

HOSPITAL ROOMS

DIGITAL

ART SCHOOL

25 JUNE -

13 AUGUST

Hospital Rooms is teaming up with international artists including Mark Titchner, Harold Offeh, Sara Berman, Unskilled Worker, Tamsin Relly and Giles Deacon to launch a digital art school for patients in NHS mental health hospitals.

PROGRAMME:

2PM THURSDAYS

25 June

2 July

9 July

16 July

23 July

30 July

6 August

13 August

Mark Titchner

Sara Berman

Giles Deacon

Unskilled Worker


Harold Offeh

Eileen Cooper


Ryan Mosley

Tamsin Relly

 www.hospital-rooms.com

 info@hospital-rooms.com

 [@_hospitalrooms](https://www.instagram.com/_hospitalrooms)

 [@Hospital_Rooms](https://twitter.com/Hospital_Rooms)

ESSENTIAL INFO:

HOW TO TAKE PART

Taking part in the Hospital Rooms Art School is entirely free. Participants will need access to the internet and a laptop, table or phone to join live sessions. Both live and downloadable recorded versions of our workshops will be available. Participants will have to register their interest in taking part on Eventbrite when they will be forwarded a link to the live session and all additional information needed.

HOW TO PREPARE

We will share posters to advertise the workshops, a list of the materials needed and guidance on how to set up your room with mental health staff and all participants one week in advance of each session. Participants will also need to download Zoom and ensure that they can log in to the meeting where the art workshop will take place.

LIVE WORKSHOPS

Our live art workshops will be hosted by a Hospital Rooms facilitator and a professional artist. They will take place on Thursday afternoons at 2pm and can be accessed via Zoom. To maintain privacy and anonymity, we will not be using video for participants. Participants in our workshops will be able to interact with our artists through the typed web chat function on Zoom. Questions and comments will be read by the Hospital Rooms facilitator.

OTHER RESOURCES

For mental health settings and participants that either cannot access the internet or miss the live sessions, recorded videos will be available to play or download at a later date. We will also make a PDF available that can be printed and shared.

ARTIST TUTORIALS

For further interactions with our artists, units will be able to sign up for tutorials so patients can gain one on one feedback in developing their creative skills. Depending on the setting, this will be done by video, on the phone or using secure messaging.

EXHIBITION

Units, with the support of Hospital Rooms, will be encouraged to host their own exhibitions and showcase the artworks that have been created.

SHARING OUR WORK

Hospital Rooms invites patients and the public to post in their artworks with a letter sharing their experience of the current situation or the Art School itself to Hospital Rooms. We will then post this on to another unknown participant of the Art School. Everyone who posts an artwork and letter will receive one in return.

SOCIAL MEDIA

With permission from participants, Hospital Rooms will celebrate the work created in our Art School via social media and our website. Participants can drop photographs of their artworks into a public drive. Artists will also be providing feedback on the artworks created during their sessions and shared on the Hospital Rooms website via a video recording.

CONSIDERATIONS:

In looking at our own experience and guidance from both the health and art sphere, there are some key considerations for our workshops. These include:

- People may be more sensitive than usual at this time
- Concentration can drift during video conferencing sessions
- Video conferencing can make us less inhibited with personal information
- Safeguarding issues may arise and must be responded to in the same way as in any other interaction. For example, if someone discloses information that causes concern for their own or another's safety, Hospital Rooms and NHS Staff need to take the appropriate action as outlined in our respective Safeguarding Policies.
- Any interactions with patients on wards would be treated with confidentiality and only shared outside of the workshop in any way with the explicit consent of that person which would need to be sought through Hospital Rooms.

In addition, working in mental health settings can have additional considerations. Participants may have diagnoses including schizophrenia, bipolar and other conditions where they may present with unusual behaviours. We will have NHS staff supporting but it means artists need to take some additional things into consideration:

- Avoid long spoken introductions and instead begin making as soon as possible
- Share your interests and practice as visually as possible, so having a backdrop in your screen that includes your studio or your work might be intriguing for participants
- The duration participants will stay with us can vary from 5 minutes to 45 minutes. It might be worth thinking about some very quick tasks that can be completed in the shortest length of time.
- Abilities will also vary widely with some participants being very proficient and others having little experience of art previously.
- There are limitations on the types of materials that are allowed in inpatient units. Contraband items include scissors or sharps, glue and some kinds of tape. There are also some shortages in being able to obtain materials. Sessions that use easy to obtain or readily available materials will work well.
- Coronavirus has meant that social distancing has to be enforced as much as possible within units. This means groups might be limited to between 1 and 3 people supported by one NHS staff member. Participants in one group also need to maintain a 2 metre distance and sometimes wear masks meaning collaborative artworks might be difficult to do.

