



# CLOWNING CONNECTS

US

**BASELINE EVALUATION**

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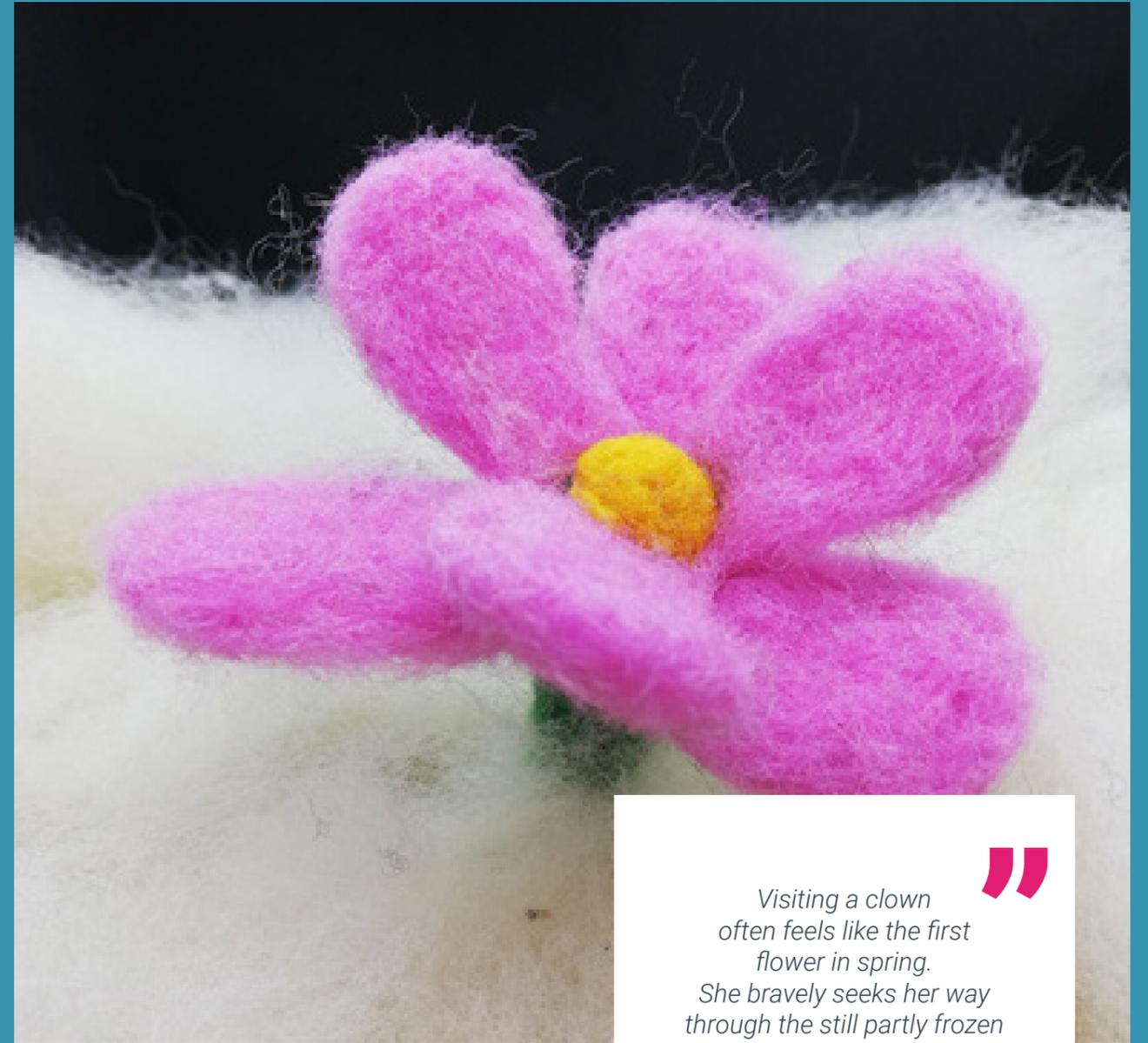


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## ABOUT THE AUTHOR

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“  
*Visiting a clown  
often feels like the first  
flower in spring.  
She bravely seeks her way  
through the still partly frozen  
earth and snow to make  
everyone happy who sees her.*

**Art Voice, AUSTRIA**

# EXECUTIVE Summary



## INTRODUCTION

“Clowning Connects Us – ClowNexus” is a three-year project co-funded by the European Union as part of the Creative Europe programme. ClowNexus aims to promote and facilitate access to culture and artistic activities for vulnerable groups and to strengthen healthcare clowning organisations. The project aims to expand access to clowning artistic performance to the elderly with dementia and children with autism spectrum disorder (ASD), foster international exchange, and strengthen the capacity of healthcare clowning organisations.

This baseline evaluation was conducted from November 2020 to March 2021 to provide a situational analysis at the start of activities, establish baseline indicator values, and enable future assessment of project activities and achievements. It serves as a snapshot in time to better understand how project partners and stakeholders perceive key topics of interest, such as how clowning meets the needs of the project target groups. The evaluation was oriented around a set of learning questions, which were developed in consultation with the partner consortium. Key findings related to each learning question are described below.

## METHODOLOGY

The evaluation used a mixed-methods design to establish baseline values for the key learning questions and indicators. A summary of the methods used and their main purpose is below.

METHODS	MAIN PURPOSE
Secondary document review, key informant interviews, 'bellwether' interviews with cultural influencers	Understand existing knowledge base, current practices, and broader sectoral trends
Focus groups with clowns and artistic directors	Explore current clowning practices for target groups and future needs
Post-visit reports from clowns, feedback forms from caregivers, and a direct observation checklist	Collect data related to the effects of healthcare clowning with the target groups
Online survey of implementing partners and healthcare clowning organisations in the European Federation of Healthcare Clowning organisations (efhco)	Understand current practices and needs among partners and the wider sector
Implementation of a learning pilot using an innovative method	Inform baseline findings and generate learning for the future use of such methods

### WHAT HEALTHCARE CLOWNING APPROACHES BEST MEET THE NEEDS OF ELDERLY WITH DEMENTIA AND CHILDREN WITH ASD?

Most ClowNexus partners are already reaching some elderly with dementia and children with ASD through their existing activities. In some settings, the target groups participate as part of a mixed group at their elderly homes or schools. In others, target group members are met individually. Accordingly, project partners and external stakeholders contacted were able to generate a series of common themes for clowning successfully with these target groups. It is important to note that these themes are not necessarily widespread or uniformly applied; rather, they represent the best case examples of how clowning can connect with and affect these target groups specifically.

First, **individualized attention** for participants was considered highly important. Respondents emphasized the need to provide a unique, interactive experience around the needs and characteristics of an individual, rather than a group or a common audience. For the elderly, this also included obtaining information from caregivers and institutions about their history and biography, such as their occupations, where they had lived, and what kind of family they had. Clowns also described how they conducted research on the music, trends, dress, and historical events that occurred during the youth of the elderly. Another critical component of clowning for the target groups was to **be present and mindful**. The need to be in the moment applied to both target groups, but especially for the elderly with dementia. Because they may be confused or having cognitive challenges, clowns offered a meditative

state when they could be in the moment together, often through **music** or a physical connection. To **take time**, go slow, and avoid loud noises and surprising movements were all emphasized as important techniques.

Certain clowning approaches were considered to have special resonance and importance among these target groups. In particular, music was frequently cited as an effective way to build connections, in contrast to verbal humour and storytelling. For the elderly, music was described as helping to awaken the memories of youth. For children, **rhythm** and **repetition** was considered an effective way to invite participation. Considering the relevance of clowning to the target groups, the baseline evaluation identified a set of needs that are met by clowning, which are otherwise considered to be missing or deficient in the participants' lives. While there may be other artistic, cultural, therapeutic, and social programmes available to participants, clowning was described as filling a unique space in their lives. A very strong theme – in particular for the elderly with dementia – was that clowns met a need for **emotional connection**. Elderly were considered to have fewer opportunities in their lives to connect with others, due to their cognitive state, isolation, or general capacity of the facilities. Similarly, children with ASD are often socially isolated due to the differences in how they communicate and process information.

Another need being met was a safe environment where participants can **feel the full range of emotions**, even those considered to be negative. This invited participants to move from a passive to an active state in their environments, as well as to express emotions in a safe environment. Clowning met a powerful need in the target groups by coming **without expectations**, in sharp contrast to interactions with caregivers, family members, and others that the target groups encounter in their daily lives. Both the elderly with dementia and children with ASD face many restrictions in their daily life, and clowns create an opportunity for the participant **to act freely** and **to be themselves**. Moreover, to be able **to see oneself in a clown** was also highly valued, as the clowns' vulnerable state helps participants gain confidence, invites them to participate actively, and offers opportunities for them to give advice and be a leader.

### WHAT MAKES CO-CREATION SUCCESSFUL?

The ClowNexus project includes plans to co-design new artistic formats with a broad range of stakeholders. Considering the extent to which this is currently done, those contacted for the baseline evaluation saw a strong opportunity for more participatory co-design compared to current practices. On one hand, clowning is highly improvisational, and a clown uses input and desires from the individual participant to drive what happens during a visit. In addition, interviewees commonly described that pre-briefings with caregivers informed their approach. These aspects mainly reflected the personalization of clowning encounters, but not the overall format and structure of the program.

Accordingly, there was a common sentiment among interviewees that the current artistic formats served the target groups, but could achieve better results if crafted with them specifically. While many could recall particularly special occurrences, they wondered if the results would be more consistent and widespread if crafted around the specific characteristics of people with dementia and ASD. While healthcare staff at partnering institutions are more often involved in the design and development of

clowning approaches, there was a lack of opportunities for co-design among participants, family members, and social experts and specialists for dementia and ASD.

What is the effect of clowning on target groups, their care providers, their families, and their broader environment? In order to explore the effect of current clowning approaches on target groups, a categorization of potential effect areas was developed from a literature review, the Red Noses Framework of Change, as well as consultations with partners and experts. Effects were considered across several different dimensions, listed below with their descriptions.

- ▶ **Mood:** Improvements in positive emotions such as happiness and excitement
- ▶ **Stress Levels:** Reductions in negative emotions such as stress, anxiety, and fear
- ▶ **Attention/Focus:** Improvements in how participants pay attention and focus
- ▶ **Physical Behaviour:** Improvements in body language and other physical changes
- ▶ **Connections/Relationships:** Improvements in how participants connect with each other and with caregivers

The baseline evaluation generated evidence that clowning has positive effects in each of these areas according to multiple data sources: interviews, focus groups, post-visit reports from clowns and caregivers, direct observation of clowning visits, surveys of partners and efhco members, and first-hand contributions from caregivers and family members

#### **HOW CAN WE BETTER COLLABORATE AS ORGANISATIONS?**

Considering current approaches to collaboration, interviewees expressed a strong affinity for sharing and exchange among healthcare clowning organizations. When asked where they learn about artistic formats, interviewees commonly listed a series of individual names—people they had met and built relationships over time. As a result, personal and informal ties were important to spreading innovation and artistic formats through wider networks of clowning organisations.

Survey responses about the frequency of international artistic exchanges showed that more than half of partners and about one-third of efhco respondents participate in exchanges quarterly or more frequently. All partners expressed eagerness for artistic exchange through the structure of the ClowNexus, which includes both Red Noses and other organizations. Other places where partners exchange artistic information included efhco, the Healthcare Clowning International Meeting (HCIM), and the International School of Humour. Some partners noted that they would like to have more interaction with people in other disciplines, such as disease-specific associations, and artists from other fields who have worked with the target groups.

#### **WHAT ARE THE BEST WAYS TO MONITOR, EVALUATE, AND LEARN FROM HEALTHCARE CLOWNING?**

The baseline evaluation examined current practices for monitoring, evaluation, and learning (MEL) in order to understand both strengths and challenges, and to generate insights relevant for the development of a learning toolkit under the ClowNexus project. Partners and the efhco cohort reflected generally positive ratings of their MEL skills and tools, with opportunities for improvement. Written reports from clowns, team discussions among clowns, supervision and coaching, and informal discussi-

ons with managers and caregivers are among the most frequently used tools among both partners and the efhco cohort. Surveys from participants and family members as well as focus group discussions were among the least frequently used tools.

In terms of MEL opportunities, the baseline evaluation uncovered several needs. First, many interviewees agreed that the field lacks a sufficient evidence base to explain the impact of clowning—particularly when working with new audiences like the elderly with dementia and children with ASD. There was a desire to generate more data that could demonstrate that clowns do not simply bring entertainment, but rather, introduce a wide range of effects among participants. Second, there was a need to develop tools that reflect the creative nature of clowning and to capture qualitative data on a larger scale. Quantitative “key performance indicators” were understood to be useful for accountability and advocacy, but to not capture the depth and diversity of clowning. Lastly, interviewees discussed that there is a need to capture more feedback directly from participants, which requires more thought and planning when considering the sensitivity of the target groups.

A number of promising tools were piloted during this evaluation, with good use and relevant learning for further application. These included post-visit reports from clowns and caregivers, a direct observation tool, and a social network analysis tool. In addition, partners were invited to conduct a Learning Pilot using a novel methodology to collect and analyze data.

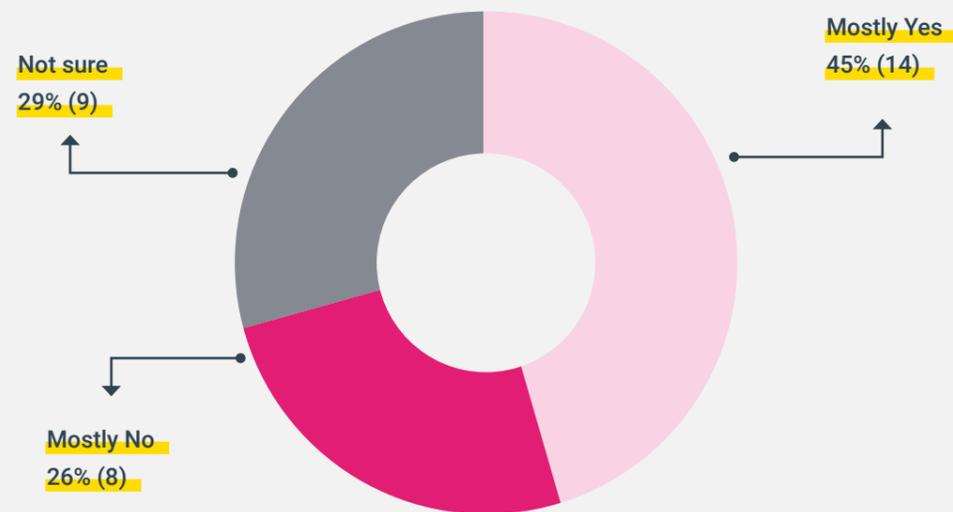
- ▶ Five partners completed the Art Voices pilot, which was developed as an adaptation of the PhotoVoice method. By using photo submissions in response to a question prompt, this activity invites broader and more creative responses to qualitative questions in the evaluation, and may be particularly useful for gaining the perspectives of vulnerable groups such as the elderly with dementia and children with ASD.
- ▶ One partner completed the How Change Happens pilot, which was an online, 2-hour workshop facilitated in the local language. This pilot was an adaptation of Systems Mapping, which is a participatory method for understanding complex systems and understanding the programme theory of change from the perspective of frontline stakeholders.
- ▶ One partner planned the My Favourite Story pilot, which was an online, 90-minute workshop facilitated in the local language. This pilot was an adaptation of the Most Significant Change method, which is a qualitative method used for group learning and adaptation.

#### **HOW CAN WE ADVANCE HUMOUR AND THE ARTS MORE BROADLY FOR VULNERABLE GROUPS?**

Interviews with partners and with representatives from the wider arts and culture community reflected that clowns in hospitals are quite well known and accepted. At the same time, they indicated that the perception remains that clowns are just for fun, and that the decision-makers and the general public do not know the full range of benefits and effects as outlined in this report. Interviewees described a developing awareness of clowning in contexts other than children in hospitals. However, awareness of clowning for the elderly was much lower, particularly in countries that do not have a long history of clowning for this group.

Partners and efhco survey respondents perceived generally high levels of awareness and support for healthcare clowning from healthcare workers and family members. They also indicated that there is an opportunity to increase awareness and the extent to which healthcare clowning is recommended as a good practice among government officials and, to a lesser extent, among institutional directors. Survey respondents were also asked whether clowns are considered part of the healthcare team, with mixed results (see figure). While taking into consideration that there is wide variability across country and stakeholder contexts, the issue of whether clowns are considered part of the healthcare team should be an important factor to explore over time.

