
ARTIST'S HANDBOOK



A GUIDE FOR ARTISTS WORKING
IN THE HOSPITAL ENVIRONMENT

Introduction

November 2016

Welcome to the Artist's Handbook.

The idea came into being on a spring afternoon in Swansea during a meeting of Arts, Health and Wellbeing practitioners and organisers. Many felt their first experiences of working in hospitals would have been greatly aided and enhanced, had they been introduced from the outset to the complexities of the environment, its staff and patients, policies, protocols, contracts and so on. This guide has been produced by a small team of individuals who have shared their understanding of these issues from different positions within the field of Arts and Health. It's a working document which we hope you will find helpful.

Your help in keeping the document current and accurate is welcome. If you find anything that needs correcting then please let us know by emailing:

prue.thimbleby@wales.nhs.uk

Contents

04	Chapter 1	Understanding the NHS in Wales
07	Chapter 2	Employment issues and Preparation
16	Chapter 3	Commissions and working with Capital Planning
25	Chapter 4	Artists in Residence
28	Chapter 5	Participatory work with staff and patients
38	Chapter 6	Evaluation and Research as part of Arts projects
43	Chapter 7	What Healthcare Staff need to know when working with an Artist
45	Appendix	Example Contracts and Consent forms and Other useful links

Meet The Team

Nancy Evans is a practicing Artist and Arts and Health Coordinator for Artis Community, Pontypridd

Sarah Goodey is Arts Development Manager for Gwent Arts in Health (Aneurin Bevan University Health Board)

Heather Parnell is an Artist working in the public realm, in alliance with Cwm Taff University Health Board and course leader of MA Arts Practice, University of South Wales

Angela Rogers is development co-ordinator for Engage Cymru

Prue Thimbleby is a practicing Artist and Arts co-ordinator for Abertawe Bro Morgannwg University Health Board

Kira Withers-Jones is a textile Artist and at time of writing, final year student of MA Arts Practice; Arts Health and Wellbeing, University of South Wales

Sarah Wright is a qualitative researcher at Swansea University



1 Undersanding The NHS In Wales

1.1 Health Boards

1.2 Who's who and what uniform do they wear?

1.3 How to find arts-based work in NHS environments

1.1 Health Boards

In 2009 the NHS was restructured within Wales to provide seven local organisations (Health Boards) responsible for health including primary (community), secondary (hospital) and mental health care. Currently Wales is working towards further integration of health and social services.

The seven Local Health Boards (LHBs) in Wales now plan, secure and deliver healthcare services in their areas.

For further information about each Health Boards see their websites:

1. Betsi Cadwaladr University Health Board

2. Powys Teaching Health Board

3. Hywel Dda University Health Board

4. Abertawe Bro Morgannwg University Health Board

5. Cardiff & Vale University Health Board

6. Cwm Taf University Health Board

7. Aneurin Bevan University Health Board



1.2 Who's who and what uniform do they wear?

Working in a health environment can be confusing – a Wales-wide initiative has introduced a uniform policy to help identify members of staff and their roles.

There are other specialist uniforms for midwifery and technical support staff. All staff follow a dress code of safe, clean professional clothes that are designed not to spread infection. All staff should also have a visible identification badge.

Designation	Colour
Senior Sister	Navy Blue with red stripe
Sister/Charge Nurse	Navy Blue
Clinical Nurse Specialists	Royal Blue
Staff Nurses	Hospital Blue
Health Care Assistant	Bottle Green
Student Nurse	Purple
Hotel Services Staff	Maroon
Physiotherapist	White top with blue bands
Physiotherapist assistant/technician	Pale blue top with blue bands
Occupational Therapist	White top with green bands
Occupational Therapist assistant/technician	Pale blue top with green bands



Health Care Assistant

Receptionist

Nurse Specialist

Ward Manager/Sister

Staff Nurses



Physiotherapist

Physiotherapy Technician

Student Nurse

Staff Nurse

Staff uniforms,
image courtesy of
Prue Thimbleby.

1.3 How to find arts-based work in NHS

Get in contact with any Arts co-ordinators or Arts leads within each Health Board. They are likely to have databases of Artists which you can be added to or distribution lists for information.

Note:

Not all Health Boards currently have an Arts programme or Arts lead for an up to date list please email prue.thimbleby@wales.nhs.uk

Keep a check for adverts on:

<http://gov.wales/topics/improvingservices/bettervfm/?lang=en>

www.publicartonline.co.uk

www.re-title.typepad.com

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

<https://www.a-n.co.uk/news>

www.artsinhealth.wales

Design your own project and work with the an Arts organization, Arts Council Wales or the relevant Health Board to apply for funding.

Approach other arts organisations and local authorities to see whether there are ongoing Arts Health and Wellbeing projects that you can apply to.

If you are an Artist with a passion for Arts in Health then consider joining the Welsh Arts in Health Network and receive regular information and opportunities via the email list.

.....

For North Wales contact Liz Aylett at BCUHB
Elizabeth.Aylett@wales.nhs.uk

For Mid and South Wales contact Engage Cymru
cymru@engage.org

2 Employment issues and preparation

2.1 Contracts

2.2 Rates of Pay

2.3 Insurance

2.4 DBS Clearance

2.5 Risk Assessment

2.6 Confidentiality

2.7 Infection Control

2.8 Induction

2.1 Contracts

Contracts clarify the relationship between you and your employer by outlining your agreed roles and responsibilities, what services you need to deliver and when, and how you will be paid. Your contract is a tool to establish and maintain expectations and – in best practice – a shared document between employee and employer.

On beginning a new job, role, series of workshops, one-off performances or any form of 'new' employment not covered by a previous valid agreement, a contract should be issued which outlines the terms and conditions of employment.

These must include:

- Your personal details (name, address, phone number, DOB)
- Your employer's details, who you will be managed by or overseen by
- Title or description of job or services for the contract
- Length of contract
- Agreed place of work
- Agreed outline of work activities and deliverables
- Agreed timetable of work
- Contract Fee / rate of pay / expenses details
- Terms of payment (and schedule)
- Cancellation policy

And may also include:

- Terms and conditions of employment: including the employer's policies in the workplace including health and safety, training, data protection
- Sickness policy
- DBS check
- Proof of Public Liability Insurance and liabilities information – who and what is insured by whom.

A contract for a one-off performance may also include:

- Who is responsible for promoting the event
- Who is responsible for any technical/admin/transportation
- What happens if the event is cancelled?

Contracts for larger-scale public art commissions will include and cover in detail all stages of the design and build process, with proposed timescales and delivery points, roles and responsibilities and liabilities. See **Chapter 3** and the **Appendix** for more details.

Ideally, contracts should be agreed before any work commences. However, especially in larger organisations, it can take some time for new posts to be registered and contracts to be generated.

If you do not understand something in a contract that is offered to you, raise the issue with your employer, and if the details are not correct, ask for them to be changed. If you feel that more information needs to be included, ask. It is important to establish a good understanding at the beginning of the process so that both the artist and employer can be confident about achieving the aims of the project.

2.2 Rates of Pay

Artists need to provide a tax registration number to show that they are registered as self employed with HMRC. It is important that Artists get paid properly. The amount may vary depending on the Artist's experience and on the length of the project. Typically a one-day project will be paid at a higher rate per day than a longer contract.

Recommendations of rates of pay can be found here:

Visual artists

A-N Company offer a wide range of advice in regards to rates of pay:

www.a-n.co.uk/wp-content/uploads/2015/02/Guidance_on_fees_and_day_rates_for_visual_artists_2015.pdf

Performance artists

Equity and the Musicians Unions will negotiate fees for Actors and Musicians

Some advice can be found here:

www.equity.org.uk/resource-centre/rates-and-agreements/equity-rates/

www.prospects.ac.uk/musician_salary.htm

Note: Students should also be paid for their work unless it is a placement as part of their course or is part of a significant training opportunity. Trying to get Artwork cheaply by engaging students as volunteers is not recommended.

2.3 Insurance

Artists need to provide a tax registration number to show that they are registered as self employed with HMRC. It is important that Artists get paid properly. The amount may vary depending on the Artist's experience and on the length of the project. Typically a one-day project will be paid at a higher rate per day than a longer contract.

As an artist working in a public environment and/or interacting with people, you will need insurance in case of an accident (personal or to another person) arising from your activities, or from an accident arising from artwork that you might make and install in a public area. All organisations are becoming increasingly risk-averse because of the growing risk of litigation.

If you are employed directly by the Health Board or other organisation, your agreed activities may be covered by their insurance, if this is the case then it should be clearly stated in the contract.

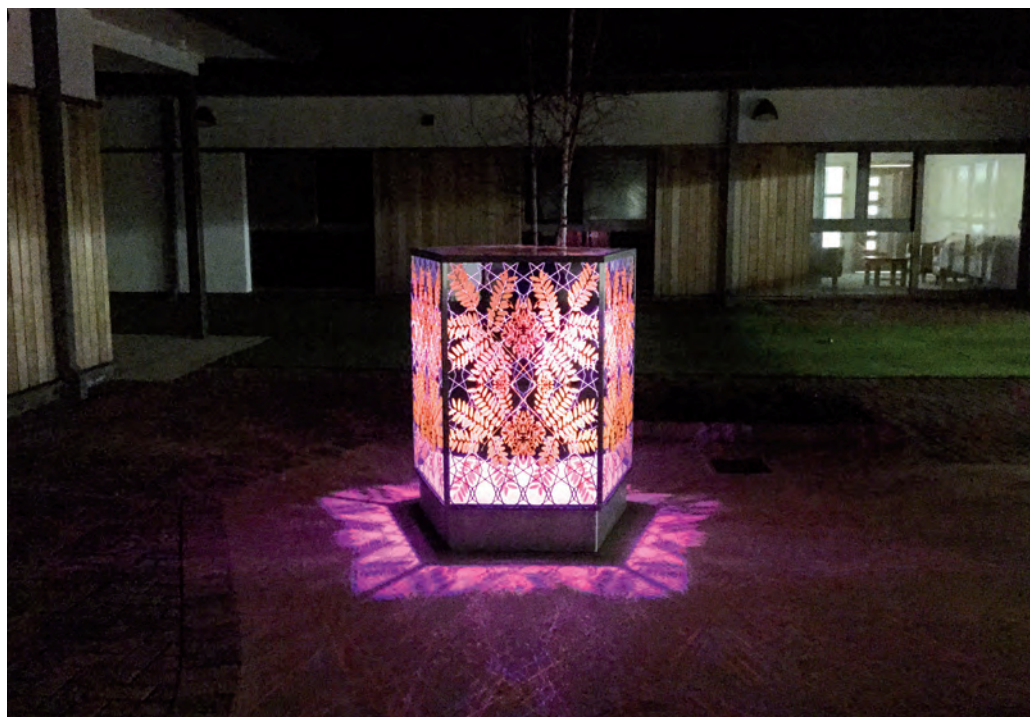
Without insurance the artist can, if a person becomes injured or equipment is broken, be held personally accountable. There are a number of different types of insurance you could be asked to provide evidence of, or be expected to invest in as part of your work.

Public Liability Insurance

PLI covers the artist's legal liability to pay damages against any claims made by members of the public (or other third parties) if they are injured during an activity, workshop or visit to a venue or project, or if property is damaged as a result of an artist's professional activities. PLI should also cover an accident arising from a piece of artwork that was made and was installed. Liability will depend on the ownership of said artwork and the artist may be liable if their work is found 'not fit for purpose'.

If you are applying for a new role or commission, you may be asked to supply evidence of Public Liability insurance within the application. Holding Public liability insurance (PLI) is not a legal requirement, however, employers and commissioners regularly require artists to hold £5million PLI and this may rise in the future. For example, many local authorities have blanket rules applied to all contractors (construction, for example) that require high amounts of PLI.

