

EXAMINATION OF THE USE OF THE ARTS TO IMPROVE HEALTH AND HEALING IN WESTERN AUSTRALIAN HOSPITALS

Prepared by Kim Gibson and Liesbeth Goedhart
For the WA Arts and Health Consortium

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The Government of Western Australia, through the Department of Health and Department of Culture and the Arts, is a partner of the project.

About the Chamber of Arts and Culture WA

The Chamber of Arts and Culture WA is the peak policy and advocacy body for the arts and cultural sector in the State.

Formed in 2010 the Chamber is led by a board of business and arts leaders and currently has a membership of over 240 arts organisations, individual members and associate members.

The Chamber brings together the Western Australian arts and cultural sector to debate, discuss and take action as a collective on the issues that impact the sector.

Through its advocacy and research activities it seeks to promote the value of a vibrant and sustainable arts and cultural sector and to grow the support of this sector in Western Australia.

The Chamber provides advice to local, state and federal governments and other stakeholders to facilitate long term planning and resourcing of culture and the arts.

About the WA Arts and Health Consortium

The National Arts and Health Framework was endorsed in May 2014 by Australia's Health Ministers and Cultural Ministers who acknowledged the role that the arts can play in providing improved health and wellbeing outcomes for all Australians.

In July 2014, St John of God Health Care and the Chamber of Arts and Culture Western Australia co-hosted a seminar to explore opportunities to better integrate the arts into the delivery of health services in Western Australian hospitals.

An Arts and Health Consortium was then established in Western Australia with the purpose of seeking innovative, practical and sustainable ways to respond to the National Arts and Health Framework.

The Consortium consists of representatives from the public and private hospital system, health consumers, arts advocates and the government departments of Health and Culture and the Arts.

Feedback and further information

Address enquiries to the WA Arts and Health Consortium via the Chamber of Arts and Culture WA - admin@cacwa.org.au

Cover Images

FRONT: WASO Hospital Orchestra Project at Princess Margaret Hospital. Image Credit: Nik Babic. Reproduced with the permission of WASO

BACK: Perth Children's Hospital. Image Credit: Russell Barton, The Scene Team .Reproduced with the permission of Perth Children's Hospital

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List of Acronyms Used

AIR	Artist in Residence
BAU	Bentley Adolescent Unit
CAHS	Child and Adolescent Health Service
CAN	Community Arts Network WA
DCA	Department of Culture and the Arts
FHMHS	Fremantle Hospital Mental Health Service
FMC	Flinders Medical Centre
FSH	Fiona Stanley Hospital
IAP2	International Association for Public Participation
KEMH	King Edward Memorial Hospital
NHS	National Health Services
PCH	Perth Children's Hospital
PMH	Princess Margaret Hospital
OPH	Osborne Park Hospital
QALYs	Quality-adjusted Life Year
RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital
SJGHC	St John of God Health Care
SROI	Social Return On Investment
UNDA	University of Notre Dame Australia
UWA	University of Western Australia
WACHS	Western Australian Country Health Service

Foreword - Chamber of Arts and Culture WA



Helen Cook
Chamber Chair

I am delighted that the Chamber of Arts and Culture has worked collaboratively to bring this very important piece of research to fruition. At a time when we face challenges in ensuring the mental and physical health of our people in many areas, this report reminds us that arts and culture have a vital part to play in enriching, supporting, nurturing, encouraging and comforting for better health outcomes.

The broad benefits that arts and culture bring to the health of a community have been well documented through a number of national and international studies. However it is timely to look in further detail at what targeted benefits the arts can achieve in specific circumstances.

It is almost two years since the Chamber partnered with our keystone partner, St John of God Health Care, to present the successful Arts and Health conference, 'Undiscovered Opportunities: Arts in the Healing Environment'. This has proved to be an initial stepping stone into this arena and the establishment of the Arts and Health Consortium has given impetus to this research project looking at the use of arts to improve health and healing in Western Australian hospitals.

The Chamber and St John of God Health Care have been instrumental in convening the Consortium and realising this first project. Other members of the Consortium have provided important advice in the scoping and monitoring of the project. They have also helped to source the necessary funds to make the research possible.

The Chamber is very grateful for the Consortium's assistance and oversight of this important piece of research; the first of its kind in Western Australia. Research is a fundamental ingredient in the clear understanding of what is required to drive better outcomes for the arts sector and the community. This detailed report by the consultants, Kim Gibson and Liesbeth Goedhart, adds to a substantial body of research carried out by the Chamber and various partners in the last three years.

The Chamber commends the report to the Minister and thanks the Consortium, St John of God Health Care and the government parties including our Community partner, Lotterywest, for supporting the work. The implementation of the recommendations would greatly increase the current benefits that arts and culture are bringing to the health and healing systems in Western Australia.

Foreword - Arts and Health Consortium

This groundbreaking report into the use of arts in Western Australian hospitals is the first project undertaken by the Arts and Health Consortium.

The Consortium was established last year as a response to the 2014 National Arts and Health Framework and consists of representatives from public and private health services, health consumers, Arts and Health research, the peak arts and culture body and the state arts funding agency.



Deborah Pearson
Project Leader

The Consortium is very grateful for the investments made by Lotterywest, the Health Department and the Department of Culture and the Arts that have augmented the funds provided by St John of God Health Care and the Chamber of Arts and Culture.

The extensive research and analysis carried out for this report by consultants Kim Gibson and Liesbeth Goedhart have provided invaluable insights into current and future arts activities in Western Australia hospitals.

The good news is that there is already a considerable amount of arts activities in hospitals in this state. Clinicians and patients value it and there is evidence of proven health benefits. However this activity is infrequently evaluated, is not informed by any mid to long-term strategy and does not have policy underpinning its existence.

The recommendations in this report underline the important role that policy, collaboration between public and private health providers, coordination to create coherent programming and increased resources can play in making Arts and Health a strong presence in the hospital system and by inference the wider health system. The Consortium urges the Minister to implement the recommendations so that Western Australia can seek to be a best practice Arts and Health leader in Australia.

I would like to finish by thanking the consultants, all the Consortium members and the Chamber team for their contribution to this important research project.

1. Executive Summary

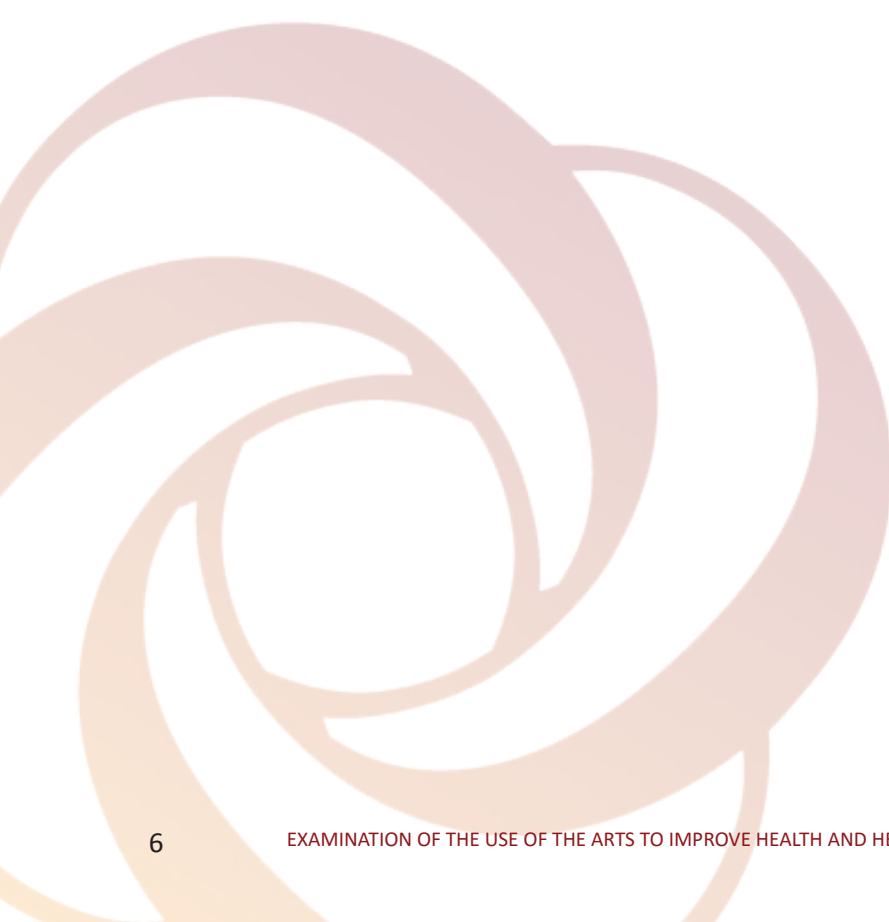
1.1 Background

The first Consortium project sought to map and measure the current level of engagement, support and investment by WA hospitals in Arts and Health activities in order to better understand the extent to which the arts are contributing to the delivery of health services in Western Australian (WA) hospitals and to the health and wellbeing of patients, their families, visitors and staff.

There is a significant, global body of work on Arts and Health. This report draws on that evidence as well as the National Arts and Health Framework to develop a local approach for the West Australian context. In particular, this report aims to assist hospitals and arts organisations with future strategies to engage more effectively with each other in developing Arts and Health practice in WA consistent with the National Framework.

1.2 Methodology

The methodology included a review of the literature, wide consultation with Arts and Health Stakeholders, on-line surveys and consumer focus groups.



1.3 Key Findings

1. 75% of hospitals surveyed and interviewed indicate that they deliver Arts and Health activity.
2. Consumers are very supportive of access to arts interventions whilst in hospital as either a patient or a visitor.
3. There is little evidence of overall co-ordination, strategy and planning to underpin Arts and Health activity on hospital sites.
4. The top 5 issues identified as barriers by hospital respondents are staff capacity, funding, space/time, coordination and patient safety.
5. The top 5 issues identified by artists and arts organisations are staff capacity, time, hospital willingness, space and it being (or not being) a priority for the arts organisation.
6. Activity is mostly visual arts based, project driven and dependent on local champions with little evidence of sustainability.
7. Arts and Health practice is most evident in paediatrics, mental health, aged care and Aboriginal Health with some health professionals employing art in their clinical practice.
8. Only 28% of respondents indicate that they evaluate Arts and Health projects.
9. Funding of Arts and Health activity is mostly project based with little recurrent funding.
10. Current total expenditure on Arts and Health in Western Australian hospital sites has been difficult to establish due to the fragmented nature of activity throughout the public and private health system.
11. The Percent for Art scheme provides significant funds during the construction phase of new hospitals but is primarily confined to 3D public art and design elements.
12. Only 38% of artists engaged in Arts and Health activity in hospital sites have received any form of induction training.
13. International and national best practice in Arts and Health have the following elements in common: use of Arts and Health coordinators to provide a coherent program; collaboration and partnership, screening, induction, training and professional development of practitioners and evaluation processes.

Table 1: WA Arts and Health activity

Arts and Health Activity	WA Practice
Built Environment	Percent For Art Scheme highly effective. Projects have demonstrated successful community and arts engagement.
Visual and Moving Image Arts	Visual Arts well represented in all hospitals with projects and programs, including artists-in-residence most often visual-arts based. Could be more curating and rotation of collections.
Performing Arts	Less utilised and mostly music-based. Strong partnerships exist. Scope for greater use of dance and theatre.
Literary Arts	Under-utilised.
Participation by patients	Rates low and predominantly passive. Participation and collaboration most evident in paediatrics, mental health, aged care and Aboriginal Health with attention given to cultural significance and security. Consumers very supportive.
Participation by staff	Rates even lower but benefits of Arts and Health participation widely acknowledged.
Innovative Partnerships	A large number and variety of partnerships were reported from both Health and Arts perspectives. Scope for expansion based on interest expressed in consultation.
Arts in Health Research	Rare at present in WA. Evaluation reported at only 16 sites over the three-year reference period of the survey.

With regard to the specific domains of Arts and Health activity, Table 1 summarises current WA initiatives and outcomes.

1.4 Recommendations

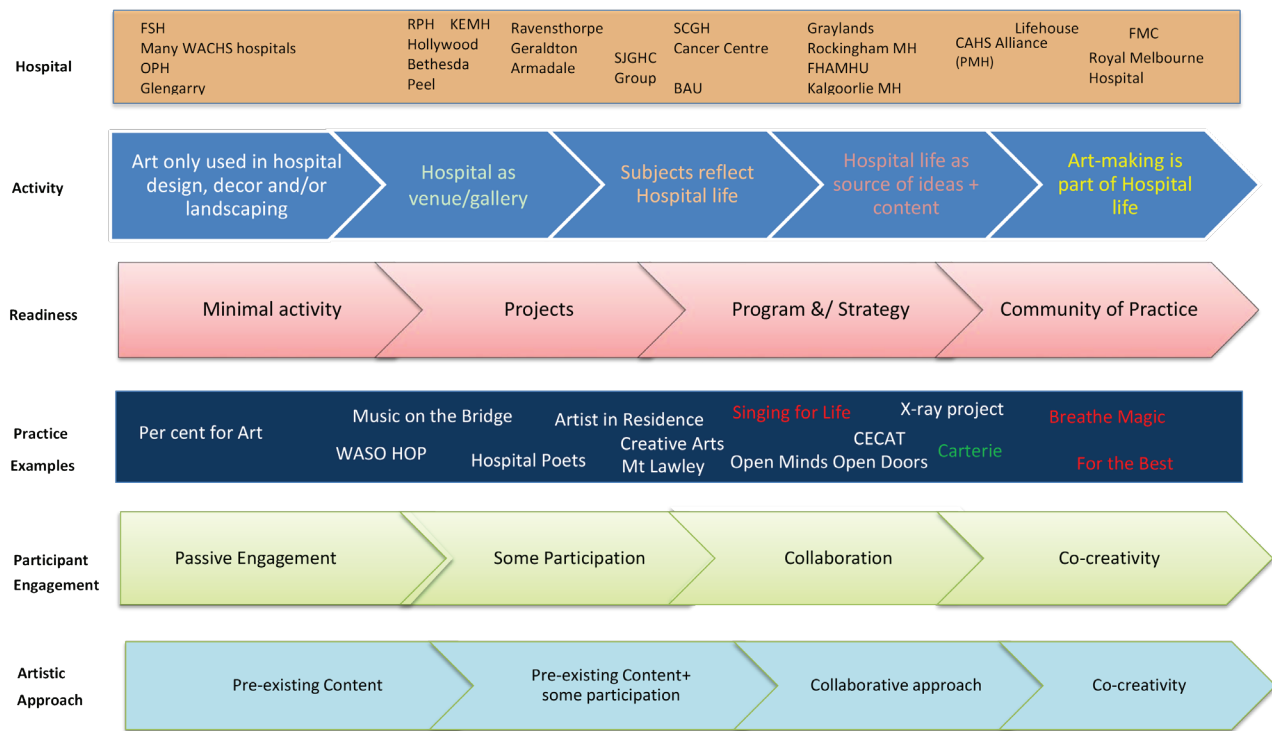
The recommendations below aim to ensure that Western Australia delivers on the National Arts and Health Framework. They represent a flow of activity building towards an embedded Arts and Health practice in WA hospitals.

1. The Departments of Culture and the Arts and Health to develop a joint policy that requires both public and private health service providers to deliver on the Western Australian implementation of the National Arts and Health Framework.
2. The Departments of Culture and the Arts and Health to advocate that the Percent for Arts Scheme be extended to support an Arts and Health Strategy and Plan as part of the commissioning phase of hospital renovation or new hospital build projects.
3. Each health service/hospital to have an Arts and Health Plan linked to community engagement and inclusive of local culture and heritage. This should identify internal and external partners (e.g. volunteers, local artists, community groups, schools, TAFEs and universities) who will form a community of practice.
4. Arts and Health Coordinator roles to be established for each hospital or group of hospitals as determined by the Area Health Service or private provider organisation; generally 0.4-0.6 FTE roles. Part of this role would be to ensure that those working in the Arts and Health arena are appropriately screened, oriented and supported.
5. The Arts and Health Consortium to be resourced to develop its role as the key Western Australian leadership group that fosters a state-wide community of Arts and Health practice and advises government and private health care providers on such matters.

These five recommendations support a proposed statewide initiative that will enable hospitals to move further along a continuum of Arts and Health practice. Such an initiative supports development of local, regional, group-wide and statewide communities of Arts and Health practice to realise a vision of a flourishing WA Arts and Health sector. Future projects can then be selected based on their potential to contribute to this process at any level.

These recommendations are linked to a series of proposed demonstration projects (see pg. 78 - 87) that would start the implementation of this statewide initiative. They would establish and solidify the communities of practice necessary to support Arts and Health practice, move individual hospitals along the continuum and provide evaluations and cost-benefit relationships in the local context.

ARTS AND HEALTH PRACTICE CONTINUUM



(Adapted from Putland, 2012 p.17)

Example Key: Local National International

Figure 1. Arts and Health Practice Continuum

1.5 Conclusion

It is gratifying to see the level of Arts and Health activity currently undertaken in hospital sites throughout the state. However it is of significant concern that most activity is project based without any underpinning policy and strategic framework. This places into question the continuing development of Arts and Health practice and the attendant health benefits.

In order for Western Australia to deliver on the National Arts and Health Framework it will be necessary to have consistent leadership and policy support to facilitate the development of local, regional and statewide communities of practice that can leverage existing expertise through new partnerships and move all Western Australian hospitals along the continuum of Arts and Health practice. There is a complementary role for the Arts and Health Consortium to facilitate and advocate for programs that will assist hospitals to develop such partnerships and projects.

Despite the difficulty in establishing the current level of investment in Arts and Health activity in hospitals there is evidence in this report that increased and targeted investment will produce good health outcomes. With financial constraints felt sharply across both Arts and Health sectors as this report is written there is a real opportunity to improve patient experience and staff morale through low-cost strategies that have been shown nationally and internationally to have high impact on the entire hospital community.

Implementation of the above recommendations will put Western Australia firmly on the road towards a flourishing Arts and Health sector with increased positive health outcomes for patients and staff.

