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# MANCHESTER HOSPITALS' ARTS PROJECT

BY PETER COLES



# **Manchester Hospitals' Arts Project**

by Peter Coles

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Calouste Gulbenkian Foundation

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98 Portland Place  
London W1N 4ET  
Telephone 01-636 5313/7

ISBN 0 903319 22 5

Cover design by Michael Carney Associates  
Produced by PPR Printing London W1

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## Acknowledgements

I would like to express my gratitude to all those people involved with the Project, either as participants or as 'consumers' who gave up their time to talk to me. In particular, I would like to thank Mrs Jean Fowler for her kindness in allowing me to stay in the doctors' residence when necessary.

I owe a great debt to Sheila Senior not only for her continued hospitality and wonderful cooking, but also for her valuable comments and secretarial help.

Peter Coles

Peter Coles studied psychology at Manchester University and completed his MA in 1975. Since then he has been carrying out research in visual perception at Oxford University and writing a DPhil thesis at Wolfson College, Oxford. For three years he was a Visiting Tutor at the Royal College of Art and has recently taken up a research post at the University of Geneva. He has given numerous lectures on psychology and visual art and a one-man exhibition of photographs in Covent Garden in 1977.

Peter Senior studied for the National Diploma in Design at Hull Regional College of Art and has an Art Teachers Certificate from Goldsmiths' College, London. After teaching in Manchester and Stockport schools, he became Senior Lecturer in Arts and Design at the City of Manchester College of Higher Education. His work was exhibited widely in the North of England between 1965 and 1972 and has been commissioned and bought for many public and private collections. He is currently a member of the North West Arts Association's Community Arts Panel, chairman of the North West Arts Environmental Arts Panel, Trustee of the North West SHAPE organisation, and is frequently invited to speak at national conferences about community arts in hospitals.

## Foreword

This book asks, and answers, some central questions of our time. What are the arts and artists for? What do they contribute to society? The Gulbenkian Foundation did not pose these questions directly when, in 1976, in collaboration with the relevant Regional Arts Associations, it offered six awards to artists under its artists-in-the-community scheme. But the question was strongly implied, as it is by all artist-in-residence schemes of any kind. The Foundation's experience of such schemes goes back to 1968 when it began to support artists in universities, then in schools, and finally, since the mid 1970s, in community situations such as artists placed on housing estates and in community centres. In this way, it complemented and extended a wider range of support which the Foundation gave to help the community arts movement as a whole in the early days of development. Anyone involved in such work will know that the whole philosophy of the community arts movement is to do with the role of the arts and artists in society. This book makes a timely and very valuable contribution to current discussions of this philosophy because it describes exceptionally clearly a particular piece of experience and points to the moral and other issues raised in the process.

Peter Senior was one of the artists drawn into the scheme in 1976 through nomination by the North West Arts Association to work for two years as artist-in-residence at St Mary's Hospital, Manchester. In line with the Foundation's usual practice, Peter Coles, the author of this book, was asked at the same time to evaluate the scheme and to write a report about Peter Senior's work. The result was so obviously valuable beyond the Foundation's own needs that we asked Peter Coles to expand his report for publication.

In presenting this book, then, we have three purposes, each mingled with hope. First, we seek to disseminate information about successful practice so that others may be encouraged to do likewise. What the book has to say should be of interest to all hospital users, staff and visitors as well as patients. These, in one way or another, comprise the majority of the population! Second, we aim to show that a project which has attracted so much national and local media attention because of its success has been successful only through very hard work, patience, collaboration and adaptability to overcome difficulties and to fulfil a vision which spread from one man to many people.

Our third hope and purpose is to demonstrate a point we have made many times in many ways during recent years. Arts support is not just the job of the Arts Council or of Regional Arts Associations or of central or local government. If artists have significance in many different areas of society, as this book shows they have, they should be supported by the local and national organisations, public and private, whom their work touches—and by the individuals it touches too. In the long run, this will involve a new range of arts sponsors be they ministries or area authorities or inner city schemes or business concerns or the officers, politicians, business men and ordinary people who influence the work and benefit from the result. The interest of these new sponsors will demonstrate in a most practical manner, as this book shows, what it is the arts and artists can contribute to society.

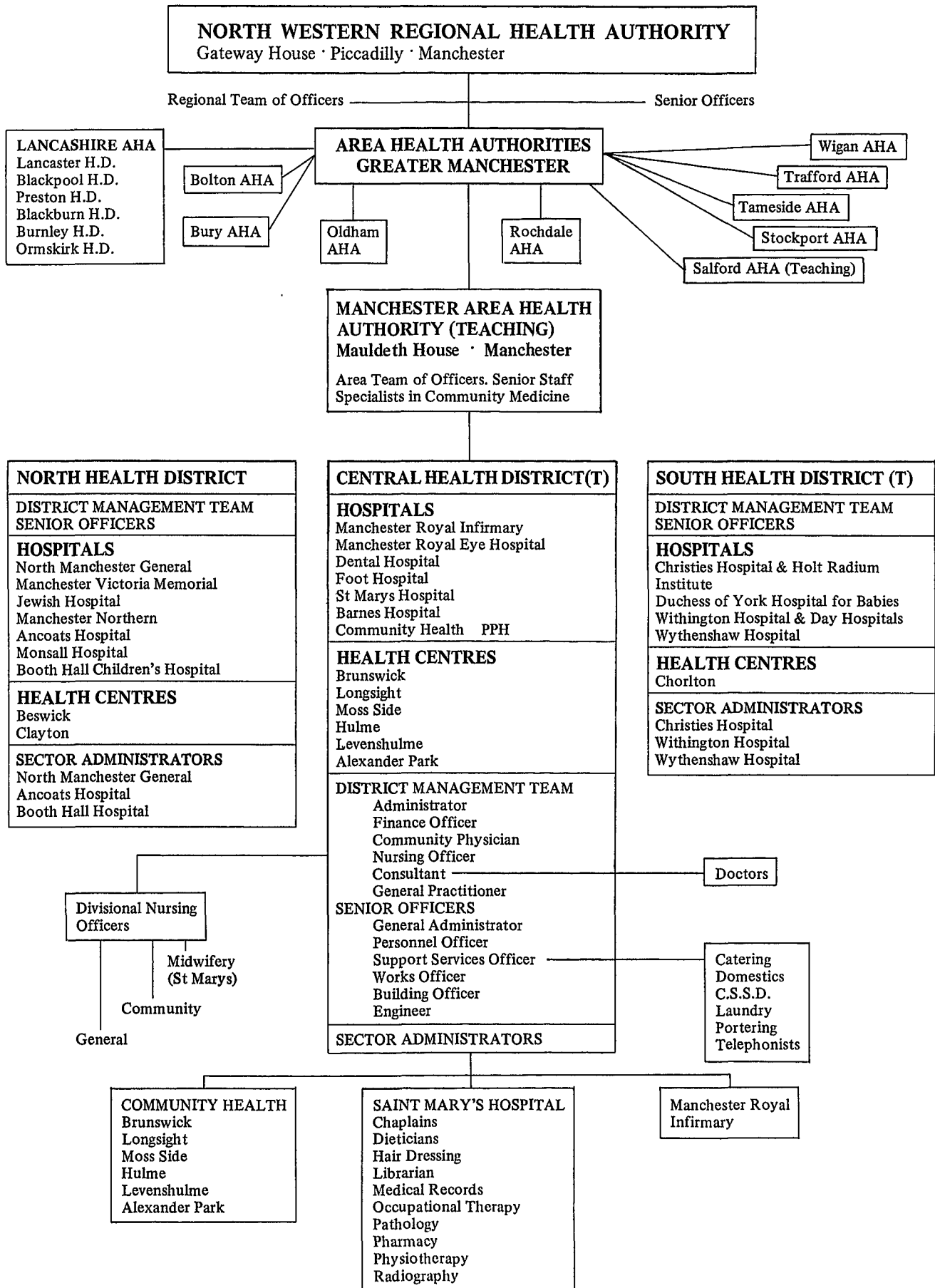
The Gulbenkian Foundation considers itself fortunate in this instance that the experiences which Peter Coles unfolds has brought into collaboration a Regional Arts Association, an Area Health Authority, a Hospital Administration, Council

and District Health Officers and others who had the courage and the will to help realise the vision. Our principal acknowledgements, of course, must go to Peter Senior and his teams and to Peter Coles, the writer. We are also grateful to Julie Turner for letting us use the results of her research. We hope their work will provide inspiration as well as practical advice for others.

Peter Brinson  
Director  
Calouste Gulbenkian Foundation,  
United Kingdom Branch

November 1981

# North Western Regional Health Authority — Structure Plan





## **Manchester Hospitals' Arts Project — The Arts Teams**

Peter Senior Project Director 1973 to the present

### **First Team January 1977-September 1977**

Mick Downs  
Vivien Hindle  
Steve Maguire  
John Monks  
Paul Goodier (for one month)

### **Second Team January 1978-December 1978**

Langley Brown  
Brian Chapman  
Liz Faunce (from mid-1978)  
Jennie Gilbey (left mid-1978)  
Paul Goodier  
Alan Gordon  
Stuart Millward  
Margaret Blackwell (part-time teacher)

### **Present Team January 1979 onwards**

Langley Brown  
Brian Chapman  
Liz Faunce  
Alan Gordon (left mid-1979)  
Stuart Millward  
Roger Sim  
Margaret Blackwell (part-time teacher)  
Christine Bull (part-time administrator/fund-raiser)  
Pat Kinsella (Youth Opportunities Programme) (left late 1980)  
Sarah Lane (volunteer)  
Christine Watson (part-time teacher)

# Chapter 1

## Setting the scene

### Hospitals and artists

This book, commissioned by the Gulbenkian Foundation, tells the story of a project started in Manchester's St Mary's Hospital in 1973. It is a success story which aims to encourage, through example, artists and hospitals to question both themselves and their attitudes towards each other; incongruous though it may seem, they can make very good bedfellows.

I have covered the period 1973-1980 taking interviews and discussions as my starting point. I have tried to be objective, seeking the opinions of those who are adversely critical of the project as well as those who support it, but I must declare that I am not impartial. It is my firm belief that 'art' in hospitals is not a luxury to be sacrificed while money for kidney machines, nursing staff or operating theatres is scarce. These 'tangibles' should not be compared with the intangible benefits which result from artists working within the hospital environment. Often it is not a question of spending more money but rather a plea for a more imaginative use of existing funds. If hospitals remain dull, boring and depressing places people do not feel well; if they *feel* unwell it takes them longer to *get* well and that costs more money. Doctors are often guilty of overprescribing tranquillisers, barbiturates, tonics and cure-alls as a camouflage for the fact that they are too overworked to talk to their patients. Perhaps this is an area where money could be saved and re-allocated by employing artists to improve the visual and social environment of hospitals and clinics.

Anyone who has been inside a major hospital, as a patient, visitor or member of staff, will agree that they are rarely attractive places. Visually some are better than others while some really drab ones are clinically superb. Clinical standards must come first and a succession of government cutbacks in the National Health Service has led to a neglect of the fabric of existing hospital buildings in order to maintain these standards. However, when a new hospital is built, large sums may be spent on colour schemes, signing systems and, from time to time, a token mural or sculpture in the main entrance commissioned at considerable expense from a well-known artist. Here again a little thought is all that is required to channel this money towards more adventurous possibilities.

The Redcliffe-Maud Report, *Support for the Arts in England and Wales\**, recognised the need for a greater involvement of the arts within large institutions such as hospitals:

'An idea developed in several European countries (Sweden and Holland for example) is that all public buildings should have some 1½% of their initial cost spent on the work of artists. Thus government office blocks, embassies, universities, schools, nurseries, hospitals and town halls come to be decorated with sculpture, murals and the like. Each municipality has a committee, largely composed of artists or arts specialists, to advise on such commissions.' (p 148)

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\* Lord Redcliffe-Maud, *Support for the Arts in England and Wales*, Calouste Gulbenkian Foundation, London, 1976

‘Local authorities and arts associations, regional and local, should seek to ensure that all public buildings that can be used or adapted for exhibition purposes (such as county and town halls, schools, colleges and libraries, as well as galleries and museums) are made available to visual artists of all kinds.’ (p 57)

The danger with this approach is that the arts may be used in a superficial way, rather like piped music, so that the traditional concepts of the ‘hospital’ and the ‘artist’ are preserved. What is needed is for the artist to work in the institution, to re-evaluate his/her role and to encourage the members of the institution to re-appraise their attitudes towards the arts. If it were left to an institution like a hospital simply to arrange exhibitions or to borrow artworks for long-term display, the effects would be conservative and minimal. Staff in hospitals do not have the time, nor probably the ability, to select and mount large numbers of paintings; the reserves in loan collections are not large enough to make any significant change anyway. The general apathy of staff when it comes to organising artworks for their environment is matched by a narrow and complacent view of art and its destination by artists, dealers and galleries. On top of this, medical staff frequently have views about their working environment which support an equally narrow concept of the treatment of illness.

This kind of thinking lay behind Peter Senior’s decision to spend a sabbatical year as an artist in a defined community such as a school, factory or hospital; to act as a catalyst and stimulus in what were, he felt, unnecessarily dull environments. I first met him in 1973 when he came to the Manchester Polytechnic’s Institute of Advanced Studies (where I was working) to discuss his project—then no more than a dream. He had been lecturing at the Elizabeth Gaskell College of Education in Manchester for ten years and was overdue for sabbatical leave. At that time ‘community artists’ were in short supply; the term had only just been coined. His ideas made little impact on those whom he approached for guidance or support so he began his project as a volunteer in St Mary’s Hospital, Manchester. The Hospital was built at the turn of this century and transformed by the addition of a new building opened in 1971. The original building still houses some wards, most of the administration and a nurses’ residence, and is joined by a corridor to the new seven story concrete building. The whole of St Mary’s is linked to the Manchester Royal Infirmary (MRI) by a long, modern corridor and is part of a vast hospital complex, including the Eye Hospital, with a maze of corridors, wards, stairways, theatres and waiting rooms.

Within a year Peter Senior had made some small but dramatic changes in St Mary’s and was given a year’s paid secondment to work in the Hospital as artist-in-residence. The following year, 1976, he was awarded one of six artist-in-the-community residencies, sponsored by the Gulbenkian Foundation in collaboration with Regional Arts Associations. Shortly afterwards the Manpower Services Commission’s\* Job Creation Programme funded four art school graduates to work full-time on his project. A second team of young artists was sponsored by the Job Creation Programme in 1978. By this time the project was involved in mural painting, graphics and performance as well as producing paintings to hang in the hospital corridors and waiting rooms. The project, now known as the Manchester Hospitals’ Arts Project, had become an established part of hospital life.

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\* Manpower Services Commission (MSC) is the government body established to initiate and administer schemes covering training, re-training, re-settlement and other services to assist those unemployed, redundant and seeking work.

## Aims and achievements

Traditionally, the only artists to be found in hospitals are those involved with occupational therapy or with medical illustration\*. The artists of the Manchester Hospitals' Arts Project, at least until recently, have specifically avoided any involvement in these areas. However, this does not mean that they have not been involved with 'therapy' or that they have simply brightened up the magnolia walls. The effects and the issues involved are much more profound than this. The Project has pointed the way towards a non-clinical attitude to medical care and an equally non-clinical attitude to the arts and 'the artist'.

The Arts Teams have achieved a great deal in their first few years. The artworks now hanging in hospitals and clinics in the Manchester Area have an estimated value of £5,000 based on a modest estimate of £30 as the value of a painting. There are about 150 permanent works on display at present and nearly every major waiting area of St Mary's Hospital has an exhibition of work from a wide variety of sources which is changed every three to five weeks. Exhibitions have ranged from photographs of a 'conceptual' art project and displays of glassware and pottery to one with the history of Manchester as its theme. Several full-scale murals have been carried out in entrance halls, waiting rooms, recreation areas, corridors, stairways, the balcony of the children's ward and in the children's X-ray room. Most public thoroughfares have paintings produced by the Arts Team and cut-out figures give directions. It is impossible to walk very far in the St Mary's/Manchester Royal Infirmary (MRI) complex without seeing some evidence of the Arts Project. Nevertheless much of the Infirmary is still very gaunt, especially the surgical wards. A staff member, in charge of patient services, admits:

'The fracture clinic is a headache to us. As you can imagine, it's a boring place. It provides follow-up care for patients, to check plates, and so on and is run by doctors who are already very busy, so patients have to wait a long time. The accommodation is rather Dickensian, so Peter Senior and his Team went in and made some suggestions. This was one place where we knew there was a problem but without Peter we would not have known how it could be tackled.'

In the fracture wards, where otherwise healthy patients may be immobilised in traction for weeks on end, the Arts Team has organised concerts over the last year by guitarists and other musicians, and Margaret Blackwell has taught fabric crafts once a week. However, the atmosphere of boredom is still overwhelming.

That the Arts Team has not just been *allowed* but increasingly has been *encouraged* to provide paintings and murals, is testimony to their success. Underlying this is the fact that there is a demand for visual art by the users of the Hospitals. Peter Senior hoped that the Project would encourage Hospital staff to take what he has called 'creative initiative' with regard to their work and environment and there is some evidence that this is happening. For example, during the first year of his involvement with the Hospitals, he was approached by a consultant for ideas to improve the design of a new urology department. Peter Senior chose the colour scheme, work surfaces, fittings, lighting and put up a painting in the patients' small waiting area. Three years later the same consultant approached the Arts Team one lunch-time in the dining room to ask for their help. He was organising an international

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\* Appendix II summarises the results of a survey carried out by Julie Turner on Hospital Arts.

conference and wanted a 3D symbol to stand on the pavement outside the medical school. Similarly, when the electricians were given a new workshop, they complained that it was too bleak and immediately asked to have a painting. Often when a nurse has seen that one ward has been given a painting or mural, she will want one for her ward. One nurse in particular, Sister Boucock, unwilling to wait for the Arts Team to paint a mural in her ward, has twice enlisted a team of colleagues, rolled up her sleeves and embarked on her own mural, with hints and materials from the Arts Team.

More and more often requests for the design and illustration of hospital booklets and brochures are referred to the Arts Team. Staff do seem to have realised that by approaching the Arts Team they can produce such things as brochures, menu boards, posters, or information signs which look attractive and professional. Recently, I saw Brian Chapman, the Arts Team leader, stencilling emergency resuscitation boxes in a way that made them conspicuous.

For a long time the Arts Team has had a large 'day book' by the telephone in which all messages and requests are written. This has become an essential way of dealing with the very many requests for assistance and makes fascinating reading for anyone interested in the day-to-day activity of a hospital Arts Team. Appendix I gives some idea of the type of projects tackled by listing the work of the Arts Team over a year up to April 1981.

The achievements of the Arts Project are not all visual; its presence has had an effect on the general atmosphere of the St Mary's/MRI complex in a number of subtle ways. In the first year or two Peter Senior, as Hospital Artist, found that because he did not fit in to the hospital hierarchy he was accepted everywhere. He had access to the whole Hospital and was always treated as an equal. His daily contacts might include a casual chat with a senior consultant or the District Administrator, a discussion about a mural project with nursing staff, an exchange of views about an abstract painting with a porter or a visit to the joiners to see the ten wooden parrots on perches they were making for the Children's Ward. By virtue of his age and responsibility, Peter Senior was later treated as a 'head of department' by the various strata of hospital managers and very recently has been officially assigned this role (unpaid) within the Area Health Authority. Other members of the Arts Team have tended to liaise less with senior hospital staff, but have developed a special relationship with other staff whom they see regularly. The cleaners who collect the rubbish on the second floor of St Mary's no longer bat an eyelid when they meet the Arts Team in the corridor. Stuart Millward did however cause one patient to wonder what her tablets contained, as Christine Watson told me:

'A woman on one of the nearby wards had taken some tablets which I think were supposed to help her relax. She felt like a little walk down the corridor to see what this "arts centre" was she'd heard about on the Hospital radio. She walked through the double doors and the first thing she saw was Stuart on his unicycle! She couldn't believe her eyes and padded quickly back to the ward where she told her ward neighbour that she'd just seen a very tall man riding a bike with one wheel! Of course they didn't believe her and about five of them tramped down in their dressing-gowns to see just what was going on. In the end they stopped all afternoon, chatting and looking at what was going on.'

Another comment came from the Head Porter at St Mary's who felt that

'... the Arts Team has broken up the Hospital and its institutional air and given us a link with the outside. It's knitting the

staff together too because we discuss the paintings. I think the effect of the Arts Team has been to lighten and brighten the atmosphere of the Hospital.'

Chris Burke, Personnel Officer, saw the Arts Project as having an effect on the social atmosphere of the Hospital:

'The murals have altered the feelings of people in the Hospital. The staff feel that someone is taking an interest in them and this improves morale generally. The Arts Team is justifying itself ten times over; their potential is unlimited.'

Jack Sutton, who was at that time a theatre porter, Chairman of the Joint Stewards Committee and a NUPE representative, believed that the Arts Team's activities helped the patients involved with them to overcome their feelings of anonymity and regimented helplessness as they are processed by the hospital machine:

'As a porter, you tend not to be very involved with the patients. You drive them around the wards in wheelchairs but you haven't got the link which exists between nurses and patients. Patients coming into a hospital with its strange environment tend to be a bit submissive—people order them about. I think the Hospital Arts Team can offer them more involvement. Why should you come into hospital and change your mode of life just because the hospital says, "We'll wake you up at 7 o'clock". You are regimented, having to do everything in public and I think it makes it a bit easier if you see that other people besides the nurses and doctors take an interest—just the environment, with paintings on the walls . . . If you stick somebody on a ward and all they've got to do is look at four walls all day, the only things they have to look forward to are mealtimes and the Hospital radio.'

Peter Senior told me how he thought the atmosphere in the Hospital had changed:

'Many patients who visit the Arts Project say they find it refreshing to come into contact with artists in a hospital. It's a delight and a surprise to them. They say they never expected the Hospital Arts Centre and the Project to be as it is. It's much bigger and better than they had imagined. The Arts Team are developing the confidence that I have, to go into any part of the Hospital and feel justified at being there—this is a fairly recent thing. When I first went in I felt insecure and wondered whether I was treading on hallowed ground. I now know that the Arts Project is good for the Hospitals and this gives me confidence. I'd willingly have quite a strong argument with anyone who started to get "anti". I've been here a long time, probably longer than some of the staff I talk to. They don't know some of the needs of people. I feel quite confident in my assessment of people's needs. It really does become more apparent that as the Arts Team acquires this confidence, it reflects back to the staff.'