### GENERALLY, IN YOUR CONTEXT, ARE CLOWNS CONSIDERED PART OF THE HEALTHCARE TEAM?



### FUTURE CONSIDERATIONS

While this evaluation uncovered many good practices and promising approaches for working with the target groups, it also identified opportunities for better meeting their needs. This included expanding access to clowning, increasing the knowledge and skills of clowns for working with the target groups, increasing exchange among healthcare clowning organisations, and better measuring the impact of the work. As these are all activities planned under ClowNexus, the baseline evaluation has reaffirmed the need for the project and the opportunity to make a unique contribution to the field through the consortium's work.

# Introduction

## PROGRAM DESCRIPTION

"Clowning Connects Us – ClowNexus" is a three-year project co-funded by the European Union in the context of their programme Creative Europe. The project involves eight (8) European healthcare clowning organisations (RED NOSES Clowndoctors International and seven partners), with the aim of promoting and facilitating access to culture, cultural outputs and artistic activities for vulnerable groups and creating more expertise in the European healthcare clowning sector.

The project seeks to tackle a lack of interactive artistic performances developed with and for people with dementia and children with autism spectrum disorder (ASD) – both having difficulties to get full cultural rights and access to cultural participation. Co-creation methodologies are not in place for these target groups and require the sensitive involvement of related stakeholders like parents, families and caretakers. The project will facilitate transnational artistic laboratories where clowning artists from different organisations will exchange on good practices and develop new methodologies to interact with people with dementia and children with ASD, based on state-of-the-art education and with the collaboration of international experts.

ClowNexus is a project led and coordinated by RED NOSES Clowndoctors International (RNI) and implemented with seven (7) more partner organisations based in Austria, Croatia, Spain, Finland, Hungary, Lithuania and the Netherlands. These organisations are: Verein Rote Nasen Clowndoctors in Austria; Crveni Nosevi Klauvidoktori in Croatia; Pallapupas in Spain; Sairaalaklovnit ry in Finland; Piros Orr Bohocdoktorok Alapitvany in Hungary; Raudonos Nosys Gydytojai klounai in Lithuania; and Stichting CliniClowns Nederland in the Netherlands. The partners in this project are Healthcare Clowning Organisation specialising in clowning for vulnerable groups. As Healthcare Clowning Organisations, they use a cross-sectoral approach that strengthens the linkages between culture, health and social inclusion.

## EVALUATION OBJECTIVES, PURPOSE AND USE

The evaluation aims to provide a situational analysis at the start of the activities and establish baseline values and targets for all indicators in the ClowNexus logframe, including:

- Well-being of vulnerable groups
- Social inclusion of vulnerable groups
- Vulnerable groups' access to interactive artistic performances
- Organizational capacity to serve vulnerable groups
- Artist capacity to serve vulnerable groups
- International collaboration among healthcare clowning organizations
- Organizational capacity to measure and evaluate impact
- Awareness of healthcare clowning among stakeholders

The baseline will lay the foundation for regular, ongoing monitoring activities. This will enable assessment of progress on implementation, assess any early signs of effectiveness and document any lessons learned. If appropriate and the needs arises, the baseline results will be used to inform revision of the project indicators and targets. Finally, the baseline indicators will serve as benchmarks for assessing the impact of the project during the endline evaluation.

The results of the baseline evaluation will be used to inform the partner organisations, the donor and the stakeholders on the current involvement of vulnerable groups in the development of artistic projects, and to justify the need for the ClowNexus project. Moreover, the results of the evaluation will support RNI in setting-up a monitoring and evaluation system for the ClowNexus project, support the partners in its implementation and support the design of a user-friendly toolkit of impact measurement tools for healthcare clowning organisations.

# Methodology

## LEARNING QUESTIONS

Based on the TOR, the draft baseline questions, consultations with RNI and ClowNexus partners, and document review, a series of key learning questions for the ClowNexus programme emerged. Learning questions are intended to be inspirational and accessible questions for those implementing activities. These are questions that ClowNexus partners may ask themselves on a regular basis as they seek to learn and adapt in their work. Typically, there is no one 'right' answer to a learning question, and inquiry related to a learning question is constantly changing and evolving.

### Learning Question 1

WHAT HEALTHCARE CLOWNING APPROACHES BEST MEET THE NEEDS OF ELDERLY WITH DEMENTIA AND CHILDREN WITH ASD?

### Learning Question 2

WHAT MAKES CO-CREATION SUCCESSFUL?

### Learning Question 3

WHAT IS THE EFFECT OF CLOWNING ON TARGET GROUPS, THEIR CARE PROVIDERS, THEIR FAMILIES, AND THEIR BROADER ENVIRONMENT?

### Learning Question 4

HOW CAN WE BETTER COLLABORATE AS ORGANISATIONS?

### Learning Question 5

WHAT ARE THE BEST WAYS TO MONITOR, EVALUATE, AND LEARN FROM HEALTHCARE CLOWNING?

### Learning Question 6

HOW CAN WE ADVANCE HUMOUR AND THE ARTS MORE BROADLY FOR VULNERABLE GROUPS?

## DATA COLLECTION

METHOD	NR
KEY INFORMANT INTERVIEWS	24
FOCUS GROUP DISCUSSIONS	3
PARTNER SURVEY	7
EFHCO SURVEY	34
POST-VISIT REPORTS BY CLOWNS	77
FEEDBACK FORMS BY CAREGIVERS	12
DIRECT OBSERVATION	4
LEARNING PILOTS	7

The data collection methods were developed based on the evaluation questions, current partner M&E practices, and practical considerations. Data collection tools were developed with input from partners and RNI. A summary of the number of responses to each primary data collection is in the table below, and a more detailed description of each method follows.

**Secondary Document Review and Media Analysis:** A review of programme documents was conducted including the "Caravan Orchestra" (CarO) and other evaluations, planning documents, surveys, evidence reviews, academic and other literature. This also included a search of online news sources in English to track mentions and perceptions of healthcare clowning more broadly. This secondary review largely served to provide context to the primary research, as well as to triangulate findings between project documentation and primary data.

**Key Informant Interviews (KIIs):** A series of KIIs were held in order to contribute to evaluation questions 1-5, to understand the relevance of ClowNexus to local priorities; opportunities and challenges for impact measurement for clowning; and related topics. A total of 24 KIIs were conducted among project managers, artistic directors, artists, institutional partners, and external experts. The interviews with external experts were conducted as bellwether interviews, which seek to understand the perspective of those in the wider arts and health ecosystem. In some cases, KIIs were held as group interviews according to the preferences and schedules of the participants. Interview participants were proposed by RNI and partners. Focus Groups: Three 90-minute, online focus groups were held with a total of 20 artists and artistic directors to explore their perspectives on the evaluation questions. Two focus groups were centred on clowning for the elderly with dementia and one was on children with ASD. Representatives from all countries participated in the focus groups.

**Survey:** A survey was developed for partners and healthcare clowning organisations. The sector survey was offered through partnership with efhco. The survey used primarily closed response/quantitative options to understand perceptions and trends in healthcare clowning practices, including work with the elderly with dementia and children with ASD, international exchange, and MEL approaches. The partner survey also included more detailed questions about sources of artistic exchange. The survey was distributed online in English via Survey Monkey.

**Post-Visit Reports:** For visits supported by ClowNexus from January 1 – 31, 2020, partners were requested to collect additional data and share the results with the evaluator. For logistical and practical considerations, post-visit reports were only completed by partners 1) currently working with the target groups and 2) who already had processes in place to collect this data. This was due to the fact that during the pandemic period, many artistic interventions were halted, conducted online, or otherwise operating on an atypical schedule. A total of 77 post-visit reports were completed by clowns in 5 countries, and 12 post-visit reports were completed by caregivers in 2 countries.

**Direct Observation:** Two partners conducted direct observations of clowning visits. These observations used a checklist to assess conditions and reactions immediately during a clowning visit.

Learning Pilots: Partners were invited to conduct a Learning Pilot using a novel methodology to collect and analyze data. Pilots will both collect data for use in the evaluation, as well as offer an opportunity to practice novel methods and share learning about their use among the consortium. The pilot methodologies are described in more detail in the Monitoring, Evaluation, and Learning section of the report.

- ▶ Five partners completed the Art Voices pilot, collecting a total of 32 submissions. One of these partners included a "Virtual Gallery Show" to review and discuss the submissions among participants.
- ▶ One partner completed the How Change Happens pilot, which was an online, 2-hour workshop facilitated in the local language.
- ▶ One partner planned the My Favourite Story pilot, which was an online, 90-minute workshop facilitated in the local language.

## DATA ANALYSIS

Qualitative data from the key informant interviews and focus groups was analysed using WebQDA software and grounded theory method. A coding tree was developed based on the evaluation questions and emerging themes from the qualitative data. Themes identified from the qualitative data were subsequently used to code and analyze post-visit reports and Art Voices submission.

Quantitative data from the survey and other sources was analysed using descriptive statistics in Excel. Graphics were generated through Excel. SNA data was analysed and visualised in Kumu.

## LIMITATIONS

The evaluation and its data collection instruments had a number of limitations. First, the evaluation was conducted from November 2020 to March 2021 during the COVID pandemic and a period of intense stress across Europe. As a result, access to institutional stakeholders such as elderly home workers and teachers was severely limited. Across the entire consortium, representative caregivers and family members were included in interviews and focus groups, but it was not feasible to conduct a random or structured sample of respondents in order to inform some of the evaluation questions. Secondly, in recognition of the nature of the partner consortium, specific data collection instruments were not mandated to be completed. Rather, partners were encouraged to conduct the data collection that was practical and feasible for their specific circumstances. As a result, some partners are represented in some data sources, but not in others. On a related note, though efforts were made to standardize use of the instruments in different countries, given finite time and resources, some instruments may have been used slightly differently in different contexts.

## VALIDATION

Validation is important for the accuracy of the evaluation results, as well as supporting stakeholders to use the results and remain engaged in evaluation processes. Following the data collection and initial analysis, a virtual validation workshop was held with the consortium partners.

**The objectives of the workshop were to:**

- ▶ Review and validate results from the baseline evaluation
- ▶ Provide insight into the interpretation and implications of results
- ▶ Reflect on MEL tools and the baseline evaluation experience



*to be in the moment  
share a moment -  
and never forget it  
be unexpectedly surprised  
experience something special  
feel a touch  
do not have to conform -  
be allowed to be and allow  
something beautifully crazy  
to be able to laugh freely*

**Art Voice, AUSTRIA**



## For the Target Groups



### Learning Question 1

WHAT HEALTHCARE CLOWNING APPROACHES BEST MEET THE NEEDS OF ELDERLY WITH DEMENTIA AND CHILDREN WITH ASD?

Learning question 1 has central importance to the ClowNexus programme, as it encompasses the artistic formats, relevance of clowning to the target groups, and organisational capacity to serve these groups. This question is explored in the following sections according to the specific evaluation sub-questions listed in the table below.

SECTION	TITLE	SUB-QUESTIONS
<b>SECTION III</b>	<b>Current Artistic Formats</b>	<ul style="list-style-type: none"> <li>➤ What promising theories, practices, and approaches exist currently?</li> </ul>
<b>SECTION IV</b>	<b>Relevance of Clowning: Needs Being Met</b>	<ul style="list-style-type: none"> <li>➤ What is known about the needs of the target groups?</li> <li>➤ What needs are being met by current artistic formats?</li> </ul>
<b>SECTION V</b>	<b>Relevance of Clowning: Needs Not Being Met</b>	<ul style="list-style-type: none"> <li>➤ What needs are not being met by current artistic formats?</li> </ul>
<b>SECTION VI</b>	<b>Organisational Capacity</b>	<ul style="list-style-type: none"> <li>➤ What is the current level of capacity among HCOs to work with target groups?</li> <li>➤ What portion of artists currently have experience working with the target groups?</li> <li>➤ What organisational strengths can be built upon?</li> <li>➤ What organisational gaps can be strengthened?</li> </ul>

### III. CURRENT ARTISTIC FORMATS

This section presents findings on clowning practices, strategies, and approaches that are currently used for the target groups. It describes the practices that clowns and other stakeholders believe to be more successful for the elderly with dementia and children with autism. In subsequent sections, the report will describe the needs being met by clowning and the effects on the target group. In interpreting the content of this section, it is worth keeping in mind that the artistic formats vary country to country. Even when specific formats are shared among different partners, they are typically tailored to the local context. This report seeks to capture the common themes across different contexts.

### INTERVIEWS AND FOCUS GROUPS

Considering the artistic approaches that best served the two target groups, participants in interviews and focus groups identified a number of common themes. While a small number of themes were specific to the target group—elderly with dementia or children with autism—the vast majority were cited as relevant to both. This may reflect commonalities in general healthcare clowning approaches, as well as indicate that some characteristics are actually shared by both target groups.

#### **Craft individual experiences**

First, individualized attention for participants was considered highly important. In the words of one clown, “I want to customize to find each individual. What could be the thing that they want to happen?” Respondents emphasized the need to provide a unique, interactive experience around the needs and characteristics of an individual, rather than a group or a common audience. For both the elderly with dementia and children with ASD, individualized attention was also considered important for overcoming difficulties with verbal communication.

The need for individualized attention means that there is a practical need for the improvisation that is a hallmark of clowning. Children with ASD are not a uniform group, with different characteristics and conditions across a spectrum. Similarly, dementia has different phases that are marked by different symptoms, and disease progression varies by individual. Over time, children continue to develop

intellectually and emotionally, while the elderly experience cognitive decline. But beyond this recognition of a diverse participant pool, individualized attention was also emphasized as critical for engagement and connection. In the words of another clown, “Here they put the elderly in one room at the one round table. Seeing that was hard for me. It’s easier for the nurses, I understand. For me, I think it’s important the individual approach. We take more time individually than just to go there and do a play or music show.” Caregivers also recognized the benefits of individual attention. They were proud to share how they prepared clowns with knowledge of the participants before a visit: sharing their names, characteristics, abilities, likes and dislikes. In the case of the elderly, this also included sharing their historical and biographical information, such as their occupations, where they had lived, and what kind of family they had. Clowns also described how they conducted research on the music, trends, dress, and historical events that occurred during the youth of the elderly. Individuals with dementia were understood to recall the past more readily than the present—or to be living in the past entirely. As a result, biographical references help to build connections. In one example, a clown described how an elderly woman connected with another clown who dressed as a sailor:

*She didn’t know his name and who he was, but she knew.. that she knew him, the good feeling and vibes. They always spoke about England and the sea, drinking, sitting on the boat and there was a relation between them without knowing each other. Always when he was coming, she would remember she is the girl from England. They spoke about the sea and the boat and you would see that they are matching, and they are together for 20 or 30 minutes. In the end there was the feeling that both of them happy.*

*References often included events from a person’s youth and formative years, especially their 20s. Other major life experiences such as falling in love, getting married, and having a child were referenced in a general sense, not requiring specific knowledge of an individual. By acting as a child, clowns also invoked maternal and paternal instincts among the elderly, who held their hands and comforted them.*

#### **Be present and mindful**

When considering how clowning for the target groups is different from other types of clowning, the advice from clowns and caregivers was clear. Take time and go slow. Both target groups were considered to not appreciate loud noises and fast movements, and to require more time to react than other types of participants. In the words of one clown, “The most important thing is to wait until they appear. Not to rush and to wait for that wave to come back to you... You need to wait. When you want to go, don’t go. Wait. And then something happens.” Clowns and caregivers urged to give time and space for a reaction, whether that is measured in seconds and minutes, or days or weeks. Interviewees described cases where participants were won over by clowns in a single visit, as well as over a longer period of repeated engagement. Allowing participants an opportunity to first observe opens the door for them to decide to engage and open up. And even better than waiting patiently for a reaction, was to be comfortable without a reaction at all.

Participants were described as able to intuit whether the clown had expectations and was disappointed, or conversely, was confident and open. However, it was not considered easy to drop the expectation that the clown would generate a reaction. One clown noted, "A clown is an artist, a performer. He wants to do the show and have a response and be successful." Others reflected, "When you are not having this response very quickly, the feeling is awkward for me. It's kind of weird," and, "We often complicate it with talking too much, thinking too much, being afraid too much." Generally, working without the praise and feedback of an audience was considered to be a skill for more experienced and mature clowns, though younger clowns may have these qualities as well. Frequently, interviewees described the way to achieve these objectives – taking time and being comfortable without a reaction – was **to be in the moment**. One clown noted, "We have a lot of knowledge in our head, because also a clown is a thinking person. But in the moment of the approach with the child or whomever we meet, we forget this burden of knowledge to let the art of connecting with each other make their way." The need to be in the moment applied to both target groups, but especially for the elderly with dementia. Because they may be confused or having cognitive challenges, clowns offered a meditative state when they could be in the moment together, often through music or a physical connection.

