

# UPLIFTING

ARTS PROGRAMMING AT DERBY HOSPITALS

*Twilight* by Deborah Allitt



**air arts to aid wellbeing**  
**at Derby Hospitals NHS Foundation Trust**  
**Evaluation Report**

**Brian Crosbie**

**Dr Theodore Stickley**

**University of Nottingham 2010**

*Report in full*



The University of  
**Nottingham**

## **Contents**

- 1. Introduction**
  - 2. Arts & Health Evidence Base**
  - 3. Strategy Development and Reporting Structure**
  - 4. Achieving Greater Value through Partnership Working**
  - 5. The Scope of the air Programme**
  
  - 6. Case study examples**
    - a. Visual Arts Exhibition
    - b. Adult Emergency Department Commission
    - c. Music Participation, Cancer and Rehabilitation Services
    - d. Flying Donkeys in the Stroke Rehabilitation Unit
    - e. Live Music Performances
    - f. 1623 Company Theatre Performance
  - 7. Conclusions**
- Appendix 1 Methodology**
- Appendix 2 References**
- Appendix 3 Further reading**

**Arts to aid wellbeing at Derby Hospitals NHS Foundation Trust**

**Supported by**



Derby Hospitals  
NHS Foundation Trust



## 1. Introduction

This report presents an evaluation of the '*air* arts to aid wellbeing' project (hence **air**) coordinated throughout the Derby Hospitals NHS Foundation Trust, including Royal Derby Hospital and London Road Community Hospital (hence The Trust).

The evaluation was conducted by a research team from the Faculty of Medicine of Health Sciences at the University of Nottingham. Directed by Dr Theodore Stickley and largely implemented by Brian Crosbie (Research Associate). The research was conducted between March 2009 and April 2010; in that time, the research team spent in actual terms ten days involved in gathering data, analysis and report writing.

This report attempts to portray through case-study examples, some of the work that has been undertaken to bring art and the appreciation of art to the context of health and wellbeing as it is practised and encouraged within the Trust over the past 3 years. Supported in a large part by a 2 year *Grant for the Arts* awarded through Arts Council England.

In that time the evaluation team have met and talked to an array of key personnel involved with the project (see Appendix 1 for methodology statement). In particular, we have been helped in our task by the enthusiasm and encouragement of members of the Trusts Design Arts and Wayfinding group (DAW), and Juliet Cooper who is the project lead for **air**. Since her appointment in 2007 and with genuine and committed supported from the hospital and its partners, Juliet has developed an arts programme that the hospital and its patients, visitors and staff can be proud of.

## 2. Arts and Health Evidence Base

In the UK, the relationship between the arts, wellbeing and healing has become well established in both research literature and policy. The Department of Health (DoH) (2007) claim that there are over 1,000 studies supporting the health benefits of the arts, and the majority of these are relating to healthcare environments. In Appendix 2, we have included references that each report the benefits of art and design in healthcare environments.

In her review of the medical literature, Staricoff (2004) has identified the following as evidence of the value of the arts to well-being:

- inducing positive physiological and psychological changes in clinical outcomes
- reducing drug consumption
- shortening length of stay in hospital
- increasing job satisfaction
- promoting better doctor-patient relationships
- improving mental healthcare

Government commitment to supporting the arts for promoting health has been made explicit, for example:

*“Arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments... They make a major contribution to improving people's lives, their health and healthcare provision, providing high-quality, appropriate healthcare environments and engaging with individuals and wider communities, including hard-to-reach groups.” (DH & ACE, 2007:13).*

The arts and health agenda is recognised by both the Department of Health and the Arts Council England (DH & ACE, 2007; ACE, 2007). The concept of healing environments is not new but it has been only recently that the concept has influenced the design of hospitals. Arts intervention in health and wellbeing continues to grow and establish itself as an important component in supplementing the delivery of healthcare. Encouragingly, at the same time academic research and evaluation both qualitative and quantitative have sought to record and report on the impact of arts and health.

This report on the *air* project at Derby Hospital NHS Foundation Trust seeks to add to the growing knowledge surrounding the connection between art and health.

### 3. Strategy Development and Reporting Structure

Royal Derby Hospital is a new build project that serves the city of Derby and surrounding area. In its status as a successful and progressive provider of healthcare Derby Hospitals NHS Foundation Trust has maintained its strategic commitment to adding patient value through enhancing the environment of the hospital for all.

It should be mentioned at the onset that the greater part of this report focuses on particular art events and projects that have taken place within the confines of the hospital. However from the initial development of the hospital - in its architecture and interior design- there are many features in the hospital which encompass an aesthetic approach to the built environment. In many areas of the hospitals integral structure, thought has gone into how patients and visitors might perceive the building. The following comment, which encapsulates these ideas, comes from a member of the DAW group:

*“The building involves three approaches: design, aesthetics, and art. See, art is not simply the picture on the wall, it can be three dimensional it could be light...art should be dynamic, I find function and art a grey area; art can be functional in this case with helping way-finding. Signs are only one element, art has function as landmarks. It is easy to repeat the building design in such a large building, so better to say to visitors to look for a feature- a piece of art.”*

In 2004 identifying the need for a coherent approach to arts and design in the new building a draft arts strategy was developed by the Trust via DAW.

*At its heart the Trusts Arts and Health strategy sets out the following intentions*

*” to develop a high quality programme of arts that adds to the quality of the new building, supports the healing process, engenders civic pride, and helps build relationships between the hospital and the community..... supports the healing process with high quality art, which helps to create a therapeutic environment and a place in which patients, visitors, and staff can engage positively with their surroundings “*

The aims contained in the above statement: *“for art to supporting healing; enabling civic pride; building relationships between hospital and community”* are indeed bold goals. It is in many

respects the purpose of this evaluation to review what distance has been travelled to meet these strategic aims.

#### 4. Achieving Greater Value through Partnership Working

Counted among the achievement so far has been **air**'s success in securing a number of committed partners both public and private which successfully supported an Arts Council *grants for the arts* application. The support this funding brings has ensured that to some extent **air** has been self-sustaining in its commissioning of arts.

In this new age of adding value to people's healthcare experience there has been a great expansion in the arts and health agenda and practice. In most cases, efforts to introduce art in hospital has employed the tried and tested way of buying civic art to hang or display permanently in hospital spaces. What makes **air**'s strategy to promote art different is the desire to make the experience of art in hospital dynamic and ever-changing. Art, as it is perceived through Derby's programme, is not a once and for all time static presentation of art in its hospital. Connecting the programme to the city, county and region has brought to the hospital not only a changing programme of arts events but in that dynamism a varied taste from across all the arts including music, drama, sculpture, craftwork as well as wall based visual art exhibitions.

**air** has reached out beyond the hospital site, to forge partnerships with local and regional artists and arts organisations. These partnerships include poets, visual artists, curators, designers, theatre groups, musicians and established arts organisations. In this endeavour to work with other agencies and artists and to bring them into the hospital environment to work, **air** has made links which benefit both the wider community and the hospital. For example, the hospital has built a name for itself as a credible venue where local artists and musicians can display their work and perform. With an annual audience of around 1.5 million visitors, patients and members of hospital staff, this has proven to be a substantial platform for new, up and coming artist.

