

Learning through doing arts residencies for carers

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September 2023

Summary

The Scottish Government's Fair Work agenda has motivated Creative Scotland, the public body supporting the arts, to promote care across the full breadth of their activity. As part of this Radical Care agenda, Creative Scotland funded action research across six organisations piloting approaches to promoting institutional change in response to different caregivers' needs. This included the delivery of arts residencies by three of these organisations. This report documents and shares the authors' experiences of learning by doing arts residencies for carers (taking place from July 2022 to March 2023) with one of these organisations, Hospitalfield, in Arbroath.

Hospitalfield's residency manager, Cicely Farrer, initiated this series of arts residencies for carers which were devised in collaboration with Anna McLauchlan; input was provided by a local support organisation, Angus Carers Network. Unusually, these residencies introduced a formal requirement to take account of the applicants (potentially private) caring roles. In recognition, organisers instigated manageable and transparent processes of publicity, application, and selection from the beginning (January 2022). This included feeding back to applicants (both successful and unsuccessful) about how and why decisions were made.

Participants were given supported time at Hospitalfield to develop their work. Three residencies were collaboratively composed by Hospitalfield with each participant, leading to a variety of arrangements: one participant had two different studios, each for blocks of four weeks, allowing them the freedom to make their own plans; the other two participants enjoyed the opportunity for reflection and development that was facilitated by visiting Hospitalfield for several prearranged short stays. The latter approach – multiple short visits over a longer duration – provides a promising basis for an ongoing Flexible Artist Residency.

Hospitalfield residencies tend to bring groups of people together: perhaps the biggest challenge in delivering flexible residencies is the provision of a peer network, a community, for the resident. A further challenge relates to whether or how mentorship would be provided. Using the title 'Flexible Artist Residency', rather than 'arts residencies for carers', helps address any problematic separation between artist and carer. However, some thought is needed as to how carers can still be prioritised and fully accommodated within such flexible programmes.

Each arts residency for carers enabled the participant to both make work and create systems to sustain their practice during their residency and beyond. Sustaining an arts practice alongside a caring role requires appropriately directed support. Here, budgets for respite care were largely diverted for other uses. However, care can be costly and funding will inevitably shape people's capacity to participate. Hospitalfield's residencies, and the broader Radical Care action research they sat within, have drawn attention to an institutional need to encourage better understandings of what care entails: to acknowledge and value the skilful adaptations that are required to deliver care well.

Keywords: learning through doing, arts residencies for carers, flexible residencies, Radical Care, Creative Scotland, Hospitalfield

How to cite this report: Anna McLauchlan, Cicely Farrer, Judith Davies, Catrin Jeans and Deniz Uster (2023) *Learning through doing arts residencies for carers*. University of Strathclyde: Glasgow. Available at: <https://doi.org/10.17868/strath.00086415>

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1. Care in the arts in Scotland

Creative Scotland 'is the public body that supports the arts, screen and creative industries across all parts of Scotland' (Creative Scotland 2023a). Creative Scotland are formulating an approach to promoting care across the breadth of their activity, in part, to help flesh out the Scottish Government's Fair Work ambitions (Scottish Government 2022a). This has culminated in an action research project supporting six organisations in taking forward projects to promote institutional change in response to different caregivers' needs (Creative Scotland 2023b). As part of this Radical Care agenda, Hospitalfield initiated one of three unique residency programmes. Hospitalfield refer to their specific residency programme as the 'Flexible Artist Residency'. In this report we use the name 'arts residencies for carers' to signal that eligibility for the residency was bound up with being a carer and that this report specifically concerns the accommodation of carers within arts residencies. A wider evaluation across all six organisation is being undertaken for Creative Scotland by Clair Gilchrist of CG Research. The report by CG Research will identify where there might be challenges in setting up and delivering Radical Care, some potential solutions, and models of good practice that others may choose to follow.

These Hospitalfield residencies, and the instigation of research into Radical Care, have taken place during a period that has witnessed a considerable increase in the pressure on care capacity. Across the UK childcare is often unavailable or unaffordable, or both (UK Parliament 2023; LGA 2023) and there is a lack of available social care – that is, care for children, young people and adults who need extra support (MacAlister 2022, McAllister 2022). A shortage of care home places means that it is often impossible to discharge elderly hospitalised patients, which is exacerbating an existing lack of capacity across the broader National Health Service (Foster 2023). Overall, social care is increasingly provided in the community (McAllister 2022). In Scotland, in contrast to the rest of the UK, social care at home would normally be primarily funded by the Scottish Government (2019). However, demand for services means that Social Work care plans are not consistently fulfilled (McAllister 2022); for example, for nine months, this report's first author has been unable to access care support that Social Work deems necessary.

Creative Scotland's funding for the arts residencies for carers, and for the other five projects, is an acknowledgement that the arts and creative industries often fail to accommodate caring responsibilities. This places further pressure on people, on individuals, who are providing care while also trying to maintain or build a career in the arts. Childcare and social care more broadly are disproportionately gendered; women (in general) take on the main share of unpaid care for their own dependents (both children and adults) and paid work in the childcare and social care sectors (Scottish Government 2021; 2022b). The arts residencies for carers, the associated research, and this report are of contemporary importance, as publicly funded organisations are now obliged to demonstrate that they can be flexible with respect to enabling people with caring responsibilities to access opportunities. When advocating for greater flexibility it is vital to recognise that there are different types of and aspects to employment flexibility¹. Indeed, some literature suggests flexible approaches can function to undermine job security². For clarity; in the context of this report, flexibility means pliancy, the ability to adapt in order to make something work as best possible within an existing context.

This report is structured as follows. The next Section, 'Arts residencies at Hospitalfield' (Section 2), provides further detail about Hospitalfield's existing residency offering. Artists selected for

¹ For example: in the number of staff needed; improving skill sets; the time of day when work takes place; and the number of hours of work that can be done, in tandem with variations in wages (Barbieri 2009).

² The use of zero hours contracts provides a recent and widespread example (Adams-Prassl *et al.* 2015).

the arts residencies for carers were, as is usual for residencies at Hospitalfield, given supported time to develop their work. Unusually, this programme had a specific ambition, 'to enable participants to create systems to sustain their practice during the residency and beyond'. Section 3 supplies further detail concerning that ambition and how it fits with an overall research approach – that of 'learning by doing'. Sections 4 - 6 concern different sites for, and types of, learning through doing – the wider process that provides the context for the instigation of the residency (Section 4), and explanations as to how residencies were tailored by Hospitalfield in collaboration with selected artists in order to appropriately respond to the artists' specific availabilities and responsibilities (Sections 5 and 6). This trial programme demonstrates Hospitalfield's ability to provide arts residencies to people with care responsibilities and its capacity to manage residencies with greater flexibility. Section 7 signals some of the changes that resulted from the residency, with Section 8 engaging with the complexities involved in formally recognising artists as carers. Section 9 concludes this report with a discussion of 'continuing to learn' – considering the implications of opening out flexible residencies beyond artists identifying as carers. The following section outlines how the arts residencies for carers builds on Hospitalfield's existing offering.

2. Arts residencies at Hospitalfield

Hospitalfield is situated in the south of the Scottish rural coastal town of Arbroath, in the Angus Council area. Hospitalfield was constituted through a trust in 1890, now a Registered Scottish Charity, with the aim to run 'Hospitalfield as a cultural organisation for artists and for education in the arts' (Hospitalfield 2023b). Thus, it is an artists' house, a place of ideas, combining the conventions of the museum and the academy. Historically, Hospitalfield studio spaces have accommodated a breadth of artists through a wide variety of arrangements, including being an independent art college (1902 – 1935) and running a Postgraduate Scheme (1938 – 1977) in collaboration with Scotland's four main art schools (Beardmore 2018). Since 2013, it has provided a regular offering of artists' residencies, that give artists supported time to develop their work. Key opportunities include: a funded residency, taking place in Summer and Autumn; which normally last for four-weeks, and; an international Interdisciplinary Residency, inviting applications by cultural practitioners for a subsidised, self-funded, two-week stay (refer to Hospitalfield 2023c).

There have been several other publicly advertised residency opportunities associated with Hospitalfield, such as the Courthouse Studio Programme, open to people living in Tayside region, providing a studio space and practical support over eight weeks (Hospitalfield 2023a). Appendix 1 lists recent Hospitalfield residencies and partnership working. Other people also use Hospitalfield for short residencies: Collective in Edinburgh bring groups of artists to Hospitalfield as part of their Satellites Programme (and its earlier iteration New Work Scotland); and the Scottish Graduate School of Arts & Humanities regularly run a 'three-night residential writing retreat for final year PhD Researchers' (SGSAH 2022, p.27). All these residencies fit within the Sociologist of Art and Politics Pascal Gielen's (2019) understanding of chronotope – in that their ambition is to provide 'the time and space to create.' (p.43) Most offer a peer network, which involves a group of artists having the opportunity to live and (to varying extents) work together.