Lantern, Anna Heinrich and Leon Palmer, Taith Newydd Glanrhyd Hospital, image courtesy of the artists.



Professional Indemnity for Artists

This insurance is less widely used but would normally cover the legal liability you would have for providing specialist artistic advice to your employer or commissioner, which was relied upon by them and which caused quantifiable financial loss or damage to your employer or commissioner.

There are also some forms of insurance it is worth considering as a sole trader/self-employed artist:

- **Personal Accident insurance** – What happens if I hurt myself at work and am not entitled to sick pay or benefits? You can invest in insurance that would cover loss to your business.
- **Property Insurance** – It's also worth considering property insurance against loss of your tools, equipment, home/work studio and work in progress – if you are due to complete a commission and it is damaged before delivery, you may have to find the funds to repair or remake it.

Specialist Insurance Providers

There are a variety of companies that can provide insurance, and a number of artist-led organisations that have special packages available through their membership schemes.

The Artists Information Company offers Public Liability Insurance with their membership fee and has a range of information online. Their current policy (2015) includes materials, work in progress, completed work, transit, tools & equipment, reduction in gross profit following an accident, with Employers Liability and additional Public Liability Insurance as required.

www.a-n.co.uk/about/insurance

Society for All Artists offer different levels of membership with appropriate insurance policies. www.saa.co.uk/insurance-page

If you wish to access liability insurance advice and products you can contact a broker.

The **British Insurance Brokers' Association (BIBA)** is a not for profit Trade Association for insurance brokers. The BIBA Consumer Helpline number is 0870 950 1790.

More information:

Public Art Online offer a number of artists resources including guides to insurance and liability

www.publicartonline.org.uk/resources/practicaladvice/adviceartists/insurance.php

www.publicartonline.org.uk/resources/practicaladvice/adviceartists/liability.php

The **Arts Council of Wales** has an info-sheet featuring insurance:

Contracts, fees and legal issues info sheet: www.artscouncilofwales.org.uk/88908.file.dld

2.4 DBS Clearance

The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged to become the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks.

The DBS enables organisations in the public, private and the voluntary sector to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially work that involves children or vulnerable adults.

DBS clearance can feel like red tape – below is a step by step guide to getting a DBS certificate. Following that all you will need to do is show your next employer your DBS certificate and they will record the 12 digit certificate number and your name and date of birth and they will go online and carry out a status check on the DBS website.

So how do you get the DBS certificate and sign up for the update service?

- 1** The person who deals with DBS clearance in the hospital will issue you with either a form to fill in or an electronic link with an organisational reference and password so that you can complete the form on line.
- 2** You will then need to take three forms of identification to the person who deals with DBS clearance for them to check your ID. Make sure that the form is filled in accurately (if it is a paper copy take it to your ID check) and ensure that you have the correct documents for the identity check. There are clear lists with the form and online.
- 3** You will be given an application form reference number. Once everything is submitted you can use this number to sign up to the update service at www.gov.uk/dbs-update-service Or you can use the DBS certificate number when it arrives – but you must sign up within 14 days of it being issued. It is free for volunteers or currently costs £13 per year for paid employees. Once you have subscribed you will be given a unique update service ID number – this will allow you to check your status at any time – you should not give this number to anyone else.
- 4** The certificate should arrive within a couple of weeks. The hospital will not be sent a copy – you will need to show them your copy. If the hospital plans to check your status regularly (during a long term employment) then you will need to give your consent and they will take a record of the 12 digit certificate number and your name and date of birth.
- 5** Subsequent employers will not need to do a new check they just need to see your DBS certificate and they will record the 12 digit certificate number and your name and date of birth and they will go online and carry out a status check on the DBS website. There are exceptions to this – eg: if you need a different type of DBS certificate eg: an enhanced check for working with children. In these cases you may need a further DBS certificate.
See further information at www.gov.uk/dbs

2.5 Risk Assessment

A simple definition of a risk assessment is a careful examination of what could cause harm to people in a given activity or environment so that you can weigh up whether you have taken enough precautions or should do more. A risk assessment can be performed by anyone involved in the planning of a given activity or proposed public artwork, however they may vary in content depending on the point of view of the member of staff.



A risk assessment has five stages:

- | | |
|--------------------------------------|--|
| 1. Identify the hazards | 4. Record the findings and communicate to all affected by the results |
| 2. Decide who might be harmed | |
| 3. Estimate the risk | 5. Review the assessment and the activity afterwards to adjust if necessary |

In a workshop scenario, a risk assessment may cover: tools, resources and any substances used (paint, glue etc.). There may be some environments where sharp tools are not permitted, and alternative activities or methods may have to be used. As a practitioner, you may be asked for information about your proposed materials. You may need a Control of Substances Hazardous to Health (COSHH) data sheet provided by the Health and Safety Executive.

See www.hse.gov.uk/coshh/

It is good practice to perform a risk assessment for your own activities in order to identify any issues that might arise, and to discuss it with either your employer or member of NHS staff who works with your patient group on a regular basis.

Risk Assessments become more complex when planning public art works and are often implemented at the design, production and installation stages. There are a variety of tools and info sheets online that can provide examples of different risk assessments and how to approach them:

Arts Council of England offer a guide to Risk Management and resources:

www.artscouncil.org.uk/selfevaluation/framework/business-management/risk-management/

Arts Council of Wales Risk assessment and traffic light template

www.artscouncilofwales.org.uk/c_rfo-guidance/risk-assessment-and-traffic-light-template

A Guide to Safe Practice in Art and Design: Risk Assessments

www.nsead.org/hsg/hs205.aspx

Health & Safety Executive free guidance on risk assessment **Five Steps to risk Assessment** is available at www.hse.gov.uk/pubns/indg163.pdf.

Artists in the Public Realm Health and Safety covers Risk Assessment:

www.publicartonline.org.uk/resources/practicaladvice/commissioning/health_safety.php

Here is a basic example of a risk assessment for a workshop with older adult patients on a hospital ward:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
Slips and trips	Patients, staff and visitors may be injured if they trip over objects or slip on spillages.	Workshop space is kept tidy with spillages cleared up immediately. No trailing leads or cables.	Better lighting of workshop space by replacing broken light bulbs. Arrange for loose carpet tile on floor to be repaired.	Ward sister to contact estates department	From now on – xx/xx/xx	xx/xx/xx xx/xx/xx



Lightwell glasswork,
David Pearl, Ysbyty Cwm
Cynon, Image courtesy
of Celfwaith.



2.6 Confidentiality

Artists as members of staff (temporary or otherwise) must respect the patient's confidentiality. See also Chapter 6 Evaluation and Ethics.

Protect

The duty of confidentiality arises out of the common law of confidentiality, professional obligations, and also staff employment contracts. Breach of confidence, inappropriate use of health and social care records or abuse of computer systems may lead to disciplinary measures, bring into question professional registration and possibly result in legal proceedings. Artists should ensure that they are aware of the requirements and standards of behaviour that apply.

a. Verbal information

Staff should never gossip about patients and if they are discussing a case for clinical reasons then they should only use the minimum information necessary and should take care when discussing with colleagues in public places.

b. Manual and electronic records

Staff should not leave portable computers, medical notes or case files in unattended cars or in easily accessible areas. Ideally all files and portable equipment should be stored under lock and key when not actually being used. If you need clinical information on the patients as part of your Arts project then discuss protection of the information with senior staff in the clinical area in which you are working.

c. Photographs

Confidentiality also extends to taking photographs of those in receipt of or awaiting care – for example, in outpatient clinical waiting areas, hospital restaurants, external areas of the hospital as well as on wards. Signed consent must be given for any photographs taken for any use. Showing participants the photos that you have taken within a session gives them a choice as to whether you can use them or not. See Appendix for a sample

Inform

It is essential that patients are informed clearly about what they are giving consent to and how they can withdraw consent if they change their minds. It is also important to consider whether a patient is able to give consent – are they fully conscious, do they understand what you are saying, do they understand where images might be used and who might see them, are they vulnerable? Staff will advise if there are patients who cannot give informed consent.

If you learn of anything that you are concerned will lead to someone getting harmed it is essential that you tell an appropriate person such as your hospital contact or the ward manager/sister.

Note: Press Releases

All communication with the press should be handled in discussion with your key contact and in partnership with the Health Board's communications team

2.7 Infection control

Respiratory hygiene and cough etiquette

If artists are unwell, they must not visit patient care areas. In general, cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses. Dispose of used tissues into a waste bin without touching the bin lid. Wash hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.

Diarrhoea and/or vomiting

If artists have symptoms of diarrhoea and/or vomiting, have had recent symptoms, or had contact with others who have had these symptoms in the preceding 72 hours, they must not visit any patient care areas. Artists should refrain from visiting these areas for at least 72 hours after all symptoms have stopped, or for 72 hours after having had contact with someone else who has had symptoms of diarrhoea and/or vomiting.

Note: Artists should let the hospital know as soon as possible if they are ill.

Hands

Hands are the most common way in which micro-organisms, particularly bacteria, might be transported and subsequently cause infections, especially in those who are most susceptible to infection. Good hand hygiene, and washing with soap and water - following the steps in the diagram below - is the most important practice in reducing transmission of infectious agents. Hand care is important to protect the skin from drying and cracking. Cracked skin may encourage micro-organisms to collect.

Jewellery, scarves and ties must be removed when working with patients to prevent the spread of micro-organisms by contact with contaminated jewellery or loose clothing. It is recommended that all staff have bare arms below the elbows.

Artists who have contact with the patient environment should wash with soap or use alcohol based hand rub as described below before and after each ward visit and, if they have contact with patients, before and after each patient.

Procedure for alcohol-based hand rub

Between hand washing alcohol based gel can be used. The amount/volume used to provide adequate coverage of the hands should be indicated in the manufacturers' instructions. This is normally around 3ml or 2-3 doses (pumps) of the dispenser. Follow the same procedure as for hand washing below.



Artwork

Artwork in interior environments should have smooth surfaces that are easy to clean with a general purpose neutral detergent (antimicrobial agents are not routinely recommended). Durable materials need to be used in the artworks as they will be cleaned on a repetitive basis over many years – e.g. ceramic tile murals in food areas may be subject to pressure washing so tiles and grout must be of a standard to withstand that.

If the artwork is to be hung at a height consideration of how it is reached (maybe as part of a window cleaning schedule) is needed. It is worth discussing potential materials and the siting of artwork with the hospital infection control staff to ensure that a cleaning/maintenance schedule for the artwork is appropriate before final decisions are made.

Artwork in external environments should generally be low maintenance, vandal resistant, easily cleaned and responsive to health and safety legislation.

Reference:

www.nhsprofessionals.nhs.uk/download/comms/cg1_nhsp_standard_infection_control_precautions_v3.pdf

2.8 Induction

On beginning a new post or role within an organization, you may be offered or given training most commonly called an 'Induction'. Within larger organization, such as the NHS, this will be compulsory as parts of the course will cover Health and Safety issues that all employees will need to be aware of and receive formal training in.

Here is a checklist of things that may be covered:

- An introduction to the organisation, what it does, what its aims and objectives are, what its scope is and what its values are
- Information Governance – what is confidential and why; data protection

Health and Safety in the Workplace:

- Your employer has a duty of care to protect its employees in the workplace. This may include manual handling, fire safety etc.
- You are expected to work in accordance with your training, report incidents, take care of yourself and others and not to interfere with safety equipment
- Incident reporting – reporting accidents, injuries and aggressive incidents
- Risk Assessments – what they are, who performs them, how they work
- Infection Control
- Occupational Health and support services for staff

A local induction may include:

- The layout of the area, toilets, kitchen, fire escapes
- Who is who on the staff and how to contact them
- Relevant clinical information, understanding of patients conditions
- What space and resources are available for you to work with



It is also useful to make your own check list of things specific to your role that you need to know.

