to have a broad range of skills that go beyond the art form itself (Higgins, 2008). These skills include making sessions enjoyable, and putting people at ease, whilst accommodating a wide range of abilities and delivering the outcomes expected by the funder (Swindells et al., 2016).

In contrast to the paucity of literature around Activities Co-ordinators, there is a small evidence base on the skills and attributes of Arts Facilitators which also captures the impact of delivering interventions on the Arts Facilitators (Broome et al., 2017; Perkins et al., 2018) and the training needs of Arts Facilitators (Moss & O'Neill, 2009; White, 2010). However, we have not been able to identify literature which explores the working relationship between Arts Facilitators and Activities Co-ordinators and how they work together in residential care settings. We therefore present findings from the Creative Journeys study which focuses on this relationship.

TABLE 1 Coding process and theme development

Example of quotes	Code	Sub-theme	Overarching theme (Figure 1)
<i>I think the skill that goes with our work, what skill there is, is about being able to improvise and being able to be incredibly flexible</i>	Improvisation	Arts facilitator approach	Creative process
<i>I think about the creative and making things you do have to put yourself out there, and you share things through the creative process that you may not otherwise share, which can be really exposing, but then that's a really key part of it as well</i>	Making and sharing		

2 | METHODS

2.1 | Design

This exploratory qualitative study formed part of a multi-methods project involving quantitative and qualitative data collection across two phases (Bungay et al., 2019). The primary research question for the project was 'What is the impact of creative arts and cultural participation in building relationships for older people in care home settings?' Through this research we also identified factors that were key to supporting the building of social relationships. Phase one consisted of case studies of three arts organisations (Age Exchange, Green Candle Dance Company and Sinfonia Viva with Orchestras Live), each of whom delivered a programme of creative activities in residential care homes for older people in Essex. In each case study the following methods were utilised to explore the experiences of those involved in the programme: observations of the sessions, interviews with residents, relatives, Activities Co-ordinators and care staff, and Arts Facilitators, and a pre- and post-intervention measure of well-being and social bonding. In phase two, a survey of residential care homes for older people across Essex was conducted with follow-up interviews in three further care homes to explore wider experiences of participatory arts in care homes. A focus group with the arts organisations who delivered the activities in phase one was also conducted to explore their reflections on working in care homes. In both phases, factors that challenged or enabled the successful delivery of the interventions and the building of social relationships were also explored. The interviews and focus groups were audio recorded and transcribed verbatim for accuracy with personal identifying information removed.

This article focuses on the interview and focus group data with care home staff and Arts Facilitators/organisations across both phases, including 12 Activities Co-ordinators interviews, eight care home staff, six Arts Facilitators and a focus group with five representatives of the arts organisations (three of whom had participated in interviews in phase one).

The study received ethics approval from the Essex County Council Research Governance Group, and the University Faculty Research Ethics Panel, and all participants received information about the study and signed a consent form agreeing to take part. An

important feature of this study was the involvement throughout the research process of the OPRGE, a citizen led older people's research group trained in research data collection and analysis. Members of this group contributed to data collection, including undertaking observations of the arts sessions with one of the authors (AD or CW), and interviewing residents. In addition, they assisted with data analysis as described in the following section.

2.2 | Data analysis

Data analysis of the interviews and focus groups followed Clarke and Braun's (2014) thematic approach. The Anglia Ruskin University researchers and members of the OPRGE worked independently and then together in group data analysis sessions, enabling us to reach consensus on themes, whilst ensuring rigour and transparency. At the end of each phase, members of the research team each read interview/focus group transcripts and made notes regarding potential codes. This was followed by a series of group meetings where codes were agreed. Authors AD and CW then re-read transcripts/observation notes to refine the themes and ensure key points in the data were captured. Finally, all authors reviewed themes and agreed theme labels. Initial analysis of phase one data informed the data collection in phase two, and the themes across both phases of the data were congruent. Table 1 provides an example of the coding process and development of a sub-theme and theme.