People participating in Hospitalfield residencies are primarily located at the house, its grounds or associated buildings (or a combination of these). Though, participants may be discursively elsewhere; concerned with the places or ideas that form their work, potentially living their life online. Indeed, those applying directly for Hospitalfield residencies are discouraged from making 'site specific' work. In part, this is because Hospitalfield often directly commissions work to respond to, or be integrated into, or both, the house and grounds. Such commissions – for

example, by artists Sarah Forrest, Lubaina Himid, and Jade Montserrat – take place over several site visits and are thus flexible. Beyond these residency offerings, the house and grounds are used for other purposes that necessitate a flexible approach – commercial hire or private events, such as conferences, weddings, meetings and birthday parties. Staff take turns to accommodate visitors who arrive late and to manage events that may be held anytime through the day, and occasionally into the night.

Therefore, Hospitalfield already had a proven capability to be flexible. Indeed, this arts residencies for carers draws from its existing responsive approach to residency management. For example, commissioned artists have been supported with childcare and the first author of this report was able to adapt their four-week residency, in the of summer 2021, to fit with caring responsibilities (as discussed in greater detail in Section 5, below).

Clearly, broad societal changes impact upon how people respond to being in a particular place for a designated time period. Being on residency has a historical connotation of being ‘cut off’ or away. Whereas residents’ increasing capacity for communication with people off site – initially via the telephone and more recently through a variety of social media – arguably means residencies often no longer effectively remove people from their daily normality. Contemporary societal changes mean that the character of institutions hosting residencies is in flux. For example, Hospitalfield’s residency offering is changing because the house and grounds are currently being physically transformed to make them more accessible.

The arts residencies for carers, through 2022 and into 2023, was an important part of Hospitalfield’s Residency Review ‘piloting and evaluating new models of residencies and artists development’ (Hospitalfield 2023a). That review is informing the launch of new and restored studios in the summer of 2024 and accessible and family friendly accommodation facilities in the winter of 2024. As previously outlined, the arts residencies for carers was part of a broader action research project coordinated by Clair Gilchrist of CG Research. Collectively, we (the authors of this report) were participating in action research by learning through doing all aspects of the organisation of these arts residencies and their enactment.

3. Learning through doing

The arts residencies for carers was part of a wider action research project being undertaken by Creative Scotland (Creative Scotland 2023b). The enactment of the residencies, discussions about the programme, and the writing of this and other associated documents, makes the residency programme itself action research. That is, research carried out by people involved in the activity, with the intention of positively influencing events as they happen, as well as informing the future practice of those involved. This Section of the report highlights the ambitions for the programme and its relationships to broader research approaches, discusses authorship, and provides an overview of the information used in this report. It begins by briefly introducing the people leading, managing, and advising on the residency.

Cicely Farrer, this report’s second author, led the arts residencies for carers. Cicely is Hospitalfield’s Programme & Communications Manager and has more than four years’ experience managing residencies at Hospitalfield and working with artists to support their practice. The programme was devised in collaboration with this report’s first author, Anna McLauchlan, who also acted as an advisor based on her previous experiences of doing residencies at Hospitalfield (once, in 2021, as a full-time carer), as a practitioner, and, as a researcher (further details can be found, below, in the ‘About the authors’ Section). Jane Pengelley, an Adult Services Manager of a local charity, the Angus Carers Network, acted as an

advisor in the planning of the open call and selection of the participants. The Angus Carers Network was able to provide powerful insights into the contexts and circumstances of carers in Angus and in Scotland more broadly.

The arts residencies for carers, as with many associated opportunities (see Appendix 1), provided participants with supported time at Hospitalfield to develop their work. Alongside this, the action research had the ambitions set out in Box 1 – which distinguish these residencies from those previously offered by Hospitalfield.

Box 1: Ambitions for the arts residencies for carers.

Participants were given supported time at Hospitalfield to develop their work – the arts residencies for carers also had the following ambitions:

- to enact and understand how residencies could be tailored by Hospitalfield in collaboration with [each] selected artist;
- to enable participants to create systems to sustain their practice during the residency and beyond.

We have categorised this research project as learning through doing, a broad approach to education (to teaching and learning) which is derived from the work of the Brazilian educational theorist Paulo Freire (as set out by Freire [1970] 2017). In essence:

Freire proposes that truly transformative education requires cooperative approaches where student and teacher both learn from one another. Such education entails a combination of action and serious reflection referred to as 'praxis'; praxis is also sometimes characterized as a union of practice and theory. (McLauchlan 2022, p.40)

The invocation of student and teacher speaks to concerns around power relations in education. One group (organisers) proposed and managed the residency. One of the organisers directly works for, and thus represents, the institution that is Hospitalfield – being answerable to a Director and, in turn, trustees, funders and dependents of Hospitalfield. The first author was designated 'mentor', indicating them to be a guide or teacher. Further, writing this report requires the selection and shaping of content to enable that desired 'combination of action and serious reflection' (McLauchlan 2022, p.40) but which also, inevitably, involves the taking of a stance on the topic. Through an awareness of these different power relations, the organisers strove to maintain an openness, so that participants felt comfortable to express their needs and opinions, speaking to the ambition of everyone being able to learn from each other. Hospitalfield was already broadly committed to learning through doing and the institution is dedicated to continually learning about practice, artist development and audience interaction; with robust evaluation systems in place to facilitate the sharing of that learning.

What does it mean to learn? Indeed, what is learning? Within the discipline of social psychology, theorists suggest 'that learning process[es] cannot be studied directly; instead, [their] nature can only be inferred from changes in behaviour' (Olson and Ramirez 2020, p.5). Although, what comes first, the learning or the behaviour change, is contested (Olson and Ramirez 2020). Learning, in this context, is broadly defined as 'a relatively permanent change in behaviour or in

behavioural potentiality that results from experience and cannot be attributed to temporary body states such as those induced by illness, fatigue, or drugs' (Olson and Ramirez 2020, p.8, in homage to Kimble 1961). The ambitions for the residency (see Box 1, above) correspond with this understanding of learning. They also match more general understandings of learning – as gaining knowledge, skills or abilities (Learn 2007). It seems clear that the organisers, the participants, and all others involved with the residencies, were learning.

Importantly, both behavioural change and the gaining of abilities are not inherently 'good' and need not bring about positive outcomes (McLauchlan and João 2019). It is with an awareness of this that, in relation to the arts residencies for carers, this report comments on changes happening through all processes of the research – while recognising that, inevitably, the general association of learning with something positive means the changes being reported tend to be deemed beneficial to participants in some way. In speaking to Freire's proposal as to shared learning, this report gather the experiences of the residency organisers, the first and second author, and the participants, in shaping – and learning from – the arts residencies for carers. This includes the organisers experiences of applying for funding from Creative Scotland, putting out a call for participants and managing the selection process (refer to Section 4). During and after selection there was reciprocal communication between organisers and residency participants that served to collectively form and shape the residencies (Section 6). An interim report to Creative Scotland, put together in July 2022, has been integrated into this document.

The first author, Anna McLauchlan, composed this report in collaboration with the second author, Cicely Farrer. Following a Freirean ethos, the authorship of the residency participants – Judith Davies, Catrin Jeans, and Deniz Uster – is acknowledged because of their commitment in forming the residencies, alongside their generous sharing of their knowledge and experiences. Importantly, participants had an opportunity to comment on a draft of this report to ensure that participants were aware of, and had the ability to change, how their experiences are represented.

This report draws on an audio recorded conversation between the organisers and the residency participants, at a meeting in Glasgow, on the 6th of March 2023. By then, the residencies were largely complete and the conversation served to crystallise organisers and participants thoughts. To aid communication of our learning with the funder, Creative Scotland's Creative Industries Officer, Ashley Smith Hammond, attended that meeting. Appendix 2 sets out questions that were used to guide the meeting's discussion; these were sent out in advance to participants, who were invited to submit written responses if they so desired. The recording was transcribed and dialogically complemented the other sources in forming the basis of this report. Quotes from that discussion, in the following Sections, are cited as 'Group discussion 2023' and this citation is available in the Reference List at the end of this report. Individual participants are generally not identified in the citations.

Importantly, everyone who goes to Hospitalfield, in whatever capacity (for participation in a residency, as staff, as a visitor etc) will have differing experiences. For example, the Summer Residency and Interdisciplinary Residency bring heterogenous groups of people together. Each group taking part in a residency programme possesses a different dynamic and participants may, or may not, gel in a variety of ways. The staff at Hospitalfield are always required to facilitate the expectations of residency participants' contingent on staff's own capacities and that of the institution. As such, there is no single experience of learning at Hospitalfield and this report concerns one specific situation.

