

**RMCH PAEDIATRIC MORTUARY ART + DESIGN PROJECT**

**Lime Project Lead: Dawn Prescott**

**Lime Lead Artist: Sasha Ward**

**Clinical Lead: Alix Jodrell, Senior APT, RMCH Paediatric Mortuary**



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**1. Project Summary**

In July 2017 the Lime arts team completed an art and design scheme for the RMCHPaediatric Mortuary based at the Royal Manchester Children's Hospital. Over a three month period the arts team worked intensively with approximately 60 bereaved individuals and 45 staff (including specialist clinical staff) to develop the scheme.

***"The Lead Artist has enabled families and staff to contribute to the creation of a unique art and design scheme for the Mortuary environment. Bereaved families and staff repeatedly expressed how they were driven and committed to the project because they understood how their contributions could ensure the mortuary service is improved for the benefit of families who need to access the facility in the future. "***

**Dawn Prescott – Arts Programme Director, Lime**

Art and design elements combine bespoke handmade glass features, wall mounted designs, hand-made furniture, a new colour scheme and complimentary soft furnishings. Artwork and carefully coordinated design features have transformed the mortuary approach corridor, main waiting area and two interior viewing suites into calm and reassuring spaces. The artwork and design was developed in artistic collaboration with glass artist Sasha Ward, bereaved families and staff.

## **2. RMCH Paediatric Mortuary Service**

The Paediatric Mortuary in the Royal Manchester Children's Hospital is a specialist facility that provides a paediatric mortuary service for the North West. The department services 22 different hospitals within the North West area and 13 Coroner's jurisdictions. In addition to post mortems and establishing cause of death, the service also provides viewing facilities so that parents and families can spend time with their loved ones before they are transferred.

Patient ages range from extremely early pregnancy loss up to 18 years. The service manages terminations, miscarriages, medical terminations, stillbirths, sudden unexpected deaths in infants, deaths due to long term or short term illness and unnatural and suspicious deaths. Every patient is treated with care, dignity and respect. The service process over 2,000 cases and perform approximately 400 post mortems per year.

The paediatric mortuary is strategically situated on the third floor of the Royal Manchester Children's Hospital (RMCH) with nearby access to/from wards in RMCH and St. Mary's Hospital. A vital stage of End of Life Care is the final journey parents make with their children. Often parents are anxious as to where their loved one is transferring and want to look at the facility before they make the decision to bring their baby or child.

## **3. Artistic Commissioning**

At the onset of the project a steering group was established combining Lime project lead, departmental staff and a clinical project group lead. In the early planning stages of a project Lime works with the steering group + stakeholders to: a) Scope the project by identifying areas of need and complexities within the service + physical environment b) Prepare a draft artist brief c) Identify suitable artforms/ artists and d) select an artist/designer by open call or limited invitation.

For this project Lime advised the steering group to consider working with high quality materials and identified three of the UK's leading glass artists with the relevant expertise and experience working in healthcare settings. Each were then invited to present their artistic approach to the group in response to the artist brief.

## **4. The Creative Process**

Lime ensures that the commissioning of bespoke artwork within the public realm involves a socially engaged model of practice to capture the authentic voice of the end users and stakeholders. The model promotes a 'collaborative' approach between lead artist, NHS staff/stakeholders and the end user, combining artistic and clinical expertise with service user experience to generate an important dialogue that informs and steers the creative process, and development of artworks. This engaged process is 'artist led' and results in creative outcomes that are; a) High quality - imaginative and bespoke b) Fit for purpose - appropriate and sensitive to the complexities and needs of the service b) Therapeutic – create healing environments c) Cost effective + good value for money - impact service delivery d) Important to people - create long lasting project legacies.

For this project Lime Project Lead Dawn Prescott and Lead Artist Sasha Ward were invited to attend a 'coffee morning' for bereaved parents and families in March 2017. Coffee Mornings, organized voluntarily once every 3 months by Specialist Bereavement midwife Vicky Holmes, provide an important support network for up to 150 bereaved individuals and enabled the creative team to connect with recently bereaved families to initiate early stage art and design consultations.