Being in the moment means offering an artistic approach that does not require long periods of attention. For example, Caravan Orchestra (CarO), is a clowning programme designed for children with disabilities that is offered by several Red Noses partners. In CarO, short vignettes invite participants to join in at any point they are interested. In addition, to focus intensely on the moment and give full attention to the participants seemed to uncover reactions that no one else observed. One clown advised, "You have to notice all the small things. Sometimes it's just a finger, or something in the face, or the left foot, but it works very well." In one case, a caregiver marvelled that it seems clowns "have more senses than a normal person." She continued, "They react so fast to the child. They see little changes ... They know or feel when to go closer and when to leave the child alone. They respect the child and they are very interested in the child. Even if it would be a very strongly disabled child with very little skills, they always take the child as a person. They want to get to know him or her and how to interact with them."

Multiple interviewees used the phrase to come with "an open heart." This emphasized to put aside planning for the next interaction and other daily concerns, and instead to project an open emotional state. If working with a partner, it also indicated to set aside any frustration or misunderstanding. As mentioned previously, both children and elderly participants were described as intensely intuitive and able to perceive the clown's state of mind. Focused attention could reach even those participants who were typically aloof or "lost". Yet if the clown's mind wandered, the connection was then broken.

### **Unlock the power of music, dance, and rhythm**

One of the most frequently cited ways to create connections was through music. For the elderly, **music** is a way to connect on an emotional and human level, rather than a cognitive level. One clown said, "If music is playing I do the **rhythm** on their hands or body. And just look in their eyes, I see that they feel connection. They don't know connection, but they feel it, it's in the core." Music was also frequently cited as a way to awaken the memories of youth. Caregivers also considered that using music, songs, and **dance** from an earlier period brought happy memories and positive emotions to the elderly. For children as well, rhythm was considered a way of establishing an atmosphere that was both predictable and inviting.

In addition, dance was often considered to bring movement and activity to the elderly who were not mobile. Several interviewees discussed how dance awakened activity in those who were thought to not have such abilities, for example:

*"We use the waltz, everybody knows it and has the history and the memory. The hearts of the body of those that are not moving, they are moving. Doctors say, What's going on here? He can't drink by himself, and now his arms are up. So, dancing is a good instrument. It bring life to these parts of the body which are working... If they can't dance, you can dance. They look at you. When they see you moving and turning around, there's a reaction. Maybe it's just the eyes, there's a movement in different parts of the body."*

Music was similarly a prominent theme in the Art Voices submissions and clown reports of 'special moments.'

### **Touch**

Physical connection through touch was another prominent theme for artistic approaches, mostly for the elderly. Gentle and predictable touch was described as a way to personalize the connection. One clown said, "I think with people with dementia it's important that you touch them, physically sometimes on the shoulder, or take their hands and you try to look into their eyes. So that you really catch them and get them out for a little time of their own world, sharing for short periods this double world between the person and the clown." Given that the baseline evaluation was conducted during a time when many visits were held online or otherwise socially distanced, touch also emerged as a theme due to the difficulty that its absence caused. Interviewees frequently noted the difficulty of online formats due to the lack of touch, and described how they and participants sought to create the feeling of touch and physical connection nevertheless. In some cases, clowns were using tablets or robots for the online visits to the elderly, and described how the participants touched the screens in a caring way. For children, personal touch was a less prominent theme for artistic approaches, which may reflect the sensitivity of many children with ASD to touch. More frequently discussed was the ability to use tactile senses by touching objects and exploring different textures. For both children and elderly, the online visits have challenged clowns' ability to create experiences through physical objects. However, interviewees described some of the efforts to overcome this challenge. For example, in some CarO productions, the clowns have given each child a set of individual keys rather than passing them among the group, or have distributed materials in advance for online visits.

### **Dress consciously**

Finally the approach to **dress** and choosing a costume in an intentional way was another theme of the interviews and focus groups. For the elderly, interviewees often pointed out that the clown costume should be different than the ones used for children. Many described clowns for the elderly as "elegant" and "beautiful." Costumes sought to project a feeling of respect, using more formal dress such as suits or Sunday dress. In a few cases, clowns described dressing as an older character with glasses or grey hair. More frequently, they discussed dressing as a younger character, such as a glamorous movie star. Similar to using the historical references and music from the participants' youth, this manner of dress was considered a way to connect with people who felt themselves to be much younger.

## FIELD WORK

Data on the artistic approaches was also collected through field work coordinated virtually by the evaluator. The following data collection methods were used:

- Post-visit reports from clowns: 77 reports from 5 countries. Clowns completed a brief form following a visit to elderly (45 reports, including but not exclusively the elderly with dementia) and children (32 reports, including but not exclusively children with ASD). Visits included in-person and online visits. The report included a description of any 'special moments' that occurred, and what artistic formats worked and did not work. Most clown reports were completed in the local language and translated by program staff.
- Analysis of art: 32 Art Voices submission from 5 countries. Clowns and caregivers used photos and drawings to explain their views on clowning, its benefits, and its effects. This methodology is described in more detail in the following section on monitoring, evaluation, and learning.

Using the themes that emerged from the interviews and focus groups, the submissions were analysed by the evaluator. The results of the analysis of special moments described by clowns is listed in the table below for all visits, elderly visits, and children visits. In interpreting the results, it is important to keep in mind that the forms were open ended, and may reflect some biases according to the interests and perspectives of the clowns that filled out the forms.

APPROACH	ALL VISITS (N=77)	ELDERLY VISITS (N=45)	CHILDREN VISITS (N=32)
<b>MUSIC, DANCE, RHYTHM</b>	<b>46 (60%)</b>	32 (71%)	14 (44%)
<b>MOVEMENT</b> (besides dance)	<b>28 (36%)</b>	15 (33%)	13 (41%)
<b>ASK FOR ADVICE OR HELP</b>	<b>21 (27%)</b>	13 (39%)	8 (25%)
<b>WORK TOGETHER</b>	<b>17 (22%)</b>	13 (39%)	4 (13%)
<b>Repetition</b>	<b>10 (13%)</b>	0 (0%)	10 (31%)
<b>Historical/biographical</b>	<b>8 (10%)</b>	8 (18%)	0 (0%)
<b>Take time</b>	<b>6 (8%)</b>	2 (4%)	4 (13%)

Music was explicitly referenced in more than half of the special moments. Clowns also frequently described how they used physical expression such as slapstick, miming, funny body movements, etc. The clown reports showed support for the themes of asking for advice or help, using historical/biographical information (for the elderly), and taking time and going slow. Additional themes that emerged from review of the reports were working together as a clown team and using repetition (for children).

A similar method was used to analyse the responses from Art Voices, though this analysis required more subjective interpretation by the evaluator. Most submissions included a caption that helped to interpret the meaning of the art. In the case of one country, a "Virtual Gallery" online discussion among clown participants helped to interpret and reflect upon the responses. The results of the analysis are listed in the table below.

APPROACH	NUMBER	PERCENT (N=32)
<b>MUSIC/DANCE/RHYTHM</b>	11	34%
<b>DRESS/COSTUME/PHYSICAL APPEARANCE</b>	7	22%
<b>TAKE TIME</b>	5	16%
<b>TOUCH</b>	3	9%
<b>Individualized approach</b>	2	6%
<b>Historical/biographical</b>	2	6%

Again, music played a very prominent role in the submissions from both clowns and caregivers. Art submissions lent themselves well to emphasizing the role of the clown's dress, costume, and physical appearance, but even themes such as taking time and touch were emphasized in participants' photos and drawings.

Drawn from the post-visit reports from clowns, a word cloud of the artistic techniques that clowns said worked well is featured below. Words that are larger were more frequently mentioned. The colour and position of the words do not have any specific meaning. For the purpose of the word cloud, the narratives were slightly edited for formatting as some clowns wrote full sentences while others used phrases.



Themes identified earlier, such as music, singing, physical, asking advice, and repetition are prominent in the word cloud. Other words that were frequently used included listening, playing, and game.

Finally, clowns were also asked to report on what didn't work well during a visit. Overall clowns had less to report on what didn't work well. About half of the reports (39/77) included a description of what artistic techniques did not work. The results of these narratives are summarized below.

When interpreting the results, it is important to keep in mind that the visits included mixed groups (elderly including those with dementia, and children including those with ASD) and not exclusively the ClowNexus target groups.

CHALLENGE	ALL VISITS (N=39)
Too much talking	16 (41%)
Online performance	8 (21%)
Unable to get feedback	6 (15%)
Too fast	6 (15%)
Too many activities at the same time	4 (10%)

When clowns did identify challenges, they most frequently cited too much talking and challenges related to verbal communication. For example, some clowns noted that longer storytelling and the lack of interactive opportunities for the participant did not work well. Clowns also noted challenges related to online performances, specifically the lack of an ability to use tactile senses and props, as well as to hear participants and other clowns. Clowns also found difficulty when they could not absorb feedback from the participants. For example, in a few online visits clowns could not see or hear all participants well, or

in an in-person visit clowns could not gauge the participants' reaction in general. When the pace of the session was too fast or when the clown's movements were too sudden and surprising, the participants did not react well. Similarly, when there were too many activities at the same time, participants were overwhelmed or disengaged. To visually illustrate the responses, a word cloud is below.



#### IV. RELEVANCE OF CLOWNING: NEEDS BEING MET

This section describes the relevance of clowning for the target groups and what needs are being met by clowning. It is important to note that these themes are not necessarily widespread or uniformly applied; rather, they represent the best case examples of how clowning can connect with and affect these target groups specifically. Among most of the implementing partners, the ClowNexus target groups are

not served exclusively. For example, partners visit elderly homes that include people with dementia, or they visit schools for disabled children that include children with ASD. Some partners visit a dementia or neurological ward regularly. Efforts are underway to quantify the number of elderly with dementia and children with ASD who participate in clowning visits.

Among institutional partners contacted for the baseline evaluation, clowning was often considered distinct from other programmes because it was interactive. For the elderly with dementia and children with ASD specifically, the baseline evaluation identified a set of needs that are being met by clowning that are otherwise considered to be missing or deficient in the participants' lives. This means that while there may be other artistic, cultural, therapeutic, and social programmes available to participants, clowning was considered relevant to meet specific needs, as described further in this section.

#### INTERVIEWS AND FOCUS GROUPS

##### Connect with emotion

Considering why clowning was important for the target groups, interviewees identified a number of needs that the encounters met. A very strong theme—in particular for the elderly with dementia—was that clowns met a need for **emotional connection**. Elderly were considered to have fewer opportunities in their lives to connect with others, due to their cognitive state, isolation, or general capacity of the facilities. Establishing an emotional connection was considered to be a positive and meaningful benefit on its own. In the words of one clown, "It's not just superficial. Satisfying encounters, real encounters. Not just giving them coffee or cleaning them, which is also necessary, but I have the feeling that we have the time to really get in touch and this is satisfying." Another clown explained, "Even if dementia can impair the connective faculties, it can never impair emotional intelligence. And that can continue to develop." This emotional connection was further reflected in how participants showed affection, as described by clowns and caregivers. Looking forward to clown visits, becoming activated when the clowns arrive, and sharing positive attention and gifts with clowns were all indications that participants shared and enjoyed an emotional connection.

Beyond affection and positive emotions, another need being met was the ability to **feel the full range of emotions**. Especially for the elderly, interviewees described how participants would sometimes react with emotions such as sadness, anger, aggression, jealousy, and rejection. Both clowns and caregivers reflected that reacting with some emotions, even those considered to be negative, was better than having no reaction.

*One case was that an old lady who looked angry all the time, and we didn't take much contact with her, we said good day. After half a year clowning every 2nd week there, we created a situation where my clown, was proposing to her with a song a famous Finnish song, my clown said, I can't sing I got lost in the words, and this woman who had never said anything to us or anybody, suddenly she got up on the chair and shouted at me very angry and gave me the words of the song. After that moment our relationship was created, whenever I had problems with my song, she very angry gave the words of the song to me.*

Further, activating these emotions with the clown allowed for expression in a safe environment. In the words of one clown:

*"They can insult us and we can say thank you... So if you are angry or sad, I still want to be around you. There's no judge in this state. They are always judging themselves, the relatives are having these problems with wanting to be recognized and letting go of the personality... We meet in an essential way, a really non-judgemental way. You can be you and I can be me. It's deep stuff. In a way, it's more complex than with the children."*

In some cases, participants with initially negative emotions were described as softening over time, and becoming more open and positive toward clowns. In other cases, participants were described as enjoying the expression of emotions, and showing disappointment if clowns were not present. One interviewee shared a story of an elderly woman who considered the clown to be a neighbor from her past, who she did not like. She dismissed the clown each time, get out! After missing one visit, the clown was admonished for missing a session, and then dismissed again, get out! Because clowns were working in elderly homes that included people with and without dementia, at times it was difficult to discern how this full expression of emotions manifested specifically in those with dementia. This may be an area worth further exploration.

#### **Act freely**

For both the elderly and children, the fact that a **clown comes without expectations** was an important need being met. Interactions with caregivers, family members, and others encountered in daily life all bring expectations on the appropriate response. In contrast, as one clown said, "We are coming to them to be, to connect, to see them, to just be." The fact that the clown doesn't want anything from the participant was seen as releasing and powerful.

This dynamic would create an opportunity for the participant **to act freely, to be themselves**. Clowns often described how caregivers would express worry over the potential behaviour of the participants, trying to prepare the clowns for potential difficulties. But clowns would not be concerned or try to force a certain behaviour. They would not only accept, but rather, embrace the behaviour. One clown said, "They are living in their world and they are doing these crazy things... Just have fun with it... Don't ask why." Another clown shared an experience from CarO:

*"One kid was all the time screaming, and the teacher was struggling to stop it. I said, don't do that, it's ok, it's not a problem. What helped this screaming, I gave power to the screaming. I said, ok he is our singer. And every time he screams, everyone is clapping. We had a game. What clown can do in this difficult situation is they can empower them."*

There was a common sentiment among interviewees that the clown allows participants to be their own, natural, and true self. Both the elderly with dementia and children with ASD face many restrictions in their daily life, and clowning was described as saying "yes" when they usually heard "no." Moreover, to be able **to see oneself in a clown** was also reported as highly valued by participants. One clown described, "They like that we are fragile and we can make mistakes, that we have issues and they do too." Being able to relate to the clown was reported to give participants confidence in their own situation, and in their ability to overcome challenges. One interviewee described clowns as the "archetype of resiliency," and another referred to "shared vulnerability" between the clown and the participant. Being comfortable with making mistakes was frequently cited as a positive attribute of clowns and one that

was welcomed by both the elderly and children.

Similar to what was described earlier about being in the moment, several interviewees described how these factors allowed for an open and present connection. And that was exactly when "miracles" would happen. Participants who were nonverbal would begin to speak, those who were shy would establish eye contact, or those who were immobile would begin to move. It seemed that the expectations of caregivers and family members were a barrier to achieving the very progress and behaviours that they hoped to see. By offering an alternative "framework", as one interviewee described it, clowns helped to incite results in emotional, cognitive, and physical ways. These effects of clowning will be described in more detail in a following section.

#### **Generate confidence in one's perspectives**

Another prominent theme was the importance of **appreciating the participant's unique perspective**. Considering that both the elderly with dementia and children with autism may view the world differently than others, interviewees described how clowns embraced this perspective. First, they brought recognition and respect for their view of reality. Clowns were often described as living in the same world as participants. When interviewed, clowns demonstrated a high level of respect, considering that participants were not wrong when their ideas and abilities differed from their peers.

Beyond just accepting this world, clowns described a deep appreciation and admiration for participants and their visions of the world. This was reflected in how interviewees talked about the participants; clowns often rejected words "disabled," while caregivers were more likely to use clinical terms and discuss participants' lack of abilities. Moreover, clowns described a sense of wonder, inspiration, an enchantment that accompanied visits. Especially for the elderly, successful clowning resulted when it was seen as a privilege to spend time in the participants' world. Whereas caregivers and family members might see the sadness in the physical and mental decline of the elderly, clowns described how they admired the participants. In the words of one clown, "The emotional intelligence of someone 95 years old... They have this amazing human experience. It was so rich to be able to tap into that." Another described, "It's not that I'm making fun of them, but I see them like a character, like an inspiration for me for characters to create. I think those caregivers don't see this. It can be inspiration for them too."