3 Commissions and Capital Planning

3.1 Obtaining a commission

3.2 Getting started

3.3 During the commission period

3.4 Completion

3.5 Glossary of key terms

3.6 Performance as a commission

This chapter covers what artists need to know about applying for and undertaking public art commissions as part of healthcare capital building projects.

The term public art usually refers to visual artworks that are environmental interventions. These might be stand-alone sculptural forms, but they are more often embedded in the infrastructure, eg glazing or flooring, or integrated into functional items such as canopies, lighting and seating. Capital planning departments are responsible for managing new building developments and refurbishments of Health Board property. These projects take years from inception to completion and artists can expect to be involved over a period spanning 6 months to 3 years, depending on the scale of the project and the extent of the artist's role.

Most commonly, artists are commissioned to design and realise artworks which respond to particular requests, such as to enhance and add to the local distinctiveness of a new healthcare environment. Some artists are commissioned as a part of strategic planning in the early stages of a building's design, seeking ways to embed and weave art holistically and productively onto surfaces, into planting schemes, colour and material palettes, furnishings, textiles and more.

3.1 Obtaining a commission

There are **two** main routes to obtain a public art commission (NB The procurement route for either may be directly managed by the Health Board or be managed via an art curator/art consultant working on behalf of the Health Board):

a. Interview

One popular selection process involves shortlisted artists completing a short presentation and interview. Artists are usually invited to speak about past projects that they feel are relevant to the commission, and demonstrate their approach, skills, expertise and methodology. The artist may be invited to speculate on possible directions an artwork might take if successfully commissioned so it's useful as part of your preparation to do some background research and have some initial thoughts. These are often timed so it's important you have prepared yours to cover everything you want to say within the time allocated. However, you are not expected to arrive with a maquette and fully worked up concept designs and apart from travel expenses, there is no fee for this kind of interview.

The panel you meet at interview will vary from commission to commission, from approximately 2 to 10 members. The makeup of the team will depend on the nature of the commission and scale, so it's possible to have the chairman and the chief executive in attendance, members of the capital planning team, architects, clinicians, arts consultants, patient representatives and other experts as deemed appropriate. Each member of the panel will have a particular interest in how you might meet the needs of the brief.

Upon appointment and the issue of a contract the successful artist is expected to develop concept ideas, final designs and implement/install artwork/s via an agreed timeframe and consultation process.

This way of commissioning is popular when there is a desire to develop a public art programme through a consultative or exploratory process. For instance, the project team may be looking for an artist/ team to identify opportunities for integrated artworks; what, where and how art might become part of a new building. The commissioners may wish to involve practical engagement of participants in the development of the design or artwork/s and the artist's interest, ability and approach to collaborative endeavour would be critical in this instance.

b. Design competition

The other main selection process involves shortlisted artists being paid a fee to produce a concept design with estimated costs and programme for production and installation. This may be delivered within a presentation to a panel, and/or submitted for viewing over a set period by a wider audience. Design fees issued are usually a modest sum (£500 – £1500 is common) and it rarely covers the time invested in developing the concept. However, it is recognised that the successful artist will benefit from winning the commission.

On appointment, the successful artist is contracted to produce final designs and implement/ install artwork/s within the agreed timeframe and budget. This way of commissioning is popular when looking for an artist to respond to a very specific brief, theme, purpose, materials palette, location etc.



Courtyard sculpture,
Walter Jack, Ysbyty Cwm
Cynon, image courtesy
of Celfwaith.

3.2 Getting started

It is important that an art commission is set up carefully before commencement, with clearly defined goals, time frames, responsibilities and communication systems. In this way, the artist and the commissioner can identify any issues to be addressed and monitor progress through each anticipated phase to completion.

Key contact person

Ideally you will be assigned a person as your main daily contact. This person will negotiate documentation with you such as artist's brief, contract, programme etc, and is the conduit to others as needed eg clinical staff, finance or engineers. Your key contact should be able to help you in setting up a good communication and monitoring framework for the commission. This person will also be able to help you with any queries you have, meetings you wish to organise, invoicing and other material to aid the commission process eg building plans, elevations, colour schemes, planting schemes, materials palettes, building programmes etc. Ideally this person understands and sits comfortably within the art commissioning process, the capital building contract and the operational/ clinical needs and protocols of the healthcare commissioner. Should you plan to undertake any form of public engagement as part of the design or consultation process, the key contact will be aware of policies and protocols such as DBS checks and photography consent and be able to support or guide you in these preparations.

Artist's Brief

The brief is key to the commission and includes material which should steer and guide your research, development, production and installation. A brief will contain material such as:

- Background information: What the build is about, what's in it , how it's going to be used, how the patients will behave in it, physical descriptions.
- The timescale for the building programme
- Deadline for installation of artwork (this is usually before the building opens and before patients move in to avoid disruption)
- Scope for the artwork/s, what you can and can't do in the building, possible materials, processes, locations, themes, purpose
- Consideration of practicalities such as health and safety, fire, installation, maintenance, consumables, etc.
- Consultation process, how decisions will be agreed and taken forward, whether others will be expected to participate in the design process

Contract

A contract should be a very useful document which sets out what the artist will do for the commissioner and what the commissioner will do for the artist. A contract gives clear information on timescales, phases, fees, what they cover and payment schedules. It also sets out responsibilities which safeguard the people, the estate and the artworks through insurances such as public liability, intellectual property rights, adhering to health, safety and fire regulations, managing maintenance, sub- contracting and the unforeseen.

Sometimes commissioners adopt or adapt contract templates (e.g. NEC form of Contracts) which contain a large amount of standard material and clauses appropriate to consultant appointments in addition to their standard procurement terms and conditions, e.g. public indemnity insurance. You should take time to read, ask questions and negotiate changes if appropriate and possible to make it fit for purpose. See the Appendix for a contract template that is public art focused.

Payment schedule

It's a good idea to find out how payments are made to commissioned artists before finalising a payment schedule. Health Board finance systems can take 30 days to release funds from receipt of invoice. Others take considerably longer. For this reason, give some thought to how best to apportion the commission fee so that there is funding available when it is needed for instance, to pay fabricators, haulage companies etc. Most Health Boards will not pay artists in advance of the actual spend, only paying for what has been received or can be evidenced. For this reason, you may need to take photos of the work you are invoicing for and check with subcontractors that they are happy to be paid when you receive payment. It is good practice to provide invoices that clearly state the work undertaken (i.e. fees versus works) and which separate out the net of VAT figures from the VAT inclusive figures so that VAT can be reclaimed by the Health Board where appropriate – accuracy in your invoicing will also avoid payment delays.



Aerial installation at Nevill Hall Hospital, lead artist: Arts Alive Wales and Gwent Arts in Health, image courtesy of Gwent Arts in Health.

Programme

The art programme will be unique to each commission, but will have a design phase (which may have practical, participatory workshops and their preparation incorporated into this if appropriate) and a production and installation phase.

Capital developments are complex, multi-million pound operations with clear schedules, budgets and targets which are relatively fixed. If the building programme is delayed, penalties can be incurred which are potentially very costly and to be avoided. It is important therefore, that the art commission has a clear schedule of events and certain deadlines within it is agreed and included in the capital building programme. Artworks that are commissioned during the early planning and building phase of a scheme, can result in artworks integrated into the fabric of the building eg floors, walls, glazing. Other artworks may require foundations, water supply and electrical wiring to be incorporated into the constructor's building programme and discussions will need to take place to agree the best time to make and bring work to site, install etc depending on the location and nature of the artwork. Be careful to check your contract for programme responsibilities. You may be liable for hefty penalty costs if your programme over-runs, delaying the contractor's building programme.

Consultation process

Mechanisms for consultation and approving proposals are important. In most cases a panel, project team or steering group is created to discuss and approve concept and final proposals in order for commissions to progress through design phase to production. The makeup of the panel is usually decided by the commissioner and often involves some or all of the interview panel. In an ideal world, the panel will contain some members who understand the practicalities of the proposal, and representatives interested in the quality of the idea and its relationship to the ethos, aesthetic and purpose of the new building. The commissioner may take on the role of consulting wider audiences or may ask you to do this through, for instance, public forums or practical workshops. If you are unclear how information is being shared about your proposals, ask.

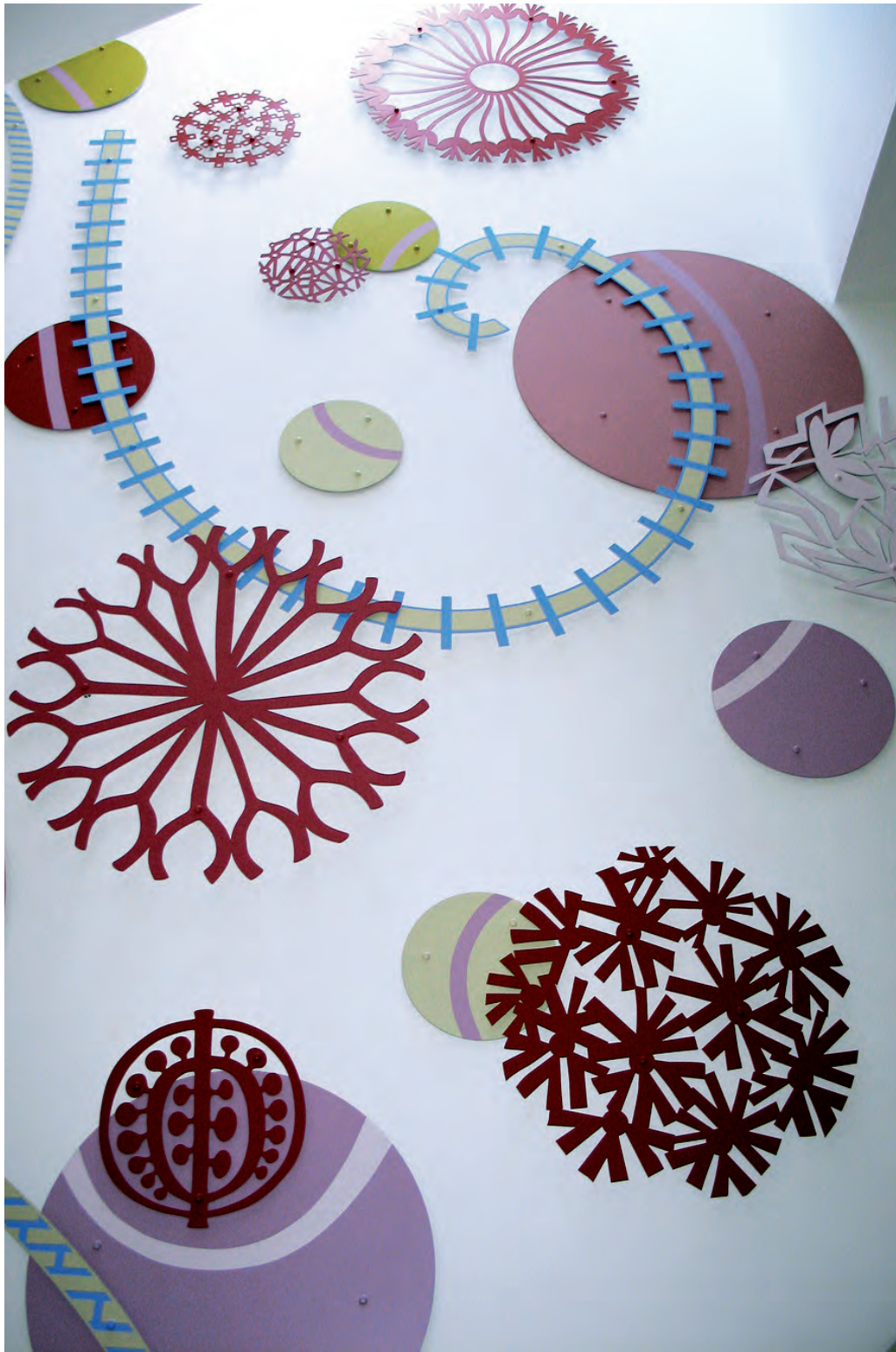
Protocols

The policies and protocols relevant to each commission will to some extent depend on the nature of it. The kinds of things artists may need to be informed/ act on in advance of commencement include:

- Communicating with others – your key contact should guide you here
- Clinical protocols eg hygiene, access
- Do's and don'ts on the building site (you will need to participate in a site induction and must abide by site protocols eg wearing site clothing and following site H&S rules etc)
- Ethical protocols eg DBS checks and image capture permissions
- Do's and don'ts on wards and other clinical areas eg safe use of tools & chemicals
- Respecting patients eg confidentiality, general conduct
- Subcontracting eg informing the commissioner if others will be part of the design, production or installation process

Space

In most instances, artists working to commission are expected to provide their own studio space. If participatory sessions are included in the commission, workshop space may be available but any costs incurred for room hire or materials are likely to rest with the artist and would need to be included in budget plans.



