

Virtual Art Snacks: An Online Arts in Health Program

EVALUATION REPORT



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Front cover image	Freedom, acrylic on canvas by John Rae

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Recommendations

Virtual Art Snacks was a great success, and this was due to the careful planning of the program and the commitment of those leading and assisting with the program. Nonetheless, there are always opportunities for improvement and to this end, the following recommendations are made.

1. Continue to explore the potential offered by integrating visual- and performance- and music-based Arts in Health programs, especially but not restricted to the online environment.
2. Make the program accessible to other Arts in Health practitioners and the aged and health care industry more broadly. Disseminate information about the benefits of integrating visual- and performance- and music-based online delivery in Arts in Health programs. A conference presentation and journal articles would be appropriate means.
3. Build the capability of MPS staff, including Activities Officers, and artists regarding Arts in Health programs.
4. Continue to pursue Participatory Action Research, notwithstanding the need for practice guidelines.
5. Work towards a fuller uptake on regular feedback to feed into the Participatory Action Research cycles.

Introduction

The program Virtual Art Snacks fits within the broader concept and term Arts in Health: ‘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, 2013).

Virtual Arts Snacks engaged and prepared rural artists to deliver art activities to residents in selected aged care sections of selected Multipurpose Services in WNSWLHD as a means of assisting residents to stay connected and culturally engaged. It served to help remove the barriers of geographic distance by providing regional communities with access to high-quality arts experiences online.

The visual arts aspect of Arts in Health was already well established in the Western New South Wales Local Health District (WNSWLHD) but its integration with performance art and music was less so, and also novel was the provision of an Arts in Health program virtually.

Virtual Art Snacks was conceived of, conducted after and to some extent informed by a similar program called ‘Rolling’, also conducted in the WNSWLHD. ‘Rolling’ is a term that emerged after reflecting on the use of paint *rollers* in art-making and extended to consider rolling as bodily movement. Virtual Art Snacks not only extends on lessons taken from Rolling, it was also a response to COVID-19 and lockdown. The report on Rolling at <https://tinyurl.com/a4yp8vxt> should be considered alongside this evaluation report.

Virtual Art Snacks had a set of guiding principles distilled through consultation with arts workers, artists, researchers, health professionals, and from the perspective of the National Safety and Quality Health Service Standards for aged care in rural Multipurpose Services

(NSQHS, 2021) and also from the Regional Arts Development Organisation key performance indicators.

The guiding principles were to:

Train arts and health workers to understand the value of meaningful experiences for consumers via active participation in artistic activities.

Partner with the Multipurpose Service network, health, community and arts organisations to support promotion and delivery.

Provide a flexible and innovative program.

Build a community of practice in arts in health in Multipurpose Service settings across NSW for research and evaluation.

Develop communities and social connections in Multipurpose Service settings via artistic workshops to foster emotional wellbeing and quality of life.

Multipurpose Services are unique settings that service a hierarchy of needs, especially and necessarily in relation to clinical care. Due to limited resources, geography and unique staffing in some instances, meaningful activities to foster connection and reduce social isolation can be limited. The Virtual Art Snacks sites were located within the WNSWLHD at Baradine, Blayney, Dunedoo, Nyngan, Oberon and Warren Multipurpose Services.

Virtual Art Snacks involved weekly sessions, each one hour in duration and in most cases, all five sites connected virtually. The setting included the site of the artist-facilitator (a visual artist, musician or performance artist) and the other sites linked in via the videoconferencing platform, Pexip.

Integral were the staff of Arts OutWest and WNSWLHD, who arranged the timetabling, arts supplies, and introduced the artists to Virtual Art Snacks and Arts in Health more broadly. Local Activities Officers played a key role, noting that these practitioners have limited resources to draw on to keep residents occupied and so Virtual Art Snacks aimed to give them a new support system for delivering meaningful and effective ways of engaging with residents.

Virtual Art Snacks assessed the feasibility of using iPad and the WNSWLHD interface technology Pexip to deliver online art programs in Multipurpose Services. It aimed to make a contribution to research about the design and delivery of arts activities in rural aged care as a way of addressing social isolation.

Since 2019, Arts OutWest has been delivering visual art and performance activities at the Oberon Multipurpose Service. This experience revealed that art activities can substantially change the quality of life for people living in residential care.

