

CREATING WITH CARE

# ARTIST IN RESIDENCE PROJECT 2021 EVALUATION REPORT



by Helen Le-Brocq



MEMBER OF  
**NHS  
CHARITIES  
TOGETHER**



## **Foreword:**

I am delighted to be able to contribute to the Artist in residence programme report. Oxfordshire's Community Hospitals provide a safe place for patients to have the care and treatment they require to return them to the best possible level of independence, with an ambition to get our patients home, to their own bed, as soon as is possible, recognising that prolonged periods in hospital does not result in good outcomes for our patients. Throughout their time with us patients will have the input of a large multi- disciplinary team who provide tailored support and treatment plans depending on clinical presentation. I like to think of the Artist in Residence work as an extended part of our multi-disciplinary team working to support the promotion of independence, at the same time as bringing some joy and creation to our wards.

The Artist in Residence work leaves a palpable and long lasting positive impact on our wards that reaches our patients, our families, and our staff. Conversations had whilst creating art together are different to those had whilst performing daily tasks with a patient trying to improve their independence. I have witnessed staff and patients share memories, stories, jokes, laughter and tears during this programme. I am thrilled it has the reach to anyone and everyone involved in our wards, and that they can receive the benefits of this and create special times together.

**Emma Leaver, Service Director**

Oxford Health Charity has been proud to support the Artists in Residence Project as part of the NHS Charities Together Grants given during the COVID pandemic. It truly reflects the thought behind the many donations that were given to NHS Charities Together and other NHS charities during that period – that those receiving or giving care deserve the best that we can offer.

This project has brought joy, peace, energy and recuperation to so many at a time when other activities were curtailed or cancelled – something that the team involved should be commended for. The report brings to life their emotions and the impact that the activities had on them – whether they were patients, staff members or carers – and it shares images that brought positivity and hope.

This report, and the work that went in to gathering the feedback and wide range of impacts, is a testament to a period in time but also a challenge to us all to continue to deliver such positive environments even as the world returns to a 'new normal'. Oxford Health Charity looks forward to seeing how the work of the Artists in Residence can be further supported and developed in the coming year.

**Julie Pink – Head of Charity and Involvement**

## **Executive Summary:**

The Creating With Care (CWC) Artist in Residence pilot project took place between June and December 2021; Six artists of varying disciplines were engaged to work across the six community hospitals in Oxfordshire, with the aim of enhancing the patient and carer experience through a variety of artistic activities across the six settings. The project was run by Angela Conlan, Creating with Care Lead, from the Oxford Health Arts Partnership, part of the **Oxford Health Charity and Oxford Health NHS Foundation Trust**.

The aim of this evaluation was to:

- Establish the success of the programme overall and how activities contributed to that success.
- Identify the lessons learned from the programme in terms of a future strategy for the Creating With Care Project.
- Establish whether the Creating with Care project met its aims to enhance the patient and carer experience through a variety of artistic activities in Oxford Health's community hospitals.
- Establish whether the project affected wellbeing and enhanced the hospital environment as well as raising awareness of the benefits of arts in healthcare.

**Key Findings:** The project was universally appreciated and clearly provided a number of benefits.

### **For Patients:**

- Reduction in Isolation and boredom, creating enjoyment and pleasure– a recurrent and consistent theme.
- Increased connection, openness and positive frame of mind.
- Reduction in anxiety and lethargy, giving a positive sense of wellbeing.
- Benefit to physical health as well as mental health.
- Substitute for a sense of a more normal life and behaviours; providing a hope or anticipation of return to home and health.
- Reduction in use of analgesics.
- Connection to Childhood and Reflection on their Past experiences.
- Spiritual or holistic care outcomes improved by the quality of attention and conversations.

### **For Hospital Staff:**

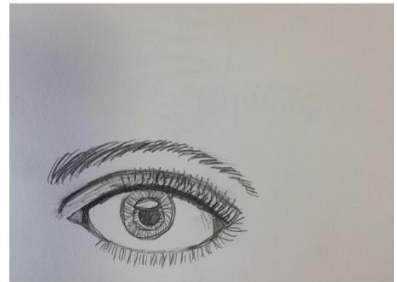
- Altruism and transferred joy. We see clearly that when patients are happy, staff are much happier in their duties.
- Better Clinical Outcomes. The creative activities directly support the work of specialist clinicians such as physiotherapists and improves therapeutic outcomes.
- Holistic and spiritual care. Ward staff appreciate the individuality of patients through their conversations and artwork.
- Value for money. All staff agreed that the project offers value for money, whether releasing or including ward staff.

- Improved working environment and atmosphere, positive feedback from patients.
- New Skills. Ward staff can include the creative activities in other areas of their work.
- Better Feedback on I Want Great Care (see appendix)
- Enhancement in environment and visitors' interaction with their loved ones.

It is also notable that for the artists involved there were also several professional and personal benefits, including the development of listening and engagement skills, the ability to learn new techniques from clinical staff to improve health outcomes of patients, and responding to the emotional demands of working with such vulnerable patients.

The recommendation at the conclusion of this phase of the CWC project, is that this project has the potential to continue across a wider range of settings, including mental health settings, and that the project should be rolled out. A wider reach for the project would be helped by mentoring and involving a younger generation of emerging artists, creating a programme of training for artists and ward staff together, and to consider a model of social prescribing when patients return to their lives, so that they can continue with the creativity they started on the project as part of their rehabilitation in their own homes and communities.





## **Creating With Care Evaluation**

### **1. Introduction**

The Creating With Care (CWC) Artist in Residence pilot project took place between June and December 2021; Six artists of varying disciplines were engaged to work across the six community hospitals in Oxfordshire, with the aim of enhancing the patient and carer experience through a variety of artistic activities across the six settings. As the evaluator of this project, I had the pleasure of visiting each of the artists across all of the community hospitals, to observe their work, and engage in a series of evaluative conversations with patients, ward staff, carers, volunteers, and administrative staff, to try and understand what impact and benefits the project was having as it progressed, and to help the project coordinator and instigator to plan for future iterations of the project.

The project was funded by NHS Charities Together through Oxford Health Charity, extending the pilot across all six community hospital settings, with a grant of £30,000. The pilot project won Innovation and Best Practice improving Patient Care award at the Community Hospitals Association's (CHA) Innovations and Best Practice Awards 2020.

Each of the artists brought a different art form and skill set to the project and were chosen for their ability to engage with the mainly elderly and vulnerable patients at a time of challenge and trauma in their lives. The artists brought movement and dance, painting and canvases, images and inspiration, conversation and storytelling, poetry and collage, ink, paint, paintbrushes and a shared experience. I was privileged to witness the bursts of positive energy that was felt across the wards; I was able to admire the resilience of the patients and staff alike, the laughter and conversations, and the bonds created by the project that crossed age, gender, job roles, and the different reasons and ailments that brought the participants to be involved in the project.

There is no question in my mind that this is an exemplar project, with the potential to be replicated locally, and nationally, and sustained into the future. The project has enriched the lives of those who have come into contact with it, directly or indirectly and has made its impact with an immediacy that is nothing but impressive.

#### **1.1. Background and context**

The Creating With Care Artist in Residence project took place during the COVID 19 pandemic. The effects of the pandemic were clear to see, with patients being more isolated in their wards, with limitations on the way people could interact with each other, with artists and staff having to wear PPE and observe social distancing, and with ward staff exhausted after an incredibly stressful time. This could have meant that the project was hampered, and in a few ways it was directly affected by the pandemic conditions; however rather than causing additional stress, the project definitively raised the spirits and outlook of ward staff, clinicians and patients alike, bringing respite, connection, enjoyment and improved wellbeing to everyone, despite the pandemic.

The project was conceived by Angela Conlan – the Creating with Care project Lead, working for Oxford Health Arts Partnership, under the umbrella of Oxford Health Charity and Oxford Health NHS Foundation Trust. Angela has been working to bring the transformative opportunities the Arts can offer across a range of projects for a number of years.

Oxford Health Arts Partnership runs projects throughout the year which engage those receiving care in expressing themselves through art.

This may be a mural or mosaic for the ward or location where they receive care; it may be making or listening to music as part of a workshop or concert; it may be taking part in activities like drawing, painting or working with clay as part of programme of personal development and wellbeing.