#### **Take power to create and make decisions**

Some of the factors described above—clowning without expectations and appreciating participants' unique perspectives—combined to result in another important need that clowning met. This was to be able **to share, teach, and create**. Clowns were considered to create an atmosphere that invites active participation. For example, one clown explained, "Instead of acting like we come there to perform, it's totally different. They are the stars." In a related theme, clowning was also considered to meet the need **to make decisions**. It is common in participants' lives that other people are making decisions for them, and encounters with a clown changed this in a satisfying way. Another clown commented, "Many times it happens that we find out something and we change the story based on the elderly. They like that they can be part of it and they can make differences how they want."



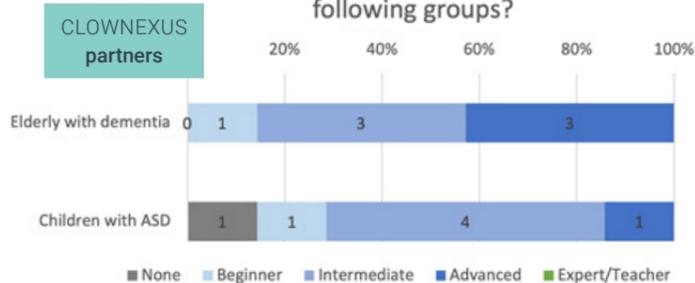
who are not so open and who are more inside in their own world. Researching what does clowning mean for them, together with them.” Clowns with more experience with the target groups had developed a substantial amount of knowledge about the conditions through collaboration with caregivers, as well as their own observations.

Another need expressed, which is highly relevant to the ClowNexus project, is to **involve parents and families** in the visits and the development of artistic formats. One clown noted, “What I know from parents of children with autism, they feel that they are not heard. There are so many experts who know or pretend to know more than the parents do about their needs.” Often, because clown visits are in schools or elderly homes, they do not interact with family members, and are more likely to interact with teachers, nurses, and social workers. Similarly, interviewees discussed that the **physical environment** might be improved for future visits, while understanding there are limitations to what can be controlled. For example, moving desks for a clown performance sometimes upset children with ASD. A clown from Austria described that visits to special houses for people with dementia, houses that were designed by psychologists around their needs, was much easier than in typical elderly homes.

Caregivers who have experience with clown visits and who participated in the baseline data collection gave overwhelmingly positive feedback on the benefits of clowning, as described in greater detail in a later section of this report. Among those contacted, it was difficult to generate suggestions on how the artistic formats could be improved. Often, caregivers and institutional managers simply suggested a **greater coverage and reach of clowning** generally. Some caregivers discussed how they had **increased the frequency of clown visits**, or how they wished they could do so. They believed that more regular visits would allow clowns to build stronger relationships with participants and provide individualized attention. Caregivers also reflected how they might **organize visits for specific times and purposes**, rather than to accept a visit according to the regular schedule. For example, one caregiver team for children noted that “for many years” they had the idea to make the clown visits more structured, regularly meeting a specific child to see how certain skills were repeated and developed. On a related theme, caregivers noted that when the clowns are **integrated into the healthcare team**, with knowledge of the individual participant, both clowns and caregivers can be more effective.

Finally, of particular concern was how to meet the needs of these target groups in online formats. After the pandemic had shifted most or many interactions to online formats, this was an area of great concern to participants. On the one hand, in some countries clowns were resuming in-person visits by the end of the data collection period. On the other, uncertainty remained about what might happen in the future. Further, many interviewees acknowledged that the online formats allowed them to reach more distant communities more frequently, and these visits may be continued in the future. **Online formats** present challenges for all participants, but especially for elderly with dementia who were reported to not always understand that a live person was on the screen, or who had trouble seeing and hearing.

As a whole, how would you rate your organisation's level of experience with the following groups?

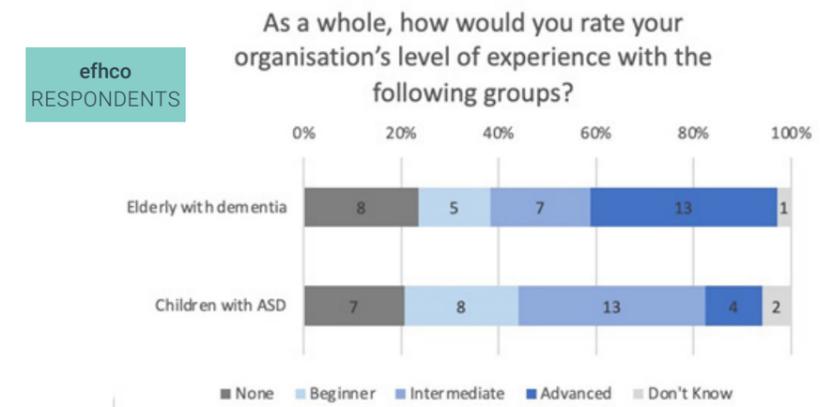


## VI. ORGANISATIONAL CAPACITY

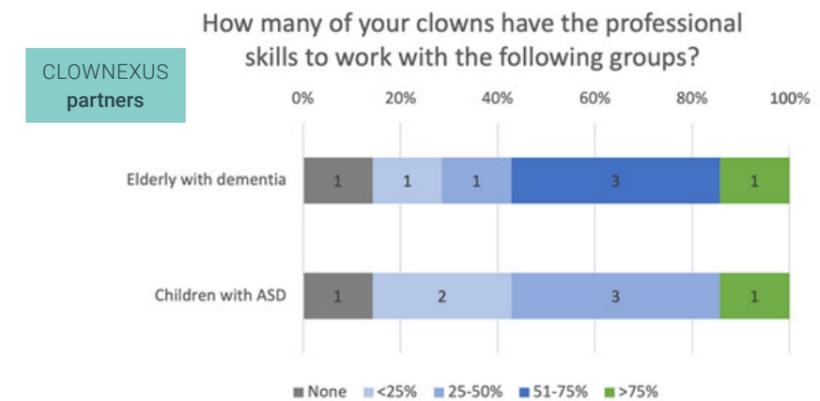
In order to understand current organisational capacity, partners completed a survey and participated in interviews. First, partners were asked to rate their overall **level of experience** with the two target groups. Their responses are pictured below.

Using a scale of 0-5 (0=none, 5=expert), partners rated themselves an average of 2.3 (early intermediate) for experience with the elderly with dementia, and 1.7 (high beginner) for experience with children with ASD. All partners had at least some experience working with the elderly with dementia, while one partner has not worked with children with ASD. No partner considered themselves an expert in working with either target group.

Among the wider efhco cohort, more than half (20/34) considered themselves intermediate or advanced for their experience with the elderly with dementia. Half of respondents (17/34) considered themselves intermediate or advanced for working with children with ASD.

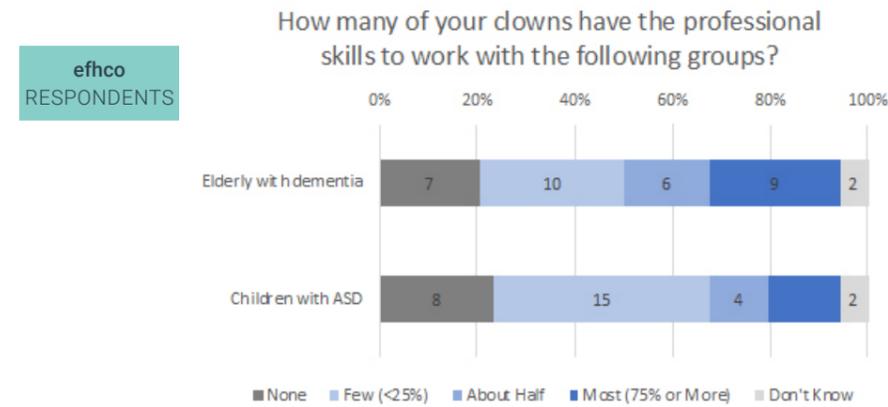


Surveys also asked about their clowns' level of skill for working with the two target groups. The responses from partners are below.



Partners indicated that they have different skill levels among their clowns. The partner who responded 'none' noted that they do not have artists of their own as they are a coordinating group. Efforts under the ClowNexus project to increase the artist capacity should take into account the diversity of their existing artist pool.

The response from efhco survey respondents is below. Half of respondents (17/34) reported that none or few of their clowns had skills to work with the elderly with dementia. More than half (23/34) said that none or few of their clowns had the skills to work with children with ASD.



Partners were also asked about what challenges, if any, they face in working with the target groups. Their responses are summarized in the tables below.

PARTNER SURVEY RESPONSES	ELDERLY WITH DEMENTIA	CHILDREN WITH ASD
We do not have funding / donors to support work with this group	3	2
We do not have the right artistic formats for this group	1	3
We do not know about the needs of this group	1	2
We do not have clowns with the skills to serve this group	0	2
We do not have relationships/access to institutions to serve this group	0	3
None	3	2

Multiple partners indicated that they did not face specific challenges working with the target groups (3 for elderly with dementia, 2 for children with ASD). Of the remaining partners, access to funding and donor to support the work was the most frequently cited challenge. Overall a greater number of challenges were noted for working with children with ASD, including the right artistic formats and relationships with relevant institutions.

This question was also asked to the wider cohort of efhco respondents, with the results detailed in the table below. Again, many respondents indicated they do not have any challenges working with

the elderly with dementia (13/34) and with children with ASD (12/34). Among those who face challenges, the most commonly cited issues were clown skills, institutional relationships, and funding.

EFHCO SURVEY RESPONSES	ELDERLY WITH DEMENTIA	CHILDREN WITH ASD
We do not have interest in working with this group at this time	2	5
The constitution of our organization does not allow us to target this group	3	1
We do not have the right artistic formats for this group	4	5
We do not know about the needs of this group	3	3
We do not have clowns with the skills to serve this group	5	4
We do not have relationships/access to institutions to serve this group	4	6
We do not have funding / donors to support work with this group	5	6
None	13	12

## VII. CO-CREATION

LEARNING QUESTION	SUB-QUESTIONS
What makes co-creation successful?	<ul style="list-style-type: none"> <li>What processes are currently used to design and adapt artistic formats?</li> <li>How are target groups and social experts currently involved in design?</li> </ul>

### CURRENT PRACTICES

Interviews with project partners and external experts explored the topic of designing new artistic formats, with a specific exploration of the extent to which participants are involved in design. In terms of less structured formats, many organizations began with visits to children in hospitals. Based on those successes, they then expanded to visit children in other settings as well as other audiences including the elderly. Many partners also work with more structured artistic formats, such as Caravan Orchestra (CarO) for disabled children, Circus Patientus for long-term paediatric patients, and the Variété workshop for the elderly. Partners described that the format is initially developed in one place with input from stakeholders, and then shared with the wider network.

Training at RNI's International School of Humour was cited as valuable experience. With the provided materials and training, individual country offices start pilots of the new format, reflect on how it is working, and also hold coaching sessions.

While this process was more formal and standard among Red Noses partners, given that they are part of a network for artistic exchange, a similar process was described by other interviewees as well. Less formally, partners in the project and in the broader healthcare clowning sector often began by learning about a format in another country that piqued their interest in the format or the target group. Through in-person visits, observations, and training they gained skills for the new format and brought it back to adapt in their own settings.

Of relevance to current practices for design as well as international exchange, in general, interviewees showed a high level of interest in drawing inspiration from others and building upon their work as part of the design process. Artistic formats were also described as spreading through the influence of a particular individual who had passion and experience, rather than only through organizational connections.

In terms of how artistic formats are adapted over time, partners described the formal and informal feedback mechanisms they use for their designs. These are explained in more detail in the later section on monitoring, evaluation, and learning. Often, interviewees described that launch and adaptation is informal, "learning by doing." As a prime example, in the past year, many partners have focused on designing and launching online formats in response to the pandemic. In light of the restrictions for in-person visits, partners underwent a rapid cycle of considering needs, trying a format, observing, asking feedback from caregivers, and adapting accordingly. After many months of this process, some interviewees reflected that they were feeling more confident about how this format can be successful, though still hoping to learn and improve more.

Considering needs for how programs are designed, many partners expressed a desire to receive more reliable feedback on how well the programs meet participants' needs, especially considering the ClowNexus target audiences. One interviewee explained, "All the changes we do they are more intuitive. You go through a certain amount of time that the program was implemented, you take the feedback, and then you start to build and change 1-2 things, developing it into a more coherent program. It would be lovely to have a structured way to do this that is not bureaucratic."

### **INVOLVEMENT OF PARTICIPANTS, CAREGIVERS, AND FAMILIES**

Interviewees considered the extent to which participants, caregivers, family members, and social experts are currently involved in the design of new artistic formats. On one hand, clowning is highly improvisational, and a clown uses input and desires from the individual participant to drive what happens during a visit. In addition, interviewees noted that the pre-briefings with caregivers to understand better the participants' characteristics and needs also served to design what a session would look like. These aspects mainly reflected the personalization of clowning encounters, but not the overall format and structure of the program.

Some interviewees described how caregivers participated in the training and launch of a new artistic format, and this was a highly valued practice. One clown from Lithuania gave the example of how two psychologists, one institutional director, and one social worker joined their training workshop. "First the exercises were more to have fun and connect with each other, it doesn't matter in our group not all people are clowns. But the games we are playing helped very much to connect with them. For next 3 years we had very strong connection with the psychologists, because they were collaborating in the first part." This indicates that engagement in co-design can be important not only for the sharing of expertise but also for the express building of relationships.

One interviewee reflected that while programs already exist that serve the target audiences, ClowNexus offered an opportunity "to address them exactly as they need—involving experts, relatives, parents, the doctors and nurses into the decision-making of making a new program. It's very important. It would be like having a theatre where you ask the audience, what kind of play would you like to have? And how should this be so that you can have the most out of it, so you feel energized and welcomed in the art?" In alignment with the objectives of ClowNexus, across interviews and focus groups, there was a common sentiment that the current artistic formats served the target groups, but could achieve better results if crafted with them specifically. While many could recall particularly special occurrences, they wondered if the results would be more consistent and widespread if crafted around the specific characteristics of people with dementia and ASD. Even external experts—who had substantial experience with the target groups—expressed a desire to continue learning about clowning for these target groups and continually adapt and improve.

While caregivers were often mentioned as providing input into clowning programs, family members were mentioned less frequently. This was mainly due to the lack of opportunities to interact with family members, and more engagement with family members was desired. Interviewees also expressed a desire to design with social experts and specialists for dementia and ASD. Beyond the caregivers in the institutions they work in, some interviewees lacked access or time to engage with these experts. Additionally, there were few and limited opportunities cited for members of the target group to participate directly in the design of new artistic formats. One experience from an expert in the field offers insight into the value of participant inclusion in design and how it has been done in the past:

*"Last year I put in a big bid for co-creation with people with dementia. To create performances where people with dementia perform. From the beginning we had this focus group that we were working with... The focus group was people with dementia and their family partners [who could] help them get to and from places. It seemed to help in terms of communication. There were 10 people who stayed connected throughout the whole project ...*

*They were not at the rehearsal every day. I had conversations with them we talked about the themes of the play. We focused for one thing a week, we'd work with the artists, and ask the focus group to come in, we'd talk with them... They would take parts of the scene and they brought out ideas that I hadn't thought of as all...*

*We followed their curiosity. There were things that I felt strongly about, but they didn't take to it. I had to say, maybe there is something else. You need to be ready for that. That's with everything, if you want to create change, you have to be ready to listen to their opinions, rather than to do it lip service... I've started calling all of them my partners in the whole thing."*

Interviewees also reflected that even for clowns, providing an open and flexible artistic format can be challenging. More structured formats like CarO were described as providing a structure that artists could rely upon, but had some embedded restrictions or assumptions embedded. As discussed earlier, clowning without expectations is important for reaching the target groups, but a difficult state to reach. An expert on participatory design advised, "There needs to be an alignment of the mission: what artists want for their audiences, and what the artists want for themselves, so that it not transactional." One interviewee reflected, "What do we want, have a performance for them or work with them? There's a great difference. A performance we have a structure. And to work with them—all is open."

Finally, on the topic of designing formats, interviewees recommended to consider the whole experience: when, where, and how a visit unfolds. Not only considering the actual live encounter, but how it is accessed and experienced by the participants, and what is left behind after the visit is complete.

The expert on design, cited earlier, reflected that in the arts and culture sector broadly there is a need to think holistically about the “customer journey.” She explained, “You don’t use it for art, you use it for environments, how you manage and design environments. I do a lot of it for going through an exhibition, setting up a café and bar, looking at the process to get the toilets and wayfinding. It’s an important part of the experience... If a clown goes into a care home, to what degree is the clown surrendering to the rules and rituals, and to reshape something that it feels special and different before and after.” This recommendation was particularly relevant given some of the challenges noted in other sections related to the physical environment and the timing of the visits. Accordingly, there is a need in future designs to consider not only the artistic encounter but the full audience experience.