Aluminium relief wall panels, David Mackie, Heather Parnell, and Andrew Rowe, Ysbyty Cwm Rhondda, image courtesy of the artists.

Phase 1 Design

3.3 During the commission period

Through a process of negotiation, this first period will involve producing and delivering concept and final design proposals, costings, programmes for artwork production, associated preparatory building work and installation. Public consultation and participatory workshops may be part of this phase. It will end when your proposal has been approved for production.

Things to consider:

Proposals

It's useful to produce maquettes, drawings and samples which enable the panel to see clearly what your intentions are with a solid rationale. The proposal should provide the panel with the confidence to move forward, in the knowledge that you have researched fully the idea, materials, production methods, health and safety, infection control (see chapter 2), fire regulations, site preparation, costs, timescales, approach to installation, maintenance and minimisation/elimination of future consumables costs.

Budget

The costings you propose should not exceed the available fee and should include all aspects detailed in the brief and contract. It is common for commission fees to include all design, production and installation costs, including associated subcontractors, building works and engineers' calculations. If you are VAT registered, check if this is included or excluded in the commission fee. Try to list all the costs you can anticipate and include a contingency, to plan for the unforeseen. Think about areas where a change in cost might occur eg transportation, cost of materials, fabrication.

Timeframe

The proposed programme for production and installation should be negotiated in line with the main building programme. Try to list all the tasks involved in making the artwork and bringing it to site. It's a good idea to include more time than you think is needed, things often take longer than predicted, some things are outside your control and it's not uncommon for art programmes to slip whilst payments are awaited or decisions taken.

Participatory workshops

If public engagement is a part of the project, it's important to strike a balance to achieve success in workshops. Consider numbers of participants, age range, ability, duration, the task being set and the aims of the activity - what you and the commissioner want to come out of practical workshops. (See chapter 5 for more information on participation).

Phase 2 Production and Installation

At this stage in the commission, you will put your efforts into making or supervising the fabrication of the artwork/s. As final discussions around delivering and installing the work on site take place you will be asked to present a risk assessment and method statement to verify safe conduct.

Things to consider:

Site visits

If you wish to go on site to take photographs, measurements etc, you will need to organize this through your key contact. It's likely that your first visit will involve a health and safety induction and you will be required to use PPE (personal protective equipment) appropriate to the nature and progress of the build eg hard hat, steel toe cap boots or slippers (dependent on the stage in the building programme/location) and high visibility vest. This equipment is often provided by the contractor.

Access to the site and installing

When and how you bring your artwork to site will be dependent on numerous factors such as it's scale, weight, fragility, proposed destination for installation. Think about how best to complete this aspect of the project successfully and cost effectively. For instance, it's probably best to deal with special glazing when the windows are being installed in the building. It may also be more cost effective and practical to bring large forms into internal courtyards early in the building programme, or in sections, rather than craning whole objects over rooftops.

Artworks that are fit for purpose

The artwork/s you produce must stand up to the legislation, regulations and requirements of the brief and contract. Exact requirements will vary from commission to commission, but high quality, low maintenance, easy clean, vandal and theft resistance, durability and safety, and anti-ligature are common pre-requisites. Infection control will be of particular concern for artworks installed in internal spaces and Legionnaires disease is a major concern if water is to be a feature of your artwork.

3.4 Completion

The commission is not technically complete until it has been 'signed off' by an agreed person, probably your key contact. This person will visit the site with you and an informal handover will take place after which any final fees can be invoiced.

Things to consider:

Intellectual property (IP)

It is common for artists to agree to images of the artwork to be used by the commissioner but unless otherwise contracted, as creator of the artwork the artist holds copyright.

Maintenance & Consumables

In order to keep the artwork in good condition, you will be asked to produce a maintenance programme and keep future revenue consequences to a minimum.

Guarantee period

It is usual that a 12 month guarantee is placed on the artwork. Any defects appearing in the guarantee period are the responsibility of the artist to make good. Occasionally the commissioner will withhold a small portion of the fee during this period.

3.5 Glossary of key terms

PPE

Personal protective equipment such as hard hats, goggles, masks, boots.

Capital Planning

A directorate within the Health Board whose role is to plan, develop and manage the delivery of new building schemes and refurbishment of Health Board property.

Commission

The hiring and payment for the creation of an artwork.

Public art

Artwork that is designed, produced and sited in the public domain.

Maquette

Three dimensional, small scale model of a proposed artwork.

Public engagement

Interaction between the artist and healthcare users or the wider community as part of the consultation process.

Maintenance programme

A document containing the maintenance requirements that need to be undertaken to ensure the artwork remains in good condition.

Payment schedule

A programme of dates on which specific amounts of money can be drawn down by invoice.

Commissioner

The organization appointing the artist.

Consultation

Discussing ideas and proposals with others.

Intellectual property (IP)

Property that results from original creative thought.

Public liability insurance

A type of liability insurance that provides compensation and legal expenses against claims for loss or injury by a customer or member of the public.

Professional indemnity insurance

A type of liability insurance to protect a business/individual against a client's claim for loss or damage due to poor advice or service.

Case Study

John Nicholas,
musician, image courtesy
of Prue Thimbleby.



3.6 Performance as a commission

This mini chapter has been placed here as it relates to how performance artists are commissioned to make work for Healthcare. Musicians are also commissioned to perform their music for the benefit of patients. There is a growing body of evidence showing the benefits of music in hospitals and there are several organisations that provide performance musicians who are trained and or experienced at working in a Healthcare environment.

Two organizations active in Wales are:

Music in Hospitals – www.musicinhospitals.org.uk/about/wales/

Live Music Now – www.livemusicnow.org.uk/wales

“My name is John Nicholas, I am 24 and I am a musician based in Cardiff. I work on a regular basis mainly playing in bars and music venues but I also work for a charity called Live Music Now, who give me the opportunity to perform in a variety of different settings.

I came to Morriston Hospital on September 24th to play for the patients on the Renal Dialysis wards. I was taken to a number of different rooms and played to a variety of patients, both old and young. I had a base of songs that I would do but I also took requests to try and make the performance more personal to the patients.

It was the first time I had done any sort of hospital performance so in one regard, I didn't know what to expect. I prepared a short, flexible set of songs and left myself a lot of room for improvisation as I quickly learnt that flexibility was key to this sort of performance. During my preparation, I drew knowledge from the relevant training I have had with Live Music Now.

As it was my first time playing on the ward (and my first time at Morriston Hospital!), it was a fantastic help that the Arts Co-ordinator showed me around each room, introduced me to the relevant staff members and nurses and to be honest it really calmed any nerves that I had.

The feedback from patients was positive. There were many thankful patients and some who really engaged and were asking me to play song after song. One particular patient stood out – she said that she really enjoyed the experience and that the performance was the highlight of her 12 weeks in hospital.

I absolutely loved the experience, it was a great honour to go onto the ward and I felt like I was making some sort of difference in the way that I know how – it was a real privilege to be able to make the patients smile.”

Live Music Now is the UK's leading musicians development and outreach charity, providing exceptional live music experiences for people with limited access to high quality arts provision due to disability, illness or social disadvantage. Participants benefit from the amazing therapeutic, social and emotional benefits of engaging with live music - an experience that transforms and enriches lives. Live Music Now Wales works over all 22 counties delivering over 250 performances each year.” www.livemusicnow.org

“
I felt like I was
making some sort of
difference in the way
that I know how”

4 Artists in Residence

This chapter deals with the very specific role of the Artist in Residence.

Artists in Residence are contracted for a specific length of time (usually months rather than weeks or days) to produce work in response to the hospital environment. In this situation the outcome is often open and unknown at the start and the artist will be commissioned based on their individual artistic practice and past work.

Purpose

As part of a residency the artist will be expected to interact with the hospital, the people who use it or the activity that happens there. Artist residencies could be used to explore a particular issue, to bring it into the public eye and raise awareness. They could pair with a technological department of the hospital merging art with science, or partaking in medical research. They could be working with the staff to raise self-esteem by promoting their importance or with patients and families to offer them a voice, a chance to share their experiences or a participatory opportunity to help create elements of the final artwork.

Studio Space

The hospital will often supply a space for the artist to use as a studio. The quality and size of this can vary greatly from a landing on a stairwell to exclusive use of a portacabin. Sometimes as part of the brief, the studio is an open space for members of the public, patients and staff to witness the artist at work and follow their progress. The type of working space will depend on the nature of the residency.

Outcomes

A residency is often more about the process of interacting with the hospital than producing tangible outcomes although both can be results of a residency. If physical artworks are produced it maybe a requirement to leave them behind. Whether the physical outcomes stay behind or go with the artist, the intellectual property of the work produced should stay with the artist unless otherwise agreed. These details can be agreed beforehand and outlined in the contract to keep it clear.

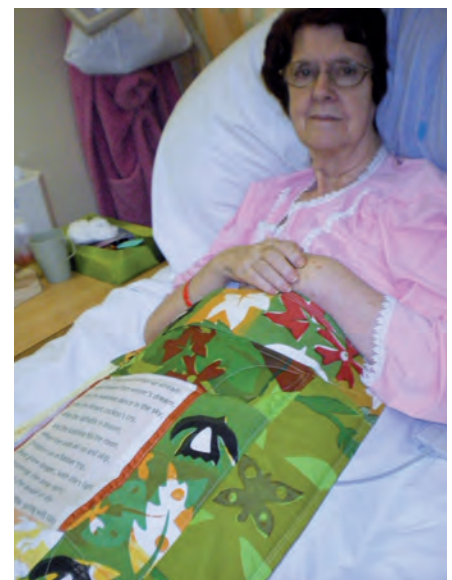
Safety

Content covered within a hospital residency may include delicate subject matter and difficult issues, it is very important that the artist has a sensitive approach. It is also important that there is a support network in place for the artist with debriefing sessions so that any challenges and difficulties can be talked about.

Chapters 2 and 5 cover more information relevant to Artists in Residence.

Bas relief wall panels,
Kathy Dalwood,
Ysbyty Cwm Cynon,
image courtesy of
Celfwaith.





'Gwanwyn' a poetry and textile project at Ysbyty Eryri, Caernarvon, artist and photographer Nancy Evans.