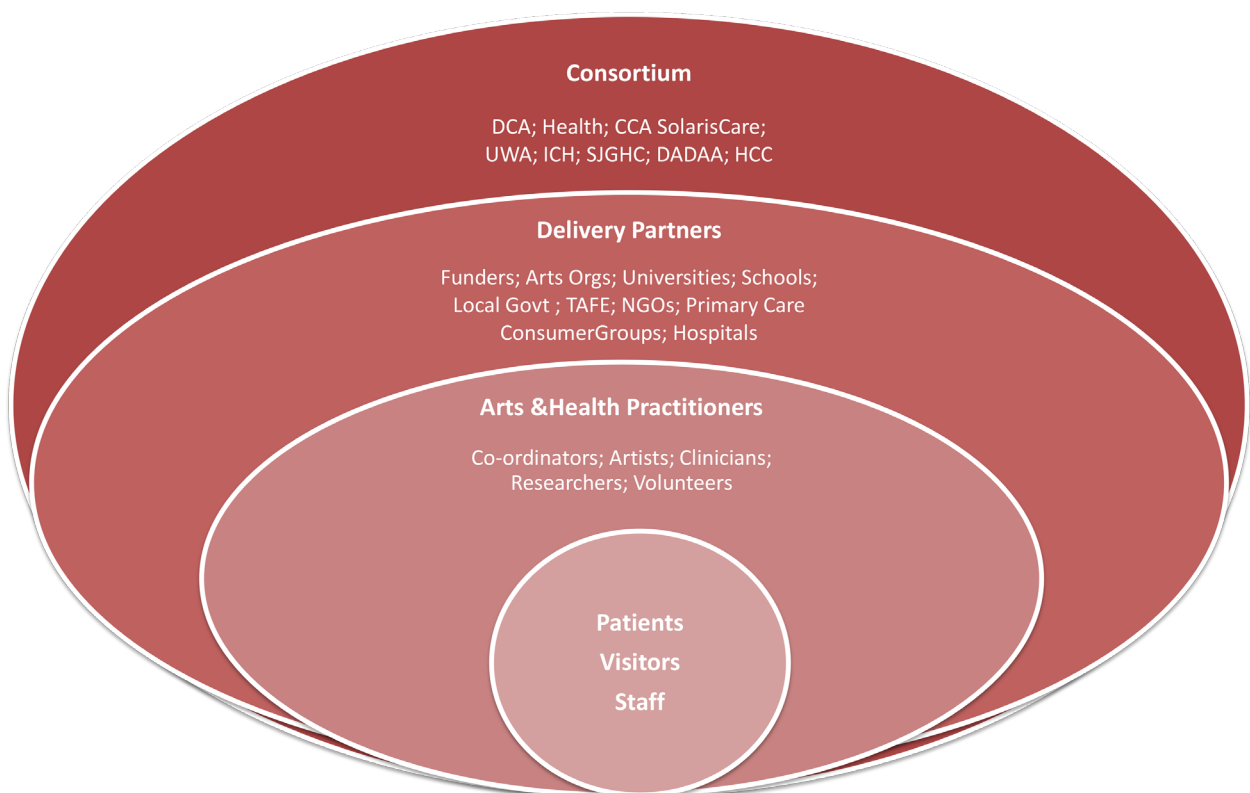


Figure 2: Community of Practice

2. Introduction

2.1 Background

The National Arts and Health Framework (Meeting of Cultural Ministers and the Standing Council on Health, 2014) was endorsed in May 2014 by Australia's Health Ministers and Cultural Ministers who acknowledged the role that the arts play in contributing to improving the health and wellbeing of all Australians.

In 2015 in WA a consortium of Arts and Health care organisations was formed to co-fund investigation and research in order to better understand the extent to which the arts are contributing to the delivery of health services in WA hospitals, the benefits that have been observed, the gaps and/or barriers to their use and what activities would make the most difference to the health and wellbeing of patients, their families, visitors and staff.

Members of the WA Arts and Health Consortium include:

- Health Department of Western Australia
- Department for Culture and the Arts
- St John of God Health Care
- Chamber of Arts and Culture WA
- DADAA
- Health Consumers Council WA
- SolarisCare Foundation
- University of Western Australia
- Institute for Creative Health

The Consortium sought to **map and measure the current level of engagement, support and investment by WA hospitals in Arts and Health activities**. This information will inform future strategies to assist hospitals and arts organisations to engage more effectively with each other in producing quality arts engagement for the health and wellbeing of patients, their families and visitors and staff in our hospitals.

It was acknowledged that Arts and Health activities occur in a broad range of health care settings, however for the purposes of this project the scope was contained specifically to hospitals.

2.2 Objectives

The outcomes of this investigation will provide greater understanding about:

What is already happening in Arts and Health in our WA hospitals and the observed benefits, with reference to the following areas:

- **The Built Environment** – the intentional use of architecture, landscape architecture, art and design to create welcoming, healing and stimulating environments for patients/ residents, their families and visitors, as well as staff.
- **Visual and Moving Image Arts** – may involve paintings, drawings, colouring, printmaking, photography, videos and animation and may include curated exhibitions and artists in residence.
- **Performing Arts** - from intimate bedside performance to larger public performance or concerts and may involve dance, theatre, music including singing or instrumental and other forms of expression such as comedy and circus.
- **Literary Arts** – the hospital may provide the opportunity for storytelling, to read or write creatively including the use of book trolleys, author readings and writing with and by patients and staff.
- **Participation by patients** - providing opportunities for patients and potentially their families and visitors to participate as creative makers in ways that foster creative expression and support health, wellbeing and social inclusion. This may be through developing patients arts practice or the use of arts therapies.
- **Participation by staff** - engaging staff as creative makers in order to build resilience, health and wellbeing. This will include consideration of art in health professional education.
- **Innovative Partnerships** - mutually beneficial partnerships between Arts and Health and other community organisations that support health and wellbeing.
- **Arts and Health Research** - adding to the body of evidence in order to improve the contribution of the arts to health and wellbeing.

Best practice in hospitals in:

Barriers to the incorporation of arts into WA Hospitals including:

- Western Australia
- Australia
- United Kingdom
- United States of America

Included in this mapping process will be information about key stakeholders, partnerships and funding.

- Cultural
- Geographical
- Attitudinal
- Legislative
- Knowledge / Understanding
- Financial
- Other

2.2.1 Key Questions

The key questions to be addressed during the project included:

- What are the Arts and Health Sector priority areas that are most likely to benefit from the contribution of the arts?
- Which patient groups are most likely to benefit from engaging with the arts while in hospital e.g. people requiring rehabilitation, dialysis, people living with cancer, people living with mental health issues, people with dementia, Aboriginal people in hospitals?
- Which art forms are most likely to bring about these benefits and include active participation by patients and staff (rather than patients and staff only being audience members)?
- What types of skills are required by artists to work effectively in hospitals? How best are they provided and what protocols need to be in place? What risks to patients, families, artists and staff need to be managed?
- What are the critical barriers and enablers?
- What are the best options for an action research phase that trials a number of Arts and Health activities and tests how well they work in different settings?
- What are the partnerships and funding options for the pilot projects?

St John of God Health
Care Creative Arts Project
for health, healing and
recovery at Ursula Frayne
Unit conducted by Artist
(and Mundaring Art Centre's
Project Officer) Sarah Toohey.

Image reproduced with
permission from St John of
God Healthcare



2.3 Methodology

Desktop exploration and literature review was undertaken to develop an understanding of best practice hospital-based Arts and Health activities nationally and internationally. In particular, the review sought out examples in four art forms (i.e. built environment, visual and moving image arts; performing arts, literary arts) and looked to showcase outstanding successes considering if or how these could be used in a Western Australian context.

The review referenced, rather than sought to duplicate, the existing evidence in support of Arts and Health practice in hospitals and was guided by the relevant arts-health literature (e.g. papers, reports, frameworks and models of best practice), in the following areas:

Definition of arts engagement, activities and practice:

- National Arts and Health Framework (Meeting of Cultural Ministers and the Standing Council on Health, 2014).
- St John of God Health Care Arts and Health Philosophy and Framework (Pearson, 2014)

Benefits of arts-health activities:

- The Art of Being Healthy Framework (Davies C, et al 2014)

Arts and Health in hospitals:

- Arts in Health: A Review of the Medical Literature (Staricoff 2004)
- Arts and Health at FMC: Towards a Model of Practice (Putland, Arts in Health at FMC: Towards a Model of Practice, 2012)
- Arts and Health: A guide to the evidence. (Putland, Arts and Health. A guide to the evidence., 2012)
- Is there compelling evidence for using the arts in health care? (Fenner et al, 2012)

In order to map and measure the current level of engagement, support and investment by WA hospitals in Arts and Health activities and to establish a baseline, key stakeholders from both arts and hospital sectors were identified with the assistance of Consortium representatives.

The consultation approach was twofold:

Quantitative

To capture the broadest possible picture of existing activity, support and investment, two electronic questionnaires were developed in collaboration with Consortium members. Both tools took advantage of the thematic framework for understanding the relationship between health and the arts developed by Davies C, et al. The framework identifies the health benefits that might be gained from participation in arts activities. (Davies C, et al 2014)

The hospital questionnaire included 21 questions and took on average 30 minutes to complete. The arts questionnaire contained 16 questions and took participants an average of 15 minutes to complete.

With support from the Director General Health, the hospital questionnaire was disseminated, through area chief executives, to all public hospitals across the state as well as the major private hospitals groups and private-public partnerships. To achieve adequate dissemination forwarding to all interested parties was encouraged.

Support from the Director General Culture and the Arts and the Chamber of Arts and Culture WA enabled dissemination of the arts questionnaire to all major arts organisations and a cross-section of small to medium arts organisations and individual artists, in the identified art forms, who are already active in Arts and Health.

By asking similar questions of both Arts and Health stakeholders, it was anticipated that identification of overlap, gaps and barriers in the use of the arts in WA hospitals, from the two different perspectives would inform consultation in the qualitative phase. A descriptive analysis of free text comments was conducted along with analysis of occurrence of words and phrases.

Qualitative

Face-to-face and teleconference consultations were conducted with key stakeholders to dive deeper into the issues identified through the online consultation and to test assumptions and recommendations. Follow-up consultation was also conducted with people active in this space identified throughout the consultation process including national and international experts. Interview questions developed by the research team were used in interviews of typically 30-60 minutes in duration.

A metropolitan and rural/regional consumer perspective was sought through two focus groups held with the assistance of the Health Consumers Council and the WA Country Health Service and their District Health Advisory Councils. Focus groups were run over an hour and a half.

Comprehensive notes were kept and these were analysed subsequently, along with worksheets completed by participants, according to key subjects and themes related to the project.

Both surveys and consultations were based on a reference period of three years.

3. Findings

3.1 Literature Review

In the National Arts and Health Framework the following definition of Arts and Health is offered:

“Arts and health refers to the practice of applying arts initiatives to health problems and health promoting settings. It involves all art forms and may be focused at any point in the health care continuum. It also has an impact on the determinants of ill-health by changing individuals’ attitudes to health risks and supporting community resilience.”

In promoting Arts and Health, the Health and Cultural ministers have acknowledged that this practice has social, artistic, environmental, cultural, and economic and health benefits including the potential to improve the quality of health care. Importantly for this project, arts practice can contribute to health and wellbeing across the service continuum in all health care settings including hospitals.

Attention to good design in hospitals and their landscapes can intentionally promote health and well being for patients, visitors and staff. This may be reflected in improved response to treatment, reduced length of stay and improved staff satisfaction and retention. (Meeting of Cultural Ministers and the Standing Council on Health, 2014)

The Deeble Institute in synthesising the existing evidence for the use of arts in health care focused upon arts-based practice in clinical contexts and concluded that they can lead to both greater effectiveness and efficiency in health care delivery. The potential for cost savings through better symptom management and reduced service utilisation was identified, including documented reductions in analgesia, medication and GP visits. The Institute also concluded that the evidence is sufficient to warrant incorporation of Arts and Health strategies in strategic plans. (Fenner, 2012)

In Europe and the US the conversation is no longer around the efficacy of arts in health; governments, hospitals, trusts, funders, NGOs and partnering arts practitioners alike have moved on and are busy implementing.

In Europe and the USA the conversation is no longer around the efficacy of arts in health; governments, hospitals, trusts, funders, NGOs and partnering arts practitioners alike have moved on and are busy implementing.

3.1.1 Model of Practice

A model of Arts and Health practice in an acute hospital setting has been articulated by Putland, based on two decades of development at the Flinders Medical Centre (FMC) in Adelaide. FMC is the site of Australia's oldest and most established Arts and Health program (SA Health, 2013). Putland describes a mature, sustainable Arts and Health practice fully integrated into the life of the hospital. Their model is a program approach informed by theory, experience and evidence. Program and practice development is analytical employing reflective questions:

- **Are we meeting the needs of patients and staff in the most effective way possible?**
- **Are artists able to extend their practice?**
- **Does the program offer a balance of experiences for the hospital community?**
- **Are there unifying principles of practice across the program?**

Analytical questions (Putland, Arts in Health at FMC: Towards a Model of Practice, 2012)

This process enables a year round program that aims to transform the health service experience of patients, staff and visitors by enriching the life of the hospital. It is noteworthy that based in a large acute tertiary hospital, the program does not attempt to create a sense of community given 80% emergency arrivals and an average length of stay is 2-3 days. Rather, it employs a wide range of art forms across the hospital to create a variety of experiences for all who go there. This might be active engagement for the enthusiastic or simple benefit from the environment enhanced by the professional artwork.

Putland describes a scale of participation in the arts activities by patients, staff and visitors not dissimilar to other participation models that might reflect hospital community engagement e.g. International Association for Public Participation Spectrum (IAP2). The scale moves participants from the *hospital as a venue or gallery*, where they are recipients of the art, through to *art making as part of hospital life* where participants engage actively in art creation.

The model picks up on approaches linking art practice to health theory where dependent on the focus of the practice the intent may be for art to be used as a part of treatment, to support treatment, to promote well being, to create an enabling environment or as a tool to change health behaviours.

Evaluation of the multidimensional practice elements across the program has informed development of the model. It acknowledges that the program is varied and dynamic in shape and content.

Table 2: Key characteristics of the FMC model (Putland, Arts in Health at FMC: Towards a Model of Practice, 2012)

Key characteristics of the FMC model	
Identified strategy	Aims: create a warm and welcoming physical environment, support staff in their provision of high quality care, contribute to a positive, nurturing experience for patients and carers and provide opportunities for the public to engage positively with health services.
Coordination	A dedicated arts coordinator role ensures effective management of the program and has been funded since 2005.
Reach	Catering for a wide range of needs including individual patients, carers and families, staff and visitors. Intense and sustained experiences for a small number as well as fleeting wide spread opportunities for all.
Multi-model delivery	Drawing on a diverse group of practitioners across all art forms and deploying them in many different ways.
Staff education	Education of all staff about the benefits of the arts appears as necessary as building relationships with particular staff to champion and support delivery.
Policy support	2008 Arts and Health partnership agreement between Department of Health (SA) and Arts SA demonstrating a shared commitment to work towards arts initiatives adding value to health strategies.
Secure funding	Funding strikes a balance between project funding that is attractive to arts funding bodies and recurrent funding to sustain continuity of programming and delivery.
Evaluation	Evaluation considers what experiences were offered, the responses of participants and the learning for artists and staff about delivering an art program in a hospital.

3.1.2 Evaluation

The UK literature gives evidence to a flourishing Arts and Health sector supported by networks, seminars, education, research and charitable trusts e.g. Royal Society for Public Health (UK) webinar: Creative Arts in Hospitals and the London Arts in Health Forum. (Farquharson, 2016) Commentary on the recently released Cultural White Paper highlighted the important relationship between clinical commissioning groups as funders of Arts and Health programs and the cultural sector broadly in the UK context. (London Arts in Health Forum, 2016)

Public Health England has identified evaluation as critical to justifying investment in Arts and Health and has therefore published an evaluation framework. The framework acknowledges the need for a range of approaches and methodologies such as quantitative, qualitative, participatory action research, case studies, creative arts-based, and economic (QALYs, SROI) to assess complex interventions. It provides guidance on minimum standards in order to improve the understanding of the contribution of arts to health and highlights the need to assess both outcomes and process and to include evaluation in project planning and budget. (Daykin, 2016)

The reporting tool recommended (Appendix 3) was designed to meet the needs of commissioning and may be an appropriate template for use in the emerging primary care context in WA. It may also be adaptable for evaluation of hospital-based Arts and Health activities.

3.1.3 Best Practice Examples

This review sought out examples in the literature of each of four art forms looking for outstanding successes and considering if or how these could be used in a Western Australian context.

Each of the art forms was found nationally and internationally to be used in hospitals across a wide range of care settings to engage a variety of patient groups. This includes acute and short stay areas such as emergency, theatre and acute tertiary hospitals such as the Flinders Medical Centre. Arts and Health practice is not constrained to aged care, mental health or slow-stream rehabilitation although it may often be found as part of clinical practice in these settings.

International best practice examples show a common feature of intentional practice whereby arts interventions are not just for arts sake, but intentionally developed with an aim to achieve outcomes such as improvement in environment, participation, expression and a different clinician-patient relationship. Implicit in any best practice arts activity in hospitals is an action-research component in collaboration with clinicians at its outset.

Outstanding examples for each of the art forms are identified here. A longer list is available at Appendix 2.

Built Environment

Putting patients at the heart of design

In the United Kingdom, The King's Fund was commissioned to develop a number of specific programs to enhance the built environment in healthcare as part of work to improve the patient experience.

Commencing in 2000 and now completed, the **Enhancing the Healing Environment (EHE)** program initially focused on improving the acute hospital environment in London. The program's success led to its extension to mental health trusts and a number of primary care trusts in the capital. The later phases included work to improve environments for care at the end of life, care for people with dementia and for healthcare in prisons.

The award-winning program encouraged and enabled local multidisciplinary teams to work in partnership with patients to improve the environment in which care is delivered. The Kings Fund worked with more than 250 health and social care organisations including acute care hospitals, care homes and hospices, mental health and community NHS trusts to support their healing environment projects.

Putting patients at the heart of design, the program challenged current thinking and attitudes to the delivery of care, as well as highlighting the important role that the physical environment can play in supporting innovation in service delivery and in improving the patient experience.

Forty-eight London NHS trusts took part in the first phase, with the program representing the single largest investment (more than £2.25 million) that The King's Fund has made in London's hospitals. (The Kings Fund, 2016)

A number of independent evaluations of the EHE program demonstrated major benefits for staff, patients, service users and visitors that extend beyond the improvement of physical environments including personal development of team members and innovative consumer and community engagement strategies.