## VIII. EFFECTS OF CLOWNING

LEARNING QUESTION	SUB-QUESTIONS
<b>What is the effect of healthcare clowning on target groups, their care providers, their families, and the broader environment?</b>	<ul style="list-style-type: none"> <li>➤ What are the perceived effects on target groups’ feelings (mood, stress levels)?</li> <li>➤ What are the perceived effects on target groups’ thinking (attention, focus)?</li> <li>➤ What are the perceived effects on target groups’ physical behaviour (energy, mobility)?</li> <li>➤ How are care providers and family members affected?</li> <li>➤ What effects are generated related to social inclusion?</li> </ul>

### EVIDENCE REVIEW

A number of secondary sources were reviewed as background for the evaluation and to develop tools, specifically related to the effects of healthcare clowning. Key evidence sources and highlights from their findings are listed below.

SOURCE	SEFFECTS (QUOTED DIRECTLY)
<b>The Impact of Clown Doctors. Sebastian Philipp. Literature Review.</b>	<ul style="list-style-type: none"> <li>➤ Studies consistently show that interacting with a clown while waiting to undergo anesthesia reduces distress (Smerling et al., 1999) and anxiety (Vagnoli et al., 2005), (Dionigi et al., 2014).</li> <li>➤ Children who interact with clowns for 15 minutes before a minor ambulatory surgery feel happier, calmer, and less worried about the surgery than children who do not interact with a clown (Fernando &amp; Arriaga, 2010).</li> <li>➤ Mothers visited by a clown while they wait for their children to undergo anesthesia have significantly lower levels of anxiety (Agostini et al., 2013).</li> <li>➤ One pilot study in a Canadian nursing home (Kontos et al., 2016) showed that clown visits to elderly people with dementia, primarily of the Alzheimer’s type, twice a week over a period of 12 weeks resulted in significant reductions of their behavioural and psychological symptoms of dementia, as well as significantly less agitation and distress, and a significantly better quality of life.</li> </ul>

SOURCE	SEFFECTS (QUOTED DIRECTLY)
<b>The Impact of Clown Doctors. Maggie Roessler, RED NOSES International. Literature Review (2019).</b>	<ul style="list-style-type: none"> <li>➤ Another study of the elderly (Low et al., 2013) found that the residents of the nursing homes that received the intervention did not experience any change in their depression rates, but they did have significantly decreased agitation levels; on average, two agitated behaviors went from occurring daily to just once a week.</li> </ul>
<b>What is the evidence on the role of the arts in improving health and well-being? A scoping review. Fancourt D, Finn S. Copenhagen: WHO Regional Office for Europe; 2019.</b>	<ul style="list-style-type: none"> <li>➤ Arts activities in emergency settings, including music, crafts and clowning, have been found to reduce anxiety, pain and blood pressure, particularly among children but also for their parents.</li> <li>➤ Although a smaller literature, similar benefits for preoperative anxiety (particularly in children) have been noted from other activities, including digital storytelling, picture books, art therapy and clown visits, tablet apps, and ceiling art in treatment and test rooms.</li> </ul>
<b>Children with Disabilities programme evaluation. Blomeyer &amp; Sanz. (Draft Final Report, 2021).</b>	<ul style="list-style-type: none"> <li>➤ CarO brings numerous benefits to children including on their communication skills, ability to concentrate and open up, trains their memory and leads to play, imitation. It is also seen as contributing to a sense of belonging in a group and has facilitated adaptation periods for new children in a given group.</li> <li>➤ Though limited, CarO has had an impact on care takers, who have been exposed to the show when working as personal assistants with their children, experiencing their children’s good mood after the show, experiencing remote CarO with their children or seeing CarO clowns as part of hospital visits.</li> </ul>
<b>Benefits of medical clowning in the treatment of young children with autism spectrum disorder. Shefer, S., Leon Attia, O., Rosenan, R. et al. Eur J Pediatr 178, 1283–1289 (2019).</b>	<ul style="list-style-type: none"> <li>➤ Twenty-four children aged 2-6 years old with ASD enrolled in a special education intensive program were examined before and after group sessions with clown intervention (CI) and other intervention (OI).</li> <li>➤ Data was collected during 12 weeks of intervention, and the trajectory of change was evaluated in addition to the pre-/post-intervention.</li> <li>➤ Improvement over time was found in all measures: Significant increase in word production, play reciprocity, and amount of social smiles during CI as compared with OI. A reduction was also found in frequency of stereotypic behaviors.</li> </ul>
<b>approximately 260 parents and 330 caregivers.</b>	<ul style="list-style-type: none"> <li>➤ Children describe the contributions of clown doctors are entertainment, fun, taking the pain away, and transformation of the hospital environment.</li> <li>➤ Parents report that following a clown doctor visit, the child talks about the visit to other people (82%), mimics some of their highjinks (70%), forgets for a few moments that he/she is in the hospital (85%), feels more at ease (83%), cooperates with the rules and routines of the hospital (77%), cooperates more with doctors and nurses (75%), tolerates the pain better (77%), eats better (76%), sleeps better (69%), accepts the idea of returning to the hospital better (71%).</li> <li>➤ Parents report that following a clown doctor visit, they have benefits for themselves, that they look forward to the visit (97%), receive the clown doctors enthusiastically (98%), feel calmer after the visit (90%), forget for a few moments that he/she is in the hospital (87%),</li> </ul>

SOURCE	SEFFECTS (QUOTED DIRECTLY)
approximately 260 parents and 330 caregivers.	<p>feel more at ease in the hospital (84%), feel empathy and complicity (94%), and feel gratitude for the clown doctors (99%).</p> <ul style="list-style-type: none"> <li>➤ In terms of relationships, parents report that following a clown visit, they feel more optimistic about the recovery of the child (77%), participate more actively in the care of their child (69%), play more with the child (73%), talk more with the child (83), imitate some of games of the clown doctors with the child (77%), communicate better with other parents and caregivers (74%). In addition, 93% of parents believe it makes sense to consider clown doctors members of the health care team.</li> <li>➤ Caregivers report that they started using humour more (70%), play games of the clown doctors (64%), see the child as a person rather than a patient (54%), and become more flexible in performing routines and procedures (49%). In addition, 67% reported that they feel happier in their professional activity.</li> </ul>

In order to explore the effect of current clowning approaches on target groups, a categorization of potential effect areas was developed using the evidence sources above, the Red Noses framework, as well as consultations with partners. This framework was used for collecting and analysing baseline data across several different sources, to be described in the following sections. Effects were considered across several different dimensions, listed below with their descriptions.

EFFECT AREA	DESCRIPTION
Mood	Improvements in positive emotions such as happiness and excitement
Stress Levels	Reductions in negative emotions such as stress, anxiety, and fear
Attention/Focus	Improvements in how participants pay attention and focus
Physical Behaviour	Improvements in body language and other physical changes
Connections/Relationships	Improvements in how the audience members connect with each other and with caregivers

## INTERVIEWS AND FOCUS GROUPS

### Target Groups

As described previously, current approaches to clowning were considered to have significant and wide-ranging effects on the elderly with dementia. The most commonly cited effects were related to **emotions**: improvements in mood, expression of different emotions, and reductions in stress. After that, interviewees also described **physical** effects: straighter posture and more mobility. In particular, mobility through dancing was noted during a musical performance, either dancing upright or with a part of their body. Even among elderly in the advanced state of dementia, interviewees shared examples of how participants would move their eyes or fingers, relax the strain in their eyes, or breathe more steadily. Less frequently but still notably, interviewees discussed effects related to **attention and focus** of participants, with participants being able to communicate verbally or to follow the activity with their eyes.

Similarly, children with ASD were reported to already benefit greatly from clowning approaches. Interviewees certainly acknowledged the **emotional benefits** of clowning and described particularly how it brought joy to the participants, increased calmness, and reduced stress. Even more so, they emphasized the benefits in **cognitive and communication skills** including: establishing eye contact, holding attention, imitating others, engaging in play, verbal communication, listening, and general interaction with others. A less common theme that was discussed during the interviews were **physical** changes, such as coordination and motor skills.

Another area of interest related to the goals of ClowNexus was the extent to which target groups experienced increased **social inclusion** as a result of clowning. Without prompting, interviewees less frequently discussed connections and relationships with others as an effect, in comparison to individual-level effects discussed above: emotions, cognition, and physical expression. A few interviewees explained how clowning benefits the elderly with dementia to allow them to feel like they are part of something, or to act out an emotion with a fellow nursing home resident. However, overall, interviewees were more likely to discuss how clowning affected individuals rather than their relationships with caregivers or with each other.

### Healthcare Providers and Family Members

Healthcare providers, staff, and family members consulted during the baseline evaluation had an overwhelmingly positive perception of clowning overall. While those contacted were a purposive sample (and as a result, likely skewed positive in their viewpoints), this feedback was similar to partner organization's reports of their experience as well. Particularly among healthcare staff and family members who have experienced clowning in their settings, there is a high level of gratitude and appreciation for the work. Both clowns and caregivers explained that there can be an **initial scepticism and resistance** to clowns. The main concerns cited were that clowns would cause interruptions and distractions, and upset or overexcite participants. In addition, there was a perception that some people simply do not like clowns. Interviewees readily acknowledged that introducing clowns is easier and more universally acceptable among children than among the elderly. Particular care and attention was needed to **avoid the impression of infantilization** and to come with a high level of respect and maturity. Family members visiting their relatives in care homes may also express a concern that their limited visiting time would be taken away by clown activities.

As a result, interviewees emphasized highly the importance of **building relationships and trust with staff**. Some clown organizations reported holding a specific orientation or training for staffs, though this may have been targeted toward work in hospitals. This was well received and considered to serve as a positive foundation for collaboration. Strategies used to build positive relationships included recognizing the value and quality of the work that caregivers provide, to provide ample opportunities for feedback, and to simply be patient as the staff saw for themselves the benefits of clowning for participants.

As described previously, healthcare staff and teachers play an important role as a bridge to getting to know participants, sharing their names, interests, abilities, and other characteristics. However, an important and recurrent reflection from clowns was that the pre-visit **briefings from staff were typically more negative** or severe than what was experienced in reality. This is worth keeping in mind when considering how to navigate caregiver relationships effectively. On the one hand, caregivers seemed to enjoy and feel responsible for giving valuable preparatory information. On the other hand, in order to meet the needs of the participants, clowns may divert from the specific instructions or caveats from the caregivers.

Healthcare staff, teachers, and family members were also reported to benefit from clowning in different ways. Most frequently, caregivers described how clown visits **lightened the atmosphere**.

Their jobs were easier and more pleasant, as participants were more cooperative and in a better mood during and after a visit. Clown visits were considered a welcome break in the routine and a distraction from stressful environments. In addition, in some cases interviewees discussed how including caregivers in the visit directly helped them to experience joy, relax, and reduce stress.

### ILLUSTRATIVE QUOTATIONS – LIGHTEN THE ATMOSPHERE

*“Usually they are very happy when it’s clown day because they feel that the atmosphere in the wards is easier.”*

*“I’ve seen that a lot of colleagues are also very happy when the clowns are coming. Sometimes they are getting like a little child and they feel nervous. They are happy.”*

Second, interviewees described how clown visits can help staff and family members **see a participant’s personality, skills, and character**. For the elderly, this meant that caregivers could get to know the participants and appreciate them as individuals, and family members could see again the old self or spark of their relatives. For children and to a lesser extent for the elderly, clown visits helped to understand the skills and preferences of a child, which gave insights to staff on their abilities and reinforcement to family members who may feel frustrated with developmental challenges. This theme was raised as an observation of others; i.e., interviewees saw these changes occur in others, but did not raise them as a change that occurred in themselves.

### ILLUSTRATIVE QUOTATIONS – SEE PARTICIPANTS AS AN INDIVIDUAL

*“When we include the caregiver into performance, they can connect more with the elderly and to see them as a person, a character. It can be fun to communicate with them.”*

*“The daughter said, it’s been a long, long time since I saw my mother smiling and dancing.”*

*“When they see the child with the clowns to see how wonderful the child is like this, as he is, sometimes there comes new skills that parents didn’t know about. You can see it from their faces when they are very surprised and smiling. He reacted to that, oh so he likes bubbles.”*

*“It helps the families see the good and the lovely things in the child.”*

Lastly, interviewees described how clowning could **change the attitudes, feelings, and behaviour** of staff and family members. Similar to how clowns allow a participant to act freely and break out of social norms, clown visits also offered opportunities for caregivers and family members to come out of their normal roles. Clowns modelled behaviour for how to interact with participants: coming without expectations, appreciating their unique perspective, going slow, and engaging in play. In a few cases, clowns offered a chance to reflect on how to take care of one’s own mental health needs as a care providers. However, it is worth highlighting that these types of effects on staff and family members were not necessarily common, and further investigation into the effects is warranted. On the whole, family members were less likely to be present during clown visits, and as a result did not have contact with clowns. Additionally, the extent to which staff and family members take up humour and clowning techniques in their own interactions was not clear from the baseline evaluation alone.

### ILLUSTRATIVE QUOTATIONS – CHANGE FAMILIES AND STAFF

*“We all like clowns. When they are with us we smile and forget our worries. We move and we can dance and we can sing, that’s very good for professionals in our institutions.”*

*“The one nurse said that she tested one day doing only one thing at a time, when she gave the coffee to one person she didn’t think about the next person. She felt after the working day much less stressed and the day had been perhaps 5 minutes longer than before.”*

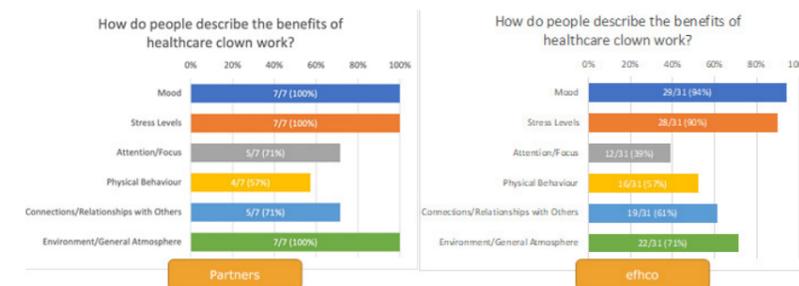
*“It’s a good thing to share with them, what am I and what is the clown, what is the role to be a caregiver and what is private and what’s work and how to handle this. To work so that I can do a good job and how to care for myself. These talks are very nourishing for the caregiver and staff working in these houses.”*

### PARTNER AND SECTOR PERSPECTIVES

In the partner and efcco survey, respondents were also asked about how their stakeholders consider the benefits of clowning. As noted earlier, these responses referred to healthcare clowning work generally. The responses are pictured in the graphic below.

Nearly all respondents agreed that stakeholders would describe improved mood, reduced stress, and improved atmosphere as benefits of healthcare clowning. Most respondents also agreed that stakeholders would recognize and cite the benefits of improved attention and connections with others. The trends between partner and efcco survey responses were largely similar.

In combination with interviews with partners, these findings reflect that partners feel that stakeholders appreciate the wide range of effects in healthcare clowning. As mentioned earlier, surveying of stakeholders directly in the future would serve to further explore this topic. In particular, it may be interesting to rank or rate the extent of the effects from stakeholders’ point of view.



### FIELD WORK

Data on the effects on target groups was also collected through field work coordinated virtually by the evaluator. The following data collection methods were used:

- Post-visit reports from clowns: 77 report from 5 countries. Clowns completed a brief form following a visit to elderly (including but not exclusively the elderly with dementia) and children (including but not exclusively children with ASD). Visits included in-person and online visits. The report included a description of any ‘special moments’ that occurred, and what artistic formats worked and did not work. Most clown reports were completed in the local language and translated by program staff. The narratives were analysed by the evaluator according to whether the narratives demonstrated effects in the different areas of interest.

- Feedback forms from caregivers: 12 reports from 2 countries. A brief feedback form was completed after a clown visit by caregivers. Respondents were doctors, nurses, or social workers in hospitals and elderly homes, and teachers or aides in schools. Caregivers were asked explicitly whether each of the effect types had improved, stayed the same, or gotten worse. Due to the data collection period coinciding with a busy time for elderly homes and schools, and the fact that many visits were online, there was limited capacity to complete more reports in more countries.
- Analysis of art: 32 Art Voices submission from 5 countries. Clowns and caregivers used photos and drawings to explain their views on clowning, its benefits, and its effects. This methodology is described in more detail in the following section on monitoring, evaluation, and learning. The submissions were analysed by the evaluator according to whether the narratives demonstrated effects in the different areas of interest. The table below summarizes the results.

