OUR BASELINE: THE SUMMARY

WHAT IS A BASELINE EVALUATION?

A baseline evaluation is conducted at the start of a project, to provide a snapshot in time. It documents what we knew about clowning and the target groups when we started. When the project is finished, we will do a final evaluation and compare that to the baseline, to understand how we have grown and the impact we have had.

The ClowNexus baseline evaluation was conducted from November 2020 to March 2021. It was oriented around a set of six learning questions.

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1. What do we know about the lives and worlds of our target groups (elderly with dementia & children with autism)?
2. What artistic clowning techniques work best with our target groups?
3. What makes co-creation successful?
4. What is the effect of clowning on target groups, their care providers, their families, and their broader environment?
5. What are the best ways to monitor, evaluate, and learn from healthcare clowning?
6. How can we advance humour and the arts more broadly for vulnerable groups?

METHODS USED

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

ABOUT THE AUTHOR

Diana Harper is an independent consultant and a senior evaluation expert. For the past 15 years, she has collected, analysed, and communicated data to improve health and social outcomes. She has worked in close partnership with stakeholders ranging from national and global policymakers, to programme and NGO managers, to clinicians and caregivers at the local level. She is passionate about participatory and complexity-aware approaches to evaluation. Ms. Harper holds a Masters of Public Health from Johns Hopkins University and a Bachelors of Arts in Political Economy from Georgetown University.

1

QUESTION 1: THE TARGET GROUPS

> What do we know about the lives and worlds of our target groups (elderly with dementia & children with autism)?

Elderly with dementia and children with autism have unique perspectives of the world, which are often not valued.

They are not uniform groups

- Children with ASD have different characteristics and conditions across a spectrum
- Dementia has different phases that are marked by different symptoms, and disease progression varies by individual

Social isolation

- Elderly become isolated due to their cognitive state and the facility's capacities (such as being understaffed)

  "Even if dementia can impair the connective faculties, it can never impair emotional intelligence. And that can continue to develop."

- Children with ASD become isolated due to differences in how they communicate and process information

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Rarely encouraged to act and feel freely, be themselves

- Target groups lack opportunities to move from a passive to an active state
- They hear "no" very often
- Care providers and family members come with a lot of expectations, which can actually lead to the elderly person or child with disabilities doing the exact opposite of the expectation (not communicating, not moving)
- Clowns provide a safe environment to feel the full range of emotions, including negative emotions

Rarely encouraged to give advice, be a leader, make their own decisions
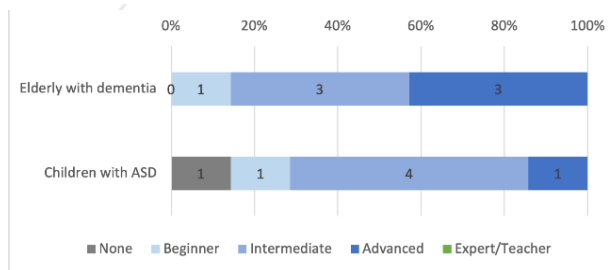
- Other people are often making decisions for both these groups
- For different stages of dementia and ASD, there are different forms of this dynamic
- Clown's vulnerable state helps them gain confidence
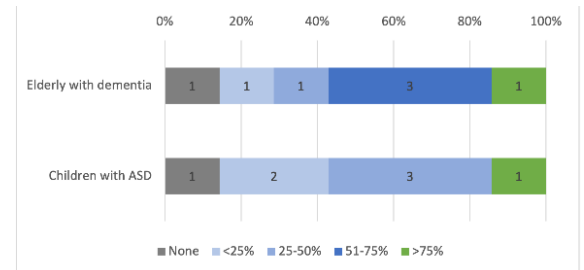
Important that they feel safe

- Children with ASD need a sense of normalcy and boundaries, that the clown is still an adult who can be trusted.
- Elderly want to avoid feeling confused or like the object of the joke

The 7 Organisations of ClowNexus: Where are we at?