Case Study

Reconstructing Ourselves

April 2014 - October 2015

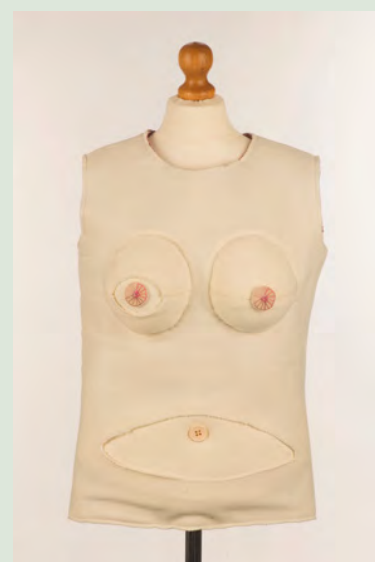
Abertawe Bro Morgannwg
Health Board

Reconstructing Ourselves was an Arts Council Wales funded project exploring the stories, lives and experiences of breast reconstruction patients and staff at Morriston Hospital, Swansea, UK.

As part of this Artist in Residency Prue Thimbleby, Rhian Solomon and Sarah Wright – a duo of Artists and a clinical Anthropologist – worked with clinicians and patients from Morriston Hospital – listening, talking, interpreting and recreating the detailed dialogues and narratives of the people that they met. Sarah Wright led a research strand to the project – asking the question; ‘Does giving patients the chance to record what they want to say to the consultant and playing this at the start of the consultation improve the outcome?’

Rhian Solomon led art workshops with the patients, facilitating creative works in response to their experiences. She worked with Julianna Sissons to create the textile model which is now used in the breast reconstruction clinic to demonstrate different options for surgery. Prue Thimbleby involved photography students from the University of Wales Trinity St David and created eight patient story videos.

The project culminated in a very successful symposium and exhibition which showed the results of the research, a new collection of work by Rhian Solomon and the digital stories told by participants involved in the project. The exhibition opened at the hospital and then moved to the Dynevor gallery at the University. After the project finished one of the videos made by Rhian Solomon and Belinda Cotton from the ABMU medical illustration team has won the John Corney award for best non-clinical video at the UK Medical Illustration Conference.



5 PARTICIPATORY ARTS IN HOSPITALS

5.1 Before you arrive in the hospital

5.2 Delivering your project

5.3 After the session

5.4 Working safely on the therapeutic border

This chapter looks at working in a participatory way within a hospital, written by Kira Withers Jones and Nancy Evans based on their own experiences of running workshops in hospital wards.

Interacting with and engaging patients, staff or visitors in creative activity, can have far reaching benefits over and above the activity itself, but hospitals are unique environments, which can bring about complex situations. This chapter hopes to raise awareness of some of these challenges, to help prepare artists for working in the ward environment.

Benefits

There are numerous benefits to working in a participatory way within a hospital:

- Patients are bored and can be keen to have interaction with an activity or a person who is not related to their medical care.
- Patients may also be anxious or in pain and an activity can provide a welcome distraction.
- Creative activities can boost people's self-esteem and make them feel human again rather than just a patient.
- A patient might be struggling to achieve activities that are normal to them, so engaging with a new creative activity can offer a sense of achievement and empowerment.
- Participatory arts activities can lift the atmosphere on a ward.
- The resulting visual artworks can improve the ward's physical appearance longer term.

5.1 Before you arrive in hospital

Site Visit

If possible, go on a site visit of the hospital before your first session with participants. Hospitals can be difficult to navigate around, and a site visit will help you get your bearings and work out practicalities like where to park, and how to get to the ward you are working on.

Inside the ward, you can find out whether there is somewhere to keep your personal belongings whilst you work, which toilets you can use and of course where you will be running your activity. Is there a suitable space and sufficient facilities for your activity or do you need to adapt your plans accordingly? If necessary is there access to a sink, a photocopier, a telephone.

Meet the staff

Having a champion member of staff on the ward that is backing your project will help everything run smoothly. If possible make this person your first point of contact in the hospital each time you visit or if not possible find out who else this will be in their absence. A site visit is a great opportunity to familiarise yourself with staff on the ward and vice versa, if people have an idea of what to expect they will be more accommodating of you. On this note you could put up posters to raise awareness of what you are doing and when you are planning to do it.

Whilst visiting the ward, try to find out as much as possible about its day to day running, some things that might be useful to know are; when are the visiting hours, meal times and the staff changeovers? Are there generally busier and quieter times on the ward?





Consultation

You can also use this time to consult with staff and patients on the activity you are planning, they might have valuable information that will guide your project, they will also feel involved and therefore more likely to support you.

"I learnt how important the consultation stage could be during my first hospital residency. Through consulting the staff I found out there was a long bare corridor between the children's ward and theatre. A patient then suggested the theme of dreams as a way to encourage patients to think positively about having an anesthetic. The resulting artwork 'dream journey' runs the length of the 50m long corridor, displaying 80 textile prints by patients, siblings and local school children" **Nancy**

The patient group

If the ward you are working on has a specific patient group do some research to find out as much as you can about them before you start. They might have specific needs, restrictions or difficulties that could have an impact on the activity you are planning. It's also really important that you remember each patient is an individual person with individual interests and needs, knowing more about their condition will help you have empathy with them, but their illness doesn't in any way define who they are.

Reconsider your activity

Having visited the ward, consulted its users and researched your patient group, this is a really good time to reconsider the activity you are planning. Will it work in the space? Did you find anything out from the ward users that may shape what you do? Always remember that in a hospital nothing is predictable, particularly how many patients you will have to work with and how long for. A flexible and adaptable approach is a necessity.

Write a project plan

Write a specific plan for your project using SMART objectives (Specific, Measureable, Achievable, Relevant, Time bound). This will help keep you on track with time and budgets, let other people know your plans, help to manage expectations as well as giving you a basis for your evaluation at the end of the project.

Practical Preparation

All practical issues are covered in Chapter 2

2.1 Contracts • 2.2 Rates of Pay • 2.3 Insurance • 2.4 DBS Clearance • 2.5 Risk Assessment
2.6 Confidentiality • 2.7 Infection Control • 2.8 Induction

5.2 Delivering the project

When you arrive at the hospital ensure that you check in with your key contact so that they know that you are on the premises. They may also inform you of recent changes or time-specific information that you need to be aware of.

As you enter and leave each ward ensure that you follow infection control advice and let someone know that you are in attendance. If you haven't been designated a group of patients to work with then it is best to speak to the nurse in charge when you first enter the ward. (See chapter 1 for who is who and uniforms.) They will then let you know if there are any bays or particular patients that it would be better for you to work with, or if there are areas that you shouldn't go.

Wards are very busy environments and often you will have staff continuing to work around you when you are with the patients. Sometimes a doctor will just want a quick look at a chart or a cleaner may whizz through the bay with a mop, but other times you will have to leave a patient as it is time for their bed bath or a procedure needs to be carried out. If there is a medical emergency stay out of the way and leave the medical staff to do their work.

It is important to be well organised but flexible and able to change your plans at short notice. Have a professional and approachable manner. Dress appropriately for the work that you will be doing and the environment that you will be in. See advice on clothing under infection control in Chapter 2.

Challenges:

Project Engagement

You may come across staff who aren't as appreciative of art being used on the wards as others. Or patients and visitors may ask about the funding of art projects and whether money could be better spent elsewhere. It is worth preparing for these questions, and know how you will explain what you are doing. Many people will be very appreciative of the work that you are doing but not everyone will understand the reasoning behind it.



Top: Storytelling with Steve Killick in Swansea Toy Library project.

Above: Dance with Parkinsons in Gorseinon project led by Tan Dance.

Having a sheet of information about the project – its origins and proposed outcomes – ready to hand is invaluable. Include contact details if people want to find out more, and an opportunity to give feedback can often diffuse a potential confrontation.

Engaging with Patients – Medication

Sometimes there will be side-effects with medication or treatments that patients are receiving that alter their behaviour or ability to do things. It's possible that patients could experience tremors, confusion, blurring of vision etc. These side-effects could affect the way that a patient is able to take part in an art session, and may be unusual or unexpected for the patient, which may be upsetting.

Engaging with Patients - Reactions

Patients are going to react in various ways to both your presence and the work that you are doing with them. Some people might get agitated but it can be difficult to tell the reason why. The fact that someone different is around them or that something is going on could make them feel out of control, or they might be agitated anyway and it has nothing to do with what you are doing. Sometimes the art will bring up sudden emotions and a patient may start crying.

If you are in any doubt about anything then it is better to ask. Often the nurse might respond that the way a patient is being is perfectly normal but if you are worried then don't hold back – do ask someone.



“When I was doing an internship with musicians and singers on hospital wards I saw every type of reaction, from all the patients joining together for a sing-along to a woman telling us that we were ‘going on a trip together by taxi but we mustn’t drive through central London’. The most moving reaction was from a patient who, at first glance, seemed unable to appreciate what was happening around her. Her head was lolling to the side and most of her face was covered with an oxygen mask but slowly, over the period of a song or two, she turned her head towards the direction that the music was coming from and then I realised that she was also moving her lips and mouthing the words. Such a simple reaction but it helped me to realise what taking the arts into hospitals can really mean for patients.” Kira

5.3 After the session

Reflective Practice

Take time to reflect on each session: what went well? what surprised you? what ideas you had for the next session? Write a reflective journal to keep learning.

Looking after yourself

You will find unfamiliar sights, sounds and smells and may find you are affected by events that hospital staff are accustomed to and take in their stride. It's good to be as prepared as possible, to have a flexible approach, and to make sure debriefing sessions are in place if you should need them.

Completion and evaluation

Once your contact time in the hospital is over, you'll probably still have more work to do. Completion of your project might include finishing off artwork, installing artwork that has been produced, holding an event to celebrate the work or debriefing and writing reports or evaluations.

Exit strategies

You might need to consider exit strategies, if you have been working with particular patients or on a ward for a long time, people may have become attached to you and leaving could have a big impact on them. There might be other activities or care packages that you can signpost them to, or maybe they can have something from the project as a keepsake and a thank you.

Installing Artwork

Depending on the type of project and its aims, you might have completed artwork at the end of the project to be installed. The estates department will need to be on board with this. It's best to begin dialogue with them at the start of your project and keep them up to date with any changes, so they know what to expect. They may have restrictions about where and how you can install artwork.

Celebration Event

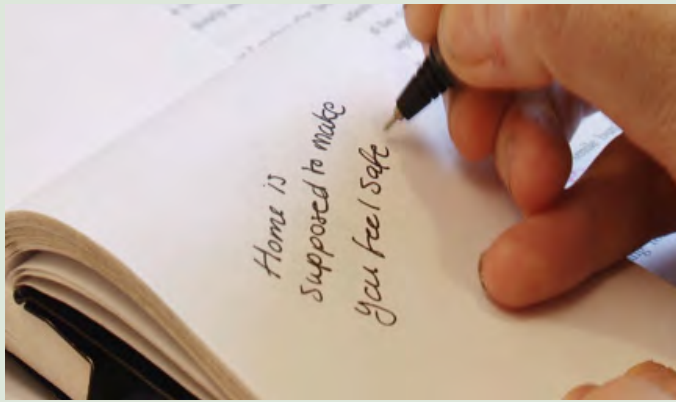
Once artwork is installed, if possible, hold an opening event to celebrate the work and invite back all the participants that have been involved. This can boost their self-esteem, plus it offers them a positive reason to come to the hospital. It is also a really good opportunity to gather more feedback for your evaluation and to raise the profile of the project. Invite hospital managers and other key members of the community such as councillors and arts officers and work with the Health Board communications team to get local media coverage.

Evaluation Reports

Evaluation documents or reports might be requested by funders or commissioners to show outcomes or prove effectiveness of the project, but even if they don't it's good practice to do it for yourself. See Chapter 6



The Beach, Hafan y Mor,
Singleton Hospital, image
courtesy of Lee Aspland.



