

Bealtaine Artist's Residency in a care setting

Information for Artists

The Bealtaine Festival has created an opportunity for a 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. Artists will apply for this residency independently of care homes. Care settings will apply for this unique opportunity based on a limited competition invitation from Age & Opportunity/ Bealtaine. Once the care setting is selected, the artist's selection will be made.

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. In 2017, Bealtaine, working with Azure, Creative Exchanges and in association with the Waterford Healing Arts Trust have developed an artist's residency within a care setting that specialises in caring for older people with dementia. We have selected those people who have early-stage 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. This residency also follows on from discussions that took place during the 2016 seminar *This Is Not My Beautiful House* – which emphasised the important and challenging nature of artists working in care settings.

The artist selected will work closely with the residents of Orchard Day Care over a medium length period of time (4 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.

Residency Aims

This residency aims to deepen the public engagement of older people in the arts. The event also aims to value and support artists working in a broad range of contexts.

About Orchard Day Care

The Orchard Day Centre welcomes 20 persons with dementia to the Centre each day. The Centre opens from 9am to 4 pm.

We welcome people with different diagnoses – vascular dementia, Alzheimer’s disease, dementia with Lewy Bodies and many others. People are at different stages of their journey and so we offer a range of activities. At present there are exercise sessions, art and craft, computer classes using a tablet, gardening, quizzes, live music, and drama therapy and baking.

The Centre has a small spa room where we offer blowdrys and manicures. We also offer showers to those struggling with personal care at home.

It is a critical part of our approach to care that there is no pressure on anyone to participate; we have a beautiful bright Centre with lovely spaces where those who access the service can read the paper or a magazine, watch the Smart TV or simply relax.

Our days are influenced by the season – in summertime we spend a lot of time in the garden eating ice-cream but at this time of year there are more movies and hot chocolates!

The garden is a particularly wonderful resource – space to sit outdoors, take a walk or pick flowers. We are romantics here at The Orchard and often encourage our gentlemen to pick flowers for their partners!

As a team we understand we are not perfect – there is always more we can do or days that we are short staffed and end up inviting everyone to play bingo because it is perhaps the easier choice. But we are on a journey to improve and grow. And as part of this we are very eager to welcome Artists to the Orchard.

We serve a light breakfast/morning tea, homemade soup around 12noon, lunch at 1pm and afternoon tea. This schedule is flexible and influenced by the needs of our clients and the activities of the day.

There is a Nurse present at the Centre each day and we endeavor to promote health and well-being for our clients. We monitor mood, physical and mental health and wellbeing, as well as more formal medical issues.”

Clodagh Whelan, Manager of Orchard Day Care

Call for applications

Bealtaine Festival invites applications from visual artists for a four month residency based at Orchard Day Care, Blackrock, specialising in care for older people with dementia. The deadline for applications is **April 25th**.

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 Bealtaine & Creative Exchanges. They will also receive 1-2 mentoring sessions with WHAT and a more experienced artist.

The artist will:

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

Bealtaine will:

- Provide curatorial and administrative support to the artist;
- 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;
- Internet access;
- A designated liaison from the Creative Exchanges or similar programme who will assist the artist with navigating their way through the residency process;
- 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 4 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 €200 per day for 32 days totaling a fee of €6500 including travel, accommodation, etc. There is an additional materials budget of €1000.

Applications should be submitted to Bealtaine visual arts co-curator Linda Shevlin no later than **April 25th** e-mailed to linda@lindashevlin.com. **E-mail applications should not exceed 12MB in size.**

Appendix 1



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.

Age & Opportunity

Bealtaine Festival

Celebrating creativity as we age

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