The impact of these projects is not just on the individual taking part but also on all those who visit our sites or care for people involved.

Arts for health and wellbeing projects seek to contribute to mental and social wellbeing. Outcomes can be personal, such as enhanced expression and the ability to communicate, physiological, such as a reduction in stress hormones, or artistic, such as learning a skill. Broader outcomes and impacts include organisational change, such as developing new practice, and social impacts, such as influencing policy.

## **1.2. Evaluation Brief**

### **Focus for evaluator:**

- To enhance the wellbeing and mental health of patients, staff, and carers in each community hospital setting
- To enhance the hospital environments through arts interventions
- Impact of the Arts Programme for patients, Staff and Carers on the ward
- Benefits of engaging the local community in the project
- Training and development for artists working on the project
- Review quality of arts sessions (in terms of artform & inclusivity)
- Review how the hospital environment has been enhanced

Creating with Care aims to enhance the patient and carer experience through a variety of artistic activities in Oxford Health's community hospitals.

The project aims to work with patients and staff to increase wellbeing and enhance the hospital environment as well as raising awareness of the benefits of arts in healthcare.

Creating with Care recently won the Community Hospitals Association's Innovation and Best Practice Awards 2020.

With the support of Oxford Health Charity we are about to embark on an artist residency programme over 6 months to innovate and expand on the evidence based Creating with Care project which has been delivered across our community Hospitals over the last 4 years, by increasing opportunities for staff and patients to be involved in this inclusive programme.

This new project will:-

- Create 6 part time (2 x half days per week) artist in residence posts at our 6 community hospitals, for 6 months.
- Create opportunities for engaging local self-employed artists.
- Develop partnership working within the local community surrounding each community hospital.
- Training for artists in working safely and inclusively within the hospital setting, taking in account learning that has taken place during 2020.
- To enhance the wellbeing and mental health of patients, staff, and carers in each community hospital setting
- To enhance the hospital environment's through arts interventions
- To continue to raise the awareness of arts interventions in healthcare settings, through continued evaluation and research

Creating with Care delivers participatory arts projects to Witney, Bicester, Didcot, City, Wallingford and Abingdon Community Hospitals.

#### **Standard(s) for audit or quality improvement**

- Impact of the Arts Programme for patients, Staff and Carers on the ward
- Benefits of engaging the local community in the project
- Training and development for artists working on the project
- Review quality of arts sessions (in terms of artform & inclusivity)
- Review press/media coverage including trust social media/intranet
- Review how the hospital environment has been enhanced

### **1.3 Methodology:**

#### **Data and monitoring:**

- Quantitative monitoring was conducted through spreadsheet templates filled in by the artists post each session. These collected numbers of patients involved, as well as capturing what happened during each session, and artists' reflections on the development of their practice as the programme progresses; what went well, what would improve these sessions, actions needed.
- Qualitative monitoring was collected through the 'I Want Great Care' feedback from patients during their capturing their stay and treatment.
- Ward staff (clinicians, matrons, OTs, volunteers etc) also completed a post-project questionnaire to give their feedback and feelings how they experienced the project;



what benefits did they experience, did the patients experience, did the project give you unnecessary work etc

- Evaluator's Observation of sessions, and semi-structured interviews with artists, patients, clinicians, volunteers, and nursing staff in situ.
- Facilitation of semi-structured reflection sessions with all 6 artists and the Project Coordinator via Teams online.

All of these avenues for collecting data and feedback produced a wealth of evaluation data, with an absolutely clear message, across **all** participants, staff and artists; that this project was universally beneficial, that the project was valued and welcome, and that there were clear fiscal and health benefits to the service providers, commissioners and clients.

#### **1.4 SUMMARY of sessions:**

- 236 sessions took place delivered by 6 artists
- 1225 patient attendances were recorded
- 382 direct staff attendances were recorded (the project was also able to support and involve staff ward staff indirectly, which has not been quantifiable but indicated in the key findings.)
- 42 relative and carer attendances were recorded (this figure is relatively low due to restricted visiting hours for patients throughout the project, due to pandemic protocols.)

## **2. KEY FINDINGS AND THEMES:**

Having observed a cross section of sessions and conducted interviews with a broad range of staff, volunteers and patients, a number of themes quickly emerged, which were consistent throughout the project, across all community hospital sites, and also across all artists and artform interventions. One of the Senior Matrons called this work 'Therapeutic Joy' having noted the 'sheer joy patients get from it.', remarking 'very significant changes' through the 'joy of possibility'; by the end the difference is clearly visible, 'they are different people by the end of the session, their mood changes from closed to open, and that makes our life on the wards much easier and more pleasurable.'

### **2.1 BENEFITS TO PATIENTS:**

This project had a clear impact on patients' wellbeing. Rather than focus on the deficits the patients were experiencing during their hospitalisation, they were invited to focus on what they were able to imagine and create. This 'transformative power' of engaging with what the patient was able to do, and reducing focus on what they are unable to do, produced a subtle but very powerful shift on the mind's landscape.

#### **THEMES: (quotes attributions – P=Patient, A = Artist, WS = ward staff**

- **Reduction in Isolation and boredom**, creating enjoyment and pleasure– a recurrent and consistent theme

*'It brightens my day otherwise I'd just be sitting here watching tv. I want to go home now and continue my recovery with music and dance.'* P

*'It keeps my mind and my limbs working together.'* P

*'One chap kept ringing his bell to ask when it's art group!'* WS

*'This was such a rewarding session. One of the patients said she was amazed at what she had done, and thanked me, telling me I had brought out the best in her. The patient who remained in bed was so pleased he had managed to do some drawings.'* A

*'After initial uncertainty, all patients were surprised at their finished pieces. They all spoke of having enjoyed the session and being pleased with the outcomes for them. They worked together, encouraging each other throughout and looked at and praised each other's work at the end of the session.'* A

*'It was really positive for the patients to be working together. This allowed them to support, encourage and appreciate each other. At regular intervals they showed each other their work and praised each other's work. They were also able to enjoy conversation together about their particular creative project and their lives.'* A

*'I never would have expected that I would do any art- let alone doing it in hospital!'* P

*'It's given me confidence and something to do.'* P

*'Thank you, you have lightened my day!'* P

*'I wish I'd known about you earlier. That's the best hour and a half I've spent since coming in here.'* P

- **Increased connection, openness and positive frame of mind**

Evaluator Observation: the creative activities have been very levelling; people from diverse backgrounds meeting each other in new ways, people who haven't engaged in creative activity or drawn for 60 years find they can create something artistic, have surprised themselves, and unlocked a source of pleasure, relaxation and connection.

*'I have had a patient that just wouldn't engage – just coming out of their room.. offers them a distraction from pain and if they're agitated – it helps their overall wellbeing.'* WS

*'They have something to show their children and carers we see patients feeling stuck that it's pointless they develop a fatalistic mindset while this is it what's the point you can get so down. Having a patient get out of their bedroom and come to the dayroom - it helps her do her clinical things..'* WS

*'So here it is about the contact the conversation, making small choices - which stencil colour decorations, whilst waiting for the physio - the patient was alert bright and engaged, although clearly in pain.'* WS

*'Breaking through people's isolation and gently engaging them. Noticeable how animated people can become. Lovely to see how eyes light up and how people lean forward into the telling of a story.'* A

*'Great engagement in the group session at the Abbey ward. Particularly lovely to see a male patient who wasn't doing any movement during my first visit, and whose daughter told me he doesn't dance, now joining the group sessions and really going for it and even suggesting dance moves for us all to do!' A*

*'Although the group sessions are lovely because of the social aspect, the one-to-one sessions allow focusing on the patients and their needs and also to tailor the music and movements better. I did the sharing from your heart exercises with three of the patients and it felt very special being able to share some compassion and visualize the hugging and to bring some warmth into our hearts.' A*

*'Their projects were full of life, drama and colour. For one patient the piece again acted as a vehicle for the patient to tell her story of being in hospital. As she said yesterday, she couldn't draw anything cheerful or positive until this week, and today she did a piece full of flowers.' A*

*'The patients were so happy to be engaged in creative work. All of them spoke of the importance of it and how they felt better once they had been engaged in creative work.' WS*