ADDITIONAL CONSIDERATIONS

Participants in the sessions will not be able to message each other privately through our Zoom link and all correspondence between artists and participants will be chaired by the Hospital Rooms facilitator through Zoom typed chat.

We also emphasise that these sessions are purely for creative and artistic purposes. They are not art therapy nor do we offer further support to people in relation to their mental health.

ACCESSIBILITY:

Our aim is to make our Art School as accessible to patients in inpatient mental health units as possible. To do this we have consulted with staff in these sessions and found the most simple and secure approach to connecting digitally. We have considered:

- Limiting the number of video interactions to maintain privacy and anonymity of participants
- Limiting the number of video interactions to decrease cost of data for participants and ensure best possible experience for those with low internet speed
- Creating a design interface that is very easy to use
- Providing online support for NHS staff and wider participants to test their video links in advance of participation
- Ensuring the content is suitable for laptops, tablets and phones

DURING THE WORKSHOP:

The Hospital Rooms facilitator will be chair of each art workshop and will ultimately be responsible for the smooth running of the session. They will:

- Explain how the session will work, their role, the role of the artist and how participants can interact with them through the workshop.
- Explain what to do if their video or technology fails.
- Introduce the various participants via their ward name and welcome individuals
- Deliver typed questions to the artist throughout the session
- Close the meeting properly and tell people what is coming up next

SAFEGUARDING:

The Hospital Rooms Safeguarding Policy applies to our digital Art School in the same way as any other project. All Hospital Rooms facilitators and artists will be DBS checked in advance of leading their sessions. They will also be fully briefed on the types of unit they are delivering sessions to, the types of challenges they might face and the support they will be provided with. In the case that artists and facilitators do interact with patients via video for tutorials, there is the possibility of participants behaving in disinhibited ways, perhaps in states of undress, behaving anti socially or leaving and returning frequently. The Hospital Rooms facilitator and the NHS Staff Member supervising the session will be responsible for supporting these situations, which will be the same norms and principles we would apply in person. Our first step would be to disable the video and wait for a staff member to offer us an indication that we can proceed. If necessary, we would end the session to protect everyone involved.

Hospital Rooms artists and facilitators will never deliver a session individually and will supervise and support one another. They will also de-brief after the workshop is complete to ensure they are comfortable with what was achieved and what was experienced. Further support is available from our Co-Founders or Trustees if any issues arise or additional de-brief is necessary.

We ask that NHS staff support participants in inpatient mental health units to ensure the best experience for them.

EVIDENCE:

Due to video conferencing tools being largely absent from use in inpatient mental health units until now, there is limited evidence about the impact digital art workshops can have on patients. Some organisations have set good precedents including 'What Works Wellbeing' who gave 30 days of Creative Challenges to participants with low mood and anxiety. As a result of the project, participants negative symptoms decreased and overall wellbeing increased to a level of clinical significance. This was attributed to:

- Structure of daily online prompts to take part
- Creativity as discovery and distraction
- Creative sharing with a supportive group that one is accountable to

<https://whatworkswellbeing.org/blog/online-creativity-groups-and-mental-wellbeing/>

In addition, Creative Alternatives Online set up their art programme as a digital service in 2017. They found that working online was as effective as working locally, some technical support was required in the beginning but people gained confidence and that facilitators had to be quick to respond to questions and comments to maintain participation. In video calls, they noted that hosts need to be 'playful' and embodied to encourage people to be curious and experiment.

<https://baringfoundation.org.uk/blog-post/being-creative-and-being-together-creative-alternatives-online/>

We can also look outside of the arts for evidence of interactions with patients with mental health difficulties including two evidence reviews that compare the effectiveness of therapies delivered in person or via a video link. One study showed that CBT for example shows no significant difference in effectiveness in reducing negative symptoms and improving quality of life in either medium.