Experience working with target groups

How many clowns have the professional skills to work with target groups

Challenges working with target groups	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

RECOMMENDATIONS

Learn more about the unique situations of the target groups

Learn more about clinical aspects of dementia and ASD, in particular the later stages of dementia

QUESTION 2: ARTISTIC TECHNIQUES

> What artistic clowning techniques work best with the target groups?

Give individualized attention

- **Understand the past of the elderly**. Get individual biographies from the institution and do research into earlier time periods of their youth (music, trends, dress, historical events)
- **Improvisation** makes it possible to honour the uniqueness of each individual
- Individual attention helps **overcome difficulties with verbal communication**, for both children with ASD and elderly with dementia

Be present and mindful, in the moment

- Take time, go **slow**
- Come with **an open heart.** Put aside planning for the next interaction and other daily concerns.
- If working with a partner, **set aside any frustration** or misunderstanding
- **Focused attention** can reach even those participants who are typically aloof or "lost". But if the clown's mind wanders, the connection is broken.

Challenges mentioned in post-visit reports by clowns

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%)

Be comfortable without a reaction

- Give elderly with dementia and children with ASD an **opportunity to first observe**. This opens the door for them to decide to engage and open up.

    "We often complicate it with talking too much, thinking too much, being afraid too much." (Quote from a clown artist)

- "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." *(Quote from a clown artist)*

4

Use music, dance, and rhythm

- Music connects on an **emotional and human level**, rather than a cognitive level
- For elderly, old songs and dances like the waltz awaken **memories of youth**.
- **Dance** brings movement and activity to the elderly who were not mobile before
- For children with ASD, **rhythm and repetition invite participation**. It creates an atmosphere that is both predictable and inviting.

Use the sense of touch (in a safe way)

- With the elderly, **gentle and predictable touch** takes them out of their own world, into a shared double-world with the clown
- Children with ASD are sensitive to being touched, but enjoy touching objects and **exploring textures**
- Online and physically-distanced visits are a challenge, but there are still some ways to incorporate touch, like distributing objects in advance

Use beautiful costumes

- For the elderly, wear elegant clothes. For example, dress like a glamorous movie star

Respect, admire, be inspired

- Appreciate their unique vision of the world, **embrace** their perspective
- **Ask for advice** or help, so that they get a chance to be the leader

Techniques that work, mentioned in post-visit clown reports

RECOMMENDATIONS

Improve the physical environment to better fit the target groups

Organize visits for specific times and purposes, rather than accepting a visit according to the regular schedule

QUESTION 3: THE CO-CREATION PROCESS

> What makes co-creation successful?

In ClowNexus, we are innovating with new processes of creation. We are learning how to create art **together** with the target groups. We are also learning about how to collaborate internationally.

How participatory is the design process now?

- Clown responds to input and desires from the individual participant during a visit
- Pre-briefings with care providers; they are more often involved

What could be more participatory?

- Craft artistic format around the specific characteristics of people with dementia and ASD
- Involve the elderly with dementia and the children with ASD in the design process
- Engage more with family members
- Get help from social experts and specialists

"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."

How do clowns and clowning organisations collaborate now?

- Personal and informal ties
- Formal networks: efhco, the Healthcare Clowning International Meeting (HCIM), and the International School of Humour

How can we better collaborate?

- Eagerness for more artistic exchange
- More interaction with people in other disciplines, such as disease-specific associations, and artists from other fields who have worked with the target groups

RECOMMENDATIONS

Increase exchange among healthcare clowning organisations

Involve parents and families in the visits and the development of artistic formats

QUESTION 4: IMPACT OF CLOWNING

> What is the effect of clowning on target groups, their care providers, their families, and their broader environment?

