

## Improvement Fund - End of Project Report Template

We have designed this form to be flexible so that you can evaluate your project in a way that is meaningful to you but that covers our needs as a Funder too. We have provided prompts for the information we are looking for. Please cover all the points that are applicable to you.

Please note that this form will be published on our website and identify the organisations involved in the project.

Please contact [hcis.improvementfund@nhs.net](mailto:hcis.improvementfund@nhs.net) if you have any questions.

Project Details	
<b>Project Title</b>	Ideas That Bend
<b>Date of Report</b>	22 <sup>nd</sup> November 2018
<b>Project Start Date</b>	1 <sup>st</sup> May 2017
<b>Project End Date</b>	1 <sup>st</sup> July 2018
<b>Lead Organisation</b>	Artlink Edinburgh and the Lothians
<b>Partner Organisation(s)</b>	Midlothian Council
What we expected to do	
<p><i>Please cover the following information. (You can use information from your application form to complete this section). Guideline word count: 500 words.</i></p> <p><i>A summary of what you said you'd do including:</i></p> <ul style="list-style-type: none"> <li><i>What was the need or problem that this project will address?</i></li> <li><i>What did you want to achieve with this funding? What were your aims and measures to demonstrate if your work has been successful in achieving what you set out to do?</i></li> <li><i>The main activities or services you planned to provide to deliver your aims.</i></li> </ul> <p>Through our joint work with Midlothian Health and Social Care Partnership we identified that caring for a person with profound and multiple learning disabilities [PMLD] is often undervalued. Part of the problem appeared to be that people with PMLD are defined by what they can't do, their medical conditions and personal care needs. Little is known about what they actually need to live a better quality of life. We established that people with PMLD and their carers are often a silent, underserved group who, as a result of lack of engagement, cost services more in terms of mental health issues such as stress, physical problems and high staff turnover.</p> <p>Through our work we had established that the arts process provides a safe space in which those involved feel less threatened to explore new ideas. The creative focus allows all to understand the individual differently. Carers can remove themselves for a small amount of time from caring and have the freedom to talk and share ideas. The emerging perspectives shape a different view of an everyday problem and support those involved to come up with an alternative and creative solution.</p> <p>Ideas that Bend set out to explore alternative ways of working which:</p> <ul style="list-style-type: none"> <li>Value the individual and their carers and involve them in defining their interests and needs.</li> <li>Support care staff to work in partnership with the service user and their family.</li> <li>Support equity within the sharing of knowledge between families, care staff and other professionals/specialists.</li> <li>Inform the development of improved and more relevant care environments.</li> </ul> <p>Our high-level aim was to provide a practical programme of 4 creative projects within Midlothian</p>	

HSCP Cherry Road Centre that examine how collaboration informs how people with PMLD and their carers can effect, change and improve the service they receive. The projects and associated enquiry aimed to:

1. Establish how the personal experience and practical knowledge of individuals with PMLD can shape ways of working that encourages personal growth and development.
2. Support an increased understanding of abilities/potential of individuals with PMLD by taking time to learn from the subtlest interactions.
3. Create an overall understanding of the emerging details that determine the person with PMLD.
4. Identify the value of recognising families and staff for their unique experience and knowledge to service development and improvement.
5. Establish a practical framework that can be shared with others to improve the health and wellbeing of people with PMLD.
6. Assess whether this way of working increases cost effectiveness.
7. Extend the reach of this approach, by using the voices and experience of those involved.

In support of these objectives we:

- Met with families and carers to identify questions they would like to find an answer for.
- Established the creative projects.
- Recorded, documented and regularly met to look at what is being learned.
- Offered continuous development to care staff to strengthen the improvement approach.
- Studied the approach with partners from Dundee University.
- Implemented different ways of disseminating the benefits of involvement in the project.

### What we actually did

*Guideline word count: 500 words.*

*Please cover the following information:*

- *Description of the intervention(s), or changes that were implemented in sufficient detail that others could reproduce it.*
- *What framework or structure was in place to test out the change and monitor and understand progress? (E.g. meetings to reflect on progress, analysis of data etc.) If you have used any specific tools or methods/ approaches, please outline these.*
- *Specifics of the team involved in the work and their roles in implementation.*
- *How you worked in partnership to deliver your project.*
- *The main facts and figures about actual activities carried out, for example the number of people worked with and the main things they did.*

We undertook 4 creative projects over a period of 15 months involving 4 individuals with PMLD, 4 artists, 2 families, 4 carers and 15 care staff that established:

- How creative approaches improve communication and support a shared understanding of the individual with PMLD.
- What the principles and values of collaborative working are and how they lead to improved care and inform staff development opportunities.
- The effect on services of a more collaborative approach; reduced stress on families; increased staff motivation reduction in staff absenteeism and reduced need for crisis intervention.