*'One patient spoke to me extensively today about what she perceived to be the benefits of doing art and working on creative projects during a stay in hospital. She told me it was relaxing, took her mind off difficulties to do with her health and that she felt it was beneficial for all the participants. She felt that the sessions improved her mental health which in turn had an effect on her physical well being. Another patient spoke at length about how much she loves the sessions, as they get her out of her room and doing something she loves. They are all aware of the benefits of being sociable together too.' WS*

*'During the discussions between us all, one of the patients talked at length about her son who had died a few years previously. I felt that the intimate environment of the art class provided her with a safe arena to do that. Everyone else listened and sympathised. In a strange way, although it was a sad discussion, we all felt it was a positive one too.' A*

- **Reduction in anxiety and lethargy, giving a positive sense of wellbeing**

*'Pleasure breaks up the day, it takes you out of your head..' P*

*'This gives the patients a space away from 'hospital' and the trauma they are going through – it gives them that time of peace. ... This is so much more than a happy hour painting, it is part of their therapy, in communication, in social confidence, in motor dexterity and movement.' WS*

*'It's essential to treat patients in a positive and a holistic way people are living longer and they need to keep growing trying new things. It's essential - society has so many negative views about ageing and they can be marginalised and therefore devalued when they're feeling useless.' WS*

*'It gives me something to do I'm I don't have to think about it too much it gives me something to look forward to it's good for your soul takes you out of yourself gives direction and hope.' P*

*'The highlight of the day was the grumpy and frustrated lady, who didn't want to do anything when the nurses were trying to suggest she would do some movement with me. I went in later on my own just to have a chat. We ended up playing some ABBA and me and*

*one of the nurses were dancing our hearts out in the room, while the patient was singing along and dancing on her chair.' A*

*'One of the patients was able to talk through her anxieties and fears. Despite the really difficult things she talked about we were able to create some positive work, which took this onboard and still managed a laugh.' A*

*'Their projects were full of life, drama and colour. For one patient the piece again acted as a vehicle for the patient to tell her story of being in hospital. As she said yesterday, she couldn't draw anything cheerful or positive until this week, and today she did a piece full of flowers.' A*

- **Benefit to physical health as well as mental health**

*'Makes me feel alive!' P*

*'I do physiotherapy but it's not so interesting – music and exercise makes you feel GOOD!' P*

*'Normally I'm on my own this gives me peace in my mind and body and it's uplifting I feel so much better in myself!' P*

*'I saw the universe today while dancing it was beautiful!' P*

*'The noise of my life in my head becomes stories of my life I love talking; not to talk is death for me'. P*

*'Both patients were really engaged and absorbed in their work. The patient observing was happy to be in the company of the others and had a chance to see what they were doing. One of the patients told me she was "so thankful to God and to you that I have had the chance to do this artwork, it is the best thing that has happened throughout my stay". It has been interesting to see her work, the first drawings were sad, representing a woman who has been hurt and in hospital, but they have become steadily more positive, and she observed today that last week her work was sad, but not so this week.' A*

*'The absolute joy of singing Que sera, sera with someone (me, safely behind a mask at some distance) and the man recalling every single word as he sang along. After that, his memories just flowed and flowed. Music is a great unlocker of doors.' A*

*'A real triumph for the patient in room 6. It was lovely to see how happy she was to discover that she actually was able to move her left foot and leg. She really got into the dancing and the music clearly got her going and to forget about her limitations. It was lovely to see her big smile at the end.' P*

- **Substitute for a sense of a more normal life and behaviours; providing a hope or anticipation of return to home and health**

*'It's lovely to see recently just one patient I wanted to come and also that she had a visitor at the time so they both went along to the art group and it was just lovely to sit back and watch that. You you know it's not something that they probably would have done otherwise; so to have that experience together and then have a piece of art at the end of it that can be kept is special.' WS*

*'I enjoyed having what was important to me in my life drawn and being able to keep that.' P*

*'It's lovely it breaks the day up so interesting seeing other people having fun if you have to be in a hospital you can't hope for more the staff are respectful and courteous, we were having a lovely time sitting at a table like normal people!'* P

*'I know what standard I want a good standard if not spectacular. I don't know what standard I'll achieve is a bit of a chance. this has rekindled my interest in making models. it's nice to know someone's taking in an interest in me, you've shown me what's more available to me now.'* P

*'Several patients told me they will continue with painting on return home. One said he was going to take it up, and the other said he was going to dig out all his materials and start painting again. It is wonderful to hear this, as it means there is a legacy to what I have been doing. Other positives were from a patient with Parkinson's who worked steadily on his pieces and said he really enjoyed doing the work. It was also very nice to have the group together, offering each other support and feedback.'* A

*'The patient I had given the art materials to a week before had done some great drawings in the week between sessions. I got great feedback from a relative about the work and they asked for ideas on how to continue doing similar work with her mother when she got her home.'* A

*'There were 2 relatives attending today and the atmosphere in the day room was really nice, intimate and positive. There was lots of discussion about how beneficial the art sessions were for all, including the relatives.'* WS

*'One of the patients was adamant she wasn't creative and couldn't do any "art". She was however knitting, so I asked her if she could design a sweater. Initially she maintained she couldn't, but then after I'd given her a pencil, some coloured pencils and paper, she came up with her own design for a tank top. She was completely over the moon with her achievement telling me: "I've never done anything like this, I didn't think I could. It's taken until my 90's to be creative and it's the first time I've ever been praised for being creative. I'm very proud of myself". It was a really lovely moment for both her and me!! I've asked her if she will design another for me next week.'* A

*'One patient is particularly pleased with her progress, telling me that in her family her sister had always been labelled the artists so she had been too discouraged to try any kind of creative work. She told me she would definitely be carrying on with what she has started in hospital once she returns home.'* A

- **Reduction in use of analgesics**

Feedback from clinical and ward staff points to a reduction in the use of pain medications whilst the patients are engaged with the artists. This can be attributed to the quiet relaxation and 'flow' that comes from engaging in therapeutic arts, from conversation and company that takes away the insistence of their pain, plus the release of natural endorphins through laughter and conversation clearly have a part to play.

*'You can see that they forget their pain, they are taking fewer painkillers and that is good – they are feeling less pain because they are less anxious and more engaged.'* OT WS

*'When packing to leave, a doctor fed back to me and Angela that by working with one of the patients it enabled her to not focus so much on her pain. This was important because they are trying to take down her medication.'* A

*'I've seen a reduction in pain one way of helping patience is distraction and it keeps him preoccupied therefore concentrating on something else is vital I've seen better nutritional intake and less pain The outcomes are always better.'* WS

- **Connection to Childhood and Reflection on their Past experiences**

*'I feel like a kid again – you don't know what you can do until you try!'* P

*'Reminds me of my youth and school days – they were happy days in Headington..'* P

*'It breaks up the time for weeks is boring it's been interesting talking about myself I don't have the opportunity often weekends are very dull they look after us but nothing else this breaks up the day it's fun to see my life in pictures and to remember.'* P

*'I listen - it gives value to anxiety and then we move on to positive stories of childhood, their safety, warmth and fondness.'* A

*'Both male patients were very supportive of each other and very pleased and surprised with their hangings. One of the male patients shared " I have not made any art since school- I am astonished by this today! I had no idea I could make this!'"* A

*'The patients enjoyed doing their pieces, it gave them an opportunity to talk about the role that craft has had in their lives, (One patient had been a keen lace maker and talked of how the butterfly motif was a popular one for lace makers.)'* A

*'Just lovely to see how the music and a bit of movement brought smiles to the patients faces. It was particularly moving to see the nearly 100 year old (patient 'S') to have sparks in her eyes and sing along and starting to remember all the songs from her past and become so much more coherent in her communication.'* A

*'I've seen patients who have really enjoyed it - 'confused' patients, it's amazing how their eyes light up, it takes them back to their youth.'* WS

- **Spiritual or holistic dimension engendered by the quality of attention and conversations**

*'This project has been like water and sunshine to a plant. The soil is the medical side of things the policies and procedures are the pot and the person is the sunflower and the arts are the water and sunshine because it's still about growth. We would miss so much if we didn't have this a holistic care approach; spiritual, physical mental. If you can really engage patients you can achieve .. better rehab and clinical outcomes.'* Ward matron

