

## **Oxford Health Arts: Artist in Residence Project (AiR), Witney**

**This is a brief review of the outcomes of the Oxford Health Arts: AiR- ‘Artists in Residence’ project based in Witney Community hospital, specifically from January – May 2022.**

Short project review compiled by Claire Murray on behalf of Oxford Health Arts

‘Oxford Health Arts: AiR’ is a new strand of work which places professional Artists in community hospital wards alongside clinical staff. The project is a direct result of the success of the ‘Creating with Care’ project.

West Oxfordshire District Council supported ‘Creating with Care’ since its inception in 2017, including the extension of Artists in Residence at Witney Community hospital between January and May 2022.

An extensive evaluation of the ‘Oxford Health Arts: AiR’ pilot project which ran between June – December 2021 in six Oxfordshire Community Hospitals is available here: <https://www.oxfordhealth.charity/News/making-a-difference-artists> . The report presented herein is designed as an adjunct to Helen LeBrocq’s findings in that evaluation.

Artists involved in this time period of the project at Witney include: Roosa Leimu-Brown (Dance Artist), Mary Chamberlain (Visual Artist) and David Noble (Musician and Music Therapist).

In writing this report it has been a privilege to review the extensive notes taken by the artists, including comments from staff and patients and to speak with the artists directly about their experience. I have discovered so many benefits to patients, staff and artists themselves from participating in this initiative. Many of these benefits intersect in the same encounter and provide rich layers of support and engagement for patients. I have tried to tease these layers out thematically below, but overall the project brings a holistic benefit to patients time in the community hospital while also benefitting staff and artists, it is hoped that this project can continue its work in hospitals and provide a bridge for patients back into their communities and a health enhancing engagement with the arts.

I played to P, who was waiting for a visitor...  
He said the music “cheered me up!”

I revisited A in room 12 who was joined by a deaf lady (who could maybe feel the vibrations) She enjoyed it and said it made her feel “nice and relaxed”

Some of the many benefits of the project cited in the artists' records included:

Lifting the patients' mood and bringing relaxation to the patients:



A little dance session with B. She joined in with some movement and then enjoyed watching me dancing to her. She commented on how lovely she thought it all was and how it had cheered her up.'

'A very jolly and uplifting dance session with three ladies. D commented on afterwards how she was a bit suspicious when I first started but then admitted how she really enjoyed the dancing and little calming self-care exercise we did together. "I didn't think I would have liked it this much!"

One lady sang lots of songs with me. The doctor said she has lung problems and it was great to hear her singing and using her lungs so well!

There was a third lady from the same room who did want music so we arranged to meet in the day room (supported by a staff member) and this was successful, singing songs. She reminisced singing in a church choir. She was able to clap, which she had not been able to do in previous sessions, showing she was on the mend.

Relaxation and improved mood benefit the entire physical system, aid recovery or management of a health condition and improve quality of life.

The project also brought further physical benefits to the patients, particularly the joy of moving to music, enabling them to engage with movement in a more fun, enjoyable way and reducing the sense of exercise as being a chore and often lifting them out of what might have become a very sedentary day.



H who had broken her ankle but had also had a stroke 10 years ago, a lovely new connection, we listened to her favourite music and she did super well working on her arm that is affected by the stroke. It felt like moving to the music really encouraged her to get into a bigger range of movement. We also had a good chat. In the middle of the session the doctor came to see her and said it was ok for me to stay. He also asked what we were doing thought it was a fab thing to do and encouraged H to get moving more.

A brief chat with E. he has Parkinson's and we ended up talking about how to walk and turn safely and how to get up from a chair among other things.

D commented on how moving to music makes it so much easier and it makes it feel special. She recognised many of the moves to be similar to her physio moves, but enjoyed doing them to music much more.

Other physical benefits included the reduction or distraction from pain.



I asked a lady who was quite deaf but was happy to have a go at having music played to her. I stood next to her bed and turned my amp up high. She enjoyed the sounds and vibrations and I let her strum the strings.

We kept the music up beat so she could feel the rhythms. She talked about her sons who she loved dearly and said how good they were to her. She said they would have enjoyed this too. One of them was also called David. We sang the song 'two little boys together'. She complained about her illness and said she was nearly 100 and had never felt this bad before. She was so frustrated and wanted to just go home. She thanked me and said that it was very kind of me to play to her and it helped her forget the pain.