Significant longer-term benefits included:

- humanised hospital environments through distractions and improving levels of privacy and dignity;
- evidence of the therapeutic impact of good design;
- reduced aggressive patient behaviour;
- improved staff recruitment and retention;
- increased sense of ownership of the hospital environment;
- demonstration of how small-scale projects can act as catalysts for major change; and
- the development of new skills in leadership and facilitation (The Kings Fund, 2016).

Attention to good design in hospitals and their landscapes can intentionally promote health and well being for patients, visitors and staff. This may be reflected in improved response to treatment, reduced length of stay and improved staff satisfaction and retention.

(Meeting of Cultural Ministers and the Standing Council on Health, 2014).

The program received widespread recognition as a national exemplar both in terms of the individual projects and as a catalyst for the NHS to consider the impact of the built environment on recovery and the way care is delivered.

As part of a larger project entitled ‘*Vulnerable Bodies: Art, Architecture and the Public Body in a Hospital Environment*’ Miranda Lawry, Senior Lecturer in Fine Art at the University of Newcastle and a photographic artist worked as part of an Arts and Health team at **John Hunter Hospital** to provide patients and staff with views. The ‘Sky Window’ project sought to provide a health care environment with positive visual distractions as a means of promoting wellness and reducing stress. The project drew on work of Swedish (Mehaffy, 2011) healthcare designer Roger Ulrich that demonstrates the health benefits of environments rich in natural views.

“The result, the “Sky Window” project, involved fitting corridor windows at the hospital with custom-made light boxes into which abstracted landscape images were placed. The team worked with Dr Paul Thomas, then the Head of Nuclear Medicine at the hospital, and a gifted amateur photographer. Thomas’ scenes formed the basis of the window images, demonstrating a symbiotic, highly engaged collaborative process between medical practitioner and artist”.

These scenes replaced the typical ‘chocolate box’ images often found in corridors and waiting rooms.

John Hunter Hospital also engaged Lawry in a project to commemorate the closing of the Royal Newcastle Hospital in 2006 that addressed the response to staff of the iconic hospital’s closure. Staff members were invited to identify their favourite hospital views that were then photographed and framed for a memorial installation at their new workplace in the John Hunter. Staff reported benefits including assistance to navigate the change, to deal with loss and to face their new work future. (Johnson, 2013)

Visual and Moving Image Arts

Not just a sight for sore eyes

It appears that both nationally and internationally Arts and Health programs have a foundation in the visual arts. In 2008, Kathy Hathorn reported that nearly 50% of all hospitals in the US have arts programs (Hathorn, 2008) a proportion that has likely grown in the interim.

One USA example is the **Art Cart** program that offers patients alternatives to the art that is permanently mounted in their rooms (if any). The Auxiliary runs the program whereby volunteers visit all patient rooms fortnightly with a cart of artworks, allowing patients to choose the art they would like to hang in their rooms. A pilot project at **St Luke's Episcopal Hospital** in Houston Texas started with a modest collection of 50 16 x 20 posters donated by Eastman Kodak that grew to more than 600 works and 6 volunteers. To address occupational safety and infection control, the cart is not wheeled into each room. However, volunteers ask patients for their preferences and select a few pieces of art from the cart to allow patients a choice in art selection for their walls. A qualitative study found that the program provided a supportive environment that offered patients a positive distraction, a sense of control and social support through interaction with the volunteers. (St Luke's Episcopal Hospital Houston, 2007)

Hathorn notes that as well as large-scale interventions such as major public artworks in new-build hospitals, small interventions such as the art cart programs embody the principles of supportive design as described by Ulrich (Ulrich, 2003), by being not only a positive distraction, but also providing social support and a sense of control.

"Art is not just as a 'sight for sore eyes', but for a sore body and mind".

In her Guide to Evidence-Based Art Hathorn states:

"art has the ability to touch us deeply and profoundly, in our most vulnerable moments. It serves as a focal point in the environment that we are confined in, which can offer an emotional escape. We are often quick to dismiss such a minute part of the environment, yet, when the patient scans around his or her surroundings, it is this focal point that often the eyes, and the mind, rest upon. It is important to make this rest restorative." (Hathorn, 2008)

Bethesda Hospital in WA has reported use of the Art Cart model.

IMAGE OPPOSITE: FMC Mobile Art Trolley. Image reproduced with permission Sally Francis, Arts Coordinator, Arts in Health at FMC

An Art Studio on Wheels: A successful visual art program developed on Australian soil, adopts a different approach. Inspired by the well-established arts trolley program at FMC the **Chris O'Brien Lifehouse** in Camperdown NSW operates an art trolley program titled '**Carterie**' a mobile art studio delivered to treatment areas, at the bedside, on wards and in waiting spaces. Carterie is one component of Arterie Arts and Health Program at Lifehouse. The program is designed to provide empowerment through choice, optional participation and an element of control. The service is free and offers a range of diverse arts and craft activities for patients, carers and staff members to enjoy. Trained '**Carterists**', artists and volunteers with considerable arts experience, each commit one day per week to deliver the free service offering a range of diverse arts and craft activities for patients, carers and staff members to enjoy.

In an average day, **Carterists** complete a 2-hour morning and afternoon round finishing the day with a half hour debrief with the **Arterie** Arts and Health program manager. (Chris O'Brien Lifehouse, 2015)



Performing Arts

Music as medicine

Both nationally and internationally there are many examples of music being used to great effect as part of Arts and Health programs.

In the UK several major hospitals have choirs and singing programs targeting respiratory patients with a view to improving or maintaining their respiratory function and overall health and well being outcomes e.g. At the **Whittington Hospital 'Sing for your Lungs'** is a weekly singing group for people with long-term lung conditions such as asthma and emphysema funded by the Whittington Hospital Charitable Fund. Singing, vocal exercise and postural work led by experienced music therapists, leads to symptom improvement. (Whittington Hospital NHS Trust, 2002-16)

At **Birmingham Children's Hospital 'Singing Medicine'** is an award winning program of activities devised by Ex Cathedra and the hospital that includes singing and music activities for children with life-limiting conditions. The program is delivered in oncology, renal, cardiac, neurology and liver wards, the Retinoblastoma Clinic and the Intensive Care Unit. Children's siblings, families and hospital staff are also involved in singing games from around the world that offer children of all ages and abilities enjoyment and distraction from the general hospital environment and specific hospital procedure. The project is delivered by a team of highly experienced workshop leaders and teachers supported by a nursing adviser who provides training on such issues as infection control as well as providing emotional support to artists.

Reported benefits of the **'Singing Medicine'** program include: overall wellbeing, coping mechanisms and distraction, personal social and emotional skills, education, musicianship and social inclusion. It motivates children to get out of bed, encourages movement and deeper breathing, which is particularly important for healing and preventing infections. Singing activities keep the brain active and alert and provide stimulation. (Arts Council England, 2007)

In Australia, Dr Catherine Crock from **Royal Children's Hospital** in Melbourne has developed the acclaimed **HUSH** series in collaboration with composers and musicians who come into hospital settings such as waiting rooms, wards and the operating theatre, listen to the ambient sounds (and noise), talk to patients and families and compose music that creates a more positive and healing environment. The music has been shown to have a positive impact on patients, clinicians and carers. The resultant HUSH collection is used within 12 Children's Hospitals and wards around Australia, in operating theatres, treatment rooms and waiting areas, as well as to manage unsettled babies. The project proceeds are shared by all supporter hospitals that can each use the funds to best suit their needs in services or research. (Hush Music Foundation, 2016)

Performing Arts

Dance | Steps to better health

Internationally there are several examples of dance programs in hospitals including *'Dancing for Health'* at **Addenbrooke's** in Cambridge where the program offered by professional dancers assists patient recovery from procedures, improves mobility, balance and mood. Patients are found to have a shorter recovery period and improved engagement with physiotherapy. Patients of any age as well as staff and family members are invited to participate. (Cambridge TV, 2015)

'Vital Dance' is a dance program trialled at **Mile End Hospital** a community hospital in Tower Hamlets that offers a range of inpatient and outpatient services. Vital Arts and Trinity Laban Conservatoire of Music and Dance collaborated in 2015 to provide accessible dance sessions to older adult patients on two wards that specialise in rehabilitation, aiding older adults in their journey back to independent living, or assisted living, through physiotherapy and occupational therapy sessions. Staff reported positive patient outcomes including improved engagement with therapy and improved motor coordination, self-esteem and preparation for discharge. The findings of this project were used to support the planned delivery of Vital Dance in all 12 of Barts Health NHS Trust's older adult wards. (Middleton, 2015)

Guy's and St Thomas's *'Breathe Music'* offers dance performances as well as live music in the hospital foyers that reflect the culturally diverse hospital community as well as individual performers to play in clinical areas. (London Hospital Arts Network, 2015)

Performing Arts

Theatre | Drama with clinical outcomes. Is it magic?

An outstanding international example in the use of theatre performance in hospitals is **Breathe Magic**, developed by BREATHE Arts and Health Research (Farquharson, 2016) and delivered at Guy's and St Thomas's and Great Ormond Street Hospitals and now commissioned by 3 NHS Trusts.

The program for young people with hemiplegia (a developmental movement disorder affecting one side of the body including arm and leg e.g. in Cerebral Palsy) was developed through a partnership between a team of Occupational Therapists (OTs) and professional Magicians working together to identify magic tricks that would match the exercise and functional training needs of the hemiplegic child. In the place of conventional treatment such as exercise and Botox therapy they offer children the opportunity to become a Magician at a two-week holiday 'camp' program followed by membership of a monthly 'magic club' for 18 hours of follow up over 6 months.

Positive psychosocial, physical, functional and economic benefits resulted including the halving of care hours per day post camp. Prior to the camp 25% of children used two hands for bi-manual tasks compared to 93% post camp, a significant improvement with the results sustained (86%) at 3-month follow-up.

(Farquarson, 2013)

Adapting the evidence-based HABIT program (**H**and, **A**rm, **B**i-manual, **I**ntensive, **T**raining) (Charles, 2006) provided a basis for ongoing evaluation and research using a number of standardized outcome measures. Following an initial pilot the results informed the replacement of 60 hours of traditional OT with the intensive 60-hour program.

This methodology of Arts and Health program development i.e. taster, user feedback, pilot, results integration, implementation and audit had an equal emphasis on creative and clinical problem solving and won an NHS Innovation award. The same methodology allows roll out to other patient groups and a transition from charity and grant to service funding.

Breathe Magic now receives mainstream NHS funding through commissioning, recognising the clinical benefits of the program. However, perhaps the best evidence of the program's success is the pride and delight on the faces of the children performing at the end of camp magic show depicted in their YouTube video. (Farquarson, 2013)

"Hear Me" is a play developed through a partnership between the Australian Institute for Patient and Family Centered Care and the Centre for Health Communication at UTS and written by renowned playwright Alan Hopgood for health professionals, patients and organisations based on real patient experience. Post-performance the audience participate in discussion on clinical incident disclosure, team communication and patient centred care allowing an opportunity to debrief, challenge the central premise of the story and discuss practical applications and ideas for change to hospital culture and systems. The play has been performed to hospitals around Australia and at several medical and medical student conferences. A second play **"Do you know me?"** using the same methodology was commissioned by Mercy Care and delivered to their staff in residential aged care settings. The play challenges institutional ageism. (Hopgood, 2012)

Implicit in any
best practice arts
activity in hospitals
is an action-research
component in
collaboration with
clinicians at its
outset.

Literary Arts

Finding one's voice through writing - a healing process

National and international examples of the use of literature in Arts and Health indicate that this art form is an effective vehicle for self-expression and for reflective writing and processing by patients (Stuckey, 2010) and health practitioners alike. (Bradley Smith, 2006)

InterAct Reading Service has been offering professional actors to read to stroke patients in the stroke units of hospitals and community settings in the UK since 2000, founded by Theatre Director, Caroline Smith. The program is supported by evidence that reading to stroke patients stimulates the neural pathways of the brain aiding recovery and rehabilitation. Professional actors have the necessary skills to bring a performance to life and are providing readings three times per week for approximately two hours at a time. The actors, trained specifically in communicating with patients, read to those the nurses or therapists suggest could benefit and who want to be read to. The majority of the readings are on a one to one basis with on average 4-5 patients read to in a two-hour session. InterAct will also do group readings, if appropriate facilities are available. Readings are of materials chosen by the patients themselves, rather than imposed on them by the service. They deliver 11,000 readings a year in 20 hospitals and 50 stroke clubs across the UK per annum. The evaluation of the program by **St Thomas Hospital** found an improvement in the ward environment and social interaction between patients post readings, it contributes to the general wellbeing of patients and speeds recovery. Funding is through the Interact Stroke Support charity. (InterAct Stroke Support, 2010)

Hospital Poetry: In traditional hospital settings, the patient is often disempowered in the practitioner/patient relationship. Finding one's voice via poetic means can be not only empowering, but a healing process because it opens up the opportunity for self-expression not otherwise felt through everyday words. (Stuckey, 2010)

In the USA, the National Association for Poetry Therapy (NAPT), a membership organisation has for many years promoted the use of poetry for healing and personal growth. It offers training accredited by the National Federation for Biblio/Poetry Therapy. In the UK, Victoria Field who qualified as a Certified Poetry Therapist with NAPT, offers a variety of training opportunities in poetry therapy. (The National Association for Poetry Therapy, 2015)

“Poetry in health is a revelation, it can communicate the reality of disease; it can create empathy. It allows people to talk about things they are fearful about such as cancer”.

Sir Robert Francis QC

Professor Anna Soter has been running workshops using writing and poetry for patients in the Cancer Survivorship Program at **James Cancer Hospital, Wexner Medical Center**, Ohio State University (OSU), to explore renewed confidence, playfulness, energy and reconnect with their creative selves – to not allow cancer to define their identities.

What goes for patients applies equally to staff members. Anna Soter also initiated the Hospital Poets across the many medical sites of the OSU campus. The program, running for five years, targets clinical staff with the objective to re-centre and re-connect with themselves as ‘human’ amidst a challenging work environment and workload. It aims to re-charge depleted inner batteries through poems that are especially selected by the poet presenter. The emphasis of the readings is on the poet’s personal reasons for poems chosen and the impact the poems have had on them. Staff can drop in/pop out any time, and even bring lunch.

In WA the Katherine Susannah Pritchard Writers centre supported a small-scale launch of the program at SCGH in April 2016 when an hour’s poetry was offered to hospital staff members during their lunch hour. The local poet presenter, a teacher from Christchurch Grammar School engaged an enthusiastic group of 15 in the hospital gallery. This type of arts activity for staff is also in line with reflective practice being encouraged as a model of practice in healthcare in Ireland. While the experiment at **SCGH** was only a small beginning, the USA and UK experience indicates a potential for expansion of poetry readings into a hospital poetry program that includes not only performance, but poetry writing workshops for both patients and staff.

3.2 Consultation Outcomes

3.2.1 Level of Engagement

There was a high level of engagement in all aspects of the consultation for this project. Interest and enthusiasm was evident in participants from both Arts and Health sectors and in particular the consumer groups. There was however, a sense of stress within the hospital system during a time of significant change through reconfiguration and perceived funding shortfalls. This was expressed in face-to-face consultation as a hesitation to commit in anyway to additional workload within already stretched resources and a concern about including new initiatives in already challenged priorities:

“Arts and Health needs to be integrated with dedicated resource, not an additional burden on already thinly stretched clinicians.” Staff member, RPH

This suggests that the reasons behind a lack of Arts and Health activities related to stretched resources rather than a lack of desire to engage.

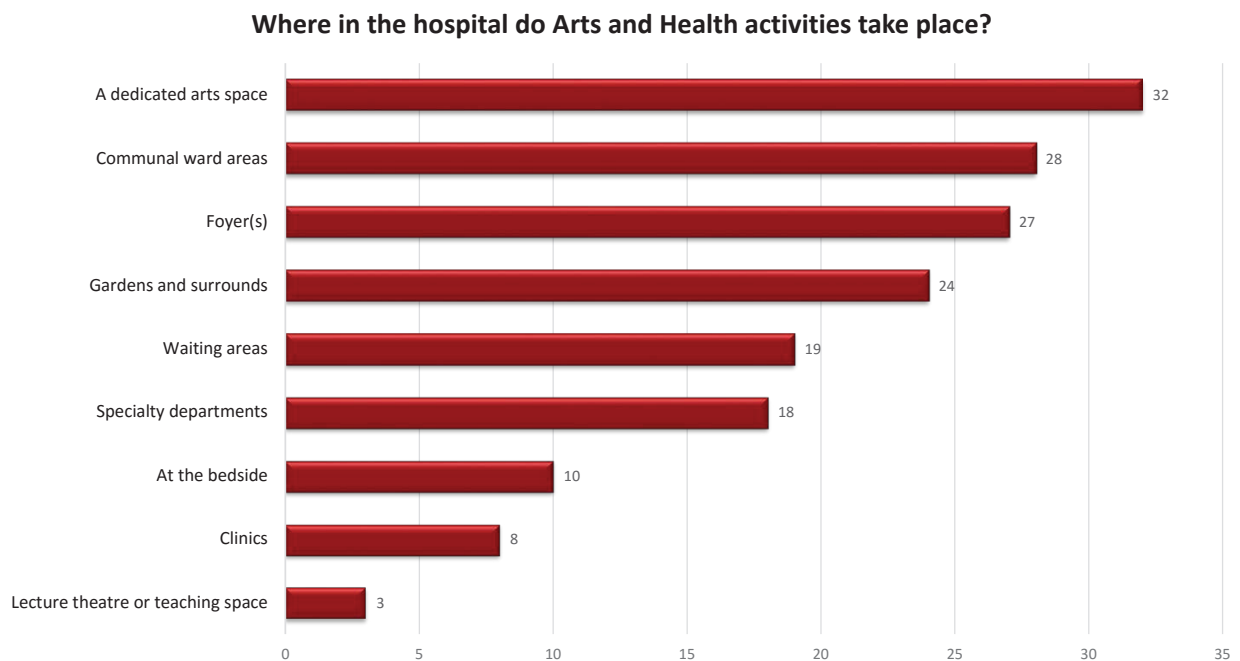
There were 84 individual respondents to the hospital questionnaire from a wide spread of the hospitals contacted. i.e. 20 metropolitan (all SJGHC sites [6], Bethesda, Peel, Glengarry, all public) and 6 of 7 WACHS regions representing 60 hospitals. **Overall this is a 90% response rate affording significant insight into current Arts and Health practice in WA hospitals.**

Respondents were from a diverse set of hospital workers, demonstrating the broad reach of potential activities, the diversity of those involved and the difficulty of working out who to speak to and where to source information. Respondents included:

- Curators
- Art Therapists
- Directors of Nursing
- Art Studio Managers
- Clinical Service Managers
- Data Analysts
- Directors of Mission
- Allied Health Professionals
- Occupational Therapists
- Art Program Coordinators
- OT Assistants
- Regional Managers
- AH Assistants
- Aboriginal Liaisons
- Redevelopment Project Managers
- Mental Health Co-Directors
- OT Managers
- Managers
- Nurse Managers
- CEOs
- Project Officers
- Campus Facilities Managers
- Social Workers
- Paediatricians
- Communications
- Aboriginal Mental Health Workers
- Clinical Nurses
- Community Health
- Enrolled Nurses
- Nurse Unit Managers
- Patient Support Services
- Music Therapists
- Directors Consumer Engagement
- Community Engagement and Policy Workers

Asked if their hospital was conducting Arts and Health activities **75%** responded yes, **5%** no and **20%** don't know. On review of the data some of the 'no' and 'don't know' responses were from respondents at hospitals that have 'yes' respondents and acknowledged Arts and Health activities indicating a possible lack of understanding of Arts and Health or a lack of knowledge of existing activities and a resultant under-representation of the level of activities.