EFFECT ON PARTICIPANTS	CLOWN REPORTS (N=77)	ART VOICES SUB-MISSIONS (N=32)	CAREGIVER FORMS (N=12)
<b>Mood</b>	<b>51 (66%)</b>	27 (84%)	12 (100%)
<b>Stress</b>	<b>15 (19%)</b>	14 (44%)	8 (67%)
<b>Attention/focus</b>	<b>26 (34%)</b>	9 (28%)	12 (100%)
<b>Physical behaviour</b>	<b>13 (17%)</b>	4 (13%)	9 (75%)
<b>Connections with others</b>	<b>19 (25%)</b>	5 (16%)	11 (92%)

From clown reports, improvements in mood were the most prominent, followed by attention/focus and connections with others. From Art Voices submissions, improvements in mood were even more prominent, followed by reductions in stress and improvements in attention/focus. While a relatively small number of caregiver forms were completed, they showed a very high overall positive rating of the visits, and nearly all noted an improvement in mood, attention/focus, and connections with others. Physical effects were less frequently noted but also present.

A few notes about the data collection are relevant to consider when interpreting and using these results. In comparing the results across data collection type, it is important to keep in mind that clown reports and Art Voices submissions were free form submissions that were then analysed and coded by the evaluator. In contrast, caregiver feedback was explicitly requested on each of the effect areas in a fixed form. Free form submissions tend to be less complete and focused on the more important or noteworthy issues, whereas fixed form responses may not differentiate or rank different components. For example, in the table above, clown reports highlighted an improvement in connections with others in 25% of the reports. This does not mean that connections with others were absent in the other 75% of reports, rather this was not the most prominent point that the clown chose to comment on. In addition, it is worth recognizing that participation in Art Voices and the caregiver feedback forms was voluntary, which results in a response bias. Those with the most extreme (in this case, likely positive) viewpoints are most likely to respond.

Keeping these limitations in mind, across all three data collection types, respondents indicated positive effects for the elderly and children across all five effect types p. As noted above, the groups for these visits were mixed, including members of the target group as well as their peers in elderly homes,

schools, or health care settings. Examples from the reports of the effects of clowning on the target groups of interest are listed in the table below.

SPECIAL MOMENTS ELDERLY	SPECIAL MOMENTS CHILDREN
The dementia department is not the easiest. It was not easy to catch the attention of the seniors. Senior K was most affected. While there were live visits, we often met him in the hallway. He was always shy. This time we met for the first time on screen. When he saw us, he recognized me and his eyes filled with tears of joy as if meeting an old acquaintance. I felt the same way. We talked to him and he was much bolder than usual. A very sensual meeting.	The child of the autistic spectrum was immersed in his own world but excited to find a place where the beeping sound comes from and when he got the beeping device in his hand, however, he continued to contact me when the beeping always affected me differently, i.e., he played with me on this device. What was significant was the interactive play with a child deep in their own worlds.
Actually, every meeting was special. It looked like we were so needed and wanted there, that these people wait for someone that they can talk and laugh together. One man told us that we are the only people that he doesn't feel judged, that he can be as he is and who he is, just be. People were so opened and honest with us, I could feel endless trust from both sides.	Another child with an autism spectrum got excited to play my ukulele and sang with me. He was really good at singing and at times we sang in two voices [together]. He really enjoyed that moment just like me. The mother also seemed to enjoy the fact that the boy was allowed to sing freely while in the hospital. What was significant was that when I arrived, the boy was restless and spun in a circle but calmed down by the encounter.

Finally, a direct observation method was piloted during the baseline collection. A total of four in-person visits were observed in three countries. Again, data collection during the pandemic limited the capacity of partners to collect more direct observation data. Many were only conducting online visits during this time. Online visits were determined to be not as useful for direct observation; the format of the visit was drastically different than what was envisioned during the remainder of the project.

Observers used a standard form organized by the 5 major effect areas. They were asked to note each unique instance of a positive change in the effect area with a brief description of the change. Observers were also encouraged to review the results with a caregiver or someone who know the participants well in order to validate and interpret what occurred during the session. The results were reviewed by the evaluator to ensure alignment with the definitions of each category, and summarized in the table below.

	PARTICIPANTS	MOOD	STRESS	ATTENTION /FOCUS	PHYSICAL BEHAVIOR	CONNECTIONS WITH OTHERS
<b>VISIT 1</b>	<b>Elderly</b>	2	1	2	2	1
<b>VISIT 2</b>	<b>Children</b>	1	1	2	0	1
<b>VISIT 3</b>	<b>Elderly</b>	3	2	3	3	2
<b>VISIT 4</b>	<b>Elderly</b>	2	1	1	2	1
	<b>Total</b>	<b>8</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>5</b>

With 4 observations, summary analysis of the data would be premature. In addition, the observations were not limited to only the target groups. However, it was promising to see that effects were readily observed across all 5 areas. Further discussion of the direct observation tool can be found in the MEL section.

## IX. COLLABORATION AND EXCHANGE

LEARNING QUESTION	SUB-QUESTIONS
How can we better collaborate as organisations?	<ul style="list-style-type: none"> <li>➤ What types of collaboration exist among HCOs?</li> <li>➤ What other types of stakeholders do HCOs regularly engage with?</li> <li>➤ How do HCOs currently learn and share information about artistic practices?</li> <li>➤ What opportunities currently exist for international exchange?</li> </ul>

Considering current approaches to collaboration, interviewees expressed a strong affinity for sharing and exchange among healthcare clowning organizations. As noted in the previous section on designing artistic formats, interviewees showed a high level of interest in **drawing inspiration from others** and building upon their work as part of the design process. In the words of one clown, “I speak with myself and I have a lot of ideas. And I hear somebody speak about something.. This is a great idea and I could try it this way.” Artistic formats were also described as spreading through the influence of a particular individual who had passion and experience. When asked where they learn about artistic formats, interviewees commonly listed a series of individual names—people they had met and built relationships with over time. As a result, personal and informal ties were important to spreading innovation and artistic formats through wider networks of clowning organisations.

Partners and the efhco cohort were asked about the frequency of international exchange, and their responses are in the table below.

	HOW FREQUENTLY DO YOU PARTICIPATE IN INTERNATIONAL ARTISTIC EXCHANGES?	
	Partners	efhco
MONTHLY OR MORE	2	6
QUARTERLY	2	6
ANNUALLY	2	8
LESS THAN ANNUALLY	1	9
NEVER	0	5

All partners reported that they participate in some exchanges, though the frequency with which they do so varied. By assigning estimated values of the number of exchanges for each category (monthly=12/year, quarterly=4/year, annually=2/year, less than annually=0.5/year), partners participate in approximately 5 international artistic exchanges per year. The survey did not specify if these are virtual or in-person exchanges. In-person exchanges were highly valued by interviewees, though they could

not participate as much as they wanted to due to time and funding restrictions. Conference presentations and clowning observations were cited as highly valued methods of exchange. Respondents from

the efhco survey, in contrast, as a group had fewer international exchange activities, with 14/34 (41%) reporting that they participate less than 1 time per year or never.

When asked where they exchange information on artistic formats, partners responded that they already share information within the Red Noses network and among the ClowNexus partners. Red Noses has structures for sharing both management and artistic practices, though interviewees expressed a desire to **include more frontline clowns** in exchanges. One clown said, “This is how we develop.” Building international interpersonal networks among clowns was considered an important need that ClowNexus could help fill. Clowns also described how they brought back information from international exchanges to share with other clowns in their country, or conversely how they sought information from clowns who were able to travel to other countries. As a result, it may be worth examining not only the connections established through the ClowNexus international exchanges, but also the **ripple effect beyond direct participants**.

All partners expressed eagerness for artistic exchange through the structure of ClowNexus, which includes both Red Noses and other organizations. Other places where partners exchange artistic information include efhco, the Healthcare Clowning International Meeting (HCIM), and the International School of Humour. Some partners noted that they would like to have **more interaction with people in other disciplines**, such as disease-specific associations, and artists from other fields who have worked with the target groups.

For the baseline, it was hoped to develop a social network analysis map of the connections among organisations, whether they were international connections, as well as the frequency and value of the interactions. However, the social network analysis data collection tool was not completed uniformly by all participants, perhaps due to a lack of understanding of how and why to fill out the tool. As a result, the map cannot be pictured at this time. This activity may be worth revisiting again at a later date with more introduction to the activity’s purpose and format, data collection through interviews, and/or a fixed-response answer guide.

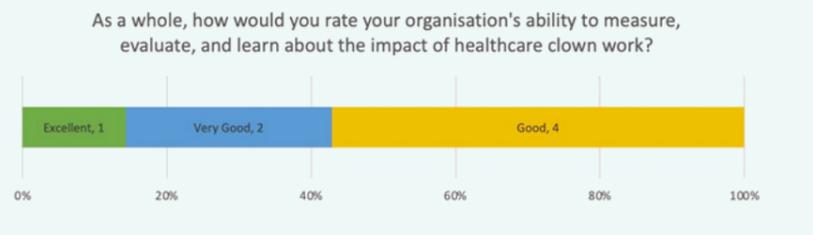
## X. MONITORING, EVALUATION, AND LEARNING

LEARNING QUESTION	SUB-QUESTIONS
What are the best ways to measure, evaluate, and learn about healthcare clowning?	<ul style="list-style-type: none"> <li>➤ What MEL tools and approaches do HCOs currently use?</li> <li>➤ How do HCOs monitor the delivery of activities?</li> <li>➤ How do HCOs assess the quality and impact of their work?</li> <li>➤ What MEL approaches have worked well?</li> <li>➤ What are the gaps and challenges for MEL?</li> </ul>

### CURRENT PRACTICES

The baseline evaluation examined current practices for monitoring, evaluation, and learning (MEL) in order to understand both strengths and challenges, and to generate insights relevant for the development of an MEL toolkit under the ClowNexus project. Partners were asked about their organisation’s overall MEL abilities, and their responses are pictured below. No partners considered that their skills were “poor” or “very poor”, and most considered that their skills were good. Assigning a value to each skill level (very poor=1, poor=2, good=3, very good=4, and excellent=5), partners rated themselves an average of 3.6 (good) out of 5.

**CLOWNEXUS partners**



Among the efhco cohort, about half of respondents (17/33) considered their organisation's ability was good, nearly one-third (10/33) considered their ability to be very good or excellent, and the remainder considered their ability to be poor or very poor.

**efhco RESPONDENTS**



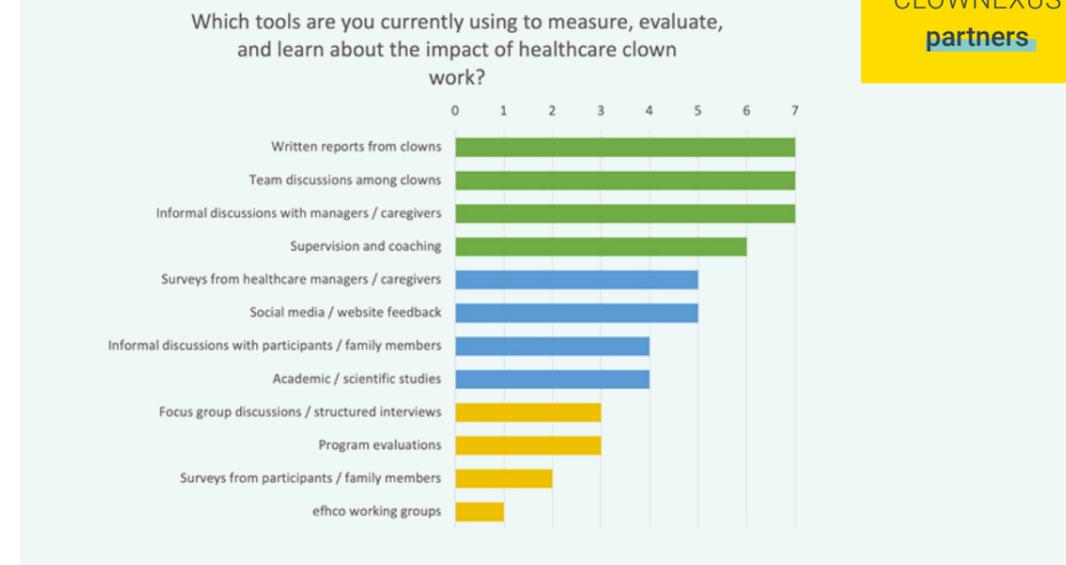
Partners were then asked about what tools they currently use, and their responses are featured in the graphic on the following page.

All partners indicated that they are using written reports from clowns, team discussions among clowns, and informal discussions with managers and caregivers. Post-visit reports from clowns were completed to describe the visit and any special moments. Partners use different formats for data collection, both paper and electronically. One partner (Finland) was pleased with collecting data through conversations in Slack, which allowed for easy communication and sharing among a wider group.

Many partners also noted that they use informal feedback such as social media and discussions with participants and family members. In interviews, partners expressed a preference for simple and informal tools that allow for learning and adaption at a local level and in the moment. The meetings with caregivers immediately after a clown visit were highly valued for understanding what is and is not working in that context. In addition, nearly all partners indicated they use supervision and coaching. (The one partner who replied that they do not use this tool is likely to be the partner who does not directly oversee clowns.)

In terms of surveys, most partners use some surveys with managers and caregivers. Surveys were discussed with less enthusiasm. Often surveys were seen as a method of collecting necessary data to use in program accountability and advocacy. For example, the surveys ask about satisfaction with the visit, and 95% or more of respondents say that they are highly satisfied. Partners noted that when these surveys can come back with such high and positive responses that there was little they could learn from such tools. One partner (Austria) explained how they are developing surveys that seek to better understand the process, rather than the result, of the visit. While fewer partners reported using surveys with participants and family members, one partner described that the online visits have offered an opportunity to directly and easily survey them at the conclusion of the visit.

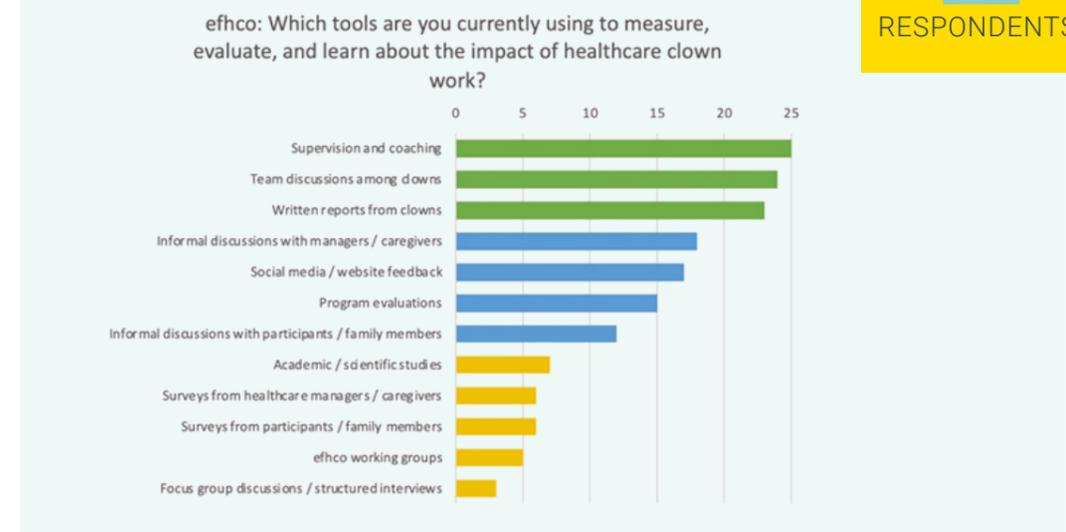
**CLOWNEXUS partners**

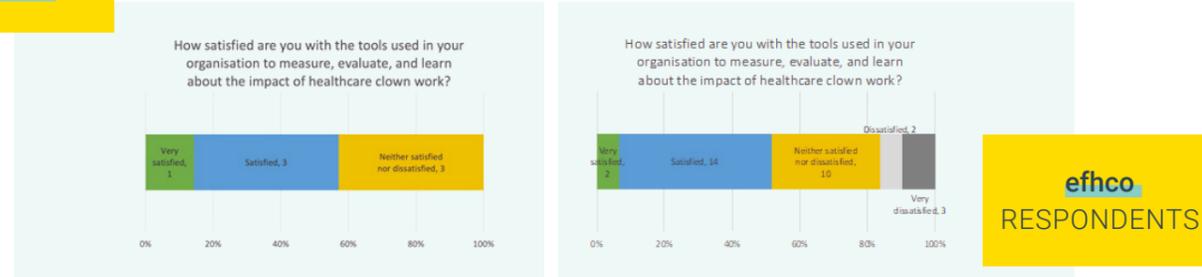


Many partners have also been involved with formal academic and scientific studies. Structured data collection through interviews, focus groups, and evaluations were cited as tools less frequently. Several partners discussed their positive experiences with the recent CarO evaluation, and partners were generally eager to have data that they could share more broadly about the impact of their programming. One partner (Spain) described with great satisfaction how they had recently begun a regular process of holding focus groups with participants, families, and caregivers, including approximately 25 people twice per year.