3 | FINDINGS

The findings across both phases of the research identified mediating factors which influenced the delivery and impact of the activities. Figure 1 demonstrates these factors under two overarching themes: the Care Context, including the care home capacity and culture and the preparation required to run the programme; and the Creative Process, including the power of the arts, participatory group work and the approach of the Arts Facilitator. Although we did not set out in this study to investigate the relationship between the Activities Co-ordinators and Arts Facilitators, during the data analysis this was found to be an important factor in the success

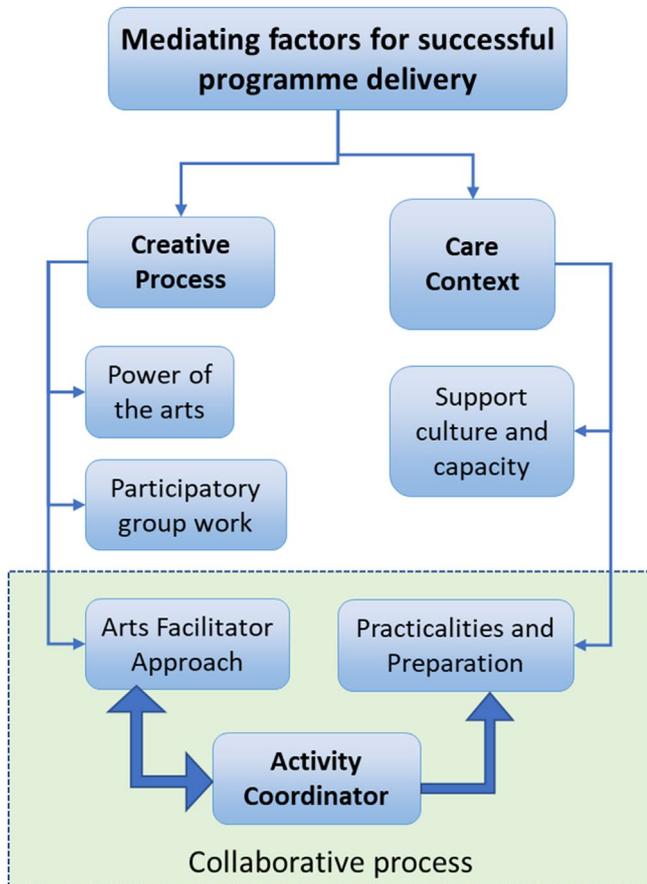


FIGURE 1 Mediating factors influencing delivery of arts activities

of the programme. As the shaded area in Figure 1 illustrates, the Activities Co-ordinators are the link between the care home and the Arts Facilitators, and the collaborative process enables successful programme delivery. In the following sections their working relationship is explored under three themes: (a) Collaborative process; (b) Practicalities and preparation; (c) The approach of the Arts Facilitators.

3.1 | Collaborative process

The Arts Facilitators and Activities Co-ordinators were engaged in delivering participatory arts activities. By their very nature, participatory arts are collaborative and aim to get people actively working together in a joint creative enterprise towards a common goal. This was reflected in the focus group discussion on how Arts Facilitators saw their role working with older residents in the care homes:

It is about a group of individuals, so it is caring about each of those individual people but ultimately also getting them to work together as a whole unit. Within that, because you're giving a voice, a creative voice

that people feel ownership over it and an element of the whole. (Arts Facilitator)

I thought that the staff... the activities team and the management were really enthusiastic about what we were doing and in their support of it, and they were very accommodating and really passionate about engaging people, which is all really positive. (Arts Facilitator)

To enable the residents to participate and work collaboratively with each other and the Arts Facilitators, residents needed to trust and feel safe with these new people; having a familiar face present can help with this process. The Activities Co-ordinators provided that familiarity, and acted as advocates, using their knowledge of the residents to enable them to get as much out of the sessions as possible:

...[Activities Co-ordinator] was able to say, "She's worth persevering with because she's really enjoying it," even though she's not as noisy as [Vera] or [Sue]. (Arts Facilitator)

[Activities Co-ordinator] would make sure she got something out of each session and enthused them to come. They talk about what had happened in the session before we came the next week, whereas if you're left that doesn't happen. You are starting every week again really if you haven't got a member of staff on your side. (Arts Facilitator)

Therefore, the Activities Co-ordinators were supporting the Arts Facilitators by encouraging resident's participation in the activity. The arts organisations were also reliant on the Activities Co-ordinators to enthuse the residents about the programme so they wanted to attend, and to also encourage the residents once they were there:

[The Activities Co-ordinators] humoured all of our silly stuff, and they encouraged the residents to go along with it too. (Arts Facilitator)

What I find is that, in a lot of care homes, the negativity from residents comes from the negativity of staff. So, if the staff aren't presenting an activity in a positive and exciting way then the residents are going to read that from them, and they're going to think, "I'm not sure if I want to do this, because it doesn't seem like it's going to be that good." (Arts Facilitator)

You're powerless unless you've got that person inside like [Activities Co-ordinator] to enthuse people to come, bring them along, make sure they're there, when they're there, support them so they don't get distressed or fall asleep... (Arts Facilitator)

From this we can see how the Arts Facilitators valued the input of the Activities Co-ordinators to support their work with residents, and this is explored further below.

3.2 | Practicalities and preparation

Practicalities and preparation refer to the process of organising the care setting and preparing the residents for the arts activities to take place. The Arts Facilitators depended on Care Home Managers and Activities Co-ordinators to enable the arts activities to go ahead. The room where the activity took place had to be prepared, residents needed to know that the arts organisations were coming and what the activity would be. Some residents also needed assistance to get to the room at the appropriate time:

Well, I would say those things in any project. I mean, 95% of the success, if it's going to be successful, will be the staff relationship because the places we work... if nobody gets the people to the room and no one enthuses the people to come to the sessions... You can go into places where suddenly three people are there one week and then another week, nobody is there because they forgot you were coming. [...] So the staff have been really signed up to it, the manager has been fantastic and [Activity Coordinator]...has really just set it up beautifully. (Arts Facilitator)

When the sessions were taking place the Activities Co-ordinators were often the only staff from the care home present. This could be due to issues with staff shortages making it difficult for staff to take time out of care routines. On the other hand, in line with Hobson (2019), the Activities Co-ordinators felt that care staff did not join because they thought that the sole responsibility to deliver activities for residents (including attending sessions with visiting artists) lay with the Activities Co-ordinator(s):

They all stand at the door and watch, but I think as far as coming in and joining in, I think it's, "No, that's your time. We leave that to you." (Activities Coordinator)

I think, because we are Activity Coordinators, we're expected to do it all, (laughter) which isn't the case, but I think that's how the carers look at it. (Activities Coordinator)

Care staff admitted that they did not engage with the arts activities run by the Arts Facilitators and relied on Activities Co-ordinators to tell them what happened:

I really didn't know a lot when we were in the care home. [Activities Co-ordinator] told me bits of it, what

was going on, like being involved in the residents in other homes. I didn't really get involved in it in the care home, when they were here, practicing and stuff like. (Care Staff)

The Arts Facilitators observed that the Activities Co-ordinators were often frustrated by this lack of support from the care staff for the activities to take place:

So, whilst I'm seeing so much positivity from the staff members we did work with, you just don't know what it might be like if you tried to approach the entire care home. You might just get so many barriers, and I did notice [Activities Co-ordinator] sometimes being quite frustrated by the lack of support she had in getting people to come to the session. (Arts Facilitator)

Again, it's not new but it reinforces the value of having somebody like [Activities Co-ordinator] who moved hell and high water to go and get people himself. I mean he would go and get people to come because there were no staff on... so he said, "I'll bloody well do it." He said, "We might start late but I'll have everybody here," because that consistency of having those same people created the group and their confidence in one another and allowed you to get to know them to work with them on that level. (Arts Facilitator)

