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**National College of Art & Design**

**Textile Design**

**A Critical Evaluation of the Visual Arts**

**in the Health Care Field.**

**by Claire McAteer**

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## Introduction

For most of us, the stark and unwelcoming surroundings of the GP's surgery or the hospital ward contribute to the anxiety and stress of illness. Such settings, due to their necessarily, hygienic nature, are often characterised by cold, hard, empty surfaces, dull at best, de-humanising at worst; for staff and patients, the long term effects can be depressing. But it doesn't have to be this way.

This thesis offers an examination of how the visual arts may be used within the healthcare field, namely hospitals. My aim is to look at all aspects of this notion, from its initial conception in Manchester during the seventies, to its structure, implementation and outcome. I will also outline examples of the resulting variety of both active and passive hospital arts projects. I wish to highlight the organisational, social, financial and artistic problems that can arise where innovation and change are taking place. My main focus throughout this study is in the realm of art in hospitals, however, much of the resulting rationale would also apply to other healthcare settings - including residential homes, general practitioner practices, the private sector and day-care centres.

It is really only in the last two decades that this broader notion of the arts being a part of the healing process has begun to be seriously explored. John Davis, Professor Emeritus in paediatrics at the University of Cambridge suggests that art provides a way of coping with the whole of life, including disease and death:



*“Art should not be seen as one of those activities physiotherapy that is ancillary to medicine nor as alternative medicine. It is concerned with our common sensibility, and our shared vision of what life is about, how it should be lived .....Art should help us in medicine to minister to patients as whole persons living out their lives, enabling us to treat life in its totality..... Art, including the performing arts, has the power to reconcile us to painful problems that life presents.” (Senior and Croall, 1993, p7)*

In the chapters that follow, my intention is to explore the visions, skill and dedication of both individuals and groups projects who are helping to establish a legitimate and valued role for the arts in the healthcare area. I shall examine the role and inputs of Arts for Health throughout chapter 1. The case studies of the START and Royal Belfast Hospitals projects are included to provide a detailed, up-to-date picture of two very different pioneering projects. The former is an example of participative active art involving long term patients. This is in contrast to the later case study chapter 3 of passive art in the short term acute arena.

Both of which are related to the ‘Arts for Health’ organisation who supplied valued input and guidance throughout the early stages of their establishment. My hope is that what is still only available to a minority of patients in certain areas will, soon become a basic provision in health care throughout Britain and Ireland.





# Chapter 1

## Concept

In recent years there has been a growing interest in the value of the environment for good health care. It is said that art provides a way of coping with life, the healing process, disease and death.

Today artists and art groups all over the UK and Ireland have become involved in working and sharing their skills with people in galleries and museums, prisons, factories and offices, schools and colleges, community centres and art centres, as well as in hospitals and other healthcare settings.

However, over twenty years ago this scene was different. There were only a small number of artists working with and for the public. As some of the first community arts initiatives began to make their mark, attitudes were beginning to change ..... It was around this time that artist and pioneer of the arts in healthcare Peter Senior had the chance to exhibit some of his paintings in the out-patients area of Withington Psychiatric Hospital in Manchester. Upon the realisation that his exhibition had helped to transform the environment for the staff and patients, it became clear to Peter Senior that hospitals were good places for living artists to exhibit their work. This notion of taking art out of the gallery situation and into public places such as hospitals proved popular and was advocated by art critic Richard Cork in 1978:





*"Factories, hospitals ... are some of the options open to an artist prepared to forego the artifice of the gallery ambience and willing to make art for ordinary people instead of other artists." (Gablik, 1984, p28)*

Following Senior's experience of a sabbatical year as artist in residence at St Mary's Hospital, Manchester, he was joined by other artists and by establishing the Manchester Hospital Arts Project in 1974, they became the first hospital arts team in the country. Although the initial reaction had been cautious, the overall changes to the visual environment within the hospital were received with enthusiasm by many patients and staff. The project naturally encountered some problems which were dealt with and overcome allowing the team and project to grow. Various murals were painted, commission for sculptures, panels or mobiles were taken on as well as numerous exhibitions including some of the staffs' own art work which proved particularly successful, especially in helping to overcome any scepticism on the part of the staff.

*"Hospitals need the balance of elements such as wholeness, happiness, health and fun so the members of the team concentrate on these, because we see them as essential." (Senior and Croall, 1993, p17)*



*Fig. 1 Children enjoying the playroom designed and painted by Hospital Arts, Cherry Tree Hospital, Stockport*

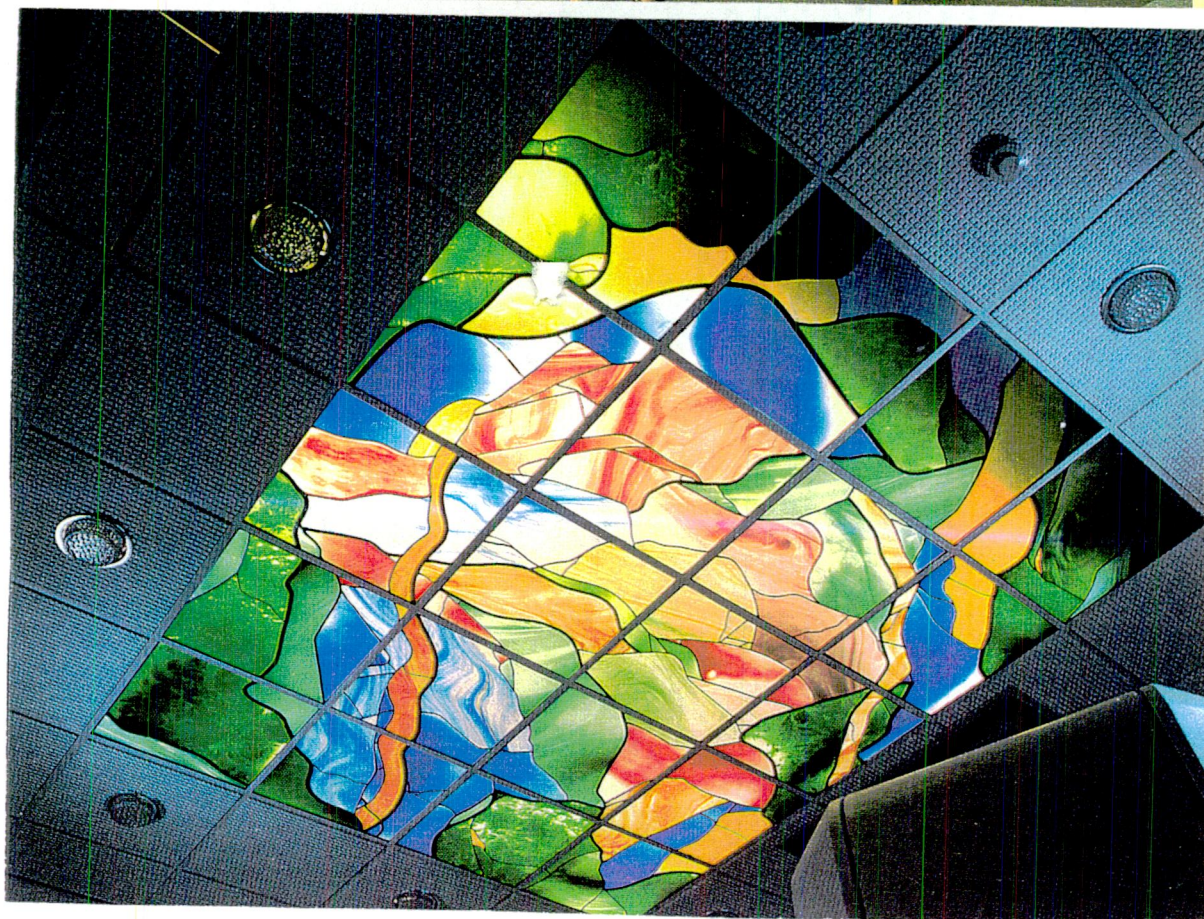




*Fig. 2 Hospital Arts paintings create a peaceful atmosphere for the Nightingale Centre, Withington Hospital Manchester*



*Fig 3 A stained glass ceiling by Hospital Arts, Hope Hospital, Salford*







## 1.1 Arts for Health

In 1988, Manchester Hospital Art Project was restructured into a national organisation and renamed “Arts for Health” with Peter Senior as director. This development came about largely as a result of the publication of the Attenborough Report in 1985 and After Attenborough in 1988 (Carnegie). These reports were the work of a Committee of Inquiry, chaired by Sir Richard Attenborough, into the provision of arts for disabled people. The reports advocated making the arts accessible to all those disabled including the hospitalised and also recommended the establishment of a national centre for information, advice, training and research, thus “Arts for Health” was developed having the added advantage of the years of experience gained from the Manchester Hospital Art Project.



*Fig 4*

*Peter Senior with Lord Attenborough Manchester 1988*



As a direct response to these reports, other committees and agencies were set up as well as a series of publications and various projects all of which have been influential to the development of art within healthcare.