The atmosphere is less inhibited than before in certain parts of the Hospital. As members of the Team walk around, people will recognise them and call out—I think they're a really positive influence on the atmosphere of the Hospital. I can remember people walking around with deadpan expressions

and looking very serious. I think I notice more people smiling—  
at the Arts Team's work. This can't be a bad thing.'

The dress and attitude of the Arts Team are unconventional in hospital terms and although this has caused problems it has also broken down some of the unnecessary taboos of hospital life. Those members of staff who have made use of the Arts Team would, I am sure, say that the Project has helped them improve the quality of the care they can offer patients. This is especially true of the Team's involvement with children and adolescents, both in St Mary's and in special clinics. Here, by encouraging children to design their own mural and then paint it, they directly participate in therapy. Contact with non-medical staff is important for the young patients, but it can take its toll on the Arts Team. I have often seen them ragged, bruised and panting after a day's mural painting at one particular children's clinic.

It is perhaps the Adolescent Ward that has become most attached to the Project, partly because it is the closest ward to the Arts Centre, but also because the patients are often not unlike the Arts Team members in outlook and interests. Naturally the staff are aware of this and are keen to do as much as they can to make their ward seem like a reasonable place to spend time. The relationship with the Adolescent Ward has been developed through direct contact with Peter Senior and the Arts Team and indirectly through the Hospital teachers. Peter Senior described how the atmosphere had changed:

'I know, in retrospect, that the spirit of the Adolescent Ward is entirely different from five years ago. I don't think that spirit will be lost easily. There have been three Sisters on the ward since I've been here—each has taken on the spirit of the first and now the nursing administrators are looking for that sort of person to come into the Ward. The spirit is one hundred times better than it was, and that is due partly to the Arts Project.'

When the Hospital Players' first theatrical production was shown, some discharged patients from the Adolescent Ward limped in on crutches bringing friends with them for a night's entertainment in the Hospital! The Arts Project has also been of direct benefit as rehabilitation therapy. A girl who was, for medical reasons, unable to work and who found social situations difficult, joined the Team as a voluntary helper and was treated in exactly the same way as the others. Within a year she has become much more confident and outgoing and has become 'just another Team member'.

Peter Senior, as an artist committed to education, would like to believe that 'art' itself benefits from contact with communities such as the Manchester Hospitals. I am ill-equipped to put forward arguments which support this view, and quote Su Braden\*:

'The marriage of the needs and skills of the artist with the needs of a social group is at the basis of the new relationship emerging between the artist and wider social contexts. It is through these encounters of interests and skills that such artists hope to open up the channels of self-expression and to break the vicious circle of mass-communication by the few . . . At the same time, it is a two-way relationship offering the artist the possibility of re-engaging his skills in the contemporary

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\* Su Braden, *Artists and People*, Routledge and Kegan Paul, London, 1978

dialogue. But in doing so it is necessary to build upon the realities of the society in which the work is being produced.' (p 137)

The emphasis is clearly on the artist and the community and not on the products themselves, although elsewhere in her book Su Braden discusses the efforts of some artists to adjust the 'vocabularies' of their work so that they become comprehensible and relevant. The process of adaptation is two-way and requires skill in its management. The defensiveness of the Hospitals' first Arts Team prevented a real dialogue. Team members sought refuge in their own work, backed up by the distant authority of the arts world market. Later Team members have been prepared to negotiate their terms of reference, which was no easy thing for them to do. Peter Senior described the change of attitude since the second Arts Team, as he saw it:

'If you believe, as I do, that all people are creative, it is a question of finding the appropriate means, the particular techniques that will suit their personalities . . . when you've seen this happen, you realise that those activities are relevant and important to people. Then, somewhere along the line, you can start arguing about whether it's Art, whether it's Craft—all people enjoy getting involved with making things. It is important not to inhibit people with stereotypes.'

He then went on to confess:

'I had no idea how it would turn out, or even if people would tolerate someone going round saying they should have more arts activities. For me the amazing thing is not only that people have tolerated it—that's long past—but that they've responded . . . that's the achievement . . . instead of putting up with the Project in a passive way.'

For Peter Senior, the effect of his involvement as an artist with the Hospital community has been dramatic. Since the arrival of the first Arts Team he has contributed very little in terms of actual painting. He feels that this is not serious:

'A fundamental part of being here is to get to know a cross-section of the staff and to see that the work as a whole relates to these people and to the public. This raises the whole question of the social role of the artist in an organisation such as a hospital. The artist is able to discover aspects of the organisation which to me are not only interesting but important. It is a valuable opportunity for an artist in this environment to go beyond the hierarchy and to see how different people relate to their work.'

Peter Senior's adjustment to the role of resident artist has expressed itself in a concern for the arts (in the widest sense) to be introduced into the Hospitals. He has involved other artists, especially performers, and arranged exhibitions of a variety of artworks for the waiting rooms. Finally, with the advent of the Arts Teams, he relinquished the role of painter, but not that of artist, in order to devote his energies to the Project as a whole. He also began to create a formal link between his college teaching and the Project through a new course, 'Recreational Arts for the Community', which aims to prepare visual artists and performers for work in a variety of communities. Some of the students on the course have carried out short projects and assignments in the Hospitals and, similarly, Arts Team members have participated in teaching students from the course. Peter Senior has invited the Team to give talks and demonstrations to students of other subjects. On one particularly successful occasion they



demonstrated to student speech therapists some simple, imaginative and effective aids for speech therapy. One of the first students on the Recreational Arts course, Roger Sim, has now joined the Arts Team as a guitarist and singer and regularly tours wards and clinics alone or with the clowning and puppetry performances put on by Chris Watson and Liz Faunce.

### How the Arts Teams developed

Peter Senior and the present Arts Team have been accepted through their willingness to adapt, and their abilities have been exploited by Hospital staff. Because of this exchange the Hospitals' Arts Project is perhaps one of the more successful of the artist-in-the-community schemes funded by the Gulbenkian Foundation and is certainly the one with the greatest long-term influence. The full effects of the experience on Peter Senior's artwork are yet to be seen; results at present are more conspicuous in the products of the Arts Team members.

Most of the first Arts Team became annoyed or disheartened if comments about their work were not favourable, whereas the present Team have seen this as a failure to communicate and have sought ways to overcome it. All the members of the present Arts Team have changed their work to make it more relevant to the environment. They recognise the demands to be made upon their skills as artists if they are to use their work as personal expression at the same time. Langley Brown summed up this feeling about six months after he joined the Project:

'I found it a strain at first to see how my past work could be used. I never really wanted to talk about my work, so I tried to make it speak for itself, to be accessible without losing anything. The practice and discipline are important, as well as not losing personal invention. The discipline of making images work could prove to be very important in one's personal painting.'

Gradually, over the space of two years, the methods of resolving the conflict of 'personal work' versus 'hospital work' have changed. The notion of 'personal work' as something separate from work done in the Hospital has been eroded. Significantly, this change was stimulated through the execution of a series of murals which are technically excellent and have been very much appreciated by staff, patients and visitors. The reason that this particular commission caused the Arts Team members to question their approach was, ironically, *because* it required a high degree of technical skill. At that time there were two untrained members of the Team—Alan Gordon and Jennie Gilbey (Jennie left halfway through the mural painting and was replaced by Liz Faunce). The murals had to become a showpiece of the Arts Team's work as they were to be painted in a series of archways in the main entrance of the Manchester Royal Infirmary. The corridor containing the archways was used by relatives of deceased patients as well as by senior administrators and official visitors so there was considerable nervousness on the part of some staff about jazzing up a hallowed part of the Hospital. The Arts Team chose as their theme water in its four physical states; ice, snow, rain and vapour. Each archway was to be crowned with a rainbow. The untrained members of the Team did not have the skill to paint the landscapes, waterfalls, flying geese and so on which were to feature in the murals and had to be given the jobs of masking out areas for painting and laying down flat colours. This created resentment on their part and at the same time made the trained members feel uncomfortable. Langley described what happened:

'The rainbow murals demonstrated the capacity for collaboration between the "trained" painters (Liz joined the Project halfway through the mural painting and knocked most of us

out with her fields and Canada geese) but they also demonstrated a vague area between the “trained” and “untrained”; masking tape alone could not satisfy the gap. The “rainbows” may have given credibility to the project as far as the administrators and admirers were concerned but they did highlight divisions, not only between Team members—which were disconcerting and sad—but also between the staff and us. They thought it was great and “weren’t we wonderful”, but the scheme excluded the active participation of the “untrained”. This was right for that particular project, but a whole load of questions were begged about our role. Attempts to come to terms with these questions can be seen in subsequent Arts Team activities—increased staff and patient participation in murals, skill-sharing and the whole performance side.’

The Arts Team adapted to the particular demand of what was becoming more and more a ‘community arts’ project in its fullest sense by working more directly with staff and patients and with each other. The mural projects carried out since the ‘rainbow murals’ have usually been based on, or have incorporated, drawings and designs by staff and patients. Where possible, the small communities of a ward or clinic have been involved in the actual painting of murals with help and advice from the Arts Team. Liz Faunce has painted few ‘personal’ canvases since she joined the Team but has developed the participatory aspect of the Arts Team work, both through murals and, since Chris Watson joined the Team, in performances which tour wards and clinics. Chris Watson’s skills were in puppetry and drama; together Chris and Liz have written and performed several clowning and comedy acts. More recently they have joined with dental hygienists and others to produce puppet shows with an educational message. Since Chris and, more recently, Roger Sim joined the Project, the Team have been able to cover the whole spectrum of arts activities. The most significant change over the past two years has been the ability of the Arts Team to co-operate with each other in all their activities—murals, performances, graphics—and yet continue with a more ‘personal’ project if the need arises.

At one time I felt that the concentration of the Arts Team on murals and performances was a seductive escape from the problems they faced as visual artists trying to produce personally expressive yet relevant canvases within the constraints imposed by the Hospitals. The Team, however, saw this phase as one of necessary adaptation; the simplification of the images they used as a return to a common level of understanding. This, they felt would allow them to develop more personal work later on when they felt more confident within the community. Liz, after rapping my knuckles for suggesting she had given up painting, explained this transition:

‘My problem when I first started was that I couldn’t put the emotion and concentration into painting that I had done before. Many people preferred or expected to see more representational kinds of work and this made me feel that I was denying myself something I had to fight for at college. I definitely had problems adjusting—would I ever paint anything that fitted in? It is taking a long time, but I’m now managing to put the necessary feeling into painting canvases, boards and murals in the hospital environment. I really enjoyed painting the Children’s Ward mural and the kids involved did as well. There’s nothing better than sharing the astonishment and enjoyment of actually being allowed to make splodges on a wall that is normally out of bounds for a paintbrush. The verandah was transformed from a dull environment into a colourful and interesting place to play—

how many hospitals have a rocket outside the window which can be seen whilst lying in bed? One patient was painting the mural when the doctors arrived—the specialist examined him through the window so that he could continue painting uninterrupted.’

Langley also found it hard to adjust at first:

‘My first few months I found bewildering and heavy-going. I was weighed down by an awareness of the suffering surrounding the island of the Arts Centre and also by the lack of faith in my own ability to alleviate any of this suffering through what was then my style of work. I felt I’d been offered a responsibility beyond my capabilities. The first couple of months were also hard because I’d been painting for six years “in the closet” and it was tough to “come out and do it” before an audience. This latter problem faded once I’d got my teeth into a painting for a specific situation. The former problems were worked out through the “rainbow murals” concept. So, initially, I did feel “on trial” and yet I was the only judge.’

The art school trained members of the Team were unanimous in their feeling that their time at college had not prepared them for the kind of work they found they were doing. In terms of technique, of course, they were quite well-prepared, but the stigma of ‘the artist’ who has no responsibility to others had been strongly upheld. A growing number of artists and those involved with the arts now feel that the ‘traditional’ role of the artist who produces work in a highly personal language has reached such an extreme that it affects only a tiny number of wealthy and influential people. Tom Wolfe\* estimated that the ‘art world’

‘is made up of (in addition to the artists) about 750 culturati in Rome, 500 in Milan, 1,750 in Paris, 1,250 in London, 2,000 in Berlin, Munich and Dusseldorf, 3,000 in New York and perhaps 1,000 scattered about the rest of the known world. That is the art world, approximately 10,000 souls—a mere hamlet!—restricted to *les beaux mondes* of eight cities.’ (p 28)

Helene Parmelin\*\* tried to expose the sterility of ‘modern art’—where anything goes—by reinforcing the myth of the artist as one who ‘serves only his convictions, whatever the work to which he may apply himself’. Her view was that even the art world is being fooled into thinking that what is in fact simply ‘good taste in geometry’ is art:

‘Art—the kind that lives on and will continue to live, the kind that is recognised and the kind that perhaps still awaits recognition, the kind that pursues its search in realms one may or may not have eyes to see—this is one of the major modes of expression of human thought and has been through the centuries the most powerful, the most constant, and the most controversial witness to that thought. It is a conquest of the mind . . .

. . . And what characterizes all the various anti-art movements today is this need to deny that art has any importance at all.’  
(p 73)

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\* Tom Wolfe, *The Painted Word*, Farrar, Strauss and Giroux, New York, 1975

\*\* Helene Parmelin, *Art Anti-Art*, Marion Boyars, London, 1977

On the one hand it seems that 'art' only touches about 10,000 people; at the same time even these people cannot discriminate what is great and transcendental from what is sophisticated decoration or a confidence trick. In either case there appear to be millions of people who are excluded from the debate; as if they, and the cultures they help shape, are unrelated to the artists. The investigation of what happens if artists explore their relationship to these people has given rise to 'community arts' projects in recent years. Art schools, however, seem to be slow to participate in this self-questioning.

The experiences of the art school trained members of the Arts Team reflected this. They all felt that their college tutors wanted them to stay within the art school framework and had more or less written them off once they became involved in the Hospitals' Arts Project. Society, the Team felt, does not really expect artists to have jobs. The non-art school trained—Alan Gordon, Jennie Gilbey and Paul Goodier—felt they lacked training in techniques which an art school would have provided, but discussion with the other Team members had persuaded them that in other ways to go to art school would be a waste of time. Brian Chapman went so far as to say that he found the local Polytechnic Faculty of Art and Design so uninspiring when he last visited it that he felt it needed an Arts Team of its own!

Art education is still lop-sided. Art teachers in secondary schools still have a bias towards the fine arts and are very often teaching because they cannot make a living from the sales of their work. Art examinations evaluate performance on 'painterly' criteria and art history avoids discussion of the social context of art. The success and the problems of the Hospitals' Arts Project demonstrates that if artists are to re-evaluate their role within contemporary society this must extend to art educators too. The increase in opportunities either for applied art and design or for community artists must infiltrate the educational system; sooner rather than later.

Jack Sutton, as an ex-hospital employee and shop steward and now a student of photography at the Manchester Polytechnic, felt that a constructive step would be to establish greater contact between the Art School and the Hospitals' Arts Project:

'I think that there should be more involvement of the Art School with a place like this. I would have thought it would be ideal for students, rather than taking them along to see the Northern Young Contemporaries Exhibition, to bring them into the Hospital to see what is being done here. There's an almost total lack of involvement of art schools in the community. For our photographic project, they send us out for some industrial experience to a studio. I can't see the objection to someone saying that they're interested in community arts and would like to do their project in the Hospital. And the Photographic Society, instead of getting established photographers to come and talk, could invite someone from the Arts Team to come and show how photography is used in the Project.

To a certain extent, I think there would be resistance to community arts in the art faculty of the Polytechnic.'

These are proposals that would be interesting to monitor if they were taken up.

If the Arts Project has not fundamentally affected the attitudes of Hospital staff towards contemporary art, it has raised their awareness of the arts as living phenomena practised by young people. It has also raised the level of expectations about their visual environment—the 'day-book' of requests by the telephone in the Arts

Centre is testimony to this. If I may be permitted two more illustrations, I will quote from two interviews; one with John Davis, then Professor of Paediatrics in the Hospital and the other with the Head Porter of St Mary's.

Professor Davis put forward a controversial view of hospital environments, particularly maternity and children's hospitals, which illustrates the thinking behind the Manchester Hospitals' Arts Project from a medical point of view. I quote most of the transcript as I feel it is important:

'I came into this Hospital just after it was opened in 1971 and was horrified at my first glance. For a long time I've had the feeling that maternity hospitals shouldn't be hospitals. In fact they destroy their own usefulness even as hospitals by being forbidding places with a sort of medical atmosphere about them. I have always felt that maternity hospitals and children's hospitals go together, because I'm concerned about the public using them.

First of all, can you get to the Hospital easily? I used up a lot of energy trying to get the bus stop moved to the right place. Second, can timid people bear to make use of it? That's very important because the main thing wrong with the maternity service is its use, not its availability. As far as we can see, it's the people who don't use the maternity hospitals who get into trouble; these are the people who don't like them.

I had a grandiose scheme which was ignored for a lot of reasons. I wanted to put a launderette and a supermarket in the ante-natal clinic, because I thought, why should a woman come out for the morning and sit around and waste half of her day? Couldn't she just make a morning of it and bring her washing, sit in front of the launderette, take home her shopping, have a nursery to put the other children in so she's relieved of them while she attends her ante-natal, have a couple of consultations about the older one, and go home feeling unwearied with part of the week's work done?

Peter Senior's ideas seemed to me to be concerned with making this concrete hulk into a place people would like to visit. It wasn't just the possibility that patients would like the atmosphere better if there were bits of decoration about, but that the people who work in there might seem a little less clinical if their surroundings were a bit less barren. I also thought that it was time that we acknowledged in the medical world that our little microcosm was a very comfortable world for us and an uncomfortable one for everybody else. We find ourselves at home in it by deliberately excluding feeling. If I was as terrified, sad and so on as I ought to be by everything that happens, I just couldn't do my work: people pay me for that denial of feelings. But on the other hand I did feel that art is one way of putting those strong feelings there without being overwhelmed by them. There are people who have been through bad experiences and can get outside themselves by reading a novel; then somehow they can cope because their feelings have been put in a context. So I thought that maybe the whole experience here could be seen objectively and our feelings could be acknowledged without being actually felt. Of course it doesn't end up quite like that does it? Peter

Senior's got to move along towards it. It's going to take a decade . . . you've got to accept something undemanding in the corridor before you perhaps accept something demanding in the ward . . .

He's juxtaposed what he does with what we do. Eventually I would want to integrate, but the first thing is to stand the juxtaposition and when you have you can stand the integration. You can't marry someone until you've made their acquaintance, or at least you shouldn't if you're wise! I think Peter Senior is quite right—five years to get into the place, five years to exploit the fact that you're there and then we can have something rather different.

Recently I've been involved in the argument about where babies should be born. We must get women to realise that having a baby is an important part of their lives which they ought to be allowed to experience and not just "get over". Ten years later they will wonder why it didn't mean anything. We wouldn't make animals have babies in these circumstances—you couldn't actually. My sister runs a stud-farm and you couldn't treat a mare as you treat these women because you'd lose £50,000 a time. The argument comes down to the fact that women feel more comfortable at home, obstetricians feel more comfortable in hospitals and some sort of bargain has got to be struck in terms of where it is *safer*. The fact that the obstetrician *feels* safer doesn't mean that his activities *are* safer—he's just more comfortable. Somehow there's got to be a meeting-ground between patients and doctors where they're both comfortable. I don't think that can be done if doctors design hospitals.

The first step would be to get Peter Senior to help the architects to re-design this place. If we built a new hospital, Peter Senior would be one of the very best people to tell us what to do. Doctors and nurses have to say what is needed in their unit, but somebody else should say what is right for the patients. Artists seem to me to be the people the community pays to be sensitive whereas we're actually paid to lose our sensitivity.

I think you could say the Project's partly successful, because it's not yet been a failure. I only hope that it keeps up its momentum and doesn't get smothered just where it is now, which is not where it's going to.'

Professor Davis' vision of art playing a significant role in the improvement of the psychological health of medical staff is much more far reaching than the typical attitude of supporters of the Hospitals' Arts Project. For him the Project is still only 'partly successful' and is not working in the way it might.

My second interview illustrated the way in which the Project has been accepted by the Hospital and the quotation provides an example of what can be achieved within everyday hospital routine. My interview took place in a small dark room behind the enquiry desk at the main entrance of St Mary's. My interviewee was obviously busy, but was keen to have his appreciation of the Project go on record:

'At first it was comical, because we couldn't understand what they did, but that's changed now. I asked Peter Senior about

an abstract, what it was supposed to be and then talked to the others here about it. Gradually we got to understand the artwork. It wasn't highbrow any more. It started knitting together and brought a lot of pride to people who started painting and dress-making and doing things they didn't know they could do—it stimulated their talents. In fact there were blokes who'd never done anything who started doing things.'

He himself had been stimulated to try his hand at writing after a poetry reading organised by Peter Senior. His colleagues' initially dismissive attitude towards the paintings hanging in the Hospital had turned into 'heated arguments'. I had a brusque reminder of where I was when my interview was cut short by a telephone call about a patient in labour.

## Chapter 2

### How the Hospital acquired an artist

As a teacher Peter Senior had become aware that there have been many important and exciting movements in art of which most people are totally ignorant. At one time in history art was elevated and removed but the imagery which it employed remained accessible to all. Ironically, some recent movements such as pop art, which have been directly concerned with the materials and affairs of everyday life have been rejected by most 'ordinary' people. Other movements like abstract expressionism, more concerned with paint and painting than anything else, have even, according to some critics, led the art world up the garden path. A rift has developed between art and people and the artist has become isolated from the society of which he is a part.