At the same time, the Royal Derby Hospital has made in-roads in becoming a recognised arts venue across Derby City. As an exhibition venue for FORMAT, one of the countries's leading Photography Festivals, "One Step Beyond" now SYNAPSE festival of the region's best emerging contemporary artists and new partnerships with the cities Museum and Art Gallery. This positive collaboration has come about through the virtuous efforts of the DAW group members and **air** teams' impressive networking and partnership building.

## 5. The Scope of the air Programme

**air** from its inception has strived to bring art in its many forms to patient staff and visitors of the Royal Derby Hospital. That endeavour has seen a myriad of projects through many areas of the hospital; in wards, foyer, public corridor, and waiting areas. The categories outlined give an insight to the strategic planning of the programme. Future development will see capacity grow as efforts are made to reach out to areas of the hospital that might not yet be involved.

Since its inception the **air** has brought a broad and diverse array of coherently branded arts events to the hospital with five strategic arms which encompass the overall programme:

### **Visual Arts exhibition and Public art installations**

**air** through DAW has curated sculptural work to inhabit some of the open spaces around the hospital and identified a series of wall based “gallery spaces” in key locations around the hospital for professional artists to display their work. The exhibitions are changed on a seasonal basis in order to keep the environment refreshed and engaging.

In an effort to make this as accessible as possible, the project has produced a programme to accompany each season, providing additional information about the artists and their exhibitions. The programme always includes a brief explanation of the season’s themes, the values and motivations of the **air** programme and appropriate contact details to encourage sales of work.

As a strategic outcome designed by the DAW group, these exhibitions have proven to be a successful addition to the hospitals wayfinding scheme for some visitors to navigate their way through the hospital. The success of this programme has encouraged the use of arts to address other environmental issues. Most notably, the inspired use of Privacy and Dignity funding to commission a large scale willow installation in a public courtyard addressing a potential patient privacy concern.

### **Participation Projects**

**air** have engaged a series of “artist in residency” participation projects funded directly by the Arts Councils *Grant for the Arts* award. These sessions have brought artists, musicians and storytellers together in direct contact with patients, visitors and staff with the focus of distracting from the illness experience and enhancing the hospital experience for patients. The

work undertaken may not be defined as formal art or music therapy. Nevertheless, the findings demonstrated later in this evaluation evidence that the interventions have in some way added to the patients' wellbeing.

Alongside the departmental residencies covered in the case studies there runs a photography group or *Image Club* which take advantage of the growing interest in the arts amongst staff and volunteers at the hospital. The group meets monthly and is facilitated by photographer Valarie Dalling who alongside invited guests from the local arts community engages the group in conversations on ways of seeing, taking and curating photography. Notable speakers in the last 6 months include photographer Professor Paul Hill and painter Heather Duncan.

### **Open space performance events and interactions**

This highly valued strand of the programme brings music and drama-based events to the public spaces of the hospital. Among these arts events feature regular seasons of live music performance from flute and guitar duo, string quartet, and harp recital as well as local singing and acoustic music groups. Included in the open space events, **air** has situated excerpts from Shakespeare, waiting room interactions from theatre group Maison Foo and storyteller Shona Leigh.

Poetry in waiting rooms has produced five miniature volumes of work. Which have been placed in the hospital departments waiting rooms. They offer a contemplative distraction at a time when patients perhaps need it most. The success of this publication has encouraged the commissioning of a writer in residence for 2010 who will explore the patient experience of hospitals.

### **Hidden Histories**

Working in partnership with Living Derby, a Community Interest Company the Hidden Histories project uses the arts and artefacts from the Derbyshire Royal Infirmary and Derby City Hospital to interpret and tell stories of the people that used them.

### **Departmental Enhancements**

As many of the hospitals departments finally settle in to their new environments the request for "some art to brighten the place up" is being repeated. **air** and Daw are able to support department enhancement schemes whether through sharing contacts of locally based artists,

they can purchase relevant work, support with brief development, artist engagement to commissioning and support of the installations, encouraging consistent and professional presentation.

## **Impact**

According to the monitoring carried out by the team at **air** the list of artists, groups, and events has amassed a considerable amount of performance and exhibition time (in all 782 days in two years) for the benefit of all who visit the hospital.

In addition, the project has given some 179 local and national musicians, artists and performers the opportunity to display and develop their art within the hospital environment. This is an impressive display of both capacity and sustainability within the **air** project. At the time of writing this report, the project goes from 'strength to strength'.

Within the limits of this report it is not possible to consider in more depth the evaluation of all that has been achieved. Therefore the report will consider a group of case-studies from the list above, in order to explore through the data and evidence the benefits particular projects and events have given to the hospital and its strategy to enhance the wellbeing of all through arts participation.

## 6. Case Study Examples

### a. Visual Arts Exhibition

With 12 (and growing) permanent locations at the Royal Derby Hospital, contemporary visual art exhibitions and installations are among the programmes most outstanding efforts to bring art to the hospital environment. Visitors walking throughout the hospital can come across an impressive array of modern and contemporary art exhibited by established and emerging artists. What is perhaps unique within the **air** project, compared to many other art in hospitals programmes, is the efforts made to ensure that dynamism and change is built into the strategic planning of the art which is on display. Indeed a representative from the Design, Arts & Way-finding group expressed during interview, that it was important to get away from the ideas of fixed art displays, and work towards a managed series of rolling arts events. They stated that:

*“It [art] shouldn’t be fixed at the onset and then forgotten. It has to be curated. I see the public walls around the hospital as potentially a huge blank canvas...it should be dynamic and changing and built upon.”*

At the same time it was recognised that the hospital is a site for people and their health experiences, and that this should be foremost when considering the appropriateness of particular pieces of art. As one interviewee said:

*“We have to consider the kinds of art we have on display, yes art can be challenging, but we are not out to upset people with it. It should stimulate but also in a positive way offer a distraction away from the reasons people are in the hospital in the first place”*

*(Design Arts and Wayfinding Group member)*

The **air** programme has risen to this challenge to keep its art exhibition fresh and current, by placing the task of curator-ship with its coordinator, Juliet Cooper. In her role, Juliet has sought to engage with artists and arts organisations. From the initial planning stage, the project has witnessed the steady growth of artist involvement with the hospital; where now they see the hospital as a viable space in which they can display their work. The following quotes come from artists who have presented their work within the hospital:

*“It was a great pleasure to be able to show my work, I was really impressed at the display of the work, it looked fantastic.”*

*"It is very hard to gauge whether your work is liked by others (friends and families don't tend to give honest views!) I am particularly interested in getting my work in the public domain - but out of the gallery. From this, you get people who would not normally seek out art coming across your work. This exhibition really fits this idea."*

*"I've had a good reaction from members of the public on my work being shown in the corridors there. Quite a number of people have recognised it as mine; I often get asked "is it your work that's up at the city hospital?"*

*"My experience of exhibiting at the hospital has been very positive for me. It has been a high profile venue for showing my paintings as lots of all kinds of people pass by and are in some way touched by the work. It has made me think more about what impact my paintings might have on people."*

As for the public's engagement with the art around the hospital, there is now an expectation that art has become an integral part of hospital life. It is not expected that visitors and patients will like all the art, nevertheless, as curator; Juliet feels that art that is questioned or not understood by patients still indicates that people are engaging with it. As Juliet rightly states:

*"We're not expecting everyone to like it all, but there's sufficient work around the place that there might be something you'd like., even if it distracts you from your purpose for being here. That there's something you don't like or you question it. It's a moment away from the illness experience."*

How the artwork is perceived is perhaps incidental to the greater achievement that the people are willing to engage with it; to take notice of it and address art in their environment.