Case Study

Video Poetry

Valley and Vale Community Arts

We are working with young people who experienced trauma, supporting them to express themselves through different art forms. Our facilitators are experienced artists and are trained counsellors.

Using the Person-Centred approach we create a safe and non-judgemental environment where young people are taught basic film-making skills, allowing them to decide how autobiographical or anonymous they would like their film to be. The participants have editorial control, they are choosing what they want to create, and to whom they show their final art work.

In one of our projects with Bridgend Women's Aid a young mum of two Rachel (name changed to protect her identity) was struggling with anxiety and depression. Rachel had a very difficult childhood and a catalogue of bad experiences and relationships.

Rachel was finding it hard to leave her house. The women had to bring their children to the sessions as they had very little support or child care options. Even though Rachel was very shy and withdrawn she told us that the project had become a lifeline for her after only a few sessions. Despite all the difficulties she faced at that time in her life she managed to not miss a session. At the beginning of the project we all worked together, trying out different art forms, painting, photography, creative writing. Developing trust amongst the group. After a few weeks the children and the young mothers were happy to work in different groups for some of the sessions.

Rachel started her own video poetry project.

Video poetry is a process whereby individuals are able to creatively express and visually explore, through film making, their past memories and experiences. Our aim is for the participant to find their strength and to change their self-perception from a 'victim' into a 'film-director'. The more directive they become, the more successful the project.

This empowering process can enable participants to not only express themselves and their feelings but also regain a sense of control in their lives. By directing their own film they are provided the opportunity to reflect on their experiences and to increase self awareness. This can in turn help young people to recognise their behavioural patterns and make conscious decisions affecting their future.

Here are some extracts from Rachel's writing:

....I know how to take punches but
I can't take compliments.
Sometimes I can't get up

I have no energy, no motivation
nothing matters
I don't matter....

...I am their mum and dad
I can not fail my girls by taking my own life
suicide is no longer an option

I can't see my friends hurt or violence
I will step in and stop it.
I do not turn the other way and pretend it is not happening.
I know too well what it feels like when you are left helpless.

I want a future for me and my girls. I want to work, have a car and
security.....

Rachel started her film by recording her sound track. For the visuals she choose to create a big mess on a white wall, cleaning and white washing it until it was pristine. She decided to call her film 'Clean Slate' a new beginning was what she wanted most for her daughters and herself.



Rachel's film was shown at the WMC in Cardiff in front of 200 people including the Children's Commissioner for Wales.

She was very proud and said afterwards.

"I always thought that nobody would understand what I have been through. Today people came up to me and said that they were touched by my film, I think they really got it, this is a completely new feeling for me ,...."

Rachel stayed in touch with us for two years after the project, she made friends with the other mums, took part in other arts activities and volunteered on one of our summer schemes. Since then she has achieved all of the goals she had set herself in her film. This project gave Rachel a safe space to take stock, to recognise negative patterns in her life and to make conscious decisions affecting her future.



Family painting

5.4 Working safely on the therapeutic border

This section has been placed here to clarify the difference between Art Therapy and Arts in Health and to help Artists work safely within Healthcare.

Art therapist, Drama therapist and Music therapist are protected titles and should not be used by anyone who has not done an Art/Drama/Music psychotherapy qualification recognised by the Health and Care Professions Council. They must also be registered with the Council as a therapist.

When working as a therapist they are delivering clinical psychotherapeutic work. Many therapists are also Artists and may deliver Arts in Health projects alongside their clinical work. The difference between projects – whether it is Art, Arts in Health or Psychotherapy – is in the intention of the project.

It is important that Arts in Health projects have clear Arts and Health outcomes as their primary aims. Research shows that there are many therapeutic/health benefits from this sort of work and this toolkit is aimed at Artists working in this Arts and Health field.

Guidelines for safe practice

Which of these suggestions you use will depend on your particular context and client group as well as on your own level of training. Never expose yourself or participants to unacceptable physical or emotional risk.

Be aware of the risks, write a risk assessment

Write a contract with the participants. The contract should cover confidentiality, expectations regarding time commitments, levels of participation, appropriate behaviour and ownership of work produced etc

Develop your interpersonal skills through training in listening or counseling. In particular, learn how to best avoid triggering memories that are traumatic.

Work with another facilitator, if possible, of a different gender. Then, if someone does get upset, one of you can focus on them if appropriate.

Work in partnership with professional therapists and write a contract with them so that they are taking responsibility for managing the risks of creating space for growth and change.

Case Study



BCUHB Singing for Breathing
Group Rhyl

Betsi Cadwaladr Health Board

In this case study a music therapist is working to lead a singing group for patients with chronic obstructive pulmonary disease (COPD). This is an example of the sort of Arts in Health project that could be led by a music therapist or a suitably experienced musician. The British Lung Foundation is offering a specialized training for facilitators from various backgrounds i.e., community musicians, music therapists, trained singers who work in education settings.

The development of a unique service called ‘Singing for Breathing’ in Betsi Cadwaladr University Health Board is helping to improve the quality of life for patients with chronic respiratory conditions. The service, which is the first of its kind in Wales, was developed by the Respiratory Team at Glan Clwyd Hospital in Bodelwyddan and staff in the health board’s Arts in Health and Wellbeing programme.

Music Therapist Christine Eastwood, who helped to develop the group, said:



“Singing for Breathing aims to support people with chronic respiratory illness in managing their condition at home. Distressing physical symptoms can lead to anxiety and isolation, and our project addresses physical and psychological factors within a supportive community group environment. Techniques such as relaxation training, vocal playfulness, breathing exercise and singing of new and familiar songs help to improve physical awareness, fitness and self management, and always include some laughter.”

Research has shown that singing projects can make a big difference to people with chronic breathing conditions and a network of singing groups is supported by the British Lung Foundation.

At the time there was no group available anywhere in Wales so staff decided to set up ‘Singing for Breathing’ in Glan Clwyd Hospital, led by a music therapist and a respiratory occupational therapist.

The service includes relaxation, singing related breathing exercises, vocal exercises and group singing. It is designed to exercise depleted muscles, help patients improve breathing control, manage their condition and increase wellbeing and independence.

Patients who had been assessed by the respiratory team and referred for pulmonary rehabilitation were given the option to participate. The service has been embraced by patients who commented that it was improving their breathing, helping their management of the condition and lifting depression.

Susan Long, 70, from Colwyn Bay, who attends the group, says both she and her family have noticed an improvement in her breathing and wellbeing.



She said, "I can control my breathing much better and my husband notices a difference in my mood. I don't panic as much and it gets you out of the illness rut and that feeling of being isolated. I find I am able to forget about things when I attend, I now have a positive outlook, and I applaud the fact that this service is available on the NHS"

The group has moved to a community venue in Rhyl, a 2nd group has been opened in Bangor and a 3rd group in Wrexham is in planning. The team is working with the British Lung Foundation, the Welsh Arts Council and the Welsh Government National Exercise Referral Scheme to ensure Singing for Breathing is made available to all patients with chronic lung conditions in North Wales.

6 EVALUATION & ETHICS

6.1 The difference between Evaluation and Research

6.2 Evaluation

6.3 Methods of Evaluation

6.4 Ethics

6.5 Checklist

Arts and health initiatives, projects and residencies are delivering real and measurable benefits at different levels: for individuals, for staff and for health in general. There is a growing literature showing beneficial impact of arts on a wide range of health outcomes.

There is an ongoing emphasis in health on evidence-based practice and developing a culture of evaluation and learning to inform practices and services. It is important to consider at the outset of any arts engagement what evaluation is necessary to reflect achievements.

6.1 The difference between Evaluation and Research

There are similarities between research and evaluation in terms of methods, however, the purpose and focus of the questions and the audience differs. It is important to be clear whether you are doing research or evaluating a service. If you are doing research then you will need to get approval for your project from an ethics board. Patton offers a good checklist which is helpful for Artists in situating their work amidst the continuum of research practice and service evaluation.

Research	Evaluation
Purpose is testing theory and producing generalizable findings.	Purpose is to determine the effectiveness of a specific program or model.
Questions originate with scholars in a discipline.	Questions originate with key stakeholders and primary intended users of evaluation findings.
Quality and importance judged by peer review in a discipline.	Quality and importance judged by those who will use the findings to take action and make decisions.
Ultimate test of value is contribution to knowledge.	Ultimate test of value is usefulness to improve effectiveness.

Patton, Michael Quinn (2014). *Evaluation Flash Cards: Embedding Evaluative Thinking in Organizational Culture*. St. Paul, MN: Otto Bremer Foundation, ottobremer.org.
www.ottobremer.org/sites/default/files/fact-sheets/OBF_flashcards_201402.pdf

6.2 Evaluation

Evaluating arts and health work is important in demonstrating its contribution to the public health agenda as well as helping to develop and improve arts and health interventions.

Getting Started

Evaluation should be considered in the early planning stages of the initiative/project, when the broad purpose of the work is being developed and clarified. The evaluation does not have to be conducted as a separate activity (or sub-project) but it can be integrated into the arts and health work. It may well influence the project (formative evaluation) as well as produce a list of

>

learning outcomes and reflections from the project (summative evaluation). Evaluation of the arts and health work should be done collaboratively with others involved in the project. Try and involve other members of the project team and those you are working with on the project in the design of the evaluation and allocate roles and responsibilities to individuals.

Find out if there are other arts and health projects being conducted in the same context as your work. Find out what sort of information is being collected and the strategies being used to evaluate this work. People may share their experiences and insider-knowledge about how to get people engaged and involved in your work and in the evaluation of it.

Informed consent

It is useful to give people involved in the project and in evaluation an information sheet that explains the project and the purpose of the evaluation and details what they are being asked to do as part of their participation. It should also tell participants how they can withdraw from the project. Spend time with people when asking them to complete a consent form. This consent form allows permission to gather information which can also include permission for filming or audio recording activities or conversations. It should contain details of where any information will be used. Permission for internet use should be clearly specified.

The process of informed consent may be different for specific groups. For example: children, older people and people with learning disabilities where it may be useful to work with others to ensure an appropriate ethical process of consent and evaluation.

Storage and confidentiality

It is important to consider and agree upon places for the storage of information that is gathered as it may contain personal information.

See chapter 2 on confidentiality and be aware of NHS policies.

See Appendix for example consent forms

How will the evaluation be delivered?

Think about the practicalities around your methods of evaluation and try it out yourself. If evaluation is occurring alongside a creative process consider if there may be time constraints on those involved to fully engage in evaluation. What are the needs of those people involved? (EG: language)

6.3 Methods of Evaluation

The process of evaluation involves reflecting on what the work intended to do and achieve and interpreting information about what actually happened to assess what the arts and health work achieved. To do this it is useful to gather both quantitative and qualitative data using a range of data collection methods.

The difference between quantitative and qualitative approaches to data gathering

Quantitative approaches give numerical results. For example, the percentage of participants still exercising six months after completing a rehabilitation programme.

Qualitative approaches use narrative or descriptive data rather than numbers. For example, a description of the views and attitudes of those completing a rehabilitation programme, and their thoughts on how it could be improved.

Both qualitative and quantitative methods can be either used alone or together, as a mixed methods approach.

>

Examples of documentation

- Routine recording of what you have done eg: minutes of meetings (including visual minutes)
- The number of people you have worked with eg: registers
- Numbers of further health service contacts/visits/admissions
- Art (visual art, creative writing and performances) that have been created
- Photographic images capturing work done
- Audio or video recordings of sessions, stories or quotes
- Feedback provided by people involved (smiley faces, archery targets, token jars, quote cards, post it notes etc)
- Digital stories and documentary films
- Facebook groups
- Reflective journals from Artists and participants
- Reflections from observers, carers and care staff

Examples of research data collection tools

Focus groups

Typically a group of up to 10 people, who participate in an organised, guided discussion, led by a nominated facilitator, with the purpose of gaining a range of views and experiences about a particular activity, idea or topic. Facilitated discussions draw on participant's attitudes, feelings, beliefs, experiences and reactions and the group interaction and dialogue can reinforce common ideas as well as more polarised conceptions of the subject matter. Focus groups are typically recorded (so long as consent from participants is in place to do so) and generate lengthy transcripts for interpretation and analysis.