**A bereaved grandmother at the Coffee Morning commented: "Talking with you (artists) and being involved in this project has been cathartic for us. We feel like the organisation cares about our loss and we feel like we are contributing to something important that is going to help other families. We want to be involved."**

For the RMCH Mortuary Arts Project, tailored consultations with parents, families and staff were arranged in several stages, each facilitated by the commissioned lead artist Sasha Ward.

**Consultation Stage 1** - involved a period of action research to: a) support bereaved families in understanding the overall project aims b) build a sense of trust c) initiate dialogue to gather ideas, thoughts and feedback surrounding the artists initial ideas in response to the project brief. Families participated in various creative activities including a combination of 3D model making, drawing, collage, glass etching and writing which enabled participants to be guided by the artist to think about light, colour, shape, form and space. Conversations, comments, thoughts and ideas were recorded and documented, and the lead artist used this data to inform a first stage concept design.

**Consultation Stage 2** – presented an early stage design - shaped and directed by the information gathered during the first phase for further feedback and development from both the bereaved families and NHS staff/stakeholder groups. Families and staff were encouraged and supported by the lead artist to be open and honest when feeding back on concepts and their understanding of value and appropriateness by this stage was highly accurate. On completion of the feedback during phase 2 the artist refined the design to a worked up final stage.

**Consultation Stage 3** – presented fully resolved designs to end users and stakeholders which included a collection of bespoke handmade glass features, additional wall + ceiling mounted design elements, handmade furniture, soft furnishings and a complimentary colour scheme. All participants were reassured and confident that designs reflected their collective ideas and contributions. This process acts as the final sign off -and is essential to enable progression to the fabrication and production phase before installation.

## 5. Consultation + Feedback

### BEREAVED PARENT AND FAMILY CONSULTATIONS

Paper Patchwork comments by parents and families – participants were asked to write down their initial responses to the project on coloured papers and attach them to create a paper patchwork of ideas.



Image copyright Sasha Ward 2017

#### Comments and feedback within the paper patchwork included:

- Inviting Non depressing
- No teddies or balloons. Nothing Baby associated – it is inappropriate
- Non clinical
- No words or text – inappropriate and often patronizing
- Clean lines Respectful
- Light/Air
- No words!

- NO RAINBOWS! Rainbows are inappropriate for women who can't have any more children.
- Calm Soft
- Comfortable Atmosphere
- Bright colours& scenery. Nice & light, soft textiles & furnishings to maybe match a room
- Pastels NOT! RED/BLUE. Soft yellows, greens Limited pictures, no bears, balloons, tears.
- Hand print/foot print memorial pieces.
- Soft textures with subtle pattern detail. Would love to see a memorial piece where parents can interact & add to the creation of something by leaving a hidden message...
- Butterflies are very significant to me. I like that the nursery looks like a nursery you would have at home. I love patchwork, crochet, and knitted items.
- Pastel colours, pink, blue, green, yellow, lilac - neutral for babies born very early
- Patchwork crocheted blanket Little crocheted angels
- Colours – No to the bright ones – Make you feel sad – Yes to the pale colours
- Colours – pale and pastel colours won't overpower or force unwanted emotions
- Spring flowers are what we associate with Matilda – pale colours, not white – colours on the window to be different so people head for a colour
- Soft lines – make the environment more comfortable
- Animals – I associate different animals with our loved ones
- Light – a compromise between natural light and manipulated colours – let the light shine in but don't put the lights on show
- Different uses of light but nothing too bright – soft shaded lamps or something like the wall lights used in the Burns Unit – gives a sense of nursery environment where it is safe to leave your child.
- Softer palette of colours, the whole spectrum of colour would be fine, lots of greens & blues too – I just couldn't find samples I liked!
- Using words in a space like this is completely inappropriate.
- Small bits of more intense colour might be OK but nothing too vibrant or covering a large area.
- Very soft furnishings, different textures and shapes – blankets with bobbles, woolens etc.
- Comforting to be in a nursery type environment, try to get some "normal" memories of your baby – opportunity to bathe/put them to bed etc.
- Natural tones & textures
- Soft patterns would be nice but nothing too bold