The visual-arts aspect of Virtual Art Snacks was in many ways an extension of Rolling and other successful Arts in Health programs conducted by Arts OutWest across the WNSWLHD. Performance techniques, specifically play and improvisation, were introduced in Rolling and music was added to Virtual Arts Snacks. This took the form of music performance and music appreciation.

Virtual Art Snacks was developed and implemented by Arts OutWest, specifically by Christine McMillan, a visual artist, and Dr Kate Smith, a performance artist. Christine and Kate should be acknowledged for their strong commitment to this and other Arts in Health programs.

Project objectives

The primary aim of the Virtual Art Snacks was to provide and evaluate an Arts in Health program that improved wellbeing in rural aged care. In particular, the objectives were to:

1. Evaluate the viability of using networked iPad and other technologies, such as Pexip interface software within the WNSWLHD rural Multi-Purpose Service network as delivery tools for the Virtual Art Snacks program
2. Evaluate the feasibility of using interface technology such as PEXIP, to safely and securely record and evaluate consumer experience.
3. Assess the feasibility of accessing WNSWLHD interface technology Pexip and/or ZOOM as a tool to improve the daily lives of participants.
4. Evaluate the usability/connectivity of iPad technology in rural Multipurpose Services
5. Evaluate the viability of using technology such as text messaging as a feedback tool for artists and health workers.
6. Apply a Participatory Action Research (PAR) model (Plan, Act, Observe, Reflect) to the Virtual Art Snacks Program design and delivery to create a transformative program that generates meaningful activities and social connections.
7. Create an accessible framework with a step-by-step guide and checklist for the Virtual Art Snacks program to be taken up by Multipurpose Services.
8. Assist rural Multipurpose Services to meet accreditation for National Standards for Quality Care in Multi-Purpose Services by delivering art programs that improve well-being and quality of life for aged care residents.

Evaluation methodology and methods

Following Rosalia Staricoff's (2005) advice that 'many of the most successful models [of evaluation] are those that included people's participation in the project', the evaluation methods focused especially on the participation of residents, the three artists, Activities Officers, and the creative spaces in which they worked.

The evaluation process comprised three series of focus groups at predetermined intervals throughout the program. Each series involved dedicated focus groups of residents, Activities Officers and artists. Thus, it was possible to ascertain changes in perceptions across the life of the program, as well as any changes in the interrelationships between these groups over time. In all, thirteen focus groups were conducted and each of these was video- and audio-recorded before being transcribed with the assistance of the app, Otter. Transcribed material was easier to theme than were video recordings, even though video recordings were available (Objective 2).

Ethical considerations

In line with the National Safety and Quality Health Service Standards, this research sought to maintain the respect and wellbeing of participants. The research team applied a self-selection process for the participants to volunteer to be involved in the evaluation. Participants received a participation information and a consent form. If they were a resident, their authorised carer could support them to decide about participation, noting that it was anticipated that the benefits of participating in the program outweighed any burden on participants.

Human research ethics approval was provided: REGIS reference HREA 2021/ETH01283 and Project Registration 057550.

Resident recruitment

Activities Officers at the Multipurpose Services were already responsible for facilitating enjoyable creative and social activities to support the daily quality of life and connectedness of aged-care residents. They were therefore best placed to approach residents who may wish to participate in the project evaluation. Activities Officers were also invited to consult with their Health Service Manager and the residents' carers or family about individual residents' participation in the evaluation.

Focus groups

Data were generated through the conduct of online focus groups that were video and audio recorded and then transcribed. Separate focus groups with residents, Activities Officers, artists and carers were used to gather data about their experiences participating in Virtual Art Snacks. This was highlighted on the Participant Information Sheet and the Consent form.

Focus groups commenced by thanking participants for their attendance and an overview of the aim and conduct of the session was presented. The following questions were drawn from to initiate the conversations, and these questions were adapted to different audiences.

How have you found the workshops?

What worked well during the art activities?

Did you feel equipped to assist during the delivery of the art activities (for artists specifically)?

How did you experience the technology?

Has residents' wellbeing changed and if so, how?

What advantages do the workshops bring to Multipurpose Services?

Is the program leading to any changes in the Multipurpose Service?

Do you have any suggested changes?

The residents either attended themselves or with an Activities Officer and separate sessions were held for Activities Officers. The three artists were invited to participate in three focus groups.