*'Each conversation was unique and necessary. Valuable, humbling work.'* A

*'I worked with one particular patient who was blind. This might seem odd but it worked really well. We really built a rich conversation. I would chat to her do a drawing inspired from our chat then described the drawing back to her. This was a really good way of listening. There was another patient with visitors in the same room who commented on how they liked what we were doing. This give me a chances to explain our work to them and made realizes who much secondary participation goes on.'* A

*'Someone said to me that it was really nice to have some attention - by that, I think he meant focused attention, rather than more generalised.'* A

- **Benefits to Patients as seen from Ward and Specialist Clinicians:**

**Laughter and Relaxation;**

- Some patients found the session very relaxing.
- The patients were very in tune with the activity as they were able to really express themselves. There was also a lot of laughter which was nice to see
- The patient appeared to enjoy the session. He laughed and with Tom's support/encouragement expanded his explanation on what had happened in his past.
- They loved it was great to see them interacting with each other and smiling
- They engaged well and enjoyed the opportunity for 1:1 conversations from someone who was able to capture their interests and personhood in drawing.
- Patients would look forward to participating in art classes.
- Would ask when the next group was and how long the program was running for
- The pleasure in making the peacocks could be visibly seen and the increase in self-esteem was obvious.
- Watching the patient's face light up and beam whilst watching Roosa dance slowly to the music for her.
- Patients seemed to be really absorbed while they were doing it.
- In the last example, she spoke afterwards about the events in the picture some more and about her life.
- All the patients that attended loved the time spent doing the art, they were happy to take part and do another session
- Patients felt engaged and some really looked forward to the therapy sessions

**What (if anything) were the benefits for patients taking part?**

- Physical and mental benefits. All benefits of exercising and socializing as well. Relaxing and filling their time with something which can take their mind off the worries and sickness/ hospital environment.
- Being able to engage in a conversation that allowed them to talk about their life. The patients are usually in their rooms and sometimes may not have someone to have a personal conversation with, so I felt like this task gave them the opportunity to do so.
- Patients have enjoyed having a distraction from being in hospital.
- Has been good for their mental health. Have reported that has had a positive impact reminiscing about the past and how Pat takes her time each of them.
- The session enabled the patient to: 1. Reminisce about past experiences. 2. Laugh. 3. Take their mind off current medical issues. 4. It greatly improved their mood and medical staff reported that this had a positive effect on the ward and patients for the rest of the day.
- Communicative drawing is a powerful therapy tool, especially for those people who struggle to speak. Capturing someone's interests pictorially, which can then be displayed, is another way to communicate 'all about me'.
- Nice for patients to see different people and talk about what they like - improving physical and mental well being.
- It occupied patients so they weren't bored, patients felt calm and relaxed.
- Endless benefits. A few are: Improving wellbeing, distraction, improving motor skills, uplifting mood, improving mental health, progression of strength and exercise tolerance.

- They enjoyed themselves and took away the boredom for a short period of time.
- They were happy! It took them away from their bedside and they were had conversations with other people/patients.
- It gave the patients something lovely to focus on instead of their illness. their mood was improved for several hours after the visits.
- Relieved the boredom of being a patient 24/7 and probably helped feel more like themselves.
- It got them out of their rooms and allowed their imaginations to flourish.

### **3. Benefits to Hospital Staff:**

Directly and indirectly, the alchemy of the artists' presence provided clear benefits to the ward staff. As well as releasing time, the artists effect on the working environment and atmosphere was very clear. Taking place during a bruising two years of Covid and restrictions, the project brought joy and pleasure, which the staff experienced as a transferred pleasure in seeing the pleasure of the patients in their care – 'if they are happy, we are happier.' The artists also provided welcome extra members of the team and contributed to the rehabilitation process.

- **Altruism and transferred joy**

***'The mood of the whole ward changes when the artists are here, people gather and take part. The resources are well spent, it brings pleasure and joy to everyone!' Helen Lambourne, Snr Matron.***

*'It's so rewarding. I love it - I want to do this more! I do it for myself and to give back - it's worth more than money. This has helped me relax I'm giving and receiving and I'm so proud to do it!' Volunteer*

*'When our patients are happier, we are happier, and life seems easier. It makes our day!' WS*

*'My experience is that everything has been absolutely amazing! Dancing in the garden, tea parties. - it's been about the patients. It brings such joy which is worth the money, and it's been a breath of fresh air!' WS*

*'The staff get a lot out of it and will join in the arts crafts dancing. They do get something from it similar to patients; laughter learning something, taking their minds off the stress - sometimes we need a bit of light!' WS*

*'The staff project seems to be going well, I collected a huge number of completed butterflies from the staff room. One of the nurses said to me how mindful it had been to have the chance to do some simple creative work whilst in the staff room.' A*

*'We see happier patients, this makes our job easier, because they are in a happier place, a happier frame of mind, it is promoting their independence, and helps them get better quicker and with a sense of independence to go home.' WS*



- **Better Clinical Outcomes**

There was clear stated benefits to the specialist clinical staff and quality of their professional interventions; the CWC artists were able to complement and amplify the rehabilitation programme for the patients. And the clinical staff commented frequently that the project helped them in understanding their patients better.

*'You can see being in a hospital a deterioration in mental health through inactivity. This is encouraging function, fine motor skills, and they are not just waiting for their care needs to be met... This is part of holistically looking after a patient, beyond just their care needs – this should be a consistent feature, we all see the value.'* WS

*'I could definitely see there's effort going into motor skills because it wasn't about the exercise it was about the art that they were trying to make.. (patients) see therapy is 'I'm only having therapy when I see a physio and OT' - when then join these groups it's not perceived as therapy where is it absolutely is! We can give them some exercises to do with their upper limbs which we would always encourage them to do, but then when you put them in that group setting they're doing it without even thinking about it.'* OT WS

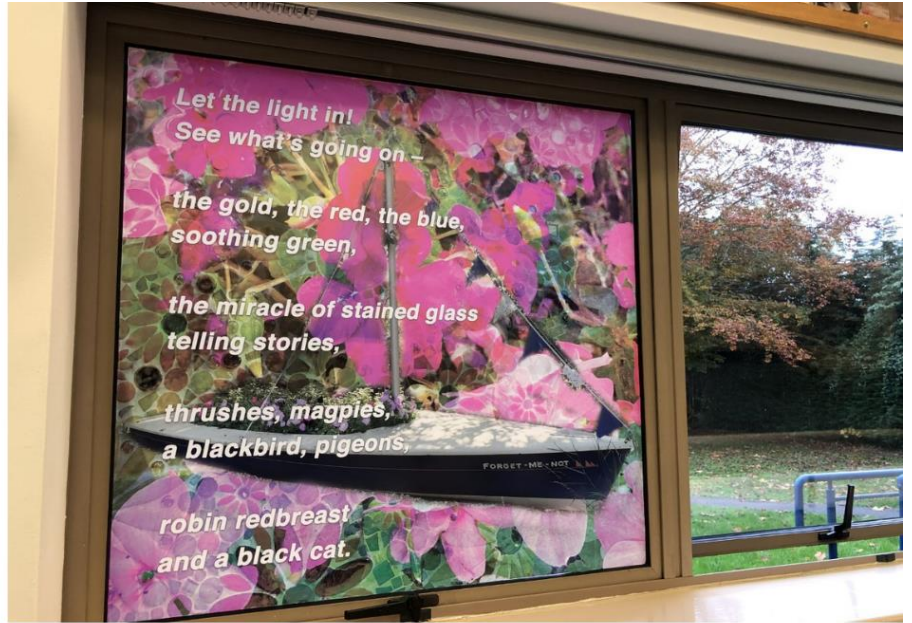
*'For staff it helps with rapport, helps staff with goals for recovery, find enjoyment trying something new. As a result of the project we updated their boards with What Matters To Me.'* WS

*'For me as a therapist I get them to walk up to the sessions, to talk about things, to do something different. They're sitting up more, breathing better sitting forwards and not slumped, their motor skills and dexterity are improving. Each artist brings something different - I've heard life stories and I've got to know more about them they have something to take home to remind them of the good moments in hospital.'* OT WS