“Arts for Health” appear to be acting as a type of umbrella group over not only the hospital art of the North Western Region where they are situated, but throughout the British Isles. Through its advice, information and consultancy service, this national centre assists with the practical development of art projects and events and gives advice on the funding, planning, monitoring, management and evaluation of art projects. It provides a network of links between new and existing art projects, and organisations concerned with the arts, architecture, design and craft, health authorities and funding bodies. The number and variety of these projects, whether large or small, are recorded in the quarterly journal “Artery”, published by “Arts for Health”, and these give an indication of the diversity and amount of contributions transforming the healthcare environment. Arts for Health also acknowledge what is being achieved, stimulate further action and give practical advice. They are diverse in their achievement and activities and their work is known even in the US. Peter Senior, director of Arts for Health sums up their main ideal;

*If Arts have any value for society then they must have a special relevance in important places such as hospitals, where there is a basic human need for beauty, humour, relaxation and spiritual uplift. Art within hospitals and healthcare buildings should aim to compliment not only the architecture but also the healing service. (Arts for Health, p5)*





To expand on the beliefs of Arts for Health, I will outline some benefits as described by Peter Senior during a lecture I attended in Manchester. The arts in healthcare:

- improve the quality of the healthcare environment
- link art, interior design and architecture
- may aid recovery, encourage a feeling of well being, and alleviate stress
- demonstrate care, reassuring patients and visitors
- promotes an identity and closer links between the health service and the community, which increases the trust and respect of patients, staff and visitors
- can improve wayfinding systems and provide landmarks.

There is plenty of anecdotal evidence to support these claims, especially from initially sceptical staff who later testified to the positive changes that occurred in their patients' behaviour as a result of the improvements to their environment or their involvement in artistic activities. However, scientific evidence is sadly lacking. The only known scientific study published to date is that of the researcher Roger Ulrich (1984). He found that in a hospital in the United States, 2 dozen patients in a room with a window looking out on a natural scene of trees and landscape had shorter post-operative stays, required fewer drug doses and received fewer negative comments in nurses' notes than a matching group whose window faced a brick wall<sup>1</sup>. These significant differences are a useful backing to what most people would instinctively consider to be true.

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<sup>1</sup> Senior 1993, pp7,8



Arts for Health provide practical help, information and advice to all who are concerned with using the arts as a complimentary part of healthcare and gaining from the aforementioned benefits. To guide those establishing and implementing an arts programme, the Arts for Health art action plan is outlined in the handbook they produce for this purpose. This plan includes:

- identifying the need for the arts and choosing specific artwork or activities to suit
- consulting with and forming a support group
- writing a business plan including aims, resources, management and the timetable for action and completion
- obtaining funds
- commissioning a pilot project which is monitored, reviewed and evaluated on completion<sup>2</sup>.

A strong advisory group or arts committee is vital at this stage and indeed for the duration of the activities. This group should comprise a cross-section of people, positive, enthusiastic thinkers who are sympathetic to the arts and healthcare environment allowing different interests to be represented and various skills and expertise to be drawn on. If the group consists of some high-powered member, (an administrator or senior medical person) it has been found to be more successful in gathering support for its ideas, both within and beyond the said hospital.

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<sup>2</sup> See Appendix (I) for details.





## 1.2 Co-ordination

A co-ordinated approach is recommended as *"the sum of the parts can be worth more than the parts alone"* (Arts for Health, p4). This ensures that opportunities are not missed and that members of staff are consulted or informed. Co-ordination is also a means of creating unity throughout even a large hospital site and with a range of activities. This could be achieved with the use of a theme which can often help to gain interest and contributions from staff, and the local community. Careful design, so that all components compliment each other works better than mismatched pieces. And of course, the art must match the need; obviously a project for an out-patients area must differ from a project for a children's ward.

It is advisable to appoint one person to co-ordinate the work - a professional arts co-ordinator with art training is ideal. This person holds a large responsibility and can often be the key to the success or failure of the project. It is a difficult job as, though there has been a lot of progress, there is still a great deal of work to do to convince some healthcare staff that the arts can be beneficial within their environment. Therefore the arts co-ordinator should have the ability to communicate, explain, and deal sensitively and diplomatically with people from all walks of life, a positive outlook, courage and tenacity to overcome prejudices, ignorance set backs and disappointments. These qualities combined with a wide experience of the arts, organisational skills, vision, creative flair, ideas, aesthetic sensibility, the ability to match artists, projects and people



and the suitability or otherwise of these for various healthcare settings, are desirable for a successful arts co-ordinator. That is if such a list of qualities does not scare them off.

Hilary Cromie, whose work I will examine at a later stage, is the arts co-ordinator for the Arts and Environment Project at the Royal Hospital, Belfast, and verified the importance of organisation, co-ordination and indeed diplomacy when dealing with hospitals.

Mary Potter, from a hospital art project in Sussex, reflects the experience of several arts co-ordinators and artists when she says: "*Subject matter and artistic standards are a problem: staff on a whole tend to want poor-quality, popular-style art.*" (Senior and Croall, 1993, p30)

### **1.3 Quality and Supportive Environments**

According to both the Arts for Health Guide and the people I have spoken to involved in hospital arts, quality is another important factor to consider when undertaking an arts programme. The relevance of the art activities and events to the needs and interest of patients and staff as well as the appropriateness of artwork is important. Creative imagination, cost effectiveness and high standards of craftsmanship are essential when ensuring high quality. A discriminating employment of high quality arts contribute in





turn to the creation of supportive environments, by *"enhancing self identity and self worth in what are often conceived of as institutional or inhospitable conditions"*<sup>3</sup>

Vulnerability and stress often experienced by patients, staff and visitors, highlight the need for supportive environments. For many patients, a supportive atmosphere can help ease this stress and strain providing a tranquil space in which to recuperate or on the other hand, interesting experimental, even controversial, artwork can be particularly effective in combating apathy or depression by providing a stimulating focus for the expression and exchange of views, ideas and feelings.

As with patients, visitors often need to find strength and resources to cope with the stresses and changes illness among family or friends brings. Because of the role in the recovery process, visitors are also important hospital users. According to Karin Tetlow, *"Patients are directly affected by the confidence or stress expressed by visitors."*

(Tetlow, 1984, p149)

From a staff perspective, the working environment can have a big influence on performance, morale and self value. Staff are the 'front' of a hospital organisation and their negative or positive attitudes will be apparent to the patient or visitors.

*In a well designed environment, staff feel valued and will pass on positive feelings to patients; they are more inclined to give patients a feeling that they are being treated as individuals ... A pleasant working environment can also help motivate staff and provide an atmosphere which encourages effective communications and positive attitude. (NHS Estates, 1993, pp5-7)*

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<sup>3</sup> Hilary Cromie, Interview, December 1997



The need to create surroundings with an ambience conducive to healing using specially designed artworks reflects an holistic attitude on the part of the healthcare providers. Pain, fear of suffering and of death, social isolation and loss of privacy and personal territory are some of the states which the arts can support and stimulate, helping to highlight the more human side of healthcare. To show you care about the environment in which healthcare is delivered shows respect and value for patients as people - it is humanising. *"When people are relaxed, happy and interested they are in the best condition for healing to take place."* (Levete, 1987, p115)

The introduction of the natural world and landscapes - the therapeutic values of which I have already discussed - is in harmony with this whole person concept . A lot of use is now being made of landscapes, natural light and water with its traditional medical, spiritual and purification associations. Visually, colours can deeply affect our moods and emotions. Great consideration is being given to the use of colour both in artwork and interior design. Textures of materials in the artwork, from wood, ceramics to textiles is particularly attractive.





## 1.4 Healing Art

Being a textile artist and passionate about fabric, I admittedly am slightly biased, but I believe textile art is particularly suited and relevant to healthcare. Textiles are very much in keeping with the important holistic or whole person approach I have discussed. Fabric is intimately connected with nurture, it is soft, tactile, warm, cuddly and familiar. It plays a massive part in everyone's lives. Fabric is the first thing we come into contact with after being born. We wrap ourselves in it, sit and sleep on it, express ourselves by wearing it, it protects us from the cold and shades us from the heat. In its power to affect our tactile and visual well-being and its ability to evoke early recollections of nurture and security, textile art is uniquely suited to Healthcare settings. It is a versatile medium, capable of adapting to any setting, enriching with its colours and textures, giving warmth and friendliness to the most sterile environment. Not only is textile art all of the above, it is practical and cost effective too.

## 1.5 Funding

This highlights one of the biggest problems or difficulties regarding art in healthcare - cost. Money of course is one of the key constraints. According to an art co-ordinator for a Midlands Hospital: *"We have to play down what we are doing. It's controversial; some people are not sure about money being spent on art."* (Senior and Croall, 1993, p76)



The funding of arts programmes is still a controversial and delicate matter. While health authorities verbally agree and encourage the use and value of art in healthcare, it is difficult in many cases to convince these authorities to supply any funds to put this into action. Even on the evidence of hundreds of successful projects throughout the British Isles, arts programmes are still regarded by many as frivolous or at best a low priority for expenditure, particularly where government health budgets have resulted in cutbacks of medical staff and services.

Throughout the UK most art projects are financed from several different sources, both inside and outside the health authorities, e.g. arts boards or dept in local authorities, Health and Charitable trusts and foundations, Hospital trust funds, (which are separate from the clinical budgets), private or business donations, lottery etc. A concise business plan, outlining the aims and benefits of the project will enhance fund-raising chances. Unfortunately, a lot of valuable time and effort is spent trying to get financial support. However, once the value of the arts service has been appreciated by senior management and by nursing and medical staff, it is increasingly being seen as a worthwhile use of revenue funds. There is a growing interest in the 'percent for art' idea where by a proportion of the capital cost of buildings is set aside for arts and craft commissions. This scheme is successfully applied in many European countries and is indeed mandatory in 91 cities across the United States. This has had brilliant results consisting of visible improvements to the built environment and new and increased patronage and appreciation of the arts. Considering that, in the UK, the health sector has the largest



public capital building programme, there is vast potential for the “percent for art” scheme within their National Health Service. The sooner this idea is introduced here, the better for all of us as everyone at some stage in their lives needs some form of healthcare. It would also ensure that arts personnel would be totally committed to developing and maintaining high quality art activities instead of wasting time and energy trying to fund raise. *“It should not be used as an excuse for avoiding arts provision. Evidence shows that where there is a will, there’s a way”* (Arts for Health, p17)

Art and Health Guide gives lots of experienced advice. Funding can build an important link with the surrounding community/area who can often benefit in a wide range of ways from the arts in healthcare activities.