Analysis

Transcript data were themed using deductive analysis, which ‘explicitly draws from existing theory or frameworks, as opposed to inductive analysis, can be especially useful in attempts to contextualize and complicate existing knowledge’ (Love & Corr, 2022). The framework drawn on was what WNSWLHD considered important in identifying and celebrating quality, which included innovation and originality, sustainability and scalability, achieving outcomes, teamwork and partnership, values driven (collaboration, openness, respect and empowerment), and productivity and efficiency.

Results

There is little doubt that the residents valued the Virtual Art Snacks program, and this should be considered a key outcome. This is despite that in most cases participating residents, because of their health-related limitations, had limited ability to convey their appreciation. Most did refer to ‘enjoyment’ and some residents voiced preferences for one art form over other, although these views amounted to personal preferences more than anything else.

There was one important moment that illustrates the transformative nature of the program that generated meaningful activity and social connection. Thea was a Virtual Arts Snacks participant and a conversation with her stood out as being something that illustrated a deep value and outcome of Virtual Art Snacks:

The conversation started by indicating my need to understand how the program had impacted residents. One resident mentioned how the art-making made her feel young, which is something that may be understood in a variety of ways. For example, the ‘pedagogy’ of the program may have served to remind residents of their earlier school days, sitting in front of the teacher, albeit virtually here. It may even be a comment on the power differential between teacher (artist) and pupil (resident). The next question to this resident, then, was aimed at understanding why the resident was taken back to her childhood. The answer was that the art-making was taking the resident back to her childhood which, she said, made her feel ‘free’. Here is an outcome that, from the perspective of this resident, is likely of significance.

Thea’s experience is likely not isolated, although that is hard to determine because most residents had a limited ability to articulate how they benefited from Virtual Art Snacks. What is certain, however, is that all Activities Officers unreservedly noted the value of Virtual Art Snacks and their reports have been informative in determining that an outcome of the program has been improvement in the daily lives of participating residents (Objectives 6 and 8).

One Activities Officer commented on how participating residents did not return to their private rooms immediately after sessions, as they would normally do. Rather, she said: ‘we had residents that, you know, stayed in the activity room and had lunch so that the social interaction continued to the afternoon, so yes, so that was lovely’ (Objective 1, 2, 3 and 4).

If residents engaged more in social interaction because of Virtual Art Snacks, one might then ask if there was a detectable impact on the culture of the Multipurpose Services. There was little evidence of this emerging from the focus groups but when asking Activities Officers that question directly, they indicated that there were signs of improved relationships

between residents and certainly significant levels of engagement achieved (Objectives 1, 2, 3 and 4).

From the artists' focus groups, it appeared that the level of engagement ramped up over the duration of the program, once preliminaries and levels of comfort had been established.

From the musician's perspective:

because in the first session, we learned a lot, you know, we learned about music and time signatures and different, you know, different ways of clapping different time signatures. And then when I wrote music, using those things that we'd sort of done in the first session, so you know, they'd all be playing along and get the shakers, and they'd be shaking. And that's and it was, it was, it was a lot of fun and very active.

The engagement can also lead to reminiscence. For example, a conversation between the visual artist and a resident about the then avant-garde work of the artist, Christo, led one resident to reflect (as reported by the visual artist):

they wrapped Little Bay, which is near La Perouse in Sydney. I was there because someone was in jail. It was wrong; they shouldn't have done that [because La Perouse] is probably a really culturally significant place.

This experience, said one of the Activities Officers, was a 'really special moment' for that resident, noting that reminiscence-based intervention is known to enhance reduce depressive symptoms, and improving life satisfaction (Tam, Poon, Mahendran & Kua, 2021).

The musician was just as keen to discuss what Virtual Art Snacks meant to him, and below is an illustration:

You know, what a unique situation it was to be virtual, but to have that audience and the same people every week in the same situation. That it, it was just a lovely, you know, that's why I think this time, I just thought no, every week, a new piece of music, and something different for them. So, you know, we started off with a very lovely waltz and then went into our little swing thing and then went into a very Latin he kind of bossa nova or anything. And then you know, and we just kept on going through and then went into the little narrative, you know, journey.

