

GUIDELINES to ART

Making art available to all



Executive Summary

Ada Hui & Dr Theodore Stickley

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Executive Summary



John Whyman

This report represents the evaluation carried out on behalf of The Society for All Artists by researchers from the Faculty of Medicine and Health Sciences at the University of Nottingham. The researchers were invited to work alongside the organisation, staff and 'budding artists' using the Guidelines to Art templates developed by John Whyman. Research was conducted across four different sites within Nottinghamshire. Research data was also gathered from other locations throughout the United Kingdom. The report sets out to capture the innovative work Guidelines to Art has to offer to people.

The idea of using Guidelines to Art was initially developed by John Whyman, a retired school teacher, around eighteen years ago. After his retirement, John began volunteering at local hospices, close to his hometown of Rochdale. It was during this time that he realised many people could either not draw or lacked the confidence in doing so. This is when he began to use hand cut stencils from odd bits of card and cornflakes packets, allowing these to be used as a basis for drawing and subsequently applying water colour.

Through his ideas, time, commitment and genuine passion for his work, John was nominated for an award with the Society for All Artists. In July 2007, John was awarded a bursary of £500 through this organisation for art materials. So far, the Society for All Artists has supplied and distributed these kits to over three hundred BUPA care homes and workshops are continuing to be run with activity organisers around England, Scotland and Wales demonstrating their use. Hospices and independent care homes have also been approached, with positive feedback being given at the end of each workshop.

The evaluation of Guidelines to Art was conducted using a multi-method qualitative approach including participant observation, informal interviews and conversations with artists, arts facilitators and managers. This triangulation of data gathering was felt most suitable due to the nature of the activity, and the varying physical and cognitive abilities of the client groups.

As part of the participant observation one researcher attended four different venues within Nottinghamshire, including a NHS hospital and independently run charitable hospices. The emphasis was on a casual engagement with individuals and the activity using a thematic framework to guide observation and conversation.

Interviews were conducted with participating staff; namely arts facilitators; including volunteers and service managers. Again, an interview schedule had been devised prior to the interview, covering thematic areas central to the research topic. Due to the restricted time and resources available to attend all the sessions countrywide, those staff members participating along with their client group were asked to fill in a pro forma sheet indicating their own observations of the sessions along with any other relevant feedback.

The observational and interview data were analysed with a view to identifying and exploring the personal and social benefits of using the Guidelines to Art. In order to document what is an internalised state felt by the individual, the research will present the external behaviours, actions and speech-acts of participants as proxy indicators of wellbeing. Evidence which demonstrates the social benefit of engagement with the project will also be highlighted. This second aspect of the analysis brings to light the instrumental qualities of art participation through the groups' actual and aspirational engagement with other organisations in the community.

By approaching the data analysis in this way, the report moves out from the individual to the group and onto opportunities for involvement with the community. And that wellbeing, a property of individuals, can be mediated by people's contact with the group and community.

Four localities were visited by the researchers within Nottinghamshire. These included:

**Daybrook Ward, City Hospital Nottingham;
Nottinghamshire Hospice;
Beaumont House Hospice in Newark;
Gifts Hospice in Grantham**

Feedback was also gathered from other sites around the country including; Dr Kershaw's Hospice, Oldham; The Stroke Association, Ashton-Under-Lyne; Springhill Hospice, Rochdale and Birch Hill Hospital, Rochdale as well as numerous other locations within Essex, Lancashire and Devon.

These venues each have a role in caring for adults or older people, or a combination of both care groups; either with physical or mental health problems. Many of the people with physical health problems were deemed to be 'living with a life-debilitating illness' or being 'terminally ill' and often being in receipt of palliative care. The nature of people's mental health problems encompassed both functional as well as organic mental health needs. Needless to say, due to the nature of health and illness, combinations of both physical and mental health problems often presented collectively.

Many positive images of the Guidelines to Art were elicited from all those involved within the evaluation project. A large extent of these was surrounding the simplicity of the templates as well as the element of surprise at individual capabilities of art alongside people's artistic achievements through using the Guidelines to Art.