These are more fully described in the attached findings report 'The Ripple Effect: Relational Social Care'. We are about to undertake dissemination of the principles and values that underpin this approach regionally and nationally, through our health, social care and cultural networks.

The framework in place to test out the change and monitor progress were undertaken through

regular project learning review meetings and structure evaluation which included the following:

1. Reflective diaries by artists, carers and centre staff.
2. Focus group with carers, care managers – inc. those not involved with Artlink.
3. Knowledge exchange with rest of Cherry Road and families.
4. Knowledge exchange with wider stakeholders.

The reflective diaries recorded:

1. Benefit/Impact
  - *How do you think the person you were working with benefitted from today's session?*
  - *What have you learnt about them?*
2. Transformative Moments
  - *Were there any 'transformative moments' and if yes can you write a little about what happened and perhaps why?*
  - *Do you think that art is the basis for these 'transformative' moments?*
3. Learning and Self-Development
  - *What have you learnt from today's session, what worked/what didn't work and would you do anything differently in the future when working with people with PMLD?*

The project learning review meetings and the reflective diaries then formed the bases of more in depth interviews by partners from Dundee University to articulate the improvement approach – this has been recorded extensively in the attached project findings report 'The Ripple Effect: Relational Social Care Through Art'.

The core team involved in directly delivering the programme and research were:

- Steve Hollingsworth, Laura Aldridge, Francesca Nobilucci, Kevin McPhee – Artists
- Liz Davidson, John Connell – Cherry Road Learning Centre, Midlothian Council
- Susan Levy - Senior Lecturer, Social Policy, Dundee University
- Hannah Young – Senior Research Associate, PAMIS
- Care workers linked to each individual
- Alison Stirling – Artlink Artistic Director

Partnership working with individuals with PMLD, their families and carers underpinned the essence of the project. This collaborative approach has been hugely valuable in achieving the anticipated improvement aims and has contributed significantly to understanding the values and principles that underpin the work.

### **What difference we actually made**

*Guideline word count: 700 words. Please attach any additional supporting information as an appendix.*

*Please cover the following information:*

- *Key findings from any formal evaluation (where possible please attach a graph or table to evidence the improvement made)*
- *Details of what difference was made (quantitative and/or qualitative results).*
- *Reasons for any differences between observed and anticipated outcomes, including the influence of contextual factors.*
- *Who benefitted from the project and do they think any individuals/groups were unintentionally excluded for any reason?*
- *Particular strengths/ weaknesses of the project.*
- *Could also include examples of how individual participants or service users experienced the projects (such as case studies or quotes).*
- *How did partnership working contribute to the success of your project?*

- *Next steps.*

This innovative way of working, which seeks to understand and value people with PMLD, uses art as its methodology, to create aesthetic, sensory experiences that stimulate and excite people with PMLD, in contrast to the monotony of routine and passivity. This relational approach offers creative and new ways for social care practitioners and family members to develop meaningful social care that connects with service users on their terms, in a time and within a space that has meaning and value to them, enabling them to have a voice and some agency in their lives.

Building appropriate packages of care for people with PMLD can often be an overwhelming challenge for social care professionals, with people on all sides making demands. This can become confusing and make it harder to build care plans that are of longer term relevance to the individual and their support systems. So how do we ensure the individual with PMLD has an impact on wider care systems? How do we use their involvement to plan for the longer term? How do we create environments in which people are listened to and learned from? How do we use creativity to promote greater equity of involvement? The answers to these questions cannot be found in a 'one size fits all' approach but are down to how all involved in caring choose to listen to each other, learn and work together. It is essential that creative, innovative and collaborative ways are used to meaningfully engage and inspire not only the service users but the wider support structures around them – carers, families, and other representatives whose creativity/specialisms are of relevance.

The work of Artlink and Cherry Road recognises that meaningful experiences are achieved through slowly building authentic and genuine connections. Working with the artist inspires creative thinking which motivate to create a 'safe' space where all can work together equitably, learning from each other; opening themselves, and those they work with, up to new experiences and perspectives. This informs:

- A greater understanding of the person with PMLD, through identifying a simple, achievable goal to work towards.
- An environment supported by people who choose to work together and sharing ideas.
- Creative thinking which expands interpretation and understanding of individual needs and developing interests.

Rather than presenting a list of recommendations we are presenting a short list of questions for reflection that can equally be used for expanding of co-learning opportunities through staff development and training. We ask that you consider each question within the context of this report and the collaborative practice between service users, Artlink and Cherry Road. Take time to consider the emotional and relational dimensions of your responses and ways to achieve affect and effect within social care. Questions for Reflection, Discussion, Collaboration and Learning:

1. Do you know what motivates and interests the individual you work with?
2. Are you employed or supported by agencies or statutory services that have courageous and enlightened leadership?
3. Do you work as part of a team? Can this team set achievable goals to work towards what motivates and interests the individual you work with?
4. What links to people, ideas or activities can you make for the individual in relation to their developing interests?
5. Do you feel able and confident to continue to travel on a journey of change, to experiment and explore ways of working that come directly from the individual you work with?

