

paintings in hospitals

Sue Ryder

OASIS pilot project

Summary report



Dr Val Huet (PhD)

7-27-2023

SUMMARY REPORT

INTRODUCTION

The project brings me out of my mood. I look forward to the sessions and contact with people. Lovely distraction from everyday life. (Participant).

The OASIS pilot project was a partnership between two charities: Paintings in Hospitals and Sue Ryder. Paintings in Hospitals (PiH) 'aims to transform the UK's health by using world-class art to inspire better health and wellbeing for patients, carers, and communities.' Fundamentally, they believe 'art makes lives better.' Sue Ryder is a British palliative, neurological and bereavement charity that supports 'people through the most difficult time of their lives'. Sue Ryder also provides support for remote day patients who can live independently and receive care within their home. Art is beneficial in the promotion of health and wellbeing (1) and there is growing evidence of its positive impact on social isolation and loneliness, life-affecting physical and mental health conditions, trauma, etc. (2). Studies have highlighted the prominence of anxiety and depression among people experiencing life-limiting conditions (3, 4).

The OASIS pilot project aimed to enrich the lives of people with life-limiting conditions through art and creative engagement, in a unique partnership between Paintings in Hospitals & Sue Ryder. It involved pairing befriending volunteers with remote day patients (participants) and was designed to be delivered within participants' homes. Participants were invited to view artworks digitally and to make an art response using a range of materials. Volunteers introduced the artworks, facilitated engagement, discussions, and artmaking.

Its objectives included:

- enhancing participants' quality of life through supporting their creativity.
- facilitating personal reflective and expressive discussions that may not be happening at this stage of life.
- alleviating feelings of isolation and loneliness through the support of befriending volunteers.

THE PILOT PROJECT

Six befriending volunteers were recruited for the project along with six participants (one pair dropped out because of the participant's deteriorating health condition). All had previously volunteered at the Art Workshop of Leckhampton Hospice.

The PiH Project Lead and Sue Ryder Volunteer coordinator met with the volunteers for initial online training and an overview of the project. Volunteers were provided with several supporting resources, including:

- an outline of the OASIS pilot project, its aims, and objectives.
- a resource pack of artworks and related discussion and practical activities.
- a hard copy of the printed Paintings in Hospitals A-Z of Art Activities for Health and Wellbeing for volunteers to use during the project.
- a variety of evaluation forms to be used at each session to record responses and plan future sessions.

All supporting material was discussed with befrienders with a Q&A session around their own thoughts and ideas. Meetings were arranged with the PiH Project Lead and each volunteer and participant to introduce them to one another and outline the project to the participants, with their allocated volunteer present. A pack of art materials was given to each participant which contained a

Evaluation report on 'OASIS'

selection of good quality art materials. It was then left to each pair to arrange a start date and future meeting dates to suit themselves, based on availability and general wellness.

OUTCOMES

Feedback gathered in evaluation forms and in discussions with participants and volunteers was overwhelmingly positive and ratings showed that:

- the home-delivered sessions were accessible, enjoyable, and worthwhile.
- participants enjoyed the art-viewing and artmaking, and learning new things about art.
- participants had found the befriending volunteers helpful.
- participants would recommend the sessions to friends and family.

Importantly, participants also reported that the sessions had improved their mood & feelings at the time. Participants were facing some existential issues potentially affecting them deeply emotionally. Engagement in the process gave them some space to take their minds off this, and although this was temporary, it provided a welcome relief: *'Doing something different, gave me a chance to concentrate and try something new. Time flew by and conversation flowed easily whilst we were working.'*

Their engagement in the process was evidenced by their creative outputs (see selection of artworks below) which extended the art viewing process and encouraged them to explore and experiment with a wide range of art materials.



Befriending volunteers also enjoyed delivering the sessions and found that these also impacted their own connection with creativity. As this was a new approach, a process of learning together seemed to benefit participants and volunteers: *'I was nervous about the project not really knowing what to expect. However, I and the Sue Ryder volunteer learnt together.'* (participant).

The volunteers' perception of the impact of the sessions on participants' moods and feelings also echoed the latter's ratings: *'Lots of reminiscing and discussion during the session. A real sense of calmness whilst we were doing the activity in contrast to her (participant's) busy week of doctor's appointments, etc.'* (befriending volunteer).

WHAT WE LEARNT FROM THE PILOT PROJECT

The partnership between PiH & Sue Ryder was key to the success of the project.

PiH and Sue Ryder contributed complementary values, aims, expertise, and networks to the project. PiH project lead has a track-record of delivering successful art-based projects using their excellent artwork collection, in an inclusive and consultative way with sessional artworkers, volunteers and participants. Sue Ryder has provided excellent care to people with life-limiting conditions, and its values and priorities are being 'supportive, connected and impactful' (5). It also has a track record of successful involvement of volunteers across their services. The Sue Ryder Befriending Volunteers were the bedrock of the project's success.

Recruitment & training of volunteers

This pilot project relied on Sue Ryder's expertise in recruiting and supporting volunteers. The PiH Project Lead provided well-structured and thoughtful training not only on art-based engagement but also on basic mental health skills, as volunteers worked with participants whose life-limiting conditions may bring up emotional responses. This training provided a containing framework for the small number of volunteers who found their participation in the project positive and rewarding. However, the next phase aims to deliver a national roll-out, which will involve a higher number of volunteers. Therefore, it may be useful to strengthen this framework to ensure that important issues are not missed and that volunteers continue to feel supported.

The need for on-going support for volunteers

Whilst the sessions are intended to focus on art viewing and art making, working with people with limited life expectancy inevitably brings up some meaningful emotional responses, which could be challenging for volunteers and participants. Although this seems to have worked well in this pilot, it demands careful consideration and planning. Ensuring that volunteers are provided with basic 'mental health skills' training will be essential to deliver it within safe boundaries when it will be rolled out more widely. During their work with participants, some group supervision or mentoring sessions would be needed to ensure that volunteers can explore dilemmas and challenges they may encounter in the sessions. Some support also needs to be available should they experience the death of a participant, as they may welcome a space to reflect and debrief.

Revising and co-producing outcome measures with participants and volunteers

As evidenced in filmed interviews with participants and volunteers, the pilot project had an overwhelmingly positive impact. However, the evaluation forms may not have captured the depth, complexity, and benefits of the sessions. Therefore, it may be helpful to develop evaluation tools in consultation with participants and volunteers and to plan for semi-structured interviews with them at the end of the project to capture qualitative data that will enrich the overall analysis and findings.

References

1. APPG Creative Health Report 2017 <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>
2. WHO 2019 <https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>
3. Gheihman, G., *et al.* (2016) Depression and hopelessness in patients with acute leukemia: The psychological impact of an acute and life-threatening disorder. *Psycho-Oncology* 25: 979–989 DOI: 10.1002/pon.3940
4. N. Atkin, N., Vickerstaff, V., & Candy, B. (2017) 'Worried to death': The assessment and management of anxiety in patients with advanced life-limiting disease, a national survey of palliative medicine physicians. *BMC Palliative Care*. DOI 10.1186/s12904-017-0245-5
5. <https://www.sueryder.org/sites/default/files/2021-05/Five-Year%20Strategy%202018-2023.pdf>