Clearly, the benefits, or what the musician described as 'beauty', was shared amongst the group, participants and practitioners alike. This would seem to be due to the relationships that were forged, as one artist said:

my Wednesday friends [residents] I got a bit teary at the end of the last one and got a bit like all, you know, waxing lyrical and like in my feedback thing like feeling like, oh, I don't even know, like if I'm ever gonna see these people again

Of course, there were lessons for the artists too. One considered their own development through the program and how they had learnt to respond in a more relaxed and less didactic or even planned way:

there was lots of different learnings and like, like, the chat sort of got, like, a lot longer, and

then we'd have like, less time to be able to do that. And so I'm putting too much, you know, like, I need to keep it simpler [and] I should have been a bit more flexible, like, you know, like, I kept saying to myself, like I was learning all the time, like you have like a simplified version.

The themes of innovation and originality, sustainability and scalability, achieving outcomes, teamwork and partnership, values (collaboration, openness, respect and empowerment), and productivity and efficiency are now discussed.

Innovation and originality

Illustrating the creativity and innovation of Virtual Art Snacks is the novel approach that was taken in developing the three artists regarding art and building their capabilities as artists-as-facilitators, which progressed as the project rolled out and as their earlier artists' quotes indicated. This was assisted by the Participatory Action Research (Objective 6) element of the project — the artists planned ways forward for their sessions, enacted these, analysed their own performances, and reflected on the next step forward. It could be argued that this approach is just as important (if not more so) than operating according to step-by-step guides and so forth, although it is unlikely that guidelines could be eliminated altogether (Objective 7). As good as this process was, it could have been supported by a fuller uptake of regular feedback mechanism, for example, using text or other messaging mechanisms as feedback and analysing these data regularly (Objective 5).

Serving as an illustration of artist development, the musician was off to a tentative start. He referred to it as 'nerve racking'. At the time he thought 'how am I going to actually do this, I really couldn't get my head around [it] for a long time — how to get music across on a week-to-week basis, you know, online'. The Activities Officers observed this also: 'the artists need to just sort of roll Intuit a little bit because they don't know what to expect to start with, one commented'. These Activities Officers also acknowledged their own initial uncertainty.

The musician's anxiety soon resolved, following what he called a 'baptism of fire', after which he found the first experience of working online with the residents as 'kind of pretty cool'. From here, he 'really wanted to introduce [the residents] into the world of a musician and show them the way my brain works, and you know all the different instruments I play and how I put them together and all the different genres of music I play', he said.

If anything, the musician recommended some forewarning of the steep learning and the need to essentially let your musical practice unfold within the Virtual Art Snacks context. That, itself, would have been reassuring, he said.

Not surprisingly, the musician found videoconferencing challenging and this was another aspect of the program that eventually 'just got so much easier' with practise. Here, the musician was referring less to the technical aspects of the session but rather, as he said, 'sitting in one space and communicating with another space[and] you're trying to build a connection between the two spaces', which were separated geographically.

At most sessions there was more than one Multipurpose Service involved so that meant that residents from one service could see and potentially talk with residents from another. A number of residents indicated that they appreciated this.

The visual artist, who had worked in Arts in Health previously, but only face-to-face, found that a difference in the virtual environment was the need to: 'target people that you know — I thought well they haven't had much to say'. This reportedly worked and was something made possible because the visual artist had made a point of learning the residents' names. She generally appreciated the importance of giving 'everyone an opportunity to say something even if they weren't able to speak but they just had that space'. Here, like the musician, the visual artists also seemed to reflect on experience and move forward.

The performance artist seemed to have undergone a similar process.

I really struggled with the online format. And I know it's just it was amazing that we could continue our sessions and do this program at all given what was happening with lockdowns. But I yeah, I think that was the biggest challenge, not being in the room reading the body language, seeing, seeing signs of fatigue or boredom, being able to switch and move on quite quickly. Yeah, I just I really rely on that.

The performance artist had participated in similar work previously but less so for older people, and like the visual artist, worked to provide residents with 'a space where it's okay to have silence' and to 'wait for answers'. That, she said, was 'such a learning for me', and from that experience emerged a structure that was then applied across other performance sessions. The performance artist 'kind of got into that structure', she said, which is a notion not too different from the way that the musician recommended: 'let your musical practice unfold'. Another lesson that the performance artist shared was: 'I wouldn't say be scared of trialing anything', however, there was a caveat: 'don't be afraid of dropping them like hotcakes if they don't take up'.

The reported experiences of these three artists shows that although there is a significant level of hands-on learning required, Arts in Health practices can be adapted to the online environment (Objective 1) and done so very successfully, especially if the artists are prepared to monitor residents' responses and respond accordingly.