Positive Impact

- **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

Elderly with dementia

- **Mood**: improves mood, encourages the expression of different emotions, reduces stress
- **Physical Behaviour**: straighter posture and more mobility, especially through dance. Even elderly in the advanced state of dementia move their eyes or fingers, relax the strain in their eyes, or breathe more steadily
- **Attention/Focus:** they follow what is happening with their eyes
- **Connections/Relationships**: more verbal communication

Children with ASD

- **Mood**: brings joy, increases calmness, reduces stress
- **Physical Behaviour:** better coordination and motor skills
- **Connections/Relationships**: More eye contact, holding attention, imitating others, engaging in play, verbal communication, listening, and general interaction with others
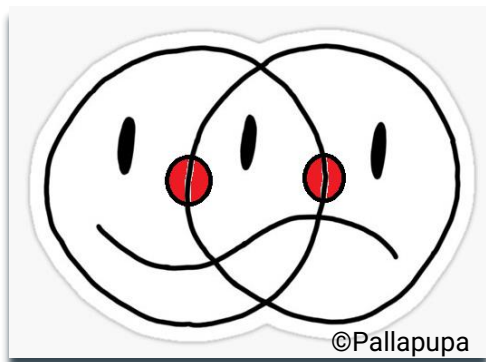
Care providers (healthcare staff, teachers, and family members)

- Lighter atmosphere
- Their jobs are easier and more pleasant, as participants are more cooperative and in a better mood during and after a clown visit
- Welcome break in the routine and distraction from stressful environments
- Experience joy, relax, and reduce stress (when they are included in the visit)

RECOMMENDATIONS

> Can special moments be more consistent and widespread if we craft artistic techniques and formats around the specific characteristics of people with dementia and ASD?

Artistic representations of the impact of clowning

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QUESTION 5: LEARNING ABOUT CLOWNING

> What are the best ways to monitor, evaluate, and learn from healthcare clowning?

Most used learning tools

- Written reports from clowns
- Team discussions among clowns
- Supervision and coaching
- Informal discussion

Less used learning tools

- Surveys from participants and family members
- Focus group discussions

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Tools piloted during the baseline

- Post-visit reports from clowns and caregivers
- Direct observation tool
- Social network analysis tool
- Art Voices (photo submission in response to a question prompt)
- How Change Happens (2-hour workshop to get a deeper understanding from different people of how the programme works to create change)
- My Favourite Story (90 minute workshop for group learning)

RECOMMENDATIONS

> Gather more evidence on the impact of clowning on elderly with dementia and children with ASD, as a tool to show the world that clowning is not mere entertainment
>
> Observe behaviour before, during, and after a visit, to understand changes
>
> Develop creative tools that reflect the creative nature of clowning and capture the depth and diversity of clowning beyond quantitative indicators
>
> Find solutions to analyse qualitative data on a larger scale
>
> Involve the voices of target groups, and especially find a way that they can share negative or neutral experiences, not only positive ones

QUESTION 6: ADVOCACY

> How can we advance humour and the arts more broadly for vulnerable groups?

Broad acceptance in society

- Clowns in hospitals are quite well known and accepted
- Awareness of healthcare clowning for children outside of hospitals is developing
- Awareness for clowning for the elderly is still low, particularly in countries that do not have a long history of clowning for this group
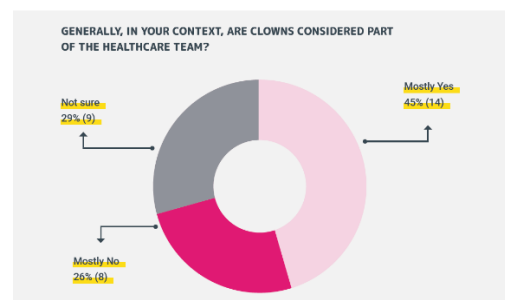
Misconceptions about clowning

- The perception remains that clowns are just for fun. Decision-makers and the general public do not know the full range of benefits and effects

Limited awareness among government officials

- 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 of 34 efhco members

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

Not sure 29% (9)
Mostly Yes 45% (14)
Mostly No 26% (8)

RECOMMENDATIONS

> Expand access to clowning
>
> Assess and communicate the full impact of the work, to help counter the false idea that clowns are just entertainment
>
> Raise awareness on clowning for the elderly, taking care to address any fears that it may be infantilising or disrespectful

10