<https://www.tandfonline.com/doi/full/10.1080/16506070802473494>

<https://www.jmir.org/2013/11/e258>

Another study demonstrated that a working alliance between therapists and participants can be formed as effectively online as in person.

<https://www.liebertpub.com/doi/abs/10.1089/109493102753770480>

As the coronavirus situation continues and more arts initiatives are delivered online, we will be looking at our peers for learning and sharing best practice. We will be evaluating the effectiveness of our Art School throughout its delivery and sharing a report about our findings at the close of the project.

TYPES OF UNITS THAT CAN TAKE PART*:

FORENSIC MENTAL HEALTH SERVICES

'Forensic' means related to, or associated with, legal issues. Forensic mental health services provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending. Medium secure services form part of an integrated care pathway and are specifically designed to meet the needs of adults with a serious mental illness, who require care and treatment in a secure setting to ensure they are safely managed.

PSYCHIATRIC INTENSIVE CARE UNIT (PICU)

Psychiatric Intensive Care Units (PICU) provide mental health care and treatment for people whose acute distress, absconding risk and suicidal or challenging behaviour needs a secure environment beyond that which can normally be provided on an open psychiatric ward. The patient's length of stay is normally short (a few weeks) rather than prolonged as the patient should be treated and returned to an open ward as soon as their mental state is stable.

ACUTE INPATIENT UNIT

Acute inpatient wards provide care with intensive medical and nursing support for patients in periods of acute psychiatric illness. Patients will usually spend fewer than 90 days on an acute inpatient ward, although problems with discharge may mean that this is not achieved in practice. Patients may be informal or subject to the Mental Health Act.

MOTHER & BABY UNIT (MBU)

A Mother and Baby Unit (MBU) is a specialist, in-patient unit for some women with mental health problems during pregnancy, or after the birth of their child. Around 1 in 5 pregnant women will have a mental health problem during their pregnancy, and in the year after they have a baby. MBUs care for women with complex mental health problems that can include post-partum psychosis and post-partum PTSD.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. Children, young people and their families can be offered support by CAMHS if they are experiencing difficulties with their behaviour or they are finding it hard to cope with life in the family, at school or in the wider world.

RECOVERY AND REHABILITATION SERVICES

Rehabilitation units are provided for adults with severe and enduring mental health problems who have ongoing symptoms and functional impairments and cannot manage independent community living, even with support.

*This list is not exhaustive and we hope to welcome all types of services that wish to take part.

Hospital Rooms

Safeguarding Policy

Safeguarding Policy

Hospital Rooms is a charitable incorporated organisation (reg 1168101) that commissions world class artists to work with mental health patients and staff to radically transform mental health units with museum quality and compliant art. We do this by programming series of tailored workshops through which artists and unit communities can collaborate. We make challenging clinical environments imaginative, thoughtful and rejuvenate.

Safeguarding is a means of protecting a person's right to live safely, free from neglect and abuse. Local authorities have duties under law to those experiencing neglect and abuse. The Care Act 2014 replaces the 'No Secrets' Guidance published by the Department of Health in 2000. The Care Act 2014 has set out a legal framework for safeguarding adults and how Local Authorities and other parts of the health and care system should safeguard adults with care and support needs who are at risk of or experiencing abuse and or neglect and unable to protect themselves as a result of those care and support needs. Local Authorities are the lead agency for Safeguarding. Safeguarding is everyone's business and working with all relevant organisations is essential in safeguarding adults.

The Care Act (2014) states Local Authorities must:

- Set up Safeguarding Adult Boards (SAB) to include the NHS and the Police to meet regularly to discuss and act upon local safeguarding issues. They will develop, implement and share their safeguarding strategy.
- Make enquiries or cause others to make them. When they think an adult with care and support needs may be at risk of abuse or neglect. They may request Mental Health trusts to conduct enquiries for adults with care and supports needs who are currently receiving care and treatment or had been within six months of their discharge from the service and where Mental Health is indicated as a need within the safeguarding concern.
- Carry out Safeguarding Adult Reviews (SAR) when there is a failure in safeguarding and the results are either severe or tragic.
- Arrange for an Independent Advocate. To represent and support the person who is the subject of a Safeguarding Enquiry or a Safeguarding Adult Review who requires help to understand and or express their views, wishes or feelings.

(DH 2014 Care and Support Statutory Guidance under the Care Act 2014)

Safeguarding practice involves the protection and promotion of wellbeing, to prevent and reduce the risk of harm, abuse or neglect and to support the adult's right to live in safety, free from abuse and neglect.

Wellbeing is described in the Care Act 2014 CH.1 as relating to:

- Personal dignity (including treatment of the individual with respect)
- Physical, mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual's living accommodation
- The individual's contribution to society

(DH 2014 Care and support Statutory Guidance under the Care Act 2014)

There are six guiding principles which underpin the approach to safeguarding:

1. Empowerment –
People being supported and encouraged to make their own decisions and provided with support and information. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
2. Prevention –
It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
3. Proportionality –
The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
4. Protection –
Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
5. Partnership –
Local solutions through services working together within their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
6. Accountability –
Accountability and transparency in delivering a safeguarding response. "I understand the role of everyone involved in my life and so do they."

Safeguarding must be personal to the individual and is service user led and outcome focused. This is the foundation of 'Making Safeguarding Personal' and directs safeguarding practice to include the adult with care and support needs throughout the process.

The London Multi-Agency Safeguarding Policy and Procedures (2015) aims to better safeguard adults at risk of abuse throughout London. The procedure aims to empower staff to work together in partnership with adults with care and support needs so they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need; and
- Promote an approach that concentrates on improving the life for the adults concerned.

Duties

The Hospital Rooms Board of Trustees is responsible for ensuring that Hospital Rooms has policies in place and complies with its legal and regulatory obligations. It is also responsible for ensuring policies are communicated to those working with Hospital Rooms, they are also responsible for monitoring safeguarding reporting.

The aims of this policy are:

- To give clear instructions to people working with service users through Hospital Rooms projects on their duties associated with safeguarding adults.
- To clarify expectations in relation to the reporting of safeguarding concerns and processes that follow after a concern has been raised.
- To clarify the expectations in relation to training.
- To outline the process in which Hospital Rooms monitors the effectiveness of the Safeguarding Adults policies and procedures.

This policy applies to all artists working on a Hospital Rooms project.

What is Safeguarding?

Harm or abuse can take place in a wide range of settings such as work, within peoples' own homes, hospitals, nursing homes, on the street, on the internet and phone.

The cause of harm and abuse may similarly be wide ranging e.g. harm caused unintentionally by an unsupported carer; neglect caused by staff or a service or abuse which is caused through recklessness or is intentional.

Many service users are able to safeguard their own interests and protect themselves from neglect, harm or abuse. However, some service users who may be in vulnerable situations, (i.e. homeless, isolated or experiencing poverty, please note this is not an exhaustive list) and as a result are less able to protect themselves or make decisions about their safety.

Persons who may cause harm may present in a variety of situations including as staff or professionals working with service users, carers, other service users, partners, spouses, children, social media or other members of the public/strangers.

Potential indicators of abuse might include: unexplained injuries, service user appears frightened or distressed, evidence of neglect such as undernourished or unwashed, repeated STI's or unwanted pregnancies.

Timely assessment will identify service users in the most vulnerable circumstances and embracing the principle of Making Safeguarding Personal – being person centred and outcome focused to reduce the risk of neglect, harm and abuse.

Safeguarding duty

This duty applies to an adult (person aged 18 or over) who:

- Has care and support needs;
- Are experiencing, or at risk of, abuse and neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Procedure

1. Prior to starting a Hospital Rooms project with a trust, Hospital Rooms will ensure the trust safeguarding lead has been identified and that there is a named contact in the trust for artists on a project to raise concerns to.
2. All artists will be asked to read Safeguarding leaflets provided by the trust and confirm they have done so.
3. All artists will be expected to comply with trust policy and procedures around health and safety, safeguarding and risk.
4. Hospital Rooms will provide artists with induction information around safeguarding and health and safety.
5. We need to clarify the training requirements for charities and if we can access the e- learning provided by trusts.
6. Artists will require a DBS check before working with service users, if they fail a DBS check they will be unable to take part in the project.
7. The Hospital Rooms leads will meet with the artists and named trust safeguarding contacts at the end of each project to confirm if any safeguarding concerns have been raised

Any safeguarding concerns raised by Hospital Rooms project members will be reported to the Board of Trustees on a quarterly basis including numbers and types of incidents. Any learning will be disseminated to trustees and project members.