Experiencing all of the art forms led to reminiscence among the patients, sometimes reliving fond memories from the past, sometimes bringing up emotions to be processed. At times bringing a sense of self efficacy, competence and confidence in sharing skills or knowledge with the Artist and offering and being valued for sharing from their rich and varied histories.



A lovely lady, P, who used to do lots of ballet when younger. Her hearing was poor and listening to music wasn't an option. She was also quite tired, but enjoyed having a chat about dance and dancing and her ballet years.

Ma was not feeling great today but was up for listening to music. He was brilliant in coming up with songs and we talked about images and emotions and memories the songs brought to mind (e.g. a road trip on a hot summer day). He also wanted to listen to a song his girlfriend who passed away few years ago really loved and he had sang the song in her funeral. We talked about music can be used to release stored emotions and trauma but also to cheer or calm the mind. A really lovely and powerful session.

A wonderful session with H. She was in her bed but really alert. She told me about playing the piano and singing in the school she used to work with. With some detective work, we managed to find some of the music she used to play, sing and listen to and I danced for her and we discussed the images and qualities the music brings to our minds, she was also doing some little moves in her bed. She absolutely loved it. At the end she wanted to listen to "I will always love you" and was moved into tears. She said she had not cried in 30 years and how it was amazing to get some of the emotions released. She was so grateful and said to me: "you are a gift". That definitely made my day! It was also lovely how each song lead into a chat about a specific memory that then lead into the next song.

I finished with two ladies who had differing tastes in music but warmed to the idea of a joined session. I slowly built up the repertoire into an upbeat set of songs. We sang a Queen Song, after which one lady was in tears, as it brought back some memories for her. We talked about the power of music in this way.

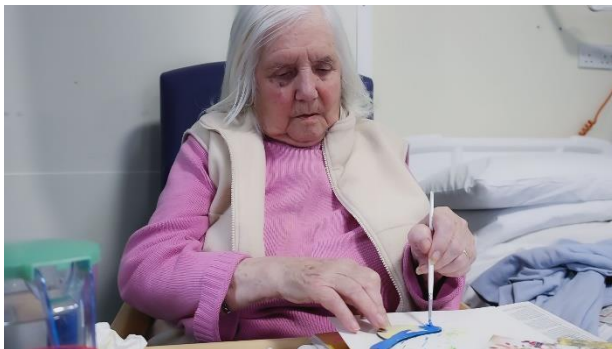
(One) Lady said she is not really a "music" person and was not sure. At the end she said "thank you, I enjoyed that!" She had memories of seeing Big Bands at Hammersmith Apollo.

I spent time with C looking through the file together and showed her how to create using the parrot stencil. She was a little confused at points and lucid at others. The parrot image brought back strong memories for her of growing up in The Hague and gardens nearby.

I spent time with E chatting and learning a little about his life. Initially we spoke about the birds on the window design and then his work as a builder before retiring. He has never had a passport as he's never left England. He has no desire to - for holidays he would go to Swanage. He has no TV but loved his garden. As he has Parkinson's now, his son does the gardening for him. We spoke about the state of the world and war, ways of learning and children.

One of the major valuable aspects of the project were the relationships or connections developed between the individual artists and patients. This was acknowledged by the patients, the staff and the artists themselves.

When speaking with dance artist Roosa Leimu-Brown she articulated just how important and valuable someone who was there and could listen and engage with the patients on a personal level - at times one-to-one and at times in groups - could be. This quality of attention and care and its impact on patients is one of the benefits, not always anticipated by artists, which really stood out.



An artist may have begun with an agenda of how to bring their art form into the hospital setting, but they were then acting very much adaptably with however patients or the ward presented on any given day. This reflects the ability of the Artists to adapt and develop in their role but also on the real need patients have for that quality of attention in a hospital setting, particularly where hospital staff are so stretched in coping with the physical requirements of hospital life. This quality of attention and engagement from the artist as we have said lifted spirits and any improvement in reducing stress and feeling connected to others can really benefit physiological health and patient outcomes.