Whatever way it is received, the **air** team view this as a success.

*"The people who visit regularly now see how it works. Of course, there's a broad spectrum of people, there are some who have a deep appreciation of art. Then there are people who ordinarily don't access the city's art provision who are now engaging in conversations about contemporary art and forming opinions, which is great."*

As part of the evaluation, observations were made of the exhibition sites to gather a sense of how the human traffic engaged with the art. Observations revealed a mixed engagement. Many people showed no awareness of the art as they passed, however it was noted that people passed by with their heads down and walked by with sense of urgency. On occasion people did take the opportunity to stop and look at the art in some detail, particularly evident with both the willow art displayed in the open courtyard on the first floor, and the weave hangings on the over pass on the first floor. During observations, where people did spend time looking at the art they were in couples or larger groups, where whispered comments were passed between people.

It is acknowledged by the evaluation team that **air** has found it difficult to gather public comments and views about the art exhibitions. This is partly due to the transient natures of the audience who pass by. However, on occasion, visitors have taken the time to correspond with the project to give their views. The next extract comes from an email sent to the project from a member of a patient's family. In its tone, there is an expression of appreciation and indeed an indication that art does have the power to lift people from their current anxieties and to transform the situation into something better, more life affirming:

*“Your cartoons in the Derby City Hospital are such fun - they have relieved a traumatic situation and given me a chance to smile...My husband had just been diagnosed .... and your cartoons made us think that there was still much to smile about!!”*

One further comment, in its short statement appears to echo the sentiments above.

*“It draws you in and takes you on a journey...”*

These comments testify to the fact that coming into a hospital can be an acutely anxious experience for people. **air** believes that art in hospital has a purpose in distracting and possibly reducing those anxieties for brief moments. Be it through the functional use of assisting people through the hospital as wayfinding points or as a screen to ensure patients privacy; but perhaps more importantly the art has the potential to engage people in its spectacle and in doing so it offers a distraction from the weight of anxiety surrounding personal and family illness. Hospitals, due to their size, can be impersonal places, as the following quote indicates:

*“If you come in to a functionally bland area, and then to a clinic procedure that experience isn’t good. We want to add to that experience making it better.”*

Art works can raise patients’ low expectation of healthcare environments. It offers the opportunity to give life and personality back into people’s hospital experience.

## **b. Adult Emergency Department Commission**

Throughout the hospital as departments relocated in to their new homes many have accessed the **air** team to purchase or commission art works to enhance the patient's environment. A powerful example is the mural commission undertaken by the hospitals busy Adult Emergency department. The project was a major undertaking which commissioned an appropriate contemporary mural work which would travel through all public areas of the department including treatment areas.

The initial commission came as a result of the departments lead consultants wish to transform the environment, to look towards a way that both design and colour could be used to, and to reduce episodes of violence and aggression within the area.

Clear evidence indicates that Emergency departments have a propensity to experience violence due to the traumatic nature of patients' illnesses. The artist commissioned was asked to consider this when developing designs for the department. With colour theory in mind, the artist developed a series of mural designs which encapsulated the local Derbyshire countryside.

*"The idea was to bring the outside inside. To bring themes of nature in to the emergency department to give sense of calm and tranquillity"*

With the draft designs, clinical staff asked, over a period of time, what the patients and relatives felt about the mural proposed mural designs.

*"I asked all sorts, the young the old, a prisoner and guard. I wanted to get a cross view from patients about what they thought of the designs....as for the colours, Lynn said that colours not found together in nature can have a stimulating effect, they draw the eye towards them. Of course we didn't want to over stimulate, but to draw attention away from other things."*

Patients were receptive to the designs, and with this positive response, the work was commissioned.

As well as murals giving a pleasant environment to patients, keeping designs simple and repetitive assists patients and relatives in way-finding throughout the department.

*“Wayfinding is very challenging in a large hospital. So we have the same design all along the corridor. So if you walk all the way to x-ray you may have to get yourself all the way back to the sub waiting area you can also find your way by the colours. We have blocks of colours for different area so you recognise where you were sitting and waiting.”*

Along with the design consultation process, the commission also included an art competition for children waiting for relatives who were attending the department. Participants were challenged to come up with their own interpretation of the murals. The winning art work now hangs in the main waiting area. The Emergency department’s inclusive approach to commissioning art should be commended for its efforts towards patient participation.

### c. Music Participation in Cancer and Rehabilitation Services

African drumming and singing workshops were presented by solo African drummer Richard Olatunde Baker, who over a number of tightly scheduled days delivered drumming performances to a huge range of in and out patient spaces across the Trusts Rehabilitation and Cancer directorate. The purpose of the events was expressed in the planning aims as:

- The aim of this project is to create a welcome distraction from the constant thoughts about illness and treatment.
- To provide new experiences for patients and for them to explore new sounds and music from another culture.

The sessions offered hands-on music-making using African drums and associated instruments. Workshops included an introduction to a variety of unusual instruments, where patients were able to experience the sounds of the different drums and learn about the traditions associated with them. Where appropriate, performances included bedside visits and wandering minstrel activities around the wards. The following quotes come from patients who participated in the sessions.

Firstly, a senior staff member commented that:

*“We’ve had very good feedback, very enthusiastic. If we could do this more and get into a routine, it would be amazing – people are in here for several months and even years, it helps to raise their spirits, give them something distracting and purposeful to do. Helps with co-ordination and offers them different neurological pathways to aid with recovery. They could really benefit with regular input.”*

And the views of patients and others...