The totality of this report demonstrates learning, including its promotion and materialisation through the act of writing the report itself. The following sections of the report establish how

learning through doing permeated the arts residencies for carers. This was evident in the form or arrangement they took (Section 5) and how those arrangements came about, that is, the reciprocal composition of the residencies (Section 6). The next section of this report tackles the contribution to learning of processes that occurred prior to the residencies formally beginning.

4. Processes of publicity, application, and selection

Organisers recognised that they had to be aware of *how* they enacted all residency processes because people caring for, or supporting, others, are often themselves vulnerable. The residencies relied on public funding and organisers were responsible for allocating those funds in ways that were accountable to both the funders and a broader citizenry. Box 2 (below) provides an outline of the processes instigated by organisers in order to provide a level of transparency and ensure that the publicising of and selection for the residencies was manageable. Most of these activities were familiar to organisers through their previous experiences, although their conscious application, here, provided opportunities for learning – those activities initiated for the arts residencies for carers are marked with a tick (✓) in Box 2. Importantly, although there are commonalities across the processes Hospitalfield enacts in relation to all their residencies, the approach to each programme is necessarily bespoke. The rest of this Section of this report expands on the details provided in Box 2.

Box 2: Processes instigated by the organisers in order to provide transparency for the purposes of accountability, and to make the publicising of and selection for the residencies manageable. (✓) designates activities initiated for the arts residencies for carers.

- Careful consideration of how the residency would be publicised.
- Criteria used to make selection matched the publicity.
- A budget for respite care was included (✓).
- Residency lead offered potential applicants' advice about eligibility (by phone and email).
- Two-stage application process (✓):
 - Stage 1 was short to enable quick completion, to make the process manageable for both applicants and selectors.
 - Stage 2 of the application process was funded – in recognition of the fact that applicants might need to pay for care to complete this stage.
 - Applicants at Stage 2 were not required to repeat information provided at Stage 1.
- Feedback on how and why decisions were made was provided to all applicants (successful and unsuccessful) at the completion of each stage

The organisers, the first author and second author of this report, instigated a two-stage application process – with the first stage, **Expression of Interest** (Deadline 28 March 2022), designed to be completed quickly. Those expressing an interest were asked for a CV, images of their work, an outline of how their caring responsibilities impacted their day-to-day lives, and an introduction to their arts practice. The arts residencies for carers were advertised as potentially involving three weeks (21 days) over the period of the programme, from July 2022 to March 2023. The residencies were funded – with each artist offered £2362, alongside a budget for respite care of up to £2000.

Considerable thought was given to the language used in information about the residencies, that was made available on the Hospitalfield website, social media, Creative Scotland’s website, as well as other Scotland focused arts websites. For example, there was discussion about whether to employ the word ‘carer’ or ‘supporter’: ‘carer’ was retained due to its widespread use. As this opportunity was targeted directly at carers, the residency was also publicised through various carers networks in Scotland, including Angus Carers Network. This increased the level of interest, particularly from people living in Angus and the neighbouring local authorities of Tayside and Perth & Kinross.

Hospitalfield received significant positive online interest, including emails from stakeholders and locally from Angus Council. The details available on Hospitalfield’s website were distilled into a series of criteria, set out in Box 3 (below), that were then used by the Hospitalfield representative (Cicely Farrer), Mentor (Anna McLauchlan) and the representative from Angus Carers Network (Jane Pengelley) to assess the eligibility of applicants. For brevity, in this section, these three people are referred to as ‘selectors’.

Box 3: Criteria made available online for applicants, then used by selectors to assess the eligibility of applicants.

- Open to artists who are ‘carers’. Carers are people that support someone who cannot manage on their own without help because of being frail, having an illness or disability. There are many different kinds of caring roles and people being cared for can be any age. Often carers look after family members, although partners, friends and neighbours can take on significant caring roles.
- This residency does not support artists who are parents/guardians unless the care also fulfils the above criteria.
- Applicants must reside in Scotland.
- Applicants should be practicing within the arts whether visual arts, dance, literature, music or theatre.
- Hospitalfield discourage applications that are ‘site specific’ to Hospitalfield House and Grounds in order to support artists to make work that is translatable in the many contexts that they may present their work.

These Hospitalfield residencies, as Box 3 indicates, were targeted at people who care for or support ‘someone who cannot manage on their own without help because of being frail, having an illness or disability’. The residency would not ‘support artists who are parents/guardians unless the care also fulfils’ the former requirement. During the application process many people were uncertain about their eligibility. As Cicely Farrer, Hospitalfield’s representative and this report’s second author, said ‘there were a lot of people enquiring by phone about them feeling

like a fraud or not being sure whether they were the most deserving candidate to apply and whether they should put themselves forward' (Group discussion 2023). Section 8.1 discusses this issue further.

There were 25 expressions of interest; a range of responses that revealed a great deal about the applicants' differing care situations. Most (22) of the applicants were women, reinforcing the existing understanding that caring is gendered (Scottish Government 2021; 2022b). Some applications made clear that a caring role can last a lifetime, and it was evident that such caring responsibilities conditioned the respondents' abilities to engage with their art. Box 4's outline of the broad criteria used by selectors to assess applications includes 'impact on their [arts] practice'. Cicely Farrer noted that the arts residencies for carers had a different selection process to that for other residencies. Those doing the selection had to base their judgements both on information people had sent in about their art work and, unusually, their caring responsibilities.

This requirement obliged the selectors to engage in some processual learning in relation to the criteria (Box 4) – notably, 'quality of [applicant's arts] practice' came to be recognised as pertaining to whether or how Hospitalfield, and the mentor, had the requisite capacity to support the prospective participants, both practically and conceptually. To enhance institutional learning, selectors prioritised applications from people who would require a different set of arrangements from those usual to Hospitalfield. That is, from people who were clearly unable to participate in the two-week or four-week residencies Hospitalfield normally offers. As a result, the other assessment categories, of 'timing', 'impact' and 'location' became very much wrapped up in the specifics of applicants' caring roles.

Box 4: Criteria used by the selectors to assess applications.

- quality of [applicant's arts] practice.
- timing for the individual.
- impact on their practice [likely positive].
- geographic location.

Applying for residencies, and other opportunities, can be useful for an artist's own development – as one participant identified, it encouraged their engagement with their own thinking processes (Group discussion 2023 p.21). However, it can also be fraught. Applicants send in details about their work and themselves to organisations, and then may, or may not, get a response. In recognition of applicants' potential vulnerability, all 25 applicants were given identical feedback on how decisions were made. Anecdotal evidence (conversations with others managing arts applications processes) suggests that feedback on applications is rarely requested; the perceived need for feedback might relate to the first author's academic background. However, feedback was welcomed in this instance, including by the artist who came to be the third participant 'I didn't get the residency, but then I was instantly provided feedback.' (Group discussion 2023 p.20) In a written response they went on to say:

Cicely gave feedback on my proposal which was unexpected and very welcomed. Feedback is priceless for me; I would usually request this from the awarding body, but in this case, feedback was provided for my application immediately. I appreciated this very much.

As one participant noted: 'a lot of artists in one way or another are experiencing crises. Whether that's with their mental health, ability to make money, ability to know how to develop their practice' (Group discussion 2023 p.13). Others agreed, although there was a clear desire not to make a 'special category of people', purely for artists, while also acknowledging the general and specific pressures of 'most artists working hand to mouth and ... trying to find ways to be able to make their practice viable in one way or another' (Group discussion 2023 p.14). This emphasises the need for attention to whether or how feedback on applications is given. Personalised feedback may be both unnecessary and unmanageable due to organisations receiving many submissions. However, organisations could, as a minimum, give a rationale for their decisions (such as outlining the criteria used in making them). Where organisations find that their own application processes lead to them receive an unmanageable level of response, this is an indication that their application processes should be redesigned.

Five people were selected through the application process and invited to submit a proposal, with each offered a £60 access bursary to enable them to make their submission – this funding was an acknowledgement that making an application is work and time consuming, and that applicants might need respite cover to complete that task. This **stage two Proposal** (Deadline early May 2022) requested a plan for the artistic work that the practitioners would develop while in residence, an outline for how they would structure their time in terms of coming to Hospitalfield, and an indication of whether they were in receipt of other funds or respite from the local authority or the government (or both) in support of their caring role.³ To minimise the work for applicants, there was no requirement to repeat details already given at stage one. Rather, selectors consulted applicants' responses to stage one and stage two together when deliberating.