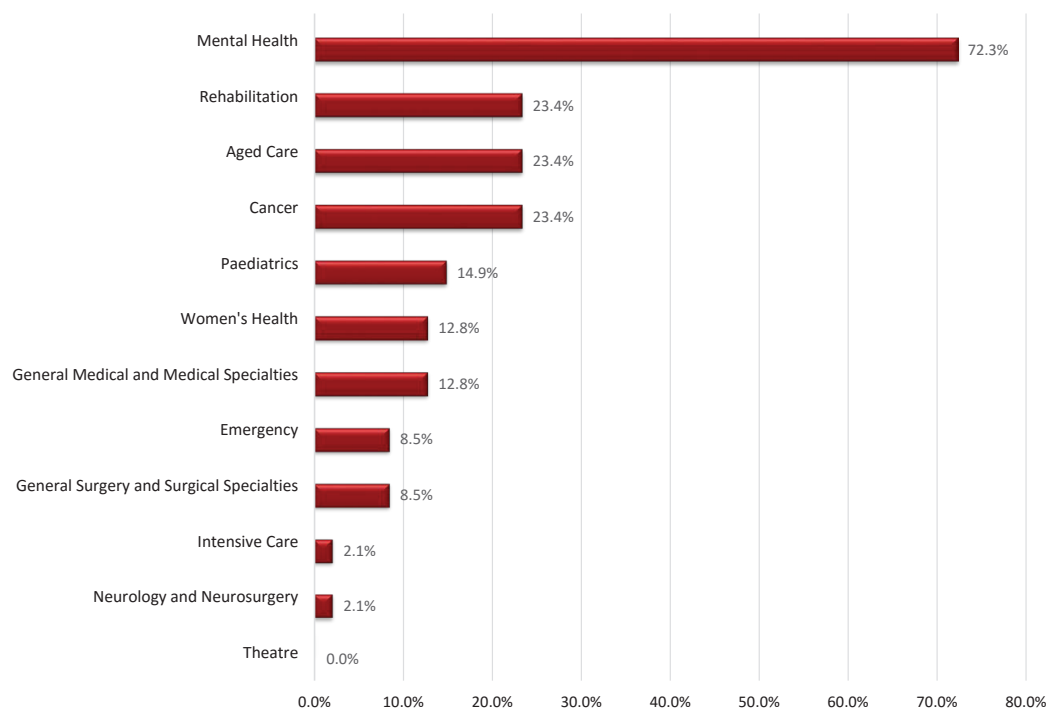
It was reported that activities were taking place in all the suggested locations including, in order of response number: dedicated arts spaces, foyers, communal ward areas, gardens and surrounds, waiting areas, specialty departments, at the bedside, clinics and teaching spaces. Many people (19) expressed the value and desirability of a dedicated space.



Graph 1 : Arts and Health Activity in hospital locations

Activities were reported to occur in all clinical areas except theatre. This may be because no surgeons, anaesthetists or theatre staff members were registered as participants in the survey. The greatest number of responses was received for mental health, rehabilitation, aged care and cancer. Other areas identified include neonates, Specialist Aboriginal Mental Health Unit, dialysis, palliative care, pharmacy education, medical imaging, eating disorders, and long-stay antenatal.

Please identify any clinical areas who use Art and Health activities.



Graph 2: Clinical areas that use Arts and Health activities

There were **45** respondents to the arts questionnaire from a total of **71** arts organisations contacted, representing a **63%** response rate. In addition, **12** individual independent arts practitioners responded out of **22** contacted, a **55%** response rate. **Overall, for arts organisation and independent artist respondents, the response rate was 60%.**

Arts sector respondents were made up of organisations as well as individual practitioners with known experience in conducting arts activities in health settings across a range of art forms.

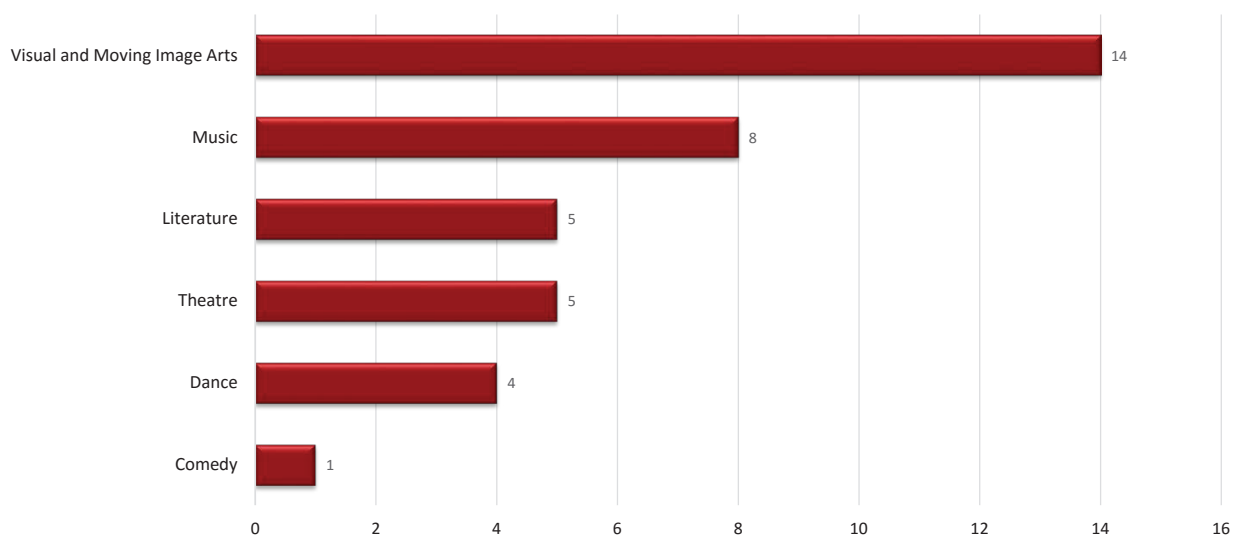
Asked if their organisation had engaged in or was planning Arts and Health activities in a WA hospital, **42%** said **yes**, **55%** said **no** and **3%** **did not know**.

In addition, **42.5%** of arts sector respondents were considering engaging in Arts and Health activities in hospital in the future, **50%** said they were not and **7.5%** did not know.

Arts activities engaged in by those that had, included: visual arts workshops, photography project, artist in residence placements, poetry project, storytelling, drama, writing workshops, playing classical music for patients, book donations and public art projects.

The types of skills artists felt they needed to be able to work effectively in hospital settings included: high level artistic skills, community development, organisational, communication skills, mature social approach, empathy, sensitivity, awareness of hospital protocols and time tables, health and safety requirements, respect for hospital environment, flexibility to think laterally and find mutually agreeable outcomes, licence to conduct programs, knowledge of infection control.

What hospital-based arts activities have you or your organisation engaged in?



Graph 3: Hospital-based activities reported by Arts organisations and artists

It was reported by artists and arts organisations that they had conducted arts activities in the following WA hospitals: Princess Margaret Hospital for Children, the St John of God Hospitals Midland, Mt Lawley and Murdoch, Graylands Hospital, Bentley Adolescent Unit, Hollywood Private Hospital and the Alma Street Clinic of the Fremantle Hospital. Furthermore, Sir Charles Gairdner and Fiona Stanley Hospitals were quoted as sites for planned projects. From the broader consultation it is clear that this doesn't reflect the full extent of engagement by arts organisations or artists in WA hospitals, e.g. SJG Bunbury, Subiaco and Geraldton, Bethesda Hospital and Peel Health Campus also have some arts engagement.

Activities intentionally designed for health and wellbeing, were reported by 14 out of 18 arts respondents.

3.2.2 Built Environment

Therapeutic environments that embrace patients, families and staff members

The attention to the use of art in the built environment of hospitals in WA is consistent with national and international best practice. All new hospital builds around the country have a similar level of commissioning for public artworks.

This has been largely a result of the **Percent for Art Scheme** whereby state government capital works projects must allocate up to one per cent of budget on commissioning and installing public artwork (Government of Western Australia, 2014). Across WA Health, the Scheme has been used to very good effect. Where large building programs for either renovation or new hospitals have been commissioned, they have typically acquitted the Percent for Art through engaging local, national and international artists in the design, decoration and landscaping of the building. The Scheme embodies the notion that attention to good design in hospitals and their landscapes can intentionally promote health and wellbeing for patients, visitors and staff as expressed in the National Arts and Health Framework. (Meeting of Cultural Ministers and the Standing Council on Health, 2014)

Community engagement social value, diversity, the importance of local perspectives and reflection of culture and heritage is evident in all of these projects. Many examples were provided during consultation and are listed in Appendix 2. A selection of projects is highlighted here.

WACHS has many strong examples of Percent for Art projects across the state from the Kimberley to Esperance and has spent almost half a million dollars in recent years on these commissions. In some instances the investment has gone beyond that required or encouraged by the scheme and is also reflective of increased public works afforded by the Royalties for Regions program. The artists engaged have been predominantly local Aboriginal people ensuring a link to local country and culture.

The Fiona Stanley Hospital (FSH) project included ten individual Percent for Art commissions from prominent West Australian Artists. Several large sculptures act as way-finding pieces across the campus, while Jo Darbyshire's *"Underwater worlds"* are a series of digital images on glass as part of the internal fabric of the State Rehabilitation Service that reference the healing power of water and regenerative qualities of light (Government of Western Australia, 2014). Judith Forrest's sculptures are integrated into the Linear Park landscaping and reference the science fiction, computer gaming, surrealism and illustrated novels that might engage the predominantly young adult male patients whose lives have been affected by major trauma. In addition to these commissions, the paediatric ward has been decorated with artwork created by local school children. Local timber from the site was also reclaimed and repurposed to decorate the lift foyers of the Rehabilitation building.

Case Study: Carnarvon Health Campus

Bungarri Warduga Barndimanmanha - Gascoyne River Healing Journey

Local artists Anton Blume, Bonni Ingram and art producer Sabrina Dowling Giudici have created a series of artworks reflecting the rugged beauty and stories of the Gascoyne River. Bonni's symbolic and highly coloured paintings of Yamatji Country are digitally fused with visual artist Anton Blume's aerial photography to create a unique visual language of local images.

These glass entry walls welcome visitors and patients to the entry and reception areas of the new Carnarvon Health Campus. The major glass artwork in the entry entitled "Here the river meets the sea" uses an advanced ceramic printing process. The magnificent river gum images act as a visual transition from river life to marine scenery, celebrating the beauty of the natural attributes of the Shark Bay World Heritage area.

The bush medicine leaf is a recurring healing motif that floats through the series of artworks, along the Gascoyne River from the plantations, through pastoral country, to the desert outback around the Kennedy Ranges and the catchment beyond. The artworks are a celebration of local culture and country.



Bungarri Warduga Barndimanmanha (Gascoyne River Healing Journey), 2016, Carnarvon WA, Anton Blume, Bonni Ingram and Sabrina Dowling Giudici (Fuse Art Collective), Public Art Coordinator, Corine Van Hall, Client: Western Australian Country Health Service.

Photo source: Printed glass showcase, Cooling Brothers blog, 27 April 2016, <http://coolingbros.com.au/printed-glass-showcase-for-carnarvon-health-campus/>

The new Perth Children's Hospital also has multiple Percent for Art commissions, the most obvious being "*Fizz*" which is composed of multi-coloured discs, programmable with light and sound, on the exterior of the building. The interior and exterior have been designed based on evidence to represent a journey that the child starts from home and to be whimsical and non-threatening. The three phases of design engaged 51 user groups, including youth, Aboriginal and consumer advisory groups and 500 staff members. Interior shapes and colours reflect the natural environment across the road in Kings Park and include pops of colour and whimsy. LED light displays will provide a way-finder to play areas and there is a farmyard theme decorating Oncology.

Included in the artworks there will be: a digital wall that has multiple uses e.g. movement creation, a hanging winter garden, quirky birds for the ED, fibre optics in the gardens, Kidogo glass artworks for the Aboriginal family lounge and hanging dogs for the facade.

Recreation spaces are purposely included, predominantly in *Fun-on-Four* offering a range of performance facilities including an outdoor rooftop cinema, performance stage, music room and sensory room along with a wet craft space, a book nook, Radio Lollipop and a music room with recording capacity.

FIZZ by Stuart Green - is a joyous field of colour and three-dimensional form sweeping across the New Children's Hospital eastern facade and forms a major public art piece in Perth WA. Made up of almost 1600 aluminium discs, ranging in size from 450mm to 1m diameter, this facade is the bright and bubbling public face of the Hospital, The forms create a wave of movement that echoes Kings Park opposite. The public artwork is supported by the State Government's Percent for Art Scheme.

Reproduced with the permission of Perth Children's Hospital



The St John of God Midland Hospital public art and landscaping strategy engaged 11 WA artists, both Aboriginal and non-Aboriginal. Public artworks were commissioned under the themes of Spiritus and Journeys. The grounds incorporate plants of significance to Aboriginal people. There is a 'Welcome to Country' artwork at the entrance and Aboriginal motifs in the entry paving selected through a workshop process with local artists. West Australian arts organisation FORM which operates in the space of cultural infrastructure worked closely with SJGHC, project managers and a community panel to commission the artists and deliver on the project. For one commission in particular, they worked with Aboriginal artists who work in 2D, teaching them to create 3D work.

The Osborne Park Surgical Centre re-development was highlighted during a consumer workshop where a participant described the engagement process from her perspective as a member of the hospital's Arts Committee.

"there was consultation about what art was used. We used a tree that had grown in the garden for 25 years. The artist sliced the tree and dried it. When the building was finished, they were able to hang it. We also made a garden seat and named it after a nurse who worked at the hospital for 40 years and who died at the hospital from breast cancer. The garden was made up from Aboriginal herbs, we had Aboriginal people come in (to help). Beautiful smell. Acorns that children could 'feel'". Consumer

A number of consumers talked about the importance of connecting the hospital environment to landscape and nature; this was particularly evident during the rural consumer focus group. The suggestion of birdbaths and native plants that attract birds to be included in landscaping was thought to provide a relaxing environment. Another suggestion was an atrium garden for meditation, with garden smells, soft music and sculptures. SolarisCare at SCGH has recently installed just such a garden.

Projection was seen by consumers as a good way to bring the natural landscape indoors, perhaps with a menu of scenes to choose from. This perspective is supported in the literature as described above.

Consumers also pointed out that soundscape and the tactile environment should be considered along with visual art in hospital design. It was seen as important to create a more nurturing less clinical environment.

"If they use sound frequencies in casinos to make people gamble more, then surely we can use that technique in a good way to make a better environment in hospitals." Consumer

The use of local artwork in recent developments was acknowledged and valued, particularly the link to country and Aboriginal culture. It was noted by the regional focus group that perhaps there was an opportunity to also include other cultural groups in the hospital community.

The majority (63%) of hospital survey respondents reported that their hospital building and environment had been intentionally designed to create a welcoming healing environment including proactive use of visual art (90%) and landscaping for patients, staff and visitors to enjoy (81%). A particular effort to incorporate cultural significance and cultural safety in the building and landscape design was noted by 68% of hospital respondents.

Broadening the use of Percent for Art

In NSW the full 'Percent for Art' is not used entirely on the building and visual arts.

At **Royal North Shore Hospital (RNSH)** Marily Cintra was contracted to develop an arts and heritage plan for the new hospital build. The founder and director of Identity Environment & Arts and The Arts for Health Research Centre in Australia, Marily takes a place making, community development approach to this process that marries environmental design with community engagement. Evaluation and research are critical components of the plan. Partnerships that are developed in the planning phase continue to provide ongoing in-kind support leading to sustainability. Local community artists are trained as research assistants and a coordinator who stays on under contract to the health service.

Funding for the broader Arts and Health plan starts with up to 0.35% of the Percent for Art in the redevelopment to establish a budget. Consideration of ongoing funding from diverse sources, e.g. opportunistic, facilities management, change management, consumer engagement, and donations is part of the planning. RNSH arts and heritage program is now fully donation funded. In Marily's view using the full 1% on design and decoration is a waste as engagement will fall away post development and reduce the impact.

The plan always starts with the built environment and works on broader strategies from there. Connection with heritage is important; in particular, collections can be used to ask questions of past, present and future in change management. Art is transformative and facilitates reflective practice. Policy is also important to ensure artworks and creations are not summarily disposed of down the track.

The success of this approach is evident in the longevity of the Arts and Health strategies Marily has developed that continue to this day e.g. Canberra 1992, Liverpool 1993, Randwick Children's Hospital and Blacktown to name but a few of more than 24 projects in hospitals, nursing homes and health centres using this approach. (Health Arts Research Centre, 2016) A plan provides strategic opportunities to stimulate participation of entire hospital populations (visitors included) something we in WA are not culturally accustomed to do.

The Percent for Art scheme in WA has focused almost entirely on visual arts. This would indicate a potential for expansion into the realm of other art forms including sound art and sensory art. This might close the gap identified by consumers above towards creating a less clinical, more nurturing environment.