For some time there has been a general feeling, shared by artists, that painting on canvas has been everywhere and done everything; painters have been forced 'into the closet' as the audience for their work gets smaller and smaller. This is one of the reasons why, in the late sixties, a few painters left their studios to paint huge portraits and local scenes on gable-end walls and sides of buildings. With these early projects, the artist was 'here today and gone tomorrow' and the impetus usually came from the painter, not the people. This approach naturally limited the evolution of any deeper involvement. It was in order to explore what happened when an artist responded to an existing community that a few artists, like David Harding, David Cashman, Roger Fagin and Peter Senior, sought communities within which they could work over a prolonged period of time.

The spirit of Peter Senior's intensions is summed up by Su Braden\* in her disapproving discussion of the word 'animateur' which has been adopted by some to describe a new kind of 'community artist':

'The implicit assumption . . . is that the context in which the "animateur" works is a moribund situation which is ready for him to administer the kiss of life. The evidence . . . may suggest, however, that unless the artist first of all creates the right context in which to work (a task which essentially includes responding to the life of a particular context) that is, unless he or she develops long-term social relationships within the given community—such ministrations will turn into the kiss of death . . . The terms animateur and animation . . . reinforce the notion that the artist is separate from other people by virtue of the fact that he is in possession of inspired gifts—or gifts of inspiration. The community artist on the contrary, seeks to destroy this notion and to make his or her contribution to society like any other worker.' (pp 186-187)

Peter Senior's first opportunity to put his ideas into practice was in the Hospital and, once he had taken it, things developed in a way that he could never have envisaged. In 1973 he had the chance to exhibit his work in the outpatients' waiting area of Withington Psychiatric Hospital, near Manchester. On visits to see how the show was being received, he discovered that the Hospital cleaners each had their own

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\* *ibid*



favourite painting and had obviously spent time talking to each other about the works. Some time later, in 1974, Professor Neil Kessell, the consultant and friend of Peter Senior's who had arranged the Withington exhibition, put him in touch with Peter Foster, then District Administrator of the Manchester Central District Hospital Group who was based at the Manchester Royal Infirmary. Peter Foster liked the idea of Peter Senior coming into the Hospital as an artist:

'Looking at the Hospitals in the Central District of Manchester, their clinical performance and reputation were very good, but their basic fabric was pretty terrible. The plans for rebuilding the MRI were stubbed out by the financial crisis, so this, together with Peter Senior's enthusiasm, a clear need for improvement and the enthusiasm of senior medical staff, made the decision easy.'

In fact, if Peter Senior had put his ideas to an administrator of the MRI one hundred years before, he might have had the same response. In 1860

'... the Board (of Governors) ordered that the whitewash with all its impurities should be scraped from the walls of every ward and replaced by fresh paint. In addition "engravings, representing cheerful subjects" were hung on the walls "to convey agreeable impressions to the minds of the sick people who lie there from week to week with scarce any object to break the monotony of their suffering existence".'\*

What the Hospitals had to gain from Peter Senior's presence was clearly an improvement in the visual environment—brightening up the place—as Peter Foster himself wrote in a letter of support for Peter Senior's work in the Hospital:

'Hospitals have never been considered as artistic oases. Regard for overall environmental and visual acceptance has always taken second place to the need to develop and expand the patient services to meet medical advances. The Manchester Royal Infirmary is an excellent example of the long-term results of this very necessary policy—a hotchpotch of buildings, huts, extensions surrounded by derelict slum clearance land!

The cutback in capital expenditure has resulted in the cancellation of the major redevelopment of the Manchester Royal Infirmary. It appears that over the foreseeable future a much more modest development plan will have to be prepared and the service will have to make do with its existing substandard facilities. In these circumstances the scope for Peter Senior's work is enormous and opportunity will present itself for both the consumers and providers of the service to make their views known and possibly contribute towards the improvement in our surroundings, without necessarily incurring capital expenditure.'

As it was, Peter Senior did not begin in the MRI. He wanted to get to know people at the same time as putting up paintings or doing murals. This was a vital part of his

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\* Brockbank, W, *Portrait of a Hospital 1752-1948*, William Heineman Ltd, London, 1952.

plan. He was as concerned about his relationship as a painter with the people affected by his work, as he was about hospitals being drab places. It was suggested that the adjoining St Mary's Hospital would be a better place to start as it was smaller and self-contained.

### First steps

St Mary's, like other hospitals both old and new, has been painted in uniform magnolia occasionally interrupted by green doors. Peter Senior's entry in his diary for 13 December 1974 describes exactly what he was up against as an artist offering his services to the Hospital:

'Met Mrs Jean Fowler, St Mary's Hospital Secretary. Outlined my interest in the visual environment of the Hospital. Apart from helping with interior decor I had at this stage no positive suggestions about how I might contribute my skills and abilities, only the feeling that there might be a number of ways/opportunities which might be revealed if and when I knew the situation better and my presence was known about. Mrs Fowler was, I thought, remarkably receptive to what she might have considered to be a number of rather vague ideas from someone on a first meeting. She took me on a tour of the Hospital and introduced me to several of the staff; some of whom she thought might respond to having paintings of mine hung in their places of work. Particularly encouraging response from the staff of the Records and Pathology Departments.

First impressions from conducted tour:

St Mary's Hospital comprises much more than the well-known modern maternity block in Hathersage Road, as it is linked by corridors to older buildings which appear to be part of the Infirmary complex, fronting on to Oxford Road. The modern block includes, on the ground floor, ante-natal, post-natal clinics and reception area; on the first floor, Pathology and Immunology Departments and consulting rooms; three floors of maternity wards; one floor of kitchens and staff dining room etc; two floors staff residence. The older buildings include women's outpatients; children's outpatients; women's ward; children's ward; adolescent ward and the administration offices for St Mary's Hospital.

Overpowering impression of drabness in all corridors and almost no paintings or prints displayed anywhere (possible total of six in the whole place). Most of the working/waiting areas also devoid of colour and interest apart from occasional vases of flowers—general feeling on the part of the staff that the interior environment was lacking in interest. They would welcome anything which would improve the situation. The two exceptions to the general monotonous greyness/drabness were the children's ward and the maternity wards which, although plain, were bright and mainly white, with curtain colours being the relieving factor. Staff quarters on the top floor particularly lacking and non-descript.

Useful discussion with Brian Perks, Pathology Department, who is very keen for work to hang here.

Areas identified as requiring pictures as soon as possible:

Records and Pathology Departments  
Children's outpatients  
Outpatients waiting area/ante-natal women's outpatients  
Link corridors between buildings  
Staff dining room  
Staff residence  
Admissions entrance/reception area

Additionally—cost aluminium picture rail system.  
Possible provision of picture frames for work done in the  
Hospital particularly in the children's or adolescent wards.'

Peter Senior's next diary entry was after Christmas, on 31 January 1975:

'Took along ten works (paintings—oil, gouache, acrylic) to the Pathology Department where they had an immediate warm welcome from people appearing from all parts of the Department to peer into the small room in which they were put. Four hung in the patients' waiting area, others distributed according to the wishes of the Department.'

This really marked the beginning of the Hospitals' Arts Project.

As with any arts project, Peter Senior was left with the pressing question of how to support himself financially. First of all he tried for secondment from the College where he lectured. Other members of the College staff had more cogent plans against which his own must have seemed vague; his application was turned down. He approached the North West Arts Association who felt that the project was 'not viable as presented' and didn't recommend him for a grant. Another possibility was to register for a higher degree at Manchester Polytechnic. For this he had to present his ideas in the form of a 'research project'. Peter Senior is a practical person, and by no means inarticulate, but he was no match for doctors of philosophy when it came to writing a research proposal. I found him in a complete state of bewilderment during this period, having drafted out a 200-word proposal for the Council for National Academic Awards for the tenth time—and it was still wrong! Psychologist colleagues talked to him about questionnaires and repertory grids; attitude scales and interview techniques; participator observers and intervention studies. None of the forms he had to fill out could cope with his background or his project. He failed to get secondment for 1974-1975 with a salary. He also failed to get independent sponsorship, so he abandoned the applications for a while.

During 1974-1975 he went into St Mary's as a volunteer. Over the course of a few months his part-time work was so much appreciated that he was able to convince his College to allow him one year's paid secondment to the Hospital for the following academic year, 1975-1976. He was also given office space at the Polytechnic, which provided a base and a certain credibility vis-a-vis the various authorities with whom he had to liaise.

Because he had the support of senior administrators and some consultants, it was easier for Peter Senior to make what must have seemed, to some of the Hospital staff, outrageous or unnecessary changes to the environment. Despite this support he was very well aware of the delicacy of his position; at a time of cutbacks in the National Health Service many people wondered who was paying for art when they needed a new wheelchair, more nurses or intensive care facilities. The Head Porter in the MRI, and one of the first and most vocal supporters of Peter Senior's work, told me that

Peter's arrival coincided with a period of unrest on the shopfloor. There had been a re-organisation of the National Health Service and the creation of Regional, Area and District Administration had caused a number of staff changes. The 'shop floor' worker was understandably overwhelmed by the number of new faces appearing in the Hospitals. There were seemingly endless reports, questionnaires and documentary films. It was not surprising that, when Peter Senior began covering the walls with paintings, some staff wondered what on earth would happen next! When they realised that the patients probably enjoyed the changes, their attitude softened, but Peter Senior still had to tread carefully in some hospital departments.

The first thing to be done was to make his services known and available to as many staff as possible, and the second, to tackle what he called 'visual disaster areas'. In order to put up paintings in waiting areas and corridors, he had to arrange for picture railings to be fixed to the walls. It is a significant reflection of the image that the medical profession, architects, and designers have of hospitals that no provision is made for pictures to be hung; even in a new hospital like St Mary's. These picture rails became a declaration of war on the blank walls and a lasting invitation to consider these walls as hanging-spaces; the railings would remain even if Peter Senior did not. To put up the railing he needed the co-operation of the Works Department who were responsible for all decoration in the Hospitals. His relationship with this department was delicate at first. How does one convince the head of the department that he might be a little more adventurous, without either overtly criticising him or involving him in a lot more work? The Works Department wanted to know if they would have to put up the railing and who would look after the paintings. Clearly though, there was a need for some visual relief and, when it had been accepted that Peter Senior would be around for a while, there was co-operation from the decorators. At times since they have protested, but on more than one occasion they have taken the initiative to become less conservative; 'zazzy' wallpaper was put up in the staff canteen, the electricians volunteered to fix spotlights over some murals and it was a suggestion from the painters' shop steward that drew Peter Senior's attention to the archways in a main corridor as a site for murals.

As a first step Peter Senior brought in his own paintings—large, colourful abstracts based on the Derbyshire Peak District. Although these were not commissioned or especially created with the Hospitals in mind, they seemed appropriate. One painting, which was hung in the Pathology Department, reminded a staff member of the microscope slides they worked with. Peter Senior was not 'doing his own thing' and, in order to make this clear, he arranged to discuss the paintings with the staff concerned. He wanted their reactions and comments and spent a lunchtime talking about the work. His readiness to listen to the views of others, however uninformed, and yet remain firm within his own convictions, are rare attributes but essential if a project of this kind is to be successful.

Peter Senior came into the Hospital once or twice a week at this stage and the authorities thought it about time he was given some sort of official status. In May 1975 he received a little blue and white plastic name-tag saying 'Peter Senior—Hospital Artist'; the Hospital had turned itself inside out to do something officially unofficial. If the name-tag helped to identify Peter Senior to others as he walked around the corridors, the existing professionally-designed signpost system did little to help him find his way. He was struck by the addition of scribbled directions taped to walls and his first reaction was to improve on these. He enlisted the services of a graphic designer colleague, Kate Cook, who looked into the signing more fully. The colour-coded system she introduced is still in effect, although it has been supplemented by wooden cut-out cartoon figures designed by the Head Porter, Ralph Nuttall, and painted by the Arts Team. These figures stand about five feet high in the corridors and are very effective, particularly with immigrant visitors who speak no English or those unable to read.

As the Project developed and there was more work on show around the Hospitals, the porters found that the paintings and murals served as useful landmarks when they were asked for directions. Now it is not uncommon to hear someone being told to 'carry on down this corridor, past the large landscape until you see an orange tree, take the left fork by the pile of books and you'll see the entrance, next to the painting of a basketball player'.

During his year as a part-time volunteer, Peter Senior found himself as a patient in the main MRI outpatients waiting area with a shoulder dislocated on the rugby field. The waiting hall was a vast, bleak and depressing place which had resisted all attempts to cheer it up. In the words of a member of staff, responsible for patients' services in the MRI:

'The Outpatients' Hall is rather like Euston Station—gaunt and overpowering with walls 20 feet high. We had tropical fish tanks at one time, but people dropped their fag ends in them; they decayed and were not replaced.'

The walls were painted a uniform off-white and were bare, except for the odd 'no smoking' sign or some other prohibition notice. The waiting area is busy, with up to 3,000 patients in a week and with staff shortages, many are there for an hour or more. Patients had nothing to contemplate but back numbers of *Woman's Weekly* or their own misfortunes and the waiting room constituted a prime candidate for some 'arts treatment'. This was just the kind of place to hang exhibitions of various kinds and the staff concerned with the area readily agreed to an exhibition of Peter Senior's own paintings, followed by a staff art exhibition. Peter Senior's exhibition christened the area as an exhibition space. Representatives of the Regional Arts Association, along with staff members and invited guests, came to what was probably the first exhibition of its kind in a major hospital. The exhibition helped to publicise Peter Senior's presence in the Hospitals and also encouraged the North West Arts Association to acknowledge a responsibility to the Project; they paid for the framing of the paintings.

If Peter Senior's exhibition won outside support, it was the staff exhibition, Christmas 1975, which probably did more than anything else at the time to win staff support for the idea of a hospital artist, as Peter Senior told me:

'The staff art exhibition bridged the gap between the Hospital and artist and probably established the area as an exhibition space as they could see it from the contributor's point of view. My exhibition didn't really do anything to convince the sceptics.

The exhibition was especially important as it included so many staff levels; both those who actually exhibited and those who went to see things in the exhibition. It was also important because it showed members of staff the talents present in their workmates. For example, one of the shop stewards known as "Red Jack" by his colleagues, was seen in an entirely different light after the exhibition—he was approached and talked to by people who otherwise would not have dreamed of doing so. A nude painting by one of the electricians caused some outraged protests from a few senior staff and nearly caused the exhibition to be cancelled. Fellow union members said they would withdraw their work of the painting was taken down, and in the end it stayed! Technically, the painting was very proficient and made a real contribution to the show. I thought it was really incredible that the union was practically staging a walk-out over a dispute about the merits of a nude painting.'

## A full-time hospital artist

In October 1975 Peter Senior began a year as full-time hospital artist in St Mary's and the MRI. He was given a small office on the second floor of the old St Mary's building with a desk, telephone and filing cabinet and a supply of stationery. He had no independent funds which meant that only materials used within the Hospital were available to him; wood and emulsion paint. He used kidney trays as palettes and specimen containers to hold paints. He had no studio space and so had to work at home at weekends to produce new canvases for particular areas in the Hospitals. He deliberately avoided 'importing' works by other artists, except within the waiting areas, not out of egotism but as part of his philosophy as a community artist; the artworks had to be part of his interaction with the Hospital community.

His first major project was to redecorate the children's X-ray room. Earlier in the year he had been approached by a senior radiographer who had asked if he could do anything to improve the examination room to make it less frightening for the young children who might spend as long as two hours being photographed. It was a dark, magnolia-painted room at the front of the old St Mary's building, away from the hustle and bustle of the main Hospital. A cream and chrome X-ray camera stood poised like a giant praying-mantis over a high couch with thick electricity cables hanging in loops from the ceiling.

Peter Senior and the radiographer decided that he should paint the whole room to look like a jungle, incorporating light switches, clocks and machinery in the design. In the end even the electricity cables were covered in coloured tape, with cut-out monkeys swinging from them by their tails. This project provided an ideal opportunity to show just what an artist could contribute to the Hospitals. He spent most of the following weeks finishing this project. In retrospect he wondered if it had been a mistake to have spent so much of the early months shut away in the X-ray room:

'Perhaps it would've been better to have started with a mural in a corridor, that way I could have met more people. On the other hand, possibly people would have reacted more violently to what I was doing, even to the idea of me being in the Hospital. The children's X-ray room was "worthy", everyone could see it was a good idea and wouldn't argue against it.'

As it happened, the time he spent out of the public eye ultimately gained him more publicity and acceptance than anything he could have done in a more exposed part of the Hospital. The redecorated X-ray room was featured a few months later on the BBC *Look North* evening news programme which, because it received mass media coverage, not only publicised Peter Senior's work, but also made his Project credible in the eyes of those who had been hesitant in providing their support; his College, the North West Arts Association and some medical staff. The X-ray room murals have been considerably reworked by Steve Maguire of the first Arts Team and have remained the most compelling transformation in the Hospital. The X-ray room has proved a long-standing favourite with journalists and photographers covering the Project and even passengers on the top-deck of passing buses get a glimpse on winter evenings when the room is brightly lit.

With limited materials and limited space in which to paint, murals were an effective solution to the need for visual improvement, with the extra advantage that their execution was in public and that they could be tailored to suit the particular needs of a specific environment. The mural painted in the Children's Ward was also an opportunity to involve others. Children were asked to design alphabets which were then transferred to the wall and painted with help from nurses and staff from other

parts of the Hospital who had contributed to the staff arts show. As a result of the Children's Ward murals, the nursing sister from the Adolescent Ward became impatient to have one for her Ward. As Peter Senior wanted to finish the Children's Ward first, Sister Walsh rounded up her nurses and they painted their own mural over the weekend.

The publicity from the BBC *Look North* programme stimulated a number of letters offering support or services. One of these was from a member of the Hallé Orchestra, who, with colleagues (mostly members of the Hallé Orchestra) offered to give a concert in the Hospital. Canon Evans, who presides over both St Mary's and MRI chapels, suggested that St Mary's chapel could be used for the concert and the Occasional Players duly performed. There were initial problems with the timing of the concert to avoid a clash with mealtimes or ward rounds, but nonetheless, it was well attended by staff and patients mostly from the Adolescent and Gynaecological Wards. This was the first performance before an audience that the Project had organised and its success paved the way for others. Since then the Occasional Players have been back several times, sometimes to give charity performances for the Leukaemia Research Fund, sometimes to raise money for the Arts Project. Other concerts have featured the Baroque Music Ensemble, the Salford Gregorian Singers, a guitarist, and others. These events widened the scope of Peter Senior's contribution as artist-in-residence, so that he not only offered his expertise as a painter and artist, but acted as a catalyst for a wide range of arts activities.

Later on poet and doctor, Dannie Abse, gave a recital in the doctors' residence in St Mary's. One of Dannie Abse's poems had the theme of childbirth. It was a tense moment for Peter Senior. A high proportion of the audience were pregnant women and some were recuperating after an abortion perhaps the day before. There was absolute silence in the room during the reading of the poem, but to Peter Senior's relief the last line was followed by rapturous applause and people queued for books of Dannie Abse's poems after the recital.

Generally these events have stimulated staff and patients with perhaps latent interests in the arts to take their hobby more seriously, or to express it in some way within the Hospitals. In the case of the Occasional Players' visits, there was a flow of interest in the other direction from the arts to the medical profession; one of the Hallé Orchestra members has since become a nurse in the MRI.

By the New Year of 1976 Peter Senior knew that his Project had a fairly solid grounding, but needed funds to be able to continue. At about this time the Calouste Gulbenkian Foundation launched its 'artists-in-the-community' scheme, whose object was:

'to enable residencies to be established which will provide work for artists on their own speciality but within a community context which should be innovatory and allow the maximum interaction between a fairly concise community and the artist.'

The Gulbenkian scheme invited Regional Arts Associations to nominate artists from their area for one of the six awards available for periods of two years. Peter Senior's project was chosen by the North West Arts Association (NWAA) along with that of Walter Kershaw carrying out gable-end mural paintings in the Rochdale area. It is ironic that Peter Senior had been in touch with the Gulbenkian Foundation two years previously, through the NWAA, but the Arts Association had decided his project was not viable. The change of heart was partly due to the fact that the Project had more substance and was more coherent than his previously vague plans. It was also true that the Project had proved successful and had attracted national media coverage. The stamp of media approval carried a lot of weight, not only with Hospital staff and medical authorities, but also, one suspects, with the Regional Arts Association.

A little later in the year, his Project was awarded one of the six Gulbenkian Foundation residencies valued at £3,000 over two years, matched by £3,000 from the NWAA. It was left to Peter Senior to decide how the money was to be used and exactly when the residency would start. After the summer vacation he was expected to resume his lecturing commitment at the Manchester College of Higher Education\* and he faced a dilemma over allegiances. The Gulbenkian/NWAA money was insufficient as a salary and the City of Manchester Education Authority turned down his application for secondment as a full-time Hospital Artist. Instead, he was given one day's leave from teaching each week in order to continue as Hospital Artist, and this remains the arrangement at the time of writing.

That a one day a week involvement has been enough is due to a lucky encounter at the end of 1976 which led to four unemployed art school graduates being taken on for one year under the government's Manpower Services Commission Job Creation Programme (now replaced by the Special Temporary Employment Programme—STEP). Manchester had the first Hospital Artist and was now about to have the first Hospital Arts Team.

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\* Formerly the Elizabeth Gaskell College.



## Chapter 3

### The First Arts Team

Peter Senior resumed his college lecturing in September 1976; a commitment which left him little time to devote to the Arts Project. It was at this stage, when the Project's future seemed insecure, that a solution was offered. Peter Senior was invited by the District Personnel Officer, Arthur Tabener, whose office was just two doors along the corridor, to meet the North West representative of the Job Creation Programme (JCP) who had come to the Hospital to discuss a proposal from the Works Department. Arthur Tabener knew of Peter Senior's predicament and thought the JCP might be able to help.

The representative thought that the Arts Project was just the kind of scheme the JCP would fund and encouraged Peter Senior to make an application. The Personnel Department was willing to take care of advertisements, interviews and administration of any employees provided Peter Senior obtained the approval of senior administrators for the idea.