Two artists were selected and one other artist was informed that they might be able to take part in a residency, depending on sufficient funding being available. The two selected artists did not use the funds (up to £2000 per artist) to cover respite care costs. Therefore, some of that funding was diverted to supporting those artists in other ways and a third artist was invited to undertake a shorter (15 day) residency across Autumn and Spring. The artist' fee for that shorter residency was £1575, with £1000 directed to respite care and £100 for travel expenses.

Hospitalfield runs a variety of residency programmes (as Section 2 and Appendix 1 outline) – while there are commonalities between the approaches taken, each programme has slightly different processes. Here, an important distinction is the recognition that carers might find applying onerous, which led organisers to instigate a two-stage process, with a short initial 'expression of interest'. Hospitalfield's representative learnt to be flexible through the need to tailor the number of residencies being made available in response to a shifting use of the designated budgets. A further key point of difference, between this and the processes for other residencies, was the need to be aware of, and factor in, applicants' caring requirements. This report now delves into the detail of the residency arrangements resulting from these processes.

³ People taking on caring roles are eligible for some financial support. The maximum amount of carers allowance (if eligible) for someone caring full time (at least 35 hours) is £76.75 weekly (GOV.UK 2023b). The maximum attendance allowance for those needing help both during the day and at night, or who are terminally ill, is £101.75 weekly (GOV.UK 2023a). People might be able to access other benefits if eligible.

5. A variety of residency arrangements

This Section of the report outlines the variety of co-created residency arrangements, providing only necessary detail concerning participants' personal caring roles. As the previous Section (Section 4. 'Processes of publicity, application, and selection') discusses, the arts residencies for carers were advertised as having the potential to cover three weeks (21 days) over the period of the programme, from July 2022 to March 2023. Once the first two residencies were established, there was sufficient funding remaining for another, shorter, residency – which, to meet the needs of the chosen participant and the budget, was for 15 days. This decision by Hospitalfield, to host a third residency, demonstrates a high degree of adaptability. The impromptu pilot residency, undertaken by the first author (as briefly discussed in Section 2 'Arts residencies at Hospitalfield') was incorporated, as it influenced what happened subsequently and exemplifies yet another way to engage in a four-week residency.

The first meeting between a participant and Hospitalfield enabled the period of the arts residencies for carers to be planned out, including discussion of the details of the 'agreement'. Normally, contracts associated with residency programmes tend to set out the time periods and issues around publicity. The contracts for the arts residencies for carers were akin to commissioning contracts in that they also included specifics such as how evaluation would take place, what Hospitalfield would provide, and what was expected from the participants. Experience suggests that people engaging in two-week or four-week residencies tend to take three to four days to settle in. Therefore, the residency manager, Cicely Farrer, suggested that there was a need for participants' to be realistic about what was achievable on their first visit; indeed, that this visit might be regarded as a practice run. Each visit, and each subsequent residency, was shaped by what happened previously, as well as ongoing communications between each residency participant and the organisers.

The variety of residency arrangements that emerged are set out in Table 1 (below). Here, people being supported or cared for are referred to as 'dependents'. Table 1 should be regarded as inspirational rather than prescriptive. Forging and maintaining support networks is often significant to people with caring responsibilities. Learning is often a collaborative activity. Consequently, included here is a note of the community or the communities' that participants engaged with (that is, other artists or practitioners) due to the residency. Our experience foregrounds that, to work well, a flexible residency needs to be tailored to the character and capacity of the institution, as well as the different and shifting needs of the residents.

Table 1: The variety of residency arrangements – for inspiration rather than prescription.

Short name	Context	Arrangement (at Hospitalfield)	Care support and budgeting	Community
<i>Pilot Residency: twice weekly visits and one long stay</i>	Participant's four-week summer 2020 residency with eight others (inc. two organisers) postponed to 2021 due to COVID-19. Participant, by then, was providing full-time support to their dependent; their being known to Hospitalfield staff aided the rearrangement.	Two separate days for the first two weeks; four days and three nights over the third weekend, and; a final day in the last week. Two further days were added – one early in week three and the other in week four.	Social Work provided some daily care to dependent, with one further day weekly paid for privately. Additional care was provided by a family member and other care was privately paid for by participant's dependent.	During visits and the extended stay participant engaged with other residents, including during lunch and dinner.
<i>Residency one: short days</i>	Participant lived nearby and planned to travel to Hospitalfield for short days. During the application process their dependent went into full time, non-permanent residential care. The participant was still active as a carer: where possible, visiting their dependent every other day, and taking them out.	A studio was provided for: four weeks in the offsite Courthouse, and; at Hospitalfield for a further four weeks. Participant could leave work in situ and structure their own residency.	Care budget was diverted into: the daily costs of travel, and; support with the cost of high-quality documentation of participant's work.	Participant was in communication with: others undertaking Courthouse residencies; people doing interdisciplinary residencies, and; sporadically with others doing the arts residencies for carers.
<i>Residency two: Several long weekends</i>	Participant's dependent was, at the time, well enough to be supported by other family members.	Five separate residency visits from Thursday to Sunday. One was cancelled and a three-day residency was done remotely from home (checking in with Hospitalfield via phone and email).	Appropriate care for the participant's dependent was provided by other family members. The respite care budget was diverted to cover minimal travel costs.	Participant's first visit coincided with interdisciplinary residency. Participant was sometimes alone at Hospitalfield, with collaborators (who stayed), or, other arts residencies for carers participants.
<i>Residency three: one long visit, bracketed by two short visits</i>	The participant and their partner lived out of town and had no care support.	Three visits, of which, two were of two nights and three days, bracketing a longer six-night stay.	Budget covered the partner's potential loss of income (going ahead with the residency meant the participant's partner would be the dependent's sole carer and could not work).	Participant's first visit coincided with interdisciplinary residency. Second visit overlapped with one visit of Residency two.

Comparison

The residencies (as per Table 1, above) varied in the extent to which they were prescribed in advance. The arrangement for Residency one allowed for the participant to come and go as and when they could – thus, shaping their own activity. In the other arrangements, because participants were primarily staying at Hospitalfield, specific dates for residents were organised. With respect to two of the arrangements, participants had to cancel, shift or add days to their residency. Importantly, arrangements were made in relation to the availability of rooms and studios that depended on Hospitalfield's other commitment together with environmental conditions such as the advice that it was too cold to stay in Hospitalfield during winter.

Clearly, there was a need to be responsive to different and changing care contexts; participation in the residencies relied on appropriate alternative care being in place, otherwise 'you can't go away from it and totally get in another frame of mind where you can leave it behind' (Group discussion 2023 p.5). People brought in to provide alternative care must be trustworthy and be able to relate to person being cared for. One resident noted 'every person being cared for is different and every carer is different. So, it's very difficult to have a specific budget that's tailored to this. In a way the budget needs some flexibility because people's needs are different' (Group discussion 2023 p.5). Specialist care is predominantly provided for an individual, making it more costly when compared to care provided to someone as part of a group.

Each residency came with the offer of funds for necessary care, but the kind of provision required to meet the needs of participants and their dependents was not always readily available – and there are considerable regional variations in services. Participants noted a general lack of care capacities in their areas – specifically with respect to decent wraparound care, designed to enable parents or guardians to take on work extending beyond nursery or school hours. Even with a relatively generous £2000 respite care budget, care costs could prove prohibitive. The minimum rate of pay for a carer has recently been raised to £10.90 an hour: care at that rate, for the full duration of a three-week residency (21 days, 24 hours per day, 504 hours), would cost almost £5,500⁴ – more than double the £2000 being offered. While local authorities suggest a higher wage for self-employed private carers, this varies by authority.⁵

Where substitute care was needed, participants relied on other family members to take on the caring role in their absence. Clearly, people who do not have that support (either because of having no family or their family being unwilling or unable to take on that role) would have to find other ways to enable them to participate. Here, budgets notionally designated for care were used to support participants in other ways, which include it being directed towards the costs of travel and documenting work. Such flexibility in the use of funding raises a question about how the budget is described: should budgets be specifically designated for 'respite' or 'care', or, as currently happens in the arts with little explanation, by 'access'? One participant suggested that they might not consider that an 'access' budget 'would necessarily suit me because] I might not have any disability needs myself' (Group discussion 2023 p.6).

⁴ Carers rarely organise for pay increases. Perhaps because most people in the sector are not in labour unions. Generally, it is difficult to collectively organise in this sector because carers have differing shift patterns and carers often having their own caring responsibilities.

⁵ In Angus, where Hospitalfield is situated, there is no designated rate for care support – whereas in neighbouring Perth and Kinross the expectation is that a self-employed carer would be paid £16.78 per hour (these figures were determined by emailing the relevant local authorities). At that rate of pay, bringing in care for the full duration of a three-week residency, for 24 hours per day, some 504 hours, would cost almost £8500.