The Arts Facilitators valued Activities Co-ordinators for ensuring residents were able to attend the session and for their presence during the sessions. Having additional people to support the residents and encourage and enable their participation was important, as set out above. But it was also observed that continuity was important with staff understanding the approach the Arts Facilitators were using. It was reported that it could be problematic if the Activities Co-ordinators were not present and other staff who were unfamiliar with the activity attended in their stead:

Then, I suppose, the only other issue we had was then when those staff members who really were on board, for some reason, might not have been there. There was one occasion where [Activities Co-ordinator Two] couldn't be there and one occasion where [Activities Co-ordinator One] couldn't be there, particularly when [Activities Co-ordinator One] wasn't there, because I think she's very dominant as a figure, we really struggled because the other staff coming in weren't used to it. (Arts Facilitator)

However, in the focus group with the arts organisations, it was also suggested that care staff could be unsupportive because they were protective and defensive of their space:

"This is our place of work, you're coming in and you're bringing something we don't understand," and trying to find a way to be authoritative whilst also being uncertain about what they're going to be doing, which is quite normal. I find that in a lot of care homes that I work in, that there's always a period of time, at the very beginning, where you're almost having to work on connecting with the staff more than residents, in some ways. (Arts Facilitator).

3.3 | The approach of the arts facilitator

Most care staff perceived the Arts Facilitators to be flexible and responsive to the needs of the residents. In addition, despite using different art forms, all the Arts Facilitators took a person-centred approach to develop a trusting relationship with the participants:

I think the skill that goes with our work... is about being able to improvise and being able to be incredibly flexible... and also to do a bit of research... improvisation, validation, humour, flexibility and research. (Arts Facilitator)

The 'research' referred to here is the time Arts Facilitators spend between sessions finding out more about individual residents and the topics of conversation raised to personalise the resources within the session. The Arts organisations in the focus group discussed the importance of recruiting artists with particular skills acknowledging that not all artists had the skills required to *work with* rather than *perform to* older people living in residential care:

I think the choice of the artist is really critical for this kind of work as well. They have to have a real sensitivity and a flexibility and not all professional musicians, not all orchestral musicians might think there's a problem in terms of we're going in to play for some old people in a care home and all I need to do is bring my instrument and bring my musical skill. (Arts Facilitator)

They were just happy and bubbly, and they got involved with everybody. Every single person they made a fuss of and showed attention (Care Staff)

The Arts Facilitators recognised the difficulty that Activities Co-ordinators would have in trying to provide a range of activities and to develop new activities. Arts Facilitators were to some extent able to share ideas and inspire the staff to try new things, whilst being mindful that Activities Co-ordinators would not necessarily have the same skill base as professional artists. The Care Home Managers also referred to how the staff had been inspired to try new activities:

[Activities Co-ordinator] does his session, so there is an impact on it. There are some new things that he does with the residents, which he's forming. (Care Home Manager)

This was echoed by the Activities Co-ordinators:

Oh, it's been amazing. It's taught me a lot. It showed me a lot about my residents that I can use for my activities. It's shown me a different world really. It's really amazing and I've experienced a lot of good things. Yes. I love it. It's brilliant. (Activities Co-ordinator)

Obviously, something like that has made us want to do something, [arts organisation] has made us want to do something like that and the residents want us to do that as well. (Activities Co-ordinator)

In addition to learning about new arts activities and ways of engaging the residents with the activities, Activities Co-ordinators also reported that they had learnt new communication skills and ways to interact with the residents. One of the Activities Co-ordinators discussed how he had learnt to manage group communication to enable people to feel more relaxed and to create more open communications between residents:

They didn't force any information out of them. They asked if they would mind, and if they said no they bypassed it and went on. I think that's taught me a little bit of social etiquette with residents. Being a bit subtle with them, but direct at the same time. (Activities Co-ordinator)