Human Rooms© has been designed by Melbourne-based artist Efterpi (Effe) Soropos and inspired by the concept of 'Snoezelen' a multi-sensory therapy developed in Denmark in the 70's for children with disabilities. Effe has developed her own system, now installed in various aged care, mental health and palliative care settings including the new Albany Community Hospice (McLernan, 2016). A Human Room© is a system of high quality video projections, sound recordings and coloured lighting sequences that completely transform a room and place patients in an immersive, peaceful and harmonious environment. Content can be: abstract art, beach settings, bush settings or sky-scapes. Operated simply with iPad by either patient, family or staff member, the system is adaptable to a whole range of health spaces, including hospitals in either new-builds as a purpose designed space or with modification of existing patient rooms. (Soropos, 2016)

Human Rooms© has not as yet been evaluated through formal research processes. However, Effe herself, Dr Kirsten Auret, Palliative Care Physician, and Michelle McClure, Hospice Manager, at Albany Hospice are keen to have their Human Rooms© evaluated. Effe advised of the commencement of a pilot evaluation study with staff, family and residents of a dementia unit in Melbourne, one of seven locations currently equipped with a Human Room©.

On a smaller level, but with the same intent of attempting to positively impact the perceived sterility of the hospital environment, seasonal decorating and competitions are reported to occur in many hospitals with a clear positive effect on morale across the hospital community. A consumer commented:

“We have every year Xmas decorations throughout the hospital with a different theme each year. Each ward designs their own decorations. Elderly bedridden gentlemen wear beards and Santa hats. A nurse played the guitar and sang and there was a huge crowd.”

Older hospitals such as Fremantle, Sir Charles Gairdner and RPH have an opportunity for Arts and Health practice to deal with the issues surrounding their aging built environments and some are doing so.

3.2.3 Visual and Moving Image Art

Hospital collections that enrich, inspire and enliven

Visual art is the most likely art form to be found in WA hospitals with art on walls reported by every hospital surveyed. The many practice examples reported throughout the consultation are included in Appendix 2. As described above many paintings, photographs and sculptures are commissioned through the Percent for Art scheme.

Additionally, the larger hospitals, particularly the older ones, have significant collections that have been acquired across the life of the hospital. These are predominantly through donations and bequests from philanthropists as well as acquisitions through dedicated budget allocations. Art works may be displayed for the enjoyment of patients, visitors and staff members in dedicated gallery-like spaces such as those at RPH, SCGH, PMH, Bethesda and all the SJGHC hospitals and many hospital areas both clinical and public such as foyers, clinics, wards, corridors and offices. Flexible hanging systems enable exhibitions in different parts of the hospital that lend vibrancy to these spaces. Those hospitals with significant collections invest in the maintenance and insurance of the collection and employ curators (generally part time) who support them. Hospitals may also have DGR (Deductible Gift Recipient) status specifically to enable those who donate artworks to claim their donation against tax.

Making the most of the hospital art collection

Best practice points toward pro-active use of hospital collections in a range of innovative ways. In WA exhibitions are curated, some with healing themes e.g. *A Healing Presence* curated from the SJGHC collection. *The Healing Cloth*, featuring work by six textile artists, and *Inner & Outer Landscapes* were examples of exhibitions curated on a healing theme at The Women's and Children's Hospital in Adelaide.

The art curator at SCGH organises a range of exhibitions across the year with internal and external partners including the WA Watercolour Society and AsWeAre, artists with disabilities. In September 2016 there will be an exhibition of works by current cancer patients and cancer survivors organised with SolarisCare and the Cancer Centre.

An annual exhibition of works by SCGH and OPH staff members attracts an award and art is offered for sale. The sale of artworks is a practice component of the art and heritage plan at RNSH in Sydney where the hospital build included galleries on five levels. Artists donate 25% from the sale of their works back into the arts and heritage program (RNSH).

In the USA the Cleveland Clinic leads its Arts Program with its extensive visual arts collection and aims for it to enrich, inspire and enliven patients, visitors, employees and community. The hospital commissions site specific works, holds exhibitions, conducts audio art tours, art ambassador (personal) tours and art in the afternoon tours specially designed for individuals with memory loss and their care givers. There is a dedicated Arts & Medicine TV channel featuring over 120 works with music. (Cleveland Clinic, 2016)

Guy's and Thomas's are examples of the many London hospitals that have collections and exhibitions linked to their history. As part of the Alder Hey Arts: Cultural Champions Programme at the Alder Hey Children's Hospital in London, The Tate Gallery collection is used for distraction therapy and provides continuing professional development for hospital staff. In WA, consistent with the international best practice examples (although much less frequent), guided art tours are offered annually to patients, visitors and staff at some hospitals.

In Perth, both Bethesda and Hollywood hospitals reported displays linked to the heritage of the hospital, the latter highlighted during ANZAC commemorations as part of the repatriation role of the hospital. At FSH an interactive display 'Nidja Nyoongar Boodja' (this is Nyoongar Country) featured Aboriginal artefacts found on site during construction as well as maps and images of traditional plant and animal resources recognising the Nyoongar heritage of the area.

It is usual for specific exhibitions of Aboriginal artworks to be displayed at many hospitals including SJGHC, RPH, KEMH and SCGH during NAIDOC week in July each year. Private hospitals and regional hospitals also hold exhibitions linked to local culture e.g. Barbara Merritt exhibition SJGHC Geraldton.

Consumers consulted highlighted the need to refresh the artworks on hospital walls:

"(Hospitals sic.) need to not leave same picture on the wall for 10-15 years. I think it's important for the visual art to change all the time; sometimes Aboriginal, sometimes Indian, etc. can be changed according to cultural themes or seasonal themes or other themes."

Rural consumers suggested rotating artworks around the country hospitals to increase the value and impact of collections.

Artists in Residence - programs with impact

Artists in residence can be found as part of Arts and Health practice across art forms nowhere more so than the visual arts. Artist-in-residence (AIR) programs are generally residency opportunities whereby artists are embedded in a hospital for a time of reflection and research to develop their artistic practices outside of their normal routines, in meaningful collaboration with clinicians and patients. The benefit from AIRs can include improving the hospital environment, transforming the experience of being in hospital and improving the communication between clinical staff and patients. The role of the artist in an AIR is to enable a different conversation, one that doesn't currently happen, and the development of a narrative around the patient experience.

Seven respondents to the hospital survey reported WA hospital artists in residence programs e.g. A partnership between Solaris Care, SCGH Cancer Centre and Water-colour Society WA resulted in a water-colourist residency in the Cancer Centre in 2014. CAHS have had artists in residence at PMH on numerous occasions across a number of years with the impact on the health and well being of children in the hospital evaluated and found by patients, parents and staff to be of benefit. (Davies C, Happy while Healing: The impact of the 2013 & 2014 Artist in Residence program on the health & Wellbeing of Children in Hospital, 2014)

Including Patients and Caregivers in Artist Residencies

Most beneficial are the artist in residence programs that include patient participation in the making process through workshops and exhibition. Examples include: Fremantle Hospital Mental Health Service (Alma Street Centre) “Open Minds Open Doors” now in its 16th year. This AIR program involves patients in the making of visual and moving image arts and aims to change the face of the hospital once a year by exhibiting outcomes, playing with spaces and bringing people from outside into the psychiatric hospital to show that it is not a scary place. Another local example is: The Black Swan Art Prize which, in partnership with the Starlight Foundation, has for the last nine years engaged teenage patients at PMH in the making of visual art works that may be short listed for the Black Swan Art Prize with the winners exhibited at the Award Night. To date 10 prizes have been awarded to PMH patients.

Visual Art in Healthcare Delivery

Arts and Health is commonly a part of the service delivery model in mental health and aged care with visual arts the most common art form employed. Thus hospitals with these facilities tend to report current Arts and Health practice. E.g. Country hospitals with aged care beds such as Ravensthorpe and Geraldton reported arts and craft programs run by nursing or allied health assistants. However, it was also reported that when staffing resources are restricted these activities will be given a lower priority.

Art Therapy

The Graylands Creative Expression Centre for Arts Therapy (CECAT) is a purpose built stand-alone centre for therapeutic visual art, incorporating an art gallery. Running for 48 years, it is a statewide art therapy, psychosocial support service that provides a predominantly outpatient service. Patients on the wards are included if they are stable enough to benefit from the program. Inpatient Art Therapy Groups on Murchison Ward have been running on a weekly basis for many years. The service employs a team of art therapists and art instructors 11.1 FTE across 2 sites, the second being the ‘Reflections Art Studio’ in Northbridge. Patients are offered the opportunity to participate in a unit of the Central Institute of TAFE (CIT) Cert III Visual Arts unit run at CECAT allowing transition to CIT with support to complete certification. DADAA have been a key partner in this program for the last 16 years and have also partnered with Fremantle Hospital Mental Health Service (*Alma Street Centre*) to offer art and health experiences to their patients.

The Goldfields Mental Health Service in collaboration with consumers in the Socialisation program has held two art exhibitions designed to break down stigma and to inform the public about mental illness and recovery. Both exhibitions were located in a public gallery visited by many people, and had opening nights attended by approximately 60 people on each occasion, with prizes awarded by community leaders. For the national Regional Art Summit (Arts and Edges) held in Kalgoorlie in October 2014 and attended by approx. 700 delegates as well as the public, GMHS staff and consumers developed a series of four postcards featuring art works by the consumers and accompanied by inspirational messages and information about the service. These were distributed from the GMHS stall, and have since been widely distributed at community events and professional events. This has resulted in some of the consumers selling their art works. Art works have also been displayed at the WACHS MH conference in 2015, again resulting later on in sales for the consumers.

Moving Image Art

Moving image art such as film, video and animation was not reported as being highly utilised in WA hospitals. Patient access to television is widespread but the only dedicated arts channels are Starlight TV at PMH and an arts channel at SJG Murdoch Hospital that is in development. Only 16% of respondents to the survey reported patient access to film or video resources.

New hospitals with more advanced patient entertainment facilities such as FSH and PCH have the potential for more capacity in this area. Moving image interventions could also add value by promoting key health messages to specific patient cohorts and or provide information about hospital services. The latter is in use at FSH where split TV screens facilitate hospital service information to display alongside regular channels.

Artist and interaction-designer Dr George (Phoonkin) Khut, works across the fields of electronic art, design and health. His body-focused interactive and participatory artworks use bio-sensing technologies to re-frame experiences of embodiment, health and subjectivity. He has recently been collaborating with hospitals on interactive and participatory art exhibitions and research projects, including: The Heart Library Project: “an interactive art exhibition designed for presentation in hospital and health care settings, schools, museums and art galleries. It combines interactive heart rate controlled audio-visuals with audience participation to create a unique environment where people can reflect, explore and share experiences connected to ideas of embodiment, body-mind and presence,” at St. Vincent’s Public Hospital in 2009. Participants are invited after watching a video to draw a map of their experiences and record interviews that become part of the Heart Library. (Khut, 2011)

3.2.4 Performing Arts

Although there is much evidence of the benefits of music in healthcare and strong examples of participatory music programs embedded in hospital life elsewhere, in WA hospitals this activity has remained predominantly one of passive enjoyment. There is a clear opportunity to broaden this into more participatory activity.

Responses to the surveys indicated much lower levels of Arts and Health activities involving performance than either built environment or visual art forms in WA hospitals. The full list of examples provided can be found in Appendix 2. There are however, some notable exceptions where there are pockets of considerable performance-based activity including PMH, Bentley Adolescent Unit and CECAT at Graylands where music is part of service delivery.

The Power of Music

Music performance for the benefit of patients was reported by **39%** of respondents to the hospital survey and **22%** reported music performances for the benefit of staff.

‘Music on the Bridge’ is a weekly lunchtime program delivered on the bridge between buildings at RPH, an area of significant hospital traffic, where musicians from the community, WA Academy of Performing Arts, UWA and high schools are invited to perform during lunchtime. During NAIDOC week there are also performances by renowned artists, patients and staff members.

Choirs have a presence in a small number of hospitals and may involve the local community and or staff members. SJGHC is particularly active in this area i.e. **SJGHC Community Choir** performs regularly at **Subiaco** as well as other SJGHC sites. **SJG Geraldton Hospital** has a monthly Gospel Choir performance in the hospital foyer. Performances often occur for special occasions or seasonally e.g. Christmas carols. **SJG Burwood Hospital**, a psychiatric hospital in Sydney, has introduced **‘Singing With Your Baby’** – a weekly music program for women admitted to Burwood specialist Mother and Baby Unit. Early findings from an evaluation underway by perinatal and mental health researchers from UNSW include:

- Women report feeling significantly happier and more relaxed.
- 80% report that singing to their baby during the session makes them feel closer to their child and more aware of how he or she might be feeling.
- 75% report feeling more aware of their own sense of wellbeing.

SJG Frankston Rehabilitation Hospital has a singing and songwriting program **‘Viva Voices’**, attended by both inpatients and outpatients, that has also made a significant impact on both patients and caregivers. Staff note participants are “happy and very positive” when they return to the ward.

Comments include:

“It brings me to life”, “makes you feel better inside”, “good to get out of my room” and “good to get out of my comfort zone”.

Both programs are part of SJGHC’s 3-year partnership with **Musica Viva** and begin a series of music residencies at what will be eight of their hospitals over the three-year period.

A number of consumers had experienced singing and choirs in hospitals such as Fremantle and SCGH. One commented:

“People gather around when singing is happening. In an environment which can be so stressful, it feels like such a human connection where people can just be”.

The West Australian Symphony Orchestra (WASO) Hospital Orchestra Project (HOP) provides six half-day interventions per year at PMH including concerts, workshops, and bedside visits. The program has been running for five years with educational resources provided by WASO where possible.

Starlight Express and **Livewire** programs at PMH offer patients interactive music opportunities. A fully equipped music room for acoustic and electronic performances is available to patients under the guidance of Livewire Facilitators, along with visiting performers and external workshop providers. In addition the Livewire Facilitators teach music to patients and hold regular music workshops.

Red Kite funds a Music Therapy Program that is provided to PMH Oncology patients.

At SCGH Adolescent and Young Adult Cancer Area Sony have provided music resources (headsets, MP3 players, DVDs) and Zenith (through the Cancer Council) has donated two guitars that can be played by patients.

Once again the areas of aged care and mental health offer examples of music used in health care delivery. In Geraldton Hospital music is used as a medium for stimulating exercise groups and maintaining engagement in cognitive activities e.g. Dancing in Chairs, as part of the Older Patients Initiative delivered by an Enrolled Nurse Therapy Assistant. At Graylands Hospital there is joint choir with CECAT, there are music groups, concerts and recording projects in therapy spaces, open and secure wards with patients, carers, staff, artists and community organisations such as DADAA engaged. Occupational therapists at Joondalup Health Campus offer a weekly drumming group for mental health inpatients allowing the patients to express themselves through rhythm beats without having to talk if they chose not to.

Even though there is much evidence of the benefits of active participation (as opposed to passive consumption) in music, with the exception of the Princess Margaret and Graylands Hospitals, and SolarisCare in mainstream WA hospitals this still remains rare. There is therefore potential to broaden the scope of the current music activity to make it more participatory.

Healing Songs

Community Arts Network WA (CAN) has conducted a successful song writing and recording project called **SHINE - healing songs from the heart and the land**, a song writing collaboration in Wheatbelt community settings that produced an album and video clips. An independent Social Return On Investment Analysis found that for every \$1 spent on CANs creative arts program in Narrogin \$18.58 in social value has been returned (Community Arts Network WA, 2016). The model is deemed highly suitable for transfer into a hospital setting as the arts practitioners are used to working with participants managing serious health issues across the life of the project.

An example of Indigenous culture being at the forefront of Arts and Health is the **Nindilingarri Cultural Health Services** in Fitzroy Crossing located adjacent to the Fitzroy Crossing Hospital, NCHS employs a Spiritual Health Officer, Patrick Davies, who provides a mental health service with a recording studio attached to the NCHS. Patients who are referred by hospital staff engage in songwriting and recording as means of dealing with their mental illness.

A national best practice example, **Royal Melbourne Hospital**, has a well-established Music Therapy program that combines employed music therapists, health musicians and volunteer musicians to deliver a comprehensive program across the hospital. Patients participate in music both at the bedside and in the recording studio. As well as individual patient interaction there are live performances in general hospital areas that a broad range of the hospital community can enjoy. This program has informed a smaller scale project at Lithgow hospital and will be implemented at Lifehouse with the support of the Institute for Creative Health.

The Arts Health Institute's program Music & Memory as featured on ABC's Catalyst Program with the episode "Music on the Brain - the soundtrack of our lives" is now running in 21 hospitals across several local health districts in NSW (50/50 metro/rural).

Dancing Can Transform

Dance is the aspect of performance least used in WA hospitals with only four survey respondents identifying any such arts activities.

Dance groups such as WA Ballet have occasionally been brought into **PMH** by Starlight with staff and patients encouraged to participate. Four dancers in costume, performed a few moments of dance, spent time with children, playing games, answering questions about dance, making craft and taking photos. The performance was broadcast on Starlight TV, followed by a life-drawing session with hospital teacher for adolescent patients in the Live Wire Room.

Dance artists have also been employed to work with patients in the **Bentley Adolescent Unit (BAU)** and the Mental Health wards at PMH. In 2014 contemporary dance artist Paige Gordon developed a dance program for the Bentley Adolescent Unit (BAU)'s Artist in Residence project that provided fun, positive meaningful and physically engaging creative expression workshops. The program used aspects of dance, movement, game-play, rhythm and music to learn and explore dance as an art form. Following the BAU program a workshop program with the children on PMH's Ward 4 (psychiatric unit) offered dance to patients, parents and siblings in a weekly session in the Ward's lounge area. The project included an evaluation process.

Paige directs Tracksuit Dance Program for dancers with disabilities in Midland (an initiative of DADAA) and **Dance for Parkinsons®**, at the WA Ballet Centre, a local program based on the New York City model of Dance for Parkinsons®. Paige and other local dance artists have significant experience providing dance-based workshops for people with an experience of disability, mental health or social exclusion, a resource that could be used to advantage in hospital Arts and Health programs.

“I am awed by the power of dance to transform and alleviate pain. Despite the steady advance of Parkinson’s, we show up. We move. We laugh. We share our best selves.”

- Patricia Needle, Dance for PD participant, Berkeley, CA.

RPH and other hospitals report performances by Aboriginal dancers at NAIDOC week and openings and other ceremonial events.