"Something that's so simple translates into the delight of the patients who attend... it's absolutely wonderful!" (Clinical Service Manager, Nottingham)

Personal Benefits

It became apparent that many people using the Guidelines to Art experienced a sense of relaxation as they were drawing and painting. Arts facilitators, volunteers and managers have also noticed multiple benefits to using art and particularly the Guidelines to Art; including aspects of self confidence, achievement, identity and self-worth related to perceived ability rather than disability or illness, changes in mood and possession or ownership of one's individuality, skill and talent. These have been grouped under the headings of: 'possession, ownership and identity'; 'sense of achievement; confidence, self-worth and self esteem'; and 'focus in ability rather than disability'.

Not only do the artists appear to gain much from the experiences from using the Guidelines to Art, moreover, the arts facilitators and other staff members also report perceived benefits for themselves in being involved in the process:



"You can give so much by doing a small service to people but you also get a lot out of it because you realise people are enjoying themselves, they're enjoying the experience..."
(Arts Facilitator/Volunteer, Newark)

"One of the men today gave one of the volunteers his finished picture which she very gracefully accepted and she will remember him through his picture, its lovely..."
(Arts Facilitator/Volunteer, Newark)

Social Benefits



The social benefits of using the Guidelines to Art have included the instrumental aspects observed and elicited through the collection of data. These have encompassed characteristics such as engagement, forming a group identity, socialisation rather than isolation and developing relationships with others. There also appears to be a sense of importance amongst people to feel that they have contributed towards something, in being able to share their thoughts and ideas with others.

Group Identity & Relationships

"It reinforces and forms a bond between the group..."
(Nurse Manager, Grantham)

"People lose confidence when they're not in contact with many people, they lose the confidence in making decisions and actually relating to people, they lose the art of conversation... [The Guidelines to Art] make a good talking point..."
(Clinical Service Manager, Nottingham)

Engagement & Socialisation

"People come out of their shell because they're engaging and they start to see their life in a different way..."
(Nurse Manager, Grantham)

"It's great for concentration; the sessions go really quick... people get totally engrossed in it..."
(Nurse Manager, Grantham)

Involvement & Contributions



"everyone has their own contribution, people feel valued..."
(Clinical Service Manager, Nottingham)

"[the Guidelines to Art] method of watercolour painting has given many people their first introduction to art of any form..."
(Communication Support Co-ordinator)

"[the Guidelines to Art] have brought tears of joy to our relatives' eye..."
(Unit Manager)

Future Potential

Whilst some observations and feedback suggested that people may have been tentative at using the Guidelines to Art initially, largely due to people's anxieties surrounding trying something new, these people's opinions would be transformed by the end of the session. As one of the researchers noted in their observations;

“Some people were enthusiastic whilst others appeared much more anxious and reluctant regarding their abilities. At the start of the session the participants required much reassurance in feeling comfortable with what they were doing... One of the ladies was particularly nervous regarding her ability to paint since she has glaucoma, however, with support and reassurance and encouragement from the group, she was able to complete the process and produce a fantastic work of art which she, herself seemed surprised with...” (Observations from 6th February 2009)



All of the people interviewed and providing feedback on the use of the Guidelines to Art gave very positive images of the potential for continuing the use of the templates and developing the idea further. For the vast majority of places, the Guidelines to Art provided the only painting group for individuals involved in the service. People acknowledged the benefits of using Guidelines to Art as a tool for inspiring individuals to paint, recognised the potential importance of arts and health and gave ideas of other venues or care groups in which the Guidelines to Art might be used.