Furthermore, the Care Home Manager described how this Activities Co-ordinator had reported that through being in the sessions he had learnt more about the residents, and how this had impacted on his practice as he was using the information to converse with the residents more and encourage interactions between residents:

It does as well, because they get to know their potential. Especially [Activities Co-ordinator], after each session, he would come to me and say, "[Care Home Manager], this is what I have learnt from the residents." "Good, then" ... [Activities Co-ordinator] is going around to speak to certain ones who find it hard to interact, and he is trying to make them more at ease now. He has been speaking with them and getting them to say a bit more. He usually tries to encourage one of the residents who actually attended the sessions to keep the conversation going with that resident, so it is another friendship evolving there. (Care Home Manager)

4 | DISCUSSION

Participatory arts are person-centred experiences which prioritise the process of making and creating over the finished product. This article has explored how Arts Facilitators and Activities Co-ordinators work together to enable the residents to engage in participatory arts activities. Clark (2014) explored the challenges of good integrated working between the arts and care settings, and identified that the diversity between sectors and the cultural differences of the sectors, were two of the main challenges to overcome when introducing arts programmes into the care context. Recent research supports this, with the overarching culture of the care home being found to be important in determining the success of an artist in facilitating engagement of residents with meaningful activities (Evans et al., 2019). The findings of this study resonate with both Clark (2014) and Evans et al. (2019) but also identified that the Activities Co-ordinators play a key role in overcoming this challenge. In the introduction we outlined the skills required by the Activities Co-ordinator and from the data, we identified how these skills were utilised in the programme delivery, including: organising the home and the room where the activity would happen, ensuring residents were ready and able to join the group and communicating with the residents, other members of staff and the Arts Facilitators. We also found that the Arts Facilitators valued the support of the Activities Co-ordinators in building the relationships with residents and drew extensively on the knowledge Activities Co-ordinators held about individual residents.

In this study the arts organisations and Facilitators were experienced in working in residential care homes with older people, so unlike the artists in Broome et al. (2017) and Evans et al. (2019) where artists new to the setting found the culture challenging, the Arts Facilitators already had a good understanding to better overcome those challenges, and also benefitted from peer learning between the arts organisations within the programme. However, as Naismith (2019) reports, artists working in health and social care settings often freelance and do not have the opportunity to experience such peer to peer learning.

The diverse nature of the two sectors brings together community artists and musicians to work with professionals and practitioners from health and social care. These are two contrasting worlds each with a different language and purpose. However, we found that the Arts Facilitators and Activities Co-ordinators interacted and worked together to achieve a shared goal supporting the engagement of the residents. This is a collaborative practice and whilst there exists a large body of literature exploring collaborative practice, most of this literature focuses on the interactions between health and social care professionals and practitioners (Milburn & Walker, 2009). In this article we have explored how practitioners from two different paradigms collaborate in a practice which is person-centred, that is based on the needs, wishes and rights of the individuals (Milburn & Walker, 2009). This requires practitioners skilled in their own areas of expertise to work across the boundaries of knowledge and be able to understand their own and others practice (Curran, 2004).

We found that the Activities Co-ordinators learnt new ideas from the Arts Facilitators and perhaps surprisingly new ways of

communicating and interacting with the residents. As previously stated, Activities Co-ordinators do not require any specific qualifications or training to undertake their role, but neither are Arts Facilitators required to have training or accreditation to work in residential care settings with older people. Allen (2018) suggested that although this allows for a range of diverse creative practice, it can also make it difficult for artists and care staff to find relevant training. She also provides examples of the types of course available, including joint training courses for arts and health practitioners which have the advantage of practitioners learning about each other's roles, responsibilities and competencies so strengthening the potential to work collaboratively in the future. Health professionals asked about the training needs of arts and health practitioners highlighted amongst other factors the importance of knowing the system and how clinical teams work, the importance of the individuality of the patient, and the medical needs of the patients and how to relate to and work in different situations (Moss & O'Neill, 2009). Whilst this work refers to healthcare settings, the findings are transferable to residential care where older and potentially vulnerable people are being cared for within the structure and routine of the care home. In Creative Journeys to facilitate programme delivery the arts organisations visited the care homes before the programme started, to meet and speak with staff, give staff a taster session of the arts activities, and at the same time look at how best to facilitate activities in each setting.