Even although the care budget was not fully utilised by the first two participants, one noted that 'I'm glad that care money was there because it does recognise the unpaid work that a lot of carers do' (Group discussion 2023 p.5). As such, while there is an expectation that offering flexibility may increase costs, this need not be the case. However, the potential necessity of care support must be factored into budgets, otherwise the opportunities would remain inaccessible for those without additional familial support to meet their care needs.

Organisers and participants were learning through the process of devising and enactment of the residencies: which led to residency contracts being revisited and reformulated. Participants' caring commitments governed when, and/or in what way, each participant could visit Hospitalfield. The sequence of previous residencies also came to shape the unique form of subsequent residencies. Here, specific imaginative approaches to sourcing suitable replacement care enable participation. Such approaches were realised through the processes of residency composition.

6. Reciprocal composition of the residencies

Rather than an 'off the shelf' residency model that could be rolled out – the arts residencies for carers were composed through iterative and reciprocal communications between organisers, staff at Hospitalfield, participants and relevant others – such as participants' families and dependents and those doing other residencies. Opportunities for learning arose at each site of, and occasion for, communication. Participants identified that changes were made through the process of organising and then doing the residency: 'We had quite a candid conversation about the challenges and then quite quickly you guys [the organisers] came up with a solution' (Group discussion 2023 p.5). In relation to the lack of care support the same participant stated:

Cicely [Hospitalfield's lead] was really, really adaptive to the fact there wasn't that [care] support. And I think it's a really good example of how Hospitalfield really listened throughout and made small changes that make a massive difference to my ability to do this residency (Group discussion 2023 p.3).

The entire staff at Hospitalfield were 'learning by doing': they were open to participants coming in for short visits and organising accommodation and meals for one person or a small group, rather than a larger residency cohort. Participants valued Hospitalfield's capacity to accommodate them at times most suitable for them and to alter dates at relatively short notice. As one resident noted: 'Hospitalfield staff were very responsive with any needs or specific requirements I communicated to them. They were very accommodating with the dates and times I requested for my arrival and departure. Food was provided, heat was provided.' (Written response 2023).

Another said: 'I feel very cared for. Like I felt the staff, all the staff, have gone really out of their way in terms of creating that hospitality and that welcome feeling and I mean that's everyone' (Group discussion 2023 p.23). Such caring included accommodating different collaborators various needs (one of them with a young baby) and preparing specific meals to fit dietary requirements. One participant considered how the arts residencies for carers positively differed from their previous experience of doing other arts residencies: 'In a residency environment, I would usually have to adapt myself to the unfolding situation, whereas in this case, the institution adapted themselves to me. That felt nice' (Written response 2023). The same participant indicated they were sad to leave because 'the House, its grounds and the staff felt like family' (Written response 2023). Similarly, another participant said:

I do think Cicely needs, and the team at Hospitalfield need, a lot of recognition because other institutions might not have been so empathetic and understanding. They really listen and they really took on what we said, what I said (Group discussion 2023 p.7).

Importantly, the participants were also flexible in their approach – they had to fit their visits around Hospitalfield’s existing commitments and were open to having cold food that they could heat up, or to cooking for themselves. Managing care requires adapting to the varying needs of a dependent, thus participants were arguable primed to deal with shifting situations. One participant emphasised the importance of reciprocal trust:

Hospitalfield trusted us ... as artists I felt that. But I felt that was a really two way thing and that's why maybe we've been able to have such candid conversations and be able to like reveal what [being a carer is] like because that trust is a two way thing and I just... I don't know whether you get that every residency (Group discussion 2023 p.26).

Trust between the organisation and the participants was crucial to each being able to make the relationship and arrangements work. As the participant in the second residency (refer to Table 1, above), using the off-site court house, expressed:

I felt very trusted, you know, I had access to the space. Obviously, I was coming and going daily anyway so it was different ... I could just sort of run it how I wanted really ... to have that ability to structure it ... was fantastic. That really worked for me (Group discussion 2023 p.7).

One participant commented that, as part the broader Creative Scotland action research project, they were asked to comment on challenges or what could be improved. They responded 'I actually felt like there wasn't a lot' (Group discussion 2023 p.25). They went on to say that Hospitalfield might have been particularly well prepared due to trialling the approach with this report’s first author. That participant identified the need for someone with specialist knowledge to be available for advice, a mentor, that has ‘experience as a carer and an artist [so that they can] understand the difficulties and the challenges’ (Group discussion 2023 p.25). This draws attention to the importance of the 'mentor' figure in artist development, as someone who can identify with the participant; whether that identification be in terms of lived experience, form of work made, or other commonalities.

Opportunities for engagement with others shaped participants’ experiences of the residency. Sometimes, more than one arts residencies for carers participant was at Hospitalfield, or a participant might engage with people on an Interdisciplinary Residency. Being a carer can be isolating and one participant noted that they were ‘really hungry for’ the ‘group crits [that] were my favourite creative environment’ when doing a Master of Fine Art (Group discussion 2023 p.6). The two participants that made multiple residential visits valued being at Hospitalfield with a group, but also having the opportunity to be there alone.

Through the preparatory discussions it became evident that, in terms of staffing, a lot of the actual work of the residencies might concern hospitality. However, the organisers (the first and second authors of this report) did not consistently keep track of their hours. To compare the effort involved in the arts residencies for carers with other residencies would require tabulating all the hours spent on the full range of activity involved over an extended period and across all the different residencies. Given that tasks tend to bleed into one another, this may not be a realistic proposition. Also, doing something new often seems difficult at first until it becomes

routine. Involvement did foster an alternative way to deliver residencies. It also resulted in changes to how participants make and organise their work.

7. Changes to participants art work: form, making and organising

Participants, as with many other people doing residencies at Hospitalfield, had supported time to develop their work. Feeling as though they were trusted afforded participants the freedom to experiment. This resulted in changes to the form of art work being made. One participant talked about the conceptual framework from their earlier film work inspiring their more recent sculptural piece, noting that being trusted encouraged 'no fear of failure' (Group discussion 2023 p.18). Similarly, another participant felt free to allow different parts of their practice to influence others, with 'drawings becoming more sculptural and sculptural ceramics more painterly' (Group discussion 2023 p.18). Overall, it was clear that the residency provided an opportunity to think deeply about the use of materials. There were other tangible outcomes from the residency – one participant made work and documented pieces at Hospitalfield and another successfully sourced funding to support ongoing work.

The residency also had the ambition 'to enable participants to create systems to sustain their practice during the residency and beyond' (See, earlier at, Box 1). There was considerable evidence from the discussion that residents were changing how they made and organised their work; putting in place ongoing support strategies that would allow them to continue to provide care and engage with their art. Two participants recognised that the short residency sessions worked well for planning, and then the making could happen, subsequently, alongside some of their caring role. One said that doing the residency 'taught me methods, rather than just providing a time and a space to make things. ... I'd like to take that with me and find little pockets of time to do similar allocations of a work practice' (Group discussion 2023 p.8). They continued with their assessment of the benefits of having a flexible residency across multiple visits:

I did many residencies in the past. It was all like big bulk. Now I'm thinking maybe my time wasn't used as efficiently because within the given time frame I think this was the most fruitful residency really. Although [it was short] it feels like three months in a way, you know? Interesting. Really interesting (Group discussion 2023 p.9).

They elaborated further in a written response:

I wish all residencies could have a structure like this. My productivity and my motivation were heightened, not only during my time at the Hospitalfield House, but all throughout the residency, starting from my first visit until now – including my time at home. It gave me encouragement and a target, which enabled me to plan my time more efficiently around my caring duties in my home environment. This also manifested as an emotional boost, as my practice is where I find comfort and strength (Written response 2023).

Another participant agreed, using a similar expression, 'wee pots of time'. They directly related their residency to action research:

talking about action-based research models, for me it was that. There was that model of taking it back in, doing. The doing and the making and the interacting and the participatory aspect of it and I was applying it to lots of different fields but even

within I felt my job and then I'd come back and I'd have time to think and think about, actually did that work? Did it not work, you know? And you go back to it. I loved that broken time and I think that [even with no caring commitment] I would still ask for residencies to do that (Group discussion 2023 p.9).