The same question about MEL tools was also asked to the efhco cohort, who indicated that supervision and coaching, team discussions among clowns, and written reports from clowns were the most frequently used tools. In comparison to partners, efhco survey respondents were more likely to say that they used program evaluations and surveys from participants/family members.

**efhco RESPONDENTS**





Finally, partners and the efhco cohort were asked about their satisfaction with current MEL tools. No partners indicated they were “dissatisfied” or “very dissatisfied” with their MEL tools. Most partners were satisfied or very satisfied with the tools that they currently use, with the remaining partners neutral on the question. About half of efhco respondents indicated they were satisfied or very satisfied with their tools (16/33), nearly one-third said they were neutral (10/33), and the remainder indicated that they were dissatisfied or very dissatisfied (5/33) or did not know (2/33).

### OPPORTUNITIES

While partners were not dissatisfied with their MEL abilities or tools, they were able to articulate several opportunities to improve MEL. These areas offer useful insight for the planned development of an MEL toolkit. Across all of these needs identified, partners emphasized to be conscious of the demands that new MEL activities place on the time and attention of clowns, caregivers, and institutional decision-makers.

**Assess the impact of clowning:** Many interviewees agreed that the field lacks a sufficient evidence base to explain the impact of clowning—particularly when working with new audiences like the elderly with dementia and children with ASD. There was a desire to generate more data that could demonstrate that clowns do not simply bring entertainment, but rather, introduce a wide range of effects among participants.

**Observe behaviour before, during, and after a visit:** Because participants may act so differently when the clowns are present compared to their normal behaviour, including an observation before they arrive would help to understand changes and effects. Outside of special studies, this can pose practical challenges. Partners also expressed a desire to understand how long effects lasted after clowns depart. Develop tools that reflect the creative nature of clowning: Quantitative “key performance indicators” were understood to be useful for accountability and advocacy, but to not capture the depth and breadth of clowning. Interviewees discussed a need for tools that are better suited for a creative activity. Moreover, the effects of clowning are diverse and experienced differently at an individual level, presenting challenges to tools that set out a standard of performance.

**Capture qualitative data on a larger scale:** As noted above, partners collect a large amount of informal and qualitative data, but are challenged to organize and synthesize this data in a reliable way. An outside expert agreed that often data collection is done well during a pilot period, but is lost when the activities scale up. Some of the data collection tools used during this evaluation including the clown post-visit reports may offer insight into how to address this challenge. Sampling is another option, as techniques such as lot quality assurance sampling (LQAS) has been adapted for use in programme monitoring settings. Technology tools such as sentiment analysis can also be applied to large qualitative data sets if they are captured electronically.

**Collect feedback directly from participants:** Interviewees discussed that caregivers and institutional managers are the most likely to participate in more structured feedback processes such as surveys. While participants offer their impressions directly during and after a visit, there was a desire to collect

more useful feedback. On a related note, there was also a need identified to collect feedback from those who had negative and neutral experiences.

### DIRECT OBSERVATION TOOL

As described earlier, a direct observation tool was piloted for clown visits during the evaluation. The piloting of the tool offers some reflections on the use of the tool for understanding the effects of clowning.

- ▶ Piloting the tool showed that it was a relatively practical tool to use in a program setting, though the reliability of the data depends on the training and orientation of observers. When prompted, it seems that observers are more likely to notice and capture effects across a broader range of caregivers.
- ▶ In the development of the form, it was considered important to emphasize that the form was not an evaluation of clown performance, as well as to encourage observers to validate the information with caregivers.
- ▶ The usefulness of the information relies heavily on the categories and definitions outlined in the form. Based on the results of the other parts of the evaluation data collection, it may be useful to incorporate communication as an independent category in future forms and/or to incorporate it into the connections with others category.
- ▶ With a larger data set, summary statistics such as average number of changes per visit could be applied. Further analysis of the qualitative narratives accompanying each positive change could also be useful for understanding effects.
- ▶ For practical reasons related to the remote data collection, the form only sought to capture positive changes. Future data collections may benefit from also capturing potentially negative or unanticipated changes.

### LEARNING PILOTS

Partners were invited to conduct a Learning Pilot using a novel methodology to collect and analyse data. Pilots were intended to collect data for use in the evaluation, as well as offer an opportunity to practice novel methods and share learning about their use among the project partners. While the pilots were optional, all partners chose to participate, and one partner completed two pilot activities. Three methodologies were presented to partners, and they were asked to choose which one they would like to implement in their setting.

### ART VOICES

*The first pilot method was Art Voices, which is described in this figure.*

**Who?**  
Artists, care providers, family members, and institutional managers

**What?**  
Participants receive a question related to the evaluation (such as “What are the benefits of healthcare clowning?”) and are asked to respond with their own photo and a caption. Participants also have the option to respond with another type of art, such as a drawing.

**Why?**  
This activity invites broader and more creative responses to qualitative questions in the evaluation. It can uncover new perspectives and voices as compared to traditional focus groups. This activity can be repeated over time to understand shifts in themes and perspectives. Piloting this method may be particularly useful for considering a future activity with children and the elderly directly.

Art Voices was developed as an adaptation of the PhotoVoice method, which has been used in diverse settings to allow participants to “represent themselves and tell their own story.” (For more information, visit <https://photovoice.org>) Five partners (Austria, Croatia, Hungary, Finland, and Spain) completed the Art Voices pilot, collecting a total of 32 submissions. Partners shared a request for submissions through their networks in the local language, and collected and translated the responses. For the most part, submissions were from clowns and caregivers, and one partner collected submissions from participants directly. Respondents generally had 1 to 2 weeks after the call for submissions to complete the activity.

The submissions included photos newly taken, photos from an existing library, and drawings. At the end of the submission period, one partner also included a “Virtual Gallery Show” to review and discuss the submissions among clowns. The combined submissions were analysed according to qualitative themes outlined earlier in this report.

Overall the method was very well received. Nearly all partners chose to conduct the pilot, and they were able to obtain a number of responses during a very busy time. Because the submissions could be generated at any time (rather than during a fixed meeting), the pilot was considered highly feasible to complete. The ability to explain ideas and experiences using visual images rather than words was appreciated. Based on an analysis of the results, the method seemed to generate more creative expression as well. There was interest among partners for using the method in the future to explore the viewpoints of participants and family members.

**Considerations for using this method in the future include:**

Including a final sharing session is highly recommended, but presents practical concerns. Ideally, this method always includes a convening at the end for participants to share their photos and explain their perspective further. The live Virtual Gallery Show that one partner held was highly appreciated by clowns, and served to generate a greater quantity of information related to the evaluation questions. Due to practical limitations, this was not a requirement for the pilots (and as noted above, was likely one of the reasons the pilot was so popular). Another option would be to have an online gallery where people could visit and leave comments virtually.

Simple written instructions seemed sufficient to explain the activity to clowns and caregivers. It was necessary to include a key question to answer to bound the responses, but otherwise the clowns and caregivers were able to follow the instructions well. Other options include to have a meeting, video call, or recorded video to explain the activity.

Offering an option to respond with more than one media type (photo or a drawing) worked well. Drawing is as easily accessible option for those who lack the time or inclination to search for a photo to take. Some submissions also included images that appeared to be from someone’s library or internet search, which were also useful. A future activity might explicitly indicate that this is an option for putting together a response. At one point in pilot planning process, it was considered to allow submissions with any media type (song, poetry, dance, etc.). However, feedback from artists indicated that this would be too broad to respond to. In addition, it would have been more challenging to analyse.

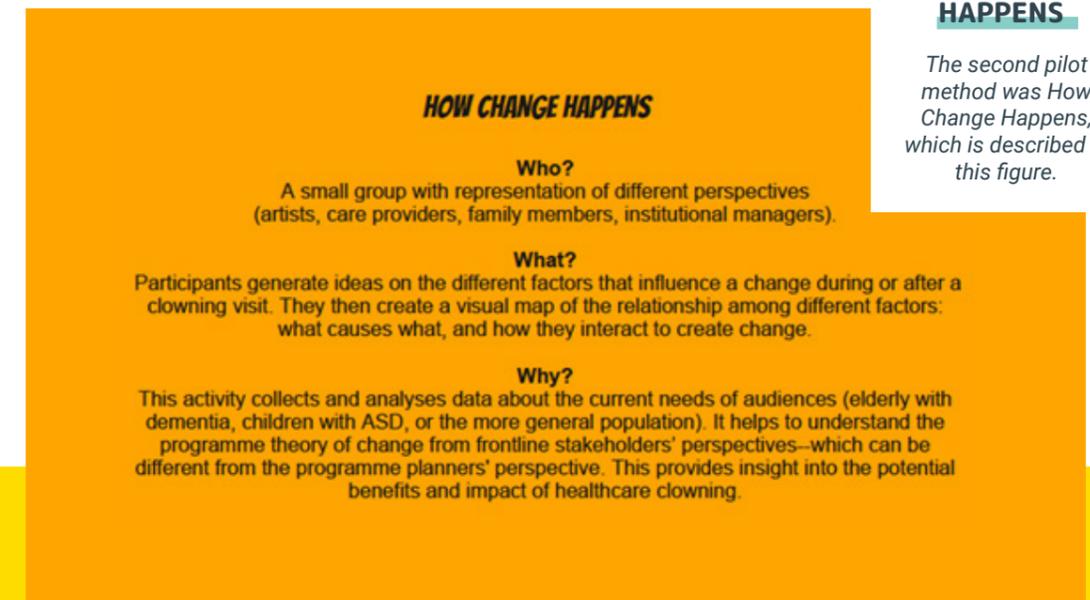
It is important to consider the permissions and parameters of the photo submissions from the beginning. For the pilots, partners followed their established guidelines for documenting and obtaining photo permissions. Generally, it is recommended to explicitly exclude photos of people’s faces—unless it is a self portrait—for privacy purposes. It is also recommended to have the default permissions for the photos be only for use within the activity, and to only be shared with the data collectors (and participants, if a sharing session is planned). It is important that submissions reflect a true and honest viewpoint, rather than “success stories” expected for marketing purposes.

However, once the submissions are assembled, maintaining their restricted permissions level can be challenging. An analysis plan is required in advance, which outlines how the submissions will be used by participants as well as data collectors. For the purpose of this evaluation, thematic coding of the art and accompanying narrative was used. Collecting the characteristics of respondents in a standard way can be useful in the analysis. For example, in this evaluation themes and trends were identified for how clowns described the benefits of their work, compared to how caregivers did.

Additional safeguards and planning are needed for collecting data with vulnerable groups such as children and the elderly with dementia. For the partner who collected data from participants directly, no specific challenges were noted, as they already had in place ethical requirements for such work. However, in the future it is worth keeping this in mind, as it affects the overall process and timing of the activity.

**HOW CHANGE HAPPENS**

*The second pilot method was How Change Happens, which is described in this figure.*



**The How Change Happens pilot** is an adaptation of Systems Mapping, which is a participatory method for understanding complex systems. Systems mapping can take a range of formats, from causal loop diagrams that show relational dynamics and systems change across a large number of interconnected factors, to influence mapping that shows the relationships between proximal causes and effects.

One partner (Austria) chose to complete the How Change Happens pilot. The session was held online as a 2-hour workshop facilitated in the local language. Participants joined by online video conference and viewed a virtual whiteboard at the same time. Two facilitators led the session, with the evaluator observing. The first facilitator had overall leadership for managing the discussion, while the second took notes and organized the virtual white board.

Using a guide developed by the evaluator with input from the partners, facilitators led participants through the session:

- Introduction (15 minutes): Facilitators welcomed participants, obtained informed consent, and led an icebreaker for participants to introduce themselves.
- Brainstorming (45 minutes): Using the guiding question “What happens during a clown visit?” participants shared their experiences with clowning and how they perceive the visits. Each individual idea or factor was captured by the second facilitator on sticky notes on the virtual white board, and grouped together with similar themes.
- Break (5 minutes): While participants took a short break, facilitators checked in with each other to reflect on the session so far, as well as continued to organize the stick notes thematically on the virtual white board.
- Grouping and Connections (20 minutes): Facilitators helped the group to draw connections between sticky notes, drawing arrows between ‘causes’ and the ‘effects’.
- Reflections and Closing (5 minutes): Facilitators reflected on the session’s themes and thanked participants for their time.

The session was well received by participants and facilitators alike. Bringing different stakeholders who have different roles and perspectives was highly valued. Participants were able to have respectful and productive discussions, and felt comfortable sharing personal perspectives with the group. Brainstorming went on for longer than was originally planned. The evaluator observed that the use of a systems map allowed participants to discuss the complexity of clowning without becoming lost in the topic, and to build a cohesive picture of how different factors interact.

**Considerations for using this method in the future include:** While the method is useful in exploring diverse and complex perspectives, it can be difficult to explain at the onset. Only one partner chose to conduct this pilot, which is partly explained by the difficulty of convening participants for a virtual workshop, but may also reflect lack of understanding or confidence in the usefulness of the method. In contrast to the My Favourite Story pilot, which is described in the next session, the systems mapping activity may feel intimidating or very different from what is typically done.

A general framing question results in ample discussion but less depth. Part of a systems mapping activity is to define the boundaries of the system that will be mapped. For the first piloting of the activity, it was considered useful to have a broad question (the system boundary) to ensure there would be sufficient content to discuss. With more experience and planning, in the future similar activities could focus in on areas of particular interest.

Skilled facilitation is required. Planning and managing this discussion successfully required a highly skilled facilitator. It was also useful to have a second facilitator assist with the white board.

Systems mapping can be done virtually, with limitations. The session was held virtually for practical reasons. This had the benefits and drawbacks of all online sessions. Of particular relevance for systems mapping, the session was limited to 2 hours, as it was considered that this was the maximum time that participants would be willing to spend and able to pay attention. Typical systems mapping activities require significantly more time for participants. In addition, due to the limited time and the desire to avoid technical difficulties, the second facilitator took the responsibility of writing sticky notes on the white board and drawing connections, but the method is truly intended for participants to take the lead on these activities.

System mapping can serve as a foundation for collaboration. This method helps different individuals explore and understand how others view a specific issue. It uncovers not only perceptions of how the world is, but also what are the driving forces behind it. Systems mapping is often used to explore and shape “mental models,” which are the deep-rooted beliefs that capture how an individual makes sense of the world. The How Change Happens pilot specifically sought to bring together individuals with different perspectives, and this was considered to be a major component of its success. In the future, this activity could be a useful starting point for stakeholders who will be working collaboratively.

## MY FAVOURITE STORY

*The third pilot option was My Favourite Story, described below.*

### MY FAVOURITE STORY

Who?

A small group with representation of different perspectives (artists, care providers, family members, institutional managers).

What?

The group reviews a set of “special moments” narratives from programme reporting. Each participant chooses a favourite story. Then, as a group, they come to a consensus about their favourite story overall, and describe the reasons why.

Why?

This activity collects and analyses data about the current needs of audiences (elderly with dementia, children with ASD, or the more general population). It helps to uncover their perceptions about healthcare clowning overall and how they perceive its impact. By choosing and discussing a favourite story, this activity uncovers what the group values. After the baseline, this activity can be conducted again to identify promising practices and incorporate different perspectives into implementation.

The My Favourite Story pilot is an adaptation of the Most Significant Change method, which is a qualitative method used for group learning and adaptation. Most Significant Change is a narrative-based tool that generates stories from frontline stakeholders on changes in their lives, organizations, and contexts. Most Significant Change is traditionally used to help program managers understand which parts of the interventions had the desired effect, what other results have emerged, and why and how change occurred. The process of collecting, analyzing, and prioritizing stories through this method provides insight into what an organization values. By repeating the activity over time, the method supports continual learning and adaptation, as well as early identification of successes and failures.