Peter Senior put the proposal to the District Administrator:

'He was really quite apprehensive at first. He couldn't see how there would be enough for four extra people to do and wanted to know how they'd all be kept busy. On top of that, he expressed a general worry about the sort of art that might be arriving. The administrators trusted me and knew that I was approachable, but four long-haired art students might have frightened them. But I think because they trusted me, he agreed to support the application. Once he was convinced, the rest of the District Management Team were happy to agree.'

This was another example of the way in which support from senior administrators has made it possible for an innovation to glide through the tangle of bureaucracy on oiled wheels. The administrators have always been conservative in the limits they set on the scope of the Arts Project; what they had at the time was fine, but anything more would be too much. One must remember that it was a Hospital first and foremost. Peter Senior has never shared this view and constantly sought new ways to extend the Arts Project and to involve more people. He was sometimes given an injection of confidence by Professor Davis. As a senior consultant his view of what hospitals might look like was just as revolutionary but came with an authority that counted in the hierarchy. It was also important that Peter Senior was mature and responsible in his role as artist-in-residence and had never abused the initial tolerance shown by the Hospital authorities of what was, after all, a revolutionary concept. It is difficult to stress this enough. I am certain that a more egotistical artist would not have been granted the same privileges and freedom to expand the Project.

In order to employ four artists under the Job Creation Programme, Peter Senior needed the support of hospital Trade Unions. They were opposed in principle to the JCP which they felt could be misused by management to provide cheap labour and to mask the effects of staff cuts. However, as no existing jobs were to be replaced by this JCP scheme, the unions gave their support willingly.

Peter Senior recalls how difficult it was to find the right people for the jobs:

‘I didn’t have a clearly laid-out job-description. The original idea was for two trained artists, possibly with some teaching experience, and for two young skilled assistants, not necessarily art school trained. I was looking for a strong personal contribution to the Hospital and to the Project. I also wanted varied, individual styles and an interest in the idea of the Project. This was made clear in the interviews. Ideally, I hoped to find four individuals with similar attitudes to mine, and who were skilful artists, capable of working in a responsible, mature way in the Hospital.

In fact we had 48 applications for the four jobs, most of them from graduate or post-graduate art students. In the end we decided to take on four trained artists, instead of the two trained and two assistants. This caused a bit of a problem to begin with because the salaries for the trained jobs were £57 a week, and for the assistants £39 a week. To make it equal, with the agreement of the Arts Team themselves, they were paid about £50 a week each. The contract was for 43 weeks, beginning on 6th December. They could choose to work 9.00-5.00 or 9.30-5.30, clocking in and out.’

The four artists chosen were quite different in their styles and character: John Monks, a painter from Liverpool College of Art; Mick Downs, a painter from the Bath Academy; Steve Maguire, a painter from Manchester Polytechnic; and Vivian Hindle, a mural designer from the Battersea College of Building. The job description was:

‘Painting murals in a variety of situations within the Hospital group eg hospital corridors, wards, waiting areas, nursery, etc. Construction and painting of decorative panels, mobiles, and sculpture in wood, plastic and light metal.’

This rather vague description seemed adequate at the time but was to cause problems later.

### **The Arts Centre**

The Arts Team were very impressed to discover on their arrival that studio space had been provided. The Arts Centre comprised a suite of rooms (adjacent to Peter Senior’s office) which had been in the process of development for over a year. The idea of an Arts Centre came from the first staff arts exhibition. As a result of the overwhelming staff response, an arts club was formed which, because it was specifically intended for staff and patients rather than for Peter Senior or a troupe of long-haired artists, was given considerable support from senior administrators, even to the extent of providing space for its activities. The opening of the Centre coincided with the arrival of the Arts Team; indeed its existence had contributed to the JCP’s willingness to support the scheme as it meant they had only to finance the artists. There was still a lot of work to be done; the rooms had been kitchens before the new St Mary’s building was opened and the old cookers, covered in accumulated grease, were still there. Mick Downs could remember the first few days vividly:

‘The Arts Centre used to be the kitchens. I remember distinctly all the old ovens in there. We had to move them all out. It was just covered in grease and muck . . . it was quite amazing . . . to think how it’s been equipped since then. Peter’s room next door was the only room we had to operate

from until we got this. The first few weeks we were really handicapped for lack of materials. There were the four of us and Peter said “Right, well then, start doing art”—and there was nothing there! He got hold of some hardboard and tins of emulsion paint and slowly we began to get the thing moving. It almost didn’t seem possible that it would get off the ground.’

Viv Hindle remembers the Arts Centre too:

‘We cleaned most of the junk out but the roof leaked and the room sometimes got so cold that we would be painting with our coats on, with the snow coming in through the glass roof.’

However it was a base and it had certain advantages, not least the wonderful supply of natural illumination from large skylights. There were long-term plans to convert the rooms to a heart unit, but it is only now, at the time of writing, that the Arts Centre is having to move to new premises.

### Problems of adjustment

The Team had to cope with working in an institution after a number of years at art school. Mick Downs explained how different this was:

‘Peter would say “Right, let’s go and find somewhere to do a mural” and off we’d go. When we’d got about 400 yards down one of these corridors, he’d say “Right, we’ll do something about this wall”. We ended up measuring up the wall and then it was back into the room and it became like an art school again within the Hospital—the site became a bit irrelevant. I think this was because we were overawed by the size of the Hospital and the fact that there was so much work to do. There were 5,000 staff. We spent the first two weeks going to meet people and I don’t think I went down the same corridor twice!’

Without doubt it must have been difficult for these young people; much more so than for Peter Senior. It had been his idea; he had worked there as a volunteer and subsequently for a whole year full-time. It was clear to most people in the Hospital, even if they did not approve of having art in the place, that Peter Senior was committed to his Project. He was a mature and responsible family man with a great deal of experience of talking to people about art. He was also about the same age as many of the people he dealt with and could identify with them easily. Most of all, he was in the Hospital because he wanted to be. None of these things was true of the Arts Team.

They were there because it was a job. If they could have supported themselves by their own painting they would have done so. Although Peter Senior had made it quite clear that they should be prepared to discuss what they were doing with other people and that they should meet and talk to as many of the staff as possible, they quite naturally sought refuge in the physical occupation of painting; whether it was a canvas, mural or whatever. Mick Downs felt that the Team as a whole found it difficult at first:

‘I don’t think any of us had come up against an organisation quite like this—a hospital where you’ve got thousands of people from all walks of life—cleaners who were talking about football. They’d come in and talk about the match on Saturday, then you’d have a higher administrator coming in and talking . . . it was quite an experience for us on a social level.’

On the other hand, they seemed grateful to have a job concerned with art:

‘Because of the gap before I started the job, I felt very grateful for a job that involved art—I was very glad about it. Just the familiarity with the materials, and, thinking visually, it was like a discipline coming back. It was working in an environment where you felt some sort of self-respect. For instance, after leaving art school and before I got the job, you’d say to people “Oh, I’m an artist” or whatever, and it really disillusioned you. You thought “what the hell is the purpose of my art. I’ve done all those years at art school and now people just won’t believe me”, and I think to be actually paid and be called a “Hospital Artist” or a “Hospital Arts Team” gave some sort of credibility, which was nice. Steve was the same. He’d been on the dole and on the sick list for 2½ years before that.’

The Arts Team were left alone for a large part of the week as Peter Senior had resumed lecturing. They were left to organise their work schedule, maintain the Arts Centre and make contact with staff. The Team seemed to find this difficult or outside their job description as ‘artists’. They worked slowly, on ‘personal’ paintings and, with the exception of one mural project, never worked as a Team. They never became ‘community artists’ in the sense described by Su Braden (see chapter 2 page 23) but were more like artists working in a community, maintaining an attitude of ‘us and them’. Mick Downs felt that this was partly due to the novelty of the situation, both for them as artists and for the Hospital community:

‘I don’t know what it’s like now, I should imagine it’s a hell of a lot easier with regards to the administrators, for instance. They know what’s going on, they lived with it themselves for two or three years—they accept it. But I remember in those days there was a tremendous amount of scepticism about us, not so much Peter. I think Peter had become integrated quite well by then. But we were four young student types and we were quite a mixture too, and we were here to do art. We started doing murals and felt there was a lot of attention on us and it seemed that people were trying to test us out, seeing exactly what was going to happen; they were very suspicious of us and how we were going to affect their Hospital. We were total strangers and we spent a week or two being introduced to everyone because Peter insisted that we liaise properly with the right people, so that there was no hassle about “Who are you?” We found this a very strange experience because we’d been at art school where you tend to get on with your own business and do your own work and, aside from any technical problems that might come up about doing murals after three or four years doing canvases, it was odd to have to be held responsible to lots and lots of people and lots and lots of voices, some of them knowing nothing about art.’

The uneasy feelings of paranoia do seem to have been justified. The Arts Team and their work were constantly watched and talked about; there were grumbles, snide comments, alarmed apprehension and even fears of total anarchy leading to the collapse of the National Health Service and society in general. The presence of Peter Senior and four young artists in a hospital were bound to provoke some sort of a reaction; it would have been a sad indictment if there had been none, but the criticism just reflected conservative inertia with no one at this stage trying to stop them.

Jean Fowler, secretary of St Mary's, recalls:

'The Job Creation artists certainly caused a few eyebrows to be raised, but people were concerned with the patients and didn't actually disagree with the Project. Some comments were made about wasting money, which they assumed must have come from the Health Service, and there were comments about the activities of the Team. On the other hand, some of the consultants were interested in what they were doing.'

There was widespread discontent within the National Health Service then, as now. The effects of financial cutbacks as well as the confusion of administrative re-organisation naturally led some staff to wonder who was paying the artists. Viv Hindle told me that she used to feel very uneasy on payday when she had to queue up with everyone for her wages as though she was taking something from the Hospital to which she had no right, rather than giving something. *All along it has been important to use every opportunity to make it quite clear that the Arts Project has not been financed by the National Health Service.*

### **Pitfalls for a hospital artist**

This atmosphere of apprehension would have existed in any hospital upon the introduction of four young full-time artists. The path had been smoothed by Peter Senior during the previous year or so and, without this, the presence of the artists would probably have provoked a much stronger reaction. As it was the Arts Team had a harder time than they need have had. These artists were chosen because of their individual styles and because they were unemployed; not because it was their over-riding ambition to be 'community artists'. Mick Downs felt there would have been more direction if there had been a definite leader within the Team.

For his part, Peter Senior was disappointed that the Arts Team were not sufficiently self-motivated to take on the responsibility of organising their work along the lines he had envisaged. He felt they worked too slowly and lacked the spirit needed to be 'community artists'. It is also possible that he underestimated the difficulties experienced by the young artists and the power of their art school experiences. A general atmosphere of dissatisfaction grew up.

Peter Senior asked one of the Arts Team, John Monks, to exhibit his paintings in the MRI outpatients waiting hall. For the first time the Arts Project had initiated something which met with unanimous disapproval. John Monks' paintings were very strong, large abstracts requiring a lot of space. They had won him prizes and a place at the Royal College of Art but this did not change the way the Hospital audience felt about them. An administrator in the MRI described one of the paintings as

'a window frame with torn brown paper on it and daubed with creosote—we had to have it removed—it stank of creosote—even the patients commented.'

A porter described them as

'massive things, all done in muted greys. They caused a big reaction because people would say they were really morbid and boring stuff.'

The show was referred to as the 'tarmac paintings' or the 'creosote paintings' and some of the objectors suggested they might even be hazardous to health. In fairness to John Monks, the conclusion to be drawn is that the paintings were simply not suitable for the Hospital. They were not liked and there was no room on either side

for discussion. It is interesting that this situation has recently recurred with the second Arts Team, although not with paintings by a Team member. Again, the canvases chosen for the show were large and bleak with symbolic imagery which reminded one nurse of Belsen. The problem of the Outpatients Hall as a gallery is that, by definition, the patients who comprise most of the audience are likely to be anxious and unwell. Furthermore, they are unwilling visitors who have not chosen to look at paintings they cannot understand or relate to. The antagonism provoked by John Monks' paintings certainly defined the boundaries of what the Hospital was prepared to accept and it is arguable whether the event should ever have happened. It probably set the Project back in some ways and the Team became very disheartened. Here was the Project's first problem, the first opposition it had encountered and everyone learned a lesson. Confrontation brought out people's prejudices, but did nothing to change them.

This first year of the Arts Team was also the first year with adequate funds and the means to carry out more adventurous projects. It was an experimental period and my concern with the mistakes that were made is not meant to imply that it was an unproductive time. Looking back it seems like that, but a similar Project started in another hospital would probably have encountered the same obstacles. Some of the other problems which the first Arts Team found in conforming to hospital regulations have been faced by subsequent Arts Team members. Although they were artists, they were also hospital employees. They had to clock in and out and had to dress in a 'clean and tidy' way. Keeping clean was obviously a problem as they were constantly getting their clothes smeared with paint. One solution was to be provided with overalls, but even this got one of the artists into trouble:

'We were all issued with white coats and I'd been working on a painting. I walked into the canteen with crimson paint splashed all over my coat. I got a very stern talking-to by a doctor who said he'd taken a woman in there to give her coffee and calm her down because her husband had had an operation and I came in looking like I'd been in an abattoir. I was told never to go in that place again with dirty overalls. I never thought about it, I should have been more sensitive . . .'

Another problem which arose to do with hospital routine was time-keeping. At art school they had been used to working irregular hours; staying up all night and then sleeping the next day; working solidly for a week to finish a painting and then taking the next week off. 'Flexi-time' was introduced so that they could work when they liked, as long as they put in 40 hours each week. Instead of a clock card they signed in and out in a special book, but this was abused and other problems arose:

'We sometimes had arguments between the Team and Peter about whether we'd actually done enough work within the 40 hours to justify taking, say, an afternoon off. It was not so much a mutual distrust, although this did creep in eventually, it was that there was just no way of organising it democratically—we were trying to work like art students within quite a formal employment situation.'

The same problems were to re-appear later with the second Arts Team.

### **Expansion of the Project**

Despite the problems which arose with the first Arts Team, this period, December 1976-October 1977, could be described as a period of expansion for the Project in every sense; doing more of what Peter Senior had done, as well as initiating new

activities. The Gulbenkian Foundation/NWAA money was used for equipment and materials and was supplemented by £500 donated by the Chase Charity to help equip the Arts Centre. Tools were bought and a darkroom set up. Before this they had been restricted to borrowed tools and an allowance of £250 from the Area Health Authority's District Management Team for wood, paint and other essential materials.

During the year, Helen Cantor was appointed full-time art teacher in the Children's and Adolescent Wards as a direct result of the voluntary work of Peter Senior's colleague, Kate Cook, the Easter before. Although the Hospital had a statutory obligation to provide continuing education whilst school-age children were in their care, art was not considered a priority. One of Peter Senior's ambitions was slowly to make the Hospital teachers less conservative. When he first came, the teachers used to wear hospital white coats when teaching on the wards. This was particularly unnecessary when considerable thought had gone into the design of the ward environments to make them informal. As Professor John Davis told me:

'The Adolescent Ward is an attempt with a very recalcitrant group of patients who hate hospitals to make it a place they can be comfortable . . . and they can. The Children's Ward has been designed the same way, but that's on the sort of "loose box" principle, so that they can retreat into little corners without shutting themselves away.'

Peter Senior and the Arts Team were frequent visitors to these wards and Helen Cantor worked there full-time. Several works, such as the mobiles, were put up and the sisters and nurses warmed to anything that made their Wards less clinical and austere. They had painted their own mural and several events for the patients had been organised by Peter Senior and the Arts Team. The point was put across on a visit by a photographer when a Ward Sister asked one of the teachers to remove her white coat for the photograph; the Ward was to be as informal as possible and there was no need for teachers to wear white coats except as a misplaced symbol of authority. Contact was made between the first Team and the Adolescent Ward when Mick Downs and John Monks discussed with patients their ideas for a mural which was to be painted on the staircase outside the Ward.

Gradually over the past few years, good relationships have been established between the Arts Team, Hospital teachers and the Adolescent and Children's Wards, started by the first Team and strengthened by the arrival of the second. The Wards are just down one flight of stairs from the Arts Centre and those patients who are able to walk often come to work in the studios or to chat with the Team. It is good for these patients to have contact with Hospital workers who are not concerned with medicine and the informal atmosphere attracts patients back to the Hospital after they have been discharged. In this way the Adolescent Ward is at least approaching the 'community centre' idea put forward by Professor Davis.

### **Occupational therapy?**

About the time the first Arts Team started, Gina Leveté, a dancer, set up an organisation in London called SHAPE, with a grant from the Gulbenkian Foundation. Broadly it aimed to 'develop and exploit different art forms within every creatively deprived area of the community'—including hospitals. Although very different in their manner of operation, there were obvious parallels between Peter Senior's Project and the scope of activity embraced by SHAPE. Gina Leveté and Peter Senior exchanged experiences and kept in touch, partly through the common link of the Gulbenkian Foundation. Through this connection, Margaret Blackwell, a specialist in fabric crafts sponsored by SHAPE, came to work in St Mary's one day per week.

The initially uneasy link with the Occupational Therapy Department was forged. Peter Senior had deliberately steered away from the explicitly therapeutic role of art in the Hospitals. On the one hand he was wary of treading on Occupational Therapists' toes and on the other hand he wanted to avoid this characterisation of his Project. Whenever the Project is mentioned in conversation, the listener inevitably jumps to the conclusion that it must involve art therapy with patients. If anything, the Project was practising occupational therapy with the staff!

At first it was difficult to convince the Occupational Therapy (O/T) staff that Margaret's work could be of value to patients. What was probably chronic boredom was misinterpreted as active choice— 'the women patients just want to smoke cigarettes and read love stories' said a member of the nursing staff. Even now, O/T staff are so overworked with the rehabilitation aspect of their role that they have little time for recreational activities with patients. Initially SHAPE paid Margaret's salary for a specified period and this perhaps made it easier for the O/T Department to agree to her work with patients. SHAPE expected the Hospitals to take over payment of artists after this period and this posed problems for Margaret. She could not be paid as a therapist as she was not qualified as such; as an O/T helper the 90p per hour rate was not even enough to pay her travelling expenses. In the end, she was appointed part-time tutor in the Adult Education section of the Manchester Education Committee's Department of Community Education. To begin with, she spent one day a week in the Hospitals, but has recently increased this to three. Margaret works on men's as well as on women's wards and has found that, especially with younger men, there is little resistance to the idea of doing fabric work. Her work is particularly appreciated in the fracture ward where she uses the traction apparatus to hold the macrame! Margaret sees her role as partly recreational and partly therapeutic and has found that the contact with bored and frustrated patients has increased her own resources as a person:

'For me, it links people and craft. The work I do on the wards almost always involves two-way encounters and I've learned as much as I've given, both in terms of people and in my craft skills which have been extended either by requests patients make or by things and techniques they show me. A need to learn "people skills" in order to do this work more sensitively has led me to take some counselling courses. Just working with people has given me a greater awareness of both them and myself. The link with the Arts Centre is invaluable; it is supportive in what could be very isolating work and constantly refuels my own creativity. There is an element of stress in the conflict between a growing need in myself to develop this work more deeply and a constant awareness of the needs in so many patients with whom nothing is being done in recreational terms. I'm slowly finding a balance in this. A man last week said, "it's making me ill being in here" and this is a caring ward which does pay some attention to patients' emotional needs! I think that statement pinpoints the way in which the hospital environment sometimes unwittingly works against its stated purpose. What we're doing from the Arts Centre breaks that pattern and alleviates distress and fear. It's also at times very funny and I enjoy that too. I spent some time a couple of weeks ago talking to a 65-year old man (who had broken his leg while roller-skating) about the frustrations of creativity trapped by domestic circumstances, in his case an invalid wife who is extremely houseproud. He asked me to go back the next week, not to make anything, but just to talk.'



## A crisis is averted

Since the Arts Team began work Peter Senior had scarcely held a paintbrush, but contributed in ways the Team could not. In the opinion of many staff, he was the 'head' of a 'department' with all the implications of differential status and responsibility. He also began to establish a link between his college teaching and the Arts Project through a new course, 'Recreational Arts for the Community', which was designed to give students from various backgrounds the opportunity to develop particular arts skills which might be employed in defined communities. This year saw a national boom in so-called 'community arts' and most of the Regional Arts Associations were beginning to respond favourably to projects within their definitions of community arts.

Despite this, in the summer of 1977, the Project suddenly became threatened. The Job Creation Programme announced the expiry of the Arts Team employees' contracts three months earlier than they had hoped. In fact the contracts had only been issued for 43 weeks, but everyone, including Peter Senior, thought that the Team would be employed at least until Christmas and perhaps for another year. This had a dampening effect on their enthusiasm, they felt there was so much to do in the Hospital. With only six months to go they would only scratch the surface; a far cry from Peter Foster's fear that they'd not find enough to do. Mick Downs:

'At the time it felt like an uphill task and if we'd known it would carry on for a few years I think our will-power would have been a bit greater—particularly on a wet cold winter's day with bare walls that had to be painted and a bit of antagonism from people who were passing, and no money . . . We used to get people coming along, say, from the Eye Hospital and saying "we've got this thing in mind" or someone from a ward in the Infirmary who'd have a wall there or a space to fill and we prepared a list of all the places that had to be done. Having spent a month doing one thing you realised that you just weren't going to get through it, so in the end you make excuses to people—"we're trying to work our way through", "we've got to go and work somewhere else" . . . You could see the immense scope there was for art work within the Hospital but just felt that we were never going to get there.'

John Monks left during the year to embark on post-graduate training and was replaced by Paul Goodier who was not art school trained. It seemed that Paul had hardly started when the end of the JCP support was announced. Rather than ask for an extension of the existing agreement, the JCP personnel themselves advised Peter Senior to make a new application. It came as an unhappy surprise when this application was turned down as the JCP was 'only intended to fund short-term projects'. I asked Mick Downs to recall what happened:

'We got in touch with the unions. I can remember negotiating with the shop steward who thought it was terrible. They were duplicating sheets for signing a petition, he was going to get on to the HQ to see if there was the possibility of industrial action. It was quite an interesting spell because people signed the petition quite happily—people you'd had arguments with before and hadn't seen since, which was great. It gave us a sense of belonging in the place after going through a period of isolation when we thought we weren't wanted. They even pinned the sheets up in the corridors—which is always an open invitation for people to write what they want. You'd get some

odd comments but in between you'd get five doctors and nurses signing. Then again someone would write something obscene and away it'd go again. Ironically, right at the end we realised what we'd done. A sort of goodbye present. People signed when they actually knew we were going!