*'One of my patients a lovely lady would be asleep watching telly and closed down. It helps us as they are less depressed which is a big thing for aged people. They're here for a few weeks, they can get medically better - but this helps them get stronger, build confidence and self-belief . It gives some hope and positivity.'* WS

*'It (the CWC project) improves our working life; a happy patient who feels worth something and part of a group, they will work harder for the therapists., The patients are more agreeable to nursing interactions and rehabilitation.'* WS

*'One of the patients who has a constant shake noticed he got smoother lines as the session went on.'* A



- **Holistic and spiritual care**

*'It's about people not patients. If we're able to encompass their pleasures or new pleasures, it's a holistic approach with spiritual and creative needs marrying well.'* WS

*'Rehab is not only physical, it is both emotionally and spiritually rehabilitating; being able to express themselves leads to better outcomes.'* WS

- **Value for money**

*'It's money well spent - it enhances the experience of patients over and above the norm for the NHS and the result is enhancing the patient experience, which makes it more than a good investment.'* WS

*'On a financial basis it's definite value for money in the ability of creative work to speed up the recovery journey.'* WS

*'It's a journey from despair to hope - the quicker a patient moves through the recovery journey the more cost effective it is therefore creating journey in positive way is a good thing.'* WS

*'Artists and volunteers supporting them add extra person power to the ward! It releases us to catch up on some of the things we need to give attention to, knowing the patients are looked after and engaged.'* WS

*'This helps us because our patient is engaged – it frees us up to do other things, and we can then spend time with other patients..'* WS

- **Improved working environment and atmosphere, positive feedback from patients**

*'Staff and patient wellbeing - patient satisfaction scores show a direct correlation between staff happiness and patient scores.'* WS

*'The patients and staff were bowled over by the final piece, it looked fabulous all assembled, and I framed it and put it up in the corridor. The Staff involvement was excellent. As they could do the pieces in their own time and quickly, it worked for them very well.'* A

*'A patient did a thank you drawing for the staff to go on their notice board. This act of thanks and kindness was great to see and also empowered the patient.'* A

*'The kitchen staff were dancing to Abba in the background while we had the session in the day room and a member of the staff was singing Dancing Queen while cleaning the floor. They were clearly inspired by the session and the music we played.'* A

*'Two things were pointed out to me by the members of the team; laughter was great to see and really beneficial for the patients. I was also thanked again (by staff) for working with a patient to take her mind off her pain.'* A

*'I framed a drawing that was done during the sessions, to give to the Day Room, as a way of finishing my set of workshops at Wallingford.'* A

*'I saw that having some short of finished product from your sessions gave extra value to them. By framing a drawing from the sessions and giving to the staff, I saw that this really worked.'* A

- **New Skills**

*'Engaging a member of staff with the activity who was thrilled to be able to take her new creative skills to use at home with her daughter who has a disability. "Knowing how to use craft materials that I already have at home through doing this today means I can do lots more at home with my daughter."'* A

- **Feedback on I Want Great Care (see appendix)**

*'We've seen better patient reviews with I Want Better Care.'* Ward Sister

*'I was away at the weekend with a friend whose mum - Anne - was in the Fulbrook Centre recently. She described to me the impact on her mother of a session with an artist called Tom. Anne so enjoyed the session and the pictures that were produced within it that she's taken them to the Care Home she's now in, displays them in pride of place, and talks about them and her discussions with Tom all the time. The time she spent with Tom obviously meant a great deal to her and has given her so much pleasure. It's also given her something to talk to her daughter about which doesn't rely on long term memory.'* Oxford Health Charity Manager

- **Enhancement in environment and visitors' interaction with their loved ones**

*'I have made something that decorates my room, it's something nice to look at, and talk about, and I actually made that!'* P

*'Visitors can join in – it definitely.'* *'we have started a patient visitor art group, it's an unusual experience that ought to be kept going.'* WS

- **Benefits of Staff Taking Part:** As defined by the staff in post project feedback.
- 'I had the chance to talk to the lead member of staff and reassure her about this being for her and giving her ideas and relaxation as much as the patients!'
- Physical and mental wellbeing and the fact that we can do something together, take part with each other or with patients in the same session and enjoying it together makes the relationships better on a different level.
- It allows staff members to learn more about the patients back story.
- Staff reported that it gave them a laugh. That they have taken the poems home so they are able to share with their families.
- It enables the artist to have an understanding of the patients concerned.
- Felt calmer and more relaxed at the end of the session.
- Potentially to have some time out of their day and to understand who on the ward might benefit from an artists visit.
- Being able to see patients enjoying themselves which contributes to improving health and well being.
- When time allows to switch off from work pressures.
- Stress relief and getting to know their patients as people rather than a patient

- It was fun to take part in the mural for the whole team.
  - Improves the stress levels on the ward.
  - Nice to reflect on rainbows while doodling..
  - It was a break from the stress of a busy ward.
  - Creating displays of their work to decorate wards/bays.
  - Running communicative drawing groups for people with lower levels of communication.
- **Did you enjoy the project? Which parts did you enjoy most?**
  - Seeing the delight in Tom's conversation after engaging in interactions with aphasic patients.
  - Having two sessions back-to-back allowed for continuity between sessions and gave patients something to look forward to that broke their day up. I enjoyed seeing the art that was produced and hearing the patients laugh.
  - Having worked on these wards for many years, the difference the arts project has made is palpable.

#### **4. Outcomes for artists and artists' reflections:**

It was a genuine privilege to observe the artists working on the wards, with patients in groups, with patients at their bedside, and one to one conversations and creative interactions.

Each of the artists brought something different; different artforms, different approaches, different materials and experience. Despite these differences, there was a coherence about the outcomes, and the feedback was remarkably congruent from all parties that they encountered. It was beautiful to see the ward staff welcoming them as a new member of their team, and there was a palpable sense of welcome and anticipation when the artists were on the ward.

The six artists each used a different means of engagement with the patients.

Mary brought visual arts materials and was skilled at offering the patients creative choices. Tom, a visual artist, used reflection in his conversations, translating life stories back in artistic form. Pat, a poet and writer, used visual and written stimulus to invite recollection and 'what if' imaginative responses. Roosa, a dance artist, brought music to brighten the mood, created movement both collectively and individually. Dionne, also a visual artist, brought guided creative group work using templates and colours and textures; and Sarah, a painter, employed visual inspiration, and a calm accepting witness to the creativity of the patients.

All of the artists were curious, generous and committed to the spirit of the project. For all the artists there were some areas of growth and development in their practice, and common themes emerged from the evaluation conversations in terms of their experiences as a practitioner on the project. All of them displayed a committed intention to do the very best work they could for the patients and staff. They recognised this is important work that was meaningful both for them as practitioners, and the patients they were working with.

- **Active listening and bearing witness**

*'Every conversation had value and moments of vivid concentration. The more I learn about active listening, the more skilled I become. Also, I am learning to be unafraid of asking some quite deep and probing questions. When I first started doing this work years and years ago I often felt a pressure to keep things light. I think this came staff attitudes in those days. Certainly, my work as a Humanist celebrant has made me much more likely to ask important questions and not skirt around things 'nicely'. A*

*'One patient grabbed my hand and said you don't know how much help you've been to me and she allowed herself to cry.' A*

*'It's been a powerful thing and the same for staff members people's generosity with their personal stories will stay with me forever.' A*

*'We're in the business of making people happy but talking about the difficult stuff is important and helpful.' A*

*'Staff talked to me to tell me what last year has been like hard times but they're very proud of what they achieved.' SA*

- **Connection with people and being present**

*'You go in hope of doing good work professional good artistic outcomes but there's something direct and honest about being present.' A*

*'Artistic ambitions have to be dropped to meet people where they are.' A*

*'It allows people to talk to you whilst they're doing something it's making us more accessible.' A*

*'It's had a huge impact on me just being present just in that moment. there was a different sense of time for me just completely being there and able to react to what was needed human to human.' A*