*“I wouldn’t have missed this for the world – it’s been the only topic of conversation for the past few weeks at lunchtime”*

*“We were all taking part and all playing together – we can take our drums to bed tonight and talk to each other through the walls”*

*Staff to patient "Do you like the music?"*

*"Yes, its nice isn't it...Great stuff, is that a bass drum?"*

*"Can I just say that the session we had yesterday was amazing and thoroughly enjoyed it. It was also of great therapeutic benefit to our patients. We would certainly love to have regular such sessions. Please pass on our appreciation and thanks to Richard. Pictures taken during the session are to be on display on the unit."*

*"Richard is great, very professional, adaptable in a kind and fun way with patients, young and old, without patronising them. The sessions yesterday went very well including one in Kings Lodge who I think would very much like some more. Apparently it was unusual and very valuable for the patients to get together and work together like that."*

The last comment demonstrates one of the paramount concerns of the **air**. Much of the planning and commissioning of artists comes down to ensuring that artists have not only the skills in terms of professional performance, but importantly that they are able to convey their art in a way which is accessible and above all humanistic in its connection to the lives of vulnerable patients.

This series of taster sessions were coordinated and evaluated by Laura Zobel arts participation specialist. Her artist selection, careful management and presence at all sessions connected staff to the programme and afforded the development of the "Opus at the Grove" residency.

#### **d. Opus at “the Grove”**

The Opus group at *the Grove* Elderly Rehabilitation wards involved musicians attending six weekly half-day sessions. The purpose of the sessions was to deliver a musical performance over lunchtime in the wards followed by an interactive workshop between musicians and the elderly ward community.

The overall aim of the project identified by ward staff was to encourage patients to eat lunch together in the main communal area. It was hoped that the music events would give a focal point for social interaction among members of the ward community, thus alleviating boredom and depression. It was felt that patients were not making use of the communal area and that subsequently low interaction among patients was resulting in instances of isolation.

By offering this musical interlude, individuals could be encouraged to interact with musicians and fellow patients. According to Opus’ monitoring, over the six sessions an average of 14 patients participated. They were assisted in their participation by seven staff on average each session. The programme records that the activities were well supported by the ward’s members of staff, as the following quote from the evaluation demonstrates:

*“The hospital was very welcoming and supportive, but we might have liked staff to have been there for the entire time to share the experience with the patients – this happened some weeks, but not all.”*

*“Staff were never far away and they know their patients well enough to know when they can be left in the room without needing constant support. Perhaps in a way it was good for the patients to be in the company of people who were not all medical staff?”*

The group reports that as the session progressed patients grew more involved with the activity. With patients increased participation the musicians handed over the shaping of the session to the community. This included patients exercising choice over the music played and demanding familiar song sheets in order to participate in singing. The following list of achievements taken from the programme evaluation gives credence to the perceived benefits of maintaining elderly patients’ community involvement:

**Achievement throughout the six sessions included:**

- Chatting to patients about their lives, their musical backgrounds, memories about lives and music.
- Spontaneous singing/humming/tapping along
- Singing along with various words to well known songs – reminiscing about songs they sang in the army, at school and in the pub
- Gradually, patients relaxed over the weeks and started suggesting songs and requesting particular instruments – more interaction, initiation and movement
- Communication across the room, between patients increased throughout the programme
- Level of musicianship, the ability of the patients and their concentration.

As part of the evaluation exercise, the Opus group gathered the following feedback from patients:

*‘It was quite surprising how quickly we all worked together; good community spirit and very enlivening.’*

*‘Very good, very nice, really enjoyed it, usually you sit here and there’s nothing to do and people are asleep. This is brilliant, I really enjoyed it’*

*‘Good entertainment, thanks!’*

*‘Quite pleasant but quite enjoyable’*

*‘A fantastic time, we were talking about it for days and it covered a good age range – look forward to hearing more!’*

The members of the ward staff who were involved also reported on the positive interaction afforded by the music sessions. In addition, a brief questionnaire given to staff recorded that staff ‘strongly agreed’ with the statements:

- patients benefited from being involvement in the session
- there should be more ward based arts activities
- art helps to distract patients from their illness experiences

Members of staff also made the following comments:

*‘Staff and patients enjoyed the musical session and we are looking forward to the next one!’*

*'Patients and staff have really enjoyed music session and would like them to continue if possible' (Head of ward)*

*'The overall response to these events has been positive. We are hopeful that this is not the last we see of you all. Many thanks.'*

*'Excellent stimulation'*

Research reports on the importance of storytelling and reminiscence among elderly groups as a resource for retaining identity. This is an important strategy for arts intervention in light of the problems brought about by institutional care. What the Opus session attempted to achieve through music performance is very much in line with this care strategy for elderly patients. Opus work with "the Grove" Elderly Rehabilitation wards has been identified as a valuable project to develop further.

#### **d. Flying Donkeys Storytelling in the Stroke Rehabilitation Unit**

The Flying Donkey's "Breathing Stories into Life" project was conducted in the Stroke Rehabilitation Unit. The project offered patients and families the opportunity to come together to listen to stories and tell their own life stories. The project was presented to patients over 12 sessions, with local storytellers facilitating each event. An average of five patients attended each of the 12 sessions at times patients were accompanied by family members and friends. Carers and unit staff also attended each session. The sessions took place within the stroke rehabilitation unit and on occasion "The Florence Nightingale" a local public house situated outside the hospital.

Within the structure of the sessions, the project aims were targeted on two levels:

- At the first level, storytelling activities would be employed for the purpose of raising the general mood and motivation of the group participants.
- A second level targeted, through clinical guidance, individual patient needs towards speech and language deficits.

It was agreed that these two objectives would be achieved through storytelling, a facilitator planning the group activities, with speech therapists setting individual goals for patients.

For a large number of individuals who have suffered a stroke people experience the loss of sensory awareness (see Schabrun & Hillier 2009 for a review of the literature). In such conditions, clinical research suggests that patients are offered passive sensory training to improve for sensory deficits. In line with this recommendation observations made of the sessions indicate that storytellers used a number of sensory devices including sound, smell, and colour to enhance and illustrate patients' listening experience. Importantly, facilitators ensured that the patient's participation in the session should not be a passive experience. To achieve a more active role for patients, story tellers encourage participants to add to the narrative of the story by getting involved in anyway they could.

The following brief comments illustrate the level of patient participation which was reached as the sessions progressed:

*"Several patients were enabled to tell stories from their lives" "Chat is as important as listening"*

Indeed the last comment above indicates that the facilitators achieved an appropriate balance of listening and open conversation. And that a programmed mix of stories and conversation helped in raising patients' concentration.

It is evident from the feedback and recorded notes taken from the sessions that The Flying Donkey project managed to achieve the right balance of arts entertainment and individual participation. Significantly, it should be recognised that although a great deal of planning had gone into the programme before it commenced, the organisers also demonstrated a level of reflexive practice, which ensured that as the project progressed changes were made to the sessions that responded to the needs of participants. For example, the needs to strike the right balance between passive and active engagement. As a final point, it was noted that should there be a further opportunity to run the project, facilitators indicated that future work might further target specific speech and language needs of patients. Undoubtedly, the artistic expression of language and speech has something to add to stroke patients' wellbeing. Indeed its application to clinical practice is well founded in the research literature:

The question *“What does it take to live successfully with stroke and aphasia?”* was posed and answers were sought within already published accounts. Stories help us to explore the realities of an experience and help us understand something about another person that we would not be able to perceive in the same way without a story” (Hinckley 2006, 25).