Over 1,000 signatures were obtained on the petition out of a population of about 2,000; no one who was asked refused to sign. Letters of support came from the many people who had seen the Project or who had been in any way involved with it; most notably Lord Donaldson, then Minister for the Arts, who had visited the Hospital earlier in the year; the Area Health Authority District Management Team; and the Branch Office of the 1,000 hospital NUPE workers. In October, the decision of the JCP Action Committee was reversed, subject to:

- 1 A commitment from the Area Health Authority to continue funding when JCP ceased and
- 2 that a completely new Team would be recruited.

The approval was also, as always, subject to agreement from the appropriate Trade Unions.

So the Arts Team members had to leave and something had to be done about the first proviso. The Area Health Authority District Management Team discussed the proposal and decided that:

'The Management Team could not make such a commitment to employ six artists when considered against other Health Service staffing priorities, but were, however, anxious that the influence of the Hospital artists was not lost and hoped there could be an expansion of their present roles.

It was agreed that the Management Team recommend to the Endowment Panel that a sum of money, a maximum limit of £2,000 a year being suggested, be allocated to this Project on the understanding that it would be in support of funds obtained from other voluntary and grant-giving sources, the scheme to be reviewed after 12 months.'

The JCP agreed to this commitment and approved an award of £16,222 plus £400 for materials for a period of 52 weeks from 1st January 1978. This sum covered the wages of six full-time Arts Team personnel specified as: one 'artists supervisor', one 'artist', three 'artists assistants' and one 'artists assistant with secretarial skills'.

The Hospitals' Arts Project turned another corner and grew at the same time, but the reprieve was only for 12 months. Peter Senior regained his breath after this fight only to begin the next round of money-raising; an odd occupation for a hospital artist.

### **What happened to the first Arts Team?**

John Monks went as a post-graduate student to the Royal College of Art. Paul Goodier, who had replaced him for a few months, was taken on again with the new Team for a further six months. Mick Downs 'signed-on' the day after he left and was unemployed for the next eleven months; he eventually found a part-time teaching job, and says that his experience with the Hospitals' Arts Project definitely helped get him the job—he is still painting. Viv Hindle found a job with Tootals Fabrics the next day, but did not use her art training; at the end of 1980, she was appointed as one of two

Hospital Artists at the Prestwich Hospital, Lancashire, designing murals to be painted by patients. Steve Maguire has been working as an illustrator and songwriter; something he had done in addition to working on the Project. Mick Downs expressed an interest in working in a hospital again, but strictly on commission for a limited period.

## Chapter 4

### The Second Arts Team

Having taken stock of what had happened the previous year, Peter Senior had a clearer idea of what he was looking for in the new Arts Team members. In particular he felt that the Team would have to be genuinely interested in community arts, as well as being competent and professional artists. He also felt that the Team needed a project leader to organise day-to-day activities. In the period between the first and second Teams, Peter Senior was helped by Brian Chapman, a fine arts graduate of Manchester Polytechnic whose wife worked as a nurse in St Mary's. He contacted Peter Senior with the idea of exhibiting in the MRI Outpatients Hall and volunteered to work until the end of the year. During his short time as a volunteer, Brian recognised the deficiencies of the previous Team and seemed to understand what the role of community artist really implied. When the grant from JCP came through he was appointed as deputy Project leader.

The Personnel Department took on most of the burden of administering the appointment of the new Arts Team, although the decision about whom to appoint was left to Peter Senior. Two art school graduates—Langley Brown and Stuart Millward—were employed instead of the proposed one plus three artists' assistants not trained in art; Paul Goodier was re-employed along with Jennie Gilbey, a former psychiatric nurse, and Alan Gordon, who was keen to establish himself as a painter. At first the division of labour worked well but, as mentioned earlier, when it came to co-operate on a large, prestigious mural, resentments built up which ultimately caused a significant shift in attitudes of the 'trained' Team members towards a more 'democratic' policy.

The first few months of the second Arts Team were different from the initial period of the first Team; the Project was now well-established, with an equipped studio, office space and a Hospital staff who were used to seeing young artists walking around. The Team agree that this may have limited their ability to see the Project in perspective, to appreciate just how unusual it was to have artists working in hospitals, and they were not really aware of the enormous amount of groundwork that had been done to get the Project to this stage. On the other hand they were self-conscious, and even intimidated, by the task of 'doing art' in a hospital.

In the first chapter I discussed some of the reactions of the second Team to the unusual situation in which they found themselves. For the art-school graduates at least, the problem was to make a contribution to an austere and overwhelming environment after six years or so spent 'in the closet', as Langley put it. They worked outside the Arts Centre much more than the first Team; on murals, hanging paintings, getting to know staff in all departments of the Hospitals. Without wishing to detract from the work of the first Team, who had a harder time simply because they were setting a precedent, the second Team were (and still are!) less introverted and seemed not to have hang-ups about 'art' and 'the artist'. The 'rainbow mural' mentioned earlier certainly helped gain the respect of staff through its craftsmanship, and paradoxically gave the Arts Team the confidence to sidestep this role more and more.

One porter at St Mary's said about the Team'

'It's the attitude of them all. There's no "I'm IT"; there's no flashiness about them. They're artists and they know it, they

can do the job, they don't have to swank. It's naturalness, they don't stand back waiting for acclaim, they accept criticism.'

The District Administrator, Peter Foster, endorsed this change in the Teams:

'The first Arts Team felt that the walls of the Hospital were their canvas. It was a lack of awareness that a hospital is a traditional and conservative place. The emphasis has changed from the first Team's effort to educate the ignorant about art to the present quality of craftsmanship which everyone can appreciate, as well as their greater diversification. At times though, I do have to remind Peter Senior that the Arts Team is a useful appendage to the Health Service and not the other way around. Their enthusiasm sometimes has to be tempered with realism.'

### **The Art Team becomes an Arts Team**

This change of attitude can be attributed to a number of innovations and projects introduced by the Team, as well as to their individual characters; from now on the term Arts Team expands its meaning to a versatile and creative team of artists and performers. Before considering the problems, insights and reflections of the second Arts Team, I would like to illustrate how the Project has developed since their arrival by describing some of these innovations.

#### *Photography*

Brian Chapman introduced the use of photography to the Arts Team shortly after his arrival as a volunteer in 1977. Peter Senior had commissioned a photographer, in the early stages of the Project, to document some of the work but Brian, as a full-time member of the staff, was able to develop photography in other ways. 'Before-and-after' photographs of, for example, a mural project provide a powerful demonstration of the changes that have been effected and have proved invaluable in the numerous talks Peter Senior and the Arts Team have given. A small room adjoining the main Arts Centre studio had been converted to a darkroom, but had never been used. The facilities were rudimentary, but there was a clear demand for a photographer in the Hospitals.

Brian was asked to photograph staff retirements, birthdays, presentations for long service and other social events for the Central District Hospital staff magazine, *Central Issues*. Quite clearly there had been a need for this kind of documentation before but the only other photographers available were in the Medical Illustration Department and they were too busy. Funds from the Greater Manchester Council's Lotteries were used to buy slide-tape machines for use on the wards and the Arts Team has gradually built up a library of slides and short 'programmes'. Both Brian Chapman and Alan Gordon have also encouraged staff and patients, particularly from the Adolescent Ward, to use the darkroom and learn how to develop and print their own photographs.

#### *Graphics*

The requests for graphics, such as posters, signs, brochures and publicity materials emerged at an early stage; the list even included an eye-chart for children at the Eye Hospital and a menu board for the staff dining room. Low standards had been

tolerated in the past because there had been no professional standards for comparison. One of the porters recalled:

‘ . . . if you wanted a notice or something visual, who would you go to? Some of the staff can draw, but just from a technical point of view; you used to get crumby posters. I’m not saying anything against the people who did them, but they were old-fashioned whereas now you can walk along the corridors and see for example the signs for the wards—they’re much brighter, and easier for people to actually find their way around. You can say, “well it’s the door with the lion on it”.’

Chris Burke, Personnel Officer for the Manchester Hospital Central District and one of several who had a good relationship with the Project, was trying to improve the image of hospital work and wanted to establish the Central District within the Area. He proudly showed me copies of his latest publicity material, illustrated by the Arts Team:

‘I wanted to produce advertisements in newspapers for various jobs, like porters, cooks and ancillary staff. Initially I got in touch with a commercial advertising firm, but their work reflected stereotypes of a hospital which I was trying to get away from—silly and misleading cartoons. So I called in the Arts Team and they emphasised work in a hospital as it really is—its seriousness, cleanliness, up-to-date machines and the fact that the jobs are open to both men and women. This was based on inside knowledge of the Hospital and the duties involved in various jobs. Brian took the photos; the drawings were based on these, of actual Hospital work, not stereotypes. These adverts have been successful in recruitment.

They have also produced a programme cover for me for an induction course aimed at ancillary/professional and technical/clerical staff. Ralph Nuttall was equally impressed with a similar cover the Team produced for him.’

The list of graphics work carried out by the Arts Team is impressive and the work itself very *imaginative*. They designed a booklet, commissioned by the Administrators of the Eye Hospital, which tells children what to expect in hospital and what to bring with them. They designed all the publicity for the Manchester WRVS 40th anniversary based on cut-out models of ‘helping hands’ and photographs of the range of WRVS work. Using Ralph Nuttall’s cartoons, they have constructed and painted life-size figures which stand in corridors giving directions. The fame of the Hospital Arts Team’s graphics work has spread and they have even had requests to design publicity material for bodies and organisations outside the Health Service.

### *Performances*

Peter Senior had introduced performance events as part of the Project early in its development; poetry readings, recitals and concerts. In the period between the two Arts Teams, a mime group, *Stroller in the Air*, was invited to perform in the Adolescent Ward of St Mary’s. Their six captivating and extremely successful workshops showed the potential for performance events on the wards.

The Arts Team’s involvement in performances was developed from September 1978 when Liz Faunce, a painter from Manchester Polytechnic, replaced Paul Goodier.

Liz saw opportunities for a wider range of media in the Hospitals and went on a circus skills training course. Later she turned up with a unicycle which was quickly commandeered by Stuart Millward whose practice sessions in the corridors around the Arts Centre added an extra note of surrealism to the Project! Liz also introduced the use of videotape as a documentary and creative medium. Video has recently been used with great effect as part of a dental health clowning show aimed to get a health message across to children. A videotape of the show has been made for use in schools and clinics.

A year later Christine Watson joined the team. After working as a volunteer, she was employed as a part-time tutor by the Manchester Education Committee. Her background was in drama and she specifically wanted to use puppetry and puppet-making within the Hospital. Together Chris and Liz have developed a whole range of acts from clowning 'skits' to acts with a health education message, worked out in conjunction with therapists or, for example, dental hygienists. These performances have become an important part of the Project's work and provide the opportunity for direct contact with patients.

Although nursing staff are aware of the difficulties faced by children in hospital, they are limited in what they can do to alleviate the trauma and boredom. The Arts Team could be fully occupied just providing entertainment for children. The clowning acts put on by the Arts Team are jam on dry bread and it is spread thinly throughout the wards and clinics in the Manchester Area. The SHAPE organisation, mentioned earlier, has set up regional offices which do cater for this kind of need by providing a variety of arts activities for institutions of most kinds, but their shows are usually initiated by SHAPE itself, perhaps through an informal contact with a member of the nursing staff. Regional Arts Associations have often neglected their responsibility to communities such as hospitals; their policy is slowly changing, but hospitals and other institutions should be encouraged to recognise that they each have an Arts Association to whom, in the absence of an arts team, they should be able to refer for help. The advantage of the Arts Team's involvement with performance is that they can work with medical staff to tailor their acts to particular needs.

The Arts Team's first venture into performance was a Variety Show staged at Christmas, 1978. They had been in the Hospital for a year and their contracts under the Job Creation Programme were due to expire. By this time they were well-established in many parts of the Hospitals and wanted to say 'thank you' by organising a Christmas 'do'. The Variety Show was a revival and extension of the doctors' annual revue which had faded out over recent years. Many of the events had been organised by Pete Farrow, a technician in the Renal Transplant Unit, who was well known for his folk singing.

The Variety Show's success stimulated one of the MRI porters, Tim O'Connell, to set up a drama group, The Hospital Players, which included a cross-section of Hospital staff and the Arts Team. Their first production, two comedies, was performed in July 1979 with sets and lighting by Stuart Millward and starring Langley Brown, Brian Chapman and Liz Faunce. The plays were a great success and gave the Arts Team the confidence to venture into performance in more informal ways. The production of the plays was very time-consuming and all those involved had to sacrifice evenings and weekends for rehearsals. The Arts Team has had to decline such a significant involvement in subsequent drama projects, but Team members have written and performed short plays for wards instead. The Hospital Players include a cashier, porters, nurses, pharmacists, a doctor, an assistant chef and a statistician. There is no doubt that their performances on stage have helped other staff realise that the rigid, status-orientated hierarchy has obscured talent and uniqueness in their colleagues.

### *Mural painting*

The 'rainbow murals' discussed earlier marked a turning point for the second Arts Team. Until then their manner of working had not been radically different from that of the first Arts Team. As in the past, mural painting was usually designed and carried out by one member of the Team, although there was greater collaboration. The 'rainbow murals', because they were in such an important position in the MRI, had to be very carefully planned, designed and executed. It was important at every stage to sense staff reactions. Although Langley was responsible for the main designs, the painting was carried out by everyone. This demonstrated their ability to work together. It also made the 'trained' members of the Team realise that the 'untrained' members were perhaps excluded from participating in any satisfying way. This was unfortunate but necessary for the 'rainbow murals'. On other sites, such as children's wards and clinics, it was important to involve not only the entire Arts Team but the patients as well. With an increased interest in performance and interactive skills the Team moved towards a more democratic method of mural painting. Alan Gordon was the only 'untrained' member of the Team and spent much of his time in the Arts Centre working with adolescent patients or on small-scale paintings, so the 'trained' versus 'untrained' division was essentially translated into 'Arts Team' versus 'patient or staff'.

Since the 'rainbows' the Team have worked on a number of murals, in children's wards, clinics and other hospitals and have developed a range of interesting techniques to involve staff and patients in their design and execution. For the Children's Ward verandah, patients' drawings were used, enlarged and incorporated into the design. Where possible young patients painted parts of the mural. Liz is now working on an illustrated book about the mural, using photographs to show 'Jonathan's' travels across the wall, floor and ceiling for the children on the Ward to read.

At another clinic the Arts Team drew a mural for the children to paint but, as Liz told me:

'this soon changed into a landscape full of their drawings and with their self-portraits at the bottom of the wall—it looked much better.'

At Gaskell House, a short-stay and day psychiatric unit, a different approach was used as Langley explained in his diary:

'Dec 1978 1st visit. To arrange guitar recital by Anthony Jenner. Mooted the idea of a mural on a long outside wall at the back of the lawn and arranged to visit again after Christmas to talk to staff and patients about participation.

Jan 1979 Sister O'Neill explained that a mural outside was not such a good idea, in view of the flowerbeds, but what about a wall of the recreation room? Also, taking the seasons into account, this seemed a better idea—we could start any time.

Feb 1979 Began series of Monday afternoon sessions with patients, getting to know each other, building two-way confidence. Began with slide shows of the project, landscapes, fairgrounds, etc to stimulate ideas for a possible mural. Also played visual "consequences"—folding paper and passing it on, the Surrealist "exquisite corpse" game.

March-May 1979 Attended patient meetings (to plan the weeks' events). There were always the "apathetic members"—



not in itself unusual in any group—but there was a general feeling of enthusiasm to begin the mural. Measured the wall and prepared enough diagrams of the wall for patients and staff to sketch in designs for a mural. Stuart and I selected elements from each design—there were about 20—to make a coherent design to fulfil the following criteria:

- 1 all patients and staff, whether or not they had contributed to the design, would relate to and identify with the mural. The design should be able to maintain their interest during its execution
- 2 the process: it would be within our capabilities to show patients/staff how to go about the execution of the mural
- 3 adaptability: spontaneous adaptations and changes of direction should be encouraged, especially as new patients would be admitted during the time of the work
- 4 the theme would be universal so that subsequent generations of patients and staff would be able to identify with the mural
- 5 continuity: we were not to “go in, do a mural and piss off”. There had to be some follow-through via the Arts Team and permanent staff.

We then helped to square it up and draw it out, showed basic techniques from washing out emulsion brushes to stencilling, and came in on Mondays to find the patients progressing really well under their own steam.’

### **Money troubles**

The problems of fund raising are dealt with in detail in the next chapter but it is worth mentioning them briefly at this point because of the way they influenced the second Arts Team.

From the end of 1978, when the JCP’s grant to the project finished, until 1980, when a guarantee of long-term support was finally secured, the Arts Team’s survival depended on the funds the Team members could raise. Peter Senior spent much of his spare time during 1979 searching for funds and Christine Bull joined the Team as a part-time fundraiser, administrator and publicity officer. It was a difficult and tense time as the Project limped from one last-minute donation of a month’s money to the next. The Team were not able to plan ahead and shelved many ideas and large scale projects. The Team members took on private commissions, the proceeds from which they often fed back into the ‘kitty’. Stuart Millward developed the ‘wood board’—a collage technique using wood, wood-shavings, sawdust and pulp to produce relief pictures. They sold like hot cakes, but after his twentieth production, neither love nor money could get him to do another!

Brian had to charge for reprints of photographs; government cuts in the National Health Service meant that stationery became a black-market item. Wood for canvas stretchers and cut-outs was in such short supply that cast-off scenery from a local community theatre had to be used. Then there were the ‘Lowry cards’ which aimed to make £1,000 for the Hospitals’ Art Project Fund. Copyright permission was obtained to produce a postcard of a painting by Lowry which hung in the Whitworth Art Gallery across the road from St Mary’s. The painting showed the waiting room at Ancoats Hospital, whose Medical Committee had donated the work to the

Whitworth. A printing company offered to waive their fee and Medical Illustration photographers produced the necessary transparency. 5,000 cards were printed and went on sale at 25p each. Every one had to be sold to make the £1,000 and a hefty campaign was launched around Christmas time.

Christine Bull's role was vital but towards the end of 1979 she volunteered to take herself off the payroll in order to assure the continuation of the practical arts work during this difficult period. As it was, one of the Arts Team had to go as funds were too scarce to keep everyone employed and, although the decision was unpopular, Alan Gordon, the 'untrained' member, was asked to leave. This was difficult for both Alan and Peter Senior, whose decision it had to be. Naturally it took considerable thought to decide who should go and some members of the Team felt more secure than others. It was sad that *anyone* should be asked to leave and the decision was ultimately based upon nebulous criteria. Alan's contribution to the Project was missed. He had spent more time than the others in the Arts Centre and had developed a special relationship with patients from the Adolescent Ward. After his departure he put an appeal before the Area Health Authority claiming unfair dismissal, but at the hearing the appeal was not upheld on the grounds that Alan's employment, like the others in the Team, was subject to the availability of funds.

All this led to bad feeling, both within the Arts Team and between the Team and the Hospital Authorities, and Peter Senior was embarrassed by the fuss the Project had caused. The Hospital Authorities became aware of their legal responsibilities towards the Team as employees and carefully worded contracts were issued to the Arts Team members. The final bureaucratic stamp had now descended on the whole Arts Team and a unique project became a unique Department of the Health Authority.

Six months later the Project was awarded a grant under the voluntary sector from the Manchester and Salford Inner Cities Urban Aid Partnership for three years—a last minute reprieve. A requirement of this award is that the Hospitals' Arts Team concentrate more on the whole Manchester Area Health Authority Inner City Area—hospitals, health centres and clinics. The Team has prepared for this by spending one or two days a week in clinics and community health centres. This expansion will undoubtedly lead to other developments which will remain outside the scope of this book.

## Chapter 5

### Funding and Administration

The issues in this chapter fall into two closely linked categories, the practical and the political, with whichever sized 'p' you want. On the practical side there are problems for hospital administrators, in having a group of artists on the premises and on the payroll, and problems for the artists, in adapting to the hospital's way of dealing with its employees. The political issues concern the question of responsibility for a project of this kind, both financial and idealistic. These problems were particularly relevant to the Manchester Hospitals' Arts Project at the end of 1979 when it seemed as though no one would take on the responsibility of long-term support.

#### Funding

When I began to write about the Project in 1977, 'seed' money had been put in by the Gulbenkian Foundation under their 'artist-in-the-community' scheme. A condition of this grant was that the North West Arts Association (NWAA) should also give the project financial support; they have given between £3,000 and £5,000 every year since 1977. However, permanent support from statutory bodies was not forthcoming and the Foundation extended their original funding until the Hospitals' Arts Project had a more secure future. The MSC's Job Creation Programme had funded the first Arts Team for one year. Like the Gulbenkian, their policy was to give short-term support, but, by appointing a new team of artists, the Project was able to secure their support for another year.

From the time of the appointment of the second Arts Team the problem of future funding became more and more acute until January 1979, when the Project had no long-term means of support. A year previously, the Arts Team had put in an application to the Manchester and Inner Cities Urban Aid Partnership but this had been rejected at the last hurdle. The application had failed because the Project did not cover a wide enough area of hospitals and clinics and so, after remedying this, a second application was made at the end of 1979. In the meantime the Project received charitable status and an appeal for funds was launched. Christine Bull and Peter Senior put an enormous amount of effort into fund-raising and book-keeping in order to keep the Project going. Financial mismanagement could easily ruin a project of this kind, particularly at so crucial a period, and it was essential to maintain accurate and up-to-date accounts. Christine was book-keeper, fund-raiser and publicity officer; she had to manage existing funds, research potential sponsors and write publicity letters asking for support. Independent sponsors made only a small contribution in total and a great deal of care and energy was put into the application to the Inner City Fund; everything hinged on its success. The other members of the Team were contributing as best they could to the fund-raising effort, as mentioned earlier, but, for a while, things looked very bleak. It was around this time that Alan Gordon was asked to leave and this, followed by his unsuccessful appeal to the Area Health Authority, depressed the Arts Team.

