

Rolling: An Integrated Visual and Performance *Arts in Health* Program at Oberon Multipurpose Service

Evaluation Report



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Project name:	Rolling
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Executive summary

This evaluation examines the integrated visual and performance arts in health program, Rolling, which commenced face-to-face at Oberon Multipurpose (MPS) in 2019 and, due to COVID 1, continued online in 2020. This was part of a broader Arts in Health initiative of the Western NSW Local Health District WNSWLHD. The participants were residents with high care needs. Whilst not a dementia-specific program, some participants did have dementia and indeed, some had very limited mobility and were non-verbal.

It is concluded here that the very thoughtful planning and implementation of Rolling by Arts OutWest, the artists and MPS staff led a productive experience of participating residents of the Oberon MPS, and it hard to imagine that this program would not have enhanced the residents' lives.

There are always opportunities for improvement in the planning and delivery of health-related services and to this end, the following recommendations are made.

1. Continue to explore the potential offered by integrating visual- and performance-based elements in Arts in Health programs.
2. Make available to other Arts in Health practitioners and the aged and health care industry more broadly information about the benefits of integrating visual- and performance-based elements in Arts in Health programs. A conference presentation and journal article, perhaps expanding on the contents of this report, would be appropriate means.
3. Continue to build on the already effective structures and processes of Arts in Health practices used in Rolling.
4. Build the capacity of MPS staff, including Activity Officers, informal carers and other relevant stakeholders regarding Arts in Health programs. A good place to start would be to create deeper understanding about notions of 'value' regarding art and the art-making process, empowerment, and how to discuss artworks in authentic and empowering ways.
5. Future evaluation should consider:
 - a. Drawing on the observations of the artists, as occurred here, and expand that to MPS staff including Activity Officers, informal carers, and other relevant stakeholders.
 - b. Embedding an evaluator in selected Arts in Health session, similar to ethnography.
 - c. Case study methodology and participatory action research, where action is framed iterative cycles of, for example, plan, act, observe and reflect (Nazari, 2021).
 - d. Using Zoom, or a similar videoconferencing, recordings to analyse group processes (communication, relationships, etc.).
6. Continue to explore online delivery.
7. Work towards adequate internet bandwidth at all sites for online delivery.
8. Consider introducing Rolling to other parts of the WNSWLHD and in other jurisdictions.

Introduction

This evaluation examines an integrated visual and performance arts in health program, Rolling, which commenced face-to-face at Oberon Multipurpose (MPS) in 2019 and, due to COVID 1, continued online in 2020. This was part of a broader Arts in Health initiative of the Western NSW Local Health District WNSWLHD. The participants were residents with high care needs. Whilst not a dementia-specific program, some participants did have dementia and indeed, some had very limited mobility and were non-verbal.

The term 'Arts in Health' is used here to describe 'the practice of applying creative, participatory or receptive arts interventions to health problems and health promoting settings to create health and wellbeing across the spectrum of health practice from primary prevention through to tertiary treatment' (NSW Health, 2016).

The visual arts aspect of Arts in Health is well established in the WNSWLHD but the integration of performance is novel. Here, 'visual' refers to art-making practices such as painting and sculpture and 'performance' relates to aesthetic movement. The concept that underpinned the program, rolling, quite naturally and usefully lends itself to both visual and performance arts practices. In this case, the visual arts aspect of the program was developed and initiated first and the performance aspect was overlaid on that, drawing from and then informing the visual aspects of the program.

Rolling was developed and implemented by Arts OutWest, specifically by Christine McMillan, a visual artist, and Dr Kate Smith, a performance artist.

In addition to evaluating Rolling, this report offers a description of the system and processes used, in order to assist reproduction, and explores alternative ways of evaluating Arts in Health programs more generally and specifically the next Arts OutWest program after Rolling.

Doris

Doris was a Rolling participant. Her experience observed by the Rolling artists and facilitators, serves as an illustration of what Rolling, and programs like Rolling, can achieve. Thus, the reader may want to keep Doris in mind as they consider this task of evaluating what difficult-to-measure yet tangible, and certainly important, 'outcomes' achieved through Rolling.

Doris smiled at me today. And so I started moving her arm and working out which arm was the best, and I put a paintbrush in her hand and one day she started painting. She started making small marks and people had thought that – she wasn't able to do anything.