The project also brought improvements to patients' connection with others and a sense of community to patients, whether this be relating more closely with another patient, a group of patients, bringing in more enjoyable or light hearted interaction between staff and patients or bringing greater connection with visitors or wider family bonds this was a regular benefit to patients who may otherwise be feeling more disconnected from their environment.

The staff warned me the lady there had mental health issues and that I should approach with caution as she can be abusive to staff. She was accepting of me and we had a good rapport singing mostly Bob Marley songs. She also played along, clapping and shaking a shaker. We talked of being a duo. She was very grateful for the session.

I went to say hello to G. She is very depressed and we spoke for a little bit about art. She was clear she didn't want to make anything but seemed to appreciate talking. I said I would call back later in the afternoon.

She was feeling the fatigue from the Covid infection and was also feeling a bit low having been isolated on her own for so long. We had a little chat that she seemed to appreciate.

I had a nice chat with M who seemed a bit lonely as all the others in her room had visitors. He wasn't so keen on listening to any music, but we had an interesting chat about his career. He used to detect leaks in the water pipes and explained how you can figure out the location by listening to the pipes.

I enjoyed speaking with J, M, T and W and agreed with J that we'd work together to create some art. J found it difficult to hold a pencil or sponge and so I applied the colours for her working on the parrot image.

D was waiting for the ambulance to take her to a care home and she was very happy to have a little movement session while waiting. B and I danced To Dancing Queen when she left and the ambulance men joined in. I also had a chat with G who was in the same room and she was keen to listen to some classical music and B and I did some ballet arms to the music (great rehab for B's arm)

We listened to some great music with M and R and we all had the shakers and were making some rhythms. Two of the nurses joined in and sang along with a little dance to the patient in the opposite room 9. A lovely moment! I had another wonderful session with H in room 2. We listened to some her favourite music and I managed to encourage her to do some movement as well. She had written down few songs she wanted to listen to that had come up with her conversations with her sons. These were pieces of music than linked to memories with her sons. M joined in and another patient danced from the corridor on his way out to the garden. A lovely moment of connection between two patients who hadn't met before.

A great dance session with three ladies, two actively joined in and one listened to the music resting in her bed. It was lovely to be able to do a more structured dance session. The patients were super involved and enthusiastic.

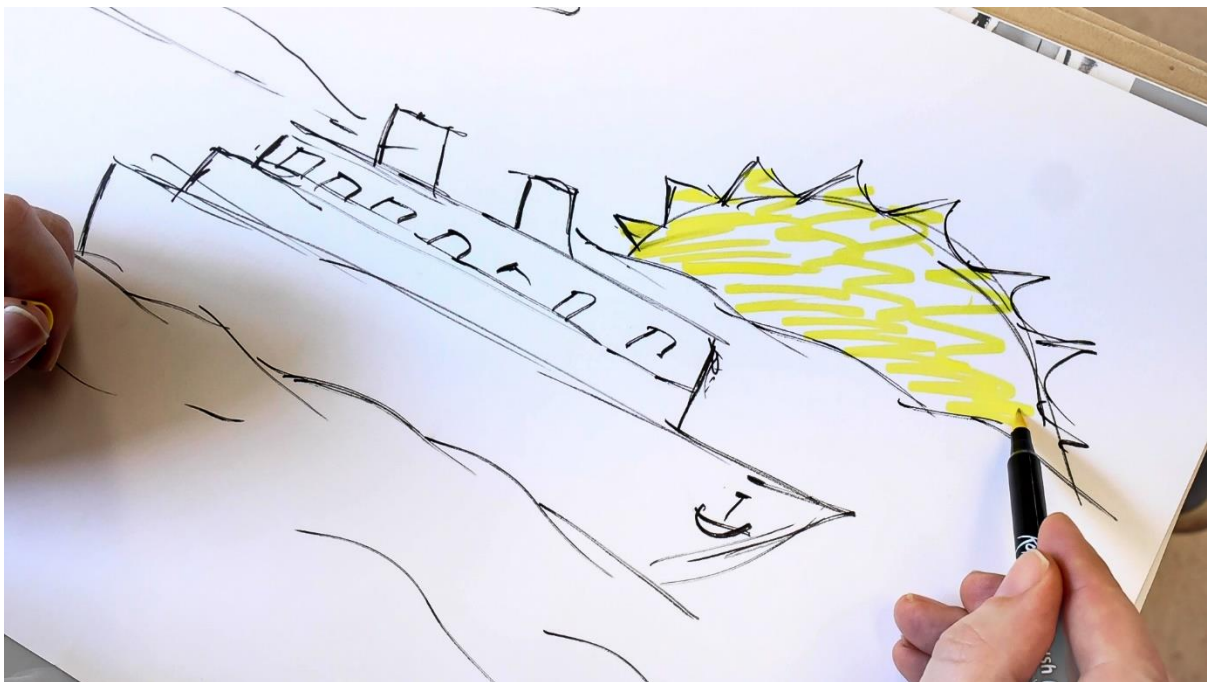
The three ladies were also up for another dance session and it was really lovely that M, who is quite fragile and in her bed, was joining in singing along and moving her feet and arms the best she could. One of the other two ladies had moved her chair next to M's bed so it felt they were all really connected and there was a sense of doing the activity together as a group.