At this stage I decided to canvass the opinions of a few prominent Administrators in the Area Health Authority and representatives of the North West Arts Association (NWAA). I looked for alternatives for the Project such as incorporation with SHAPE, the only other organisation I knew which puts artists in touch with institutions such as hospitals. This whole question of 'who should foot the bill' emphasised the elusive

character of the Hospitals' Arts Project; it eluded neat categorisation, it slipped through nets. It was thought unlikely that the Department of Health and Social Security (DHSS) would fund the Project directly in an era of cutbacks in public expenditure. They may have appreciated the contribution of the Arts Team, but they had to give maintenance of existing medical resources priority. The NWAA did feel a responsibility towards the Project, but were essentially providing emergency funding. There was some doubt about the status of the Project in terms of community arts; to what extent were people passively affected by the Project rather than being active participants? Arts Associations themselves were hard-up and were looking to industry for support; the NWAA felt the Arts Project would have to do the same. The local education authority acknowledged its responsibility and now supports two part-time arts teachers, Margaret Blackwell and Christine Watson, to carry out arts activities with patients. The Area Health Authority also donated £4,000 per year out of their Endowment Fund provided that other funds were available and that Peter Senior remained as director of the Project. They also, of course, covered the overheads such as rent, rates and lighting incurred by the Project. However, in order to continue to provide the same service, the Project needed £25,000 a year. In 1979, when all guaranteed sources of finance had been used, the Project had only the Area Health Authority's £4,000, plus £4,000 from the NWAA and £1,000 from the Granada Foundation to keep them going. The Greater Manchester Council's (GMC) Art Officer was sympathetic and secured a total of £8,250 for the Project for the year to encourage the Team to extend their activities to the GMC area. It seemed that the GMC were fickle in their feelings of responsibility for the Project because a similar application for 1980 was turned down. In the words of one Conservative Councillor:

'... the money would be better spent on hot water bottles or whatever. You don't notice what's on the walls in a hospital.'

In 1980, when the tension about future funding reached crisis-point, the Manchester and Salford Inner Cities Urban Aid Partnership (ICUAP) finally supported the Project fully for a period of three years, in principle renewable, and the issue of financial responsibility for the Project was resolved. The Project's application received considerable support from Dr Elizabeth Jones, Medical Officer (Environmental Health) for the City of Manchester and District Community Physician for the Central District of Manchester Area Health Authority (Teaching). Having seen what the Arts Team had achieved in the community clinics and health centres, especially with their health education innovations, she became convinced that the Project had enormous potential for encouraging the use of such clinics by making them more attractive. In order to receive the grant, the Project had to change the accent of its work to concentrate on the eight hospitals and 22 health centres and community clinics within the Inner City Area—a huge challenge to which the Arts Team has risen.

### **The Inner Cities Urban Aid Partnerships (ICUAPs)**

The Manchester and Salford ICUAP awarded the Manchester Hospitals' Arts Team £36,103 for the first year with a further £28,603 per annum for the next two years—a very generous grant. I made contact with the Department of the Environment who explained the background to the Partnerships Scheme: Under the Labour government of the late 1960s, the Home Office developed explicit urban policies and considered applications for projects either from the local authorities themselves or from voluntary organisations. With the last Labour government came a greater awareness of the particular needs of inner city areas and responsibility was transferred to the Department of the Environment under the Secretary of State, Peter Shore. In 1976-77 he set up the Inner Cities Urban Aid Partnerships of which there are seven in

England and Wales. Extra funds became available and the issues were considered on a much larger scale with involvement of central, as well as local, government. Although there were some cuts when the present government took office, essentially the scheme has been preserved and roughly £80 millions are earmarked annually to be divided pro-rata according to size and needs amongst the seven Partnerships. The Manchester and Salford Partnership was awarded roughly £12 millions in 1980 made up of a 75% contribution from central government and 25% from local government. The idea is to devise a programme of activities to tackle the whole conglomerate of inner city problems; health, unemployment, housing, education and so on—the Manchester Hospitals' Arts Project fitted the bill.

### Passing the buck

In 1976 Peter Senior's Project was visited by Lord Donaldson, then Minister for the Arts. Peter Senior was keen to use the occasion to make the Minister aware of the Project's potential. He contacted Anthony Wraight, then Assistant Director (Arts) at the Gulbenkian Foundation, to ask if there was anything the Foundation wished to impress upon the Minister. Anthony Wraight's reply presented the Project's dilemma of funding in a way that has largely continued to hold:

'I do not think there is anything from our point of view that we would wish to impress upon him, apart from the need for the DES to review the work of artists in hospitals and perhaps then to ask the DHSS to help publicise the results with a view to persuading Area Health Authorities to make funds available elsewhere. He should, I think, be made aware that, although the hospital is keen on your appointment and has made facilities available, it is Regional Arts Association and Gulbenkian money which is now actually paying your basic costs, and that this is an anomaly. Clearly in this situation we are simply putting in seed money to demonstrate the possibilities and these seeds will die unless Area Health Authorities show the appropriate interest. Your work covers an area which I suppose lies between the DES and the DHSS inasmuch as it is community arts on the one hand and what might be seen as an essential in-house hospital service on the other; grey areas between the interests of ministries that I would hope Donaldson might help at government level. Perhaps you should mention to Donaldson that there is quite a lot of artwork going on in relation to sick people, some of it of course in the field of therapy, and that the whole area of the arts and hospitals is at present the subject of a continuing series of meetings organised in conjunction with the Foundation by Gina Leveté of SHAPE.'

If one were to substitute 'Minister for the Arts' for 'Donaldson' I think the letter would still be appropriate.

At the end of the JCP support for the first Arts Team, the question of funding was put to the Central District Management Team. They flinched, but agreed to put up £2,000 per annum from their Endowment Fund. This was later increased to £4,000 on the understanding that the Project extended to the whole of the Manchester Area Health Authority's catchment area, not just the Central Manchester District. In present terms this would last the Arts Team about ten weeks, although the award excludes the hidden costs of Hospital facilities and services provided for the Project. There seems to be a universal feeling that the DHSS cannot afford to fund an arts project and an equally strong moral stance that they *should* not. I found this reaction

from the Administrators of the Area Health Authority, a union shop steward, members of the Hospital and public with whom I discussed the Project, and also the Deputy Director of North West Arts Association.

Peter Foster, District Administrator for the Manchester Area Health Authority, told me that:

‘When considering the resources available, we have to compare the benefits of the Arts Project with those of clinical medicine. For the Health Service it is always difficult when it comes to a decision about support for the Arts Project versus other hospital needs, for example, a theatre technician. I also believe that the Arts Team should maintain its independence of the Health Authority.’

In his letter of support for the Project at the time of the renewal of the JCP funding, Peter Foster repeated this view:

‘I regret that the Area Health Authority cannot make such a commitment to employ six artists, particularly when these have to be considered against other Health Service staffing priorities. As you can imagine, the demand on our resources is continually increasing and we, as a Management Team, are being pressed to expand direct clinical services to the patient and this is where our priority must lie.

The District Management Team were anxious that the influence and commitment of the Hospital Artist was not lost and agreed to recommend to the Endowment Panel of the Area Authority that a sum of money with a maximum limit of £2,000 per annum be allocated to this Project, on the understanding that it would be in support of funds being obtained from other voluntary or grant giving sources . . . You may be aware that Peter Senior’s Hospitals’ Arts Project is already in receipt of funds from the Gulbenkian Foundation and North West Arts Association and we hope that a commitment of funds, albeit limited, from the Area Health Authority will encourage these two bodies to continue their support and perhaps induce other grant making trusts to support the Project on a permanent basis.’

At the time, the Area Health Authority were happy to support Peter Senior’s application for funding but were not really willing to fund directly. The feeling was that other grant making trusts, although they had no idea which ones, should and would fund the Project. Peter Senior, not surprisingly, felt that, if financial support for the Project did dry up, the Area Health Authority would simply say ‘well, it was nice while it lasted’ and be happy with what they had got so far. Consequently his attitude to the Area Health Authority, when his application to the Inner Cities Urban Aid Partnership was being considered, was much tougher. If they wanted to have the benefit of the Project, they had to meet the Team half way. The moral issue of whether the DHSS should fund the Project as a contribution to the well-being of staff and patients is always couched in such emotional terms that the answer appears to be self-evident. Jack Sutton remembered that this issue was raised on the shop-floor at an early stage of the Project:

‘People asked where they were getting the money from and that raised the question of priorities: “they’ve got money to spend on paintings when we’ve been waiting for a new trolley

or a new truck or wheelchair". In the present climate, with cuts being talked about I would have thought these guys would've been under a certain amount of pressure because they're seen as not really essential to the running of the Hospital, and therefore dispensable. That's another reason why they should be involved in a union, so that they can really point out the benefit of an arts team being in the place.'

Jean Fowler, then Sector Administrator of St Mary's Hospital, felt that the Arts Project, 'has to be considered as a fringe, financially'. Oliver Bennett, Community Arts Officer and Deputy Director of the North West Arts Association, took the same view:

'In different circumstances the Area Health Authority would be exactly the kind of organisation to fund the Project but at the present time they, like ourselves, are in financial difficulties. When they can't get new kidney machines because they haven't got the money, or they can't get basic equipment, they can't afford artists.'

In these terms, theatre technicians or an artist, someone's life or a mural, kidney machine or an arts centre, there is no dilemma; the buck is passed. But what if the alternatives are another administrator or an artist, paint the main corridor or have a mural, pay a designer £10,000 to create a colour scheme or pay two artists for a year? How much does it cost to keep a bored patient in hospital for a week and would he or she recover in a week less if we spent that money to improve his or her lot? It cost millions to restructure the Health Service into Areas and Districts and it now looks as if there is going to be another re-shuffle. The National Health Service is top heavy with administrators and paper-chasers. The £25,000 needed for the Arts Project each year could be raised from within the Area Health Authority by eliminating one middle-manager, or by re-cycling paper, using fabric rather than carbon typewriter ribbons, advising GPs not to overprescribe tranquillisers. In fact if they did all of these things, they could have their kidney machines as well! Their argument is that, with their backs against the financial wall, they may be forced to make these cuts anyway . . . but I wonder? When it comes to building a new hospital, as has been done in Liverpool recently, why is no thought given to the role artists could play in creating a congenial rather than a purely clinical environment?

Gina Leveté, who established the SHAPE organisation, had similar crises of funding. She too had introduced the arts into hospitals and other institutions and believed that it genuinely did help patients. However, she believed that funding should be the responsibility of the Regional Arts Associations:

'I have a big plea . . . it isn't a luxury. Funds should be available, whatever the economic situation, for things that work. It's another form of treatment in a way. It's a different approach to people who need help. People are still thinking of it in terms of a nice frill. But I think that the money should come from the arts side, because it's a benefit to the artists too. It's a greater and wider area of work for the artist. It has to come from the DES and the Arts Council. I think they should re-appraise just what they're spending on arts projects, and decide which arts projects touch the greatest number of people in the community. You have to remember how many people can benefit. When you think of the number of people going to hospital or some other institution every year—it's fantastic . . . Of course the money should come from the public sector, because it's filling a gap in the community that's not being covered.'

SHAPE has been awarded grants from the DHSS and the Greater London Arts Association, but not without a struggle.

Clearly Regional Arts Associations have a responsibility to fund any worthwhile arts project within their area. The North West Arts Association may have been slow to realise the potential of the Manchester Hospitals' Arts Project in the very early stages but they have contributed every year since 1977. They now consider the Hospitals' Arts Project as the shop window of community arts in the North West but their contribution, although welcome, is only part of the cost of the Project. I asked Oliver Bennett and Rosemary Heesom, of the North West Arts Association, where they thought funds should come from for the Project if the application for the Inner Cities Scheme failed, or how they would react to an application for support from a similar scheme starting up in the North West. Oliver Bennett felt that the answer to the question was to a large extent determined by Government policy towards public expenditure:

'The amount of money that is likely to be available for the arts from the public sector in 1980, that is from the Regional Arts Associations, the Arts Council and the Local Authorities, is not even expected to keep pace with inflation. This will involve a cut in real terms in subsidy for the Arts, which means that, unless the number of clients supported is reduced, it is going to be difficult enough to maintain existing commitments, let alone take on any new ones. The only other option is to cut off support for some projects in order to release funds for others. If the currently funded projects are all doing good work—and the fact that they *are* funded should mean that the work is of a high standard—how can you justify taking away that support?

As far as we're concerned the Hospital project is one of the most exciting in the Region and we shall do everything we can to maintain it. But you can see that the chances of North West Arts being able to put in substantially increased funding, or to support similar schemes in other hospitals, are very slim. The only remaining source of funding for developments of this kind is industry, about which I'm afraid I'm very dubious anyway. I really cannot see industry taking on the kind of responsibility for the Arts that Mr Norman St John Stevas is advocating. By and large a company will only support something that will improve its image and give it a return in terms of prestige; whatever the Minister says, this will impose far greater restraints on the Arts than those imposed by the State.

Having said that I think the Hospital project is one of the few that could be an attractive proposition for private sponsorship and they should certainly try for it.'

The opinion of the Regional Art Association was that private industry had to be approached. I asked Gina Levete of SHAPE what she felt after having tried it:

'I think the only place to try for money now is industry. To do this you have to employ someone who knows how to approach them. It's no good trying it yourself unless you're going to go through a book or write a letter—it won't mean a thing. You really need to employ someone who's a professional fund-raiser . . . For industry, it's tax avoidance—peanuts to them. It's time that industry started to support small projects.



There is an organisation, the Association for Business Sponsorship of the Arts, but when we wrote to them they didn't seem very interested. All the same, I think we should go to Shell or to a record company, but they need a different approach, and I don't know how to do this. I'm sure that if there is a recipe, then once you've hit it, once you've got one to contribute, others contribute—"oh, well, if he does, then it must be a pretty sound project". But if you start saying "Well, the Gulbenkian has funded it", that doesn't mean a thing—that's not interesting. It's an old-boy network. So I can only say that the money should come from industry. I also think the situation is terribly gloomy, I really do.'

Christine Bull went through the *Directory of Grant-Making Trusts\** and wrote to over 30 companies and trust funds. The Greater Manchester Council lotteries put in £1,500, while the Granada Foundation gave £1,000; industry donated a paltry total of £360. Somehow, I do not think industry has yet caught up with its new role as patron of the arts.

### Administration

When Peter Senior was alone as an artist within the Manchester Hospitals, there were few administrative problems. He required office space and the use of the telephone; stationery and materials made available from the Hospital Works Department. With the advent of an Arts Team not only did the demand for materials increase beyond what could reasonably be taken from Hospital supplies, but administrative demands, both of people and funds, were made upon the Hospital Management and Personnel Departments. A good relationship between Peter Senior, the Personnel Department and the District Administrator by-passed many obstacles.

In the initial stages, when the Project was funded by the Gulbenkian Foundation, the North West Arts Association and the JCP, together with small grants from other charitable bodies, the Manchester District Management Team agreed to administer the money. It was paid to the Hospital and invested to give a profit which later allowed the Project to continue when funds had almost dried up. During the nine months of the first JCP Arts Team, the Hospital saw itself solely as an administrator of the funds and in no way responsible for their provision. It would be fair to say that this was an extremely sensitive issue and it was made clear that the Project could not be justified if it were funded by the National Health Service.

When the Job Creation Programme finally came to an end, the whole question of who should administer the Project came to a head. After Alan Gordon's appeal against unfair dismissal, the Team were issued with contracts employing them 'for the duration of funds' and it was made clear that Peter Senior was responsible for the Team both practically and legally. Peter Senior took stock of the implications of this increased bureaucracy:

'What has resulted from Alan's appeal to the Area Health Authority (AHA) is that the Arts Project has come under the scrutiny of the administration for the first time, both in the Central District and in the Area. It was bound to happen sooner or later. I knew that from the time I first came here,

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\* Published by the Charities Aid Foundation, 48 Pembury Road, Tonbridge, Kent

and as I and the Arts Team wanted to do more, it was obvious that people were going to stop and ask questions like “Hang on, what’s happening here?” “Have we really got the situation under control?” When I look back it amazes me that we haven’t been subject to more questions and scrutiny than we have. The Hospital Authorities’ involvement with the appeal brought things to a head.

I think you are probably aware that over the past month I didn’t know whether or not the AHA were going to get so fed up with the manpower and expense of an appeal because of the Arts Project that they were going to say “it is not worth it, we don’t want to have anything more to do with it after the end of the year”.

At one time too I thought “It’s not worth it—why on earth did I decide to employ people and have the Arts Team?” The pressure I was under was affecting my family life. I thought of giving it up but that was just a brief moment of doubt.

It’s been made very clear to me over this period, and in a sense I’m sorry about it, that the Arts Project is linked with my connection with it. The AHA made it clear long before all this happened that they weren’t prepared to give any money to the Project unless I was responsible for it.

With the Arts Team being given contracts, we were being classed as a department within the AHA and we’re no more excluded from the rules and regulations and structures they have than any other department. The AHA are to appoint an administrator to liaise with us. Brian and I will liaise with the administrator and the Team.’

Chris Burke was the Personnel Officer involved with the Arts Team and explained the difficulties they had:

‘The problem lies in the change from the old Job Creation Scheme Funding to the present part-funding by the Hospital. Under Job Creation, they were unique, being Health Service employees not employed by the Health Service! In other words the Health Service had no legal responsibilities as far as the artists were concerned apart from Health and Safety at Work. This has now changed. The Hospital administrators had to draw up a contract which established the artists’ rights but which didn’t commit the Hospital legally if the Project folded. They found a way of phrasing the contract as fixed term “for the duration of the funds”. If the money were to run out for the artists, there would be no legal responsibility on behalf of the Hospital to continue their employment, but surely there would be a moral obligation.’

This last question will be raised later on. These were the financial and legal responsibilities of the Hospital administration for the Arts Project. I asked Chris Burke what other problems there were in the employment of artists in a hospital. He chose to answer under the traditional headings of responsibility within the Personnel Department:

### *'Discipline*

The artists are members of the Hospital and have to obey the same rules as the rest of the staff. It must be very difficult and new for artists to accept these constraints and certainly at first they failed to do so, for example they were often late. Members of staff would eventually notice and comment on dual standards. It is a problem getting artists to accept this discipline and constraint. Peter Senior and I discussed the problem and decided that Brian Chapman had to become a "manager" to keep a check on time-keeping for example. The artists did clock in and out; they decided it was the best thing to do. This was ironical as elsewhere staff were coming off the clocking system. Now Brian Chapman simply fills out a time-sheet for each artist and returns it monthly; the time-clock is no longer used. In other ways the Arts Team has moved from a democratic style of solving disputes to a more autocratic style, again opposite to contemporary trends. This puts Brian's role as a manager about ten years back in time.

Meetings are held to consider the project work, discuss problems and to air grievances. Even so responsibility for the Team is vested in Peter Senior and Brian Chapman. The Project will collapse if anyone lets the side down. What can we (Personnel) do under the district disciplinary procedure? This arose in one particular case of persistent lateness when the artists came to me to find out what they could do. They thought about dismissal, but in the end discussed it amongst themselves in their democratic way and got it ironed out.

### *Health and Safety*

There were highly inflammable materials being stored in the Arts Centre. The Fire Officer was concerned because the Arts Centre is directly beneath a trainee nurses' residence. The problem was resolved by transferring the paints to an outside store. The Arts Team have since become more safety conscious.

### *Appearance and Dress*

This was a problem and still is to an extent. Finally the matter was resolved after Peter Senior had a hard talk with the Team. I'm now fairly happy with the way they dress. The Arts Team will never receive the same respect as other members of staff if they look too different. A uniform would be one way, and the badges they wear help.

### *Unions*

I think they should join a union, probably ASTMS. With the Hospital funding, they will have to become full-time Health Service employees and be incorporated into the Health Service structure. This could introduce conflict. Now they are working so hard everyone is on their side—no one is 'anti'—but if they step out of line it could be dangerous for them. On the other hand their independence means insecurity. Some hospital employees object to the idea of the Arts Team joining a union as it would raise problems of jealousy, inequality and so on.'

The problem of whether or not the Arts Team should join a union dropped out of their minds during 1979 when financial support was a constant uncertainty. It hardly seemed worth joining a union if you were going to be out of a job before you had paid your first subscription. When the national NUPE and COHSE strike was happening the Arts Team found themselves in a difficult position. As non-union members of the Hospital they were quickly called upon to act as volunteers to maintain Hospital services. As their existence in the Hospital would be severely threatened if they aggravated the unions, they had to refuse this request. On the other hand, in order to retain the independence that was so vital to them, they could not align themselves with the unions and refuse to work. In the end they all worked at home, or in Peter Senior's studio in Hayfield, and so resolved the dilemma\*.

Jack Sutton, one-time NUPE shop steward, felt that:

' . . . there has always been a tendency for artists not to see themselves as political animals. I would say it would be excellent if they wanted to get themselves involved in a union; I think they could bring in fresh ideas like theatre groups. Most of the theatre groups I've been to see are on the left. We didn't invite theatre groups down here, but elsewhere we organised plays on hospital life and stuff like that . . .

When artists first approach a hospital they should contact the staff organisations, like the Joint Consultative Committee, which is the official voice in hospitals and perhaps the Joint Shop Stewards Committee, or just individual unions, because they tend to spread information around more than the official channels.'

### **Extending the responsibility of Administrators**

As the Hospitals' Arts Project became better known, more and more requests for information and visits were received by the Arts Team. It had become clear that all of the pressure for organisation, development and funding had come from Peter Senior and the Project itself. The Team was confident that it played an important role in the Hospitals and would be sorely missed if it were forced to go. Peter Senior felt it was time to get tough with the Area Health Authority and, when he met representatives of the Northern District Hospital Group, he made it clear that they could not sit back and leave everything to the artists themselves:

'They would really have to come half way to meet us if they wanted things to develop. In the Central District they've had it easy; they've had the Arts Team to spoon feed them. We've now said that this obviously couldn't happen in the same way in the Northern District. This means that we must have a liaison person in every situation to whom we can refer. They felt that the Administrators should provide that link. I felt that they should appoint someone to look after exhibitions, events and performances, but a number of them said they needed their own arts team.