The impact of this work aligns with and achieves Outcomes 3, 4 and 8 of the National Health and Wellbeing Outcomes.

Outcomes	Evidence of Outcomes
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	This project evidences how meaningful engagement positively informs care structures and ways of interacting that are necessary to promote openness and an equal space to meet and learn, creating a service that is more flexible and respectful of people PMLD's developing interests.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	This project evidences how integrating creative thinking and practices into social care, positively impacts on the lives of people with PMLD, increasing their ability to communicate, exercise agency and take greater control in their lives. This leads to tangible transformations which improves the quality of life and wellbeing among this group.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	This project evidences that the use of art in social care is raising the motivational levels of carers along with job satisfaction, and that this happening within a positive learning environment.

The attached report details the impact as experienced by artists, care workers and senior staff and provides the context for future work. This work is ongoing and will feed directly into the Midlothian Health and Social Care Partnerships' continued development of its strategic plan for learning disability and Artlink's on-going programme of work with the Cherry Road Centre and it's wider public programme which promotes the outcomes of this and another work to regional and national audiences.

### Challenges and how/if they were overcome

*Guideline word count: 200 words.*

*Please cover the following information:*

- *Any problems you encountered along the way that slowed progress, stopped the outcomes happening and whether changes or solutions were implemented as a result.*

There were no problems encountered during the set up and delivery phase of the projects. The main challenge we have encountered has been delivering the communication of impact within the anticipated timescales in the project plan. On reflection these were never realistic as it has taken 3 months just to finalise the research report.

Now that the report is ready we will begin to roll out the report and its findings to key policy and decision makers within health, social care and culture. To date we have:

- Undertaken a series of local discussion and talks based on our findings in collaboration with the Midlothian HSCP.
- Care staff have presented and discussed the findings with social work students at Dundee University.
- The care commission has engaged positively with the work and will publish an article on the research in their magazine.
- The report is launched at the end of November.
- The Scottish Contemporary Arts Network will use the work as an example of good practice and promote the report nationally.
- We are in discussion with Creative Scotland and National Cultural Strategy to roll out the impact of this work through a series of 'curated' talks.
- We are working with Dundee University to develop the distribution network further in collaboration with PAMIS, IRISS and the Alliance.

- We are collaborating with Midlothian HSCP to ensure that the report reaches appropriate regional and national networks.

All this work is supported by a communications plan which ensures that the growing network of knowledge is reinforced through Social Media exposure and

### Learning for the future

*Guideline word count: 600 words.*

*Please cover the following information:*

- *Key learning points.*
- *Unexpected outcomes (positive or negative).*
- *Anything they will do differently in the future.*
- *Your plan for sustaining the project post funding.*
- *Summary of how learning from the project has already been shared so far.*
- *Plan for how learning from the project will be actively shared going forward. E.g. through events, presentations, publications etc. Please be specific.*
- *Suggestions for suitability and limitations for potential spread to other contexts.*
- *Advice for others with similar projects.*
- *Next steps, e.g. plans for spreading to the next level.*

Please find attached the findings report which extensively covers key learning points and outcomes.

As previously stated the project work now forms the basis of our practice within the Cherry Road Learning Centre and our work and practice continues to evolve accordingly.

Communicating outcomes and next steps:

- The report has been distributed electronically to 600 people.
- The report has been presented at a seminar to 50 students at Dundee University by Cherry Road Learning Centre managers.
- The report will be presented an audience of 100 people of cultural, health and social care staff at the Scottish Storytelling Centre.
- A communications plan for further distribution is described in the previous question.

### Other

*Please cover the following information:*

- *Budget details (this can be presented in a table or as text)*
- *Anything else you would like to mention that doesn't fit in the other sections.*

Please find final expenditure report attached.

We had hoped for clearer and more specific involvement from HIS as the project work progressed. We didn't feel that telephone meetings allowed for the type of exchange of information that was necessary to ensure that learning could not only be shared, but also more fully discussed and evaluated in relation to other HIS activities and programmes. Regular turnover of staff at HIS also worked against forging a more meaningful and deeper relationship.

We think this is a missed opportunity. We would of course be very happy to contribute our ideas as to how this could be addressed in the future.

This report template has been adapted from the Report to the Scotland Funders' Forum [Link](#) and the [Revised Standards for Quality Improvement Reporting Excellence \(SQUIRE 2.0\) publication guidelines](#).