We put paint on the table and her tray and she'll move the paint around on the tray and then we'll print it onto material, so she becomes part of what's happening.

So knowing that Doris was like that I really wanted to get her to be part of this – rolling was something that she could do.

This was the most unbelievable day. Doris doesn't make eye contact; she's very still and because her hand is atrophied, it's like a rock. When we work with her, her hand starts to open, really slowly. Really, really slow. This has happened more than once; the whole group are cheering her on.

Suddenly [Doris] became a reason for everyone to succeed.

Rolling

Rolling is different to many other Arts in Health programs because it integrates visual art-making and performance. The program used as inspiration, and its title, the notion of 'rolling' – using rollers to apply paint or body parts, for example. It became a way to explore materials and techniques using both visual and performing arts practices to create a collaborative artwork over a five-week period. The intention was to build skills using tactile materials. This, of course, required problem-solving, experimentation, play, improvisation and connection in a supported workshop where roadblocks or 'mistakes' were welcomed as part of the creative process.

Implicit in the concept and practice of rolling is movement and this is something important, if not critical, to those who live in MPSs.

The overall program plan invited MPS residents to engage in a step-by-step process that moved from solo to facilitated group work each week.

Rolling online

The program commenced in 2019 pre-COVID and was forced to move online once the effects of COVID were felt in Australia.

The WNSWLHD uses Pexip as its online meeting platform so this was also used for Rolling.

Grant funding secured iPads and there was one of these between four Rolling participants and all received visitor access to the MPS WiFi.

Visual art-making

The visual-arts aspect of the program was in many ways an extension on visual arts projects that had been conducted successfully by Arts OutWest in the WNSWLHD. Indeed, there was a wealth of experience to draw on which provided a very strong platform for Rolling.

The art materials included pencils and notebooks, paint, paint rollers and paper. The visual arts experiences were scaffolded and built on skills developed over the prior 18 months and from other programs. These skills included sculptural and painting techniques, presentation, research, and sharing and discussing outcomes and experiences.

Group discussion of artworks was a key activity. One participant said:

I've been doing a modern sculpture and so looked at Brancusi and Boccioni

And another:

yeah and I'm going to do Giacometti

The artist facilitators would also talk about the artworks and participants would respond. Indeed, these facilitators noted:

they're spot on with the what do you see when you look at this sculpture – they get the isolation – they get the movement – it just works

Rolling placed emphasis on the creative process, the building of group dynamics, relationships and skills, and culminated in the creation of a series of painted and sculptural artworks made from a variety of materials.

Of course, the notion of an 'excellent' work of art here was not a desired outcome.

These visual arts process had been designed to include a performance artist to produce a cross-arts practice program.

Performance

Performance techniques, specifically play and improvisation, were introduced after the visual art program had commenced. This aimed to extend the concept of 'rolling' toward the performative. The methods used included movement, gesture, play and improvisation as a way of communicating and connecting. 'Props' such as balls or rolled-up 2D artworks were used to form the basis of the play activities. The extension of the art materials to props created subtle links between the visual and performing arts practices and disrupted ideas about what artworks are and how they can be used. This effectively created links between visual and performing arts practices that contributed to the design, delivery and outcomes of the workshop.

Most Rolling participants worked from their chairs, rolling their arms, joints, then larger joints, reaching, and passing things to one another. They would start from small objects like rolling foam, paint rollers or paint brushes. These were readily available because they had already been used in visual art-making. They would pass the rollers to one another, reaching across the table, or sharing in making a pattern on a piece of paper with paint. Each day would start with a series of rolling exercises in a circle, just to warm up joints, and sometimes to music, sometimes not. They would pass a 'gesture' to each other – one might pass something to another who would repeat, passing it on someone else. These are basic drama games, very slightly modified and integrated with exercise informed by yoga. Combining drama games with movement not only moves joints and to starts people to actually get their bodies moving, it also invites participants to focus on breathing and looking.

Sometimes participants were asked to use a ball and despite the (productive) silliness and fun, this exploited the link between playfulness, getting participants' heart rates up, oxygenation, bodily movement and relaxation. The ball was a low stakes way to interact and also as research to explore what other things might roll and how they can be used. The artists talked with the participants as they rolled, tossed or caught the ball, asking questions, facilitating conversation. The goal was to encourage people to move their arms, hands, fingers and even feet, to engage eyes, faces and invite each person to say another person's name or get their attention across the circle to pass or throw the ball to them. It invited them to really contact and see each other. Importantly, and despite the ball work becoming chaotic and messy, it disrupted the notion that it was importantly to get things 'right', as everyone moved to the practice of the art-making.