*'I think that the opportunity to work on a ward should be extended. It takes time to get to know everyone. There are many staff members I don't know yet. I'm still learning names. When people work shifts, you may not see them again for a while if your session doesn't match up. Some connections are unexplored, therefore. I realise more and more that this project is about connecting and how important that is for people's wellbeing. Talking and sharing. It's what humans do. It's how we validate our experiences. It's how we discover the complexity of identity. I've had some deep conversations with some people. It feels strange to walk away and go to a new ward now. Having said that, change is good and it's really exciting that another artist is coming in next week. It's energising.' A*

- **Creative and Participatory Practice**

*'Absolutely fantastic getting materials from relatives seeing the joy of producing a beautiful drawing and I felt they would go home and continue.' A*

*'I realised it was way more than what I usually do. I hadn't learned how to deal with what felt like a therapy session so I learned to bring the session to an end, and that I need to bring it to a good place to close.' A*

*'Engaging with patients who are negative and grumpy. Learning not to take it personally.'* A

*'Staff we reluctant to join the activities- I will offer simple activities for staff tomorrow to try and engage them during breaks. Some patients had very low energy and interest in the activities on offer- I am hoping by offering subject matter of more personal interest this will raise spirits and interaction.'* A

*'I need to think more about what the participants physically take away from the sessions.'* A

*'It would be great to do more collaborative work at some point. I think it acts as a stimulus. It changes the dynamic of a group and it's beneficial for the artists, as well. I felt that the quality of the one-to-one work was stronger. maybe that's because there was such a contrast between the group work and single conversations. It was more remarkable.'* A

*'I wonder also if there is a drawing activity I could include that requires more precision - such as the measuring out of the star shape and / or exercises with ruler that look at two point perspective.'* A

*'The stencils were popular and provide a way where patients can use the art materials even if they don't feel too confident with art making.'* A

*'I again used images and my own drawing as a starting point, which gave the patients a way in.'* A

*'Introducing some breath practice and self-massage was great and definitely something to introduce to the others as well.'* A

*'Using the iPad is often helpful with showing patients their work and allowing them to 'resee' it, especially as I can enlarge sections and move the image to draw attention to how it works.'* A

*'I am thinking about more nonverbal communications for when I am working with stroke patients.'* A

- **Crosspollination; the beehive effect**

*'Artists were able to report from patients to staff, so-and-so thinks you're amazing... it was lovely to be able to report it back to staff!'* A

*'The staff are amazing they always made us feel like a part of the team whereas usually an artist feels 'other' in a team.'* A

*'I spent more time with the staff sharing the patients' drawings and stories. This was really positive, and I was getting good feedback from the staff.'* A

- **Emotional Demand and Resolution**

*'I found the last patients I talked to very moving and realised how emotionally taxing this work can be.'* A

*'There have been heavy moments and it gets to me - handling them better now. They're real and important.'* A

*'This was out of my comfort zone and you don't know anything so you have to meet them where they are. sometimes I was shocked it was emotionally hard to see someone so frail and vulnerable, but I grew in confidence. The interaction with the patients inspires you as*

*an artist, you start to really care, it's sad to leave the cause of that connection. I feel how much more there is to develop and do even better. it's been an interesting journey I threw myself in and realised I can do this it's great when it works!' A*

*'Yesterday I asked a dementia patient "do you remember the picture we talked about last week?" it was more a phrase than a question but I was aware that it was not the most sensitive wording "do you remember" I regretted it instantly. Today I made sure I thought before I spoke in front of this patient and he was amazing at reading the tricky birds names and quick at matching- this was celebrated.' A*

- **Flexibility of approach**

*'I took a broad approach - I had to think on my feet how am I going to draw out something beneficial.' A*

*'This was out of my comfort zone and you don't know anything so you have to meet them where they are. Sometimes I was shocked it was emotionally hard to see someone so frail and vulnerable, but I grew in confidence, the interaction with the patients inspires you as an artist, you start to really care, it's sad to leave the cause of that connection. I feel how much more there is to develop and do even better. It's been an interesting journey I threw myself in and realised I can do this it's great when it works!' A*

*'I am starting at a new hospital I will look to see how I can adapt my sessions but keep the balance between process and there being an product at the end.' A*

- **Learning from clinical practice and ward staff;** (e.g. physio, dementia, stroke)

*'The staff are amazing they always made us feel like a part of the team whereas usually an artist feels 'other' in a team.' A*

*'It was helpful to go into some of the rooms with Sam and see the physio exercises and learn more about the patients and their needs. This will help me to tailor the dance and movement sessions even better.' A*

*'It would be good to have some more guidance and advice, perhaps even shadow the physios at OSRU, to learn more about how to better engage with the more challenging patients and how to better communicate with those who cannot speak. The therapy team mentioned a patient who can nod yes or no if you write a question to a piece of paper as an example, but it would be good to have more advice on communicating with particular patients and their ability to e.g. follow a guided meditation or listen to music if they cannot communicate. It would be good to have this information at the first session or beginning of each session.' A*

## **5. Magical Moments case studies:**

It is difficult sometimes to put your finger sometimes on what makes a project exceptional. As an evaluator I am always struck by those moments which one might consider 'priceless'. I want to capture a few vignettes from the project to bring to life some of those magical moments.

Tom reflected on his experiences on the Stroke Ward in Abingdon Community Hospital.



'I was chatting and drawing and I realised they (the patients on the Stroke Ward) were 'locked-in'. A man shook my hand; it really moved me. I thanked him. It was a massive effort to shake my hand to thank and appreciate my time - the amount of effort that went into that handshake and that communication!'

Another encounter with a patient that Tom had in a different setting reinforced the value of individual connection, and the qualities of the creative conversations that were afforded him on this project.

'I worked with one particular patient who is blind. This might seem odd but it worked really well. We really built a rich conversation. I would chat to her do a drawing inspired from our chat then described the drawing back to her. This was a really good way of listening. There was another patient with visitors in the same room who commented on how they liked what we were doing. This gave me a chance to explain our work to them and made me realise how much secondary participations goes on.'

I witnessed an extremely elderly and frail lady from the Indian Subcontinent, who barely spoke English, was hardly able to move or to communicate, who didn't respond to the invitation to participate, but instead spontaneously started to sing folk songs from her youth when the movement artist dropped into her ward. The ward completely stopped, everyone listened mesmerised, and gave her a round of applause when she finished. Everyone appreciated the moment, and the gift of those songs remembered without fault or hesitation from her youth and homeland.

In another setting, the dance artist visited a ward where four patients were in substantial pain and didn't feel they could participate or move at all. Roosa offered to just play them some music to lift their spirits, and one patient chose 'The Lark Ascending' by Ralph Vaughan Williams. As the music played, the atmosphere of the ward changed from one of isolated pain, to peaceful listening. Roosa started to move to the music, and moments later one of the patients started to move with Roosa, and by the end all of the patients were making movements with the music, and all felt uplifted and peaceful. The transformation from pain and isolation to hope and pleasure was remarkable to witness.

And the last case study I offer points to the ineffable value of the project. Dionne, a visual artist, worked with an elderly patient who sadly and unexpectedly passed away the next day.

The Rehabilitation Assistant sent a message; 'Another very good thing is, that the patient who was in room 4 and had sessions with Dionne on 2<sup>nd</sup> of December, decorated a beautiful 3D wooden flower - unfortunately she died the next day. The family was happy to know she made something the day before and that she had a good day, and they are planning to come to collect the tulip made by her.'

Dionne responded saying, 'It is always sad when someone passes away but warming to know that you made a difference to her final hours. It's amazing I had that time with her. I'm very grateful. The lady did some art reluctantly; she made a wooden flower and loved it she said 'I can escape to somewhere else'.

'I feel so lucky to have had the opportunity to make something with her and she was so pleased with it. She said the flower was going to keep her company and that it gave her

something to look at and escape to. I feel really privileged that I got to spend time with her doing something creative and this is why I love what I do so much!’

The family came back to collect the flower she made and keep it as a reminder that their loved one’s final day was a good one.

## **6. Recommendations and some issues to be considered:**

The project was universally well received and was coordinated with great skill by the Project Coordinator, Angela Conlan. This was a learning project, so there are a few issues to be considered and recommendations for the future. These have been gathered from the interviews and the feedback from ward staff and artists.