That participant now feels confident managing their practice alongside their caring role, helping them develop new, enduring, routines – while acknowledging their participation was made possible by their dependent being well at the time of the residency. Another participant stated that they were deliberately changing the way they live after doing the residency: having had the realisation that if they want to make work they needed to 'put boundaries in place [and] have clear headspace' (Group discussion 2023 p.9). Noting that working in an environment away from their home, free from the responsibilities and existing work there, enabled them to play and take risks. They have taken on a studio space and are planning changes to their domestic situation:

the Hospitalfield experience and the experience of going elsewhere again to make work has been really important to me and it's taught me a lesson that actually in order to survive artistically, to make work that I find engaging ... I have to ring fence time (Group discussion 2023 pp.9-10).

That resident also drew attention to the strength that is built up through being a carer. Rather than regarding uncertainty and chaos as something that needs to be removed, they wondered about how to be open to such experiences:

people survive all sorts of horrendous things. ... we've all met chaos. Chaos has its own source of creativity. ... that's something that I'd like to look into more. Because I think we try to live so tightly. We try to control things so much and actually it's a really false situation to be in. You can't control stuff. So you have to sometimes open yourself up to chaos, and see what comes from it (Group discussion 2023 p.16).

Clearly, participants valued the dedicated time to concentrate on their art work. This resulted in new forms of work being made. This report has been produced and will be made available only a short time (6 months) after all of the residencies took place – with a further evaluation planned for one year after the programme has ended. However, the ambition of the residency to encourage participants to create and maintain support for their ongoing art practice appears, in the short term, to have been fulfilled. Participants found several short visits to Hospitalfield over an extended time period productive – an approach that could form the basis of an ongoing flexible residency – as Section 9 'Continuing to learn' discusses further. Given that participants' caring commitments conditioned their responses to their residency, this report now considers the complexities of formally recognising artists as carers.

8. The complexities of formally recognising artists as carers

Prior to initiating the arts residencies for carers, Hospitalfield had been flexible in their approach to arts residencies. Commissioned artists often made several short visits of varying durations to the house and grounds. Alongside this, accommodating people with care commitments (as was done with this report's first author) was informally arranged by request (as discussed at Sections 2 and 5 above). Creative Scotland's broader Radical Care action research, and the attendant funding for this and other programmes, now explicitly brings artists' care responsibilities into formal, contractual relationship with their art practice: something that might be considered

private becomes a central aspect of opportunities being made available and funded with public money.

This has several implications. As discussed at Section 4 (above) this impacts on processes of publicity, application, and selection. Further, it shapes the form of participants' contracts – as is made evident in Section 5's discussion of the residencies' reciprocal composition. In this report we consider three further interrelated complications in turn. Firstly, that people may not recognise themselves to be carers, or understand the extent of their caring role. Secondly, the relationship, and balance, between being an artist and being carer can itself be complex, partly due to societal expectations that accompany these roles. Finally, when application and involvement clearly relate to someone's personal life and that of their dependent(s), care needs to be taken in how residencies are publicised.

8.1 Am I, are you, a carer?

The flexible arts residencies for carers were specifically directed at carers. However, whether you recognise yourself as a carer is a complicated issue. Care responsibilities are dynamic, they can change quickly (as Jane Pengelley of Angus Carers Network advised during the selection process). If the person you are caring for normally lives with you, when they go into alternative residential care, are you still a carer? When those being cared for are well, or their condition is being managed, does that mean your caring role ceases? Many applicants to the arts residencies for carers, and most participants, expressed uncertainty about designating themselves as carers. Such uncertainty was evident even where people had radically changed their lives to enable them to deliver care. Selectors are (to an extent) making a judgement based on the carers responsibility and therefore must understand that people might not fully appreciate the extent of their own caring commitments.

Habituation to being a carer over many months, years and (for some applicants to the residency) decades, normalises that role, potentially making it invisible. Paradoxically, people may question whether (or to what extent) they are a carer even when their responsibilities give them little time to do other things, including their art. One participant stated, '[y]ou make decisions that are so focused on the person that you're caring for and what's best for them. And sometimes that's where your loss of identity comes in' (Group discussion 2023 pp.15-16). This resident further noted that their caring role had inadvertently taken over from them having time to dedicate to their artistic practice:

I had stopped playing and had stopped drawing and had stopped being creative I suppose in a way ... even within ... an organisation that I work with I would take on the roles of fundraising, policy ... Which I actually enjoy, but you know ... it was an avoidance tactic. And then I feel like through this residency talking to you about how I actually start those routines, how I find the space, physical space ... we didn't have a studio so now I started to look at how actually I have a bit of a space (Group discussion 2023 p.17).

They also stated that people often only fully recognise the extent of their caring commitment when they hit a crisis and are unable to manage. Importantly, capacity to do a residency relied on a stable care context, 'I don't think I would have been able to do this residency to the same degree if we'd gone back into crisis' (Group discussion 2023 p.9). Again, paradoxically, crisis enables people to understand themselves as carers while simultaneously making it practically hard to access related opportunities. The participant in question said, 'I find it really difficult to class myself as a carer prior to the residency' (Group discussion 2023 pp.20-21). The application and doing the residency helped them, and arguably others, recognise the extent of

their caring commitments. They stated that there was ‘a real need for me to do the residency and I think the carer aspect also made me consider that balance carer/artist’ (Group discussion 2023 pp.20-21).

8.2 Artist and carer – a complex balance

The framing of the broader Radical Care action research, and Hospitalfield’s contribution to it, distinguishes between different roles – ‘artist’ and ‘carer’ – acknowledging the importance of caring and its impact on many people’s lives. However, it can inadvertently reinforce a distinction between an idea of the professional artist and, by implication, the non-professional, carer or supporter. Clearly the relationship between being an artist and being a carer will vary and can be complex. Caring is something that, until recently, was not acknowledged in applications and may be regarded as an aspect of peoples’ private lives. Some people may consider their art making to be entirely separate from their caring, whereas, others make art implicating their caring responsibilities (recent Scottish examples are Jenny Hogarth and Zoe Walker & Neil Bromwich). In such cases, where caring forms the work’s content, artists likely still need a break from caring to make their art. For instance, the first author of this report required (wee pockets of) time away from caring to write and revise this document.

Care has entered broader public consciousness as a result of COVID-19. However, as one participant pointed out, there is generally a ‘lack of awareness of what a carer does day to day’ (Group discussion 2023 p.14). As signified by the low pay for care workers, care is often thought to be a lesser or non-prestige job. The discussion highlighted the reality that ‘care is exceptionally skilled ... as many people have touched on, you can't just get anyone in. [The carer has] to be able to tune in to that person’s [the dependent’s] rhythms and understand them to give appropriate care’ (Group discussion 2023 p.14). Good, person-centred care is highly rigorous: it requires discipline, self-management and communication with those being cared for and (normally) the carer liaising with a range of agencies.

One participant, while welcoming the opportunities their residency gave to discuss art making, ‘realised [they] had never actually spoken to other carers about being a carer’ (Group discussion 2023 p.12). They greatly valued being part of the residency group where, although each had very different caring commitments, there was some commonality of experience and challenges. They appreciated the way they had been encouraged to refer to themselves as a carer: ‘I really like the fact that this is a carers residency... it gave me... weight to call myself a carer in some respects, which I didn’t before’ (Group discussion 2023 p.14).

8.3 Publicity

Being a carer means that you are responsible to, and responsible for, a dependent who is potentially vulnerable and to whom you have an implicit duty of care. Some participants envisaged their art work and practice as being entirely distinct from their caring, whereas for others these roles were entangled. This clearly impacted on what information was made publicly available about the programme and the participants, and by proxy, their dependents. Organisers took time to talk with each participant about how they would like their residency to be publicised and chose an approach to online presence, including through social media, which prioritised participants’ artistic practice. This led to the process of publicising the residencies and artists selected for them, taking more time than is usual for Hospitalfield residencies.

Uncertainty concerning flagging up participants’ caring roles in publicity might serve to support the suggestion that the designation of ‘carer’ be omitted from the residency remit; in order to create a generic ‘flexible residency’. However, without explicitly including a specific ‘carer’

designation – or indeed other categorisations for people that would normally be unable to engage in an arts residency – there is a danger that flexible opportunities are no longer directed towards, and thus available to, the very people they were intended to benefit.

9. Continuing to learn

This report documents action research engaged in by the authors in their capacities as both the organisers of, and participants in, the delivery of arts residencies for carers at Hospitalfield. This series of residencies form part of broader research by the funders, Creative Scotland. To enhance institutional learning on behalf of Hospitalfield, the residencies (or, at least, the approach taken to their delivery) had to be different from the institution's existing residency offerings. Hospitalfield had to be capable of practically accommodating each participant, including with specific regard to their care commitments. The organisers had to be able to relate to the participant's art work in order to be of assistance to them. The participant had to, in reciprocity, work with the organiser to fit within Hospitalfield activities and capabilities.