## Chapter 2

### Art or Therapy?

The role of art in hospitals in creating an ambience conducive to healing is distinct from that of art therapy and occupational therapy. While all of the above could be described as having therapeutic results, art in hospitals benefits a wider audience, ranging from the staff to the many patients and visitors who pass through. This is as opposed to art therapy and occupational therapy, which are concerned with the diagnosis and treatment of illness using art as part of this clinical programme for recovery and rehabilitation.

The Attenborough Report give a definition of Art Therapy: *"Art therapy is a form of therapy in which the art activity and any resulting art form becomes a method for diagnosis and therapeutic intervention"* (Carnegie, 1985, p73)

The use of visual arts within hospitals like art therapy, have therapeutic benefits in that it is helping to heal, still is not art therapy. As Michael Spenser argues:

*"as long as quality works of art are presented intact, even with the utmost attention to the secondary considerations of 'the therapeutics' is this not still, and foremost, an aesthetic or artistic experience and not a session of art therapy?"* (Lord, 1981, p106)

There are already examples of artists and art or occupational therapists, working together, where the value of co-operation is understood and each individual role respected. Throughout the UK, additional art therapists have even been employed as a direct result of the impetus given by an arts project. There seems to be lots of scope for therapists to work in conjunction with hospital art programmes in the future.



After all, the ultimate objective of both groups is to help and work for the benefit of their patients.

Indeed the future potential for artists and art in this sphere is enormous since everyone needs healthcare at some stage throughout their lives. It was estimated that in 1992, in the healthcare field; *“around 300 projects provide work for several hundred artists and crafts people”* (Senior and Croall, 1993, p21)

These projects provide access to the arts for thousands of people who would not otherwise have the opportunity to become involved either as participants or as viewers.

## **2.1 START - Participative Art**

Each ‘Art in Hospital’ project is unique and usually develops according to the circumstances and the needs of the surrounding area. This is particularly true when the project is long term as in START (Sheltered Training in the Arts); START is an example of participate art with a group of long term psychiatric patients who have recently returned to the community.

START evolved when artist and founder Langley Brown was working for the Manchester Hospital Arts team on a hospital based mosaic mural with the psychiatric department. Following the success of this and similar group projects, the idea for an arts programme for recently discharged patients developed. This was to benefit many





psychiatric patients who had difficulties finding occupations or activities upon leaving hospital, and to offer these people who are recovering from a period of mental illness, the opportunity to regain a sense of identity, self esteem and productivity. With START they find *"that the arts are not merely a powerful antidote to loneliness, but also a means of self fulfilment and of giving pleasure to others."* (Senior and Croall, 1993, p44)

Within START medical history is not an issue; *"Illness is a shared negative experience whereas we offer a shared positive experience through the arts"* (Senior and Croall, 1993, p44)

START Studios are now housed in a former hospital building in Manchester, providing space for people to get involved with drawing, textiles, painting, pottery, mosaics and photography. Each of these departments are lead by a practising artist whose role is inspirational and educational rather than medical. While they use the medium of art, they are not art therapists, they teach techniques, initiate and co-ordinate artistic projects and encourage members to fulfil their creative potential. And as Langley Brown himself states; *"We don't call it therapy, we call it art"*. (Senior and Croall, 1993, p16)







Fig 5

*The Spa Column in the Central Hall at the Devonshire Royal Hospital, Buxton. This wood and mosaic Column was created by START, patients, staff and local people*







*Fig 6      Looking up at the Spa Column*







*Fig 7 Mosaic Workshop START Studios Manchester*

START uses participate art to encourage self confidence, co-operation, social interaction and a sense of group identity. This entails members working in partnership with their tutor/artist, being responsible for and contributing to a project.

This is especially challenging for the artist as it requires a balancing act of inspiration and guidance without intruding or dominating.





Timewise, a typical member will stay for several years attending for up to three days a week allowing the development of skills to a professional level. This is possible due to the long-term nature of mental health and it is this significant main difference which puts START apart from other examples of passive art in the short term acute arena.

As in the area of passive hospital arts, quality is very important. The highest possible standards are aimed at. This rebuilds members confidence and self esteem by producing a sense of achievement and involving technical skills and products which demonstrate excellence and quality. Though START places much emphasis on its role in the healing process, their high quality is never compromised.

Research on the effects of START showed that it produced a significant reduction in the use of in-patient and day hospital facilities, and that the members were referred to fewer health professionals than before. This in turn had the effect of freeing much needed resources for more acute cases. The researchers also found that, at a time when psychiatric hospitals are being discharged into the community, projects like START have helped to reduce the risk of relapse. As Wendy Teall, the studio manager at START textile studios, summarises it; *"The people we work with are too busy to go back to hospital"*<sup>4</sup>

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<sup>4</sup> Correspondence from Wendy Teall, October 1997





START has made immense progress since it was established in 1986. It grew from the same seed as Arts for Health - the Manchester Hospital Arts Team, and with the help of Arts for Health, the START model is now being studied and imitated by other healthcare providers, nation-wide. Indeed it is an award winning organisation, having won BBC's "Its My City Award" 1989 and has been highly commended by the Health Advisory Service and the Arts Council of Great Britain. (1991). START has undertaken several commissions for health service sites, and public places as well as exhibiting in many public art galleries.

## **2.2 "Rusholme Life" case study of a start textile project**

Wendy Teall, a textile artist specialising in embroidery and batik is currently employed by the Central Manchester Healthcare Trust as a studio manager at START Studios. She was the artist in charge of this project. "Rusholme Life", a commission for Rusholme Health centre by START Studios was made by members of Start textiles together with members of SNAPS, START's Photography group. This project was inspired by the nature of life on Rusholme Main Street and took its makers over nine months to complete. *"The exhibition brings colour, creativity and a touch of humour to the traditionally dour walls of the waiting room".* (Stuart, 1997)<sup>5</sup>

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<sup>5</sup> Metro Manchester Newspaper, January 1997







*Fig 8 Artist Wendy Teall working with START members*





One of the keys to START's working practice is the long timescale involved due to the nature of mental illness: *"In the case of a major project such as Rusholme Life, it is vital to plan a realistic time scale and to spend plenty of time in preparation"*.<sup>6</sup>

"Rusholme Life" is made up of a series of textile pictures describing and reflecting the liveliness of Rusholme's High Street, showing its rich cultural mix, and giving a brilliant impression of colour, bustle and vitality. Scenes show Rusholme by both day and night. Every piece of work has a story behind it with three-dimensional characters set on hand printed backgrounds.

The three dimensional characters are treated using stumpwork, an old 17th century embroidery technique, which used to involve many painstaking hours of intricate hand stitching. Now however, it has been brought up to date using modern materials and ideas. Though lots of patience and skill is still necessary, the technique is accessible to beginners and experts alike, with every stumpwork character taking on a life of its own during its many weeks of careful creation. Humorous results are produced which are full of character.

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<sup>6</sup> Correspondence from Wendy Teall, October 1997





Each figure is mounted on to a hand painted fabric background, colours applied over photographs which have been transferred to cotton satin. This is an example of the variety of media START members become familiar with.

Upon completion, the work is framed (frames made by START woodwork members) and hung on the drab walls of the waiting room and corridor of the Rusholme Health Centre where it adds welcome interest, amusement and distraction. Some members of START showed their enthusiasm:

*"It's good to know that something I've made has brought pleasure to people. I never would have believed I could do that a few years ago."*

*"It's given me the confidence to go out into the world again because when you're in hospital you're very enclosed... you're just dealing with the hospital. Whereas when you're at START, you're actually learning to go out into the world again and you find out it's not as bad as you really thought it was."*

*"When I first came to START I was very ill - lacking in confidence. I thought, 'No-one would want me in an art group'. I was thrown out of art at school, you see - they told me I was no good... but it wasn't like that at all at START. I was made really welcome... I've learned a lot of skills now and I've even helped Wendy teach groups." (Teall, 1996, pp282-283)*

START celebrates the tremendous healing power of the creative process, and also proves that work of the highest standard can be produced by those without art training and suffering from mental health problems too.





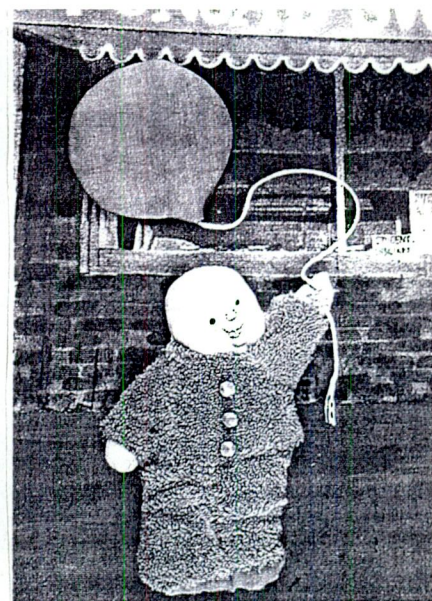


Fig 9

*'Beautiful Balloon' by Wendy Teall*

(detail)



Fig 10

*'Rushing Home through Rusholme' by Mary Bradley and Wendy Teall*







Fig 11 *'Blind Date' (detail) by Mary Bradley*



Fig 12 *Untitled (detail)*



## **Chapter 3**

### **The Arts and Environment Project at the Royal Hospitals, Belfast**

The Arts and Environment Project began at the Royal Victoria Hospital, Belfast, in 1989<sup>7</sup>. Dr Michael Swallow, a consultant Neurologist, who had the idea of having art formalised in the hospital for many years, was the motivation behind the scheme. An artist in residence, Ruth Priestly, was appointed for four years at that time.