Props invited the participants to inhabit new roles; they operated as pathway to experience the activity, not just as a participant but ‘as if’ they were the artist or part of a team or a group. The use of props is proactive and are a device to build trust through play and fun. Playing with props also invited collaboration and play-based communication, a key component of the next phase of the creative process- making to big paper sculpture.

Integrating visual art-making and performance

A feature of Rolling was its meticulously planned implementation. That is, detailed plans were made about what would be done each session, room setup, and so forth. Where participants’ tables were located, for example, impacted on how participants would move.

Evaluation purpose and methodology

This evaluation was external to Arts OutWest. This is not to say, however, that the evaluator stood at a distance from the experience of the program; indeed, engaging in conversation with the two arts in health practitioners or artists, Christine McMillan and Dr Kate Smith, identifying and engage with the subjectivities, nuances and lessons that emerged during and following the program.

Methodology

The evaluation process comprised two related phases. First, a meeting was held between the evaluator and the two artists. This meeting was recorded and subsequently transcribed. The flow of the meeting drew from critical reflection and in particular the work of Jan Fook (2011). Fook’s work originates from the reflective approach of educationalists Argyris and Schon (1974) and draws on critical theories and postmodern ideas. Our concern here was with ‘unearthing fundamental assumptions’ (Fook, 2011), thus enabling us to ‘recognise values or beliefs that are fundamentally important’ (Fook, 2011).

The second phase of this evaluation mirrored the arts in health workshop process in that it used arts-based methods and creative processes to understand the impact of the workshops using a performance-based framework, as if exploring the Rolling session processes from within. This performance was filmed.

Lessons

Rolling is an excellent illustration of creativity and innovation in health care and Arts in Health more specifically, not least because of the integration of the two different art forms. The program was implemented under the most trying of circumstances — in the midst of COVID 19 — and created valuable experiences for the Rolling participants. It enriched their lives.

Lessons from Rolling emerged out of both a review of the transcript of the critical reflection by the two artists and facilitated by the evaluator, as well as the performance-based framework and a review of the recording of that.

Elicited responses of participating residents

Emerging from the meeting between the artists and the evaluator that incorporated critical reflection were reports of benefits to Rolling participants. One example was:

They say thank you so much for organising this; they're really – yeah, they're really, really positive about it.

Illustrating this point, one artist recounted:

The transformation from the start of each day to the end of each day is profoundly different.

The structure and processes of Rolling

The critical reflection and also the performance-based framework provided an opportunity to think deeply about the structure of Rolling. That is, that the program has a beginning, middle and end. There is the arrival, the setup, the activities that are repeated every week around the progression of the artwork and there is lunch and the departure. This repetition provided a safe context and allowed attention to focus more on the more nuanced elements of the program that are often hard to even describe. Metaphorically, the structure is the 'container' that allows relationships to build, the fun to be had, the things to be abandoned, the improvisation to occur.

An important structural element was lunch. That is, for the artists to lunch, even if only briefly, with the group of residents after each Rolling session. This was different from participants' usual practices where the residents usually ate lunch in their own rooms. This, and no doubt other things, meant that participants 'really look after each other ... everyone sort of knew who didn't have potato or whose food needs to be cut up', reported one artist.

The Rolling processes were articulated as part of the critical reflection and are articulated here by referring directly to the transcript material from that session. These processes were informed by the structure of Rolling.

So I guess it's like in terms of a structure, there's a concept and from that concept comes one activity and that one activity has a series of things that can be repeated every week and that repetition builds towards a series of structures or products that have activities attached to them.

Rolling was more than the title of the Arts in Health program; the notion of 'rolling' was the guiding principle, related to 'material play and the embodied play' reported one artist.

you've got the actual thing that you're doing and making and then you've got the body which is doing these things.