Dance features in the **ARCH** (Art at the Royal Children’s Hospital) program. In 2015, Ausdance Director and CEO, Andy Howitt conducted a residency. He choreographed a series of performances ***‘It must be love, love, love’***, which celebrated the theme of love and its importance in life including through connections to work, colleagues, families and patients. A series of movement workshops targeted inspiring and encouraging children and young people to engage in movement and dance. The Love performances were also delivered publicly at White Night 2015. (The Royal Children’s Hospital Melbourne, 2016)

IMAGE BELOW: Tracksuit Dance Program. Photograph reproduced with permission from Tracksuit Director P. Gordon



Theatre and Comedy

PMH is the only hospital in WA where theatre is used for Arts and Health interventions with patients. The CAHS Arts Alliance members and external partners such as Barking Gecko and Yirra Yaakin theatre companies offer many workshops through collaboration. They include circus, drama, scriptwriting, hosting visiting artists and an annual theatre production. This brings patients into the process of scriptwriting, set and prop design and costume design with a number of performances regularly over a week in the Telethon Theatre.

Clown Doctors provide 'clown rounds' four days a week at PMH and visit the inpatient units, outpatient clinics and waiting areas, intensive care, the Emergency Department (ED), recreation areas and other service and clinic areas of the hospital as requested, delivering the health benefits of humour to children, adolescents, their families and staff. This service is now offered on the paediatric ward at FSH.

Festivals

PMH and **Graylands** hospitals reported holding annual festivals. PMH holds a Big Day In, a mini music festival and Graylands in partnership with CECAT and external NGO partners run a festival during mental health week. Last year there were over 350 people in attendance, over 40 community stallholders, and live music performances from patients and professional musicians.

A national example of an Arts and Health festival is **60 Days of Art** conducted by **Western Health** in 2013 to celebrate Footscray Hospital's 60th anniversary. The aims of the festival were to engage all hospital community members in events that celebrated cultural diversity and heritage, promoted health and wellbeing and acknowledged staff contribution. The program was developed in collaboration with Footscray Community Arts Centre and through broad consultation, sought to offer positive patient, staff and community experiences whilst commencing the dialogue on Arts and Health.

A very broad range of experiences across many art forms and involving multiple local artists were offered daily from exhibitions to live performances and both open and targeted workshops for consumer and staff groups e.g. Staff workshop to make an anatomical thorax in clay to a performance by Threshold Choir in the hospital foyer. Events were held in the community as well as the hospital. (Western Health, 2014)

Julie Ann Martin, festival creative coordinator reported that outcomes from the festival were very positive. Following its success and with the outcomes from the evaluations undertaken during the festival, she was able to present a business case for a sustainable and integrated Western Health Arts and Health program which was subsequently approved and endorsed by the CEO and Executive Team. This allowed her to work with the Hospital's foundation towards securing external philanthropic funding for the Program. Until this new funding is in place, complimentary strategies (e.g. placement of allied health therapy students) are being undertaken to maintain momentum and reaffirm the value of Arts and Health at Western Health.

The **National Institute for Experimental Arts** at the University of New South Wales has received 3-year federal funding to support a unique Arts and Health festival – the Anxiety 2017 Festival. It will address contemporary experiences of anxiety, stress, mental illness and neurological difference through cutting edge arts practice and pioneering modes of community engagement.

Perth International Arts Festival has a four-year partnership with DADAA working in disability–arts. There is potential for PIAF to broaden this engagement to Arts and Health in hospitals.

3.2.5 Literary Arts

Literary Arts are also not highly represented in WA hospitals. Library access and/or a book trolley to make literature available to patients were reported by 58% of the hospital survey respondents. Someone available to read to patients was reported by only 28% and there were only three reports of authors being engaged in hospital settings. One of these was an author working on story–telling with Cancer patients through the SolarisCare Centre at SCGH. Electronic access to literature is reported by only 14% of respondents and is most likely available where there are new patient entertainment systems such as at FSH.

At PMH the Livewire and Captain Starlight programs have a strong focus on writing and storytelling activities. The annual *Write and Unite Festival*, a week long festival to coincide with Book Week, celebrates all things related to reading, writing and storytelling. Volunteers-Ward Friends can read to the patients that have been identified by ward staff and play coordinators. School Teachers work with student-patients to provide literature studies as per curriculum.

At the new PCH there will be a “Book Nook” in the *Fun on Four* recreation area that will be available for patients to access. This will supply a more formal book and DVD service to patients. The ‘Book Nook’ provides a quiet, discrete space within the PCH Recreation Area for children and adolescents to read, browse or borrow books. A small collection of books and DVDs are available that are regularly updated. A qualified librarian is available to help students with Internet searches for homework assignments. Story reading at designated times for small groups of young children will also be held in the ‘Book Nook’. There are comfortable lounges, chairs, ottomans and coffee tables creating a relaxing, ambient environment for children and young people to read. A glass facade provides an outlook to the outdoor recreation area. The ‘Book Nook’ can accommodate up to 10 children or adolescents and one to two staff.

3.2.6 Participation and Health Benefits

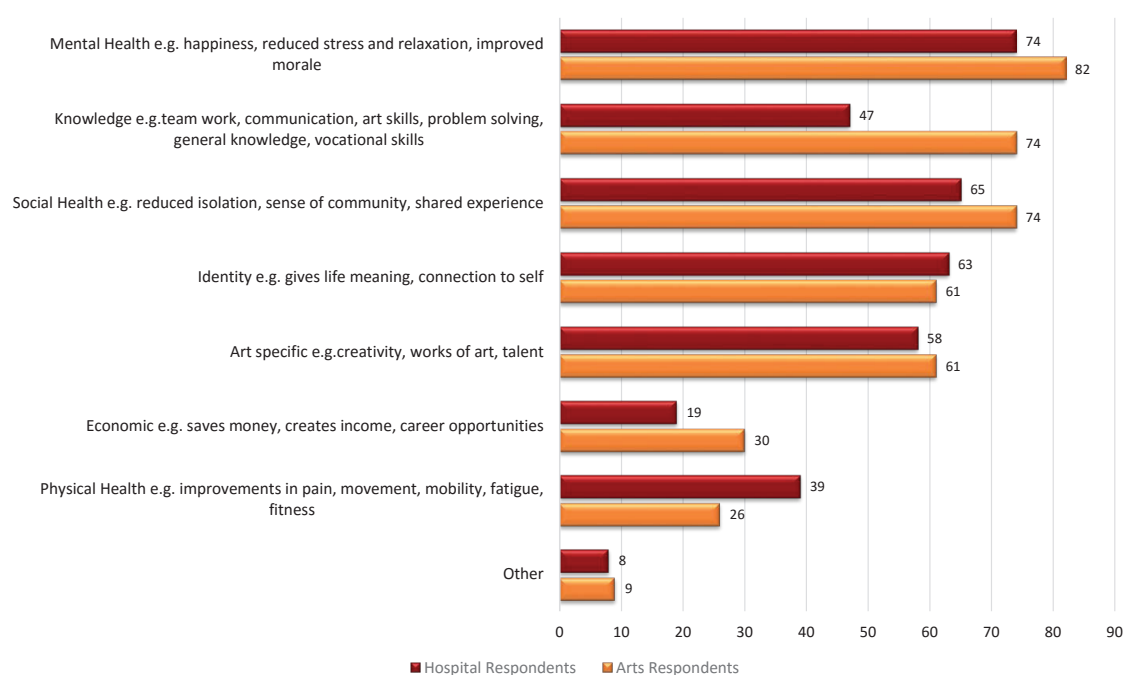
Arts and Health practice can provide opportunities for patients to participate as creative makers in ways that foster creative expression and support health, wellbeing and social inclusion. This may be participation in arts practice or the use of art therapies. It may engage staff as creative makers in order to build resilience, health and wellbeing. It may also include use of art or artists in health professional education. The benefits of arts engagement are well documented (Meeting of Cultural Ministers and the Standing Council on Health, 2014). In this process of participation and collaboration, clinical considerations inform artistic processes to maximise clinical outcomes. This process is achieved through very close collaboration between arts practitioners and clinical staff to arrive at the parameters of projects together.

Participation rates in WA hospitals as reported in the survey are low and more likely to be in the visual arts than any other art form. Patients tend to be engaged in preference to staff and visitors. High patient turnover and short length of stay, high acuity and severity of illness were reasons given across the consultation for patients and staff members not to be able to engage in or provide Arts and Health activities.

This is not consistent with Arts and Health practice elsewhere. Although high patient turnover and acuity are consistent in hospitals nationally and internationally these considerations do not exclude Arts and Health practice but rather influence the choice of intervention in various settings. (Putland, Arts in Health at FMC: Towards a Model of Practice, 2012) (Arts Council England, 2007)

Both arts and hospital respondents, however, acknowledged the benefits of Arts and Health participation across all aspects of the consultation. Respondents to the hospital questionnaire identified benefits for patients, staff, visitors and artists. They ranked mental health (e.g. happiness, reduced stress, relaxation and improved morale) and identity (e.g. gives life meaning, connection to self) benefits the highest. Respondents to the arts questionnaire ranked mental health ahead of social health (e.g. reduced isolation, sense of community, shared experience) and increased knowledge (e.g. team work, communication, art skills, problem solving, general knowledge, vocational skills).

What benefits were observed, for anyone involved in Arts and Health activities?



Graph 4: Health benefits observed by arts and hospital staff (N.B. Survey response categories taken with permission from the “Art of Being Healthy Framework” (Davies C, et al 2014)

When asked which patient groups or settings would most benefit from Arts and Health in hospitals there was a wide range of responses with most patient groups and clinical areas mentioned.

Consumers gave the perspective that they would be keen to participate in art in hospitals:

“The art in hospitals should be: interactive (e.g. with iPads), engaging, tactile, sensory. It should really engage the patients. I concur with the idea of art as a narrative in hospitals. A connection you can make with the artwork. It re-focuses people and can even challenge people. That’s good. It should be thought provoking.”

A staff member offered this comment regarding participation of patients in music recording:

“I would love to be involved in setting up a basic recording studio at the hospital for patients with talents to record and those with limited experience to contribute to a larger group recording project with support. Patients could then take a copy of the recordings with them on discharge creating a sense of accomplishment, belonging and self worth. Patients can easily take visual art home such as paintings but not capture a musical moment in time.” Graylands Hospital staff member.

A strong example of an Arts and Health project with high levels of patient and staff participation was the PMH Radiology project run by Starlight in 2015 involving staff and patients in the Diagnostic Imaging department.

A music therapist is employed at PMH, funded by Red Kite and art therapists can be found in several mental health units including Graylands and Rockingham. Some clinicians are reported as utilising art in their clinical practice including **Occupational Therapists, Physiotherapists, Speech Pathologists, Social Workers, Aboriginal Mental Health Workers and Welfare Workers, Nurses, Psychologists, and Activities Coordinators**. They are usually found in paediatric, aged care and mental health settings as highlighted earlier e.g. in Rockingham Hospital’s 26 bed mental health unit mosaics and murals are made by patients as part of an early episode psychosis program delivered by Art Therapists and Occupational Therapy assistants.

A collaborative practice

UK-based artist **Mark Storor** has worked on a number of Arts and Health projects that demonstrate a high level of patient participation. His way of working is about doing this *with* people, not *to* them. He produced “**For the Best**”, an animated short film and award-winning theatre project based on the ideas and stories of the children at the **Evelina London Children’s Hospital**.

These were then illustrated by visual artist Babis Alexiadis, and narrated by a professional actor (alongside the voice of the actual child) to produce the remarkable animation - Opi’s story. (Helium, 2011)

The work was developed over nine months from September 2008 – June 2009 with Mark Storor as artist in residence in the Dialysis Unit. Mark worked with young people, teachers, parents, primary school children, artists and performers to explore how individual testimony can be the starting point for making theatre that articulates and captures the essence of children’s experiences.

“**For the Best**” was an imaginative and creative exploration of a family’s experience of living with renal disease inspired by and created with the children in the Dialysis Unit entering into a reciprocal creative process with the artist enabling them to create poems and make images. The Wellcome Trust funded it as part of their strategy to increase public engagement with biomedical issues. The project was complex and layered and so Mark worked with producer Anna Ledgard whose role it was to build strong partnerships across multiple agencies, the Evelina Hospital School, two other London primary schools, medical professionals, funding bodies, staff at the Unicorn Theatre, the artist and cast team, and the children and their families at Evelina Hospital. Subsequently, “**For the Best**” was repeated in partnership with the **Royal Liverpool University Hospital** Renal Unit with adults receiving dialysis.

“**The Barometer of My Heart: the shy taboo**” was a project exploring men’s health and wellbeing, specifically erectile dysfunction (*40% of men over 40 will experience erectile dysfunction during their lives. Erectile dysfunction is an indicator of cardiovascular disease, coronary artery disease and stroke. It is also the unspoken root of anxiety, stress and depression.) In collaboration with an Endocrinologist at St. George’s Hospital London, Mark talked with clinic patients to understand their perspectives then devised works using still and moving image, music and animation, live performance, science and sound combined to create an intimate reimagining of masculinity today. Delivered to the public they brought the stories of these men into another context providing other men a creative way to access an important health promotion message on a subject they rarely talk about. (Arts Admin., 2015)

“Storor is a genius at excavating lived experience and showing it as staged metaphor.” - Lyn Garner, The Guardian

Case Study: Starlight X-Ray Project

In 2015 Starlight coordinated a number of art projects including the X-Ray Project in Diagnostic Imaging department at PMH. Patients were given the opportunity to explore the notions of storytelling and self-expression through x-rays and a range of puppetry forms including traditional and shadow.

This project involved patients and staff x-raying their favourite objects to create an exhibition in the department's waiting room. As part of the project, one of the Hospital's x-ray machines had some VIP (that's Very Important Patients!) teddies line up for a special photo shoot. The toy's x-rays then formed part of a giant 4.5m long exhibition on display in the hospital. This gave kids the unique opportunity to x-ray their favourite toy, action figure, or teddy bear and proudly have their x-ray image on show in the exhibition.

There were numerous beneficial outcomes from the X-Ray Project including:

- children had a greater sense of control and involvement in hospital procedures
- children had a channel for self-expression through story telling with their images
- it alleviated fears that can be associated with having x-rays
- the resulting x-rays provided fun non-conventional images that children can relate to in the procedure waiting areas.

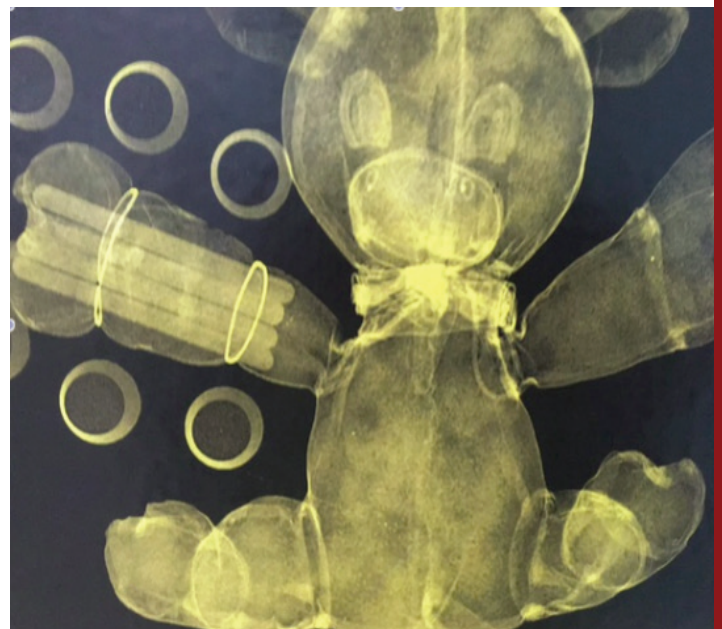
On seeing the more than 120 x-ray images of some very important hospital patients, a staff member said *"Wow, this is incredible and what a cool idea!"*

Below is also a quote received from one of the patient's parents:

A seven year old boy called Winston who spent a month in PMH after a burst appendix participated in the X-ray Project. On returning to PMH for his check-up his mother said:

"even though his time in hospital was tough, thanks to Starlight's X-ray Project he only had positive memories of his time there and was very excited about coming back."

She said *"the day of the X-ray Project had been one of Winston's toughest there so taking his toys down to get x-rayed was thrilling for him and it took his mind off how tough the day had been. Then once returning home to receive the package in the mail with all his x-rays in it thrilled the whole family and something we can all cherish from it."*



Participation in Arts and Health by hospital staff

Arts interventions in hospitals aimed exclusively at clinicians as opposed to patients allow the staff to take a break from stressful work or 'wind down' after work. In the UK, benefits evaluated through the King's Fund EHE program with the Queen Elizabeth Hospital Arts included staff education, skill development, socialisation, relaxation through creativity and an improvement in work-life. (Arts Council England, 2007)

A recent Lithuanian study on the impact of arts activities on the health and wellbeing of nurses found a positive impact on their general health and mental well-being, reducing stress and fatigue, awaking creativity and increasing a sense of community at work. In this study, which lasted for 10 weeks, the intervention group (n = 56) took part in silk painting activities once a week. The control group did not show any improvements while of the intervention group 93% reported enjoyment, with 75% aspiring to continue arts activity in the future. This research suggests that arts activity, as a workplace intervention, can be used to promote nursing staff wellbeing at work. (Karpavičiūtė, 2016)

At the Women's and Children's Hospital in South Australia, the Arts in Health Program includes arts interventions that benefit the health and wellbeing of the employees such as a Ukelele group conducted by a paid arts practitioner. This hospital also has a craft drop in centre for staff. At both FMC and the Chris O'Brien Lifehouse special staff sessions are available in the Arts and Health programs. SJGHC has created an online photographic competition on the theme of Healthy Fathering.