Interviews

An interview is a discussion between an interviewer and a participant. This can occur face to face, or by telephone, and is typically guided by an interview schedule with a mixture of open and closed questions and prompts. Interviews may be structured (with fixed, but usually open ended questions) or semi-structured (where discussion can be more flexible).

Questionnaires/surveys

These can be a cheap and quick way of seeking the views of patients and staff but need to be carefully designed to ensure misinterpretation is avoided. Questions need to be unambiguous in order to ensure that there is no misrepresentation of views and to also avoid low response rates. There are recognized, validated questionnaires such as the Warwick Edinburgh Mental Health and Wellbeing Scale and others more specific to health services.

Further information about data collection methods to support the evaluation of arts and health projects can be found at methods@Manchester podcast a series of informative podcasts explaining the application of various data collection methods in the social sciences.

Remember, what is most important is that the method chosen does actually evaluate what it is intended to and answers the question you are asking.

6.4 Ethics

Evaluation typically involves a level of participation by individuals and collecting information from participants, therefore - like research - it needs to be conducted in an ethical manner but may not need to be submitted for approval to an ethical board. Evaluation needs to be aligned with the ethical protocols of the organisation in which the project is being conducted. The research and development office at the hospital will be able to provide guidance on whether the project needs to obtain ethical approval from the NHS ethics board.

For detailed guidance on conducting ethical research see the NISCHR research ethics service:

<https://www.wales.nhs.uk/sites3/page.cfm?orgid=952&pid=596310>

6.5 Checklist

Why evaluate? What do you want to learn?

What is the purpose of the Arts intervention?

Who will the findings be for?

What literature already exists?

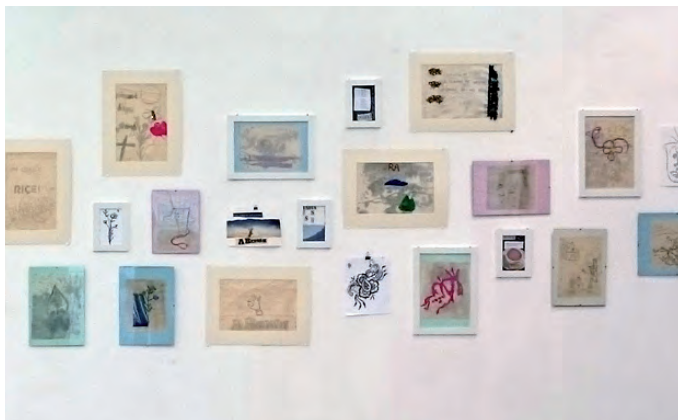
Who needs to be involved in the evaluation?

What resources do you need?

Which methods of data collection are most appropriate?

How long will it take?

Who will analyse the data?



Healing Words & Pictures 2015,
Writer: Clare Potter, Lead
artist: Catherine Lewis,
image courtesy of Gwent Arts
in Health.

7 WHAT HEALTHCARE PROFESSIONALS NEED TO KNOW ABOUT WORKING WITH ARTISTS

Whilst most of us will have met or needed the professional skills of a healthcare professional, not many of us may have had the opportunity to work with an Artist. Most Artists involved with projects in healthcare settings will have had professional training and had to demonstrate an aptitude for the work required, and an ability to work collaboratively with different communities of people.

A successful project does not always result in a tangible piece of art work that can be exhibited or performed to an audience, unless it has been stated from the beginning as a desired outcome. Often in creative projects, the process of making the art and enjoying that experience is more important than the physical product itself. For example, people with dementia or breathlessness may not make the most tuneful sound but the effect of singing can be profound both physically and emotionally.

The most successful projects will be the ones that ward staff plan with the artists and where the staff can be flexible in their approach to accommodate the workshop or performance.

Before the project starts

Artists will need the following:

- A clear brief – plan together – what are you expecting?
- A letter of agreement or contract – what is the artist's insurance position, when and how much will they be paid etc?
- If they are to have any unsupervised patient contact then they need a DBS clearance (previously called CRB check)
- A discussion on the space to be used, numbers of patients etc

At the start of the project

- A full induction to the area they are working in including confidentiality and infection control – like a new member of staff
- An identification badge
- An introduction to their primary contact for any debriefing or problem solving
- Introduction to the ward team
- Introduction to the patients

During the project

- Ensure that the staff on the ward know when the artist is coming
- Help moving patients – this could be done ready for the artist to arrive
- Talk to the patients about the art project and how they enjoyed it and feedback to the artist as formative evaluation so that they can respond well to patients needs

Through good ongoing communication between Artist, healthcare professionals and the patients, any project should reach its desired outcomes and more often, surpass them.

Appendix 1

Photography Consent Form

Title of project:

I understand my photograph will be digitally recorded and will be kept indefinitely. This photograph will not form part of any medical records. The photograph may be used by ABMU Health Board for the following purposes:

- | | |
|---|---|
| <input type="checkbox"/> Improving our services | <input type="checkbox"/> Exhibitions |
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Leaflets/Brochures/Posters |
| <input type="checkbox"/> Reports | <input type="checkbox"/> ABMU intranet (internal website) |

I understand I can change my mind at any time without giving a reason, and this will not affect any future care that I or my relatives may need.

Please circle your preferences below:

I am willing to have my name known as the person in this photograph **Yes/No**

I am willing for my photograph to be shared with the media **Yes/No**

I am willing for my photograph to be shared openly on the internet **Yes/No**

I understand that ABMU Health Board might need to contact me again about this photograph and I am happy for them to do so **Yes/No**

I agree to my photograph being taken. I have read any information about the project on the back of this form and I am happy for my photograph to be used for the purposes I have indicated above.

Please add any further comments or feedback on the back of this form.

Signature :

Name (PRINT):

Guardian's signature (if appropriate):

Name (PRINT):

Preferred contact details: Date:

Signature of person taking the photograph:

Name (PRINT):

Job Title:

Preferred contact details: Date:

Appendix 2

Contract more suited to Public Art

1. DEFINITIONS

In these conditions the following words shall have the meaning herein assigned to them:

'The Client' shall mean

'The Artist' shall mean

'The Work' shall mean the work of art, details and location of which are set out in the Brief. The Brief shall mean the brief, annexed hereto, which shall form an integral part of this Agreement.

The singular shall include the plural and vice versa.

The masculine shall include the feminine and vice versa.

2. SCOPE OF THE WORK

The Client hereby commissions the Artist to undertake and carry out the Work. Specifically this will include the design, build and construction of the finished "artwork" as per the agreed proposals set out in the artist's drawings as per the specification agreed with artist and appended to this Agreement.

3. SALE OF WORK

It is agreed that upon completion of the Work and payment to the Artist of the agreed Fee as specified in Condition 8.1 (or payment as specified in Section 9 in the event of termination) property in the Work shall pass to the Client.

4. COPYRIGHT AND REPRODUCTION RIGHTS

4.1 Copyright in the Work (and any preliminary designs, models or drawings including those submitted under Condition 4.4) shall remain with the Artist.

4.2 The Artist agrees to provide exclusivity to the client for the agreed works.

4.3 The Client will be entitled, without consulting the Artist and without further payment, to make or authorise to be made any photograph of the Work and to include or authorise the inclusion of the Work or any such photograph of the Work (or any preliminary models designs or working drawings submitted by the Artist under condition 4.4) in any record, publication, film, video or television broadcast, subject to Condition 15.2.

5. LIAISON AND ROLE OF AGENT

5.1 The Artist shall maintain close liaison with the Client throughout the progress of the Work and shall make whatever visits to sites and attend any meetings to discuss details of the Work at the request of the client as are reasonably necessary.

6. AESTHETICS, CARE AND DILIGENCE

The Artist shall exercise all reasonable skill, care and diligence in undertaking and carrying out the Work.

7. INSURANCE

7.1 The Artist will bear any risk of loss or damage to the Work (whether in completed or uncompleted state) in the course of fabrication, wherever situate, until the Work is delivered by the Artist to the Contractor.

7.2 The Client will ensure that the Work is insured upon satisfactory installation by the Contractor against loss or damage from usual risks, including public liability cover.

8. FEES AND COSTS

8.1 In consideration of the creation and sale of the Work by the Artist, the Client agrees to pay the Artist the total sum of pounds (in words the amount).

Stage 1 upon signing this agreement

£.....

Stage 2 To be paid by

£.....

Stage 3 To be paid by

£.....

Final Stage Upon Satisfactory Installation and hand over of the Work

£.....

8.2 The amounts contained in Clause 8.1 above does not include Value Added Tax.

8.3 The Artist agrees to create the Work for the agreed sum, which (unless otherwise stated in the Brief or otherwise agreed in writing) is deemed to include all expenses borne or to be borne by the Artist and Subcontractor in connection with the Work except where such expenses are caused as a direct result of additional requirements or conditions being imposed by the Client agents or sub-contractors or as a result of installation or delivery of the Work being delayed for reasons outside the artists control.

8.4 The Work is to be completed by the Artist by and installed by (the Completion date).

The completion date shall however be extended for such period of time as the Artist may be prevented by reason of illness, accidental damage by fire flood or other hazard or other cause outside the control of the Artist (including for this purpose any acts, omissions or

requirements of Client or their agents or sub-contractors) from completing the work. Except as herein provided, if the Artist fails to complete work within a further 3 months of the completion date the Client reserves the right to invoke the termination Clause 9.

8.6 The Artist will keep the Client informed of progress with the Work and if at any time the Artist considers that the Work may not be completed by the specified time, the Client will be informed immediately.

9. TERMINATION OF AGREEMENT

9.1 It is acknowledged that the Commission can only be terminated by the Client if the project of which the Work forms part is cancelled in whole or in part for unforeseeable reasons in which case the Client may terminate this Agreement by written notice to the Artist, who will thereupon be entitled to receive or to retain payment for all work done or sub-contracted in pursuance of this Agreement up to the date of such note, together with such further sums as may be considered reasonable in the circumstances and be agreed between the parties.

9.2 If the Artist should die before completing the Work, the Artist's successors in title will be entitled to receive or to retain payment for all work done by the Artist in pursuance of this Agreement, together with such further sums as may be considered reasonable in the circumstances and be agreed between the parties, in such circumstances the penalty provision of Clause 8.4 above shall not apply. The Artist nominates to oversee completion of the Work, should he die before the Work is finished and installed.

9.3 The Client may terminate this Agreement by notice in writing if the Work has not been completed within three months of the date referred to in Condition 8.4 (as extended in the circumstances referred to therein).

10. ORIGINALITY

The Artist warrants that the Work will be original.

11. TRANSPORT AND INSTALLATION

The Artist or his duly appointed Agents or Subcontractors will arrange (unless otherwise stated in the Brief) all necessary transport of the Work, both during the making of the Work and for its delivery

>

Appendix 2 (contd)

Contract more suited to Public Art

to the site. The Contractor will install the Work to a specification produced by the Artist and agreed by the Contractor and the Project Manager.

12. DELAYS FOLLOWING COMPLETION OF THE WORK

If the Work cannot be delivered to site and/or installed by reason of a delay to the project of which the Work forms part or for any other reason outside the control of the Artist, the Client agrees to arrange for storage of the Work at its cost and to reimburse the Artist for any reasonable out-of-pocket expenses incurred by the Artist as a direct result.