4.1 | Limitations

A major strength of this paper is that it presents data about the work of Activities Co-ordinators working in residential care settings, a topic notable by its absence in the literature, but as with all research there are limitations. The data presented here were part of a much larger study and the significance of the Activities Co-ordinators role in the success of the programme was identified at the data analysis stage. It is possible that the Activities Co-ordinators interviewed did not feel that they could report any negative feedback on the activities to the research team because the arts programmes had been provided in the homes as a result of the research taking place. It was not possible to return to the study participants for clarification of the points raised, and it would have been interesting to explore the collaborative working of the Activities Co-ordinators and Arts Facilitators in greater depth, and specifically examine the *challenges* of working together.

5 | CONCLUSION

In this article we have explored the roles of Activities Co-ordinators and Arts Facilitators engaging older people in meaningful arts activities. We discussed the importance of the Activities Co-ordinators in preparing the room and the residents so the activity could take place, and how this relied on the organisational skills of the Activities Co-ordinators to achieve this. We found that the Activities Co-ordinators supported the Arts Facilitators by enthusing residents about the programme and

were person-centred in their approach, encouraging residents to get involved and acting as advocates for the residents to optimise their experiences. From working with the Arts Facilitators, Activities Co-ordinators learnt new artistic practices and interactional skills, but the learning of both Arts Facilitators, Activities Co-ordinators and care staff could potentially be enhanced through further training. The creation of a network that brings together care homes, individual artists and arts organisations and provides opportunities to share learning and best practice for working with older people in this setting would be one way to support this. The role of the Activities Co-ordinator is an under-researched area. Currently, not all residential care homes have individuals in post who take on this role and as with all care home staff there is a high turnover rate resulting in a lack of continuity and sustainability of activities. At government level there needs to be greater recognition of the core skills and qualities of all staff working in residential care settings including Activities Co-ordinators with the implementation of appropriate career structures and development opportunities to help reduce staff attrition. Finally, further research is required to explore in greater depth the role of Activities Co-ordinators in enabling older residents in care homes to undertake meaningful activities, and to look at the training and support they require to achieve this.

DATA AVAILABILITY STATEMENT

Data from this study are not being made available for sharing as research participants were not asked for specific consent for this as part of the consent process.

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REFERENCES

- Allen, P. (2018). *Arts in care homes*. The Baring Foundation.
- Arts Council England (ACE). (2010). *Adult participatory arts: Thinking it through*. Arts Council England.
- Baring Foundation. (2019). *Older and wiser? Creative ageing in the UK 2010–2019*. Gordon-Nesbitt Kings College London & The Baring Foundation.
- Boyce, M., Bungay, H., Munn-Giddings, C. M., & Wilson, C. (2017). The impact of arts in healthcare on patients and service users. *Health and Social Care in the Community*. <https://doi.org/10.1111/hsc.1250>
- British Geriatrics Society. (2018). *Depression among older people living in care homes*. Royal College of Psychiatrists and British Geriatrics Society.
- Broome, E., Denning, T., & Schneider, J. (2017). Facilitating imagine arts in residential care homes: The artists' perspectives. *Arts & Health*, 11(1), 54–66.
- Bungay, H., Munn-Giddings, C., Wilson, C., & Dadswell, A. (2019). *Creative Journey: The role of participatory arts in promoting social relationships for older people in care home settings*. Anglia Ruskin University.
- Clark, M. (2014). Understanding integrated working between arts and care settings. *Journal of Integrated Care*, 22(5/6), 230–241. <https://doi.org/10.1108/JICA-05-2014-0017>
- Clarke, V., & Braun, V. (2014). Thematic analysis. In A. C. Michalos (Ed.), *Encyclopaedia of quality of life and well-being research* (pp. 6626–6628). Springer.
- Curran, V. (2004). *Interprofessional education for collaborative patient-centred practice*. Research synthesis paper. Retrieved from <https://pdfs.semanticscholar.org/153f/307174b68d82780bf1cd0a8e5>