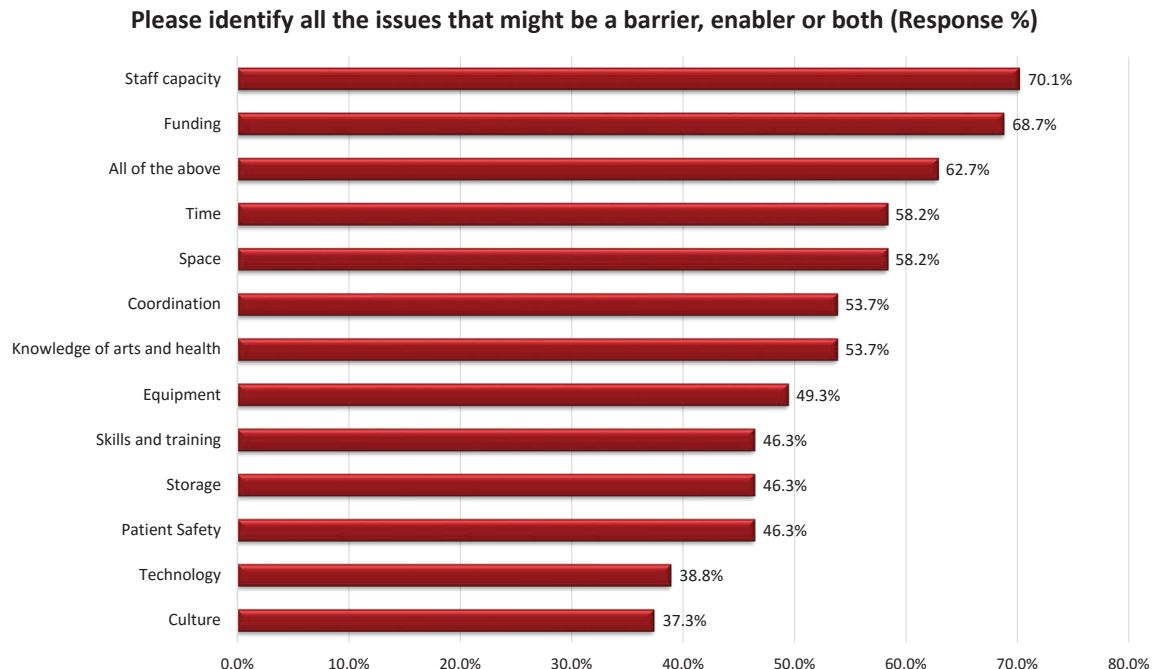
There were some reports of WA hospitals using visual arts in health professional education. In one example from RPH Pharmacy a video skit in the format of a David Attenborough documentary involved staff (doctors, nurses, pharmacists, courier and co-director) acting out a humorous take on a patient journey through the hospital, from admission to discharge, to highlight key medication safety messages. The video was produced for medication safety week in 2015.

SCGH reported the use of actors for role-play to educate staff about open disclosure with patients and their families or carers following clinical incidents or adverse events. PMH staff members attended 2 performances of "Hear Me" the Alan Hopgood play mentioned above.

There are national and international activities using dance moves to educate staff members on hand hygiene: Andy Howitt from Ausdance partnered with Royal Melbourne Hospital and developed a simple dance to promote hand hygiene as part of their 2015 Change Day campaign. Staff members performed the dance as a flash mob in the hospital foyer (Institute for Creative Health, 2015). The initiative was based on a worldwide trend with hand hygiene dance videos produced in hospitals from Geneva to the Philippines. (Hopitaux Universitaires de Genève, 2013)

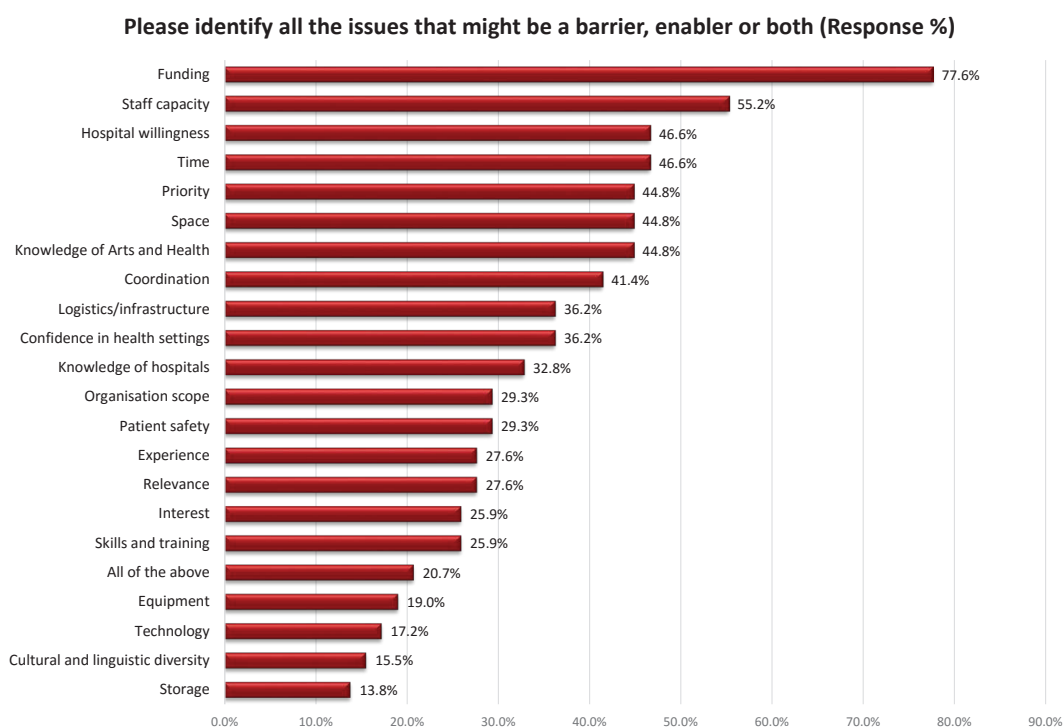
3.2.7 Barriers and Enablers

A wide range of issues was identified as potential barriers and enablers of arts and health in hospitals. The top five issues identified by hospital respondents were staff capacity, funding, space=time, coordination and patient safety. The top five issues identified by artists and arts organisations were staff capacity, time, hospital willingness, space and it being (or not being) a priority for the arts organisation.



Graph 5: Barriers, enablers or both of Arts and Health in Hospitals (hospital respondents)

Survey respondents particularly noted that success factors for Arts and Health to occur were: an enlightened CEO and managers, working with specific community groups, music therapy, choirs, integration of patients and staff, dedicated staff and spaces, and connections.



Graph 6: Barriers, enablers or both of Arts and Health in hospitals (arts respondents)

3.2.8 Skills and Training

Everyone consulted acknowledged risks or identified concerns that might arise regarding Arts and Health activities in hospitals. E.g. Confidentiality, patient safety, occupational health and safety, mental health, noise, security, cost, becoming a de-facto counsellor, privacy, use of equipment for self-harm, sharp objects, falls and aggression.

Specific skills and training requirements were identified as necessary for Arts and Health practitioners. Thematic analysis of free text comments highlighted the following words:

Technical Masters Therapeutic Skills
Environment Mental Health capacity Ability
to Work Communication Skills
Artists Disease Health and Safety Awareness Art Skills
Insight Training Cultural Awareness

Training or induction in hospital protocols was received in some form by only 38% of arts sector respondents whereas 57% reported no training and 5% did not know. This may be because some of the arts sector respondents were artists involved in public art projects for the built environment and thus had no need for training in hospital protocols.

Experts in the area, in particular those with long term experience implementing Arts and Health in hospitals emphasized the need for screening, training and ongoing professional development for artists.

Where appropriate policies and processes are in place e.g. at FMC no critical incidents or near misses as a result of arts interventions have been reported.

Nationally, the Arts Health Institute through their Arts Health Academy offer training. Both AHI and Royal Melbourne Hospital (Emma O'Brien) have indicated an interest to train future Arts and Health coordinators and Western Australian arts practitioners in conducting arts activities in hospital settings.

The **SolarisCare** model of recruiting, screening and training of volunteer practitioners that provide complementary therapies to cancer patients and their carers is directly applicable to Arts and Health. Its process include the Coordinator for each centre screening application forms, checking qualifications and membership of professional bodies. A police check is required as is a signed confidentiality agreement. All new staff members undergo the full suite of new employee hospital induction as well as SolarisCare specific orientation including a code of conduct. SolarisCare manages 60-90 volunteers in each centre and provide them with mentoring for 4-6 weeks. Ongoing staff support and development includes psychology support, communications skills basic and advanced, grief and loss seminars, and professional boundaries. There are protocols in place to protect the vulnerable population. Management of patients' emotional reaction to treatment is through referral on to appropriate practitioners.

On the other side of the equation, health workers also need training. Well integrated Arts and Health programs identify the need to give health care workers access to the arts interventions in order to educate them on the benefits to their patients. Participation is seen as a critical learning tool. Hospital staff members also need to become familiar with Arts and Health referral processes. At FMC a standard referral form is utilised. (Appendix 4)

IMAGE BELOW: SHINE crew with Troy Cassar-Daly. (Project discussed pg. 48)

Photography: Richard Watson



3.2.9 Partnerships

Partnering is crucial to building the community of practice and critical mass necessary to deliver successful Art and Health activities in hospitals. A large number and variety of partnerships were reported from both Health and Arts perspectives. Respondents to the hospital questionnaire reported existing partnerships in all of the categories suggested with many different organisations and individuals identified as partners: Arts organisations 58% (of respondents partner with) NGOs 34%, schools 22%, universities 24%, local community organisations 50%, independent artists 47%.

Arts questionnaire respondents that had worked in hospitals quoted a broad range of partners to make that happen including hospitals 76% (of respondents partner with), NGOs 75%, local community organisations 79%, other arts organisations 65% and universities 53%.

In general a higher number of partners indicates a higher level of Arts and Health activities within a hospital. Partners identified include:

- SolarisCare
- DADAA
- Healthway
- Growing Towards Wellness
- Headspace
- WAAMH
- NMHS-MH Centre for Research
- WASO
- Propelarts
- Kidogo
- New Norcia
- Corrective Services
- Curtin
- Starlight
- Nagula Jarndu
- Mandurah Performing Arts Centre
- Yamatji Arts
- Melbourne University
- Environment Centre Rockingham Council
- Harcourts
- Soroptomists
- Lotterywest
- Rockingham Regional Arts
- RUAH
- MIFWA
- SAMHS
- CRC
- Black Swan Portraiture Prize
- As We Are Artists with Disabilities
- CCA
- RPH
- TAFE
- ACDC Geraldton
- UWA
- Nagle Catholic College
- Mundaring Arts
- Milliya Rumurra

In the UK, academic Clive Parkinson has been forging innovative arts-health partnerships that have changed the paradigm in the hospital, primary care and public health sectors. As Director of Arts Health at Manchester Metropolitan University (MMU) he has brokered large-scale strategic alliances that have strengthened the capacity of the health community through the arts and have variously included the Arts Council England, the Department of Health, the Wellcome Trust, MMU, Bangor University, Royal Liverpool Children’s Hospital Alder Hey, various NHS Trusts as well as international partners in Australia, Italy, France, Lithuania and Turkey. The detail of these alliances is too vast to include here, but projects include Invest to Save (2004-2007), Manifesto for Arts and Health (2011-2013), Menas žmogaus gerovei (2012) and the current Connected Communities: Dementia and Imagination. (Parkinson C, 2009) (Parkinson, 2016)

3.2.10 Evaluation

Formal evaluation of Arts and Health activities has been reported by 16 hospital survey respondents (28%) and has occurred at the following hospital sites:

• PMH	• Graylands
• SCGH	• Rockingham Kwinana MH
• Ravensthorpe	• Peel
• SJG Mount Lawley Hospital	• SJG Subiaco Hospital
• KEMH	• Broome Community Recovery Centre
• Geraldton Sub Acute Care	

Few of these have been published, however one example is the evaluation of the AIR program at PMH mentioned earlier. (Davies C, Happy while Healing: The impact of the 2013 & 2014 Artist in Residence program on the health & Wellbeing of Children in Hospital, 2014)

As highlighted in the literature review above, evaluation and research are critical to development of sustainable Arts and Health programs. Staricoff highlighted the importance of evaluation and the challenges in using traditional research methodology in this context. (Staricoff, 2011) This is a clear gap that needs to be addressed so that WA can develop sustainable practice and contribute to the body of evidence.

3.2.11 Cultural Significance

Aboriginal and Torres Straight Islander people are over-represented in WA hospitals and suffer significantly poorer health outcomes than the general population. Thus it was important to understand to what extent cultural safety and cultural significance and been considered or incorporated into Arts and Health activities.

It was clear from our findings that there is significant engagement of Aboriginal communities and Aboriginal artists across the Arts and Health activities captured. This was particularly evident in the rural and regional context but also in metropolitan settings. 10 out of 17 arts sector respondents had developed activities specifically designed to incorporate cultural significance and safety in their work in hospitals.

Renal dialysis patients living at the **RPH Autumn Centre** spend the day painting in a public space on the Level 3 Bridge. Some of the painters have been well known Aboriginal artists; others have been developing their talent. The event has been interactive and has given great pleasure to both the artists and to the RPH community, both staff and patients.

The State Mortuary project on the QEII campus engaged Aboriginal and Torres Straight Islander (ATSI) people in the design of building, garden and surrounding areas. The reflection garden area was a purposeful inclusion in its design. There is a green garden strip running the length of the site reflective of the 6 seasons recognised by ATSI visitors. KEMH has an activities centre for long stay Aboriginal patients where craft activities are supervised by an Aboriginal Health Worker.

The point was also made during consultation that Aboriginal Health practice is inherently inclusive and referencing of art and culture. Thus in this area, mainstream health practice could learn from Aboriginal Health.

3.2.12 Funding

This research project was conducted in a time of fiscal constraint when both Arts and Health sectors are required to find economic efficiencies and NGOs and private providers are under significant budget pressure.

It was difficult to ascertain levels of investment in Arts and Health in WA through consultation. In some instances hospitals acknowledged a lack of financial data specific to arts as budget line items and therefore an inability to report expenditure. In areas where there is some modest investment there was a fear of the expenditure being targeted for budget cuts if disclosed. An exception to this rule is the expenditure through the Percent for Arts Scheme that has clear accountability requirements and is reported earlier in this document. WACHS gave a particularly fulsome account of their recent expenditure in this area.

It was found that there is a small employed workforce of curators, art and music therapists and assistants. CAHS (PMH Foundation funded) and SJGHC employ a part-time, group-wide Arts and Health coordinator. However, artists are engaged predominantly on a project basis.

Nationally and internationally funding appears to be multi-stream and a combination of recurrent funding for coordinators, program and project funding. Sources include foundations, philanthropists, government, NGOs, corporate sponsorship, the sale of artwork and research and other grants.

Arts and Health projects costs vary enormously and can be as low as \$1,000s or as high as \$100,000s depending on project type. While hospitals were unwilling to divulge exact budgets it was clear that Arts and Health programs can be achieved with relatively modest investment.

Government funding, where it exists, might be at department level through either Culture and the Arts or Health and within individual hospitals or health services. The Percent for Arts Scheme is an example of a cross-government funding mechanism.

Funding links to service delivery. This exercise has found at least four models of Arts and Health service delivery. They are:

1. A single hospital-based Arts and Health program such as FMC funded through a combination of core-hospital budget and a variety of other streams of NGO and philanthropic sources.
2. A single hospital Arts and Health program funded by the hospital foundation e.g. Guy's and St Thomas's.
3. A multi-hospital (group) program run and funded by a separate entity, but within a group of hospitals such as the Cleveland Clinics Arts & Medicine Institute.
4. An independent Arts and Health organisation, such as Helium Children's Arts and Health in Ireland which delivers funded Arts and Health programs in a variety of hospitals.

Given, the aforementioned time of fiscal constraint it is reasonable to assume that the most likely funding model is going to be a multi-stream one. The service delivery model will depend on what best fits the organisation.

Regardless of the model, our consultations have found that the components of any hospital Arts and Health program that require funding are: the Arts and Health Plan, the Pilot Program with research, the Coordinator, Arts/Music Therapists, Project Fees for Arts Practitioners, Equipment and Consumables.

In the Western Australian context, there are two potential major funding partners, Lotterywest and Healthway, who have both expressed an interest in partnering in future Arts and Health projects in hospitals.

While Healthway is primarily focused on health prevention and education in community settings, early discussions did not rule out the possibility of Healthway funding Arts and Health projects within hospitals if the funding goes to the artist or arts organisation. It might also be possible where key health promotion messages (e.g. around chronic disease and mental health) are delivered through the project and those where hospitals partner with primary care providers and NGOs in providing a continuity of care beyond the hospital walls.

Lotterywest indicated that they are open to exploring options for grants that support early planning and development, which would include proposed developmental projects. However, post-development phase it is understood that the only component of Arts and Health programs eligible for Lotterywest funding would be capital expenditure (e.g. arts equipment, vehicles, buildings) and not operational costs.

Other sources of potential funding would be drawn from foundations, trusts and Prescribed Private Funds (PPFs). These could include: Auda Foundation, Australian Children's trust, Balnaves Foundation, BUPA (and other insurers) NIB Foundation, Vincent Fairfax Foundation, Foundation for Rural and Regional Renewal, Honda Foundation, Philanthropy Australia, Rio Tinto, TFN (The Funding Network), Wind Over Water Foundation, Constantine Family Foundation, McCusker Foundation and Myer Foundation.

3.2.13 Out of Scope

Several areas of Arts and Health practice were highlighted during the consultation that were considered out of scope for this project, however given the level of interest and the relationship to hospital practice they are mentioned here:

Medical Humanities

Medical Humanities is an interdisciplinary field of medicine that includes the humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology, health geography), and the arts (literature, theatre, film and visual arts) and their application to medical education and practice. (Wikipedia, 2016) Nationally and internationally this is a significant and growing area of research, teaching and learning.

“The arts and humanities have a crucial role to play in medical training, clinician wellbeing and awareness. We believe the arts help us to see and value the patient as a whole person, not just an illness or symptom. We believe the arts will contribute to a culture within health services that is more supportive, empowering enlightened, personal and humane.” The National Alliance for Arts, Health and Wellbeing, UK

UWA, UNDA and Curtin universities all expressed interest in developing medical humanities curricula. While some are closer than others in implementing, as yet no university in WA has existing activities in this area.

The Care Continuum

The continuum of patient care was also highlighted as important such that patients engaged in Arts and Health activities whilst in hospitals may need the opportunity to continue their intervention or practice post-discharge. This might occur in Primary Care, Aged Care and Community Mental Health settings. These areas are acknowledged as areas of Arts and Health Practice in their own right worthy of investigation in the WA context.

Arts-on-Prescription

Arts-on-Prescription is an emerging concept in primary care in Australia, based on a UK model. A trial in NSW is seeing a primary care provider in Sydney’s South-West targeting isolated, unwell older people in partnership with UNSW Public Health, South Western Sydney Medicare Local and Community Medicine and UNSW Art + Design.

Arts activities are formally ‘prescribed’ by clinicians, to reinforce the importance of proactive intervention and individual participation.

4. Discussion

The findings of this report identify and map a wide range of Arts and Health practice in Western Australian hospitals and highlight some strong practice examples and pockets of expertise. The literature and consultation with national and international experts in the field point to two cornerstones that appear foundational to a mature, embedded Arts and Health practice. Firstly, some core practice elements and secondly, a practice continuum. When all the core elements are present and the practice development is mature we typically find a thriving **community of practice**.