Prestwich Hospital has sent down a number of people—a clinical psychologist, senior nursing officer and senior

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\* In March 1981, some of the Arts Team joined NALGO

occupational therapist. Brian and I had been up to talk to the Senior Administrator. They asked some hard questions and some of them were very suspicious, although we had a nice letter back. Then they rang and asked if I could supply job descriptions for an arts team. It looks as if they're going to advertise and they have asked me to be on the interviewing panel.'

Peter Senior now feels that both the Administrators and the North West Arts Association (NWAA) should take the initiative if they fully support the principle of having artists in hospitals:

'If they (the Administrators) believe that the arts activities tried by the Hospital Arts Team are relevant, and if they are going to take their involvement seriously, they should seek opportunities to educate and inform themselves about the arts. This might mean, for example, seminars by the Arts Team for the staff—they already do this for nurses. It might also mean allowing staff to attend arts activities themselves. We could do with much more support from the NWAA in this respect, for example by inviting Administrators to their events. Surely if you build up the aspirations of people about art, you're obliged to provide a follow-up?'

Certainly when I spoke to representatives of NWAA there was no hint of this. At the time they were concentrating on the possible future of SHAPE in the North West and, I think, felt that this was as much as they could do to introduce the arts into as many communities and institutions as possible.

### **The way ahead**

In spite of these administrative and financial problems, the Arts Team has survived. The Inner Cities Urban Aid money awarded in 1980 is for three years. No one can predict whether this support will be continued when the present grant expires, or indeed whether the Inner Cities Urban Aid Partnership will still exist. The feeling of the Area Health Authority is *still* that the next three years will be a form of trial to see just what the Arts Team can achieve. One wonders what is required to take the Hospitals' Arts Team out of the voluntary sector and to establish permanent posts for artists within the National Health Service. Perhaps the establishment of arts centres within other hospitals and Health Authority Areas will cause a change of attitude and prove the Mancunian boast that 'what Manchester does today, the rest of the country will do tomorrow'.

## Chapter 6

### New developments in hospital arts

Since the Manchester Hospitals' Arts Project was awarded funding in 1980 for three years from the Inner Cities Urban Aid Partnership, there have been a number of significant new developments. The Project has achieved at least a temporary stability and Team members have been able to initiate long-term activities, unhampered by financial worries. The organisation and administration of the Project has been formalised, within the Health Authority and in relation to the North West Arts Association. Other hospitals in the North of England have recently initiated their own arts projects which are modelled on the Manchester Hospitals' Arts Project and are in interesting and critical stages of development.

The Manchester Area Health Authority has now issued six members of the Arts Team with contracts for three years; the period covered by the Inner Cities Funding. Peter Senior's position as Director of the Project has been clarified by the issue of an 'honorary contract, unpaid' by the Manchester Area Health Authority. In August 1980 it was agreed by the Area Health Authority that the Arts Team members should be paid on salary scales compatible with those of art therapists. This is an important step as it marks the recognition by the Area Health Authority of the permanent contribution being made by the Arts Team and is a move away from the arbitrary salaries associated with what was an anomalous, experimental project funded by short-term grants. The work of Margaret Blackwell and Christine Watson, who are both employed by the Manchester Education Committee, is developing as an important extension of the Arts Team's work with patients. The fact that their work continues to be recognised and funded is significant in a period when adult education is being cut because of reductions in local authority spending.

With the relative stability of funding an Advisory Committee was set up to guide future developments of the Project. The Committee consists of:

- one member of the Manchester Area Health Authority
- one nominee from the North West Arts Association
- one nominee from the Manchester City Council
- one officer from the Manchester Area Health Authority
- two independent members with a special interest in the activities of the Project to be nominated by the Manchester AHA (at present a former senior consultant at St Mary's and the General Secretary of the United Construction and Allied Trades Union)
- the Director of the Project (Peter Senior)

The terms of reference of the Advisory Committee are as follows:

- '1 To be responsible to Manchester Area Health Authority (Teaching) as the administering body for the overall activities of the Project
- 2 To provide advice to the Authority on the continued funding of the Project
- 3 To receive reports from the Director of the Project with regard to:
  - a) the organisation of the Project

- b) the programme of activity of the Project
- c) the staffing of the Project
- 4 To discuss the programme with the said Director and to monitor progress and performance of the Project
- 5 To ensure that the Project is financially viable and that staff interests are catered for
- 6 To report at regular intervals to the Authority and to the various grant-giving and sponsoring organisations as appropriate

The day-to-day management of the Project will be the responsibility of the Director who should be offered an honorary contract for the period of the Project. It is essential that he be given appropriate support from the Treasurer's Department in respect of budgetary control information and that an Officer be designated in each of the Districts to ensure local liaison.'

This committee should not only ensure that the Area Health Authority maintains an active interest in the progress of the Project and its future, but should also encourage the North West Arts Association to develop and exploit its contacts with the Health Service.

With the funding from the Inner Cities Urban Aid Partnership, the Hospitals' Arts Project has a greater responsibility to hospitals, health centres and clinics outside the St Mary's/MRI complex. This means that the Arts Team has often to start from scratch in an unknown environment with its own needs and personnel. In order to help in making these initial contacts, a member of staff in each institution has been designated to liaise with the Arts Team and to be responsible for arts activities within that institution. The Project has been able to buy a 'work bus' to take team members and equipment from the Arts Centre to other institutions within the Manchester Area. The van makes their work much more flexible and effective and a day spent in a distant hospital is no longer a major logistic exercise involving a convoy of Team members' cars loaded with paints and brushes, costumes and props!

The increased workload imposed by the extension of the Project's area of responsibility has meant that it is no longer possible for the Team to respond to requests for their services on an ad hoc basis. All the Team's activities now have to be strictly timetabled; a welcome initiative which has relieved the strain of juggling with competing demands on their time.

The Arts Team has become an accomplished group of performers with considerable and varied skills including scriptwriting, and costume and prop designing. Recently a young actress was employed to help direct and design costumes for the Team's latest project, the Olde Tyme Music Hall. After its first performance, in November 1980, this show has been booked for months ahead and plays, on average, once a week in a variety of hospital settings. Puppetry and clowning are often used to provide effective and entertaining shows with a health message. The latest example has been the *Tickle Your Teeth* show, written in collaboration with dental hygienists. A videotape is being made of the show which will be shown in clinics and hospitals within the Manchester Area. An unexpected recruit to the Team has been the St Mary's Hospital teacher in charge, Mr Plaskitt, who is learning to ride the unicycle and has joined in with the clowns.

The current availability of funds has enabled the Project to commission artists to carry out specific paintings within the Hospitals. So far three such artists have been employed very successfully for six weeks each. These commissions allow for new

styles and ideas to be brought to artworks in the Hospitals whilst introducing outside artists to the potential that exists for art in hospitals. The Arts Team has shown an extraordinary sensitivity and ability to co-operate on the many projects initiated since they arrived in St Mary's and their attitude should encourage a similar sensitivity in the visiting artists.

In the past few years the Manchester Hospitals' Arts Team has become, in the words of one officer at North West Arts Association, 'the showcase for community arts in the North West of England'. Word of the success of the Project has spread to other hospitals outside the Manchester Area and delegates have often been to St Mary's to have a look. Peter Senior is frequently invited to talk about the Project at national conferences, as well as at hospitals, and has been appointed Chairman of the North West Arts' Environmental Arts Panel; a new initiative which aims to find opportunities for artists in a variety of public places.

As a result of contact with Peter Senior, or more generally with the Hospitals' Arts Project, some other hospitals have been sufficiently impressed to set up embryonic projects of their own. Some time ago a team of artists was employed under the Job Creation scheme at London's Charing Cross Hospital, supervised by Keith Grant, an established artist.

The Director of the Lincolnshire and Humberside Arts Association, Clive Fox, initiated a hospital arts scheme after visiting the Manchester Project; three artists were employed for one year, again under the Job Creation scheme, providing performances and other arts activities in three hospitals, The Pilgrim Hospital, Boston, St George's Hospital, Lincoln and St John's Hospital, Lincoln. The Lincoln Area Health Authority is seeking a minimum of £15,000 to re-employ these artists, now that the JCP funding period is over. So far £1,500 has been earmarked by the Lincolnshire and Humberside Arts Association Visual Arts Panel. Private sponsors and trust funds are also being approached.

In 1979 Prestwich Hospital, a large psychiatric hospital within the Salford Area Health Authority, invited Peter Senior and Brian Chapman to speak about the Manchester Project. A party of medical and administrative personnel subsequently visited the Arts Project to see for themselves and, in June 1980, Peter Senior was invited to sit on a panel interviewing candidates for two hospital artist vacancies. The posts were advertised as follows:

'Two hospital artists: to work with patients on a mural art project—initially for six months. Continuity of the project will be dependent upon the extent of benefit to the patients and their overall involvement in the painting of the murals. Applicants must possess a formal qualification and have some experience of mural artwork.

The activities of the hospital artist will be monitored by a multi-disciplinary planning team of which the artist will be a member.

Duties:

- 1 To participate in the selection of suitable patients who would benefit therapeutically from involvement in the project
- 2 To supervise patients engaged on mural artwork in relation to work performance, attendance, etc
- 3 To supervise volunteers and young persons engaged on the project
- 4 To participate in the selection of the work areas



- 5 To liaise with other relevant staff groups in the areas selected eg nursing, ancillary, maintenance and administrative, etc
- 6 To order and maintain stocks of material and equipment
- 7 To design murals and present them to the planning team for approval
- 8 To organise the painting of murals ensuring maximum patient involvement
- 9 Any other duties which may arise due to the expansion of the project.'

The two successful applicants were Brian Phillips, a former student on the Recreational Arts for the Community course which Peter Senior helped to set up at the City of Manchester College of Higher Education, and Vivien Hindle, a member of the first Job Creation scheme Arts Team in the Manchester Hospitals' Arts Project. Vivien Hindle had been trained as a mural designer. After the completion of her year's contract with the Manchester Hospitals' Arts Project she had been unable to find a similar post and was excluded from re-appointment under the terms of the Job Creation scheme. Brian Phillips had spent some time whilst on the Recreational Arts course working with the Hospitals' Arts Team and designed and painted a very successful mural in the Children's Ward of the Manchester Royal Eye Hospital. Initially it was intended that both artists should be paid on the scale for Occupational Therapists, but Brian Phillips was later paid on a Higher Clerical Officer's scale in recognition of his responsibility for the project. The Hospital immediately recruited six young people under the Government's Youth Opportunities Programme, perhaps in an effort to maximise the success of the project. As it turned out Brian Phillips felt that these appointments created an unnecessary strain during the early stages of the project when considerable groundwork had to be completed. Despite this it looks as though the project at Prestwich will produce impressive work, designed by professional hospital artists, but executed entirely by the patients.

The projects initiated at Prestwich (by the Area Health Authority) and in Lincolnshire and Humberside (by the Regional Arts Association) are significant developments stimulated by the success of the Manchester Hospitals' Arts Project. Naturally it is to be hoped that other Area Health Authorities and Regional Arts Associations will attempt to set up similar schemes of their own using the valuable information and experience gained from existing projects. Although I had hoped to end on this exalted note, it must be said that the future success of these, and any other similar projects, will depend entirely on the provision of adequate funds. Grant-making bodies cannot be expected to support arts teams for Area Health Authorities throughout Britain; hospital arts projects, unlike the pioneering Manchester Project, should not have the continual headache of fund-raising. Clearly, if such projects benefit patients and staff as well as artists, the Government should be encouraged to look closely at possibilities of funding the arts in hospitals. Hospital arts projects should not be seen as a luxury unrelated to medical care, but as new and effective adjuncts to that care. The chances are that the arts and artists will become healthier too!

## **Guidelines for a hospital arts project**

Chapter Six has given some indication of the considerable interest shown in the Manchester Hospitals' Arts Project. A number of other hospitals, health authorities and artists have expressed a wish to establish a similar project. With this in mind, I asked Peter Senior to set out some of the conditions he felt could help their chances of success. These are his recommendations:

### *The artist or artists*

They must be broadly experienced and be prepared to share their work with as many people as possible. This may mean subordinating personal professional ideals for a more general benefit whilst maintaining the highest technical and artistic standards. The artists must be adaptable and sensitive. They must be able to recognise arts and crafts skills in people in the community or institution and offer guidance and encouragement where necessary, and be prepared to learn about and understand the Health Service and the community with which they are involved.

### *The situation*

The area, institution or community which is chosen must be one which will welcome a project of this kind. There must be a base for the artist(s) and access to basic art materials. The artist(s) will also need space for displays, exhibitions, performances and events. It is important to stress that the painting of murals is a very limited concept for the involvement of artists in institutions such as hospitals. There must be a degree of liaison and administrative support with access to a telephone and secretarial help. There is also a need for support from the highest possible authority to gain the co-operation of various departments and ancillary services such as electricians, painters, portering staff and cleaners.

### *Involvement of the hospital staff*

Every opportunity should be taken to bring the hospital staff up to date on developments in the arts. Regional Arts Associations are there to provide this kind of information and they should be encouraged to involve representatives of the hospital or other institutions in their meetings, lectures and exhibition openings.

### *The relationship between the artist(s) and the unions*

The relevant unions, the Joint Consultative Committee, and the Joint Shop Stewards must understand the aims and aspirations of the artist(s); they can help spread the word amongst staff.

### *Adequate funding*

The Regional Arts Association should be pushed very hard for funds and support. Some hospitals have a League of Friends who may be able to provide funds.

### *Patience*

This is essential, particularly in the initial period as it takes time to build good relationships. The Manchester Hospitals' Arts Project took a year to interest grant-awarding bodies and it was another 12 months before funds were made available. Be prepared to make a long-term commitment.

## **Appendix I**

### **Programme of activities from April 1980 to April 1981**

#### *April 1980*

Exhibition of photographs entitled Manchester Street Life at the Levenshulme Health Centre for six weeks. This exhibition is on loan from the Whitworth Art Gallery .

Crafts Council touring exhibition about the processes and products of free blown glass, on show in St Mary's foyer for five weeks

An exhibition of artwork by deaf children from around the world in the MRI Out-patient Hall for four weeks

An exhibition of photographs by Mr Matthews, husband of Sister Matthews (Women's Outpatients), held in the Showcase at St Mary's entrance

Work continued on large mural in the Outpatients Department at Crumpsall Work continued on large mural on Ward C3 of the Eye Hospital

Initial plans, research and liaison with the Health Education Department regarding The Dental Health Show, devised as an introductory aid to dental education in Inner City Schools

Initial contacts with Inner Cities Health Centres regarding possible visual treatment

Production and distribution of the first Arts Team Broadsheet, designed to be a simple communications sheet for hospital personnel to use to advertise events etc

Initial plans, research and liaison for the Burton House Project at Withington Hospital

Clowning, and Punch and Judy Shows at Egerton Schools and Seven Acres School (Special Schools), Withington Hospital Ward 5A and the Peter Pan Centre for the handicapped

Guitar recitals by Joseph Fung and Steven Smith at Gaskell House Psychiatric Unit and Lister House

The organisation and production of a Variety Show Benefit, a joint fund-raising venture between the Respiratory Care Unit and the Arts Project

Rehearsals for the Music Hall Show

Patients menu tickets designed for the MRI Catering Department

Artwork produced for printing badges and tee-shirts to raise funds for the Newborn Intensive Care Unit, St Mary's, design later used on posters

Fund-raising posters designed for The Friends of St Mary's

General repairs and retouching of cut-outs and Kinetic Playboard

#### *May 1980*

Photographic exhibition, Manchester Street Life, moved from Levenshulme Health Centre to Longsight Health Centre

Exhibition of paintings by Tom Sissons and Alan Bowness in the MRI Outpatients Hall

Exhibition of Ceramic work by Margaret Sharp in the Showcase at St Mary's entrance

Mural started on Adolescent Ward verandah working with patients, staff and teachers

Work started with staff at Hulme Clinic on various cut-out images and a mural in waiting area

Work with Physiotherapists on the design and production of a display for their department

Songs and script written for Dental Health Show; rehearsals involving three of the Arts Team continue one day a week

Mobile design ideas started for clinics and Health Centres; picture rail ordered for Moss Side Health Centre

Music Hall Show rehearsals, involving five members of the team continue one half day a week

Burton House Project at Withington Hospital; panels started, colour scheme accepted, local groups involved. Work involves members of the team two days a week

Lunch time poetry recital by Dannie Abse

Designed display boards for a Special Care Unit sponsored pram push

Cervical smears poster designed for hospitals, health centres and clinics

### *June 1980*

Exhibition of photographs by the South Manchester Camera Club in the MRI Outpatients Hall

Exhibition of handmade Indian Dolls by Yogesh Virmani in St Mary's Showcase

Photographic exhibition at Longsight Health Centre

Exhibition of paintings by Brian Phillips at Levenshulme Health Centre

Burton House Project continues

Adolescent Ward mural continues, progress limited to a few hours a week

Hulme Clinic mural continues

Prop-making and rehearsals for the Dental Health Clowning Show continue

Music Hall rehearsals continue

Sing-along session at the Young Disabled Unit at Withington Hospital

Puppet Show organised for the Children's Ward, St Mary's, performed by K Holden

Second edition of *Broadsheet* produced

Graphic work for the cover of a management training booklet

Visits and discussions with North District Health Centres and Clinics

Artwork being produced for Dieticians Booklet

Continued slide tape production for use around wards and health centres

Liaison with canteen staff concerning special menus

*July 1980*

Exhibition of photographs of environmental work, mural painting etc by David Vaughan in MRI Outpatients Hall

Exhibition of Free Blown Glass by Sandy Bowden, St Mary's Showcase

Longsight and Levenshulme Health Centre exhibitions same as June

Work continues on Burton House Project

Hulme Clinic mural continues

Adolescent Ward mural continues

'De-Mob' show organised and performed at Crumpsall geriatric and social therapy units and at Barnes Hospital by drama students from the Polytechnic

Folk night arranged for Social Club

Dental Health Show rehearsals and prop-making continue

Music Hall Show rehearsals and prop-making continue

Photographs and Video recording of Dental Health Clowning Show for use at The Manchester Show followed by live performance at the Show

A show by performers called 'Scaramouche'—a re-enacted version of the traditional Punch and Judy show—at Booth Hall Children's Hospital

Variety Show by the Hospital Arts Team at Young Disabled Unit, Withington Hospital

Open Day at the Hospital Arts Centre inviting North, South and Central District personnel, local councillors and North West Arts Executive Committee members

Display board made for Special Care Baby Unit to help with the sale of their fund-raising goods

Badge and tee-shirt artwork for Central Delivery Unit

Mobile-making for Health Centres continues

Production of slide-tape shows continues

Artwork for nutrition booklet commissioned by the Dietician, Moss Side Health Centre

A mobile made for the Fracture Clinic, MRI and a large painting for the Accident room, MRI

For Ancoats Hospital: a copy in oils of the L S Lowry painting of the Outpatients Department, Ancoats Hospital

*August 1980*

Exhibition of Ceramics by John Biddulph in the Showcase, St Mary's

An exhibition of original paintings by Tibetan Monks in the MRI Outpatients Hall

Work continued on the Burton House Project, the Music Hall Show, the Dental Health Show, the Adolescent Ward mural, the Hulme Clinic mural; Slide-tape production

Clowning, and Punch and Judy Shows arranged for the Duchess of York Hospital and the Gorton Playscheme for handicapped children

A series of guitar sing-along sessions by Roger Sim

Involvement in a one-day workshop session at Contact Theatre for PHAB (physically handicapped and able bodied)

Liaison with the Manchester Education Committee Summer Playscheme in St Mary's

Revision of design for the mural commissioned by Manchester WRVS for the Royal Infirmary Intensive Care visitors' waiting area

Drama workshop with children—Children's Ward, St Mary's, Rodney House, Booth Hall

### *September 1980*

Exhibition of paintings by Tibetan Monks in MRI Outpatients Hall

Exhibition of Ceramics by Hanni Zadow in St Mary's Showcase

Exhibition of paintings and photographs by Brian Chapman at Levenshulme Health Centre

Exhibition of paintings by Brian Phillips at Longsight Health Centre

Paintings changed along the Link corridor and the Ante-natal clinic, St Mary's

Preparations underway for the George Smethurst Exhibition

Work on Burton House Project, involving painting by the team and also by a part-timer and a volunteer; co-ordinating work by outside volunteers; preparation of boards; distribution and collection of boards and paint

Work started on WRVS mural

Work continued on Adolescent Ward mural

Collected paintings donated to the Hospital by artist, Edmund Mann

Visit to Booth Hall to meet the Administrator and Senior Nursing Officer resulting in a workshop being arranged for nursery nurses

Music Hall prop-making and rehearsals one half day a week

Dental Health Clowning Show rehearsals and sound effects one day a week

Organisation of Interim Theatre production of play about deafness, to be staged at Edgar Wood Centre

Work on Project display sheets

Work with hospital drama group (Thursday evenings) on slide-tape of play

Friends of MRI Grand Autumn Ball poster

Old Tyme Music Hall poster and arrangement of bookings

Many members of staff using Art Centre for posters, badges etc for the hospital darts competition

Two days spent on production of cut-outs for Health Centres and Clinics

### *October 1980*

Exhibition of paintings by George Smethurst in MRI Outpatients Hall

Exhibition of Enamelling by Hanni Zadow in St Mary's Showcase

Exhibition space organised for Clayton Health Centre

Cut-outs—dental health clowns—hung at Moss Side Health Centre

Continued work on Burton House Project; 20 panels now completed

Work continuing on the Adolescent Ward and the WRVS murals

All-day arts workshop for 12 Booth Hall nursery nurses in the Arts Centre, resulting in the production of a large decorative panel for the main corridor at Booth Hall

Production of Doodle Booklet—a series of helpful sheets on a variety of art and craft techniques for staff and patients

Initial visit to Ancoats Hospital; discussed possibilities for exhibition spaces, booked some events and arranged to help the Occupational Therapists paint a 'useful' mural in the gymnasium