Like many people, the artists had some experience with the online environment and that had been enhanced with COVID 19. The reports above suggest that online facilitation was not a completely comfortable environment and indeed communicating online across more than one site to residents of multiple Multipurpose Services did present challenges to them. Nonetheless, the artists learnt to work within the online environment and with microphones and speakers to compete with the sounds of a busy Multipurpose Service.

Artists developed their own methods for online facilitation. For example, one artist volunteered: 'I used to do a check in at the start — how's everyone going 'it's really important to acknowledge where everyone was and how they were feeling', they said. The visual artist overcame difficulties with online engagement by asking residents to hold up their artworks in order that the artist can monitor their work. This was not about quality of the residents' artworks but more about enhancing levels of participation. Happily, the visual artist reported that the great majority of residents did in fact participate, despite a slow start due to what may be considered a natural initial hesitancy. Of course, a level of patience is required for this too and indeed, artists learnt to reevaluate their expectations regarding resident engagement and what can be slow but nonetheless continuous and productive progress in terms of residents being willing to show their art to the broader group, and so

forth. As one might expect, there were some residents who wanted to be present but did not want to engage; that was considered entirely satisfactory.

Many positive comments emerged from conversations with the artists. One was relayed by the performance artist who noted in one of the Multipurpose Services that some residents, mainly men, were 'feeling more confident in their physical bodies'. The artist put this down to 'encouraging people to inhabit their bodies and the sounds they can make' through the performance-based activities. For many of the residents, that was a positive outcome.

There was a more collective outcome reported by one focus group member and this related to how prior to Virtual Art Snacks residents were 'just individuals wandering [and] not talking [and] not acknowledging each other' and that 'at the dinner table [they were] sitting by themselves'. With Virtual Art Snacks, residents were seen in the hallways talking and then walking with each other like they started to feel connected to each other', said one participant. This change was mirrored during the program sessions too where, after a period, residents 'were like talking with each other or checking in not just being themselves — they are there as a group', said one participant.

The musician was less able to identify these benefits of the program, perhaps due to the different mode of art. He relied, instead, on feedback from the Activities Officers which was also positive. In one instance it was reported that the program 'brightens up [the residents'] world so much'.

The online platform, Pexip, one of a variety of platforms available for videoconferencing, should be considered here. The artists adapted and soon learn to operate within the Pexip environment but did question the suitability of the platform for creative activities. As one artist said, Pexip is:

'not designed for artistic endeavors. Zoom is a lot more creative. Yes, you know, so this is a this is probably not the platform to be able to present the quality that you want to present.

What the artists wanted was a platform that would more easily share, for example, YouTube videos. That would have assisted, the groups of artists reported. The performance artist suggested a higher quality format video than what was possible with Pexip, and in a similar way, the artists thought that the sound systems at the Multipurpose Service sites needed to be of higher quality. Although some sound systems did appear to be of high quality, that was not a consistent finding across all sites, said the Activities Officers (Objectives 1, 2 and 3).

Getting back to improvisation, a typical question the musician asked was 'who can play a musical instrument?', which was a question frequently met with silence. On one occasion, however, that question was answered by a resident in the affirmative. This resident then looked off screen and gestured towards piano, which had in fact been sitting in the corner of the Multipurpose Service for some time. The resident proclaimed that she would in due course plan the piano, to which the musician responded by forwarding an image of a keyboard overlaid with musical notes to help this resident get started again. Of course, whether or not the resident achieved this is perhaps less important than the motivation that the musician created to at least try.

Sustainability and scalability

The move from Rolling to Virtual Art Snacks demonstrates the sustainable nature of these Arts in Health programs for Multipurpose Services. Indeed, the number of sites has increased, which shows that the initiative is scalable. The performance artist commented on this: 'Wow, what a spread, with, you know, I'm in the middle of Bathurst and you know like we're covering all this area – that's something I felt really special about what we're doing'.

In the case of Virtual Art Snacks, the scope was appropriate. The number of sites chosen and the inclusion of three different art forms appears to have worked very well. This point is reinforced by an Activities Officer from the Warren site who commented that a limitation for their site was that only one art form (visual art) was included in the program. This may be a point that may be taken up in future iterations of Virtual Art Snacks.