One partner (Lithuania) planned the My Favourite Story pilot, which was a 90-minute online workshop facilitated in the local language. Several other partners indicated interest in completing this pilot, but considered it less useful or feasible to complete in an online format. Five participants were convened including nurses, a psychologist, a family member, and a program communications specialist. Some but not all participants knew each other in advance. As part of the preparation for the session, facilitators shared six stories of ‘special moments’ that described the positive effects of clowning for the elderly. These stories were drawn from existing project reports and communication, and edited slightly for length and clarity. Participants were asked to select their favourite story and come to the session prepared to share their reason for selecting that story.

Participants joined by online video conference and viewed a virtual whiteboard at the same time. Two facilitators led the session, with the evaluator observing. The first facilitator had overall leadership for managing the discussion, while the second took notes and organized the virtual white board. Using a guide developed by the evaluator with input from the partners, facilitators led participants through the session:

- Introduction (15 minutes): Facilitators welcomed participants, obtained informed consent, and led an icebreaker for participants to introduce themselves.
- Discussion of Stories (45 minutes): Participants identified which story they had chosen as their favourite and why, and reacted to others. They discussed why and how clowning had the effect described in the story.
- Discussion of Individual Experiences (20 minutes): Participants shared their own stories of how the elderly have benefited from clowning, and reacted to others.
- Reflections and Closing (10 minutes): Facilitators reflected on the session's themes and thanked participants for their time.

The session proceeded slightly differently from the plan, which also included an initial vote on the favourite story, a debate among the top two stories, and a final vote to select the group's top story. The voting process was intended to spark further and deeper discussion on the stories, as well as to have participants consider perspectives that they didn't notice the first time. In the live session, all participants chose the same story as their favourite, making the voting process unnecessary. The facilitator was prepared for this possibility. Instead of holding the vote and debate, she extended the time available for discussion of the stories and the personal experiences of the participants. Similar to the How Change Happens pilot, the session was well received by both participants and facilitators. Fostering discussion among different types of stakeholders was also highly valued.

Considerations for using this method in the future include:

**Most Significant Change can be used as an accessible and understandable discussion tool.** Participants understood the instructions and were able to complete the story selection before the session. The use of stories was considered to unearth new and deeper perspectives. Moreover, beginning by talking about someone else's experience provided a useful entry point for discussing their own experiences. Participants spoke openly and freely about their own sensitive experiences after they had developed rapport with each other by talking about the common stories.

**Initial story selection matters.** Planners attempted to make all stories at the same level so that they could be plausibly chosen by any participant. In practice, this was difficult to do, and even the planners suspected that one story would outshine the others. For this session, the facilitator was able to manage the conversation well and hold a useful discussion. However, if repeating this format in the future, it would be useful to review the stories or potentially pre-test them to see that they illuminate different perspectives.

**Voting and debate is one way to spark discussion, but not the only option.** Holding a two-round runoff vote for the group's favourite story was planned in order to spark deeper discussion and help participants understand and adopt new perspectives. This typically works well in cultural contexts where such competitive debate is welcomed, and if the facilitator keeps the session light and fun. However, as described earlier, the voting and debate process was not conducted, so it is not possible to say how well this would have worked with this audience. Other methods to encourage discussion include a wider set of discussion questions, exploration of the second-favourite stories, and exploration of the last favourite stories.

**Most Significant Change can be adopted more broadly in an organization or a network.** In the traditional application of Most Significant Change, stories are written by frontline stakeholders, filtered by small groups in different locations or areas of expertise, and then subsequently selected through a hierarchical process. This method could be used in ClowNexus and similar programmes in order to uncover promising practices and innovations, generate continual learning, and explore shared values among a diverse group.

## XI. VISIBILITY AND AWARENESS

LEARNING QUESTION	SUB-QUESTIONS
<b>How can we advance humour and the arts more broadly for vulnerable groups?</b>	<ul style="list-style-type: none"> <li>➤ What is the current level of awareness among decision-makers about healthcare clowning?</li> <li>➤ What level of understanding exists about the impact of healthcare clowning?</li> <li>➤ To what extent is healthcare clowning perceived as a professional, integral part of care?</li> <li>➤ How is healthcare clowning perceived more broadly in the health and arts and culture sectors?</li> <li>➤ What strategies and messages are currently being used for visibility and awareness?</li> <li>➤ How could HCOs increase awareness and support for healthcare clowning?</li> </ul>

### CURRENT PERCEPTIONS, STRATEGIES, AND NEEDS

Partners were surveyed on perceptions of healthcare clowning and its effects. First, they were asked to consider what their stakeholders think about healthcare clown work generally. Respondents were asked to consider the feedback they receive from those that they meet, visit, and work with at hospitals, schools, and other places. At baseline, there was not an established list of stakeholders common to the project who could be surveyed directly for their views. In the future, randomly sampling stakeholders for such a survey would be useful.

The table and graphs below summarize how partners rated stakeholders' awareness and support for healthcare clown work.

STAKEHOLDER TYPE	AWARE OF HEALTHCARE CLOWN WORK			RECOMMEND HEALTHCARE CLOWN WORK		
	Mostly Yes	Mostly No	Not Sure	Mostly Yes	Mostly No	Not Sure
<b>DIRECTORS/ADMINISTRATORS OF INSTITUTIONS</b>	4/7 (57%)	1/7 (14%)	2/7 (29%)	4/7 (57%)	1/7 (14%)	2/7 (29%)
<b>HEALTHCARE WORKERS/CAREGIVERS/STAFF</b>	7/7 (100%)	0/7 (0%)	0/7 (0%)	5/7 (71%)	0/7 (0%)	2/7 (29%)
<b>FAMILY MEMBERS</b>	4/7 (57%)	0/7 (0%)	3/7 (43%)	6/7 (86%)	0/7 (0%)	1/7 (14%)
<b>GOVERNMENT OFFICIALS</b>	3/7 (43%)	2/7 (29%)	2/7 (29%)	3/7 (43%)	1/7 (14%)	3/7 (43%)

**CLOWNEXUS  
partners**



In interpreting the results, it is worth noting that these questions asked about healthcare clowning generally, not specifically for the target groups. All partners indicated that healthcare workers were mostly **aware of healthcare clowning** and most indicated they would **recommend** it as a good practice. Some partners indicated that family members and institutional directors were aware of healthcare clowning, but family members were very likely to recommend it. Fewer partners indicated that government officials were aware and likely to recommend it.

Interviews with partners and with representatives from the wider arts and culture community reflected that **clowns in hospitals** are quite well known and accepted. Contacted individuals indicated that those in the health care field may be more familiar with the pain reduction effects for hospitalized children cited in the literature. At the same time, they indicated that the perception remains that clowns are just for fun, and that the decision-makers and the general public do not know the full range of benefits and effects as outlined in previous sections of this report. Interviewees expressed a need to better **assess and communicate the impact** of the work.

Beyond children in hospitals, interviewees described a developing awareness of clowning in other contexts. However, **awareness of clowning for the elderly** was much lower, particularly in countries that do not have a long history of clowning for this group. Similar to what was described earlier in this report about the perspectives of caregivers and families, the public may view the practice as disrespectful or infantilizing. As a result, public communications on the topic should be planned with careful attention. One interviewee noted that an initially negative wave of press attention on clowning for the elderly was very difficult to overcome. At the same time, both due to aging populations as well as increased focus on the needs of the elderly during the pandemic, interviewees saw a good opportunity to elevate awareness of the benefits of clowning for this group.

The same questions were asked to the efhco cohort about the awareness and recommendation of healthcare clowning, with the results pictured below. Respondents perceived similarly high levels of awareness and support from healthcare workers and family members. They also indicated that there is an opportunity to increase awareness and recommendation of healthcare clowning as a good practice among government officials and, to a lesser extent, among institutional directors.



**efhco  
RESPONDENTS**

Partners and the efhco cohort were also surveyed whether generally, in their context, stakeholders consider clowns to be part of the care team. This sought to understand **the extent to which clowns were considered professionals**, rather than volunteers or performers. The results from the surveys are below.

GENERALLY, IN YOUR CONTEXT, DO PEOPLE CONSIDER CLOWNS PART OF THE HEALTHCARE TEAM?			
	Mostly Yes	Mostly No	Not Sure
<b>Partners</b>	3/7 (43%)	2/7 (29%)	2/7 (29%)
<b>efhco</b>	14/31 (45%)	8/31 (26%)	9/31 (29%)

On this question, the trends among partners and efhco respondents was very similar: less than half indicated that clowns are considered part of the healthcare team, about one-quarter indicated that clowns are not part of the team, and the remainder were unsure. While taking into consideration that there is wide variability across country and stakeholder contexts, the issue of whether clowns are considered part of the healthcare team should be an important factor to explore over time. The baseline evaluation reflected both from clowns' and caregivers' perspectives that being part of the team was important for the acceptability and effectiveness of clown visits.

The reactions to the COVID pandemic was frequently cited as an illustration of the extent to which clowns were considered professionals and part of the care team. At the onset of the pandemic, most clown visits were cancelled. Clown visits slowly resumed through online and socially-distanced outdoor visits. At least among clown organizations, there was a sense that their stakeholders had a greater appreciation of the needs that they met for participants, especially the elderly. In at least one case, clowns received priority COVID vaccinations to resume their work in elderly homes. One partner described how perceptions had changed during this time:

*"During the last year, we found out that our fundamental place is in hospitals. We were seen as visitors from outside. It had benefits—we could do what we wanted, with no real written or verbally spoken aim. We were well seen, happily as guests. Then there came the lockdown and we were all excluded even during a time when it was really needed. I had a new task to fulfill, to get into a deep conversation with the nurses who have been the most opposed. We know all of them and we get feedback from them... To have telephone calls and talk about our responsibilities and to take a deeper step into the hospitals... The clowns were asked to do postcards and videos for the nurses. In the last 6 months we got a much more profound standing in the healthcare system, elderly homes, schools, and hospitals."*

## XII. FUTURE CONSIDERATIONS

While this evaluation uncovered many good practices and promising approaches for working with the target groups, it also identified opportunities for improvement. Below is a summary of the key recommendations generated through the baseline process and considerations for the ClowNexus implementation period.

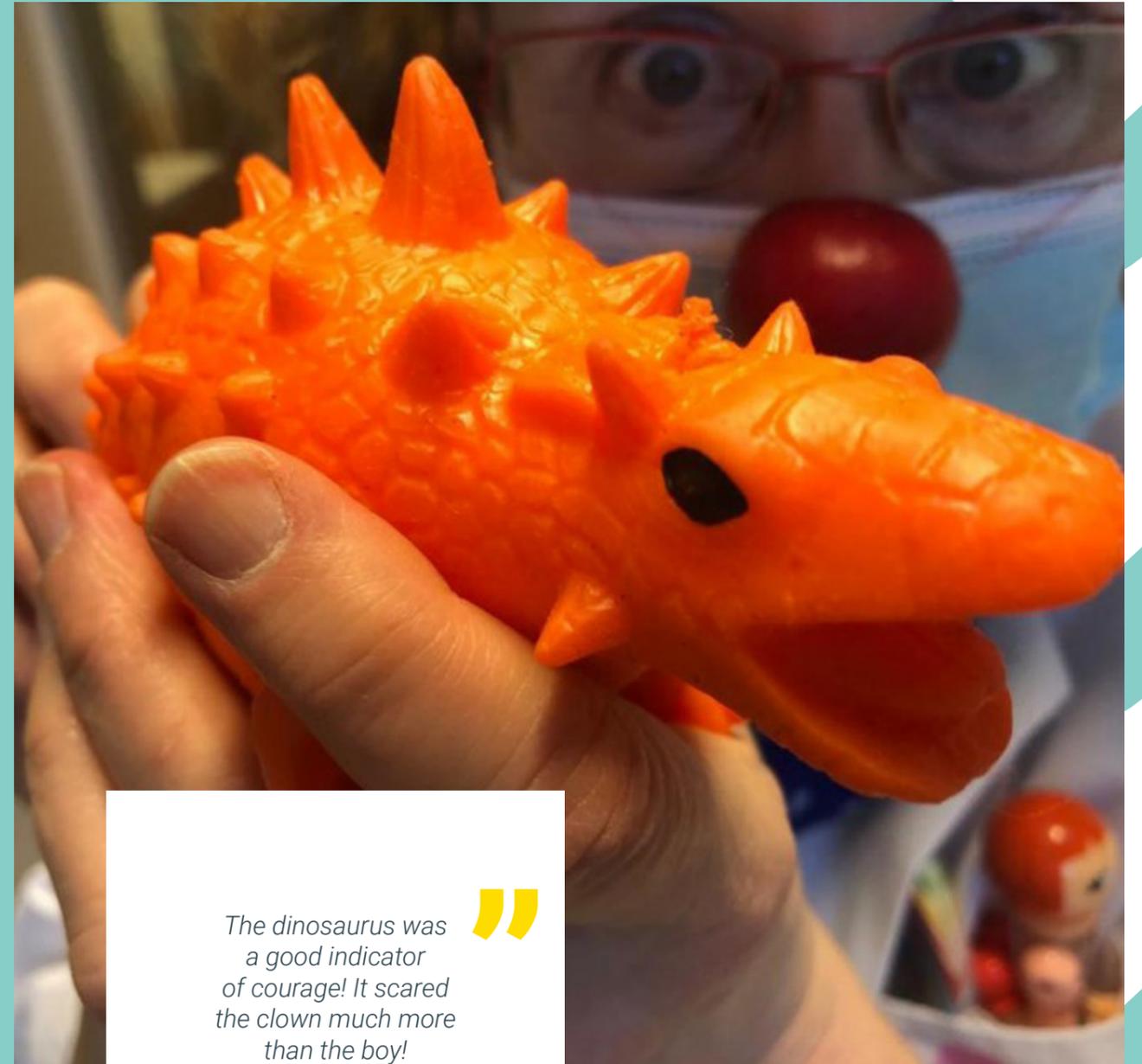
**Expand access to clowning for the target groups:** Staff who have experience with clown visits and who participated in the baseline data collection gave overwhelmingly positive feedback on the benefits of clowning, as described in greater detail in a later section of this report. Among those contacted, it was difficult to generate suggestions on how the artistic formats could be improved. Often, staff and institutional managers simply suggested a greater coverage and reach of clowning generally. Some staff discussed how they had increased the frequency of clown visits, or how they wished they could do so. They believed that more regular visits would allow clowns to build stronger relationships with participants and provide individualized attention.

**Increase the knowledge and skills of clowns for working with the target groups:**

Partners reported that some of their clowns have the skills to work with the target groups, but this can be improved. Clowns demonstrated a desire to know more about the clinical aspects of dementia and ASD, with the expectation that greater understanding of the conditions would allow them to better personalize their interactions and adapt their clowning to the individuals. In addition, there was a common sentiment among interviewees that the current artistic formats served the target groups, but could achieve better results if crafted with them specifically. While many could recall particularly special occurrences, they wondered if the results would be more consistent and widespread if crafted around the specific characteristics of people with dementia and ASD.

**Increase exchange among healthcare clowning organisations:** All partners expressed eagerness for artistic exchange through the structure of ClowNexus. Building international interpersonal networks among clowns was considered an important need that ClowNexus could help fill. Clowns also described how they brought back information from international exchanges to share with other clowns in their country, or conversely how they sought information from clowns who were able to travel to other countries. As a result, it may be worth examining not only the connections established through the ClowNexus international exchanges, but also the ripple effect beyond direct participants.

**Improve measurement and learning on the impact of the healthcare clowning:** Many interviewees agreed that the field lacks a sufficient evidence base to explain the impact of clowning—particularly when working with new audiences like the elderly with dementia and children with ASD. There was a desire to generate more data that could demonstrate that clowns do not simply bring entertainment, but rather, introduce a wide range of effects among participants. More tools are needed that are suited for a creative activity and for capturing qualitative data on a larger scale. Considering how to best capture feedback directly from participants, particularly vulnerable groups, is another important challenge. A number of tools were adapted, developed, and piloted during the evaluation period including post-visit reports from clowns and staff, direct observation forms, qualitative feedback through photos and drawings, and multidisciplinary interactive workshops.



*The dinosaur was a good indicator of courage! It scared the clown much more than the boy!*

**Art Voice, FINLAND**

Learning from the use of these tools during the baseline evaluation should be leveraged for us in the project learning toolkit, as appropriate. Taken as a whole, these recommendations and considerations are well aligned with the activities planned under ClowNexus. As a result, the baseline evaluation has reaffirmed the need for the project and the opportunity to make a unique contribution to the field through the consortium's work.

# ClowNexus

## BASELINE EVALUATION

by DIANA HARPER, MPH

March 31, 2021