Guidelines to Art: A Transformational Concept

*“Anybody can use them, right across the board age wise, right across the board ability wise...”
(Nurse Manager, Grantham)*

*“I would certainly recommend it; I’m very impressed with it!”
(Nurse Manager, Grantham)*

Importance of Art



*“It’s of immense value; I would like to see it being part of the patient’s activity on a weekly basis... I would be saddened having seen the delight of the patients who use it to lose it...”
(Clinical Service Manager, Nottingham)*

*“There is capacity for 25 patients a day; around 29 come for the painting!”
(Clinical Service Manager, Nottingham)*

*“There are lots of things that people can enjoy, even if they’re very ill or their days are numbered, I think they can still enjoy art and music and these things perhaps need developing so that they can go in different directions...”
(Arts Facilitator/Volunteer, Newark)*

Ideas for the Future & Potential Users

*“I think what could be useful is if people could be encouraged to use it at home ... A mini pack with all the basic essentials, maybe a clipboard to help keep the paper in place to help with agility...”
(Nurse Manager, Grantham)*

*“I think it’s endless, I think where there are people be it health or social I think it can be used...”
(Clinical Service Manager, Nottingham)*

The findings from this research have been overwhelmingly positive regarding the use of the Guidelines to Art as well as the benefits of art for individuals. The interviews elicited particularly moving and often poignant insights into the impacts and effects of art not only for the individuals involved but also for workers and carers as well.



All those involved in using Guidelines to Art commented on the simplicity and accessibility of the templates, without feeling the need to have had any prior training or experience beforehand. Indeed, many people commented that the accompanying DVD with the arts kits was enough to provide a sound knowledge base of how to implement the Guidelines to Art.

Many personal benefits were noticed by the artists whether these were in terms of elements of relaxation, achievement or just simply passing the time. Arts facilitators, volunteers and managers noticed that individuals became more confident, created a new identity for themselves that did not involve 'illness' and appeared to have a renewed or increased sense of self-worth and esteem through a new challenge and interest. These health benefits resulting from art have all been previously recognised with arts and health literature, (Arts Council England, 2004; 2005; Baum, 2002; Department of Health, 2007; Keleher et al., 2007; Putland, 2008; Staricoff, 2004)

Arts facilitators, volunteers and managers often commented upon art as providing a focal point, aiding the development of new relationships through providing people with a topic to talk about. Observations also supported this in finding that art brought people together who might not otherwise have engaged either in an activity or with one another. Professor John Zeisel, President and co-founder of the Hearthstone Alzheimer's Family Foundation and Hearthstone Alzheimer Care Ltd, stated that, "there needed to be a greater emphasis on activities to stimulate engagement and improve language skills, such as day trips to the seaside, painting and community activities," (The Times, 4th June 2009)

When in a group, people were noticed to be particularly supportive of one another and people's moods were noticed to be improved. A 'community spirit' was also identified through people wanting to showcase their work, develop and open the opportunity of using the Guidelines to Art for others, as well as wanting to give something back to providers, whether this be hospices, carers or staff members.

Most importantly, art, and painting in particular, is something that people wanted to be involved in and engage with, both as individuals and as part of a group. Previous findings have suggested that "people with a limiting longstanding illness were less likely to attend both performing and non-performing arts or culture" and "were also less likely to participate in sociable or physically demanding activities", (Arts Council England, 2005; page 101). This however, was certainly not the case amongst the findings of this evaluation.

The Guidelines to Art have offered a new method of providing art to individuals within care homes, hospices, hospitals and within people's own homes. Much positivity has been gained through art by all those involved; including, artists, arts facilitators, volunteers, carers and other staff members. This has been in terms of self-confidence, esteem, self-worth alongside engagement and socialisation with others. The use of the Guidelines to Art have also offered people the opportunity to view themselves beyond their illness; affording people a new identity based upon capability rather than disability.

Individuals involved in this project have suggested many other venues in which the Guidelines to Art might be used. These have included a wide range of diverse possibilities, including suggestions for carers, children, older people, people with learning disabilities, friends and neighbours. Art therefore holds no bounds. Currently, the benefits of art are being seen within cardiovascular and intensive care units, medical procedures, pain management and surgery, (Staricoff, 2004). What is also emerging are the benefits of art in addressing 'neighbourhood renewal' amongst communities, including health, reduction of crime, improving employment and education, (Arts Council England, 2005; DCMS, 1999). Perhaps the Guidelines to Art might also be developed and utilised within these areas and amongst these groups of individuals, in recognising both art and watercolour as "a magic key to reaching people", (John Whyman, 30th March 2009).





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