Room 2, V and C had just finished their lunch and were sitting together by the table. We did a lovely dance session sitting in a circle. It was nice to be a closer together and have a sense of a group. These ladies are so lovely and always up for some dancing and movement. I who was in the same room, but in her bed not able to do much movement clearly enjoyed the music and we discovered she really enjoyed rock n' roll. I played some extra Elvis for her and got her doing a little boogie in her bed. We also had a good chat about the different dancing experiences the ladies had had.

Singing 'Happy Birthday' twice to a patient celebrating her 94th birthday.  
Staff member dancing for the patients and livening up the room, encouraging them to clap and tap feet.

I finished in a ward of three women, one who had a visitor and one who was wanting to rest but liked the idea of classical guitar. She reminisced about concerts she had attended in the past. I played her some pieces that she closed her eyes to. Her daughter came to visit who was a classical guitarist and enjoyed listening to the pieces with her mum. The other ladies also enjoyed the music and joined in movement to the last piece 'my favourite things'

There was a clear and repeated benefit from connecting to each art form for the patients, engaging with the art forms stimulated and brought pleasure to the patients, sometimes they found themselves liking something they did not anticipate liking or being able to do something they had never tried before. At times it led to a process of recalling different stages of life or bringing their own ideas for music choices, movement or artwork to the fore. Sometimes the art form could transport the patient to a feeling of being in a more beautiful place or having a more beautiful experience, finding how beneficial their own imagination could be.



H loves butterflies. She has a colouring book by her bed, full of outlines to fill in. The only one she has done is the butterfly. I was very pleased to know that I have a butterfly stencil in my file! She seemed to enjoy creating her piece, responding with 'blimey' at the finished piece.

B was a bit sceptical at first saying he doesn't really like music, but then had lots of suggestions and songs he wanted to listen to!

Long chat with J who is an artist and hasn't painted for a long time. One of the nurses had brought her some art materials yet she hadn't used them. We spoke about art, the angel of the north, my stencil file and her artwork...

I had said that I'd say goodbye to J before leaving. When I went to see her, she had started drawing and done a little since we spoke! It was really great to see and to think perhaps that our conversation might have kick started something for her.



I went to the garden to sit with M who is always up for some music. We listened to some opera and imagined being in A cocktail party in Italy with champagne and great food. Great chat again about how music can take you to a different place and how different situations and environments require different music.

A musical and rhythmic boogie with three men. One of the patients was really into music and had great suggestions for songs. He had been singing in a group and had also played some instruments. He was clapping and making the rhythms all along trying to encourage the others to join in. I followed his rhythms and let him initiate them, which was super.

A very jolly and uplifting dance session with three ladies. D commented on afterwards how she was a bit suspicious when I first started but then admitted how she really enjoyed the dancing and little calming self-care exercise we did together. "I didn't think I would have liked it this much!"

In room 10 I had a chat with A. who wasn't initially really in the mood for anything, but then we started talking about music and he told me how his granddaughter is a lovely singer. I found three of her tracks in Spotify and we had a lovely time together listening to the music and chatting. A said how it all had cheered him up so much. He was very happy to be going home tomorrow but also feeling slightly anxious about it. A very beautiful connection and moment of sharing with him.