The project structure followed the basic outlines by "Arts for Health" and indeed Peter Senior was involved in the set up of the project and his experience proved very useful to Doctor Swallow. In the early stages, Peter Senior was on the advisory committee which consists of people from the hospital staff, two outside artists and the artist in residence. Like all projects, the Royal has evolved and although they learned a lot from Arts for Health and appreciate their help and support in the initial years, they now have no formal contact or connection with the Manchester organisation. Belfast has moved beyond what Arts for Health could now offer them. Following Ruth Priestly as artist in residence came Therese Gorman. Hilary Cromie began a three year contract in April 1997 and her title has been changed from Artist in Residence to Arts Co-ordinator, to include the large amount of administrative work that is now involved.

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<sup>7</sup> See appendix (ii) for details









*Fig 13      Seascape Mural in the Royal Victoria Hospital Belfast, by  
Ruth Priestly*





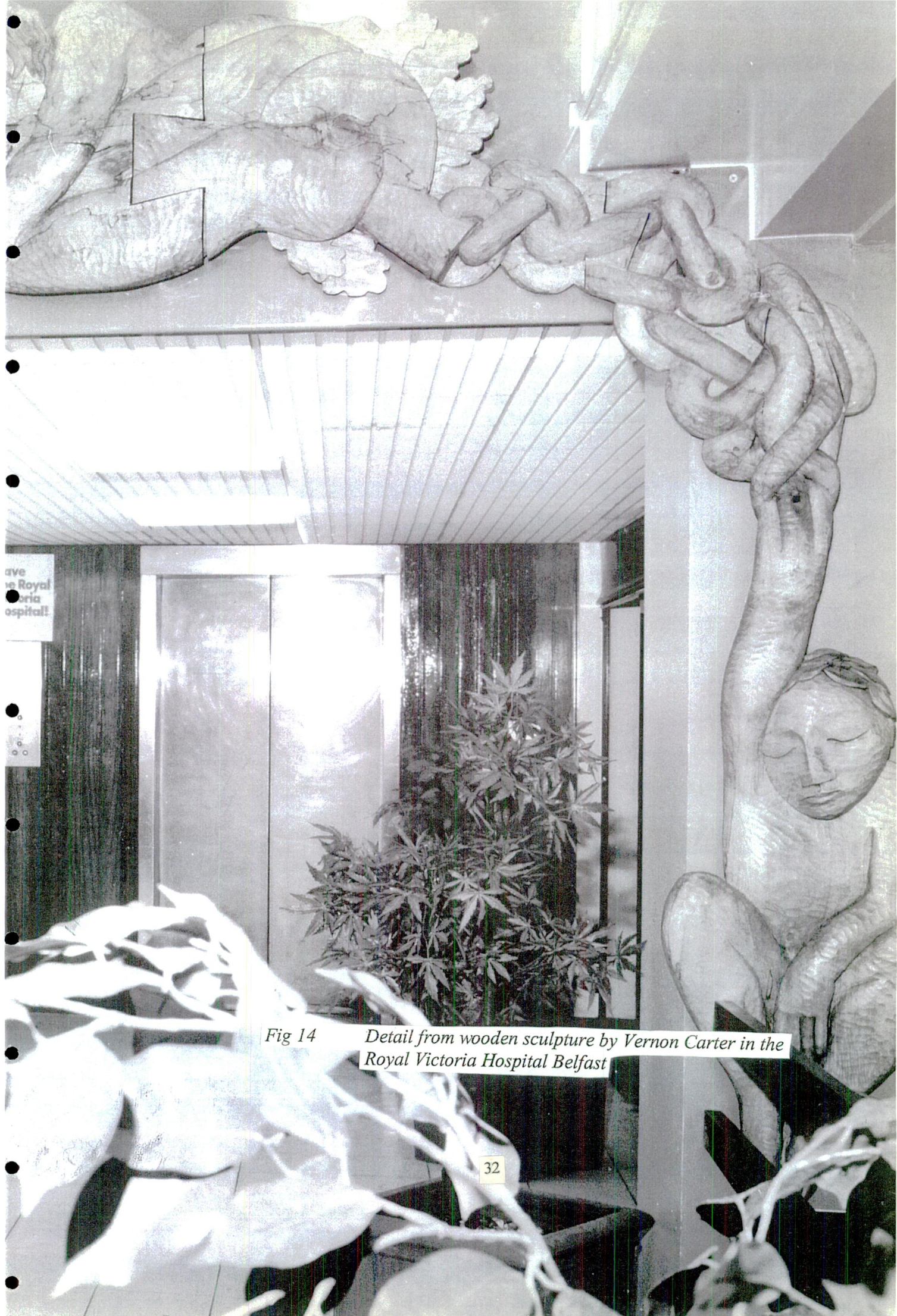


Fig 14 Detail from wooden sculpture by Vernon Carter in the Royal Victoria Hospital Belfast







Throughout its years, the Royal Arts and Environment Project has come up against a lot of problems and criticisms similar to those experienced by the Manchester Hospital Arts team and Arts for Health as mentioned in Chapter 1;

*“What does a hospital such as the Royal, with an excellent reputation world-wide, need with an artist? What function will this person perform? Will someone please explain?”* (Senior and Croall, 1993, p38)

The above comment was typical of the public’s sceptical reception to the introduction of an artist in residence. The main difficulty according to Ruth Priestly, was one of trust:

*“People make all sorts of wrong judgements about artists; that they are lazy, that they don’t have any money, they take drugs and so on. The first year was spent convincing staff that I was not going to make a mess, that I knew what I was doing.”* (Senior and Croall, 1993, p41)

### **3.1 Hilary Cromie’s residency**

Hilary Cromie’s role as Arts co-ordinator entails the difficult task of organising hospital art activities throughout the massive 60 acre site, which includes the Royal Maternity Hospital, Royal Belfast Hospital for Sick Children, and the Royal Victoria Hospital. The Royal Hospitals are Northern Ireland’s 2nd largest employer with average yearly running costs of £113 million.

She is involved with trying to bring art into the environment of each of these units, and as it is a rather old, traditional institution, she attempts to educate and to introduce people to contemporary modern art and new art forms. Many are frightened by what they perceive to be fine art/modern art, or else they presume that a piece of artwork for a ward will be a picture of flowers or a landscape. This is where Hilary has to educate



and open their mind to the possibilities, and this is a very important aspect of being a hospital arts co-ordinator.

Hilary hopes to introduce people to other art forms and expand their way of thinking by having a contemporary exhibition area in the main corridor of the hospital with shows that change every 6-8 weeks. She also organises monthly Art Club meetings primarily for staff. This expands awareness and the Art Club are presently working on a staff exhibition due to be shown in the hospital next April.

Because the Royal is an acute hospital, with very few long stay patients on site, the main goal is to brighten up the environment, make people feel more at home and relaxed. The opportunities to do workshops are very limited except in the geriatric unit where a very successful programme is currently running. This is a brilliant example of an outside artist who comes in to work alongside the art therapist and activities nurse with the elderly. This successful relationship between a working artist and healthcare professionals comes across very well. Because of the frailties and disabilities among the elderly, the projects are by their very nature simple but still provide great stimulation and excellent results. For example, a series of mosaic pictures was created based on drawings the elderly had previously completed with the art therapist. This project had very interesting results.





Various Government Employment Schemes mean they often have artists working within the hospital for short periods of time. Two artists have just completed their time and Hilary is hoping to take on another artist or 2 next year on a similar scheme. This is encouraged by the project committee, although funds or the lack of same limit the practicalities of this quite a bit.

They have recently decided to adopt a policy of having "higher quality" artwork in the hospital. Inevitably, that means spending more money on the many projects and commissions she wishes to take on. On average, four to five thousand pounds is needed before Hilary could take on a worthwhile commission. At present, her commission applications are being put in for approximately £5,000. There are general applications for future commissions, although no commissions are presently on the go.

Funding is the big problem for Hilary, and she devotes a lot of time and energy to fund-raising. Funds are necessary before any further steps can be taken and this is a limiting factor. The fact that this is an environmental project rather than a community arts project limits the amount of accessible funds also. Funds have many sources including the lottery, banks, charitable trusts, industry, Belfast City Arts Council, etc.



### **3.2 New Build**

Hilary is also involved in the "New Build". This consists of two different hospital building projects. One is the expansion of the 200 year old hospital wards. This entails the interiors being knocked down but keeping the old facades and adding to them. The design is complete but work has not yet begun. The exciting aspect about this is there has been an appointed team of 14 artists working alongside the architects and interior designers from the outset. Never before have artists been involved at the outset of the planning stage.

This is an inspiration for all new hospitals and public buildings and shows how the value and importance of art in hospitals is now being acknowledged. The team of artists will influence what is happening at design level (e.g. furnishing fabrics, etc.) and they have been given 6 months during which they have been paid an honorarium to come up with ideas for the new hospital. The art committee will then look at these ideas and choose, out of these, which ones they will commission.

While Hilary is involved on committee levels and is documenting the entire process, it is Phillip Napear, an installation artist, who is responsible for this very innovative exciting part of the New Build project.