#### OTHER COMMENTS AND THOUGHTS RAISED IN DISCUSSION WITH BEREAVED PARENTS AND FAMILIES

- One colour, I could only wear black at first, any colour was too much.(Bereaved mother)
- Words are inappropriate (Bereaved father + mother)
- Brown is disliked, but neutrals are good.(Bereaved mother)
- Use colours seen in nature.(Bereaved mother)
- There are different ways to go, a private memorial display (at home) or a public one for 2 different types of people.(Bereaved mother)
- The memorial needs to be permanent, you cannot remove old names. (Bereaved grandmother)
- We avoided the memorial tree on the ward, it is not helpful. (Bereaved grandmother)
- Waiting in the corridor before entering the mortuary was not a good experience, it was really claustrophobic. (Bereaved father)
- The room was comfortable because it looked and felt like a nursery.(Bereaved mother)
- We couldn't get close enough to our babies; although they were snug in their basket we would have liked a low table to put the basket on so that we could look at them as much as possible.(Bereaved mother)
- The lighter colours and the pastels don't look too girly. (Bereaved father)
- Nobody likes white walls; we want the complete opposite. Kids like colour right? (Bereaved mother)
- Balloons and teddy bears are inappropriate. (Bereaved mother and father)
- It needs to be warm and inviting. (Bereaved mother)



- Rainbows are completely inappropriate. The reference to a rainbow baby in a mortuary is really inappropriate. I don't want to think about that. It's awful. (Bereaved mother and father)
- I don't think it should look like a baby's bedroom. (Bereaved father)
- People need to feel comfortable and warm in the rooms. A blanket to wrap around and keep warm. (Bereaved Mother)
- I don't think literal landscapes or green grass or blue sky are appropriate for a mortuary. I don't know why; I just don't think that it would be appropriate. Maybe because these things represent vitality and life. It would just make me feel uncomfortable. (Bereaved Mother)
- The signage to the mortuary needs sorting out. I'm not sure about using the word mortuary but it definitely needs something directing people to it. (Bereaved father)



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## NHS STAFF + STAKEHOLDER CONSULTATIONS

Over 45 members of clinical and non-clinical staff, including a diverse cross section of specialist bereavement staff from both RMCH and St Mary's Hospital also contributed thoughts, ideas and feedback on the development of artworks. Some of the staff involved in the consultation included:

The Family Liaison Sister advised that it is not appropriate to have a 'memorial artwork' located in the approach corridor to the mortuary based on issues surrounding privacy and dignity for families visiting the mortuary to undertake viewings. The memorial absolutely needs deep and thoughtful consideration through consultation with bereaved families, additional research and further discussion with expert charities and organisations.

Staff and families who lost babies during pregnancy (20-42 weeks) were well represented at the project consultations however families who had lost older children are underrepresented. With support from the Patient and Family support service Lime was able to forge links with and involve families who had lost older children. All families, key stakeholders and project partners were invited to attend the final stage consultations in June 2017 to review final designs.

### Comments and feedback by staff:

- "Art is so important in a hospital" Chaplain
- Nature can help people deal with grief
- Christie Manchester Maggie Centre – an example of excellent design for palliative care
- Fibonacci code and repetitive patterns
- Visitors to the mortuary are experiencing turmoil and severe grief. Death is devastating and the designs need to be sensitive to this.
- White space is important (i.e no decoration) it allows a person to experience chaos in their head – Senior Nurse
- Religion does not help immediate grief and loss
- Reflection comes sometime after the loss
- Pastel colours, calming pictures/patterns. I don't think images (cartoons) relatable pictures would be helpful.