I worked with K this afternoon, having met her last week. We spoke about music - she loves Bob Marley and so I played some of his music. She chose the butterfly print out to work from and we chatted whilst she used the coloured pencils to fill in the image. At the end she gave me feedback for recording and writing in on the form in response to the question, 'If possible, can you say in what way the visit / activity affected how you feel?':

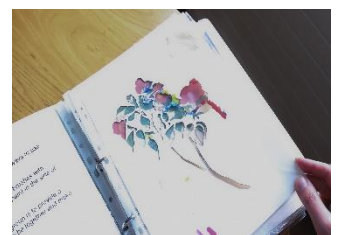
"I feel more relaxed and content afterwards and that I've achieved something really good & I can say that I am proud of myself for colouring in this beautiful butterfly."

I chatted with M, who was 96 and a little deaf but could see just fine. She decided not to take part and so I sat with her and just showed her the file, taking time to go through. She liked the butterfly and so I asked if I could draw it out for her. She was fine with that and so I drew it. When I showed it to her I asked if she would like to colour it in and showed her the paints and coloured pencils. Her so I loaded the paintbrush up with a blue paint and she worked creating the spine of the butterfly.

I continued (...) working with M and helping her with changing colours. She spoke of how she had never painted before except for painting and decorating and seemed really pleased with her piece.

(Later) M had a visitor and was showing her the butterfly painting from the morning.

Part of this could be developing a new area of ability, confidence and self-efficacy in an art form or technique they had not previously had a lot of experience with.



Room 12, a great dance session with A and J. J hasn't been up for much dancing but it was lovely to see her joining in encouraged by A. We talked about the ballroom dancing both ladies had done when younger (A had won a medal in a dance competition) and I asked them to teach me quick step which they did.

Room 7: a lovely session with B. Last week she was mainly watching me dancing, but this week she got into the movements and dancing really enthusiastically. We also did some waltzing holding hands, which was lovely.

A huge benefit seemed to come from the processing of feelings through the art form and connection with the artist, not only from the past but what the patient was dealing with in the present, sometimes lifting the patient out of certain feelings, sometimes providing a place for them to come up and be expressed, shared or explored.

I went to see A, who had done all he could on the crossword, and pulled up a chair and sat and had a go at the remaining clues with him. I then went to say hello to Trevor again (I had said I'd call by again). Another patient, P, was in the room as well now.

I spoke with both of them about boats and places, and Norfolk in particular, where P grew up. I showed Phil the file of images and he decided he would like to have a go. He chose the duck image, as it reminded him of the Norfolk Broads. I sat with him and showed him how to go about his piece. While working, he spoke about his anxieties over his current situation and how difficult it was. I stayed later until 4.30pm to allow time for him to



Room 3, a Bob Marley boogie with K. Two members of staff joined in for a bit. K got a phone call from her sister that upset her while I was with her. To distract her, I just put the music back on and guided her to join in with me for a jolly dance. That seem to distract her mind.

On my way out I also met P from room 11. He is allowed to leave the hospital and spends a lot of time in the library. We had a good chat. He told me how he was having a bad day, which he thought was frustrating as he had felt so much more upbeat the day before. I tried to turn his focus on the positive things and recognising that there will be ups and downs on the way up and how he should remember how it feels to have those good days and trust that he will have more of those.

M was very frustrated and depressed as he felt he should have been at home long ago. I managed to distract him to do a little bit shoulder and arm movements, but he seemed to really need a chat and an opportunity to complain. He seemed to appreciate having someone to talk to and someone who listened.

The project also provided and offered support to staff and in engaging staff with the patients through the creative activities. The project took place during a particularly stressful time for staff as Covid swept through the ward at one point and staff had obviously been stretched to their limit physically and in terms of stress.



Dance artist Roosa Leimu-Brown offered guidance on breath awareness and relaxation for well-being to staff. She felt this could be expanded further, as it was in another of the community hospitals where she had worked. And that engaging the staff more in the arts activities was really important for staff and patient well-being, there were high points where the staff did engage with the patients and the artists, it was suggested, however, that they might have felt a sense of guilt at stepping out of their role to engage with the patients in this at times seemingly enjoyable or carefree way. It was suggested perhaps that staff could have perhaps short allocated specific time in order to do this and so that different staff members felt it was more normalised for them to take these short periods of time to engage with patients in this way.