### **3.3 Integrated Artworks Project at the Royal Belfast Hospital for Sick**

#### **Children.**

The other New Build project being much closer to completion is at a more exciting stage. This project combines a dynamic interaction between an ambitious and challenging arts programme and an institution which is traditionally the epitome of order and efficiency. Designed by architects and artists working together from the beginning, this project consists of an extension to the original Children's' Hospital. The talent and expertise of those involved, along with today's advanced knowledge of the psychological needs of the sick child, have resulted in an environment that encourages well-being. Surroundings have been planned to integrate visual art in the most stimulating aesthetically pleasing and professional way possible. This environment will support, delight and distract the many thousands of young patients who attend the hospital each year.

From the start of this project over two years ago, artists have collaborated with the architects on the New Children's' Hospital Building to further the notion that architecture and artworks, since viewed together, should be planned together. This highly original project is due for completion by March/April 1998.



Rita Duffy, established artist and member of the Belfast Arts Council, has been the driving force behind this project. It is due to her energy and vision that this ground breaking project is so near completion.

Rita Duffy struggled to raise the necessary funding and having issued the design briefs in both a limited and open competition, she along with a panel, selected entries that reached high professional standards. Due to a disappointingly low response and quality of the submissions some known artists were also directly approached. This observation shows, on the part of the artists, a lack of understanding the necessary criteria in keeping with the challenging structure of a hospital. Chosen artworks range from innovative mobiles and signs to a whispering interactive wall and space age sculpture.<sup>8</sup>

The title "Lightness of Being" was given to this integrated Artworks Project and as the title implies, the motivation behind this programme is:

*"The idea of Art employed as delight, as uplift is central in terms of the nature and function of art in public buildings and in the case of the hospital environment even more so".<sup>9</sup>*

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<sup>8</sup>See the appendix (iii) for a list of participating artists.

<sup>9</sup> Suzanne O'Shea, Interview, December 1997







*Fig 15 The bright airy entrance to the New Building, Royal Belfast Hospital for Sick Children showing pre-designed space in the floor for Rhona Hendersons underground fantasy city*

In fitting with the theme of uplift the New Building is designed in such a way as to make the best possible use of both space and light. The result is a beautiful bright, airy open space in a simple uncluttered configuration of two separate blocks with split levels. These individual blocks are connected by a wide passage way. This 10m wide thoroughfare will prove an ideal venue for the proposed artworks, play areas, shop, children's gallery etc.

A process of visual documentation will begin when the final installation of artwork is completed. This is to supplement the written account as recorded by Suzanne O'Shea who is in the process of documenting the entire integrated artworks process, with the intention of producing an educational publication. An exhibition of black and white photographs of the integrated artwork is planned to celebrate the originality and importance of this project. This will compliment the series of educational talks outlining the project which are already planned.

### **3.4 Some examples of Artworks**

Meticulous attention to detail has been observed in the design to incorporate visual interest in such typically mundane necessities such as the doors and the floors of the hospital. The doors have been designed to accommodate three humorous, simple, yet educational images which have been inset and laminated. This effective word association game was designed by Rita Duffy, who, with the help of Anne-Marie Robinson, has also designed a repeated floor motif "dogs chasing cats chasing mice" running throughout the building.

For the spacious main entrance a children friendly stainless steel spaceship sculpture has been designed by Peter Rooney, to give the impression of hovering and will surely enthrall people of all ages as they enter. Peter Rooney has also designed a group of umbrella mobiles.





Fig 16 *Children's word association game inset on the hospital doors  
by Rita Duffy*



Fig 17 *Dog from 'Dog chasing cats chasing mice' floor motif by  
Rita Duffy and Anne-Marie Robinson*











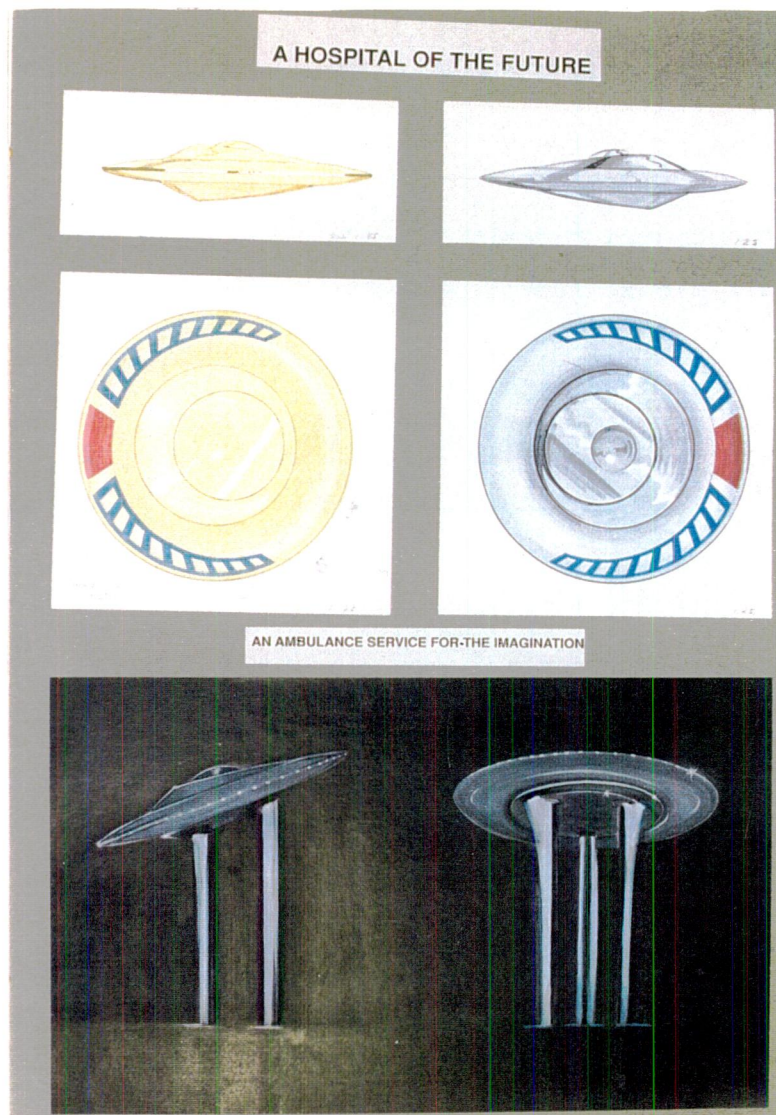
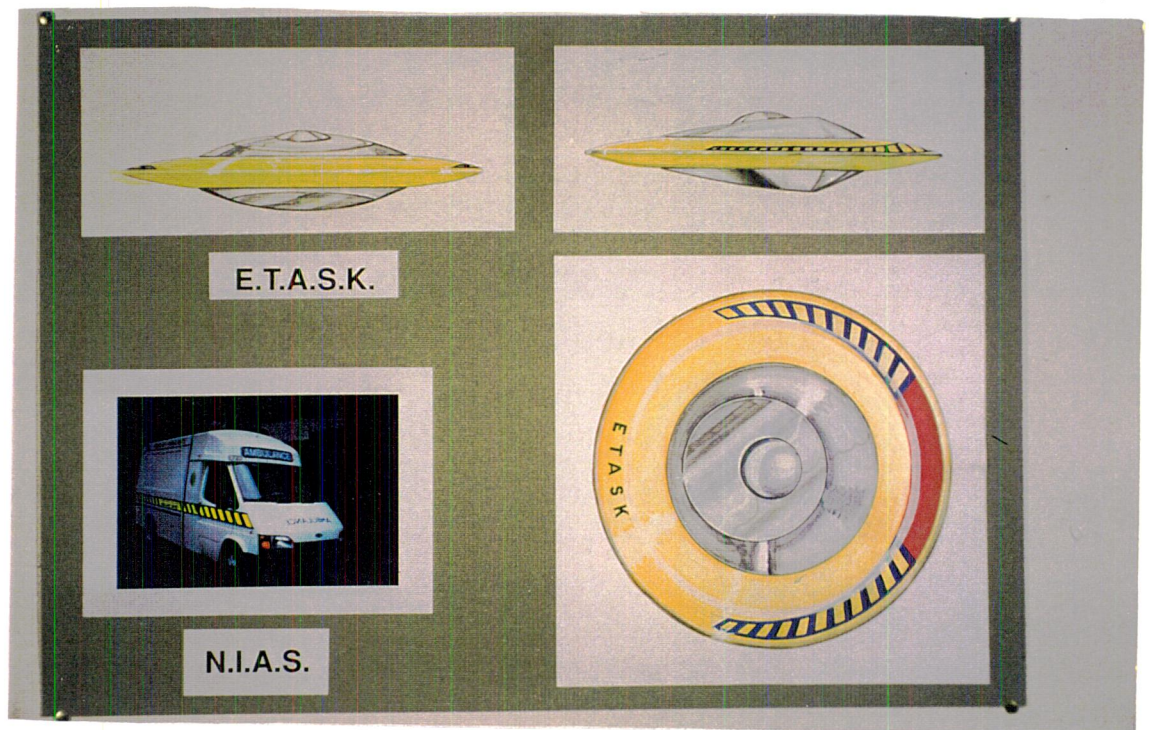
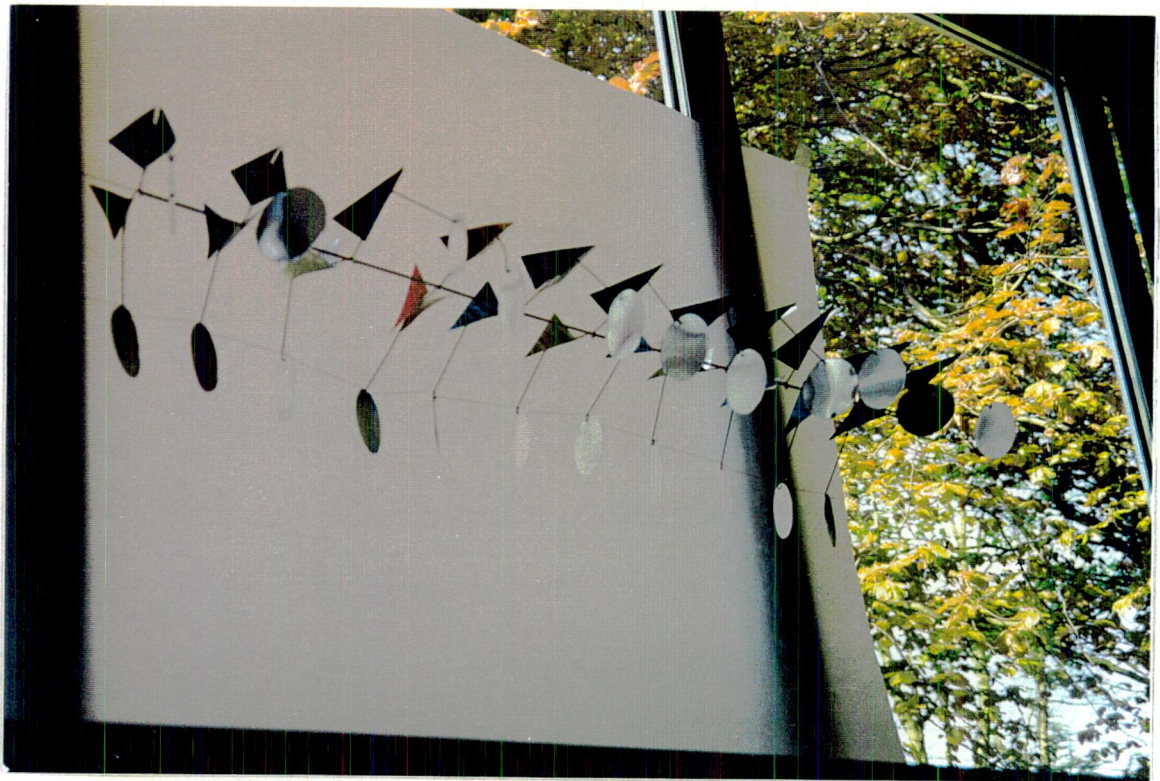