- **More time to get to more patients involved.** In the setting up of some group sessions, gathering patients together sometimes took quite a while. Allowing the staff and artists more time to set up and gather people might be welcome.
- **ART PACKS.** I would recommend developing the idea of having some packs with art materials and activities that patients can take home with them to continue their creative activities at home. Some patients were signposted to other activities in the community. Having a list of what is available would be useful, and a ‘social prescribing’ model could be considered.

*‘I offered the patient who liked the oil pastels some to keep but as they were clearly being used he was more reluctant - I think if we had extra material packs that were in branded OHC bags then patients would feel happier to take materials to continue the methods at home.’ A*

- **Orientation.** I recommend that artists going onto the wards get a chance to meet the ward staff and talk about the project before the project starts. This would give everyone a better sense of the project and how it will fit into each of the settings. The Project Coordinator, Angela Conlan, organised virtual planning meetings with staff and artists prior to the project starting, however with the change of hospital for each artist every four weeks, this wasn’t always possible. This can be attributed mainly to the backdrop of COVID protocols, and going forwards this should ease.

*‘Fairly poor connection and interaction with the staff. I wasn’t really introduced to anyone and didn’t get any advice on the patients and who do work with. It definitely makes it easier to get the patients involved if there is a good engagement from the staff.’ A*

*‘I would have liked more time to get round some of the other patients to see if they would have liked to come and join in. ORSU felt quite big and time obviously has to be divided between gathering patients to join in and then helping them to do the projects. Also, With ORSU, I didn’t quite know what to expect, and how it would differ from the other wards, and maybe a visit beforehand would have helped, especially in terms of trying to plan activities, to give me an idea of the patients. And also an idea of what the ward would like from the artist.’ A*

- **Music.** It was remarkable what a difference music made to the atmosphere of the ward, and the engagement of the patients. I recommend some thought about introducing more music artists into the project in future.

*'Music. Oh, music. There was a heartfelt plea for that today. We need musicians working on this project.'* A

*'More music on the ward, definitely. This has been my experience in every community hospital so far. I'd go mad without music if it was me in bed. I know singing is risky, but so are depression, emptiness and boredom. I'd love it if some musicians came in or a singer plonked themselves at the end of the corridor and belted out a song or two.'* A

- **Explainer sheets.** It was evident that sometimes some of the patients were confused or unsure about engaging with the project as they were unclear about the offer. Posters were provided to each ward in advance, which proved effective at Oxford City Community Hospital. One of the artists introduced a simple sheet explaining her role and activities for the coming session and what these activities would entail. This was a very helpful initiative, and I would recommend employing these across the project, that can be given in advance or on the day.
- **Room layout.** The artists often found themselves organising the rooms for their sessions, often squeezed into unsuitable spaces. I recommend some thought on this issue; perhaps volunteers could be placed onto the project in a supporting role and could help set up the sessions physically. It must be said that the ward staff are available to help when they can, and were happy to do so. But it is taking time from everyone involved, and there might be an alternative to think about.
- **Timings.** For some wards and patients, a morning session at times proved difficult for the artists, in gathering patients who were still sleepy or unmedicated. The challenge for the project is that this changes from week to week, and for some wards a morning session was preferable. This is an issue worth considering, although I offer no definitive recommendation, as ward life is dynamic and changes from week to week.

*'It would be better to have afternoon sessions. Personally I felt that the AM times slot (10-12) was a struggle for group work to get patients up in time to benefit session.'* A

- **Smaller groups and shorter sessions.** This should be considered an option that the artists can choose, depending on the variable factors of location and venue, and patient needs. For some a large group in a room, with social distancing measures still in place, proved very challenging. Patients were unable to hear at a distance, which caused some disengagement. Smaller groups for a shorter period would have worked better.
- **Involve more staff.** All of the artists felt that their mission to provide activities to the staff, as well as the patients, was the most challenging aspect. Where staff were able to get involved, either alongside the patients or in special sessions dedicated to the staff, they were reported as hugely beneficial, as you will see from the staff comments in the evaluation. Although there are no ready solutions to this, and with a hectic workload it is not a surprise that this proved challenging, I do recommend more planning with ward staff as to how this might happen.

*'The project did give me extra work at times. I didn't always have the time to give so if admin are to be involved in the future perhaps this should be discussed with them to see if they do have capacity (especially if teams are short staffed).'* WS

- **Staff Training.** *'There's so much scope to inspire staff who aren't artists to see the benefits to train them in skills around realising what activities can do.'* WS
- **Artist Training.** There were three areas where the artists have articulated clear training needs.

Therapeutic: There is a clear benefit for the artists to spend time with the therapy staff to better understand how their art sessions can assist the patients' rehabilitation. This would also result in the clinicians learning how creative activities can support their clinical work.

*'If artists come on a regular basis I would suggest that they have an induction with OT/SLT/PT to understand patients' needs and goals and how the art can be incorporated into therapy.'* A

The second area is around nonverbal working. All the artists felt most challenged on the Stoke Ward, and I recommend some artist development training to explore some thinking around nonverbal practice especially with regards working with stroke patients.

*'We would value training resource is especially around nonverbal.'* A

And the final area where training is recommended is for the artists to deal with the emotional demands of the work. 'Sometimes I am a therapist' was a common theme and an area for investment in the artists training.

- **Younger artists mentoring.** I recommend including younger artists in the project, working alongside the more experienced artists. This would create an ecosystem, bringing through younger practitioners to learn from the more experienced artists. This would also create an extra pair of hands for setting up and delivering the work, offer a wider range of availability and art forms, possibly provide more cost-effective provision in a roll out of the programme to more settings in future.
- **More time?** The artists would have definitely liked to have had more time in each setting. Four weeks in each setting felt too short. They also gave thought to a rotation system where they rotate more regularly between hospitals over a longer period.
- **Collaboration.** Each artist was working in isolation at each setting. Collaboration opportunities would reduce their isolation, and provide inspiration, mutual support, evaluation and planning.
- **Prepare for online?** Due to the pandemic some of the sessions had to move online. One of the artists commented, *'It might be a good idea to think about good practices for online sessions so that everyone can get the best out of it in case the sessions have to sometimes be delivered online.'* An online session offered with volunteer support might prove popular and is worth considering.
- **Shared training.** The artists all have a very different practice and experience, and would welcome the chance to learn from each other's practice, which would enrich the skill set of everyone. For example how might a visual artist learn from a poet, how could a dance and movement artist offer insight to a sculptor? Shared skills

sessions would also provide opportunities for crossover and collaborations, and joint planning sessions as well.

- **Showcasing the work.** I recommend creating an online gallery space, where patients, staff, visitors, artists and the Arts in Health sector can see the work produced and celebrated.
- **Replication across settings:** This project took place across six community hospitals, and there was a recognition that the project should be replicated across a wider range of settings. One senior member of the team commented; *'We've got to make sure that there's parity between community health settings and mental health settings. There's a wider picture to look at there's a potential to recommend growth within the Trust as a whole. Artist in residencies look different in mental health settings or other settings, and we've got to make sure this can happen in other services.'* WS