- 709efe07ef6.pdf?_ga=2.43815202.681976472.1589554563-101785720.1589554563
- Curtis, A., Gibson, L., O'Brien, M., & Roe, B. (2018). Systematic review of the impact of arts for health activities on the health and wellbeing and quality of life of older people living in care homes. *Dementia*, 17(6), 645–665.
- Dadswell, A., Bungay, H., Wilson, C., & Munn-Giddings, C. (2020). The impact of participatory arts in promoting social relationships for older people within care homes. *Perspectives in Public Health*, 140(5), 286–293. <https://doi.org/10.1177/1757913920921204>
- Daykin, N., Mansfield, L., Meads, C., Gray, K., Golding, A., Tomlinson, A. L., & Victor, C. (2020). The role of social capital in participatory arts for wellbeing: Findings from a qualitative systematic review. *Arts & Health*. <https://doi.org/10.1080/17533015.2020.1802605>
- Evans, S., Garabedian, C., Bray, J., & Gray, K. (2019). Challenges and enablers for creative practice in residential care homes. *Journal of Applied Arts and Health*, 10(3), 333–345.
- Higgins, L. (2008). The creative music workshop: Event, facilitation, gift. *International Journal of Music Education*, 26(4), 326–338.
- Hobson, P. (2019). *Maintaining meaningful activities in enabling people with dementia: Understanding and implementing person-centred care*. Springer International Publishing.
- LaingBuisson. (2016). *Care of older people: UK market report*. LaingBuisson.
- Milburn, P., & Walker, P. (2009). Beyond interprofessional education and towards collaborative person-centred practice. In G. Koubel, & H. Bungay (Eds.), *The challenge of person-centred care: An interprofessional perspective* (pp. 11–28). Palgrave MacMillan.
- Moss, H., & O'Neill, D. (2009). What training do artists need to work in healthcare settings? *Medical Humanities*, 35(2), 101–105. <https://doi.org/10.1136/jmh.2009.001792>
- Naismith, N. (2019). *Artists practising well*. Robert Gordon University.
- NIACE. (2014). *Learning for older people in care settings: A guide for activities coordinators and care staff*. National Institute of Adult Continuing Education.
- NICE. (2013). *Quality statement 1: Participation in meaningful activity in mental wellbeing of older people in care homes*. Retrieved from <https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-1-Participation-in-meaningful-activity>
- Perkins, R., Yorke, S., & Fancourt, D. (2018). Learning to facilitate arts-in-health programmes: A case study of musicians facilitating creative interventions for mothers with symptoms of postnatal depression. *International Journal of Music Education*, 36(4), 644–658. <https://doi.org/10.1177/0255761418771092>
- Skills for Care (n.d.). *Activities worker*. Retrieved from skillsforcare.org.uk [last accessed 5 July 2019].
- Skills for Care. (2019). *Good and outstanding care guide*. Retrieved from <https://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Good-and-outstanding-care-guide.pdf>
- Swindells, R., Lawthom, R., Parkinson, C., Clennon, O., Kagan, C., & De Bézenac, C. (2016). 'I'm not a therapist you know... I'm an artist': Facilitating well-being and basic psychological needs satisfaction through community arts participation. *Journal of Applied Arts and Health*, 7(3), 347–367. https://doi.org/10.1386/jaah.7.3.347_1
- White, M. (2010). Developing guidelines for good practice in participatory art-in-health-care contexts. *Journal of Applied Arts and Health*, 1(2), 139–155.

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