Fig 19 *Developed designs for the Spaceship*





Helen Kanshal has also designed a mobile. This abstract tinted metal piece gracefully shimmers reflecting light from its hanging place in the central thoroughfare.



*Fig 20 Helen Kanshals graceful tinted metal mobile*

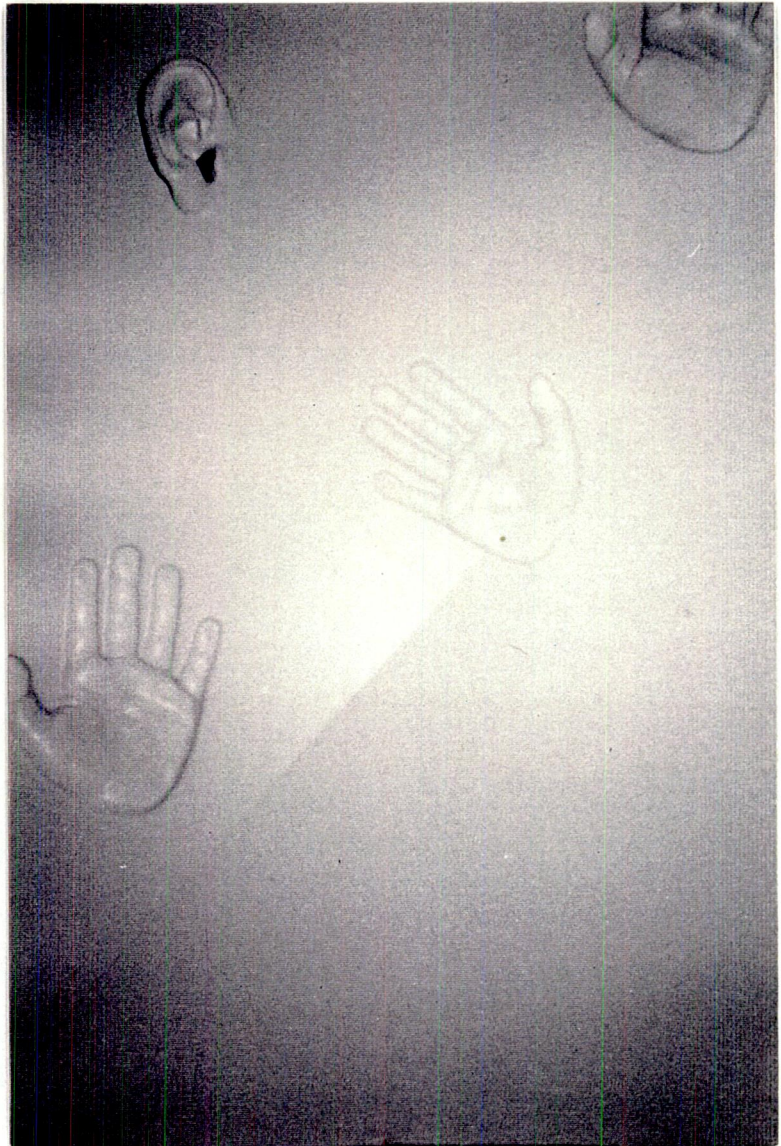






An intriguing interactive whispering wall has been designed by Brian Connolly and Annette Hennessey. The child (or curious adult) will place their hands on the wall to listen to a range of pre-recorded stories and songs. The architects have specially designed an area of the hospital to accommodate this.

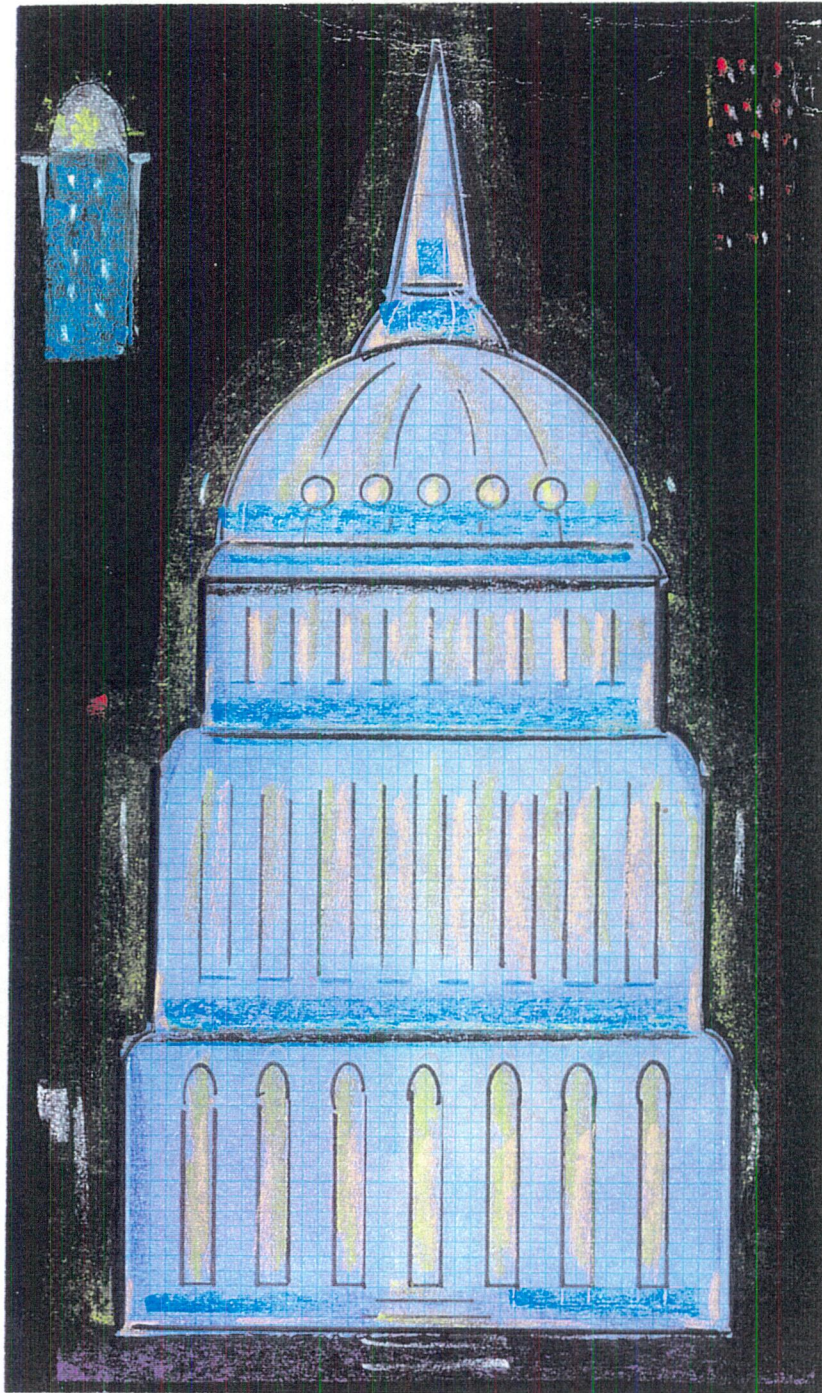
*Fig 21 Interactive  
'Whispering Wall'  
by Brian Connolly  
& Annette Hennessey*



Rhona Henderson's design, which consists of a small fantasy city complete with buildings, set under a perspex floor, has also been accommodated by the Architects.