The following quote from a member of staff highlights the positive application of arts in the form of storytelling to the area of stroke rehabilitation:

*“Much of the work of care assistants and nurses involves listening to, and piecing together the stories of patients, especially stroke victims, the threads of whose stories have been broken and need splicing together again. All interactions with carers habitually contribute toward this process; all listening and storytelling is an invaluable part of this work: a single word can bridge the gap – as you already know... Bringing a guest storyteller onto the Unit this summer has been a highlight in some of the patients' experiences of recovery, and it would be useful to explore the possibilities of initiating a new project with staff first, so as to integrate patients' experience with their carers”*

## **e. Live Music Performances**

These events gave the opportunity to bring live performance to the atmosphere of the hospital. They took place mainly in key public locations around the hospital. Within the programme visitors, staff and patients had the opportunity to listen to and watch a diverse range of music from string quartets, harp recitals and guitar and flute duets. The summer live events for example brought 10 events to the hospital over a period of two months totalling 28 performances. In total, the performances involved 30 musicians. Monitoring accounts of all the music events indicate that on averaged that the passing audience was between 300 and 1000. Of course many people took time out to stop and listen indeed from the first quote below the presence of music was a surprising addition to their hospital visit:

*“It was lovely to hear music filling the entrance to the new hospital. It was good to immerse myself in the music for a brief period and also amusing seeing people trying to work out where it was coming from!”*

Summer Live received very good feedback identifying its impact as a welcomed addition to hospital life, a change to routine and a way for patients to be distracted from their illness experience for a moment. The following quotes from members of the passing audience very much echoes the intended purpose envisaged by the **air** team. That is, to offer an opportunity to ‘stepping off’ from the actual purpose of individuals’ visit to the hospital, and brings a moment of calmness :

*“Personally, I was on my way out the door after a gruelling 3 ½ hours as an outpatient and visitor when the music stopped me in my tracks...; soothed my soul for a few minutes”*

*“It was a lovely peaceful moment in a hectic life – it helped me cope with the rest of a horrendous day. Thank you “*

*“Drawn to the music as I passed, I noted the calming and positive effect of the strings in the main entrance to the hospital.”*

*“A beautiful experience”*

*“Next week I will be coming here as an inpatient, this positive experience will help me walk through the door”*

From the quotes, clearly visitors and day-patients to the hospital found the music events beneficial to their hospital experience. Along with this contingent of the hospital population, in-patients and their visitors often have to contend with the day-in day-out experience of long-term care routines. Dealing with both illness and a protracted stay in hospital does have a profound effect on wellbeing. Comments from patients and visitors who deal with long-term care, demonstrate that the break with routine offered by the music sessions brings sought after diversion to their illness experience and hospital life. Indeed, with the music events being well advertised across the hospital site, it was observed that patients and their visitors took the opportunity, when possible, to come out of the ward environment to listen to the performances:

*“Very relaxing interlude; listening to the piano recital in the Gallery. A great help at a time of worry and concern (my dad is very ill) A wonderful idea thank you”*

*“It’s great to hear the music within the hospital, very enjoyable and brings a bit of joy into a routine day”*

*“These events should be encouraged many long-term care patients are enjoying the programme of events”*

Central to the health culture of all hospitals is its staff. It is their efforts and attention to care that shape the environment for all that comes into the building. Previous research has recognised that along with patient wellbeing, promoting staff wellbeing, through job satisfaction and feelings of appreciation is important to the delivery of excellent care. Reflecting the importance of a positive working environment, staff members were also invited to give their views on the music recitals. The next two comments come from members of the hospital staff:

*‘I brought my nephew and my brother to see the Derwentio String Quartet playing in the cancer services entrance on Friday. Just wanted to say how much we all enjoyed the performance, and also how many appreciative comments we overheard from patients, visitors, and staff. I hope these recitals are going to be a regular thing-(and well publicised. Even if means my nephew dragging me into the hospital on my day off!’*

*“As a member of staff I found it very good to be able to have a short break from the office and listen to music for 15 – 20 min.”*

And finally, the next quote perhaps testifies to the fact that the music does not have to be sought out to be appreciated. The comment indicates that as music has no boundary, it moves in to unexpected spaces, making the hospital environment a better place to work:

*“Over recent weeks we have had the pleasure of listening to live performances by musicians seated near the blood clinic and junction 4. Today there was a harpist and we would like to thank the person who has arranged these performances as they have been a pleasant interlude to accompany our very busy working days.”*

## f. 1623 Company Theatre Performance

Although the music recitals have been the highlight of the **air** calendar, with the programming of regular performances like the 'Summer Live' events, there have been other programmed performances. For example, **air** brought patients, visitors and staff a splash of dramatic colour to the hospital when they were entertained by 'A Dose of Shakespeare' by the 1623 Company. This group of actors, under the auspice of 'Shakespeare in the City', performed brief recital moments from a number of Shakespeare's plays. From their own audience feedback monitoring, the drama group report that 93% of spectators who responded found the performances to be good to excellent.

*"The gallery above main entrance was a bit tricky to find - didn't say level 3 on the postcard so therefore I missed part of the performance. But what I saw was good!"*

*"It would have been nice to see whole performance but my lunch hour is 1-2pm, so unfortunately I missed half of the performance. Enjoyed what I did see!"*

*"Just a word of thanks to the actors and staff that organised the Shakespeare snippets yesterday. Happened across them by chance performing 'A Midsummer Night's Dream' in the Children's - very entertaining and nice to know the Bard's work is still appreciated by young and old alike."*

Although, audiences found the performances enjoyable, the monitoring acknowledges that there are lessons to be learned with regard to informing the public about the actual times and location of the project. However, learning what works and what does not, is central to the **air** project. The **air** team appreciate that its early days still in the project, and that evaluation and development are important as the project grows.

One aspect of this development that was observed by this evaluation exercise was the opportunities to take risks with programming. As a new and dynamic approach to bringing art into the hospital, the **air** team, and the DAW group have indeed appreciated the need to take risks with this venture in order to ensure that whatever comes in front of the hospital audience is seen to be professional, appropriate and above all recognised as adding value to people's health experience within the hospital. The evaluation team is pleased to record that

all efforts are being recognised and appreciated. The following is from a letter of commendation, which there is many examples of, from a service improvement practitioner:

*“Juliet, I just wanted to say what an excellent crop of work you have assembled in the hospital right now. You have done a great job. I saw you deep in conversation with a Shakespearean character in the corridor the other day, so didn't say this then.”*

The following quote is from the co-ordinator of the 1623 Company. The statement outlines the above analysis, and the courage of both the **air** team and company to take risks by offering new opportunities to perform in spaces previously not associated with the performing arts:

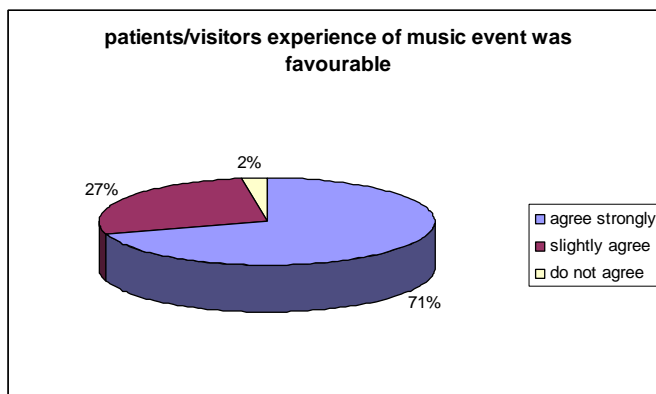
*“Thank you for giving us the opportunity to bring Shakespeare to new audiences in unusual spaces. We're so grateful that you had the faith in us to deliver the project. I know it must have been quite a big leap of faith for you, as you hadn't seen any of our work live and were quite nervous about responses.”*

## 7. Conclusions

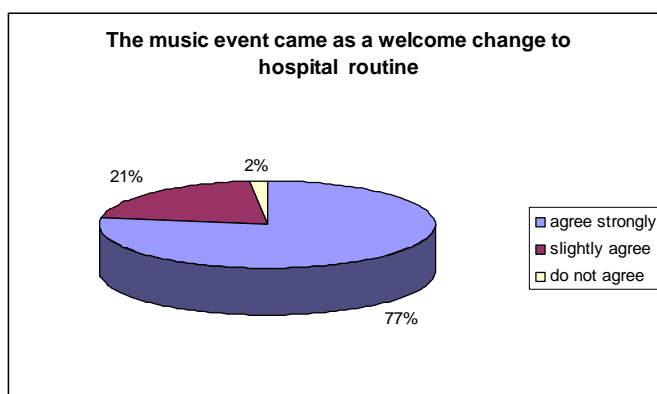
A set of perceived outcomes consistently emerged from the interviews

- The positive implication of pride and standard of care reflected by the inclusion of art
- Engagement with art as a distraction from health issues
- Patient involvement with art as a “*therapeutic*” potential aid to wellbeing
- The use of art installation to assist the wayfinding strategy through the hospital
- Opportunity for good news stories and positive engagement with the surrounding communities.

During performances and recitals, audiences were asked to complete a brief questionnaire and place any comments they wished to make. Along with audience comments, we asked a number of questions in order to gather people’s overall opinion of the purpose and benefits of having music and art in hospital. To conclude this section the following chart lays out the views from 121 completed questionnaires.

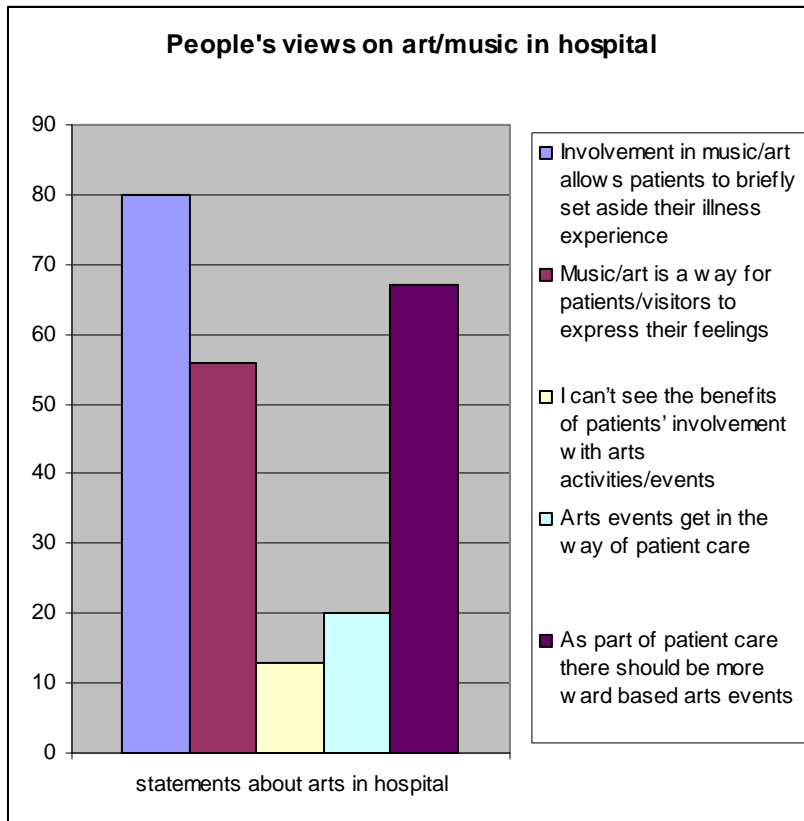


The first chart asks respondents to give their views on the event they have taken part in. the results are shown as percentages and clearly indicate that the music/art/drama event was favourably received by those that witnessed the performance.



The following chart depicts people’s view on the opportunity to step out of hospital routine. The results show that the music/ art event was appreciated as a welcome change, with 77% agreeing strongly with the view that the event diverted people from their usual hospital routine.

The final chart below captures people’s general views upon the place and importance of art in the hospital environment. People were asked to agree with as many of the statement as they wished, hence the higher overall total. 80 people agreed that art enabled patients to set aside their current illness experience. The questionnaire also asked if people felt that the arts had no benefits for health and might get in the way of care. Although the chart shows that some people agree with these statements, a greater amount appeared to appreciate the potential benefits of arts participation for patients (and possibly visitors).



These charts represent a snapshot of people’s views and opinions as they were gathered during live events across the hospital. As brief descriptive statistics, caution should be taken upon their significance however, they do record a level of satisfaction with the art provided. Encouragingly, an appreciable number of respondents indicated that there should be more opportunities for patients to become directly involved with art activities.

At the commencement of our evaluation visits to the hospital we were met with modest claims that progress had been made from the initial strategy and that goals had been achieved in terms of bringing art to the hospital and community. This modesty from the **air** team, especially Juliet, belied a concerted effort and artistic sophistication in what had already been achieved in delivering on the promises mapped out in the trust’s strategy.

From where it stands now, with all that it has achieved in the past 3 years, **air** is on good footing to expand its activities for future patient benefits. To envisage their future aims, Juliet equates the hospital to a 'little city' with a growing requirement for arts and culture to engage its communities and enrich its experience. The idea helps to encapsulate the importance of art in the future development of the hospital. Just as a city encompasses diverse communities and cultures, so does a hospital (patients, visitors and staff). Similarly, as Juliet expressed it, "cities require culture as part of the way they function and express their community identity", so does Royal Derby Hospital. There is a lot to be taken from this analogy and a lot to be gained for the Trusts through its continued engagement with the arts.

## Appendix 1 Methods

The information gathered for this evaluation has come from a number of sources. As well as primary interviews with key personnel connected with the **air** project, project partners, artists, Design Arts and Wayfinding Group members, clinical consultants, and the **air**team. Importantly, data was also gathered from patients, relatives and hospital staff, both medical and ancillary. Indeed this scope of inputs from diverse groups and individuals reflects the diverse range of artistic offerings to the hospital community across the site.