Activities were repeated every week. These repetitions were considered important because they assist the participants to feel secure; they know what they're doing and they can create something because of that confidence. The artists' understanding of the bodily responses to repetition are referred to here:

The repetition is crucial because in any practice – any practice – whether you’re an aerobics teacher, a painter, a sculpture or a sewer, you do the same things. The repetition from a physical perspective in this regard builds muscle; it builds memory; it builds connection, actual connection, synopsis connection. Even when they’re starting to disappear you can wake them up again, and it builds – and it’s discipline. That translates directly to the material play of the building of the artwork. So it’s the little threads between the material and the physical every week repeated that are crucial to the little ‘container’ that we’re creating. So that repetition of those activities related to these two strands, the physical and material, and to safety, community, [and the creation of] a sort of routine/ritual which everybody comes to know. That includes the arrival and the departure.

Building participants’ skills

Skills development began with what already existed, often moving with smaller structures and moving to larger structures

Materials

Knowledge of the arts materials was an important early consideration. Artists, and then participants, need to know what materials are capable of and this may take experimentation. As one artist said:

we’ll do a small one first and we’ll experiment with patterns. It doesn’t matter what you do, but it’s just to work out what the materials do, how much water you have to mix with the paint, what is it like when you put it on. So I wouldn’t start people with a really big work until they did a smaller one and were familiar.

you really need to work with that activities officer to build those skills in using the iPad

The set-up

Giving consideration to the goal of facilitating movement in the participants, the artists set up each Rolling session such that not all materials were located at the work table and this required that the setup had to be planned meticulously.

MPS staff

The influence of MPS staff not directly involved in the program should not be underestimated. Participants often attended Rolling through the encouragement of the nursing staff. The same can be said for the Activities Officer that the artists had built a rapport with. Beyond that, the artists would also ‘rally the troops’ because it became obvious that some people need a little extra help.

Despite the success of Rolling, engagement with the MPS staff can be improved as one artist volunteered:

If I was going to do this with another group I’d first of all work with the Activities Officers and go through and say this is going to be the process and do the process with them but quickly, so they understand what’s going to be happening with their people that they care for and have deep connection. And so it’s supporting the Activities Officer to begin with and then going on and working on the program.

Online offering

The disruption caused by COVID 19 and the subsequent move to online delivery showed that more can be delivered online because there are no transport costs and further, Rolling could be offered at two centers concurrently. Of course, bandwidth needs to be adequate

Expertise required

Reflecting critically on Rolling it became apparent that in Rolling and no doubt Arts in Health more broadly that there are some key areas of practice where expertise is required. First, it is important that artists and facilitators know how to comment on artwork by looking at the elements of design or elements of performance that have a design element. For visual art-making and performance, facilitators must embrace the importance of play, to find moments of play and joy and relaxation. Doris' smile, and everyone's reaction to this comes to mind here.

Visual art-making + performance

I was really interested ... to actually link performance – movement is just so necessary for them. When I worked with Doris, her history of being in this project was that she'd be brought into the room and she just sits in one of those big chairs and doesn't move at all. And so I started getting her arm to move, sort of telling her that I was going to move her arm; she doesn't talk either. Occasionally she'll smile

It challenges the idea of what performance is, so for me it's really about performance interpreted as communication, the role performance has in communication as opposed to looking at this idea of presentational performance; so it's not presentational performance, it's performance as we're using play, it's absolutely play centered movement and performance as a tool to engender communication between participants as a way for them to share experience and to build community. We start to disrupt the idea of whose in charge and whose leading and we can transfer our roles between each other through participation. We're using objects and visual art as a way to start to blur the boundaries between who's leading and who's following.

Performance as communication if you like — communication to engender shared experience. So the performance is actually using the role of the movement person or the performer and the artist to start to say to the residents 'well now you're the performer, now you're the artist; you're the performer because you're passing the roller and you're creating a gesture to pass to somebody else'.

Reflecting on this evaluation process

From the recorded performance-based element of this evaluation emerged a variety of alternative approaches to Arts in Health evaluation and these may inform future evaluations. Before these are identified, however, it would seem useful to first critique, even problematize, the notion of 'quality of art' with regard to Arts in Health, especially the artworks produced by participants, and also the concept of 'value' with regard to Arts in Health more generally.

The notion of 'quality' in art

The notion of 'quality', with regard to artworks made in Rolling, was addressed as part of the critical reflection process. The commonly-held view that artworks can be judged and even described as, say, good or excellent, or not, is not in keeping with the principles of Arts in Health. As one of the artists commented in reference to this:

It's totally the wrong way of viewing the value of arts and health and the intersectionality of it because you can have excellent projects, but what on earth is that, what on earth does that mean – it's actually really misleading, really misleading and quite unhelpful.