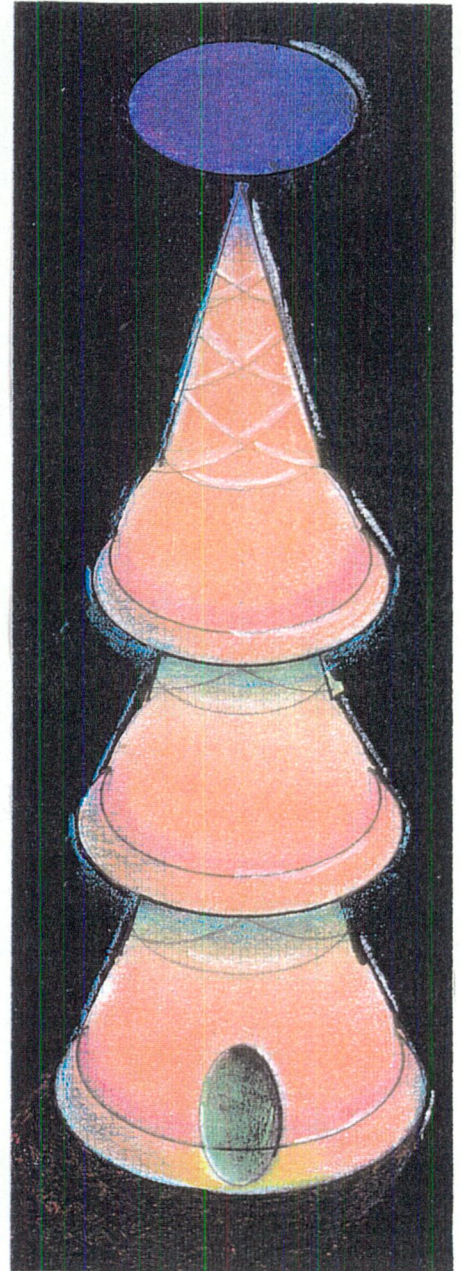
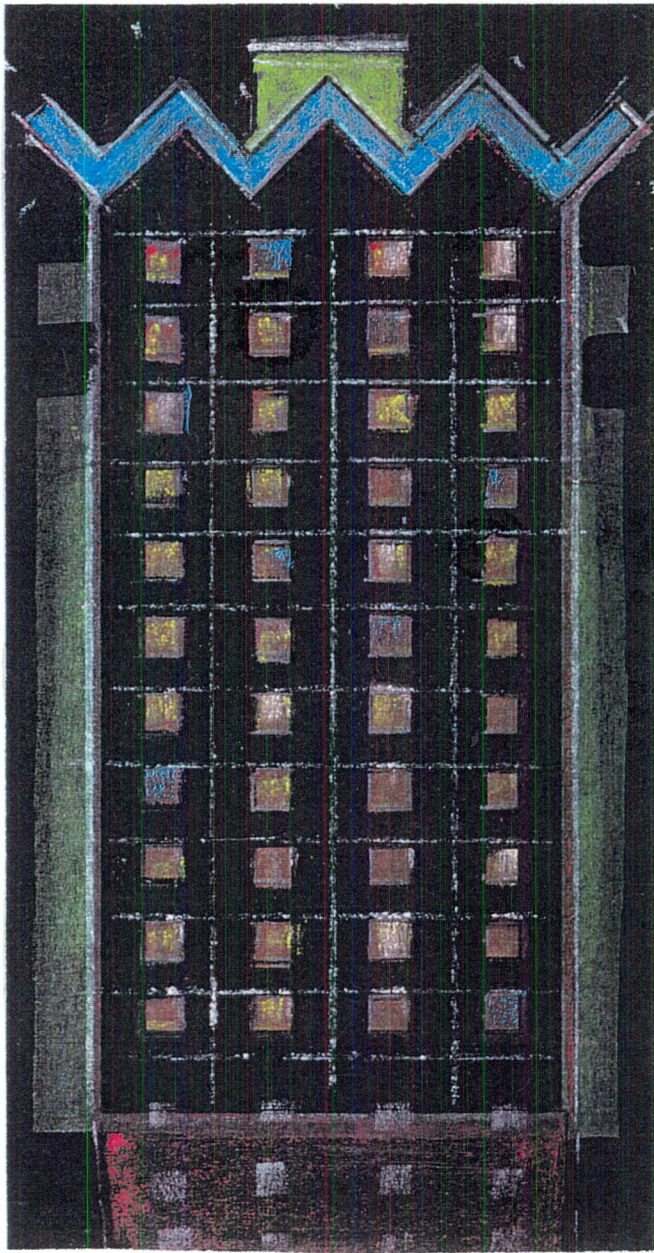




*Fig 22 Rhona Hendersons building designs for the perspex covered miniature city in the floor (See Fig 15 for inset site)*







*Fig 22 Rhona Hendersons building designs for the perspex covered miniature city in the floor  
(See Fig 15 for inset site)*





These fantasy qualities are again evident in John Kindness's Fairytale Museum and David Dudgeon's "Alice in Wonderland" seats.

As a visual artist, I am particularly interested in all of the visual aspects of this programme. However, at the time of my research, the artworks were at varying stages of completion. As a result, I have chosen to discuss certain artworks in greater detail than others. In doing so, I am in no way eliminating the importance of others. I look forward to the end result which will, I am sure, prove an excellent success.



## **Conclusion**

Traditionally, healthcare facilities have highlighted concerns with function, efficiency, costs and codes. This emphasis often resulted in the production of facilities with stark institutional characteristics stressful for visitors and patients alike, who are already traumatised and intimidated by the seriousness of the illness.

This evaluation has examined the emergence of interest in the visual arts in healthcare, from the history and motivation behind the idea to the important influential role Arts for Health plays and the present day innovations in this field.

In chapter 1, I have outlined the vision of Peter Senior, which has remained strong, from the initial setting up of the Manchester Hospital Art Project, to its restructuring into the national organisation "Arts for Health" which continues to grow to this day. The experience of Peter Senior and his Hospital Arts team provided valuable insights into the practical development of art projects including advice on the management, funding, planning and evaluation of such projects. I have identified and discussed the importance of organisation and co-ordination of the Hospital Arts Team in order to overcome the difficulties, prejudices ignorance and setbacks that are generally expressed by both the hospital staff, patients and public.





We saw how Arts for Health, acting as a national consultative body and as a catalyst raised the awareness of the need for carefully integrated arts policies, and the resulting benefits. These benefits I have identified as being mainly the 'whole person' approach, a supportive healthcare approach and a positive corporate identity.

Nowadays it is becoming integral to the philosophy of the hospital environment that they should be designed with psychologically supportive characteristics to allow patients to cope better with the trauma and stress which accompanies ill health. A person is more than just a mechanism consisting of parts which go into the hospital to be fixed, the emotional and psychological needs of the 'whole person' should be considered. A high standard of deployment of arts in healthcare is perceived to reflect a high standard of care which in turn leads to a positive corporate identity. This has been shown by the NHS, as the largest employer in Britain to have significant benefits in staff motivation and relations. The clever use of the visual arts can also bring a distinction in the competitive healthcare market.

I have highlighted the important differences between art therapy and a creative use of the visual arts while also acknowledging the exciting potential for both to work in conjunction<sup>10</sup>

Manchester Hospital Arts Project, Arts for Health and their application of the visual arts has had an effect similar to throwing a pebble into a pond whereby the ripples are still

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<sup>10</sup> See also p.23 Royal Hospital example of artist and therapist working together.



spreading. One such ripple being START, the organisation affiliated to Arts for Health and the example of participative art which I have discussed in chapter 2. The unique distinguishing factor as regards the START programme is the long-term nature of mental health which enables the members to develop a high standard of skills and quality in their work. The healing power and benefits of the creative process evident in the START model are now being studied and imitated throughout the UK:

*As with all the arts in health care, the biggest compliment one can pay to its ethos and achievements is to wish that such creative opportunities were more readily available to the rest of society since they are a paradigm for the relevance of the arts to life not just to health. (Senir and Croall, 1995, p16)*

It is a way of making a positive statement about mental illness and shows how this illness need not be disabling but can prove a catalyst for change, self development and re-training.

Ireland could benefit vastly from introducing a similar programme and could learn from and avoid any problems START may have encountered in the early stages. While my research has found some evidence of the development of the use of the visual arts in health care throughout Ireland, this country still has a lot to learn from the UK's example. As of yet there is no similar policy within Ireland to that of Britain's Arts for Health. Although Arts for Health has had various associations with the Arts in Ireland, the establishment of an arts advisory service would facilitate the development of other projects of this nature to a much larger extent. Existing examples of Irish Arts and Health initiatives include; Waterford's Regional Hospital's recent appointment of





Aifric Gray to the position of Arts Co-ordinator. She is responsible for the development of art activities in the new hospital. These activities vary from the painting of murals for the children's ward to a sculptural installation in the main entrance.

IN 1994 Dublin's National Maternity Hospital celebrated its anniversary with a programme of art commissions, music recitals and a commissioned play dealing with the themes of birth, maternity, paternity and childhood. While the initiative was, on the whole, a great success the Arts demo was, unfortunately, ended after March 1995.

The National Rehabilitation Board Disability Services Art Link programme is another interesting development. However this deals more with disabled people in the community rather than the subject of visual art enhancing hospitals, which I am dealing with.