Along with primary interviews, which were conducted by the evaluation researcher, the evaluation took advantage artistic events to gather further evidence. This was achieved through the use of a brief questionnaire that was handed out to individuals who happened to be enjoying the particular situated artistic event. Mainly, these events encompassed the season of musical and dramatic performances that were staged within the open spaces and entrances around the hospital. In addition to interviews and questionnaires, as part of artists' commitment to providing enriching experience for all the hospital community, artists were encouraged to complete and submit their own evaluation. This was particularly the case with arts led events which occurred within clinical and ward settings. The documents they provided were added to the varied forms of data collected to enhance the overall narrative of this evaluation report. Finally, on two day long visits to the hospital the researcher conducted observations at a numbers of fixed art installations throughout the hospital corridors and pathways. The purpose of this intervention was to gather through observation, the transient interaction between the human traffic and the displayed art along these pathways. In all the data collected for the evaluation comprised:

- Eight one hour interviews with key artists, organisers and board members
- 120 completed questionnaires from hospital visitors, relatives and patients
- 9 evaluation monitoring submissions from artists facilitators
- 30 documents showcasing arts events, presentations and in-house publications.
- 4 periods of pathway observations

## **Analysis**

Multiple analytic methods were employed in the data analysis process. The interviews were transcribed and analysed using thematic analysis. This method directs the analysis to key topics which were derived from the interview schedule.

### ***Questionnaires***

The questions were structured around standard opinion gathering tools. For example the Likert scale requires respondents to agree with a particular statement on a scale of intensity e.g. “*don’t agree*”, “*somewhat agree*” or “*agree very much*”. In addition to Likert techniques, respondents were also invited to mark their opinions against brief vignettes which encapsulated differing opinions of art/music in hospitals. As well as these quantitative responses, the questionnaire also included comment boxes for participants to express their own direct views of the performance. The questionnaire responses were descriptive statistics which will be displayed in the report by way of graphic charts.

### ***Artist evaluation***

The self-evaluation from the artists was returned to the overall evaluation in various formats. Some were more detailed than others. What was valuable from these submissions was the inclusion of comments taken from patients and the numbers who attended. This material is presented in the form of comments to highlight patients’ and artists’ involvement in the programmed sessions.

### ***Documents and observations***

A considerable amount of documentation about the **air** was gathered. This material varied from posters advertising events in the hospital; press and media releases showcasing the art work and events that have occurred in the hospital; to professionally printed folios of poetry for waiting areas, presenting work from established and new poets. Along with the documents the brief observation notes carried out at sites of art installations are used in the analysis to give background to the evaluation. The observations will be presented where they help illustrate the general comments surrounding the place and purpose of art in Derby Royal Hospital.

## Appendix 2 References

Arts Council England (2007) *Arts, Health and Well-Being*. Arts Council England, London

Clift, S. et al (2009), The state of arts and health in England, *Arts & Health*, Vol. 1 No. 1

Department of Health (2007) *Report of the Review of Arts and Health Working Group*. Crown, London

Department of Health and Arts Council England (2007) *A prospectus for arts and health*. DH & ACE, London

Hinckley, J. (2006) Finding Messages in Bottles: Living Successfully with Stroke and Aphasia, *Topics in Stroke Rehabilitation* Vol. 13, No 1

Schabrun, S. & Hillier, S. (2009) Evidence for the retraining of sensation after stroke: a systematic review, *Clinical Rehabilitation*, Vol. 23, No. 1, 27-39

Staricoff, R. L. (2004) *Arts in health: a review of the medical literature, report for the Arts Council England*. Arts Council England, London

Stichler, J F (2001) Creating Healing Environments in Critical Care Units. *Critical Care Nursing Quarterly*: Vol. 24, No. 3, 1-20

## Appendix 3

### Further references and bibliography on arts in healthcare environment

Allmark, Rebecca. Green shoots of recovery. *HD : the journal for healthcare design and development* 2003; 34 (7): 16-18 (July/August 2003)

Allmark, Rebecca. Mother's ruin. *HD : the journal for healthcare design and development* 2003; 34 (5): 17-18 (May 2003)

Baldwin, Ed and Shaw, Christopher. Pick and mix. *Health Service Journal* 2005; 115 (5940): 38 (27 January 2005)

Barnes, Sarah

Burges Watson, D. Flexible therapeutic landscapes of labour and the place of pain relief., *Health and Place* 2007; 13 (4): 865-876 (December 2007)

Chappell, Brian. Scent and sensibility. *HD : the journal for healthcare design and development* 2004; 35 (4): 33-34 (April 2004)

Cooper, Graham. Community of intellect. *HD : the journal for healthcare design and development* 2004; 35 (3): 10-12 (March 2004)

Coote, Anna. Healthy hospitals. *Community Care* 2002; (1431): 22 (18 July 2002)

Crowe, Sam. PCTs get designer briefs in estates development. *Primary Care Report* 2002; 4 (8): 14-15 (9 May 2002)

Davis, Carol. Blooming marvellous. *Nursing Standard* 2009; 24 (2): 20-22 (16 September 2009)  
*Journal of Care Services Management* 2009; 3 (4): 380-390 (July/September 2009)

Davis, Carol. Making an entrance. *Nursing Standard* 2007; 21 (26): 18-19 (7 March 2007)

Daykin, Norma, et al. The impact of art, design and environment in mental healthcare : a systematic review of the literature. *Journal of the Royal Society for the Promotion of Health* 2008; 128 (2): 85-94 (March 2008)

Douglas, Calbert H. and Douglas, Mary R.

Douglas, Calbert H. and Douglas, Mary R. Patient-centred improvements in health-care built environments : perspectives and design indicators. *Health Expectations* 2005; 8 (3): 264-276 (September 2005)

Douglas, Calbert, et al. A room with a view. *Health Service Journal* 2002; 112 (5827): 28-29 (17 October 2002)

Dunn, Sara. We've got designs on you. *OpenMind* 2006; (137): 6-8 (January/February 2006)

Dyer, Jenny (editor) Sweet music. *Practice Management* 2006; 16 (7): 25 (July/August 2006)

Foley, Hannah. Using NHS resources effectively to improve the ward environment for patients and staff.

Francis, Susan. The architecture of health buildings : providing care - can architects help? *British Journal of General Practice* 2002; 52 (476): 254-256 (March 2002)

Gesler, Wil, et al. Therapy by design : evaluating the UK hospital building programme. *Health and Place* 2004; 10 (2): 117-128 (June 2004)

Griffiths, Jenny. Environmental sustainability in the National Health Service in England. *Public Health* 2006; 120 (7): 609-612 (July 2006)

Harding, Mary-Louise. Luck of the draw. *Health Service Journal* 2004; 114 (5919): 26-27 (19 August 2004)

*Health Director* 2005; 4 (3): 62-63 (May 2005)

*Health Expectations* 2004; 7 (1): 61-73 (March 2004)

Hetreed, Jonathan. Opting for a green primary healthcare building.