- Visitors to the mortuary need Signposting. Although the mortuary is signposted when you get in the lift, there is no sign when you come out of the lift. This can be very distressing.
- Home like calm environment; a seating area outside the department to allow them to prepare before they see their child and to also sit quietly after the viewing before re-entering busy hospital corridors.
- Use of colours and a flow maintained through the various rooms. Use for a memorial too.
- Having colour on window on corridor is a fantastic idea. Pictures & colour in rooms will make parents feel that they are leaving their child in a beautiful place.
- Animals, nature and water. Cool shades. (Family Support Officer)
- Go for spirituality, uplifting, But religiously neutral (Chaplain)
- Use of different green shades. (Bereavement Care Manager)
- Something bright, countryside theme – flowers & nature (Family Support Officer)
- Nature is important in helping people to cope with their grief & healing. Creating liminal spaces (somewhere “in-between”) can also be helpful to facilitate reflection. This hospital really needs a garden as a space for healing & wholeness.
- Light, bright pastel colours. Nothing dark which draws rooms in. Sunrise colours to show support and hope – not a lonely place – Comfort to feel warm i.e. some parents will visit frequently to help with grief.
- Pastel colours, not too bright, pastels easier on the eye.
- Cool & calming colours, sea breeze, water colours, pastels. Outdoors, nature – leaves, water, wind, seasonal. Calm & welcoming environment. Add colour to the white
- Make it warm & friendly Non clinical Non religious but affirming (? Use nature/creation).
- An amazing experience. Your rooms are extremely apt for such sad circumstances. I agree some kind of memory tree/theme as from personal experience knowing you’re not alone is a help.
- Seeing beautiful pictures along the corridors and around the areas would help me to think that my loved one would be in a beautiful place and being looked after. It would also be a distraction to look at if the need arose.

## 6. **Additional Feedback: A Bereavement Memorial / A Place for Quite Reflection**

Throughout the consultations discussion surrounding a dedicated onsite location for bereaved parents, families and loved ones to visit, was recurring. Discussion pivoted around the idea raised by mortuary staff regards the need for a memorial artwork AND/OR reflective space whereby parents and families can sit quietly and also if desired leave (unseen) messages for their loved ones. During the staff drop in sessions Lime was also advised by Clare Ryan, Matron Paediatric Critical Care, to contact Together for Short Lives (TFSL) to gain further understanding and expert advice surrounding bereavement grief and loss relating to the development of ‘memorials’.

Bereaved Parent and family comments surrounding a quiet reflective space/memorial included:

- Hidden messages on a memorial wall are definitely a good idea and more appropriate than messages or superficial words on display. I would not want to read other people’s messages or words. (Bereaved mother)
- No words on display. Words or other peoples messages can be very distressing.
- No words – they can be so patronising
- The memorial messages need to be a permanent thing; you can’t remove them from the artwork. Removing a person’s message is disrespectful and you can cause lots of harm and pain. Some people would go back to visit the memorial decades after their loss. You never forget and the loss never leaves you. (Bereaved grandmother)
- We have been returning to the hospital site where we said goodbye to our granddaughter for over ten years now. We need a designated space where we can sit peacefully.
- The artwork cannot be removed or go anywhere else that is not a designated special memorial space for contemplation of loss. The loss never ever leaves you, that’s why the memorial needs to be permanent. (Bereaved mother)