Organisation of Staff Art Exhibition

Dental Health Puppet Show and Dental Health Clowning Show both completed and first performances taken place; booking up to Christmas

Olde Tyme Music Hall Show now touring the Area hospitals; four performances this month and bookings up to Christmas

Dental Health songs written for the Health Education Department and posters produced

Talk given to Social Work students at Leicester Polytechnic

Organisation of a performance by the Interim Theatre, a touring company including deaf actors and presenting a play highlighting the problems of deafness

Sing-along sessions by Roger Sim in MRI and Crumpsall Hospital

Thursday evening Drama and Art Club

Produced *Broadsheet*, the monthly newsletter for hospital staff

Part-timer, Letitia Attwell, started work on an exhibition of paintings to tour the hospitals and health centres

### *November 1980*

Exhibition of drawings by famous cartoonists (Members of the Cartoonists Club of Great Britain) donated to Dr Barnados, in MRI Outpatients Hall. This was the first public showing of this collection

Exhibition of Weaving in St Mary's Showcase by Linda and Nicolette Hutson, assistants of the famous weaver Elda Abrahamson

Continuation with preparations for Inner Cities exhibitions at health centres involving the production of three exhibitions of 20 works each

Letitia Attwell, employed on a short-term contract two days a week, working on paintings for various hospital areas

Five performances of the Dental Health Clown Show and Puppet Show organised in liaison with the Health Education Department to tie in with their educational programme in Manchester's primary and infant schools

Three Olde Tyme Music Hall Shows performed at Withington and Crumpsall Hospitals involving geriatric and psychogeriatric patients

Five sing-along sessions with Roger Sim at Springfields, Crumpsall and MRI

Performance by Interim Theatre (Theatre for the Deaf) at Edgar Wood Centre. The audience of approximately 150 included a number of people involved with audiology within the AHA plus groups and individuals involved with the deaf

Continued work on panels, ward names and symbols for Burton House, the Geriatric Department at Withington Hospital

### *December 1980*

Staff Art Exhibition in MRI Outpatients Hall

Exhibition of Rag Dolls by Carol Pritchard, Senior Radiographer, in St Mary's Showcase

Work in progress on hanging of completed panels at Burton House

Exhibition space organised for ENT department

Large number of frames prepared and varnished for touring exhibitions

Nine Olde Tyme Music Hall Shows performed involving about 300 patients at MRI, Monsall, Withington, Crumpsall, Barnes and Ancoats Hospitals and Clayton Health Centre

Two *Gurgly's Dicky Ticker* clown shows performed for the children at St Mary's and Booth Hall

A children's show organised for the Hospital Creche, MRI and performed by students on the Recreational Arts for the Community Course at the City of Manchester College of Higher Education

A show by puppeteer Chris Goring performed on Children's Ward 5A (burns and plastics) at Withington Hospital

A group of student performers—Scaramouche—performed their Christmas show for children at Beswick Health Centre and on surgical and medical wards at Wythenshawe

Some work involved advising and helping staff, particularly canteen staff, to decorate their departments for Christmas

Two performances by Nut and Bolt at Crumpsall

Video tape and performance of *Sleeping Beauty* on Adolescent Ward in conjunction with Mr Plaskitt and staff and patients



*January 1981*

Monthly exhibition change in the MRI Outpatients Hall—an exhibition of paintings and drawings by young North West artist, Edmund Mann

Monthly exhibition change in the Showcase *Sleeping Beauty*; rod puppets made by the children on the Adolescent Ward, under the tuition of Chris Watson, for a Christmas show

St Mary's and MRI paintings rota re-organised. This involves changing almost 100 paintings

A small exhibition of eight paintings now hangs in Sparshott House main corridor

Four touring exhibitions of about 20 works each are now on view in Inner City areas of the Health Service with exhibition areas now established at four community health centres, Levenshulme, Longsight, Beswick and Moss Side

The main corridor at Burton House, Withington Hospital now houses 25 large painted panels; the ward signs also ready to hang. A small section of the corridor remains to be painted in the style of a village shop and painting of further panels in progress

The production of the first in a series of three large paintings for the entrance corridor of Barnes Hospital

Performances: Punch and Judy show at Levenshulme Health Centre  
Two performances by Nut and Bolt at Crumpsall  
*Tickle Your Teeth* show at Booth Hall  
Olde Tyme Music Hall show at Crumpsall  
Start of a series of regular sing-along sessions by Roger Sim and volunteer Sylvia Jensen on the Children's Ward at St Mary's  
Two performances by The Moonlighters (old time singing) at Burton House  
An audition session in Cobbett House arranged in conjunction with the SHAPE organisation, including three acts who may now be booked for a variety of hospital situations; this performance was seen by patients at Gaskell House and staff from the Psychiatric Department at Withington

The production of two large cut-out No Smoking signs for the MRI. The basic design was by Ralph Nuttall, Head Porter at MRI Four more signs have been requested

Increasing number of visitors to the Arts Centre, particularly patients from Ward G3 and from the Adolescent Ward, coming to work with Margaret Blackwell and Christine Watson

In addition to normal Arts Team work time has been spent clearing up and preparing for the pending changes in accommodation

*February and March 1981*

Exhibition of Paintings by Letitia Attwell in MRI Outpatients Hall

Exhibition of Ceramics by Paul Muchan in St Mary's Showcase

Work by pupils at Ducie High School in St Mary's Dining Room

Pictures changed in St Mary's—Ante-natal, Hathersage Road corridor, Link corridor and Women's Outpatients Also an exhibition area has been established in the ENT department

Nine paintings completed for forthcoming 'Four Seasons' exhibition in MRI Outpatients Hall in April

Exhibitions rota re-evaluation and planning

Contacts made with Manchester Studies and Manchester Polytechnic students for future exhibitions

Picture rail prepared for Clayton and Brunswick Health Centres

Frames ordered, collected and prepared for exhibitions

37 hospital areas have had some performance activity, including 13 sing-along sessions by Roger Sim and four Arts Team shows. Particular emphasis is being placed on the needs of geriatric patients and new material is constantly being sought and learnt for this field of work. A network of contacts and relationships linking departments, hospitals, voluntary organisers, occupational therapists, etc is an increasingly important part of this work

Roger Sim has set up a weekly folk evening at Withington Psychiatric Unit

Regular sing-along sessions by Roger Sim on St Mary's Children's Ward on Friday mornings

The Burton House Geriatric Unit Project is very close to completion. Plaques for paintings and corridor engraved signs are on order from Whittingham Hospital which has an industrial therapy unit. The response from Staff, patients and visitors has been very positive. Work started on 'Corner Shop' mural, down memory lane

The WRVS mural for the overnight stay room attached to the Coronary Care Unit, MRI, is now nearing completion

Members of the team have visited Ancoats Hospital and had discussions with the administrator, Mr Mitchell and the physiotherapy staff; work on a large mural painting will start in May

Jeremy Waygood has prepared plans for a Children's playground for St Mary's and it is hoped to go ahead if the Hospitals' Arts Project and St Mary's can raise sufficient funds

Much time and energy has been spent considering the problems to be dealt with when the project has to work from a split site, such as space planning, equipment and materials planning and ordering, work planning and other organisational problems

£600 received from Sotheby's to commission artist Charles Shiels to do a painting and a series of prints to be distributed throughout the area

Modifications being made to the *Tickle Your Teeth* show

Letitia Attwell working on a large panel for Barnes Hospital (geriatric)

Peter Senior gave a talk on the Hospitals' Arts Project at the North West Arts Annual General Meeting

Brian Chapman and Langley Brown gave a talk about the Project to Failsworth Rotary Club

An Arts Team music workshop took place at Gaskell House Psychiatric Unit—an initial experiment in this field

*April 1981*

MRI Outpatients Hall exhibition, 'The Four Seasons', featuring four paintings by North West artist, Edmund Mann. Unfortunately due to the heat in the hall they have warped and have had to be removed. If a suitable site can be found they will be exhibited elsewhere. Arts Team paintings made up the rest of the exhibition

St Mary's Showcase; ceramic work by 5th form pupils from Chapel-en-le-Frith

Burton House Project; 'The Corner Shop' mural nearly complete; two more panels completed for Wards 7 and 8; plaques for paintings and signs will soon be finished. Apart from their artistic and decorative aspects the paintings serve as landmarks and to stimulate conversation. Also they are now being used by the physiotherapists to encourage improvement in the patients walking abilities

Ancoats Hospital mural project (physiotherapy); designs are now being made for the large gymnasium wall, particular attention being paid to requested 'visual tools' to use in conjunction with the therapeutic work of the unit eg height calibrations to throw balls at, measures of achievements in walking distances

Five large 'No Smoking' signs now complete and in use at key points in the MRI

#### *Events*

Four *Tickle Your Teeth* shows in schools

Performance by classical singer Sheila Hunter for The Friends of Barnes Hospital party

Performance by folk group Players Please at Withington Psychiatric; a folk club has recently been set up in conjunction with the Arts Team

Sing-along sessions by Roger Sim at Withington Psychiatric Hospital, Park Hall Old People's Home and for Hospital Radio—a live show

#### *New Work*

100 feet of picture rail prepared for Eye Hospital, main building and Outpatients

Picture rail and pictures supplied to Brunswick Health Centre

Two slide-tape shows prepared for the waiting area at Brunswick Health Centre for use during the Cytology fortnight in May

100 frames being prepared for exhibitions throughout the Inner City area; work for display includes work from Ducie High School, Whitebrook School for the Deaf, Manchester Studies, Manchester Polytechnic, Athena Productions and Arts Team work

Three large paintings being prepared for the School of Nursing at Crumpsall Hospital

Designs are now awaiting approval for four large paintings for the ENT department waiting areas in the MRI

#### *Future plans as at April 1981*

##### *New Premises*

We must include in this year's plans the re-establishment of the Arts Centre on a split site. This will involve equipping the Levenshulme site as an efficient workshop building and equipping the hospital site as a more comfortable patient arts and crafts centre

### *Inner Cities Work*

To continue the production of touring exhibitions for the health service buildings in this area both in terms of paintings by the Arts Team and exhibitions from local schools, groups and amateur and professional artists.

A site at Beswick Health Centre shows the possibility of some mosaic work being done on some of the exterior panels of the building. This will be looked into as a possible summer project involving local youth. Roger Sim and Langley Brown are to liaise with Beswick and Clayton

The development of the Dental Health clowning show will continue into 1981 touring schools, health centres, and suitable children's wards.

The success of the Arts Team Punch and Judy show has inspired the Arts Team to develop further puppet shows for use in a variety of children's waiting areas and wards and for the adults we shall produce some experimental slide-tape shows for waiting areas and wards.

### *Ancoats Hospital*

A request has come from the Physiotherapy Department at Ancoats to paint a mural in the gymnasium. Discussions have taken place and visits made. This will involve the staff and patients in re-creating their visual environment and including visual tools in the painting to help guide their physiotherapy exercises. We also plan to provide exhibition space for paintings down some of the more dreary corridors. The Olde Tyme Music Hall show at Christmas was a good occasion for meeting more staff.

## **Appendix II**

### **Summary of replies to a questionnaire sent to the 216 Health Districts in England and Wales by Julie Turner, 1980**

From September 1979 to August 1980, Julie Turner was the supervisor of an artist-in-hospitals scheme in Lincolnshire organised by the Lincolnshire and Humberside Arts Association with funds provided by the Manpower Services Commission as part of its STEP scheme. During this time she visited the Manchester Hospitals' Arts Project and was very impressed. The visit made her wonder if there were other hospitals hosting similar schemes and what kind of arts provision exists in British hospitals. Julie Turner has kindly allowed us to reproduce here, in summary, the main findings of her research.

In July 1980, a questionnaire was sent to the 216 Health Districts or single District Areas in England and Wales—an area covering over 2,000 hospitals. There was a 70% response to the questionnaire with 152 districts replying. By region this was: East Anglia 57%, Mersey 80%, Northern 75%, North East Thames 58%, North Western 55%, North West Thames 61%, Oxford 57%, South East Thames 69%, South West 70%, South West Thames 93%, Trent 82%, Wales 76%, Wessex 90%, West Midlands 73%, Yorkshire 59%. Shortage of funds prevented the inclusion of Scotland, Isle of Man, Channel Islands or Northern Ireland in the survey.

The intention of the survey was to assess the general level of interest in hospital arts rather than to give precise and detailed statistics. The questionnaire was limited to four questions which requested information on the following:

1. Arts provision in the hospitals
  - a) Artworks—bought, borrowed or carried out by artists commissioned by the hospitals. Kind of artworks provided and where displayed.
  - b) Art classes for patients and staff
  - c) Other related projects
2. Funding for arts provision
3. Attitudes shown by the hospitals towards arts provision
4. Interest in a one-day seminar on arts in hospitals.

#### **1. Arts provision in the hospitals**

##### *a) Artworks*

Of the 152 respondents:

- 87 districts borrow artworks
- 68 districts buy artworks
- 40 districts both borrow and buy
- 37 districts neither borrow nor buy
- 48 districts knew of instances where artists had been commissioned to produce artworks; 24 districts described the artists as individuals or art groups; 12 districts said they were organised by colleges of art or technology and 12 districts did not specify the type of artist.

The works bought or borrowed were mostly wall pieces—original paintings, prints and (the majority) reproductions. In a very few cases, sculptures have been bought for outside sites. The works produced within the hospital were mostly painted murals (26 districts); otherwise there were 3 sculptures, 1 mosaic, 1 ceramic mural and one individual painting. In addition, 2 group projects produced Christmas decorations.

Only 81 districts specified where the work was placed within the hospital. The wards were the most popular display areas, followed by waiting rooms, corridors, etc. Staff areas and treatment areas were less popular.

*b) Art classes*

Over 75% of the districts provide art classes of one sort or another for patients and staff. Out of a total of 211 hospitals mentioned by the districts as having art classes, 9 have classes for staff while 207 have classes for patients. 120 hospitals organise their own classes and of these:

- 37 are organised by art therapists
- 37 by occupational therapists
- 10 by unspecified therapists
- 12 by other hospital staff
- 24 did not specify the type of organiser

37 of the hospitals have classes organised by outside bodies:

- 21 by local education authorities
- 7 by volunteers
- 9 by others (including SHAPE, WEA and local arts associations)

*c) Other related projects*

Only 14 districts out of the 152 respondents noted other art-related projects. 11 of these involved patients with music, drama, mime, flower arranging, handicrafts or visits by the 'Music in Hospitals' group. Some of these were arranged by SHAPE or WEA, local groups or members of the hospital staff. 2 patient-orientated projects were not described. In the remaining 3 districts, one project involved 2 graphic artists preparing visual material for use in speech therapy, and 2 districts gave no details.

Table 1 gives details of the type of hospital involved in arts provision

Provision	Type of Hospital					
	General & Acute	Mental handicap	Mental illness	Geriatric	Long-stay	Psychiatric
Artist	37	13	10	6	1	not specified
Art Classes	42	36	34	37	17	41
Other project	5	3	2	3	1	4

**2. Funding for arts provision**

Of the 68 districts buying artworks:

- 33 districts did not specify their source of funds
- 27 districts were funded by charities directly connected with hospitals (including Womens Royal Voluntary Service (WRVS), and League of Hospital Friends)

- 11 districts received donations from individuals or bodies not directly connected with hospitals (including regional arts associations)
- 9 districts received funds from Health Service Trust Funds or similar bodies

Of the 87 districts borrowing works:

- 31 districts borrowed from the British Red Cross Picture library
- 29 districts did not specify their source
- 20 districts borrowed from local colleges of art and technology, schools, art groups, hospital staff and patients—this category usually provides temporary exhibitions
- 10 districts borrowed from picture libraries and other collections initiated by the local health region/area/district
- 9 districts borrowed from local education authorities, libraries, museums and councils
- 7 districts borrowed from the Arts Council of Great Britain and its Regional Arts Associations
- 5 districts borrowed from the Nuffield 'Paintings in hospitals' scheme
- 1 district borrowed from St John's Ambulance picture library
- 1 district borrowed from a WRVS picture library

In the 48 districts employing artists:

- 7 were funded by unspecified outside bodies
- 6 were funded by the hospital or health district
- 6 were funded by the MSC
- 4 were voluntary
- 2 were funded by SHAPE
- 1 was funded by a League of Friends
- 22 did not specify how the artist(s) were funded

### **3. Attitudes shown by the hospitals towards arts provision**

85% of the 152 respondents thought that there was value in bringing art into hospitals in one form or another but only 3 districts suggested that their provision might be increased in the future. 43 districts saw the main value of hospital arts as therapy for patients, either in a diagnostic or remedial sense, or for diversion. 26 districts felt that the main value of art in hospitals was to improve the environment and create a pleasant atmosphere for patients, staff and visitors. 21 districts noted the lack of funding for such projects, in some cases commenting that any NHS funds available must be used for patient-based art projects; other projects would need voluntary or outside assistance.

### **4. Interest in a one-day seminar on arts in hospitals**

86 districts showed an interest in a seminar.

## Glossary

AHA	–	Area Health Authority
ASTMS	–	Association of Scientific, Technical and Managerial Staff
COHSE	–	Confederation of Health Service Employees
DES	–	Department of Education and Science
DHSS	–	Department of Health and Social Security
DMT	–	District Management Team
GMC	–	Greater Manchester Council
JCP	–	Job Creation Programme
MEC	–	Manchester Education Committee
MRI	–	Manchester Royal Infirmary
MSC	–	Manpower Services Commission
NALGO	–	National Association of Local Government Officers
NHS	–	National Health Service
NUPE	–	National Union of Public Employees
NWA(A)	–	North West Arts (Association)
OT	–	Occupational Therapy
RHA	–	Regional Health Authority
STEP	–	Special Temporary Employment Programme
WRVS	–	Women's Royal Voluntary Service



## Photograph captions

1. Liz Faunce and Chris Watson entertaining children with *Gurgley's Dicky Ticker*, a clowning show which toured the wards of Manchester's hospitals in 1979. This photograph appeared in the *Daily Mail*, 16th November 1979. (Inside front cover)
2. 'Before' and 'After' shots of the Children's X-ray room at St Mary's Hospital.
- & 3. This was Peter Senior's first major project when he became St Mary's full-time hospital artist in 1975. The intention was to transform the room into a jungle incorporating light switches, clocks and machinery in the design. The murals have since been substantially reworked by Steve Maguire of the first Arts Team and have proved a favourite in press and television coverage of the Project.
4. The Sheriff directs patients to the fracture clinic and has become an established landmark in the Manchester Royal Infirmary. He was designed in 1978 by Ralph Nuttall, the head porter, and cut out and painted by the Arts Team. The Team, still relatively new to the Hospital, were grateful for this introduction of humour to their work by a member of the Hospital staff.
5. *Tickle your Teeth*, a dental health clowning show performed by Roger Sim, Chris Watson and Liz Faunce of the Arts Team. The show, aimed at 5-11 year olds, toured local schools in 1980/81 as part of the Hospital's health education work.
6. Patients and staff of the Gaskell House Psychiatric Unit of the Manchester Royal Infirmary at work on a mural which they designed and carried out under the direction of the Arts Team. Patients submitted their ideas for the mural and the Team members incorporated elements of each patient's design in the master plan.
7. Detail from the mural painted on the verandah wall outside the Children's Ward, Manchester Royal Infirmary. The children on the Ward produced a series of paintings and the Arts Team incorporated these into the mural design. The wall can be seen from Hathersage Road and has been the cause of at least one accident; a policeman was so engrossed by the artists at work that he drove into the back of another car!
8. A poster proclaiming that 'Fit Foods are Champion' produced by the Arts Team in 1978 for the dieticians of the Manchester Royal Infirmary to help them in their campaign for healthy eating. It was one of a series of posters produced by the Team and displayed in the Health Centres and Hospitals of the Area Health Authority.
9. One of the four rainbow murals which were completed in 1978. They are in the main admissions hall of the Manchester Royal Infirmary, very much in the public eye, and met with initial opposition. It was felt that they would destroy the 'majesty' of the corridor, but the first experimental mural was so popular that work on the other three went ahead.

10. The Transport Hall of the Manchester Royal Infirmary is a modern building with attractive picture windows which overlook the crumbling wall of an old shed. A flower trough outside the picture windows was the basis for Brian Chapman's mural which he completed in December 1977 while he was working as a volunteer with the Arts Team. The mural, together with the flower trough, suggests a garden extending into the distance.
11. The children of the Family and Children Psychiatric Unit at Booth Hall Children's Hospital, North Manchester, designed and painted this mural which covers three walls of the Unit's activities room. This was the Team's first experience of working with children and proved very successful.
12. Four of the Arts Team members in front of a mural completed in 1980 in the entrance of the Outpatients Department, Crumpsall Hospital, North Manchester. From left to right they are: Brian Chapman, Langley Brown, Liz Faunce and Stuart Millward. The mural was requested by the Sister of the Outpatients Department and the classical design was chosen because she had recently returned from a holiday in Greece. It is one of the most ambitious of the Team's projects because of the complicated perspective.  
(Inside back cover)
13. Mural painting in the Adolescent Ward, St Mary's Hospital. A young patient concentrates on painting from his wheelchair.  
(Inside back cover)

Photograph credits are due to Brian Chapman of the Arts Team (photos 2-13) and to the *Daily Mail* (photo 1).

**The Manchester Hospitals' Arts Project** initiated by Peter Senior in 1974, is the largest of its kind in Europe and possibly the world. In this book, Peter Coles describes how the Project has developed over the years, from one man's dream to an established and valued part of hospital life. Peter Senior now heads a team of ten artists with a wide variety of skills – painting and design, crafts, puppetry, music and drama – whose work involves patients and staff in the hospitals, health centres and clinics of the Manchester Area Health Authority.

The book describes the day-to-day running of the Arts Project and the problems it has faced and overcome. At the same time it argues the case for arts in hospitals, stressing that 'they should not be seen as a luxury unrelated to medical care but as a new and effective adjunct to that care.' The result is a book which should appeal to anyone who has spent time in a hospital, whether as patient, visitor or staff – the majority of the population.