## 7. CONCLUSION

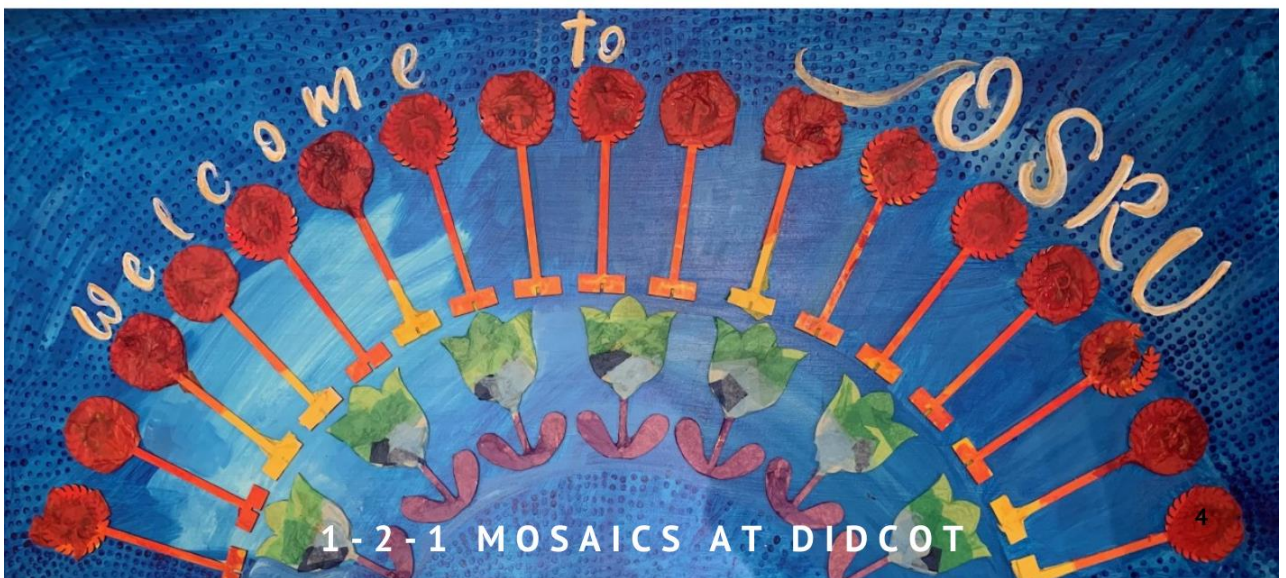
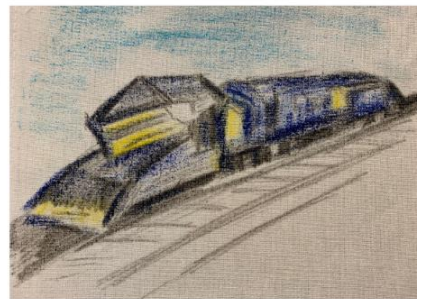
The Creating With Care project was well organised, well received, and universally recognised as beneficial for patients, staff and artists alike. This project has the potential to be an exemplar for the UK. Oxford Health NHS Foundation Trust has every reason to be proud of what has been achieved, and to consider creating a package of training and resources that could be shared nationally. As one ward sister commented, *'these nice to do's make such a huge difference!'* It is my hope this evaluation goes some way to making the case that this work has essential value, rather than a 'nice to do'. It has provided enrichment, therapeutic benefits, and brought pleasure and joy to so many people. It has addressed the holistic needs of the patients, moving them from trauma to hope, and should be celebrated and continued.

Lucy Wells, Head of Service for Community Hospitals, sums it up perfectly.

*"The difference that this approach has on the people it touches on the ward is tangible. You can feel their overall wellbeing improving; it's wonderful to see. The staff involved have been amazing and despite many challenges this year, have continued with the patient at the very heart of all that community hospitals do."*

Helen Le Brocq, Project Evaluator

February 2022



## Appendix 1: CWC Artists

# OUR ARTISTS IN RESIDENCE

Introducing our wonderful new resident artists, doing transformative making across the Oxford community hospital wards

Information found on the [Oxford Health Charity website](#)

Oxford Health Arts Partnership  
Artscape  Creating with Care

### Sarah Moncreiff – Visual Artist

Sarah is an artist, interested in painting the urban and industrial spaces that form the backdrop of our lives. She has taught art for many years to adults, children and residents of care homes. She has also spent many years delivering art workshops to those unable to access art on a regular basis, such as street children in Africa and prisoners in the UK.



### Dionne Freeman – Visual Artist

Dionne is a practising artist and has worked as an arts facilitator for over 16 years. Her work over the last 10 years has focused on accessibility and using the arts to enable new approaches and transforming spaces and building confidence and communication skills through painting, drawing and sculpture. With experience of working in a range of educational settings, community groups and ages Dionne believes in the opportunity for all to identify, explore and develop their own artistic possibilities. This lies at the heart of her artistic practice; to engage with those who need creativity the most.



### Mary Chamberlain – Visual Artist

Mary is a visual artist and creative practitioner who works using drawing and painting. She has worked both as a painter and with arts groups for many years and loves to create environments where people can relax and enjoy and discover their creativity. In her sessions, she has a range of materials to work from (including handmade stencils) and often draws inspiration from the natural world. You are warmly welcome to take part - no experience in art is necessary!



### Roosa Leimu Brown – Dance Artist

Roosa Leimu-Brown is a dance artist, yoga therapist and a movement educator with a PhD in biology. She is interested in exploring how movement, breath work and mindfulness practices affect and support our physical and mental wellbeing. She combines creative movement and music with targeted functional strength, mobility and balance exercises as well as relaxation techniques and breath exercises. She also likes to use stories and visualization to enhance the movement experience. Roosa has worked with children and adults and is specialized in leading dance for older people including those with Parkinson's and dementia. She is a qualified Postural Stability Instructor and incorporates the falls prevention Physiotherapy exercises in her dance sessions for older people.



### Pat Winslow – Poet & Storyteller

Pat worked for 12 years as an actor before taking up writing. She is a poet and storyteller and has had seven collections published. Pat has worked in hospitals, care homes, educational settings, prisons, lunch clubs and festivals. She enjoys collaborating with other artists and believes that everyone has a unique view of the world and an important story to tell. She is looking forward to working with you.



### Tom Cross – Storyteller & Visual Artist

Tom is a Visual storyteller working in animation, drawing, printmaking and digital art. Whatever stories and memories we have from our daily lives Tom will try to capture them with a drawing. All of us use story to understand, contextualise and navigate ourselves though the ups and downs that life throws at us. This can be small and poetic from memories of the smell of your childhood home or a favourite keep sake which sparks off stories that can mean so much.



## Appendix 2: I Want Great Care responses

### Incidents by Cause Group

Cost Centre Team	Further details	What Could be Better?	Score
CHos - City Ward	Mainly I liked art sessions and drawings techniques.	.	4.00
CHos - City Ward	I liked art sessions. I found it really interesting and creative. My physiotherapy treatment was efficient.	Nothing	4.00
CHos - City Ward	I liked art sessions and PET dog sessions.	I was disappointed due to lack of a proper therapy plan on admission.	5.00
CHos - City Ward	I like the art classes.	To increase the number of staff in general. To answer buzzers more efficiently during toileting.	5.00

### Incidents by Cause Group

Cost Centre Team	Further details	What Could be Better?	Score
CHos - Bicester Ward	My experience here has been 100% and everyone has guided me through my stay. One thing I will be able to take home with me is being able to paint. The art class here was lovely and gave me confidence. I am going to continue when I get home	No criticism to add only praise	5.00



## Incidents by Cause Group

Cost Centre Team	Further details	What Could be Better?	Score
CHos - Bicester Ward	Everyone has been great Food has been good. Have especially enjoyed the artists coming in and joining in with them.Haven't drawn since school so thoroughly enjoyed this activity	none	5.00

## Incidents by Cause Group

Cost Centre Team	Further details	What Could be Better?	Score
CHos - Didcot Ward	Everyone was friendly, caring and compassionate with me. I would recommend Didcot Hospital to anyone. I found the food excellent around. My confidence has improved 100% and now ready to go home. I have enjoyed the activities in the day room. I would also like to say that the cleaning at the hospital is at a very high standard.	I can't think of anything, everything was just perfect.	5.00
CHos - Didcot Ward	Because I received all my care with kindness, from all the staff. I really enjoyed the activities in the day room. The food was good. I would recommend this hospital to anyone.	No everything was fine.	5.00

**Appendix 3: Images from the project.**





## Autumnal



Going for long walks in the leaves  
all the reds and browns, the golds,  
the purples and yellows.

The woody smell of bonfires,  
the wet earth, wet leaves, manure.  
Lots of lovely days with frost about.

Crab-apples, quince and berries,  
rose hips, hawthorns, damsons  
sloes and bullace.

Apples – russets and cookers –  
wind and rain, rustling trees,  
a red kite drifting and floating,

chirping birds, robins,  
owls calling in the night,  
crackling fires



and pumpkins and potatoes  
and turnips and casseroles,  
stews, cider,

bread and butter pudding,  
apple crumble with custard,  
steamed ginger with custard



body-building puddings  
storing up for winter.

Joanna, John, Angela, Sam, Einid and a few other people at Bicester  
Community Hospital with poet in residence Pat Winslow