There were many opportunities for learning, some of which may result in enduring behavioural changes. The first of such opportunities, for the organisers, arose through their engagement in the process of application. The arts residencies for carers were significantly different from other Hospitalfield residencies due to the need for the selection process to take account of the artists' caring commitments. During the application and selection processes, it became evident that a key issue with the selection criteria 'quality of work' was whether an applicant's work was meaningfully intelligible to the organisers.

Learning took place through the iterative and collaborative shaping of the form of each residency by organisers and participants. This represented a considerable level of adaptability, one which resulted in a third residency being offered when it became clear that the artists who were awarded the two initially advertised residencies would not require all the allotted funds. With some residencies, the number of visits and their duration were re-negotiated during their enactment. The contact time participants had with the person responsible for managing the arts residencies for carers was considerably greater than for other Hospitalfield residencies, due to the process of preliminary planning, establishing (and then potentially changing) dates for visits, opportunities for feedback and providing other support. However, determining the extent of that extra commitment is tricky – particularly given some additional tasks were generated because these residencies are part of a broader research project.

A residency consisting of multiple visits or short stays over a longer duration (than the standard two or four weeks) seemed to help with facilitating participants' contemplation of their work – and thus their own development. Previously, participants had little dedicated time and space to commit to their art work and were only able to engage in these new residencies because they had been specifically tailored to their respective needs: such conditions may have amplified the clear benefits reported by all participants. Importantly, the arts residencies for carers had an ambition 'to enable participants to create systems to sustain their practice during the residency and beyond' (as set out, earlier, in Box 1). Being prompted to engage in thinking through how they might revive or sustain their artistic activity is likely to have enhanced the positive feelings of productivity participants reported.

Hospitalfield may have the capacity to offer two or three similar 'Flexible Artist Residencies' every year. Funding may be available from Angus Council where such residencies have a local focus. The designation 'Flexible Artist Residency' emphasises the form of the residency, rather than a participant's caring role. This may save participants, and their dependents, from having

publicity directed at what could be understood of as their private lives. Clearly, how carers can continue to be prioritised and accommodated within such flexible residencies needs further consideration. Participation by carers will likely require enhanced funding or inventive support to access appropriate replacement care.

Such flexible residencies differ from what Hospitalfield normally offer. Their other key residencies usually require artists to take a consistent (two or four week) break from their daily routine, whereas several shorter visits over a long time period creates an entirely different sense of momentum. Currently, shorter residencies in Scotland tend not to be funded; for example, Hospitalfield's two-week self-funded programmes. Therefore, there is a need for clear communication about how flexible residencies differ from this traditional provision and thus why they may be more suitable for some people than others.

Changing residency form stimulates engagement with broader philosophical questions concerning what it means to do a residency, often as part of a group, and how that might influence participant's relationship to their work. Indeed, how people *without* extensive caring responsibilities would navigate a flexible residency, in contrast to other residency approaches, will depend on their specific circumstances. A big challenge in successfully shaping flexible residencies involves the formation of a community, or peer network, for any given resident. Also, whether, and if so how, mentorship would be provided. With respect to the arts residencies for carers, shared experiences of caring served to bring the group together – groups without caring responsibilities would probably have to find other commonalities through which to relate.

This report communicates some of the learning to come out of the arts residencies for carers. The findings are expected to be of relevance to the broader Radical Care action research and to those involved in arts organisation, and with arts funding, both in Scotland and elsewhere. Overall, this action research into arts residencies for carers has found that inventive approaches are needed to encourage and support artists that are carers. This report was, in part, informed by a group discussion organised after most of the residencies had been completed. In order to assess enduring change, a follow up meeting – with those responsible for the organisation of the residencies and those participating in them – is to take place in one year's time from that initial group discussion.

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About the authors

Anna McLauchlan

Anna McLauchlan devised the arts residencies for carers in collaboration with Cicely Farrer and acted as an advisor based on her experience. That experience includes; doing a residency at Hospitalfield in 2015 and again doing an (informally flexible) residency at Hospitalfield whilst a full-time carer in 2021; as a practitioner, and; as a researcher into various forms of pedagogy (McLauchlan and João 2019; McLauchlan 2022a) and other Scottish residencies programmes, in particular Bothy Project (McLauchlan and Iles 2020; McLauchlan 2022b). During the arts residencies for carers Anna supported tutorials on practice and provided general mentorship.

Cicely Farrer

Cicely Farrer is Hospitalfield's Programme & Communications Manager. Cicely initiated, collaboratively devised (with Anna McLauchlan), and led on day-to-day management of, the arts residencies for carers. During more than four years at Hospitalfield, Cicely has managed: artist residencies; pedagogical events; workshops, and; supported artists to create new commissions. Hospitalfield provides a place and framework that gives artists time and space to develop their practice away from their day-to-day routines – this framework includes curatorial support, a peer network, a safe place to live and work, friendship, balanced meals, and the possibility for the cross pollination of ideas and experiences amongst residents and people around Arbroath.

Judith Davies

Judith Davies works with both ceramics and drawing, using methods that privilege process and experimental techniques. Often work is made in response to place; recently to coastal locations, to geology and natural history and to the movement of water across landscapes. Judith has taught extensively and designed and delivered participatory projects working with both children and women's groups in underprivileged communities. Judith has also collaborated with other artist/makers and contributed to research projects. Judith was a participant in the arts residencies for carers and has been a sole carer since 2014.

Catrin Jeans

Catrin Jeans is an artist, researcher and educator. She advocates for children's human rights, play and risk-taking. Her practice involves creating environments where knowledge-making is non-hierarchical and different ways of being and doing are valued. At the core of this mutual exchange are relationships, rights and belonging. Catrin is a co-founder and producer of child/young person-led artist collective Rumpus Room. Catrin was a participant in the arts residencies for carers.

Deniz Uster

Deniz Uster (b.1981-Istanbul) is a Scotland-based multidisciplinary artist/researcher, who has previously presented her work at ICA (London), !f Istanbul Independent Film Festival, and Sabanci Museum (Istanbul), amongst other venues and events. Deniz's practice is rooted in scientific, anthropological and ethnographic research, interwoven with speculative fiction. An imaginary shift in nature within her narratives forms the foundation for alternative social structures, economic systems, futures and histories. Deniz was a participant in the artist residency for carers. Since Deniz became an unpaid-carer, her sculptures have considerably reduced in scale and manifested in the form of wearable artworks, under the title *O T H E R S C A P E S*, as an alternative, mobile, mode of telling narratives.

Acknowledgements

Thank you to: Angus Carers Network and Jane Pengelley for helping shape the residency and sending information out via their networks; Creative Scotland and Ashley Smith Hammond for funding the arts residencies for carers and listening to the needs of Hospitalfield; researcher Clair Gilchrist and others for contributing to the discussions surrounding Radical Care; staff at Hospitalfield for an ongoing willingness to build flexibility into their working practices; Barry Burns for the initial transcription of Group Discussion 2023; Gordon Asher for proofreading this report, and; all the people – dependents, family, friends, neighbours and other associates – for supporting the authors' capacity to participate in the arts residencies for carers.

Appendix 1: Hospitalfield residencies and partnership working

This appendix provides a brief overview of recent Hospitalfield residencies and partnership working. At the time of writing, details about these previous and ongoing opportunities, that evidence an extensive range of contributions to artist development, are available from Hospitalfield's website (Hospitalfield 2023a).

RESIDENCIES

When Hospitalfield advertise an open call, applications are invited from artists who have a specific project or period of work in mind to focus on – and for whom that time will be invaluable. Applicants are expected to have had formal training or equivalent and to develop projects and new work for public exhibition or for the purpose of developing their research with some form of future public output in mind. The programmes are structured so that they are applicable for a range of career points. Each has a specific focus, the Interdisciplinary Residency Programme, for example, aiming to cultivate a group which has the broadest range of practices. Selectors consider the application statements with care and in accordance with the aims of each of the programmes.

Current programmes:

FUNDED VISUAL ART RESIDENCY PROGRAMMES: SUMMER AND AUTUMN

Established in 2013, the Funded Visual Art Residency Programmes (Summer and Autumn) are devised for those developing their working lives within the scope of contemporary art practice.

INTERDISCIPLINARY RESIDENCY PROGRAMME

The Interdisciplinary Residency Programme is a self-funded international programme that welcomes applications from a wide range of cultural practitioners. In 2022 artists were hosted who were unable to travel to Hospitalfield in 2020 or 2021 due to the global pandemic.

SCRIPTORIUM TOWN WRITERS RESIDENCIES

Residencies in partnership with Historic Environment Scotland, beginning in 2023.

GRADUATE PROGRAMME

The Graduate Programme invites applications from recent graduates of visual art degree courses in Scotland.