While these projects do show a level of commitment to the use of art in healthcare I still feel that so much more could be done to incorporate the creative use of the arts into every possible aspect of a caring hospital or healthcare environment. Ideally the aim should be to set-up an arts advisory service which will administer art programmes in hospitals throughout Ireland similar, to those I have described.

Hopefully the innovative Royal Hospital's Integrated Artworks Project as described in chapter 3 will prove an excellent model and inspiration to hospitals all over the country. The collaboration of artists with architects should, and I believe will, in the future, apply to the planning of all public buildings.



There is a need for further critical and investigative research on the subject of art in hospitals. Much of the available literature merely provides superficial accounts of the art in hospitals and is lacking in critical analysis of both the successes and problems encountered.

While increases in the quality of healthcare is evidently beneficial to the patients well being, further research is needed to highlight these increases. Regular evaluation, monitoring and assessment of art projects would also prove extremely beneficial and would help to convince and overcome scepticism. It has been shown that the healthcare profession is beginning to recognise the benefits of money raised for and invested in a good arts programme and that in time this could lead to a fixed fund-raising committee within healthcare.





## Appendix

- (i) The arts action plan as outlined in the Arts and Health guide (p 7)
- (ii) The Royal Belfast Hospitals Arts and Environment projects information handout
- (iii) List of artists participating in the Integrated artwork project at the Royal Belfast  
Hospital for Sick Children



## The first five steps of the Arts Action Plan

The first five steps of the Arts Action Plan are perhaps the hardest to take.

### Step 1

The first step is gaining interest in using the arts to improve the quality of your health care environment.

You may be well on the way to step 2 - introducing a number of people to the idea that the arts are a valuable resource in health care, and may by this time have received some positive responses.

We hope that you will enjoy yourself and begin to realise that the arts are an interesting and complementary activity to your other professional work.

It does not matter if a single individual takes this initiative. Once the decision has been made to act, decide on some broad objective, for example how the arts can be useful in the context of your hospital or health centre.

### Step 2

Gain support - gather together a number of interested people who would be prepared to act as a Support Group.

Find an individual who will act as an Arts Co-ordinator prepared to lead the campaign and identify the needs.

Members of a Support Group could be drawn from a wide cross section of the hospital or health community.

Representatives from, for example, administration, nursing, medicine,

estates, ancillary, medical social workers, chaplaincy, W.R.V.S. and perhaps one or two from the local business community, the regional arts board or the health authority.

The appointment of an Arts Co-ordinator needs very careful consideration. It is the key role and may determine the success or failure of an arts programme. Advice can be sought from arts organisations, who have considerable experience in identifying the expertise and qualities necessary to carry out this role.

Ideally a full-time appointment is needed to implement an effective arts programme, although a part-time Arts Co-ordinator would be a good start for a pilot project. However, be prepared to respond to interest and demand, which may necessitate employing someone full-time. Evidence shows that a full-time post is an investment in terms of attracting financial support and support in kind.

### Step 3

Identify some realistic and appropriate objectives.

What do you hope to do?  
Why are you doing it?  
How do you hope to do it?  
Where are you doing it?  
When will it be done?

Once these are identified you are ready to draw up your programme of projects.

This stage is like preparing a simple business plan (familiar to managers!). Seek help if you need it from ARTS for HEALTH or similar professional organisations.

### Step 4

Raise the money to finance the programme.

With a clear, attractively presented plan, seek financial support. Explore all opportunities, including hospital and health centre endowment and trust fund monies, local and national charitable foundations and the business world (e.g. W.R.V.S., Rotary and Round-Table clubs, banks, building societies, multi-national companies, health service suppliers etc.).

### Step 5

Select an appropriate pilot project from your programme in consultation with members of the staff and the Support Group.

Prepare a brief. You are now ready to commission one or more artists to execute the work.

This pilot project should attempt to demonstrate the value of an arts programme and define the resources and expertise which will be needed for the continuation of the programme.





# Art Work

## Royal Group of Hospitals



One of the First major commissions was a dramatic wood sculpture designed and created by Owen Crawford and sponsored by N.I.V.T. The work depicts the extended hand of friendship and healing providing an appropriate welcome in the front entrance. Sponsorship has helped in the commissioning of artists and crafts people to provide murals, sculptures a stained glass window and mosaics.

A lounge mural depicting an ornamental garden in the depth of health care for the elderly was sponsored by the Arts Council for Northern Ireland.

An outdoor microscope sculpture produced through a university competition was sponsored by the Allied Irish Bank in 1993. At a certain view point the 'cells' come into focus to form the map of Northern Ireland. The piece reflects the province wide contribution to the hospital and can have visual impact from many viewpoints. Northern Ireland electricity sponsored an exciting textile collage project with fifteen schools in the province. They have produced fabric "windows" depicting local landmarks to brighten up an otherwise drab and depressing dark corridor.





three

# Workshops

## Royal Group of Hospitals



Sponsorship has enabled visiting artists to put together a series of workshops including painting, poetry, drama, embroidery and music all of which help patients and staff to come together and express themselves. The workshops have been fantastic for alleviating tension and stress, breaking down barriers between staff and patients and not least providing a good piece of artwork to go back in the ward for other patients to enjoy.

Tile market sponsored an excellent tile painting and mosaic workshop. This culminated in an exhibition on the main corridor and picked up a lot of T.V. and press coverage.

Several of the patients discovered hidden talents and have since taken up painting or craft.

N.I.V.T. sponsored Creative Writing with the elderly patients in the hospital. From these workshops we produced a booklet "Thoughts and Memories" which is for sale in the hospital shop and for perusal by others patients.





four

# Benefits for you!

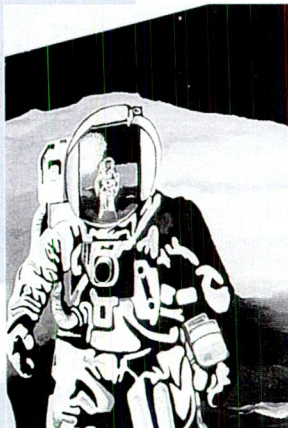
The Royal Arts and Environment Project has achieved a lot in the last three years. Murals and sculptures are now clearly visible in places that were once dark and depressing. Drama, painting, creative writing, poetry, embroidery, mosaic and music workshops have benefited staff, long and short term patients and visitors. Schools, local groups and volunteers have all worked together to enrich the environment and thus community relationships have been built upon and strengthened. We are ready to work with you to achieve the maximum benefit for your sponsorship.

## **The Arts and Environment Project Needs Your Help!**

*Funding for the project will be a mutually beneficial process.*

*Sponsorship can be given in the form of a covenant and can provide a cost effective and tax efficient tool for public relations and marketing.*

- Free media coverage - television, press and radio
- Your organisation's logo and name will have high profile and clear visibility within the hospital to the three quarter of a million people who use it each year.
- Exposure at large events (with logo on banners, balloons, badges etc).
- Entertainment opportunities for directors and staff.
- Enhancement of your corporate image and good publicity.
- Involvement in the prestigious opening of a new hospital building.





# Ways to help us



*There are many ways in which you can support the Arts and Environment Project. Listed below are some of the means by which your organisation can help us.*

- Cash donations
- Advertising in brochures
- Sponsoring an event in the hospital or in the community.
- Gifts in kind - giving products, raw materials, off cuts, damaged stock, or end lines, used equipment, and furnishings are of immense value.
- Advice and help
- Other services - we can benefit from printing leaflets, making places available on training courses, typing or secretarial services.
- Employee support - internal fund-raising and volunteers, and people with art skills to take workshops.
- Contacts - your support can help build contact with other organisations.

Many organisations have supported the Project in the past.

The Arts Council of Northern Ireland.  
The Gulbenkian Fund  
Northern Ireland Voluntary Trust  
B.U.P.A.  
Northern Ireland Electricity Board  
Tile Market  
Esme Mitchell Trust  
Esme Fairbairn Trust  
The Allied Irish Bank  
Foundation for Sports and the Arts  
Help the Aged  
A.B.S.A.

It is hoped to continue the successful relationships with these organisations, but it is also important to establish new business links with other organisations and firms.







# We need *your* Help!

Visual input that has been applied has been enthusiastically received and the benefits to the hospital staff, patients and visitors is clearly evident. To become involved with the Arts & Environment Project simply fill in this form or contact us at:

East Wing,  
Royal Hospital,  
Grosvenor Road,  
Belfast BT12 6BA,  
Tel (01232) 240503 Ext. 4186

Company Name \_\_\_\_\_

Contacts Name \_\_\_\_\_

Business Occupation \_\_\_\_\_

Company's Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

If your company is interested in getting involved with the Arts  
and Environment Project, what form of help can you give us?

Signature \_\_\_\_\_

Date \_\_\_\_\_





## ART PROJECTS

John Kindness	Children's Hospital Entrance Sign and Museum Project
Rita Duffy	Story Board Murals, Door Panels and Floor Games
Peter Rooney	Main Entrance Sculpture and Mobiles
Brian Connolly	
& Annette Hennessy	The Whispering Wall
Barry Smyth	The Reception Desk and Contents
Margaret McGonagle	Children's Furniture
Hilary Cromie	Clocks Project
Rhona Henderson	Glass Floor City
Helena Kanshal	Mobile
Gavin Weston	Garden Sculptures
Anne Marie Robinson	Corridor Floor and Reception Desk Games
Raymond Henshaw	Light Boxes
Vivienne Burnside	Hospital Alpha Bricks
David Dudgeon	Sculptural Seating
Owen Crawford	Crocodiles
Various Artists	The Print Project
Albion Design	Gallery Hanging System





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