One lady in a ward of three was struggling with pain and headache and said she didn't want any music but if the others did that was ok. I said I will play very gently. After the session I asked how it was for her and she said it was lovely. She said she didn't know what it was going to be.



It was fascinating to speak to the artists about their experience of the project, they spoke of the range of patients and variety of experience. Mary Chamberlain described it as 'very precious to be there and facilitate' (the project). And it was clear from speaking with the artists that they felt the value of their work and particularly the sense of giving someone space to express themselves in whatever way they needed. Every artist described how they had to really learn to adapt. David Noble, Musician and Music Therapist, for example commented how he really needed to read the room and create compromise and be sensitive to how much music can affect the atmosphere throughout the ward attempting to balance different needs and preferences of the patients.

Roosa Leimu-Brown also had to adapt her dance, movement and breath-work to patients in such varying states of health and ability and according to their emotional and mental state. They all spoke of bringing joy and reminiscence to patients, the many surprising moments of the project and the importance of the relationship they offered to the patients. It was my impression that the project also benefitted the artists in terms of their own professional development in working in such a challenging community setting and honing their skills in adapting their art form within the field of Arts in Health.



Artists also spoke of the support they felt was there through Angela Conlan (Arts Co-ordinator) and the management of the project, at times when they had concerns for specific patients they felt they had that continuity within the project and could talk to Angela and have confidence that the patients and their own well-being was supported. It may be a suggestion to have a point of call on the ward to reach out to with any concerns for specific patients or to find out information or support any necessary referrals.

Since the ward had just closed due to Covid, I stayed in the dayroom and worked with staff. They were all really busy and a bit overwhelmed. I managed to do some breathing exercises with four people and we also had a chat about how they could incorporate some calming breathing into their day, for example taking even just one deep breath in and out before entering a new room or seeing a new patient. I also had a good chat with one of the nurses about simple exercise she could do at home to de-stress. She mentioned her teenage daughter also being very anxious and I taught her few breathing and meditation tips to do with her daughter.

Mary Chamberlain in particular felt that having the uniform and taking the extensive notes which the artists provided created a sense of structure (while at times taxing) completing those notes and changing out of the uniform gave her a sense of closure to the session.

All the artists spoke of the benefit of collaborative working and felt that could be emphasised even more as the project continues. David in particular spoke of creating a collaboration with a patient in Didcot where he had developed a song from the man's lyrics which he went on to record. So the potential for working alongside a poet, a dance artist, film makers and so on. Or the idea of having a theme which each artist develops according to their different discipline.

This beautiful film made by Emma Spellman, Oxfordshire film-maker (Oojamaflick Films) demonstrates collaboration and highlights some of the work of the artists in Witney.

<https://vimeo.com/711331251>

Further ways to improve the project included the dissemination of art and dance packs when leaving the community hospital and returning home. And also signposting or socially prescribing arts classes or groups in the local area to support patients in continuing their engagement with the arts and the support this can offer to their well-being outside of hospital, including reduced isolation and continuing to support their access to creative engagement. Overall the project offers a high quality, process-orientated, artistically diverse and flexible approach to bringing arts into a community hospital setting. It is very much hoped by all involved that the project can continue to bring so much benefit to patients- physically, psychologically and socially, staff and artists in residence.

At this time there are a number of suggestions to improve the project further including: allocation of staff time to engage with artists and patients and greater liaison between staff and artists, the provision of arts packs to patients to take home where appropriate and ongoing social prescribing of the arts upon leaving hospital.

I am given to understand that academic research into the efficacy of the project is due to begin and this gives rise to the hope this model of working in community hospitals and health settings could expand further offering benefit to numerous hospitals, patients and communities and training more artists to work within health.

The project really has to thank Angela Conlan and Oxfordshire Health Arts for working so hard and bringing so much joy and inspiration to the project, the artists for their flexibility, quality of approach and skilful actualisation of the sessions and to the valuable support of West Oxfordshire District Council and Oxford Health Charity in supporting 'Oxford Health Arts: Air' with funding. In supporting this pioneering initiative is helping to sustain a very special project which brings huge benefit to the local community hospital, its staff and patients and the development of local artists and is supporting this cutting edge development of the application of the Arts in a Health setting at a grass roots level.