This is not at all a new observation but perhaps it an observation that has become lost. John Dewey wrote extensively about experience, including art as experience, which 'when it [art] is carried to the full, is a transformation of interaction into participation and communication' (Dewey, 1934).

The notion of 'value' in Rolling and other Arts in Health programs

From the critical reflection session, a view emerged that we have no education around the value of arts programs as participation and communication (Dewey, 1934) or indeed empowerment programs.

What people see from the outside is something that is not synonymous with high quality art practice. This can tend to create a disconnection between the value of the program more generally. An observer may be inclined to see the art-making process as merely sticking together sticks (see image on front cover). There may be a surface perception that doesn't understand or understand the layering of experience of concept/challenge/communication/relationship building/confidence, which of course is significant if one is also aware that many of these residents will be depressed, perhaps deeply, and lonely.

Success here does not look like success in other areas of health care. It is the connections made between people, the moments of joy, the accidents and the persistence and courage to do something original. There is also the problem solving, that is, participants' problem solving, which arguably is key in all art-making. Rolling would be no exception.

The question here is not so much 'Was there value in Rolling?'. Clearly there was, given the changes observed by artists and comments made by participants, but what form does value take here; what does that look like? The application of predetermined metrics around activities of daily living and other measurements would seem inadequate. What value can be placed on a smile, going back to Doris, or the strengthening of community among residents? Here, it is useful to go back to Dewey and 'experience' because by all accounts, Rolling provided participants with a very rich experience that became for that time (if not beyond) part of *life*.

Returning to Doris

It's been a long road and when we first came [to the MPS] there was a lot of resistance. Returning now to Doris, people are saying what you've done for Doris is just like we wouldn't believe ... that she could've participated in such a way (Artist).

Future evaluation

The point is made here that efforts to measure Arts in Health performance will be largely inadequate. Also, using participants as sources of evaluation data through interviewing would do little, given their level of incapacity, and this may even impose unnecessary stress on them. There is also the question of power dynamic between participant and 'evaluator' and this may be sufficient to jeopardise informed consent to participate in the evaluation.

The evaluation processes used here draws on the observations of the artists engaged in the program and the participants' art-making. Considering the artists as evaluators causes no harm to the participants and likely yields more authentic evaluation data than what may be gleaned by someone external to the program. Nevertheless, this evaluation role may be usefully extended to include others already intimately related to participants, eg. informal carers family members, etc.), nursing staff and Activity Officers.

Recommendations

This review concludes that the very thoughtful planning and implementation of Rolling by Arts OutWest, the artists and MPS staff has led a productive experience for participating residents of the Oberon MPS, and it hard to imagine that this would not have enhanced those residents' lives.

There are always opportunities for improvement and to this end, the following recommendations are made.

9. Continue to explore the potential offered by integrating visual- and performance-based elements in Arts in Health programs
10. Make available to other Arts in Health practitioners and the aged and health care industry more broadly information about the benefits of integrating visual- and performance-based elements in Arts in Health programs. A conference presentation and journal article, perhaps expanding on the contents of this report, would be appropriate means.
11. Continue to develop and evaluate the desirable structures and processes of Arts in Health programs.
12. Build the capacity of MPS staff, including Activity Officers, informal carers and other relevant stakeholders. A good place to start would be to create deeper understanding about notions of 'value' regarding art and the art-making process, empowerment and how to discuss artworks emerging form Arts in Health programs.
13. Future evaluation should consider:
 - a. Drawing on the observations of the artists, as occurred here, and expand that to MPS staff including Activity Officers, informal carers, and other relevant stakeholders.
 - b. Embedding an evaluator in selected Arts in Health session, similar to ethnography.
 - c. Case study methodology may be considered too, as might participatory action research where action is framed iterative cycles of, for example, plan, act, observe and reflect (Nazari, 2021).

14. Contribute to scholarly discussion (conference presentations and journal articles) as a way of advocating for those who participate in Arts in Health evaluation programs. That is, raise important ethical questions about the importance of protecting (often) vulnerable participants and yielding authentic evaluation data.
15. Continue to explore online delivery and this may include the recording of observations, eg. by text messages, after each Arts in Health session. This would feed into subsequent program evaluations.
16. Work towards adequate internet bandwidth at all sites for online delivery.
17. Consider introducing Rolling to other parts of the WNSWLHD and in other jurisdictions.

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