13. SITE PREPARATION AND INSTALLATION

Save where otherwise provided in the Brief:

13.1 The Client will be responsible at its own cost and in consultation with the Artist, the Project Manager and the Agent for the preparation of the approved site for the Work.

13.2 The Artist will give not less than 4 weeks notice to the Client and to the Agent of the anticipated completion date for the Work.

13.3 The Artist will, at no additional charge, be present at and make expertise available to the Client during the installation of the Work.

13.4 The Client will afford the Artist access at all reasonable times to the approved site for the Work.

13.5 The Artist will liaise as necessary with the Agent/Client in all matters concerning site preparation and installation.

13.6 The Artist will be responsible for paying the cost of transport and installation of the Work.

13.7. The artist responsible for providing adequate fixings. The Artist or his subcontractors will be held responsible for any damage or injury caused as a result of the condition of the site and must have public liability insurance to cover any future claims.

13.9 The Client will be responsible for ensuring that all necessary planning consents and approvals of any statutory authority or the site owner have or will be obtained and for all costs associated therewith.

14. MAINTENANCE AND DAMAGE/ ALTERATION TO THE WORK

14.1 Prior to installation of the Work, the Artist will provide to the Client a

maintenance schedule for the Work, giving adequate details of cleaning and maintenance methods required and a list of the materials used.

14.2 Upon installation of the Work the Work shall become the property of the Client and as such the Client will be responsible for ensuring the future inspection, insurance, maintenance and cleaning of the Work.

14.3 Subject to Condition 14.4 if the Work is damaged and after consultation with the Artist, the Client decides that restoration/repair is feasible at an acceptable cost, the Client will give the Artist the option to conduct or supervise the restoration or repair on terms and to a schedule to be agreed.

14.4 Where the Work requires restoration or repair by reason of defects in workmanship within 12 months of completion, the Artist shall be responsible for carrying out the necessary restoration or repairs at his/her cost. Where the Work requires restoration or repair by reason of defects in materials within 12 months of completion, the Artist shall be responsible for carrying out the necessary restoration or repairs and these costs to be borne by the Artist, who shall remain responsible for securing any remedy from the suppliers of such materials. This obligation shall be without prejudice to any other period of guarantee provided by any person who supplied work or materials to the Artist, if specified in the Brief.

15. MORAL RIGHTS, ATTRIBUTION & ACKNOWLEDGEMENT

15. The Client will at all times acknowledge and identify the Artist as the creator of the Work including all occasions on which the Work or any drawings, designs or models are exhibited in public or a visual image of the Work broadcast or copies of a graphic work representing the Work or a photograph of it are issued to the public.

16. REMOVAL

16.1 The Client confirms that the Work is intended to be available for installation on the specified site for an indefinite period during which time the public will be given access to it so far as the Client is able to procure. However the Client reserves the right to remove the Work from view for temporary periods should this be required for maintenance or structural reasons or other good cause.

17. ADDRESSES

The Artist undertakes, during the currency of the Commission, to notify the Client and the Agent in writing of any change in his address, including the address of his studio, within seven days of that change occurring.

18. VARIATIONS

No variations or additions to these Conditions may be made without the written consent of all parties.

19. GENERAL

19.1 in the event of any conflict between the terms of the Brief and these Conditions, the latter shall prevail.

19.2 The Artist shall have no liability or responsibility for the acts or omissions of site-contractors or employees or agents of the Client or the site-owner.

19.3 This contract is personal to the Artist who may not assign any part of her/his obligations without permission (not to be unreasonably withheld) except that the Artist may sub-contract the fabrication of the Work or any part of it to others provided the Artist remains responsible for complying with these Conditions.

20. DURATION

This Agreement is binding upon the parties.

21. PROPER LAW

This Agreement is governed by the law of England and Wales and may only be amended by further written agreement signed by all the parties.

22. DISPUTES

Any dispute under or arising from this Agreement may be referred at the instance of either party to an independent arbiter who shall use all reasonable endeavours to effect a solution acceptable to all parties and may make recommendations according to what he considers fair and reasonable in the circumstances of the case. Such referral shall be without prejudice to the right of any part to take legal proceedings at any stage.

SIGNED

the Artist

Date:

for and on behalf of the Client

Date:

Appendix 3

Contract more suited to Participatory Art

The Arts Programme for [Organisation details]
Registered Charity Number [if applicable]
[insert summary details of contract]

The Client hereby commissions the Artist to undertake and carry out the Work. Specifically this will include the design, build and construction of the finished “artwork” as per the agreed proposals set out in the artist’s drawings as per the specification agreed with artist and appended to this Agreement.

THIS AGREEMENT is made on

(insert date).....

Between.....
[insert organisation name and address here] (“Project Manager”)

And.....
[insert artist name and address here] (“the Artist”)

1. THE AGREEMENT

1.1 This contract commences on [insert date] and is issued for [insert time period], for [insert activity e.g. art and craft workshops] as per the attached schedule. It will expire automatically after the last session or before if either party gives notice in accordance with the contract termination provisions below (2).

1.2 The contract may be terminated prior to its expiry date by either side giving 24 hours’ notice. It may also be extended by mutual agreement for a further year and additional dates agreed as an extension to the original schedule.

1.3 In entering into this contract, the Artist agrees to provide services for the Arts Programme at [the organisation’s] sites or other sites by prior arrangement with the Arts Programme and ward staff. In return the Arts Programme will provide the necessary resources and support to carry out the sessions.

2. RESPONSIBILITY OF THE ARTIST

2.1 The Artist is required to follow the Trust’s procedures and policies as communicated by The Arts Programme in the Guidelines for Artists.

2.2 The Artist is required to structure work hours and patterns to comply with the requirements of this contract.

2.3 The Artist will comply with the Trust’s policies and procedures, as requested by the Trust’s staff, whilst on the Trust’s premises.

2.4 The Artist must not disclose to any person (other than a person authorised by

the Project Manager), any information acquired by them in connection with the contract.

2.5 The Artist must not disclose to any person (other than a person authorised by the Project Manager) any information acquired by them in connection with the provision of the services which concerns:

- the Trust, its staff or its procedures
- the identity of any patient at any of the Trust’s hospitals or other establishments
- the medical condition of or the treatment received by any patient

2.6 The Artist is covered while working for The Arts Programme by the Trust’s Liability to Third Party policy.

2.7 The Artist’s residency will be monitored at a review meeting between The Arts Programme and the Artist and Ward staff. The Artist is required to keep a project journal detailing hours and days worked and observations on the sessions, for discussion and use in the evaluation report.

The Arts Programme for [Organisation details]
Registered Charity Number [if applicable]
[insert summary details of contract]

3. FEES AND PAYMENTS

3.1 The Project Manager agrees to pay the Artist a total sum of [agreed sum in words], [agreed sum in figures] for The Work. This is a fixed fee for the work.

3.2 The fee will be paid in arrears in 12 (twelve) equal installments of [installment amount] per calendar month by direct credit transfer to the Artist’s bank account, via the payroll system of the Trust. Other agreed expenses will be reimbursed on the production of itemised receipts.

3.3 The Artist is engaged on a self-employed basis for a fixed term and is responsible for the preparation and submission of accounts to the Inland Revenue, as required by current legislation for the self-employed. There is no entitlement to any statutory employment rights. The Artist is liable to pay their own Income Tax due under Schedule D. It is the Artist’s responsibility to provide evidence of self-employed status and in the absence of such evidence being supplied it may be necessary for the Trust to deduct tax at source.

4. GENERAL

4.1 The Artist will ensure compliance between this agreement and agreements issued to sub contractors.

4.2 In the event of the termination of this Agreement, all fees paid to the Artist by

The Project Manager, for which no service, material, or product has been given, or expenditure made towards The Work, by the Artist, shall be liable for repayment to the Project Manager.

4.3 Any notice given under this Agreement shall be in writing addressed to the other party at the address given above and either party shall notify the other of any changes in address as soon as possible after that change occurs.

4.4 No variations or additions to this Agreement or the Schedule may be made without the written consent of both the Artist and the Project Manager (the parties).

4.5 This Agreement contains the entire Agreement and understanding between the parties as to the schedule of the Work.

4.6 This Agreement is binding upon the parties their assigns and all other successors in title.

4.7 The law of England governs this Agreement.

SCHEDULE
Description of the work (points 1 – 4 are examples from an art and craft project for children):

1. To provide art and craft workshops for children across the ten paediatric wards for hospitalised children.
2. Programmes of activities are to be decided through consultation with the children.
3. Activities are to be suitable for each age group, gender and ethnicity of the participants.
4. To provide full activity packs with instructions and samples of materials for children who have expressed an interest in the project but who are not well enough to participate, whilst the activity is taking place on the ward/day room/playroom area.
5. The Artist will be resident on dates as per the attached schedule.
6. Evaluation will form an ongoing part of The Work in order to monitor progress and check that objectives have been met.
7. A multi-agency steering group will be set up to monitor the progress of the project and the artist will report to the group on a regular basis.

SIGNED by [Arts Programme manager],
The Arts Programme, “Project Manager”
Signature Date

SIGNED by [Artist name] Artist
Signature Date

Useful Links

Work Opportunities:

Public Art Commissions Online – <http://publicartonline.org.uk/whatsnew/commissions>

NHS e-tendering portal – <http://etenderwales.bravosolution.co.uk>

Arts Council of Wales opportunities section www.artswales.org.uk

Manchester Metropolitan University Arts in Health blog –

<http://artsforhealthmmu.blogspot.com>

Useful Guidelines, Reports and Toolkits for Arts in Health Practitioners:

<http://www.publicartonline.org.uk/resources/practicaladvice/advicehealthcare/documents/VANartsinhospitalbriefing.pdf> This document is the VAN (Voluntary Arts Network) guidelines for the voluntary arts 'Artists in Hospitals'. It lists the different types of placement for an artist in hospital setting and distinguishes the role of hospital arts coordinators; artists in residence; visiting artists and commissioned artists. It also mentions the work on loan scheme which exists in some hospital settings.

http://www.royalwolverhamptonhospitals.nhs.uk/artsinhealth/downloads/aih_toolkit.pdf

The Royal Wolverhampton NHS Arts in Health Toolkit – Facilitating Arts Activities for Adults in Hospital Environments. This valuable toolkit includes sections on patient experience; info on the Hospitals' Patient Wellbeing and Art Activity Programme and approach to facilitating arts activities. It also includes ideas and inspiration for arts activities on wards.

<http://www.willisnewson.co.uk/publications.html> – A valuable and useful training handbook.

http://www.publicartonline.org.uk/resources/practicaladvice/advicehealthcare/arts_in_healthcare.php – offers a range of practical advice for artists, information about the commissioning process, copyright and contracts plus a range of useful links for artists.

<http://www.lahf.org.uk/resources/getting-started> – The London Arts in Health Forum website includes information about getting started, plus offers signposting to opportunities, resources, news and events.

<http://www.artshealthandwellbeing.org.uk/resources/guidelines/search?keys=hospital> – offers a range of guidelines, case studies and practical advice.

<http://www.artsandhealth.ie/resource/guidelines/> – includes guideline documents encouraging best practice in the planning and delivery of arts and health projects, along with links and blogs, articles, podcasts and videos.

Evaluation Frameworks

<http://www.ae-sop.org/wp-content/uploads/2015/02/AESOP-1-The-Framework.pdf>

– The Aesop 1 Framework for developing and researching arts in health programmes. The framework aims to create a link between arts activity with health research. It sets out the advantages of using a common methodology. The Framework takes you through various steps in the development of an arts intervention in health and associated research study, and invites you to score your project. It has been developed by Tim Joss, Director of the Rayne Foundation.





This Toolkit is an ArtWorks Cymru Seed Fund Project Funded by:

