



Poems for the Waiting Room

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Poems for the Waiting Room

An Evaluation

Report by Rogan Wolf

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Executive Summary

This evaluation studies the effect and effectiveness of displaying poems in health-care and social-care sites, chiefly in areas where people wait for treatment as patients or clients.

The evaluation centres on responses to a questionnaire sent to healthcare sites in the Summer/Autumn of 2001. Some of the sites involved in the study have been taking part in the Poems for the Waiting Room project since its inception in 1998, others were comparatively new to it.

“Let us try and make this new generation of health care centres truly fit for the healing of both body and soul.”

Prince Charles, the Prince of Wales, speaking in his role as Design Champion for the NHS.

The main aims of Poems for the Waiting Room project were as follows :

- To select and print poems of high literary and visual quality, suitable for display in healthcare waiting rooms and similar venues.
- To introduce appropriate poem collections to up to 200 health waiting rooms and other health venues in London and elsewhere.
- To assess the likely demand for larger numbers of poem collections in Health sites in London and elsewhere and explore ways of meeting that demand and making the project self-sustaining.
- To gauge the poems’ popularity and emotional impact on patients, staff and others ; to assess whether they are emotionally helpful in individual cases, and if so, in what way.
- To gauge the external consequences of displaying poems in waiting rooms - what new behaviour follows ; what new activities - if any - do they cause or influence.
- To assess whether and how much external support/supervision is needed for the Poetry for the Waiting Room Project to be implemented and sustained successfully in a health care setting.

More specifically the overall aims of the evaluation were agreed as being :

to work with the charity Hyphen-21 and with participating health agencies to establish what impact, if any, the project has had. In particular:

- Whether the poems have a beneficial effect and if so, on whom ?
- Whether the presence of poetry improves the waiting room experience, and if so, how does it do so, and for whom ?
- Whether there are any differences in effect or benefit in different settings, such as GP surgeries and hospital settings ?

- What factors in the local management of the scheme are important for success ?
- What factors in the overall management of the scheme are important for success ?
- To draw conclusions on lessons that can be learnt from this project that could have wider relevance for hospitals, PCTs and voluntary sector development.

In general, the evaluation has shown that the project has been successful in achieving its aims and that poetry in the healthcare setting has a positive role to play. There is scope for considerable further development of the project, although it will always rely on a creative “ally” or “enthusiast” in each site, who is in a strong position to establish it and help it develop there. The quality of enthusiasm it has aroused in a significant number of health and social work professionals around the country, functioning in a wide variety of specialities and at all levels, is remarkable.

The results of the evaluation give a clear indication that the poems can have a beneficial effect both on service users and service providers, patients and staff. These effects can range from simple distraction (from boredom, anxiety, etc), to an opportunity for creative reflection and debate. Some of the poems have been used by staff running therapy groups as aids - for example – in reminiscence work.

There is evidence that the presence of poetry improves the waiting room experience for some - both patients and staff - bringing interest and the possibility of quality contact to an environment in which too often there is merely suspense, emptiness and de-personalisation.

There appears to be little difference between hospital and community settings as far as the project’s take-up is concerned. How successfully the project “takes” seems more to do with individuals, the extent of their enthusiasm, their creativity and their influence within their own system. Although some hospitals have responded to and implemented the project on a corporate level, the response from others has been at Departmental level. In the case of the latter, this sometimes means budget restrictions as far as displaying the poems is concerned, but there are examples of successful and creative implementations of the project at both levels, both corporate and departmental. In the community, there is a wide range of settings where the poems have been implemented successfully, suggesting that a more systematic approach to care organisations functioning in the community could lead to a very major take-up of this idea.

“Once we had the poems, it helped us to reflect on other features of our waiting room. We subsequently choose “art for the waiting room” and this has generated much discussion. Latterly the waiting room has been painted and we chose the colours mindful of clients and the purpose of the waiting room for them. Other professionals have commented on our changes and this is influencing their perceptions of their own working environment. And it all started with the poems.”

*Psychology Unit
The Crumlin Road
Belfast*

It does appear that for the poems to be displayed to maximum benefit, and utilised as creatively as possible, there needs to be an “enthusiast” on site, someone who is already highly motivated and has a particular interest in adding poetry to the life of the employing organisation. Although the evaluation participants did not make any major demand for ongoing support for this “enthusiast” (apart from updates and information), there are several indications that even the keenest sometimes forget to keep changing the poems, and/or eventually move on. Whether or not the project survives this person’s departure, would appear to depend on whether in the meantime it has taken on its own life and led to further activities. Often it seems to, as examples among the findings testify. However, another factor in whether the project establishes itself long-term in an organisation and flourishes as dramatically as it has done in some settings, would appear to be the climate in which the enthusiast operates, whether that person is supported by it as a positive, or having to overcome it as a negative.

“The 'Poems for the Waiting Room' has been a real success...here... One thing that has been extremely interesting is that our clients have begun to post their own poems on the wall. Some are poems that mean something to them and some are written by the clients themselves. They are mostly poems expressing hope and encouragement! Some are very poignant. We have also had clients ask for copies of a particular poem and occasionally a poem has been used in a therapy session.”

*Dept of Psychological Therapies,
Doncaster and S. Humber Health Care Trust,
Scunthorpe*

More detailed concerns of the evaluation were to establish the poems’ optimum size, range of subject matter, etc.

There is clear feed-back that A4 is generally speaking the most satisfactory size, although some settings, chiefly hospitals, would prefer a size or two larger. However, to print and deliver the poems at a larger size would have major cost implications. It is therefore comforting that a growing number of hospitals have a budget for the Arts and that colour reproductions at A3 size can these days be quite cheaply obtained down most high streets. (There are several examples provided within the evaluation exercise of sites enlarging the poems for themselves). All these factors provide a powerful argument for holding the poems at the size they are presently.

It appears that many of the sites deploy large numbers of the poems, and that therefore the size of the collections is justified. In fact, the findings provide an argument for further increasing the number of traditional poems that older people will recognise and relate to, poems specifically for children, and poems written in a wider range of non-English languages (translations alongside). It

is noteworthy that the project has flourished particularly in mental health settings and that counsellors of various kinds, including counsellors of staff suffering from stress, have found the poems a creative addition to their work.

Although a few of the evaluation participants expressed a preference for one collection over another, the majority liked both, without distinguishing between them very much, and several had already mixed them together !

The precise impact of the poems displayed in the waiting room was always going to be hard to measure. Poetry is by definition a matter of quality and subjectivity. And this was an exercise whose scope had anyway to be limited. But evidence supplied by some of the sites taking part shows quite startling results that have followed the introduction of the poems, chiefly - admittedly – in terms of staff attitudes to the waiting room, and how the waiting room can change as a whole statement and experience, but also in other ways to do with staff morale and patient care. Less dramatic but perhaps just as profound are the indications – often traceable only sideways on - of new engagement, interactions, recovered memories, that the poems have helped or caused.

Startling, too, are the readership figures that can still only be estimated. But even supposing that only a tiny proportion of the people sitting in front of these poems are actually reading them, nevertheless the project is surely bringing poetry to people in numbers that can only be rivalled by “Poems on the Underground”.

The findings of this evaluation would appear amply to justify the further investment in the project that has already taken place ; and in fact would seem to be calling out for core funding sufficient to allow “Poems for the Waiting Room” to establish itself as a small organisation with an infrastructure (at present it relies on one worker functioning one day a week), able to administer a project whose possible applications seem almost limitless.

“Poems for the Waiting Room is an inspired scheme, which combines two of poetry's sacred powers: to be entertaining and salubrious. I've been delighted to be a part of it.”

Andrew Motion, Poet Laureate

Introduction

This evaluation has been funded by the King's Fund. The King's Fund supported the Poems for the Waiting Room Project for two years between April 2000 and March 2002, following an earlier period of Arts Council support.

The Arts Council support resulted in the publication and distribution of two hundred packs of poems especially commissioned by the poet David Hart. The King's Fund period of funding led to a further two hundred packs of 80 poems suitable for display in healthcare waiting rooms, carefully selected and copyright-cleared.

At the time of writing, the last handful of these packs are waiting to be distributed. The remainder have gone to health and other community care sites across the country. Requests continue to come in from a wide range of facility and recently these have included expressions of interest from abroad.

“Our site will be a general practice for the homeless and socially excluded people in Hull...The idea of having poems in the waiting room sounds a good one....I understand that the service is available free of charge which sounds too good to be true !”

GP, Hull and E Yorkshire Community Health Trust 11th Oct 01

In 2001, following an approach by the project worker to Nigel Crisp, Chief Executive of the National Health service, NHS Estates decided to contribute £10,000 to a major re-print of Poems for the Waiting Room. The Arts Council then matched this figure. It was agreed that 50 poems from the King's Fund collection should be combined with 50 from an earlier collection funded by the Arts Council and 3,000 packs of 100 poems each would then be distributed to sites all over the NHS. The re-print is beginning at the time of writing and is the strongest possible confirmation of the value and success of the project.

Early in 2002, a new dimension was added, with the help of some additional funding (Association

of London Government). Poetry readings were held in eight health and social care sites in South London as a way of promoting the Poems for the Waiting Room idea in that part of London. Poets involved included Moniza Alvi, David Hart, Debjani Chatterjee, Fleur Adcock and Andrew Motion, the Poet Laureate. For the press release that preceded his reading, Andrew Motion said “*Poems for the Waiting Room* is an inspired scheme, which combines two of poetry's sacred powers: to be entertaining and salubrious. I've been delighted to be a part of it.”

“...[One] application might be to use some of the poems in a poetry group which I run from time to time. These could help to validate an individual's personal experience of being a user of mental health services and help to affirm a sense of self..”

Counsellor, Psychological Services for Older People, North Warwickshire NHS Trust Nov00.

In addition to recording and examining the findings of the formal evaluation exercise, this report will offer extracts from the large number of letters and e-mails received - mostly unsolicited and in response to the publicity the project has attracted - insofar as these letters add to the picture of what the project has done, what it has meant and where it has reached. These extracts are shown in the boxes that are inserted alongside the text. The photographs all come from the ALG-funded readings and were taken by Pierre Bascle, a photographer who was asked to attend each reading, to provide us with a pictorial record.

It should be noted that two poem collections were distributed almost concurrently – one funded by the Arts Council and – a few months later – the second collection funded by the King’s Fund. Though obviously different in content, the two collections were deliberately identical in appearance, each appearing as a pack of “Poems for the Waiting Room.” In consequence, although this evaluation was commissioned as part of the King’s Fund project, it was agreed that it should be an evaluation of both “Arts Council poems” and “King’s Fund poems”. The questionnaire used for the exercise does allow for a comparison between the two collections. However, the study should be seen as an evaluation of the value and the effect of the Poems for the Waiting Room project overall, rather than of one collection of its poems in particular.

Previous History of the Project

The project was first piloted in central London in 1998, funded by the Lottery and the King's Fund and supervised by the Poetry Society. During that time it was featured in the Guardian Society pages. That publicity attracted a very large correspondence and many requests for packs. Suddenly the idea had a national application.

It received further funding from the Arts Council of England in 1999. The result of this investment was a collection of contemporary and specially commissioned poems, each one on the subject of waiting. The Midlands poet David Hart was the commissioner (see photograph below). These poems were then made into small posters and distributed widely. 200 packs were printed.

pierre bascle



David Hart reading from the Arts Council and the King's Fund collections to patients and staff at the Orpington Hospital In-patient Stroke Unit early in 2002. The readings project was funded by ALG.

The Poet David Hart, commissioner of the Arts Council collection

The King's Fund grant came through a few months afterwards, giving two years' funding for the further development the project, including selecting, printing and distributing a second, more catholic selection of poems, including poems from earlier periods and a small collection specifically for children. The King's Fund grant included a sum allocated specifically for the present evaluation.

From the project worker's point of view, it seemed important that the Poems for the Waiting Room "look" should be a common and easily recognisable one. It also seemed very likely that - at the receiving end - the two collections would complement each other and would eventually blend into one another. This has proved the case, with many sites that had earlier received the Arts Council poems requesting the King's Fund poems as well.

Thus, in some ways, even before the present combining of the two PWR collections for the purpose of the re-print, the collections were beginning to merge, their differences ceasing to matter very much, once they were on display.

Publicity

During the last two years the Poems for the Waiting Room project has received publicity in a number of ways. Here is a list of some of the newspapers, journals and websites where it has appeared. The picture below shows Andrew Motion the Poet Laureate about to read at the Mayday University Hospital, Croydon. The reading was part of a series of 8 that took place early in 2002 in Health sites across South London, as a further way of promoting the project. The readings were funded by ALG. All the poets involved read from both the Arts Council collection of commissioned poems and the King's Fund collection of copyright-cleared poems. The Mayday reading was featured in the Guardian (see appendix) and the Times.

pierre bascle

The Guardian (four times)
The Times (twice)
GP magazine (twice)
Pulse magazine (also for GP's)
Public Finance magazine
Croydon local press
Doncaster local press
Sheffield local press
Bromley local press
Regional Arts magazines "Cutting Edge"
Regional Arts Magazine "Write Angle"
www.guardianunlimited.co.uk
"The Gift" (publ by Birmingham NHS)
www.poetrysoc.com
www.nnah.org.uk
Hyphen-21 website



The Poet Laureate Andrew Motion



Debjani Chatterjee and Rogan Wolf sharing the reading of one of the King's Fund poems – "In Beauty May I Walk"

Debjani Chatterjee and Rogan Wolf reading at Mayday University Hospital

Evaluation Methodology – How it was arrived at

The methodology of the evaluation was worked out with the help of Alison Combes (then of the Arts Council), Susan Elizabeth, (then of the King's Fund), David Jones, (King's Fund) Gillie Bolton (Sheffield University), Robin Philip (Bristol University) and Hannah Wilmot, a free-lance researcher.

It had been hoped to employ an outside researcher to conduct the evaluation, but unfortunately the three who were approached with the tender all withdrew before interview. Each of the three expressed interest in the project, and competing demands seemed the main reason for the withdrawals. However, there was also a suggestion that the resources that would be required to conduct a fully satisfactory evaluation of a scheme of this sort, would be much greater than those available.

In the event, it was agreed that Gillie Bolton and the Project Worker, Rogan Wolf, would conduct the Evaluation.

"Thank you so much for the two collections. They are simply wonderful. I plan to try several of your suggestions, and perhaps others too. I wonder if any of my patients might be inspired to add their own poems. I shall try to feedback some responses to you in due course...."

GP from Sheffield, June 01

It was also agreed that it should be conducted as a three-pronged exercise, ie. would seek to gather its information using three different approaches.

1. A questionnaire to be designed and sent to staff, particularly those in a position to observe closely the effects of the poems on staff and patients.
2. A suggestions sheet to be sent out to health sites, inviting comments direct from patients. How they made those comments was left open - the directions at the head of the form would invite people to make them in the form of their own poem if they wanted - on the understanding that perhaps this would be a more appropriate medium for the kind of response a poem creates, than the usual series of boxes or ticks.
3. A day to be spent in the waiting room of a site where the poems were on display, taking the opportunity of giving semi-structured interviews to patients willing to answer.

As things have turned out, constraints of time and of resources have meant that the present exercise has had to be further simplified and is now limited chiefly to an examination of the questionnaire responses, combined with feed-back provided by staff working in the various sites involved in the project. Various sites have conducted their own evaluation exercises during the time they have been displaying the poems, and some of these exercises have contributed to the findings offered here.

The wording of the questionnaire, the suggestions form, and the semi-structured interview were drafted by Gillie Bolton. The paperwork was designed by Rogan Wolf, the project worker (see Appendix 3).

Form distribution, and the collation of the information, were managed by Rogan Wolf, with help from volunteer Ana Lopez. Ana Lopez also helped with the drafting of this report, whose final version was written by Rogan Wolf.

Analysis of the Evaluation Results

In October 2001, eighty eight questionnaires were sent out to healthcare agencies that had been in receipt of poem collections at least six months previously. All the packs had originally gone out as a result of requests from the sites themselves. In turn these requests had come in response to publicity given to the project, often in the press.

Of the eighty eight sent out

- twenty six were sent to hospitals.
- thirty six were sent to GP's/Health Centres.
- twenty six were sent to other agencies in the community which had earlier requested packs of the poems. These included several MIND centres, two agencies working with people with Learning Difficulties, a Citizen's Advice Bureau.

In response I received a total of thirty six filled-in questionnaires of which :

- nine were received from hospitals
- fifteen were received from GP's/Health Centres
- and 12 were received from "Other"

This represents a 41% response rate.

The sites were mostly English, scattered widely over the country. However, two were sited in Belfast Ireland and one in Cardiff, Wales.

"The poetry is like any other form of art in the health setting – it helps take people's mind off the reason why they are coming to see the doctor, it takes their mind off the anxiety.....Every so often I get a little note from someone saying 'how nice to see poetry' and in fact, as a result, three or four patients have brought in their own poems and we have put those up too...We try to un-medicalise the waiting room. We have the medical posters and leaflets in a corridor outside instead. The idea is to show that we are all human beings in the health service as well. It really doesn't cost anything – it's not as if we are taking money away from patient care."

GP, Gateshead Tyne and Wear

It should be noted that the term "hospital" carried a wide variety of respondents. For instance one questionnaire came from a single mixed ward within a hospital ; another from a Trust that covered four entire hospitals. One came from a Hospital Day Care Unit ; another from an Occupational Health Department offering counselling to NHS staff.

On closer inspection, too, the dividing line between "Hospital" and "Other" sometimes seemed rather a thin one. Under "Other" is grouped a Psychology Department in Belfast which firmly defined itself

as a community resource, but which elsewhere might well have been seen as a hospital provision. A counselling unit for children also defined itself as a community resource, but turned out to be managed by the local Health Trust. Nevertheless, “Other” still fairly describes units not strictly concerned with medical treatment but seeing themselves as performing more a social or community role.

A striking feature of the response from hospitals and “Other” was the high proportion of agencies concerned with mental ill health. This has been apparent since the project began and the proportion of mental health agencies reporting back to us through the questionnaires is a fair reflection of the interest such agencies have shown in the project from the beginning. Under “Other” there were four MIND centres ; and besides these, respondents included counseling services, psychology services and other mental health services. More detail will be given below.

“Thank you for your letter of offering a further pack of Poems for the Waiting Room. We are pleased to know that this is available and would be delighted to receive a new collection pack...”

*Bureau Manager,
Sevenoaks
Citizen Advice Bureau*

An obvious inference is that poetry speaks especially vividly to people in emotional upset, speaking, as it does, a language generally of the emotions. Also, by framing experience in non-medical terms, poetry can offer a broader perspective on human difficulties than often the doctor can.

But also striking was the enthusiasm for the project shown by the odd representative of entirely different services – the single Citizens Advice Bureau, or the two agencies offering Complementary Therapies, or the two organisations working with people who have learning difficulties. If the project has proved successful in these few sites, then it follows it could belong equally successfully to any site of that same kind – to any CAB office in the country, to any organisation supporting people with Learning Difficulties.

I shall set out this analysis using the following headings :

- Profile of sites that took part in the exercise.
- Findings on how the Poems for the Waiting Room Project has been managed in the sites and how the poems were displayed
- The impact of the poems in terms either of agency practice or people’s behaviour or experience
- Suggestions for the Project offered by Respondents
- Conclusion

1. Profile of Sites

Urban/Non-Urban

Six of the nine hospitals involved in the study defined their catchment area population as urban, three as non-urban. The proportion of non-urban in this group was actually significantly higher than in either of the other two groups. Only two of the 15 health centres and only one of the 12 “Other” agencies, defined themselves as non-urban. Unsurprisingly, then, most of the feedback we have received about the project has come from health and social agencies based in town or city.

Client/Patient Groups

The breakdown of patient/client type is largely predicated by the kind of agency under each heading.

“Are you still supplying Poems for the Waiting Room ? We would be interested in a pack, as previous poems have been much appreciated by prisoners, staff and visitors to the prison.”

*Governor,
HM Prison*

Approximately half the hospitals reported that their waiting rooms were “generic” attended by any local people requesting treatment ; the other half were geared for specialist patient groups. All fifteen Health Centres’ waiting rooms were, of course, attended “generically” by people in their locality, although two mentioned local particularities. Two agencies out of the twelve listed under “Other”, said they were attended generically by local people, with nine of the remainder attended by a specific patient/client group. A look at the breakdown will explain this - seven classified themselves as mental health services, two as agencies working with people with learning difficulties, two as agencies offering complementary medicine.

A Further Difference of Kind between the Health Sites

A further implication of the differences between agency suggested here is perhaps worth mentioning at this point, although it will be referred to again, later in the report. This evaluation will not be able answer with confidence why exactly the project takes off and flourishes in some places more than in others, even when all the sites contain staff who are enthusiastic. The answer must largely be inferred as being the particular qualities and creativity (and tastes) of the individuals concerned, their position of influence in the organisation, what kind of organisation it is, and the quality and kind of relationship that organisation maintains with the clients who use its services. Thus an encounter with a poem displayed in a big waiting room in a busy hospital will be a different experience from reading one in a MIND Community Centre, where everyone is a member of a small longstanding community that meets often

“I am absolutely delighted with the pack and will be commencing a project in the A. & E. Department at the Royal Shrewsbury Hospital to display these on a rotating basis”

*Consultant in A. & E. Medicine,
Royal Shrewsbury Hospital NHS
Trust.*

daily, has strong links with the one or two workers employed there, who themselves might wish to discuss the poem with you. A significant number of agencies under the “Other” heading would be long-standing small communities of this sort.

Age Groups

The waiting rooms of all the hospitals involved in the study were attended by adults, while over half of them were also attended by elderly people, and a third also by children. The Health Centre Waiting Rooms were used by all age groups while the breakdown for the “Other” agencies was rather similar to that of the hospitals. The breakdown raises the question of whether Poems for the Waiting Room should include more poems specifically for children and/or more traditional poems. This in turn raises the question which poems actually constitute “children’s poems.”

The age group finding also helps to validate the decisions made for the King’s Fund collection, that there should be significant proportion of poems in the pack that come from periods and are written in styles to which older people might more readily relate.

Racial Mix

The hospitals reported a surprisingly low racial mix overall (five “not much”). No doubt this reflects the fact that three were non-urban. Three of them, however, reported a very high racial mix.

The racial mix in the Health Centres’ waiting rooms is spread pretty evenly across all three categories, that in the “Others” slightly less so.

Overall the list of ethnicities and nationalities attending the waiting rooms of this study is broadly representative of the country as a whole. It vindicates the project’s efforts to include as many ethnicities as possible in its two collections, but suggests many more are desirable. (Some feedback from the questionnaires and much else from poetry readings recently held in South London health sites suggest that poems translated from “minority” languages have a particular impact on, and give a particular welcome to, people whose first language is shared by that of the poem). The Baring Foundation has recently awarded some funding towards increasing the number of such poems and this further aspect of the project will be pursued later in 2002.

Waiting Times

In view of the heat generated by the topic of NHS waiting times, this question might have required some courage to answer honestly !

“People in hospital do so much waiting – for mealtimes, doctors, visitors, review meetings and so on..”

*Counsellor, Psychological Services
for Older People, North
Warwickshire NHS Trust*

In the event, the figures show that in the three categories of site, waiting time were spread across all the three periods suggested – 15 minutes, 30 minutes and one hour. Three of the instances in which “one hour” was mentioned turned out to be mental health sites and it seemed very likely that each was describing its activity or sitting room, rather than a waiting room. It was in these rooms that the poems would have been displayed. (One of the sites was a psychiatric day hospital, and two were MIND drop-in Centres – none of these agencies would function

through individual appointments). However, a fourth site that admitted to hour-long waits was a Health Centre ; the admission was accompanied disarmingly by the comment “on a bad day !”

Well over half the health centres kept people waiting for up to half an hour, a higher proportion than either of the other two categories. On the other hand, one should hesitate before interpreting this figure as something worthy of criticism. GP’s who insist on giving time to individual patients, rather than just rush them through, may be the best ones. It merely emphasises the need for waiting rooms to become more acceptable places for spend time in – and better than acceptable, perhaps, actually enriching. In fact, correspondence with more than one GP revealed that it was their deliberate policy of giving time to patients, leading to the fact that others sometimes have to wait for longish periods, that led them to request the poems in the first place.

Numbers of People in the Waiting Room

The implications of the figures given here are startling.

The hospitals who reported back gave widely different totals, reflecting the sites’ own wide differences, previously mentioned.

The answers ranged from 40 and 4,000 people a week. Across the eight hospitals who responded to the question, this would average out at roughly 730 people a week - 37,960 people per annum. Apply that sort of figure to the total number of hospitals in the country, and we are dealing with a huge potential audience for poems displayed in hospital waiting rooms.

The figures for the fourteen Health Centres that answered the question ranged between 250 a week and a barely believable 7,500 a week, roughly averaging 1,096 - 56,992 per annum. Again, this figure applied to all health centres in the country would result in a total startlingly different from the readership poetry is used to enjoy.

The figures for the sites described as “Other” are smaller, since the sites themselves tend to be of a different kind, often working with smaller groups of people on a long term basis. Totals per week range from 25 to 350. The average per week is 91 per week - 4,550 per year.

The actual figures as calculated here may not, after all, tell us very much. There are so many possible qualifications. Not least, of course, is whether there is any correlation between numbers sitting in a waiting room and numbers who actually read a poem displayed there. Widely different considerations would play a part in this, including all those mentioned earlier in this analysis (“Other Differences of Kind”). It may well be that the smaller total numbers emerging from the “Other” category could actually yield a higher proportion and even a higher *number* of people who read the poems properly, than some of the crowded and busy hospitals - for the reasons mentioned earlier. Furthermore, as we have seen, the “Other” category includes agencies that have client groups this project has barely begun to reach, with whom it has clearly been successful. This indicates the desirability of promoting the project systematically among organisations working with these groups - which would certainly further increase the readership numbers in that category.

But what is clear is that here – already achieved perhaps, but certainly soon to take place - is an act of popular poetry publication without precedent. Poetry is simply not used to dealing with such numbers of readers. If it truly is capable of reaching out to new audiences, affirming connections, offering meanings, enriching community, even adding to health in some indefinable way, then here perhaps is a place and opportunity for poetry to do its work more potent than it has ever met before.

2. How the “Poems for the Waiting Room” Project was Managed by Health Sites

The “Enthusiast” on Site

The questionnaire did not ask directly if staff involved in maintaining the project on any given site were “enthusiasts” as such. Instead it asked a more concrete question - whether one particular staff member was responsible for displaying/rotating the poems. That person’s “enthusiasm” might be inferred from other answers given. In the meantime the question made it possible to test whether having a particular facilitator was in any way linked to the project’s success.

Common sense and some experience gained in the piloting of the Poems for the Waiting Room project had suggested that the project would do best in sites where its co-ordinator was a personal enthusiast, with regard to poetry as a whole and this idea in particular. It would not be enough just to farm out the tasks associated with the project, simply on the basis of whether the person had a bit of time available.

On the basis of this hypothesis/finding, the Guidance Notes sent out with each pack of poems, emphasised the desirability of putting the poem collections in the charge of a particular person genuinely keen.

Such a personal commitment would give the poems a better chance of being changed over from time to time, rather than be forgotten, gradually to disappear among all the other notices ; they would have a better chance, too, of being displayed with imagination and some care, to their best advantage. This in turn would effect how many people actually read them.

Of course, other factors would be at work here. Especially in the larger organisations such as the hospitals, the position and scope of the enthusiast would also be important - how powerful in the hierarchy, whether he/she had access to a budget (to buy picture frames or fund enlargements, etc). That person might also have to be in a reasonable position to face down scepticism from colleagues.

However, the above is not to imply that the seniority of the enthusiast, or even the extent of that person’s commitment to the project, guarantees its success. For instance, a prison Governor read about the project and showed great enthusiasm for it. He asked for the packs and also for some text to put in the prison magazine. Following correspondence, he also made suggestions for how to promote the idea across the

“The poems are often read aloud to our clients in our Day Care Departments who often have Parkinsons or are also in various stages of dementia. It triggers lively discussion on poetry learned by them and this often develops into an interactive poetry circle !

A number of poems have been put into a book [which] is on display in the clinical waiting area of the hospital and I have been told it makes a pleasant change from the regular magazines...I look forward to some new exciting poetry where possibly we will select a poem a day to go on the door of the outpatients physio. department !”

*Hospital Worker
(Role unknown)
Seaton Hospital, Devon.*

An Additional Evaluation Exercise

For the past few years, the Health Promotion Co-ordinator of a large NHS Primary Care Trust in the North of England has sent packs of the poems to each surgery in her area, to coincide with World Mental Health Day.

On each occasion, she has asked for comments and writes that, although the 2001 comments “are not very illuminating, they are an improvement on previous years !”

The practices were sent photocopies of the poems in what appears to have been rather a plain folder. The questionnaire they had received asked :

- where the poems had been displayed
- had patients commented
- what improvements might the respondents suggest
- would they want to take part again next year.

Thirteen practices returned their questionnaires.

All of them had displayed the packs in their waiting room/reception areas, most on a table or desk, all within the original folder.

Nine of the thirteen reported that patients had looked at the poems. Two wrote “no,” one wrote N/A, one passed the question by. Of the nine, comments that stand out are : “staff have also been interested in reading it” ; “yes, GP had a message from patient.” The remainder merely reported that some patients had been seen reading them.

Three respondents offered suggestions for improving the projects. These were :

- “Make folder more attractive - we have put in a ring-bound folder with a coloured cover.”
- “I’m not sure it raises awareness of Mental Health. It could be more attractively bound.”
- “Perhaps would be better to display them as a notice-board and change/rotate poems each day.”

Eleven of the thirteen said definitely they would be happy to take part in the project next year ; one wrote “possibly” ; and the one who wrote “no” added : “No favourable comments received. Only comment has been about the cost of producing the material.”

In response to these questionnaires, the Health Promotion Officer wrote : “We will take on board the comments made and [next year] improve presentation of the pack overall. Thank you for giving us the opportunity to be part of such an imaginative project”

Here clearly is another “enthusiast” whose own imagination has been caught by the project and who has responded creatively and with energy. But perhaps the exercise does emphasise the following cautions :

- that there needs to be an “enthusiast” working in or near the site where the poems are to be offered - otherwise their display will tend to be perfunctory, with some resulting loss of quality in the way the poems communicate. In this case, the “enthusiast” has only been able to *send* the packs, not instigate their careful display. Just sending them on spec. clearly has had some positive results ; but more positive results still would surely follow publicising the poems’ availability first, and only supplying them to sites that express positive interest.
- that the appearance of the poems does appear to matter, if only to make them stand out from the magazines and the notices. But also a careful display gives a message of caring and respect to the reader. Photocopying *en masse* means loss of colour and a lower quality of paper. The major re-print now going ahead, funded by the Arts Council and NHS Estates, should in future allow the practices taking part in the project conducted here to receive their own packs as originally printed, along with guidance notes for their optimum display.

whole prison service. But, when a few months later the prison was asked to take part in this evaluation, it had to turn down the request. The Governor had left and the poems had not gone into circulation.

There was therefore nothing to evaluate. Whether the Governor role is not the right one for co-ordinating Poems for the Waiting Room in a prison, or whether other factors were at work in this instance, is impossible to know, of course, and irrelevant to ask. But it shows that implementing the project successfully is not always simple ; it requires the right conditions in an organisation, as well as a motivated and well-placed facilitator there.

Almost by definition, whatever other factors might have been at play in the various organisations taking part, the project has always tended to work with an enthusiast on site in the first instance. Insofar as the poems have always been sent in response to requests, it is reasonable to assume that the request came from someone who felt positively about the scheme, or on behalf of someone who did.

However, in the case of four out of the nine hospitals involved in the study, almost half, the person who made the initial request for the poems did not remain the project's facilitator. These four sites gave a negative answer to the question, whether one particular staff member was responsible for displaying/rotating the poems. It does suggest that, in some cases, the "enthusiast" model is not necessary after all ; more likely, though, it suggests that for a significant proportion of the larger organisations, it is simply not possible. The point will be returned to later in the section.

Of the five hospitals which reported one person as responsible for displaying/rotating the poems, only two appear to have covered an entire organisation (the remainder being just one department or ward). In the case of these two, the individuals concerned both filled posts that would lend themselves to this role – one the Arts Officer, one the Support Services manager.

In contrast to the hospitals, *all* the Health Centres and all but one of the "Other" sites taking part in the evaluation, identified a particular staff member as being responsible for displaying/rotating the poems.

Which were the Poems Displayed

Only one of the nine questionnaires returned by the hospitals specified poems that had been displayed. The one that did - a mental health out-patients department - wrote that three poems were displayed at a time and the current three came from the Arts Council collection – "The Meeting", "Time is of the Essence" and "Winter is Coming." However, the writer had displayed poems from both collections over the past two years.

A larger proportion of the Health Centres and the centres in the "Other" category specified poems they had displayed - some from the King's Fund and some from the Arts Council collections.

However, the vast majority of all the sites reported in general terms – that they displayed both the Arts Council and the Kings Fund collections, without apparently distinguishing greatly between them. This is a significant finding and vindicates an earlier decision to give the two collections a common format – in the belief that, as far as the consumer was concerned, the packs would swiftly become a single collection, once they had both arrived on site. Of course, the common format could itself have played a part in that process, but it would seem insignificantly so. The real commonality was the simple fact of there being poems on hand, all acceptable.

Here are two further items of feedback that belong under this heading :

The first reinforces a point made earlier about some of the agencies this exercise has categorised as “Other.” They include the MIND centres, which act more as a community, a focal point for a constant number of established members. As far as Poems for the Waiting Room is concerned, this acts as an advantage. For instance, here, the writer – who was already running a poetry group at her MIND Centre when she heard of the project - noted that the poems were not just *displayed* in her place of work : they were also “read out loud, or borrowed by clients to read for themselves.”

The second piece of feed-back was provided by a Nurse Specialist working with children and their families in Lincolnshire. Moved by the project, he displayed many of the Poems for the Waiting Room collection in his place of work, but then decided to act on his own to build up the number of poems specifically for children. Accordingly, he wrote to 60 more poets and publishers, asking for permission to use their poems too in his agency’s waiting room. Permission was given and his large children’s collection now rotates round his Lincolnshire waiting room, alongside the collections provided by this project. There is an obvious opportunity here - if further funding could be found – to borrow this man’s good work in building up the number of poems for children in the Poems for the Waiting Room collection. His letter is reproduced elsewhere in this report.

How the Poems Were Displayed

“We have displayed them in individual clipframes. We...may change to a large frame with 2/3 poems, so making a greater impact. Thank you for including our hospital in the scheme. They are appreciated both by our patients and the staff...”

*Physio Receptionist, Warminster
Community Hospital, West Wiltshire
Primary Care NHS Trust Aug 2001*

Generally, the display of the poems in all sites appears to rely quite heavily on blue tack, especially in the hospitals. The most common combination is to laminate the poems and then blue tack them onto wall or notice-board in small groups.

In this exercise, Health Centres and other community sites appeared more ready than hospital sites to display poems in picture frames. A reason for this, paradoxically, may be that small independent units have readier access to suitable budgets than individual hospital departments do, due to the former’s lack of centralised bureaucracy. Another might be that in larger units there are sometimes centralised regulations in force, which do not allow staff to put things on walls in ways which might require a hole or hook.

All three categories included one or two examples of sites displaying the poems in ring binder or pocket folder, thereby offering them as a whole collection for people to browse through close up.

The questionnaire answers also gave examples of new ideas, not mentioned in the Guidance Notes. Here are a couple :

- “We laminate some and put in a Perspex menu holder on a table, so a poem can be read on both sides.”

- “One poem in a frame which is on a coffee table.”

Other display methods have been reported, outside of this questionnaire evaluation – One is described in the insert opposite. Another adventurous approach was described by a GP in the process of renovating his surgery. He said that he intended to project a new poem from the collection onto the wall of his waiting room every few minutes !

In contrast to the display methods recorded above, the following describes a more comprehensive approach that has been adopted since this evaluation exercise took place.

Some months after the questionnaires were circulated, a series of readings were organised in South London health sites as a way of promoting the scheme in that area. In view of the pending NHS and Arts Council re-print of the poems, that would enable them to be distributed across the country, one of the readings set out deliberately to seek national publicity for the scheme, as well as local. This promotional reading took place at Mayday University Hospital in Croydon, and featured Andrew Motion the Poet Laureate, and Debjani Chatterjee and Rashida Islam.

“I have recently had two of the poems silk-screened on to walls in the waiting areas for the MRI department at Guy’s..[They] look very professional and have received lots of attention. I am quite keen to have a lot more...possibly 30 pieces....I would be delighted to receive the next set of poems..”

Director of Art and Heritage, Guy’s and St Thomas’ Charitable Foundation, Aug 2001

pierre bascle



Mayday University Hospital, Croydon. Here is “Midsummer, Tobago” by Derek Wallcott (Kings Fund collection) expanded to A3 size.

In the process, a good model for how to display the poems was arrived at, probably suitable for hospitals of small or medium size, rather than very large ones. It seems that the co-ordinator of the model, the “enthusiast,” was the Chair of the Hospital herself. For the instigator for the scheme to have such a powerful position in the hierarchy seems to have had some advantages. The collections were held centrally and a decision was made to rotate them across the hospital every month or so. An overall plan seems to have been arrive at for where in the building the poems should go. Some poems were enlarged to A3, for spaces in the building where the A4 size seemed small. Frames were both for A4 and A3 sizes – all to the same design, of good quality and well matched to the colours used in the poems’ design. The frames were put up all over the hospital, carefully and appropriately positioned. Thus, in this Croydon hospital, there are not just a few poems blue-tacked to one or another patch of waiting room wall—there is poetry all over the building, beautifully presented and part of the life of the hospital, a feature in the staff’s hard working day no less than in the patients’ (and their visitors’) experience of illness.

In contrast, another methodology for how and where to display the poems, also applicable to a large organisation such as a hospital, and apparently just as effective as the Mayday model, deliberately avoids the centralised, corporate approach. The Arts Co-ordinator of the Central Middlesex Healthcare Trust, covering four hospitals in West London, advertised the scheme on the Trust's internal e-mail system. At least ten departments responded with interest and each then received its own poem collection, to display and rotate according to team decisions at local and ground level. This devolved approach places the scheme firmly



Mayday University Hospital, Croydon. A selection of poems, A4 size

“We have displayed the poems on 2x A4 boards in the main area where patients sit/socialise on the unit. These are changed monthly. I have also put 2 small notebooks up for any comments and/or suggestions and patients have suggested poems, brought poems in for display, many of which they have written themselves. In fact, one of the main outcomes from displaying the poems you forwarded to us has been that patients have often asked to have their own work displayed also...”

The poems have gone down well with staff (!)”

Centre Worker, Acute Mental Health Day Therapy Service, Chesterfield Royal Hospital, Calow, Chesterfield, Derby August 00 and 01

in the hands of ground-level practitioners, their knowledge and creativity, so far as the poems' display is concerned.

With both approaches apparently successful, it is still too early to assess exactly why and when one of them would apply, in preference to the other. In recent correspondence, an interested Estates manager, who wishes to implement the scheme across a large Trust, was in no doubt that he would be adopting the devolved approach, it seemed as a matter of principle. In other words, this is a scheme that belongs by its nature on the ground and with the people it touches - it should not wear a corporate badge and - long-term - is unlikely to flourish if it does.

There may be an element of the same principle in how other large organisations will make the decision on how to implement/display the poems.

However, the size of the organisation does appear to be another important factor. The Mayday Hospital is quite a small unit, based in a single building, its staffing also quite compact. Larger units may have no choice but to adopt the devolved approach, whatever their management philosophy.

One conclusion that does seem clear is that,

whether the person acting as moving force in the positioning and utilisation of the poems is high and display of the poems is high or low in the hierarchy, personal interest and self-motivation is crucial. The scheme succeeds on the enthusiasm and creativity of the people who implement it. It follows that it is unlikely to do well in the hands of someone merely following instructions.

Where the Poems were displayed

The implications of some of the information supplied here is tantalising. For instance, let us ask the question : if a site reports that it displays the poems in *several* places - in corridors and toilets as *well* as in the waiting room - does this necessarily mean that more patients/clients are likely to read the poems in this site ? The answer must be : probably, but it still depends on *how* they're displayed and what places we're talking about.

Let us ask another question : does a greater number of positions for the posters in any one site suggest a greater quality of enthusiasm on the part of the co-ordinator, whereas the single position signifies a more perfunctory interest ? Answer : possibly, but this is by no means certain and is not borne out by responses given elsewhere in the questionnaires. There may be other considerations at work here, which the questionnaire cannot tease out - such as, how much freedom staff have to display material on the walls, how much autonomy they have in their particular organisation. Thus, it can be safely assumed that most (though not all) health centre staff are likely have more autonomy with regard to displaying material in waiting rooms, than hospital staff.

Another factor at work here, at least as far as poems displayed on the wall are concerned, is the size of the room space involved, in relation to the size of the poem posters. It can be assumed that hospital waiting rooms will often be larger than health centre waiting rooms and, therefore, making an A4 poster *visible* is more of an issue in a hospital setting than in a health centre setting. Obviously, visibility is also affected by what competition the poems face, how many notices surround them, how much they stand out. The questionnaire does allow for this last consideration, in asking whether the poems are displayed with other notices.

The questionnaire responses revealed that in each of the three categories we are working with here, about half of the sites displayed the poems in the waiting room only.

Furthermore, only a minority of all the sites involved in the exercise displayed the poems "alongside other notices" - of the nine hospitals , only one ; of the fifteen health centres, just four - less than a third ; of the twelve "other," only three - a quarter. The possible implication here is that healthcare

"...we are impressed both with the quality of the poems and with the way they are set out. The themes seem very appropriate for our client group, and the quality of the presentation gives a message that our clients are worthy of the effort that has gone into producing them...

We are probably going to display two or three magnified poems at a time, which might speak to clients while they are "waiting" - for doctors, for treatment, for relatives to visit, or for decisions to be made about their future. We are also considering how we can involve some of the patients in making decisions about which poems are chosen for display each month.

*Counsellor,
Psychological Services for Older People,
North Warwickshire NHS Trust*

sites are becoming more conscious of the clutter that can so easily gather on waiting room walls, and has begun to clear it.

“There has been a very positive response to the presence of these rich and varied poems located just over the water dispenser in our lobby area ! We’ve also put some on display down the stairway, so you are met by poems as you enter the building...We are very grateful to be one of the organisations receiving the poems free of charge...

*Mental Health Promotion Officer,
MIND in Camden Nov 00*

Otherwise, the main significance of the information given, both in the questionnaires and in letters received, seems to be the variety and originality of people’s ideas on where to display the poems to best effect. Not surprisingly, this comes through especially strongly in the box included in the questionnaire, which asks people to describe additional display venues they have adopted.

Here, consulting rooms appear as an option in all three categories of health site.

Poems placed on the waiting room table is an idea that has apparently been adopted in hospital settings as well as in the “Other” category (a mental health setting).

A health centre displays the poems on the stairs. One Mind centre has them in “Reception” ; another “on the Poetry Board.”

Tantalisingly, a homeopath puts a new thought into this box. She writes : “also rotate the poems with other homeopaths in the area.” This entry does not merely offer a further illustration of where the poems are going, and to whom they can appeal, but also the sheer extent of enthusiasm they seem to generate in some quarters. Obviously, the project worker keeps a record of where the enquiries come from and to which sites the collections go. But as this entry illustrates, there is often no way of knowing what happens *after* the collections have arrived at their stated destination. Often it’s as if the poems are in themselves generative. Occasionally, as in this example, one catches a glimmer of their fertility and mobility. There are others. An e-mail comes through saying that someone has taken some of the collection to the West Indies ; a letter from a Health Promotion Officer mentions almost casually that she has sent copies of the poem collections to every GP practice in her county.

The issue of the poems’ visibility has already been mentioned. It is noteworthy in this regard that 6 out of the 9 hospitals display the poems in groups only, compared to 2 out of the 15 health centres and 5 out of 12 “other” centres. For whatever reason, the “other” centres that

“I thought you might like to know that some of your splendid collection are gracing the walls of the Victoria Hospital in Castries in St Lucia in the West Indies. My husband is working out there, and is so pleased to be able to put a bit of pleasure on the walls...”

*Director of Health Environment Art,
Brighton Healthcare NHS Trust Nov 01*

do group the poems, seem to prefer very large groups, whereas the hospitals and health centres tend to go for groups of 3 or 4. But, in general, it is clear that displaying the poems in a group is one way of ensuring their visibility in a large space, as well as offering a variety of styles and mood.

A second way of ensuring the poems are read properly, of course, is to display them singly in a small, intimate space. A ring binder file on the table is one such space. The toilet would appear to be another, mentioned in both the hospital and the health centre categories.

On the subject of toilets, the project worker was recently told the following anecdote by a Senior Occupational Therapist. She recently went for a job interview in a London psychiatric hospital. Offered the job but still unsure about it, she went to the staff toilet and, while sitting there, saw one of this project's poems pinned to the toilet door. At that stage, she did not know the project worker's connection with the Poems for the Waiting Room idea. As a result of seeing the poem, she decided to accept the job. She thought, if these people offer their staff poetry to read in the toilet, they must be worth working for.

3. The Impact of the Poems

How the poems were received by colleagues

Generally speaking, this and the next few questions received a less careful response from several of the respondents. For busy professionals, hurriedly filling in the questionnaire with much else required of them, the information asked for in these questions - in some ways the most important to establish from the project's point of view - was the hardest for them to supply.

Nevertheless, what information was supplied, is pleasing to read.

Across all three categories, the vast majority of colleagues' responses to the poems was favourable and not one was unfavourable. The least positive figures come from the health centre category, but even here 10 out of the 15 responses record a favourable response, leaving five with a neutral one ; and just over half record "Some Comment," leaving 7 with "No Comment."

There is no need to repeat here all the comments quoted (see appendix), but it is perhaps worth highlighting two of them here as being especially rich and suggestive.

The first comes from a health centre :

"New colleagues comment on them and then they just become part of the normal surroundings. Trainees and students (who have more time !) are usually the ones to comment. I have not had a single comment about the ones in the staff toilets !"

The second comes from the Other category, a centre offering Complementary Therapies :

"What a lovely idea/creative way for people to settle down after their journey."

The project worker has the belief that the poems offered for display by this project have as much to offer healthcare staff as they do healthcare patients. The extraordinary response there has been from health-care staff whenever the project has received publicity, is just one of many reasons for this belief. The response has further revealed just how many care staff use poetry actively as part of their work, as well as for their own sustenance.

Every working day, healthcare and other staff are witness to human distress and turmoil and have to connect with it warmly if they are to do the job properly ; furthermore, an integral part of doing the job properly every working day is to be as imaginative and as receptive as your system will allow - in effect to be like an artist. To retreat into the cold, detached eighteenth century scientist mode simply won't do any more. The strain this alone imposes is considerable and needs to be addressed.

"I love reading the poems which are displayed in the reception area at work. I like the variety and I like taking a moment to be still and reflective whilst reading the poems. My current favourite has been photocopied so I can read it from my desk ! It's a really worthwhile venture."

Worker in MIND in Camden

But what also needs addressing further is the correspondence between good caring and good art, including good poetry. Some of the responses to question Nine and to others in the questionnaire offer further hints and suggestions that healthcare staff themselves can benefit from and will respond to the presence of suitable poetry in their working environment. What is needed is an ethos in the care systems that will allow this to be recognised, so that Poems for the Waiting Room and similar projects are accepted without embarrassment as something that can be nutritional and sustaining, not just for the unwell, but for the people who take the strain of caring for the unwell through their period of need.

“The poems are great. They warm up and enliven an otherwise impersonal space and set the mind off on paths of exploration and enquiry – very appropriate for a psychologist’s waiting room ! Thanks.”

*Name given, status unknown.
Feedback from Clinical
Psychology Dept in Belfast*

How the poems been received by patients/clients

“The waiting room poems have been really invaluable. I have displayed different poems every week on the poetry corner display board in the day room. Also we have read some out loud in the poetry group, which meet every Friday. The comments received are that they are very professionally presented, in different styles, and the poetry is excellent... We are a charity and have a funding crisis at the moment, and it would be wonderful to receive something valuable, that we do not have to pay for..Our service users do enjoy poetry, both read poets and their own work..”

Centre Worker, Bromley MIND

Again the response to this question was largely favourable across all three categories, and although the question did not yield a great number of direct quotes, some of these and some of the observations that accompanied them, are telling, further affirming the impact the project can have.

Across the categories there was only one record of an “unfavourable” response from patients. This came from a health centre and was quoted as “inappropriate/gloomy”. In view of the variety of poems in both collections this is a surprising response and suggests a particular person was quoted, commenting on a particular poem, rather than the full rotation.

For the rest, 6 of the 9 hospitals, 11 of the 15 health centres and 8 of the 12 “other” centres record a favourable response from their patients/clients, with the remainder recording neutral (bar the one just quoted).

Again, all the comments and observations recorded can be seen in the appendix and there is no point repeating them here in total. What follows is a selection of especially telling ones :

From the hospital category :

“Better than magazines/I really like poetry. I write it when I can’t find any other words/
Oh ! someone else likes poems/I write poems when I am miserable.”

“Entertaining/ helps pass the time/pleased to see poem in own language”

From the health centre category :

“Very relaxing to read while waiting/ I write poetry, I’ll bring one in for your collection/
I’ve copied out the Welsh one to send to a friend/ haven’t read poetry since I was at
school but I quite like those.”

“General favourable comments about things other than health education leaflets to
read.”

From the “Other” category :

Child and Adolescent Mental Health Service :

“I have an autistic brother and they
made me feel good about him and help
me understand about him/ The poems
are brilliant and make life sound very
lively.”

MIND centre :

“What a good idea/ can I borrow one to read
at home ?/ can we read some in the poetry
group ?”

Agency working with people with Learning Difficulties :

“Since our clients have learning difficulties, for
some the written word is not accessible.
However, some clients have been very taken
with the poems, selecting their favourites and
saying how good they are.”

Psychology dept :

“They liked the idea overall/ Blake’s poem “The Angel who Presided o/er my Birth”
generated discussion with a client re his own experience of life and his isolation in it. He
did not like the poem for that very reason yet appreciated its acknowledgement of his
experience.”

“I’ve been very pleased
with the response, which
has been even better than
I anticipated. The poems
have brought up a lot of
positive emotions,
laughter and discussion.
I’ve also been very
impressed that many
people who are sometimes
anxious or quiet in the
communal area are
confident when they read
the poems out to the
group.”

*Centre Worker,
Umbrella Crisis Night Centre,
Islington
(a night drop-in for people in
mental/emotional crisis)*

Comment from some of the poets

(Several of these comments were written soon after September 11th 2001)

Catherine Byron. “ Many thanks and congratulations for creating and developing the scheme.” *Arts Council collection*.

Jayne Greathead “It’s a lovely feeling to know my poem has been used in this way...” *Arts Council collection*.

Judy Tweddle : “I am very honoured to be included in your scheme – what a list to be included in ! Very exciting.” *Arts Council collection*.

Eleanor Cooke : “I’m glad to be part of this exciting project” *Arts Council collection*.

Selima Hill : “...Congratulations to you too ! (I like the idea of making waiting rooms “less lonely”) PS. Another place where people wait is stations...” *Arts Council collection*.

Siân Hughes : “So pleased to be involved in this excellent idea. ..I hope the scheme continues to flourish” *Arts Council collection*.

Mike Jenkins : “It’s a great idea and I really enjoyed doing a poem for it. In fact I wrote 4 altogether ! Also it’s good to see quite a few Welsh writers involved.” *Arts Council collection*.

Andrew Motion : “I greatly admire what you’re doing with the Waiting scheme, and am delighted that the NHS has supported you so well.” *Arts Council collection*.

Maura Dooley : “I think it’s a great project and a great next step..Congratulations on the success of this project” *Arts Council collection*.

Menna Elfyn : “ “It is good to know that the poems are appreciated widely..In times like these it is good to know that poetry still connects people together” *Arts Council collection*.

Fiona Owen : “It’s important work – and no more important than now, when things seem to be going wonky on the world stage.” *Arts Council collection*.

Caroline Carver : “It is good news that the NHS are using them so well, and to know the poems are reaching the right audiences” *Arts Council collection*.

UA Fanthorpe : “I hope that the PWR project continues to go from strength to strength – the comments are certainly encouraging – and to encourage people to read poetry *and* to feel better at the same time is indeed a worthwhile task – especially perhaps in times like these” *Arts Council collection*.

Derrick Buttriss : Good to read of something positive and constructive at this terrible time.” *Arts Council collection*.

Charles Johnson : “It’s good to know the project is having so many positive uses and consequences.” *Arts Council collection*.

Margo Ewart : “I think it’s a lovely idea” (widow of Gavin Ewart) *Kings Fund collection*.

Tanya Plutzik : “Poems for the Waiting Room is a wonderful idea. It will surely be widely read and will bring comfort and support to many. Thank you for including my husband’s poem ; he would have been delighted to be part of the collection.” (widow of Hyam Plutzik) *Kings Fund collection*



Patients, visitors and staff of the Orpington Hospital In-patient Stroke Unit at a poetry reading given by David Hart and Fleur Adcock.

An Evening in Orpington Hospital

Particular poems that have received comment

This question was answered by less than half the respondents. Presumably it was asking for more detail, more closeness of contact, than many could supply.

But of those responses that were offered, the following features seem to stand out :

“Blake’s poem “The Angel who Presided o/er my Birth” generated discussion with a client re his own experience of life and his isolation in it. He did not like the poem for that very reason yet appreciated its acknowledgement of his experience.”

*Psychology Unit
The Crumlin Road
Belfast*

Humorous poems are appreciated, although in some sites - all to do with mental health – the opposite is true and it is the poems that speak powerfully of difficult emotions that strike the chord. For instance, one of the MIND centre workers observed that in her community, with its poetry group already well established, poems “that explore emotions” were the ones that drew most comment. For a further observation on this point, see the quote in the box on the following page.

In general, Yeats is the poet most often singled out for praise.

Occasionally a poem speaks to someone in a way that touches a raw spot (though this can be creative). As well as the Blake poem mentioned

above, Fleur Adcock’s poem “Immigrant” appears to have had a particular impact in one of the centres for people with learning difficulties. Two of the poems selected for children were singled out for praise : “Who Dat Girl” by Valerie Bloom and “Passion Fruit” by Annaliese Emmans.

The Poems' Appropriateness

The vast majority of the respondents (94 %) gave a positive answer to this question.

“At the last meeting, there were as many brought in as chosen from the sets, though only one users own poem. All present agreed to a preference for 'heavy'/'sad'/'powerful' poetry, but, as they had concerns about how others might feel in response to such poems, there was talk of collecting favourites together in a file, to be available here.”

*Umbrella Crisis Night Centre
(mental health)
Islington*

This general satisfaction came out in the accompanying comments, although there are several requests for more humorous poems.

One respondent makes a direct comparison between the two collections in this section, saying “I think the [King's Fund] collection were in the main more accessible than the waiting room specific ones”

Two more comments that stand out are :

“Perhaps more visual elements for clients who have difficulty reading.”

“Poems in other languages”

The Ethnic Mix – Was it Sufficient ?

Answers to this question can presumably be connected to the ethnic mix of the localities in which the various sites are situated. For instance, of the hospitals who replied to the questionnaire, over half reported (in response to question 2b) that their patient population had quite a narrow spread of ethnicities.

Their answers to question 13 would appear to correlate with this. Seven of the hospitals found the poems' ethnic mix sufficient, only two wanting more.

The Health Centres (who reported a wider spread of patient populations than the hospitals) answered more evenly, with seven wanting more ethnic mix and five satisfied with the mix provided.

Half of the “other” category failed to answer this question ; of the half that did, four wanted more ethnic mix and two were satisfied.

From odd comments gleaned from the evaluation exercise, and from the evidence of poetry readings that took place in South London health sites earlier this year, it would seem clear that poems written in languages other than English, with an English translation beside them, are especially powerful and beneficial in the waiting room. On top of that finding, the answers to question 13 make it equally clear that the number of poems written in other languages is insufficient in the present collections, especially for some areas of the country.

The Baring Foundation has recently offered seed money to help build up the number. Further funding will be sought.

Comment from David Hart

(David Hart, a poet living in the Midlands, commissioned the 50 poems of the Arts Council collection. He has been a priest and worked for years on the Arts/Health interface. He published his first book of poems quite late in life. The first three comments quoted here come from e-mail correspondence, the fourth from an article written for "The Psychiatric Bulletin" (2002), written while David was acting as Poet in residence for the South Birmingham Mental Health Trust)

On the idea of producing poems written in different ("minority") languages, with translations beside them -

"The counter to the special communities poems idea - Asian in Bradford & B'ham etc - is what I remember saying a while back, that I hope a Shropshire village surgery would display the Asian poems & Dundee the Welsh ones with as much enthusiasm, and not say, 'These aren't for us'. ie. not to encourage a ghetto idea, but on the contrary,...

"But...we have the chance here to open people's lives to each other."

On receipt of the second poem collection (funded by the King's Fund) -

"The new pack has come, Rogan, & it's an excellent piece of work again; there really has been nothing like these packs before."

On giving poetry readings in health sites -

"....It's something like that I'm trying to say, to make poems that take on the difficulties of communicating, outside of the more obvious readings; surely if poetry means anything, it should connect us in unexpected and risky ways.

Workshops, too....I've worked now with people with mental health problems, with psychiatrists and therapists, with ballet dancers, teachers, and so on, and at Warwick I have set up a project where poets from outside are going into departments and centres (Physics, History, Maths, Music etc) to respond with a poem or two.

I think you should continue to feel what you are doing is very worthwhile indeed."

On the role of poetry

"...I want to say that if listening goes, then meaning goes, if listening goes, poetry is no longer possible. Poetry is essentially a speaking and a hearing. I'm suggesting poetry is in some sense essential, not a luxury, not an add-on, but a way of reminding us to hear truth and beauty in everything that is said, hard though that can seem."

Changes caused by the Poems - in agency practice or in people

While in some ways this is one of the central questions, it is also one of the hardest to answer. The reading of poetry, after all, is not an easily measurable activity and most people, having read a poem, would find it hard to evaluate in any tangible sense what changes have occurred as a direct result of it.

Nevertheless, some agencies that responded to this question have given a very clear indication of a dramatic impact and tangible influence the project has had and the various conclusions that can be drawn. What is perhaps the real question to ask is, why the project takes off so dramatically in some places, and not in others ?

Thus, of the hospitals, there is only one out of the nine that states categorically that the project has led to changes. Another says, yes perhaps, and another says, don't know.

Some of accompanying comments, however, are worth quoting here :

“helps people relax”

“Poems form part of our overall art strategy on site”

“The poems have fitted in well with the general tenor of the Unit [Mental Health Day Hospital], whereby we try and make available a wide array of experience and thought – others include art work, newspaper articles, etc – for the patients to take or leave as they wish. As such they [the poems] have been complementary. It is hard to assess “effect” – who is to know (in our setting) what is read, its interpretation or impact on the reader. The fact that it is there is, I think, a positive thing.”

Here is the one response which points to clear changes as a result of displaying the poems : “Clients more willing to disclose own use of poetry. (all our “clients” are actually NHS staff)/Useful fed in therapy/Brightened up waiting area – others then took an interest eg brought in flowers, pictures, etc/ Dialogue opened up about subtle ways to boost NHS morale”

It is worth emphasising again that this last quote comes from a Counsellor in an Occupational Health unit, all of whose clients are NHS staff. It reinforces the thought offered earlier that - directly and indirectly - Poems for the Waiting Room is a project that has something to offer staff morale.

Sites in the other two categories also offer little in response to this question in any quantitative sense. But again, among the comments, there are some revealing hints and clues suggesting that , however slightly and unquantifiably, the poems work on people, open things up, effect change - and especially among the staff. For instance, from the health centres :

“More interest in poetry/ Receptionist keen to put up her work.”

“I have used [the] poems as therapy with groups of older people. I choose poems they might remember from their schooldays and these seem to release and trigger memories and bring back feelings which people haven't experienced for quite a long time.

Counsellor, Psychological Services for Older People, North Warwickshire NHS Trust Aug 2000

“May I first thank you most sincerely for your poems, they are a great source of inspiration for my own poetry and to my colleagues and clients.

“I learned about your project from your article in the Guardian Newspaper and was so excited. It led to me writing to publishers and authors to gain permission to use some children's poetry. People like Roger McGough, Michael Rosen, Quentin Blake and John Foster were very helpful. Indeed John Foster sent me a signed copy of his book.”

“My colleagues were very helpful and supportive and they and our clients received the poems very well. Indeed some clients and one of my colleague's children offered poems for display, which were used.”

“We now have a collection of almost two hundred poems which I attempt to rotate every few weeks.”

“I personally think that poetry is a very unused medium and I attempt to use it in my own therapeutic work...”

*Nurse Specialist
Child, Adolescent and Family Services
Lincoln District Healthcare NHS Trust*

“Yes, patients often come in with a smile now !”

“Staff discuss them and enjoy sharing them, occasionally bring in poems/items of interest to stick on the wall”

And - more dramatically : “I have initiated displays of local schools and further education initiatives art work and poems - as a result, building bridges across the community / I like the waiting room much more and I think patients appreciate it.”

And here are three comments from the “Other” category, the last quite startling, and illustrating - along with the equally dramatic insert just beneath it (which is quoted from a letter) - that in some cases the project has had a truly far-reaching influence :

From the Citizen's Advice Bureau :

“First read about the poems in Jan/Feb edition of “Open Mind.” Felt it was a ‘quality of life’ thing to add to our waiting room.”

From the MIND centre :

“We have always displayed our own poetry, so it has led us into presenting our poems more professionally”

From the Belfast Psychology Unit :

“Once we had the poems, it helped us to reflect on other features of our waiting room. We subsequently choose “art for the waiting room” and this has generated much discussion. Latterly the waiting room has been painted and we chose the colours mindful of clients and the purpose of the waiting room for them. Other professionals have commented on our changes and this is influencing their perceptions of their own working environment. And it all started with the poems.”

It does seem that care sites that act to a greater or lesser degree as host to a community, with clients regular and well-known and staff acting as

familiar and enabling figures, offer the best conditions for the poetry project to reach beyond mere improvement of the environment, to play a vital part in the community's life. Very often, though not always, such sites have been connected to mental health.

A comparison between the two collections.

It should be remembered at this point what are the differences between the two collections. Each had its own funder at the time, one the Arts Council, the other the Kings Fund. The Arts Council collection was distributed first and consists of 52 commissioned poems, each on the subject of waiting. The commissioner was the poet David Hart. It goes without saying that each of the 52 is a contemporary poem. The collection includes several written in "minority" languages, with English translations alongside.

The King's Fund collection was actually selected earlier than the Arts Council commissioned set, during the initial piloting of the project. But further funding was needed actually to print and distribute it. The collection consists of eighty poems from all periods, including a number of classics, but also several contemporary poems, and about ten especially selected for children. A number of poems in this collection are also written by poets from a "minority" culture, but there are none in the original non-English language.

The collections share the same format. As far as the sites receiving them were concerned, those that had received the Arts Council poems were later asked, would they want the second collection. There was about a year between the two collections. Once the King's Fund collection was produced, sites who showed interest were offered both collections simultaneously, and some decided on both, and some preferred to take just one.

The response to our query on this issue largely vindicates the project worker's belief that, while at source the two collections may seem importantly different, on site they are largely indistinguishable and belong as one.

The preference for the King's Fund collection quoted from a response earlier in the questionnaire is shared by seven others, across all categories and both questions. Across the same span, a preference for the Arts Council collection is stated by four.

By contrast, answers of "Liked Both equally" and "No Preference" came to a total of 20. (However, for perspective, it should be noted there were 34 "No Answers" on this topic !)

The accompanying comments further reinforce an early impression that the two collections were bound to merge and become indistinguishable from one another. Some, though, (and this is pleasing) make an additional point - that the two collections complement and enrich each other, so that combining them adds to both.

The comments can be read in the appendix and it will be seen how even is the spread and how clear is the tendency for the collections to merge. Let just one of them act here as ambassador for the combination of the rest :

"Do not really know as they all got mixed up."

The project's next phase is in tune with this "mixing up." 3,000 packs are to be re-printed, each containing 50 Arts Council Poems and 50 Kings Fund poems, forming a new singleness.

from “ A Winter’s Morning in Timarpur”

“...A squirrel mother and child stir in their telephone-box nest
and milkmen balance heavy canisters on bicycle bars.
The roadside chaiwalla lights his charcoal fire biri
and the newsboy flings, with practised ease,
a rolled Hindustan Times to the third floor verandah.
Trucks and buses piled with raw produce and day labour
ply from the pastures of Punjab and Haryana;
they thunder down the Grand Trunk Road
and the black and white cat shadow boxes a Tiger Swallowtail
as a sleepy corner of Old Delhi wakes - and stretches.”

Debjani Chatterjee

4. Suggestions Offered by Sites

The size of the poems - should they be larger ?

After much debate on this issue, and for all sorts of practical reasons (such as storage, postage costs, and the sheer complication of preparing larger posters for mailing) it is a relief to find that most respondents prefer the present size of A4 to anything larger. This is not to say that in some sites, the visibility of the A4 poster is not an issue (see page). Clearly it is. However, such sites do seem to be in a significant minority. Furthermore, recipients of the poems have found a great number of creative ways for displaying the poems and making them stand out (some of these ways described above). Both these factors suggest that, if the enlargement of the poems seems desirable in a particular site, the staff concerned can be left to arrange for it themselves.

The breakdown of the responses is as follows : five out of the nine hospitals, ten out of the fifteen health centres, nine out of the twelve other community centres - all reported that the posters should remain at A4.

Three of the hospitals and four of the health centres would have preferred them enlarged to A3, a total of seven sites out of thirty six. However, comments in the questionnaires and observations by the project worker, reveal that sites can now easily expand the poems to A3 themselves, using colour photostat machines. Mayday Hospital used a combination of sizes - some at A4 and some at A3, all in wooden frames, and both frames and enlargements bought from the hospital’s own budget.

Perhaps some larger sites will be deterred from adopting this project if doing so means committing some funds for enlargements and frames etc, and giving time to working out how best to display the poems. But it has long been clear that the project anyway relies on enthusiasm and commitment on the ground. This being the case, it is arguable that it would not have flourished in such sites anyway.

Journey to a Bexley Waiting Room

1.

A woman from India
waits in Bexley
for the doctor to call her name.

I interrupt
with a poem about waking
by the Grand Trunk Road.

The poem is in English.
Debjani wrote it
in celebration of origins.

The woman's face lights up:
*"This poem has carried me
to my home ground."*

2.

I did not foresee the pain of this.
Convinced that poetry has power
to connect us in the waiting room,

I'm taking us
to where we don't at first
seem to belong.

I cringe
from the pain
of foreignness, of being unwelcome.

I'm saying, *"you're in luck today. Listen to this !"*
But feeling, *"don't turn away,
don't be unkind. Please be glad of me."*

3.

We storm castles with song and scrupulous words
we surprise windows from blank walls
we conjure sweetness from racket and desolation.

Rogan Wolf

Each pack of poems, when it is sent to a health site, is accompanied by Guidance Notes that offer ideas for how to display the poems, taken from the ideas that people have had. Thus, while the Poems for the Waiting Room project continues likely to produce only A4 poems, the issue of their visibility in some sites emphasises the necessity of keeping the Guidance Notes up to date and readable, and of exploring further ways to ensure the creative solutions reached in some sites are shared with the others.

The Support Required. What would be Useful ?

Various thoughts emerged in response to this question, though none suggested active intervention, either by phone or in person.

Quite a few of the responses suggested the desirability of some sort of newsletter update or follow-up, with information on other people's ideas and approaches.

Although this was done about a year ago, a new "issue" does seem a good idea, especially bearing in mind the coming re-print and the likelihood of readings in health sites around the country to promote the new collections.

Suggestions for funding, to ensure poem collections remain free of charge.

Various helpful suggestions were made here. Two comments stand out. A GP offers help from his or her own budget - "We would be prepared to make a contribution" ; and someone working in one of the "Other" centres suggests "asking services such as ours (NHS) for a contribution." And then adds (with some passion ?) "Definitely not from the clients, poetry should be free." It should be noted, of course, that "services such as ours" have now offered just such a contribution - NHS Estates having committed £10,000 towards the re-print mentioned above.

If charging became necessary would the sites be willing to pay ?

Here is another subject that has been the subject of intense debate by the organisers. If this project is to be ongoing, then it needs either to attract long-term core funding, or to find a way of becoming self-sustaining. Charging for packs is one way of achieving the latter, despite the administrative burden it would add, with invoices and receipts for tiny sums of money flying to and fro in great number.

A surprising number of the hospitals - five out of the nine - said they would not pay if future collections carried a charge. However, most of the sites from the other two categories said they would pay - ten of the fifteen health centres and eight of the twelve "other".

Two of the hospitals inserted an explanation for their apparent stinginess - "no funding" ; "no budget for anything" - an explanation which might apply to other hospital sites as well. For we have to remember that several of the hospital respondents were in fact from units *within* a hospital and therefore lacked their own budget ; whereas most of the respondents from the other categories worked in smaller community units, often with devolved budgets, to which they had greater access.

However, the response does suggest the further complications that would be met if charging became necessary, new bureaucratic hoops that would have to be jumped. Also, although it appears the

majority of sites would be willing to pay for poems, some clearly would not, and as a result, some patients/clients would be deprived of them.

Furthermore, payment carries almost a symbolic meaning and the fact that these collections have up to now been delivered free - and this is therefore not a commercial operation - has perhaps carried a more powerful meaning than is usually stated.

For instance, a very direct statement of it has just been quoted, of course - “poetry should be free !” But elsewhere people have had a slightly different take on it, less forcefully stated. The following comes from a letter from a MIND centre, the writer taking additional delight in the fact the poems will be coming free - “We are a charity and have a funding crisis at the moment, and it would be wonderful to receive something valuable, that we do not have to pay for..” Similarly, here is an excerpt from an e-mail sent from “a general practice for the homeless and socially excluded people in Hull...The idea of having poems in the waiting room sounds a good one....I understand that the service is available free of charge which sounds too good to be true !”

There is something here beyond budget restrictions, something almost symbolic, that makes one want to do whatever is possible to keep the poems free of charge.

If they have to become chargeable, however, respondents’ suggestions for a suitable price ranged chiefly between £10 and £25. A sensible thought was : “same as a book of poems.”

Suggestions for Improving the Project

pierre bascle

This was the last question asked in the evaluation exercise. The suggestions offered need little comment and can be read in the Appendix. They are generous and helpful. One of the hidden gifts of this project has been the reminder it gives of the sheer quality of personnel that can be found in the country’s healthcare systems – people for whom the work is still clearly a vocation, demanding the highest level of talent, initiative, intelligence and commitment. And some – such as the young woman on the right, performing for our camera – can even insist on being joyous, too.



Conclusion

It seems that through much of the last century, most people in this country saw poetry as being highbrow, effeminate, insubstantial, or simply irrelevant to the issues of living. In the last few years, though, poetry seems to have enjoyed a genuine resurgence of interest.

At the same time, the “Arts/Health” agenda has gathered force and has now become “mainstream”, greatly helped by its consistent promotion by the King’s Fund.

A third contemporary idea of power, is New Labour’s “Social Inclusion agenda” as a concept in itself and as a guide to policy-making.

The evident success and popularity of “Poems for the Waiting Room” chronicled in this report would appear to exemplify the relevance of all three of these inter-connected movements and tendencies and, by harnessing them into a particular shape, to make almost a new movement of its own.

The report is full of examples of the enthusiasm which the project seems to attract wherever it goes - from funders, from care professionals, from the poets who’ve been involved in it. While the evaluation has been less successful in making direct contact with the waiting room public, the report supplies enough evidence of a positive public response to the poems, to justify the conclusion that the Poems for the Waiting Room project can do much more than just improve the waiting room environment, it can change in a positive way the behaviour and the experience of both staff and patients.

Now, with the project on the crest of a major expansion, with 3,000 new collections soon to be produced and distributed across the NHS, with – one hopes - a series of poetry readings promoting this major venture in each locality - one occasionally stops short and wonders in panic, whether this wave of enthusiasm has already been exhausted. Have the “active enthusiasts” (which the successful display and implementation of the poems on the ground so wholly relies on), already all come forward in response to this or that newspaper article – and now there are none left?

The answer logically is certainly not (but logic does not flourish in the early hours). There is the example of the Arts Co-ordinator who e-mailed all the departments in the four hospitals of her charge about the project - and ten departments replied, each requesting a separate pack. Large hospitals do not differ so very much (do they ?) and if every Arts Co-ordinator in the country did the same as this one did, (and hopefully they soon will), one can reasonably expect a similar response in each case.

“I would be extremely grateful if we could have a collection of 'Poems for the Waiting Room'. We have recently refurbished our reception room for our counselling clients and it is in dire need of material for the walls and also general reading material. I have seen some of the 'Poems for the Waiting Room' on the wall of our sister counselling centre, 'Sycamore Counselling Service' in Chelmsford, and think that they are brilliant!”

*Co-ordinator
Counselling Centre
Plaistow
London E13*

There is also the constant and never-ending flow of requests from new respondents, either as a result of seeing the poems displayed elsewhere, or of reading about the project in articles, some of which are now several years old. For instance, a few weeks before this Conclusion was written, someone wrote requesting a pack, who had read about the project *four years* previously in “the Guardian” and only now was ready to act on it.

“I am now primarily working with children and adolescents with chronic rheumatic conditions eg juvenile arthritis at Great Ormond Street Hospital and the adolescent unit at the Middlesex hospital and wonder whether you are interested in developing the project into waiting areas for this age-group, ideally with poems written by the young people themselves ! Just a thought !”

*Consultant in Paediatric and Adolescent Rheumatology,
Middx/UCLH NHS Trust*

The lists continues : Hospices ; services for older people (including old people’s homes) ; all the regional branches of MIND, all other national mental health organisations ; DSS offices

Just as this report has given a clear indication that Poems for the Waiting Room holds within itself the potential to reach yet wider audiences, so its findings suggest that further collections are also justifiable. Some funding has already been offered to increase the number of poems written in “minority” languages ; but more funding will be needed to cover printing costs. A larger collection of poems for children might also be considered - perhaps benefiting from the good work already done in Lincolnshire - to be offered nationally to interested sites.

From time to time, interest has been expressed in producing the waiting room poem collection in book form, working with a commercial publisher,

And finally, there are the tantalising glimpses of further audiences, to an almost limitless degree. The Director of one Citizen’s Advice Bureau responded to an article about the project and has now been displaying the poems to good effect for several years. On the basis of this finding, the project could now be advertised among all Citizens Advice Bureaus in the country. The same applies to prisons. One prison governor requested packs and testified that the poems were valued at his place of work - which suggests that all the nation’s prisons could be approached and offered the scheme. Each of the two organisations working with people with learning difficulties who have requested poems, gave positive feedback of the poems’ impact and contribution to the life of their agencies. It suggests that, here too, national organisations coordinating services for people with learning difficulties, could be invited to promote the scheme to all the agencies they service.

“ruralMinds’ works to improve mental health in rural communities, and we are constantly looking for ways in which we can promote emotional well-being in isolated communities with few mental health services to hand. I think that ‘Poetry in the Waiting Room’ could have huge potential in rural areas not only to promote mental health, but also to challenge the stigma attached to mental health problems.

*Information & Training Co-ordinator
ruralMinds*

but hoping to plough any profits back into the project. Although this idea has failed so far to take hold, it remains a possibility.

A further and larger prospect is Europe, in terms both of further collections and wider application – through the use of translation, displaying across the continent poems from each of the cultures that make it up, celebrating and sharing the differences and commonality of all Europeans as they sit in the waiting room. In the present climate of recurring separatism, Poems for the Waiting Room would become thereby almost a political idea, opposing nationalist fears and intolerance. “We have the chance here to open people’s lives to each other” (David Hart).

All the above, both the evidence delivered and further possibilities the evidence indicates, suggest that the project Poems for the Waiting Room has made a solid, valuable and creative contribution to many waiting rooms and similar sites in the country, and warrants further support on a long-term basis. Core funding would be desirable, either from charitable sources or from commercial sponsorship, to enable development to continue and ongoing support of sites to be maintained.

*Rogan Wolf
July 2002*

“We work so hard we're dizzy,
'Cos our waiting room's so busy,
Our patients wait for hours
And they only look at flowers
So please please send your rhymes
To help them pass the time.”

*The Ultrasound staff,
Maternity Scan Dept,
PAMU,
Royal Bolton Hospital*

(Poems sent 26.06.02)

Appendix One

Answers to the Questionnaire

Question 1a. – What kind of Care Establishment do you work in ?

Hospitals

9 hospitals responded (25 % of total response).

Breakdown

Hospital In-patient and outpatient	4
Hospital mixed ward	1
Psychological therapies department in a mental health hospital:	1
Hospital Out-Patients	1
Acute Psychiatric Day Unit attached to In-patients wards	1
The Royal Hospitals (4 hospitals in one site):	1

Health Centres

15 Health Centres responded (42 % of total response)

Breakdown

GP Surgeries	10
Primary Care Centres	5

Others

12 other health/social care agencies responded - (33 % of total response)

Breakdown

RESPOND – Charity working with people with learning difficulties
YARROW - Housing Association supporting people with learning disabilities
Community Based Psychology Services in Belfast
Voluntary drop-In (Mental Health Day Care)
Trust Arts Project (TAP) – working within Healthcare in Lewisham, Lambeth & Southwark
Mental Health Voluntary Sector (Brent MIND)
Mental Health Services/Voluntary Sector (Camden MIND)
Day Centre for the Mentally Ill (Bromley MIND)
Outpatient psychiatric CAMHS
Citizens Advice Bureau
Complementary Medicine Practice (Private)
Cardiff Health Practice (Chiropractor/Homeopathy)

Question 1 b. – Is the patient/client population largely urban one ?

Yes :		
Hospitals (out of 9)		6
Health Centres (out of 15)		13
Other (out of 12)		11
No :		
Hospitals		3
Health Centres		2
Other		1

Question 2 - Who attends the waiting room ?

Local People :

Hospitals		5
Health Centres		14
Other		0

Specific Patient/client group :

Hospitals		4
Health Centre		1
Other		12

Breakdown of specific groups

specific Hospital groups :

Psychology/Psychiatry :		3
Occupational Health department (for staff) :		1
Neurology/Neurosurgery/Neuro-rehabilitation :		1

specific Health Centre groups :

- 17% non-english speaking		1
- people who need to see the GP / Primary Health Care team / Drug dependent patients and asylum-seekers		1

specific “Other” Groups

Children, adolescents and families services (mental health) :		1
Adults with long-term mental health problems, voluntary sector (MIND)		4
People with mental health problems attending psychology clinic		1
Trust Arts Project - various community groups, incl. mental health		1
Chiropractice/Homeopathy :		1
Private Complementary Therapy practice		1
People with learning disabilities :		2
Citizens Advice Bureau		1

Question 2 a - Age groups worked with :

Hospitals (out of 9)

All age groups :	3
Adults and elderly :	3
Adults only :	3

Health Centres (out of 15)

All age groups :	15
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Other (out of 12)

All age groups :	3
Adults and elderly :	2
Children and adults :	1
Adults only :	6

Question 2 b - Extent of racial mix :

Hospitals (out of 9)

very extensive :	3
fairly :	1
not much :	5

Health Centres (out of 15)

Very extensive	4
Fairly :	5
Not much :	6

Other (out of 12)

Very extensive :	2
Fairly :	4
not much :	6

Which ethnic/racial groups feature in Waiting Rooms ?

Hospitals

White, Asian , African, White, Chinese, Black Caribbean

Health Centres

Turkish, West African, Afro-Caribbean, White, mixture of asylum seekers from 20 countries (Kosovo, Congo, Afghanistan, etc.), Pakistan, Bangladeshi, Somali, Albanian, Turkish, Pakistani, Asian, Bangladeshi

Other

White, White European, Welsh, Scottish, Asian, Afro-Caribbean, multi-cultural. (Comment from Belfast, where racial mix was “not much” – “This is Belfast, if you cover religious categories !”)

Question 3 - How long, on average, do patients/clients spend in the Waiting Room ?

Hospitals (out of 9)

Up to 15 min:		2
Up to 30 min:		3
Up to 1 hour:		2
“Several hours”	(mental health “social area”)	1
“N/A”	(the mixed ward)	1

Health Centres (out of 15)

Up to 15 min:		5
Up to 30 min:		9
Up to 1 hour:	(“on a bad day !”)	1

Other (out of 12)

Up to 15 min:		9
Up to 30 min:		3
Up to 1 hour:		2

(2 sites gave more than one waiting time – eg “can be all three or longer” Both sites which answered “up to one hour” were MIND community centres.)

Question 4 - How many people occupy your waiting room per week ?

Hospitals (out of 9)

40 people a week	1
100 people a week	3
200 people a week	1
200-500 people a week	1
1056 in-patients a week (across 4 hospitals)	1
4000 people a week (across 4 waiting rooms)	1
*N/A: (the mixed ward)	1

Health Centres (out of 15)

250 people a week	2
300 people a week	1
300/400 people a week	1
400 people a week	2
500 people a week	2
600 people a week	2
1000 people a week	2
1700 people a week	1
7500 people a week	1
“G.O.K” [God Only Knows ?]	1

Other (out of 12)

25 people a week	2
30 people a week	1
40 people a week approx	1
50 people a week	1
70 people a week	1
75 people a week	1
80 people a week	1
100 people a week	2
150 people a week	1
350 people a week	1

Question 5 - Is One Staff member responsible for displaying/rotating poems ?

Hospitals (out of 9)

Yes	5	No	4
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Health Centres (out of 15)

Yes	15	No	0
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Other

Yes	11	No	1
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If Yes , Who is it?

Hospitals (out of 5)

Technical Instructor	1
Arts co-ordinator	1
Support Services Manager	1
Counsellor	1
Sister	1

Health Centres (out of 15)

Receptionist	5
Practice nurse:	1
GP:	6
Practice manager	2
Computer/Prescriptions clerk:	1

Other (out of 11)

Homeopath (private practice)	1
Nurse Specialist (CAMHS)	1
Receptionist	2
Secretary (Chiropractice) (Psychology Service)	2
Director Operations (Hsng Assoc)	1
Administrator (MIND)	1
Manager (CAB)	1
Advocacy manager (MIND)	1
MIND Worker (Runs poetry gp)	1

Question 6 - Which poems have been displayed?

Hospitals (out of 9)

Assortment from both packs – changed regularly	5
Garden and waiting ones, and travel ones as part of a health theme:	1
First pack (Arts Council)	1
Not answered	2

Health Centres (out of 15)

Assortment from both packs	9
Assortment from 1 pack	1
Not answered	1
“About to start”	1
Particular poems specified	3

Titles :

“Corner of time, At a loose end, Prayer in the waiting room,
Burning newspapers, Taking Time, Dancing in the Waiting Room

“Same stream of life / The Frog / Heredity / London Bells /
The coming of Grendel / Oh Strange Animals / Secret Lives,
Sunflower”

“Taking leave of a friend / A helping hand / Passion Fruit /
A Glass of Water / Baby Song/ Childhood / The Lake Isle of Innisfree /
Loveliest of Trees the Cherry Now”

Other (out of 12)

Assortment from both packs	10
Particular poems specified	2

Titles :

“Waiting, Waiting Room, Results, Routine check, Time is of The Essence,
Dog’s gift,

“Consultation / Waiting Room / To all who want /
Letter from a sister to a brother in hospital

Notes of interest :

In a MIND Centre where there was already a poetry group, the poems were not just displayed, but “read out loud, or borrowed by clients to read for themselves.”

A Nurse Specialist working with Children Adolescents and their families was so moved by the project that, having displayed many of the PWR poems he wrote to 60 more poets and/or publishers asking for permission to use those additional poems in his agency’s waiting room.(His quote)

Question 7 - How are the poems displayed ?

Hospitals (out of 9)

Picture frames:	1
Notice Board:	3
Laminated:	6
Ring binder file:	1
Blue-tacked:	6

Almost all display methods involved a combination :

laminated with blue tack	5
laminated on a noticeboard	1
noticeboard only	2
frames only	1

One hospital used a range of display methods : ring-binder file/laminated/blue tack/noticeboard.

Health Centres (out of 15)

Picture frames:	6
Notice Board:	7
Laminated:	3
Ring binder file:	2
Blue-tacked:	3
Other:	2

As with hospitals, some Centres used a combination

Eg laminated with blue tack	1
Laminated on a noticeboard	1
Noticeboard only	4
Frames only	4
Blue tack only	2
Frames + on a noticeboard + in ring binder file	1
Frames + in 2 ring binder files	1
Frames + on noticeboard + laminated	1

The two display methods marked “Other” were described as follows :

“Pocket folder, similar to ring binder file, but each poem has own pocket.”

“We laminate some and put in a Perspex menu holder on a table, so a poem can be read on both sides”

Other (out of 12)

Picture frames	3
Notice Board:	4
Laminated:	1
Ring binder file:	2
Blue-tacked	5
Other	2

Combinations

Laminated and blue tacked	1
Picture frames only	1
Frames and other	1
Noticeboard only	2
Noticeboard and blue tack	2
Ring binder file only	2
Frames + blue tacked	1
Blue tacked only	1
Other only	1

The two display methods marked “Other” were described as follows :

“One poem in a frame which is on a coffee table. We also purchased 6 picture frames for the wall”

“On table, so people can choose to pick-up and read.”

Question 8 - Where have they been displayed ?

Hospitals (out of 9)

Main Waiting Room only	4
Corridor only	2
Main Waiting Room + corridor	2
Main waiting room + corridor + beside other notices	1

Singly or in Groups

Singly only	1
In groups only	6
Both singly and in groups	1
No answer	1

Other position identified : 3

1. toilet areas
2. on tables amongst the magazines
3. consulting rooms

Where poems have been grouped, how many were displayed in each group ?

Groups of 4	2
Groups of 3	1
Groups of 2	3
No answer	1

Health Centres (out of 15)

Main Waiting Room only	7
Corridor only	1
Main Waiting Room + corridor	3
Main waiting room + corridor + beside other notices	4

Singly or in Groups

Singly only	5
In groups only	2
Both singly and in groups	2
No answer	5
Other only	1

Where poems have been grouped, how many were displayed in each group ?

Groups of 4	1
Groups of 3	2
Groups of 2	1

Other positions identified : 5

1. stairs
2. consulting rooms
3. toilets
4. offices
5. staff meeting area / coffee room

Other (out of 12)

Main Waiting Room only	8
Main Waiting Room + corridor	1
Main waiting room + alongside other notices	2
Main waiting room + corridor + beside other notices	1

Singly or in Groups

Singly only	1
In groups only	5
Both singly and in groups	1
No answer	5
Other only	1

Where poems have been grouped, how many were displayed in each group ?

Groups of 10	2
Groups of 6	3
Groups of 2-3	1

Other positions identified : 5

1. "On the Poetry Board"
2. "Reception"
3. "In rooms for meetings etc"
4. "Also rotate the poems with other homeopaths in the area"
5. "Waiting Room table"

Question 9 - How have the poems been received by colleagues ?

Hospitals (out of 9)

Favourably	7
Neutrally:	2
Unfavourably	0
Much Comment	0
Some comment:	6
No comment:	3

Comments by colleagues :

“I have liked the way the poems related to different seasons, experiences, etc. and there has always seemed to be a poem suitable for any particular occasion/time of year – the humorous poems have been well received”

Comments quoted : “Lovely display / it’s a bit alternative / why doesn’t it rhyme ? (consultant colleague)

“ Staff have made positive comments : ‘it makes you think about life / it makes you take a step back/ dog one, I can’t understand / enriches the environment.’ ”

“Good idea / choice of poems particularly important in Mental Health Services”

“Pleased to see multi-lingual poems / relaxing and entertaining”

“Very nice / how lovely”

Health Centres (out of 15)

Favourably	10
Neutrally	5
Unfavourably	0
Much Comment	0
Some comment:	8
No comment:	7

Comments by colleagues:

“They cheer me up / funny and uplifting / The Lake Isle of Innisfree is always very calming

“Staff enjoy them”

“Adds a touch of culture to the place / gives patient something different from the usual magazines/ says something about us and our interests”

“I have really enjoyed them and it has been a good talking point between staff.

“New colleagues comment on them and then they just become part of the normal surroundings / trainees and students (who have more time!!) are usually the ones to comment/I have not had a single comment about the ones in the staff toilets !”

“Too hard / they don,t rhyme much.”

Other (out of 12)

Favourably:	11
Neutrally:	1
Unfavourably	0
Much comment	2
Some comment:	7
No comment	3

Comments by colleagues

“very positive”

“Lovely/ Make you think/ The poem about meeting God “The Meeting” was seen negatively by one member of staff who thought in inappropriate”

“Most people enjoy the poems and comment either to myself or in a little book on the reception”

“Brilliant idea./Nice idea, the different styles and formats, nice large print/reinforced the idea that poetry is food for the soul.”

“Good range of poems – enjoyable to have around”

“Many people read them – there was some unfavourable comments on some poems, but this was because the reader felt it did not reflect his experience (the poem was “Immigrant” by Fleur Adcock) – I think the variety of known and lesser known poets is exciting – as is the opportunity to read poetry in translation – particularly accompanied by it in the original language.”

“It’s nice to be in this waiting room”

“I think that generally staff felt that there was not much available for clients to read/do whilst waiting, so felt poems were a positive addition to waiting room. There was no space to stick poems on walls, however [they were put on table instead].”

“What a lovely idea/creative way for people to settle down after their journey”

Question 10 - How have poems been received by patients/clients ?

Hospitals (out of 9)

Favourably:	6
Neutrally	3
Unfavourably	0
Much comment:	0
Some comment	5
No comment:	1

Comments by patients/clients:

“Better than magazines /I really like poetry. I write it when I can’t find any other words/ Oh!, someone else likes poems / I write poems when I am miserable

“People have responded by writing or bringing in other poems to add to the collection - [poems supplied with questionnaire, incl one addressed to the counsellor some written poems about counsellor]

”Patients like and enjoy reading them”

“Good interesting idea / Some poems especially helpful when chime with client’s feelings”

“Entertaining / helps pass time / pleased to see poem in own language”

“Not possible to quote opinions, huge site with artworks but watch people reading poems and this is a reward.

“Some of the poems have been thought ‘too intellectual’/some have reminded clients of other poems that they like also.”

Health Centres (out of 15)

Favourably	11
Neutrally:	3
Unfavourably:	1
Much comment:	1
Some comment:	7
No comment:	7

Comments by patients/clients:

“Inappropriate / gloomy”

“What a good idea! / it makes a change”

“Very relaxing to read whilst waiting / I write poetry, I’ll bring one in for your collection / I’ve copied out the welsh one to send to a friend / haven’t read poetry since I was at school but I quite like those”

“Some people have said they enjoy them, but do most people notice?”

“General favourable comments about things other than health education leaflets to read.”

Other (out of 12)

Favourably:	8
Neutrally:	4
Unfavourably:	0
Much comment:	0
Some comment:	8
No comment:	4

Comments by patients/clients:

“I have an autistic brother and they made me feel good about him and help me understand about him / The poems are brilliant and make life sound very lively”

“What a good idea / can I borrow one to read at home? / can we read some in the poetry group ?”

“Very positive and interested”

“Since our clients have learning disabilities, for some the written word is not accessible. However, some clients have been very taken with the poems, selecting their favourites and saying how good they are”

“The vast majority of our service users do not communicate verbally and therefore don’t read and indeed I think some sort of pictorial representation or icons alongside text might be quite innovative – in the same way that you get expressive signers to support communication with deaf audiences.”

“They liked the idea overall /Blake’s poem “The angel who presided o’er my birth” generated discussion with a client re his own experience of life and his isolation in it. He did not like the poem for that very reason yet appreciated its acknowledgment of his experience.”

“Poems were read and picked up. I view this as a positive sign especially with the client group at the centre [mental health]”

Question 11 – Have any particular poems been commented upon by patients/clients

Hospitals (out of 9)

The poems about animals (favourably)	1
No particular one:	2
Question not answered	6

Health Centres (out of 15)

Yeats (favourably)	1
Letter from a sister to a brother in hospital (favourably)/	1
Mind and Matter (favourably - “Made me laugh”)	1
“Yes but can not remember”	1
Passion Fruit (favourably)	1
No particular one	3
Question not answered	8

Other (out of 12)

Waiting Room/Time is of Essence (favourably)	1
The Angel who Presided o’er My Birth (mixed – see comment above)	1
“The ones that explore emotions” (from one of the MIND centres)	1
“Who dat girl” (favourably)	1
The Immigrant – Adcock (unfavourably - see comment above)/	1
Cloths of Heaven – Yeats (favourably)	1
No particular one	1
Question not answered	6

Question 12 - Have the poems been appropriate for patients/clients?

Hospitals (out of 9)

Yes	9
No	0

Health Centres (out of 15)

Yes	13
No	2

Other (out of 12)

Yes	12
No	0

What might made them more appropriate ?

Hospitals

“More funny, jolly, colourful ones (as well as sad ones) staff morale is very low in NHS / some that rhyme / ‘some old fashioned ones’ ”

“Short poems, therefore suitable for display contents relevant to our client group”

“This has been a good selection”

Health Centres

“Excellent choices” [ie no improvement possible !]

“More familiar poems / more rhyme / more humour”

“A bit jollier”

“I think the general collection [King’s Fund] were in the main more accessible than the waiting room specific ones [Arts Council]

“Do not know”

Other

“The children seem to respond more to humorous poems some of which I obtained directly from authors/publishers”

“Perhaps more visual elements for clients we have who have difficulty reading”

“The vast majority of our service users do not communicate verbally and the do not read. I think some sort of pictorial representation or icons alongside text might be quite innovative, in the same way that you get expressive signer to support communication with deaf audiences”

“Have selected out those which may seem unhelpful to mental health clients”

“Poems in other languages”

Would more ethnic mix have been appropriate ?

Hospitals (out of 9)

Yes	2
No	7

Health Centres (out of 15)

Yes	7
No	5
Don't know	1
Question not answered	2

Other (out of 12)

Yes	4
No	2
Question not answered	6

Question 13 – Have the Poems Led to Changes ? Either in agency practice or in people ? In behaviour or in experience ?

Hospitals (out of 9)

No	4
Don't Know	1
Yes perhaps	1
Yes	1
No answer	2

Comments

“No. They form part of our overall art strategy on site.”

“None.”

“No, not really”

“No clear changes”

“The poems have fitted in well with the general tenor of the unit, whereby we try and make available a wide array of experience and thought (others include art work, newspaper articles, etc.) for the patients to take or leave as they wish. As such the poems have been complimentary. It is hard to assess “effect” - who is to know (in our setting) what is read, its interpretation or impact on the reader ? The fact that it is there is, I think, a positive thing.” (mental health hospital day unit).

“Helps people relax”

“Clients are more willing to disclose own use of poetry (all our ‘clients’ are actually NHS staff)/ useful tool in therapy / brightened our waiting area – others then took an interest eg brought in flowers, pictures etc./dialogue opened up about subtle ways to boost up NHS morale”
(Occupational Health unit)

Health Centres (out of 15)

No	3
Don't Know	1
Yes perhaps	1
Yes	4
No answer	6

Comments

“Not apparent”

“Improve the ambience of the waiting room where we also have art work displayed”

“More interest in poetry / Receptionist keen to put up her work”

“Staff discuss them and enjoy sharing them, occasionally bring in poems/items of interest to stick on the wall.”

“I have initiated displays of local schools and further education initiatives art work and poems - as a result, building bridges across the community / I like the waiting room much more and I think patients appreciate it.”

“Yes, patients often come in with a smile now!!”

Other (out of 12)

No	3
Don't Know	2
Yes perhaps	3
Yes	2
No answer	2

Comments

“Not that I have noticed, though I intend to question some more people about their experience of the poems”

“Unknown”

“Not noticeably, but the poems add to the range of books for patients to pick up and peruse”

“Can't say specific, apart from talking point”

“First read about poems in Jan/Feb '99 edition of “Open Mind”. Felt it was a “quality of life” thing to add to our waiting room.” (Citizen's Advice Bureau)

“We read some of the poems out in our poetry group/We have always displayed our own written poetry, so it has led us into presenting our poems more professionally! (MIND Drop-in Centre)”

“Not sure as I have no link with any clinical staff. I presume people are more calm in the waiting area when reading. People often get very agitated and paranoid whilst waiting. The poems may give some people an alternative focus” (mental health centre)

“Once we had the poems, it helped us to reflect on other features of our waiting room. We subsequently choose “art for the waiting room” and this has generated much discussion. Latterly the waiting room has been painted and we chose the colours mindful of clients and the purpose of the waiting room for them. Other professionals have commented on our changes and this is influencing their perceptions of their own working environment. And it all started with the poems.” (Psychology Unit on the Crumlin Road, Belfast)

Question 14 - If you received both collections, which one do you prefer and why?

Hospitals (out of 9)

Preferred Arts Council collection	1
Preferred Kings Fund Collection	1
Liked both	2
No preference	
No answer	4
Not Applicable	1

Comments:

“I liked the Art Council collection the best. But colleagues liked the Kings Fund collection – “more traditional”

“Both collections were appropriate for this environment”

“I have enjoyed them all but thought the 2nd collection particularly full of irony and perception. It seemed to match the area”.

“I enjoyed the mix, reminiscing about the well known poems and enjoying the contemporary”

Health Centres

Preferred Arts Council collection	0
Preferred Kings Fund Collection	2
Liked both	2
No preference	3
No answer	6
Not Applicable	2

Comments

“No preference”

“Kings Fund, just find them more “right”

“Preferred the [Kings Fund] Collection. Although some of the waiting room ones eg. UA Fanthorpe, were good, some seemed a bit contrived and the Kings Fund ones included wonderful classics”.

“I like them all”

“No preference”
“Mixture of the two preferred, concentrating on the “Waiting Room “ theme”
“Neutral”

Other (out of 12)

Preferred Arts Council collection	2
Preferred Kings Fund Collection	1
Liked both	3
No preference	2
No answer	4

Comments

“No clear preference”
“We like them both for different reasons - the humour in the Arts Council - the classics in the King’s Fund”
“Like them both equally”
“Both collections”
“All !”
“I prefer the Arts Council ones but I believe this is simply because I am more familiar with the content”
“Think KF is a good mix of poems, length , modern and old, ethnicity, etc”
“Both are good, possibly the Arts Council has more variety”

Which collection is more popular ?

Hospitals (out of 9)

Arts Council	1
Kings Fund	0
Both collections equally	1
Don’t know	2
N/A:	1
No answer	4

Comments

“Do not really know as they all got mixed up”
“Arts Council because of the multi-lingual poems”
“Have only used the first pack so far”
“Unsure : once again problems with display and feedback”.

Health Centres (out of 15)

Arts Council:	0
Kings Fund:	1
Both collections equally	0
No preference	1
Don't know	1
No answer	12

Comments

“Do not know”
“The general collection [Kings Fund] more popular”

Other (out of 12)

Arts Council	0
Kings Fund:	2
Both collections equally	4
No preference	2
Don't know	0
No answer	4

Comments:

“Both collections equally”
“They are all mixed together”
“Probably neither. Individual poems say different things to different people.”
“Our waiting room is possibly quite different from a doctor's waiting room so I think the Kings Fund Collection has been more appreciated.” (Housing Assoc for people with learning difficulties)
“Think KF”
“All !”
“Both collections seemed equally well received”

15) What Size Should the Poems be ? Their present A4 ? Larger ? Reasons ?

Hospitals (out of 9)

Keep to A4	5
Enlarge to A3	3
Make smaller A5	1
No Reply	0

Comments

“A3 better for display”
“More visible if larger ,A3 should be better”
“A5 for easier reading, especially for partially sighted and elderly [means A3]”

“Display has been a problem due to amount of information always displayed in the area - becomes “part of the scenery” and no one notices. I have given this thought and been looking at displaying certain poems in unusual places i.e. behind toilet’s doors or reducing to A5 and leaving lying around for patients to take with them. I’m working on this !”

“Size okay”

“A4 best for framing”

“The right size”

“A4 is fine. Some colours would be nice”

“Size seems adequate”

Health Centres (out of 15)

Keep to A4	10
Enlarge to A3	4
Make smaller A5	0
No Reply	1

Comments

“Prefer larger size to go on boards, have enlarged some but it’s expensive and time consuming”

“Print was a bit small on some of them. Few A3 for less visually abled ?”

“Enlarged A3 ourselves to make them more accessible”

“Fine on A4. Good for the hall mounting and in loose leaf folder”

“A3 size best size because can be read when sitting down”

“I like A4 size poems - easy to handle but big enough to read”

“Size ok”

“A4 is very appropriate”

“Size is fine. Poems rotated in frames so same size is great!”

“A4 good size”

Other (out of 12)

Keep to A4	9
Enlarge to A3	0
Make smaller A5	0
No Reply	3

Comments

- “A4 is appropriate as large size will require more space”
- “I originally blew some of the poems up to A3 size but this meant I couldn’t display as many as I wanted”.
- “A4 just right size for display, people don’t have to hunt for their glasses to read them!”
- “Size A4 is brilliant. Just the right size to display, and people don’t have to hunt for their glasses to read them !”
- “A4 OK or larger if illustrated.”
- “A4 is fine, thank you”
- “I think A4 is a good size – some of the print seems a bit small though”
- “A4 is a good size. Large print size much appreciated.”
- “A4 good size, any bigger would be a problem”
- “A4. Bigger displays less and requires more space.”
- “I like the A4 size – easy to display – but also to pick up and read”

Question 16 - What Kind of Support/follow-up from us might be useful ?

Hospitals (out of 9)

Four hospitals answered this question :

- “Publication: I displayed the article from GP paper on the board -that was well received. Staff like to see recognition, validation and health journals, etc”
- “Patient questionnaire”
- “A leaflet with suggestions for display would be useful and a poster to explain the project.”
- “Feedback from this questionnaire on what others found helpful.”

Health Centres (out of 15)

7 Healths Centres answered this question

- “New poems eg. London Snow by Robert Bridges”
- “We are OK”
- “A questionnaire like this is good , reminded me to move around the folders/pictures”
- “I thought Evaluation sheets/boxes would be good”
- “None”
- “More poems with rural theme” (from a rural practice)
- “None immediately”

Other (out of 12)

Seven agencies answered this question

- “Talk to groups in waiting rooms about their feelings”
- “I’d like to know how other people/services use the poems and how they display them.”
- “Would be interested to know how other dept.. display these poems and also how they are received in other places”
- “I’ve found the letters from RW adequate support, I do not think this needs improving”
- “The kind of letter – update August 2001”
- “Workshop to users ? Not sure. (MIND Centre)”
- “Possible to target specific health groups/ ethnic minorities”

Question 17 - Suggestions for funding, to ensure poem collections remain free of charge

Hospitals (out of 9)

Two hospitals answered this question

“Hospital Arts co-ordinators, (we have one) they might have a budget”.
“Requests for donations from patients / staff sponsored activities”

Health Centres (out of 15)

Nine Health Centres answered this question

“Drug Companies. PCT”
“Approach PCT’s in England to fund for all GP surgeries”
“Ask poets published to “donate” one poem from their collections and have an advert for their book at the bottom (I assume, it means bottom of the A4)”
“Big company like TESCO ?”
“Lottery ? PCT’s”
“Lottery ? drug companies”
“Sponsorship ?”
“We would be prepared to make a contribution”
“Not at present”

Other (out of 12)

Four agencies answered this question

“To print poems as collections in book”
“Asking services such as ours (NHS) for a contribution. Definitely not from the clients, poetry should be free.”
“European Funding Commission / Arts Council”
“Not sure. Maybe Esmee Fairburn Trust / Baring Foundation”

18) If we have to charge for future collections, would you be willing to pay ?

Hospitals (out of 9)

Yes	3
No (Comments : “no funding” “no budget for anything”)	5
Possibly	1

If yes, what would be a reasonable sum to charge ? (out of 4)

£20	1
£25:	1
£50	1
No answer	1

Health Centres (out of 15)

Yes	10
No	2
Possibly	1
Unsure	1
No answer	1

If yes, what would be a reasonable sum to charge ? (out of 12)

£10:	5
£20:	2
£25: (Comment : “£25 per annum”)	2
£30:	1
Don’t know: (Comment : “same as a book of poems”)	2

Other (out of 12)

Yes	8
No (Comment : “only due to poor income in present climate”)	3
Possibly	1

If yes, what would be a reasonable sum to charge ? (out of 9)

£3-5	1
£10: (Comments : “would if have money”; “collected as a book of poems”)	3
£15	1
£20:	
£25:	1
£30:	
Don’t know:	3

19) Please make any suggestions for improving the project

Hospitals (out of 12)

Three hospitals answered this question

“Some sort of award or publication of imaginative use of the poems because it does take time and effort to use them / some sort of telephone follow-up to encourage use of poems. Can’t remember how I heard about it – possibly from my husband who is a GP”

“A collection of poems written by ordinary people about the experience of reading poetry, etc. Some means of contribution to the display of poetry by its recipients”

“The typeface of the poems is very variable and it might perhaps be better if they were more consistent”

Health Centres (out of 15)

Seven Health Centres answered this question

“Only send larger sized / larger print. We love it. Thank you.”

“Invite suggestions for poems, I can think of quite a few that would be suitable. Heard about project from Gillie Bolton, Research Dept Gen Practice whose writing group I am in.”

“I learnt about the project from a snippet in the Guardian. I love poetry and am depressed by NHS waiting rooms. My surgeries often run late...”

“Possibly providing them (at extra cost) laminated.”

“Make more use of colour”

“Short quotes / chant verses seem more popular”

“Contacts with local poetry groups for a more local flavour.”

Other (out of 12)

Six agencies answered this question

“Learnt about the project from one of my patients : she had been commissioned to write one of the poems !”

“Thank you for the poems and the idea/ work that went into them”

“I have thought about this one but find it hard to see how it could be improved. The quality of the paper, design etc, is simple but effective.”

“Maybe the questionnaire could be shortened and handed out to a set number of visitors to the reception and their feedback captured first hand. I learned of the project through the Guardian Space Magazine.”

“Not sure. Just think is excellent. Obviously, we have to think of users and the odd poem may not seem appropriate as stated in questionnaire. We heard of project from a colleague of RW, who was volunteer counsellor here. We were engaged in promoting positive mental health !”

“I learnt about the project through my manager...who may have received a mail-out from you. Poems were very useful for our poetry project, helping people to access poems without buying books. We have kept some of the poems to use in future projects.”

Appendix Two

Some Examples of Articles that have been Published about the Project

Wednesday August 26 1998 *The Guardian*

HEALTH

Spirit Levellers

Instead of sitting and worrying, patients in waiting rooms now have the chance to chill out to the soothing, inspirational words of masters such as Yeats and Wordsworth. Eileen Fursland looks at the positive power of poetry

Patients at several London health centres and hospitals can now while away their time, as they wait for their appointments, with something more uplifting than a newspaper

rooms and old people's homes also have poems on their walls.

Poems on the Underground was an obvious model and inspiration for the project, says Wolf. A number of poems are taken from *The Rattle Bag* anthology, whose publisher, Faber and Faber, like other publishers, have granted copyright free of charge.

The poems range from traditional ones from poets such as Wordsworth, Blake and Yeats to contemporary work. There is also a Navaho chant. With *Beauty May I Walk*, which offers the hope: "In old age wandering on a trail of beauty, lively, may I walk; In old age wandering on a trail of beauty, living

*“Raw Edge” Magazine Spring/Summer 2001
(funded by West Midlands Arts)*

Poems for the Waiting Room

Although there have been exceptions, the majority of texts associated with writing and healthcare have been published in book form, and have tended to be of participants', that is patients', own writing. The exceptions have included the use of text in displays and even performance, but this effort to collect together poems which are intended to

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Her first published work, “The Meeting made me keep coming back and rereading it to try and take in the boldness of the idea. I can easily imagine contemplating it in the silent time before my appointment.

The Meeting

*I sometimes wonder what it
would be like to meet God.*

*I'd talk to him
and he'd talk to me.*

He'd forgive me

Poets' tonic for the patients

SOUTH Yorkshire poets are set to brighten up doctors' waiting rooms around the country.

Fifty poets from around the country have been commissioned to enrich the waiting room with touching, thought-provoking and amusing poems for display in poster form.

They include our very own wordsmiths, Sheffield-based Debjani Chatterjee, Doncaster's Rashida Islam and Rotherham-based Rehana Chaudhury.

And now, backed by funding from NHS

Now waiting time is fine for rhyme

By Nick Ward

been running for the past few months in the capital.

The special reading will feature Andrew Motion, Debjani Chatterjee and Rashida Islam.

Debjani, of Donnington Road, Norfolk Park, Sheffield, is one of the best-known British Asian writers today.

Rashida Islam has co-edited two bilingual anthologies of prose and poetry by Bengali women, including the award-winning *Barbed Lines*, and written and illustrated one bilingual book for children - *Grandma's Treasure Trove*.

Born in Bangladesh, she is a scientist by training and works as a manager of a GP's surgery. She will be accompanied at the reading by her sister Nilufer, who will sing Bengali songs with her.



Health services offer verses while we wait

John Ezard

We spend eons of our lives in medical waiting rooms and what — asks Rogan Wolf — do we get? “An overworked receptionist and a few nasty notices on the walls.”

Or, as the poet Jackie Kay puts it, we have to hang around in “these fallow rooms of spider plants/ and magazines, where the telephone shrills/ for someone else, and the outside world/ is a distant drone, and time itself is out on call”.

So now 400,000 poetry posters are to be sent to hospitals, GP surgeries, dentists, health centres and mental health offices all over the country in a campaign to make their public areas more human.

The project — the biggest of its kind — sets out to extend the worldwide success of Poems on the Underground and Poems on the Buses in London to a different, clinical domain.

It was launched yesterday by the poet laureate, Andrew Motion, with readings in Mayday hospital, Croydon. His new poem *While I Wait for You* features on one poster, as do works by Carol Anne Duffy, Dannie Abse, Roger McGough, Maya Angelou, Derek Walcott and 45

tongues, with English translations. Motion called it “an inspired scheme which combines two of poetry’s sacred powers: to be entertaining and salubrious”.

After a long search, the organisers found a poem which stands a chance of sending patients in to greet their dentist with a smile. It is an anonymous limerick which contrives to find a suitable rhyme for a dentist called Archibald Moss.

The £30,000 project is to be funded by the NHS and the Arts Council. A trial, with money from the King’s Fund, the Poetry Society and London boroughs, has already been greeted with enthusiasm. An Oxford GP wrote of wanting “to unmedicalise the waiting room. The idea is to show we are human beings”.

Yesterday Rogan Wolf, an independent social worker who pioneered the use of poems through the charity Hyphen-21, said medical waiting rooms were places of boredom as well as anxiety, crisis and pain.

“People live their lives today in an entire rush. Waiting rooms are places where they open up and ask questions. What we give them at the moment dehumanises them as

Appendix Three

Specimen of the Questionnaire