<http://bmj.com/cgi/reprint/325/7378/1432.pdf>

Hunt, Louise. Accident of design. *Health Service Journal* 2005; 119 (6157): 27-29 (21 May 2009)

Johnstone, Androulla. Control and confinement : an archaeological review of modern mental health buildings. *Mental Health Review* 2004; 9 (4): 29-31 (December 2004)

Knutt, Elaine Build for the future. *Health Service Journal* 2005; 115 (5940): 35-37 (27 January 2005)

Leifer, Dina. Anything but magnolia. *Nursing Standard* 2002; 16 (29): 16-17 (3 April 2002)

Lynch, Elizabeth. It's your move. *Nursing Standard* 2007; 22 (5): 22-23 (10 October 2007)

Mahoney, Claire. Seeing through patients' eyes. *HD : the journal for healthcare design and development* 2004; 35 (6): 18-19 (June 2004)

Mesner, Sally. French exchange. *Health Service Journal* 2004; 114 (5890): 43-44 (29 January 2004)

Mickel, Andrew. Rooms for improvement. *Community Care* 2008; (1737): 26-27 (4 September 2008)

Mitchell, Lynne and Burton, Elizabeth. Neighbourhoods for life: designing dementia-friendly outdoor environments. *Quality in Ageing* 2006; 7 (1): 26-33 (March 2006)

Mizan, Jacques. Changing buildings; building change! *British Journal of General Practice* 2004; 54 (507): 7798-799 (October 2004)

Moore, Alison. Democratic design. *Health Service Journal* 2003; 113 (5863): 44 (10 July 2003)

Mulholland, Helene and Radcliffe, Mark. Inner spaces. *Nursing Times* 2002; 98 (25): 26-27 (18 June 2002)

Neuberger, Julia. Good design offers therapeutic rewards. *Nursing Times* 2003; 99 (37): 17 (16 September 2003)

Nicholl, Stephen. Evaluating nurse-led design. *HD : the journal for healthcare design and development* 2004; 35 (4): 10-11 (April 2004)

*Nursing Times* 2009; 105 (39): 16-18 (6 October 2009)

Palmer, Jill. From the x-ray to x-factor. *NHS Magazine* 2004: 26-27 (February 2004)

Parker, Chris, et al. Quality of life and building design in residential and nursing homes for older people. *Ageing and Society* 2004; 24 (6): 941-962 (November 2004)

Parker, James. Breaking the mould. *HD : the journal for healthcare design and development* 2004; 35 (4): 32 (April 2004)

Parker, James. Studying nature. *HD : the journal for healthcare design and development* 2003; 34 (10): 33 (November 2003)

Parker, James. The art of caring. *HD : the journal for healthcare design and development* 2005; 36 (1): 10-12 (January 2005)

Pearce, Lynne. Designed with you in mind. *Nursing Standard* 2002; 16 (51): 14-15 (4 September 2002)

Philpot, Terry. A new approach to cancer nursing. *Nursing Times* 2004; 100 (22): 24-25 (1 June 2004)

Philpot, Terry. No shadows. *Nursing Standard* 2006; 20 (23): 24-25 (15 February 2006)

Rice, Gillian, et al. Enhancing a primary care environment : a case-study of effects on patients and staff in a single general practice. *British Journal of General Practice* 2008; 58 (552): 465-470 (July 2008)

Rice, Gillian. Design eases patient anxiety. *GP : General Practitioner* 2006; 62 (21 April 2006)

Rough, Moira. Danish artfulness. *HD : the journal for healthcare design and development* 2005; 36 (6): 18-19 (June 2005)

Sanson, Andrew. Sense and sensibility. *HD : the journal for healthcare design and development* 2007; 38 (3): 18-21 (March 2007)

Sarre, Judy. Dignity through design : how the architecture can make a difference. *Working with Older People* 2007; 11 (2): 28-31 (June 2007)

Shepherd, Stuart. Better buildings. *Health Service Journal* 2009; 119 (6149): 1-12 (26 March 2009 Suppl.)

Simpson, Veronica Design in its prime. *HD : the journal for healthcare design and development* 2007; 38 (1): 10-13 (January 2007)

Simpson, Veronica. Changing faces. *HD : the journal for healthcare design and development* 2007; 38 (2): 9-12 (February 2007)

Simpson, Veronica. New mindset. *HD : the journal for healthcare design and development* 2007; 38 (3): 11-15 (March 2007)

Smith, Richard. Spend (slightly) less on health and more on the arts. [Editorial] *BMJ* 2002; 325 (7378): 1432-1433 (21 December 2002)

Spencer, Angela. Team building. *NHS Magazine* 2004; 18-19 (October 2004)

Swan, John E., et al. Do appealing hospital rooms increase patient evaluations of physicians, nurses, and hospital services? *Healthcare Management Review* 2003; 28 (3): 254-264 (July/September 2003)

Torrington, Judith. What has architecture got to do with dementia care? : exploration of the relationship between quality of life and building design in two EQUAL projects. *Quality in Ageing* 2006; 7 (1): 34-48 (March 2006)

University of Sheffield. School of Architecture. Design in Caring Environments Study Group. The design of caring environments and the quality of life of older people. *Ageing and Society* 2002; 22 (6): 775-789 (November 2002)

van de Glind, Irene, et al. Do patients in hospitals benefit from single rooms? : a literature review. *Health Policy* 2007; 84 (2/3): 153-161 (December 2007)

Weiss, Barbara. Mother care. *HD : the journal for healthcare design and development* 2004; 35 (9): 14-17 (October 2004)

Wells-Thorpe, John. The children's ark. *HD : the journal for healthcare design and development* 2007; 38 (7): 16-19 (August 2007)

Wilson, Jonathan. Communing with nature. *HD : the journal for healthcare design and development* 2004; 35 (8): 26-32 (September 2004)

## Web resources

Architects for Health

<http://www.architectsforhealth.com/>

The Arts for Health:

<http://www.mmu.ac.uk/artsforhealth/>

British Association of Art Therapists

<http://www.baat.org/>

CABE [Commission for Architecture and the Built Environment]

<http://www.cabe.org.uk/default.aspx?contentitemid=1268>

The Center for Health Design

<http://www.healthdesign.org/>

Creative Remedies

<http://www.creative-remedies.org.uk/>

End of Life Care

Department of Health

<http://www.dh.gov.uk/en/Healthcare/IntegratedCare/Endoflifecare/index.htm>

Enhancing the Healing Environment : King's Fund

<http://www.enhancingthehealingenvironment.org.uk/>

Leading the way

<http://www.leadingthewayarts.info/home.htm>

LIME

<http://www.limeart.org/>

Music in Hospitals

<http://www.music-in-hospitals.org.uk/>

Society for the Arts in Healthcare:

<http://www.thesah.org/>