To improve sustainability, more value might be placed on programs like Virtual Art Snacks. Illustrating this point is a comment by an Activities Officer that on one occasion residents had to be moved out of their dedicated meeting room to make space for a clinical consultation. That, of course, cannot be avoided but this still raises questions about the relative priority of Arts in Health programs as well as an acknowledgement of the need for dedicated room and space allocations for Arts in Health programs.

Teamwork and partnership

An initial focus group with all Activities Officers present identified that, apart from some more operational matters where their team gathered to discuss their (non-Art Snacks) work, the focus group was in fact the first opportunity that the Activities Officers had an opportunity to swap ideas. This should be considered, noting that Activities Officers played a key role in the implementation of Virtual Art Snacks, dealing with the inevitable challenges of getting residents to the room on time, troubleshooting videoconferencing problems, and also supporting the interactions. This is a view that was supported by the artists; one said: 'I think you need someone here to just facilitate the discussion'.

Activity Officers working with the artists did result in what one Activities Officer referred to as:

really lovely connections with the residents, both here in Blaney and elsewhere, and [they] seem to really enjoy their interaction I think that's even more engaging [and] really enjoy have joy of seeing what our residents produce (Objective 3).

Collaboration, openness, respect and empowerment

Virtual Art Snacks was a collaboration between the WNSWLHD and Arts OutWest. Indeed, this relationship is longstanding and displayed a high level of cooperation, which in turn created the space for creativity, innovation, and originality. Virtual Art Snacks supplemented, supported, and integrated with existing activities programs conducted in the participating Multipurpose Services. As one Activities noted: 'I really enjoy that there's something else that can be brought to the facility that I haven't [and] can't deliver'.

Regarding empowerment, a view emerged from the evaluation of Rolling (Rae, 2021) that what might be considered a success in an Arts in Health program may not necessarily look like success in other areas of health care. Success here may better be thought of as the connections made between people, the moments of joy, the accidents and the persistence and courage to do something original. Indeed, what value can be placed on feeling free, referring to Thea, or the strengthening of community among residents? As did Rolling, Virtual Art Snacks provided participants with a very rich experience that empowered some of them to feel free; to be given back part of their *life*.

The collaborations referred to here went beyond the relationship between the WNSWLHD and Arts OutWest. It went to the center of the delivery of Arts in Health, including between the artists and the Activities Officers. One artist did say that they wanted to work closer with the Activities Officers and had a suggestion on how that might be structured. They said:

‘set up a few more like, like, boundaries and suggestions like for them of how they can react — like when I’m showing things and how they can help in this this space to like to prompt different people to like, even when they’re when they’re muted, like within their own space to prompt questions, rather than giving the answers’.

This suggestion is getting to the importance of the Activities Officers adopting an empowering and facilitatory roles that goes beyond providing support — more in keeping with a rehabilitation philosophy. This may mean professional development for Activities Officers, especially about Arts in Health and even more generally with regard to communication skills. This is an important point, that is, the entire team, including the Activities Officers, would achieve more if working together to empower the residents.

One artist spoke about the need to form a relationship with the Activities Officers and even regretted not connecting with them enough: ‘I would have loved to sit and have a lunch with the Activities Officers. Or have a wine with them after work one night to get to know them and get them on board’, said one artist. Such team building could be an important next step.

Some Activities Officers were not fully aware of the program and regarding this, one noted:

We feel more comfortable once we know what we’re doing so I think just like for everyone of us and especially out residents you know, it’s just once you know what, what’s involved there’s a lot more be more relaxed.

Productivity and Efficiency

The virtual delivery of Virtual Art Snacks was certainly an efficient way of engaging a relatively large number of residents across multiple Multipurpose Services. In fact, there may be some benefit, at least to some residents, to slightly reduce the intensity and duration of the program. The Activities Officers reported that some residents appeared a little tired towards the end of the program so perhaps this needs to be considered in the overall design. One Activities Officer suggested that six weeks would be ideal, although this will likely vary from resident to resident.

Of course, productivity and efficiency here is dependent on good connectivity across devices and through Pexip. In most cases this seemed to occur uninterrupted, although one Activities Officer reported technical problems limited the impact of some sessions. For

example, a performance session involving dance at one site required the site to link in additional speakers to facilitate a better audio experience for residents. There was also a report from Activities Officers of having to connect and reconnect to achieve the best sound. Such concerns were few. Overall, using networked iPads and other technologies and platforms, such as Pexip (Objective 1), are viable options for the delivery of an Arts in Health program in rural Australia.

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