FLEXIBLE ARTIST RESIDENCY PROGRAMME

The Flexible Artist Residency Programme is the subject of this report and was piloted, from 2022 – 23, with artists based in Scotland. The focus was on artists who had caring responsibilities (making them unable to commit to a two-week or one-month residency), this is why this report refers to this programme as 'arts residencies for carers'. The first iteration of this programme was supported by Creative Scotland and is part of their Radical Care action research (refer to Creative Scotland 2023b).

COURTHOUSE STUDIO PROGRAMME

The Courthouse Studio Programme, a non-residential artist development programme for artists based in Tayside, ran in 2022. It was supported through the Angus Place Partnership and a partnership with the Courthouse Community Trust. Artists were provided with studio space, a peer network and critical support gatherings over an 8-week period.

STUDIO TIME PROGRAMME

The Studio Time Programme ran from late 2020 – 2022. The Studio Time commissioning model was devised to address the issues for, and pressures on, artists, that emerged from the early stages of the COVID-19 pandemic. Hospitalfield worked with artists to facilitate the making of new work by supporting research, audience and project development when it was unclear when work could be experienced in a live public context. Artists on the programme were Mick Peter, Jade Montserrat, Luke Pell, Hanna Tuulikki, Rehana Zaman and Sally Hackett. Work with Rehana Zaman is continuing in order to realise a new moving image work, titled 'Rubus', to coincide with the opening of the historic studios in early 2024. Artists were supported with funds to cover their time to develop ideas, research and test out materials and processes.

PARTNERSHIPS

Hospitalfield also develop partnerships and group projects to initiate residencies for UK and international artists.

2019

Working with partners including British Council Ukraine on the SWAP Programme, New Contemporaries (London), CBK Rotterdam, Scotland/Japan Residency Exchange Programme, and Goethe-Institut Glasgow.

2021

Partnered with Arika and with New Contemporaries (London).

2022

Partnered with British Council Lebanon through their CATAPULT Artist Development Programme in collaboration with Edinburgh Sculpture Workshop, New Contemporaries (London) on their New Writing Programme, The World Reimagined and Arika.

2023

Working with Edinburgh Sculpture Workshop and Fonderie Darling in Montreal to support a residency exchange programme over three years, supported by Conseil des arts de Montréal and British Council Scotland. Exchange Residency with Tabakalera International Centre of Contemporary Art, Basque Country and CCA Glasgow, with support from British Council Spain and Etxepare Euskal Institutua.

BRITISH COUNCIL

Hospitalfield and the British Council have worked on several projects, including the SWAP UK/ Ukraine Residency Exchange Programme, Future Re-Imagined Ukraine Residencies Programme, Trans Atlantic Artists Residency Exchange with British Council Caribbean and a collaboration with Clark House Initiative, Mumbai, with British Council Scotland.

SCOTLAND JAPAN RESIDENCY EXCHANGE PROGRAMME

Between 2019 and 2020 Hospitalfield, Cove Park and Edinburgh Sculpture Workshop (ESW) collaborated with several partners in Japan (AIT, TOKAS and ARCUS project) to deliver a new residency exchange programme for artists, makers/designers and curators based in Scotland and in Japan.

This programme, supported by British Council Scotland and Creative Scotland, the Daiwa Anglo-Japanese Foundation and the Great Britain Sasakawa Foundation, took place over two years, marking the British Council's UK/Japan 2019/2020 Season of Culture and the 2020 Olympics in Tokyo.

NEW CONTEMPORARIES

For the last five years, Hospitalfield has worked with New Contemporaries to provide a Studio Residency to one of their alumni. New Contemporaries is the leading UK organisation supporting emergent art practice from UK Art Schools. Since 1949 they have consistently provided a critical platform for new and recent fine art graduates.

GOETHE-INSTITUT GLASGOW

From 2019 – 2022 Hospitalfield worked with Goethe Institut Glasgow to support an artist based in Germany to undertake a one-month residency at Hospitalfield as part of the funded Autumn Residency 2019 programme, with further funds available to support a new work to be presented in Scotland. The artist selected was Bob Kil who was selected with Talbot Rice Gallery Director Tessa Giblin. Bob Kil returned to Scotland in July 2022 to realise the performance, Chameleon, at Glasgow Women's Library, a work which was developed between 2019 and 2022, through a relationship with GWL established during the residency in 2019.

TOTTENHAM HALE INTERNATIONAL STUDIOS

From 2016 – 2018 Hospitalfield worked with THISTudios in London to create a residency exchange that suited Hospitalfield's DD Artists Programme, which creates opportunities for artists living in the region; as well as the THISTudios International Residency Exchange Programme, designed to facilitate new links between the studio holders, residents and communities in the areas around their building in North London. The two organisations released annual open calls for both artists in the DD postcode region of Angus and Dundee and studio holders at THISTudios.

MAKE WORKS

Hospitalfield worked with the online directory of manufacturers Make Works from 2015 – 2018, for the purpose of creating residencies, with connections to factories and manufacturing organisations in Scotland, for visual artists and designers. This was supported by the William Grant Foundation.

MONDRIAAN FOUNDATION

In 2017 Hospitalfield developed a new residency format with the Mondriaan Foundation, to provide a long term four-month residency for a Netherlands-based artist. This allowed the resident to overlap and interact with several different residency programmes during the summer and autumn.

ROYAL OVER-SEAS LEAGUE

Hospitalfield had a long running partnership with the Royal Over-Seas League (ROSL) between 1999 and 2017. From 1999, the ROSL Visual Arts Scholars participated in residencies at Hospitalfield. In 2013 the scheme was refreshed to provide a significant exhibiting opportunity for the residency Scholar through working with commissioning partners around the UK. This arrangement continued until 2017.

Appendix 2: Questions guiding the discussion between residency organisers and participants

The following questions will be used to guide our discussion on Monday 6th March 2023 from 12 - 2pm at the CCA in Glasgow [the venue was subsequently changed to Project Ability, Trongate, Glasgow].

This meeting has been arranged to generate and enable learning from the flexible residency programme. This learning will feed into Hospitalfield's fundraising and planning of residencies and the broader arts sector's understanding of the potential scope of residencies.

We plan to invite an external person from Creative Scotland to join this meeting to observe the conversation and, if appropriate, ask questions.

Based on the questions in this document, please feedback to us whether you agree to that person joining us.

We plan to audio record this conversation so that it can better inform our evaluation report, develop content on our website and to generate other written outputs. If we wish to use any comments made by you, we will clear that with you first. No comments will be attributed to you unless you agree.

QUESTIONS

A number of questions, listed below, will be used to guide our meeting. After our conversation, when you have had a chance to reflect on what you and others have said, we would also welcome your written response to the questions.

The questions are organised into six sections according to the provision of support via:

1. Respite care and travel budget
2. Flexibility of timing of the residency structure
3. Exchange with other practitioners
4. Time and space to dedicate to practice
5. Communication with the Hospitalfield Team
6. Specialist input from partners

1. Respite care and travel budget

- Do you have any comments or thoughts on the management of the respite care budget.
- Do you have suggestions for how that budget could have been used in alternative ways? What approaches would have helped you?

2. Flexibility of timing of the residency structure

- Do you have any comments or thoughts about how the flexibility of the residency was managed?
- How have you found the rhythm of the programme in terms of enabling you to think, plan or make work?
- Is there anything else you'd like to tell us about how this project has fitted into your life?

3. Exchange with other practitioners

- Did you have opportunities for exchange with other flexible residency participants? If yes, please provide some commentary on this opportunity or opportunities.
- Did you have opportunities for exchange with other practitioners on residence or working in a different capacity at Hospitalfield? If yes, it would be great to know more about the character of that exchange.
- How did you find the opportunities for exchange? Did you have any particularly memorable conversations that helped your practice?
- How have you found the balance of discussion around practice and your (potentially shared) experience of being a carer or supporter?

4. Time and space to dedicate to practice

Hospitalfield's ambition via the flexible residency was to support artists to make their work, as well as to develop routines, habits, friendships and financial infrastructure to continue developing their practice beyond the timescale of the residency programme.

- How, or in what way, did the residency support you to develop and/or make work?
- Did you observe any changes in your practice or routines? If yes, what were these?
- Did the residency meet our ambition to support your practice beyond the timescale of the residency programme? If yes, in what way?

5. Communication with the Hospitalifeld Team

- How did you find the process of putting together and submitting an application?
- How did you feel about communicating your specific needs with Hospitalfield staff?

6. This programme drew on Specialist Knowledge of Anna McLauchlan (an artist and carer) and Angus Carers Network (a specialist care and support provider)

- Please give your thoughts about how this specialist knowledge influenced your experience of the programme.