- I want to go back to the space and be able to sit with the artwork. I think it's a really good idea, it will mean so much to so many parents. It will really make a difference. Working with the artist and helping with the designs has been so reassuring for me (Bereaved mother)
- I think a pebble shape is a lovely idea, adding a pebble to the artwork, it's heavy and smooth and round and nice to touch. I would want to put my hand on the pebbles. When you drop a pebble in water it creates ripples, I think a pebble would be a really poignant symbol for a memorial artwork. (Bereaved grandmother)
- I think turning over the messages to hide them is a beautiful idea. It would give me a great sense of comfort knowing so many parents have left messages but I wouldn't want to read another parent's message. It's private and personal. The idea to do it this way with hidden messages is so respectful. (Bereaved mother)
- The memorial would make me think that the organisation has not forgotten my baby, that the organisation cares. The thing that is really hard to deal with is how it feels like everyone forgets. I will never forget my daughter. (Bereaved mother)
- It would be incredible if the garden of reflection and the memorial space were connected. (Bereaved mother)
- It's quite exciting to be part of this project, it's a focus. I know they are never going to be forgotten because of this. (Bereaved mother)



**Left:** 3D models of the Mortuary used by artist Sasha Ward to help participants visualise the space. **Below:** Glass tiles designed by parents and staff during workshops.

Images copyright Sasha Ward 2017

**Further research opportunities relating to the development of a memorial artwork OR quite space for reflection e.g garden of reflection:**

**Together for Short Lives (TFSL)** is a charity for children with very short life expectancies who have informed major guidelines for NICE surrounding Children's palliative care. <http://www.togetherforshortlives.org.uk/> Lime's main contact at TFSL regarding national bereavement guidelines is Jane Houghton - Practice and Service Development Manager.

Lime contacted Jane Houghton from Together for Short Lives who identified a number of organisations who have demonstrated excellence in best practice surrounding bereavement and who would be able to inform Lime's research, specifically regarding the memorial piece.

New contacts and potential partner organisations suggested by Jane Houghton include:

- Alder Hey Children's Hospital - Recently completed a series of artistic commissions for the new hospital development involving rigorous consultation with young people and family focus groups.
- Nicki Fitzmaurice, Palliative care lead nurse at Birmingham Children's Hospital— Magnolia House and Chaplaincy Service.
- Francis House Manchester

- Maggie Centre Manchester
- Lisa Kauffmann (Community Paediatrician Palliative Care) and Lis Meates (Palliative Care Lead Nurse)
- Gaddum Centre
- Wendy Lewis-Cordwell, Child bereavement UK
- Wendy Thompson, Rainbows Trust Children's Charity , (covers GtrMcr and offers social support to families, based in Oldham)
- Sharon Burton, Head of Care at Forget me Not Childrens Hospice, Huddersfield
- Lynn Grayson, Derian House Children's Hospice ,Chorley

**7. Final Artworks - See separate document**



**CREATIVE APPROACH + DESIGN DEVELOPMENT BY LEAD ARTIST SASHA WARD**  
**SPECIALISM: GLASS/INTERIOR DESIGN**



**model 1**

**Pediatric Mortuary Project**

**Development of the design and how it has been influenced by consultation sessions with families and staff.**



**model 2**



**model 3**

**Concept**

After visiting the department, meeting the staff and familiarising myself with the requirements of the brief, I started to look at the shape of the suite of six rooms and the routes for people as they moved between them. To do this I made a small scale model (1:50) and filled it with colour and detail to indicate areas to consider as sites for artworks (model 1). For comparison, I left a similar model blank (model 2). In the third version (model 3) I used a pastel colour scheme (colour 1) and a series of organic designs.



**colour 1**

These models were very useful during consultation; no one thought the space should be white and plain or preferred the stronger colours of model 1. Although there was a favourable reaction to model 3, I knew that I could do better and come up with a subtler colour range and a more considered design.



I asked people to write their comments - experiences of the space or ideas for it - on pieces of coloured paper which were taped together to form a growing patchwork. These comments gave me some insight into how bereaved parents reacted to the space, the aspects of it that they liked and which areas to focus on changing.



The shape of the patchwork was also interesting, because although the shapes I had cut could tessellate in a variety of ways, people chose to join them in a more random fashion, resulting in an organic shape that fitted well with the idea of patterns in nature - geometry that forms gentle curves. I used the same shapes when starting my next series of designs to keep a visual link with the consultation patchwork, but I cut off all the points and right angles from them as I made a collage with mostly muted colours.

This seemed to me just right for the space, with possibilities of using a combination of the same gentle shapes in signage to the department.



**top:**  
**consultation patchwork**

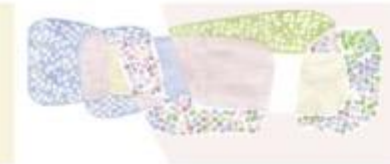
**centre:**  
**collage design**

**bottom:**  
**signage ideas**

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**top:**  
pre consultation wall design for waiting area



**below:**  
post consultation wall design for waiting area



## Pediatric Mortuary Project

**Development of the design and how it has been influenced by consultation sessions with families and staff.**

Waiting Area/Approach corridor

Following the first stage of consultation, I worked on a wall design to improve the difficult long, thin waiting area. It is based on the rounded off patchwork shapes in an open floaty formation, bounded by loose pebble like shapes. The new colour range (colour 2) was particularly influenced by one of the staff comments; "add colour to the white". In the wall design green and blue accents lead towards the viewing rooms for older children (green) and babies (blue), colours considered, during consultation, to be gender neutral.



**above: colour 2**

**left: ordered pattern**

**below: random patterns for door panels**



My two tone design for coloured vinyls on the glass door panels is designed to help with directions, using these same main colours in combination with a warm gold. I was steered away from making an ordered pattern (left) with the dots on the design. Random patterns are seen as more appropriate for this commission, I think of them as giving space to a design and not tying it down.



**waiting area**



**approach corridor with new window design**

My initial design for the window in the approach corridor had "the garden" as a theme. Very soon into the process I realised this was not appropriate, but because of the popularity of my organic designs in model 3, I kept some of the shapes in a new design that combined glass with vinyl. However much I played with different colour combinations, I couldn't stop unwanted associations - mostly biological - from creeping in. So I have started work on a new design along different lines - using random geometry to create open shapes with the natural world being represented by the colour scheme. Similarly, my organic designs for the entrance doors will be replaced by a scattered pattern.

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Viewing room version 1



Viewing room version 2



Viewing room version 3



sketchbook

viewing window design



Bedroom version 1



Bedroom version 2



Bedroom version 3

## Pediatric Mortuary Project

### Development of the design and how it has been influenced by consultation sessions with families and staff.

#### Viewing and Bedroom - babies

These two linked rooms are the culmination of the route through the department for families of babies. This group was well represented in our consultation. To lead families gently and logically to this point, the themes and colours chosen need to flow along the route. In addition, a screen installed outside the waiting room door would create a private corner in the approach corridor so that parents can leave the viewing and waiting areas while remaining in the department (see illustration on page 2).

Version 1 of the viewing room shows an initial design for viewing window, curtains, wall and door panel using natural forms, while a second version uses geometric shapes in the same areas. The third version, like the waiting room designs, is between the two, with suggestions of nature in the colours and the horizontal bands reminiscent of landscape without actual representation. Pages from my sketchbook show the variations I went through to reach this point where the design has the right level of simplicity and abstraction.

I went through the same process with the bedroom, throwing out an organic scheme first, then drawing up a geometric version based on traditional patchwork patterns (no one liked this apart from me), and in a third version trying to find a way between the two that would be acceptable to all shades of opinion. The colour scheme for these rooms was suggested by some of the families who mentioned grey and beige as suitable colours. I have chosen a silver and a gold, which give the rooms warmth and dignity. One parent commented that "clean lines are respectful", something that I will keep in mind as I complete the design work.

So far, I have been concerned with finding the right flow of colour, line and pattern around the rooms. Finding the best materials within the fixed budget for the works will follow next.

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#### Useful quotes:

"I work with nature, although in completely new terms."  
Bridget Riley

"An unnamed need for order, rhythm and form, the three words which we use to fight chaos and nothingness." Czeslaw Milosz