4.1 Elements of mature Arts and Health practice

Drawn largely but not exclusively from the Putland model of Arts and Health practice, we consider the elements of a mature Arts and Health practice are:

Elements of a mature Arts and Health practice	
Identified strategy	A clear and strong vision for an Arts and Health program must be articulated within the hospital's strategic plan and an overarching program approach outlined.
Leadership	Champions are needed at all levels including Arts and Health practitioners, state government, senior Health executives and boards, clinical and non-clinical hospital staff and consumers and carer, artists and arts organisations.
Coordination	A dedicated arts coordinator role ensures effective management of the program under a quality framework and is the key point of contact for internal and external delivery partners.
Reach	Catering for a wide range of needs including individual patients, carers and families, staff and visitors. There will be a mix of intense and sustained experiences for a small number as well as fleeting wide spread opportunities for all.

Elements of a mature Arts and Health practice	
Multi-model delivery	Drawing on a diverse group of practitioners across all art forms and deploying them in many different ways to meet the needs of the hospital community. A balance is needed between ongoing programs and special projects; art/music therapy and arts interventions where therapeutic outcomes can result but are not the main aim; and paid, professional arts practitioners and volunteers with arts experience.
Collaboration and partnership	Building relationships with community arts organisations and practitioners is critical to accessing and developing the arts expertise with an emphasis on highly skilled practitioners in their fields. Non-government organisations can bring expertise, volunteers and funding to the table. Universities can bring research know-how. Collaborations with local NGOs can ensure continuity of care beyond the hospital stay.
Patient and staff focus	Arts and Health practitioners require a patient-centred approach. Artists will have the capacity to go into a location prepared to let project subject matter be determined by the participants and to connect with real world issues raised by the hospital environment. While the approach is to collaborate deeply with non-artists, the artist will have the skills to guide the process and deliver quality artistic outcomes. Collaborations will have at their heart the ideas, imaginations and stories of patients, families and clinical staff.
Education	Education of all hospital staff about the benefits of the arts appears as necessary as building relationships with particular staff to champion and support delivery. All arts practitioners require skills and training and ongoing professional development to operate effectively in a hospital environment.
Policy support	Partnership agreements between Departments of Health and Culture and the Arts demonstrate a shared commitment to arts initiatives that add value to health strategies.
Secure, sustainable funding	Funding needs to strike a balance between project funding that is attractive to arts funding bodies and recurrent funding to sustain continuity of programming and delivery. Sources may be multiple and include contribution by the hospital.
Evaluation	Evaluation must be built into every project and program and must consider the experiences offered, the responses of participants and the learning for artists and staff about delivering an art program in a hospital.

Table 3: Elements of a mature Arts and Health practice

Case Study: Art @ FMC

Identified strategy	Overall program approach informed by theory, experience and evidence. Aims: create a warm and welcoming physical environment, support staff in their provision of high quality care, contribute to a positive, nurturing experience for patients and carers and provide opportunities for the public to engage positively with health services.
Leadership	Consistent leadership across the 20 years of program development supported by an Arts and Health Advisory Committee.
Coordination	Permanent Coordinator employed 4 days a week.
Reach	Areas of the hospital where Arts and Health occurs include elderly acute care, oncology, eating disorders, neonatal unit, palliative care and ICU. Arts and Health practitioners have learnt to speak each other's 'language'. Clinicians refer to the Arts practitioners and Arts practitioners now annotate patient charts.
Collaboration and partnership	There are partnerships with companies such as the State Opera, Leigh Warren & Dancers, Southern Indigenous Weavers Group and Adelaide Fringe to name a few and engagement of individual artists.
Patient and staff focus	Art offers a patient-centered approach through non-clinical experiences and supportive therapies. Artists understand that clinical imperatives take precedent and are flexible in their practice, particularly now that the service is by referral with the artist responding directly to patient need.

Multi-model delivery	There is a mix of one-off broad and intense individual experiences. Program Features: • Three art galleries - 74 m of wall space, staff and volunteer exhibitions and sale of works • FMC Art Collection with purposeful exhibitions • Artists in Residence • Patient Art Packs and Nurture Packs for End of Life Care • CD and DVD players available • Art Therapy (with Art Therapist) • FMC Mobile Art Trolley (with Art Facilitator) • Music for Relaxation (with Sound Therapy Practitioner-musician) • Harp for Healing (with Harpist) • Mindfulness Meditation and Yoga • Live music on wards – weekly, diverse genres • Creative Writing (Writer in Residence)
Education	Mandatory training of artists includes: hospital orientation program, infection control training on the ward, confidentiality, self-management and protection. There is an arrangement with social work for counseling as required. Education of health staff includes: presentations on Arts and Health, breadth of services offered and access points to the program, including referral system.
Policy Support	2008 Arts and Health partnership agreement between Department of Health (SA) and Arts SA has been a critical success factor with the former Health Minister (John Hill) a program ambassador.
Secure funding	Funding is multi-stream and employs a total of 3.8 FTE staff including the coordinator, a 0.6FTE curator, a 0.4FTE music therapist and various arts practitioners all working an average 0.4FTE. Sources include FMC Foundation, other philanthropy, research and arts grants, Health department/hospital, other government and a staff payroll deduction scheme.
Evaluation	The program was formally evaluated in 2009 with subsequent follow up in 2010/11.

Table 4: Art @ FMC

4.2 The Practice Continuum

In describing the relationship between context and Arts and Health practice, Putland articulated a continuum ranging from the use of the hospital as a venue or gallery through several levels of activity culminating in art-making as part of hospital life. (Putland, Arts in Health at FMC: Towards a Model of Practice, 2012) This continuum is similar to other scales such as the public participation spectrum described by the IAP2 (International Association for Public Participation, 2016).

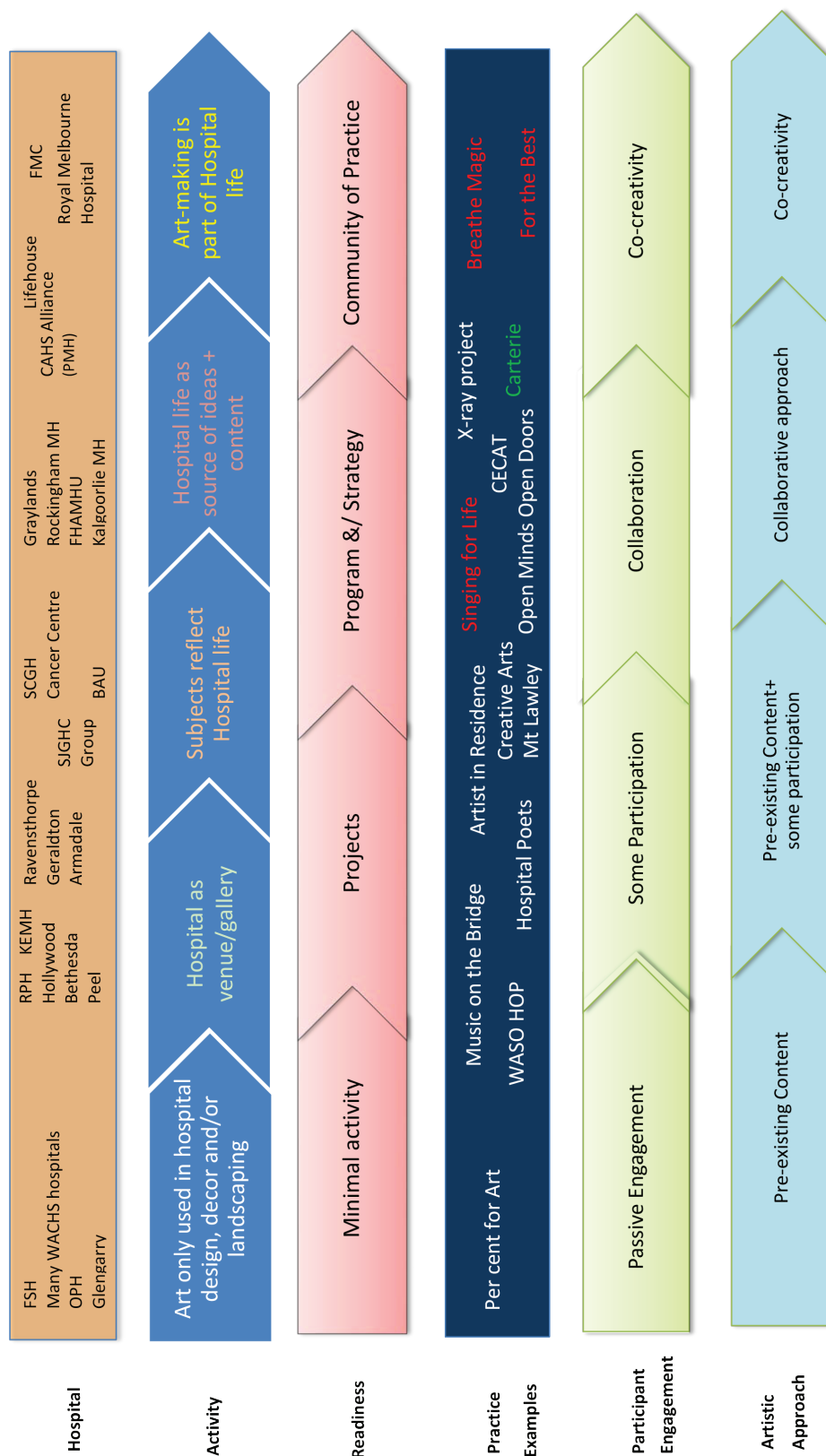
This report expands on Putland's concept in order to articulate a continuum of practice that identifies levels of activity, hospital readiness, and participant and artist engagement. It allows us to give practice examples along the continuum and to map the progress of hospitals in WA towards an embedded, sustainable Arts and Health practice within their service delivery model.

As with the IAP2 spectrum, and Putland's continuum, relationships are not always hierarchical such that a position further along the spectrum does not necessarily indicate superiority. Depending on the context, a certain type of activity, level of participation or degree of development might be appropriate. Therefore, projects to the left of the continuum that require low participant engagement might still occur in hospitals along with projects to the right of the continuum where a community of practice is well developed and practice is embedded. Hospitals, due to their size, demographic, casemix or location may never develop a local community of practice but may participate in a group, regional or statewide community. An individual artist may practice at any point that reflects their level of skill and arts and hospital-based experience and is appropriate in the context of the initiative.

Thus the complexity, diversity and richness of Arts and Health practice can be better understood. A well developed Arts and Health strategy or program will offer a variety of activities from brief episodic events that target large numbers and influence well being e.g. concerts, through to intense individual therapeutic experiences that impact patient outcomes e.g. reduced procedural pain medication.



ARTS AND HEALTH PRACTICE CONTINUUM



(Adapted from Putland, 2012 p.17)

Example Key: Local National International

Figure 3: Arts and Health Practice Continuum

4.3 A Community of Practice

The concept of a community of practice refers to the interaction of a significant number and diversity of key stakeholders working together towards shared Arts and Health practice and service delivery goals. The community will typically extend beyond organisational boundaries e.g. CAHS Arts and Health Alliance. It may also refer to a geographic grouping or precinct afforded by the co-location of a number of the key stakeholders. Several Perth sites lend themselves to potential geographic communities of practice around a hospital(s) campus e.g. Murdoch, Midland, and Nedlands (QEII).

As with other communities of practice, efficiencies and effectiveness can be achieved through leveraging resources, expertise and opportunities such that the whole is greater than the sum of its parts.

Donaldson et al described the experience of UK charity Macmillan Cancer Relief in working with health professionals, patients and carers on common goals in Cancer Care. The charity found it had a number of groups and communities that “float around its organisational structure and extend its reach far beyond its boundaries”. They found that the groups not formally part of the organisational structure cannot be managed like organisational teams but can generate new ways of thinking and practising through shared conversations that result in tangible outcomes such as documents, standards and programs.

This innovative way of stimulating learning is based on relational theories of learning and change and has allowed Macmillan to stay connected to the key stakeholders in cancer care delivery through relationships that can endure beyond formal organisational ties. This community of practice has allowed MacMillan to influence thinking and practice in the NHS. (Donaldson, 2005)

This concept is directly transferable to Arts and Health practice in the WA context as depicted in Figure 4 below.

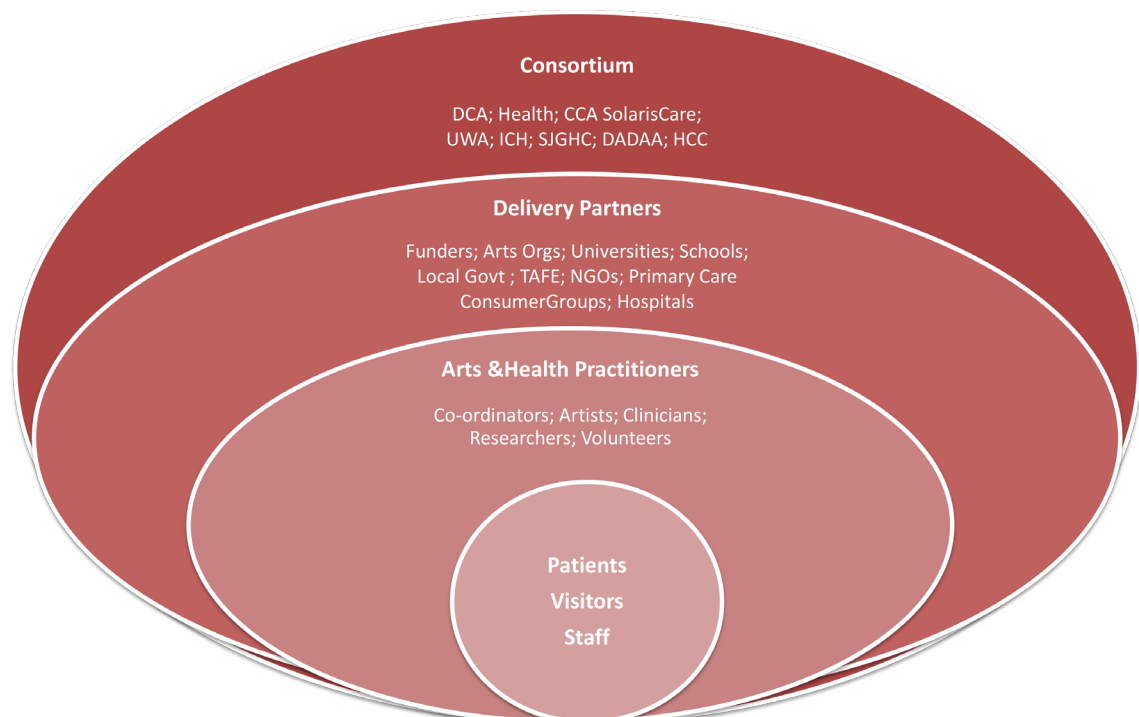


Figure 4: WA Arts and Health Community of Practice

It takes a framework of carefully nurtured relationships across health, cultural and educational partnerships to form what is needed to make up mature Arts and Health: a community of practice.

The most developed **Community of Arts and Health Practice** in WA is the **CAHS Arts Alliance**. The CAHS community includes a wide range of hospital teams, music therapist, NGOs, educators, artists and arts organisations across many art forms, a philanthropic foundation and researchers. Where other hospitals and groups may have several elements of a mature Arts and Health practice CAHS has a great many key elements in place. It must be noted however that while all the components of multiple partnerships, research, patient and staff participation and a wide range of Arts and Health initiatives exist, the Alliance has only been formally in place since 2015. Although Art and Health practice is part of hospital life, CAHS has yet to ensure the sustainability of the program through proactive planning and inclusion in health service strategy. There is the opportunity to take this step towards a more sustainable future should an Arts and Health strategy and plan be included in the commissioning phase of the PCH.

Case Study: CAHS

Identified strategy	In September 2015 CAHS key stakeholders formed an Arts and Health Alliance and developed an Arts and Health Framework with the aim of providing a coordinated approach to developing, delivering and reporting on creative initiatives throughout CAHS.
Leadership	Several staff responsible for coordinating Arts and Health activities: Art Program Coordinator, Starlight's Arts in Health Consultant and members of the Arts and Health Alliance team.
Coordination	Several staff responsible for coordinating Arts and Health activities: Art Program Coordinator, Starlight's Arts in Health Consultant and members of the Arts and Health Alliance team.
Reach	Activities across all hospital wards in classrooms, play rooms and bedside visits, including mental health and in other specific areas such as Medical Imaging Department, Eating Disorders Department. Starlight's Arts in Health Consultant role has been specially created to engage more departments with Starlight's Arts and Health initiatives and activities to broaden its impact for patients, families and staff alike. This is therefore a focus in 2016 and should eventuate in greater collaboration.
Collaboration and partnership	Members include: Clinical Services, Allied Health, Starlight Children's Foundation, School of Special Educational Needs: Medical and Mental Health (SSEN:MMH), Recreations Services – Play Coordinators, and Megazone. External Partners that contribute to events and programs at CAHS include: WASO, WA Ballet, Spare Parts Puppet Theatre, Black Swan Portraiture Prize, Propel Youth Arts, and PIAF.
Patient and staff focus	Arts and Health initiatives at CAHS range from incidental to therapeutic and are often targeted to relieve pain, fear of procedures, stress and boredom.

Multi-model delivery	Wide variety of activities that provide creative, participatory and receptive arts interventions within the health environment. Hospital Play Coordinators within Recreation Services provide a range of art and craft activities to children within the wards and Hospital play rooms. The Megazone recreation facility provides a range of arts, craft and performing arts activities to patients and families. Education specialists work with school children on specialist art and music programs. CAHS Art collection, WASO HOP, Clown Doctor rounds, Radio Lollipop, Artists in residence, 7Teen school program, Captain Starlight and Livewire.
Education	Artists or performers are provided with Hospital visitor guidelines that they must abide by regarding protocols for communication, infection control, privacy and restricted materials. Dependent on project duration and level of involvement, formal hospital induction is also provided The provision of arts activities in a health environment requires strategic risk management and that measures are put in place to ensure the support of the medical and executive staff.
Secure funding	CAHS presently employs the Art Program Coordinator / Curator 2 days per week, the Recreation team of Play Coordinators and Megazone staff. Red Kite charity employs 1 Music Therapist. Starlight Children's Foundation employs a number of staff for their Captain Starlight and Livewire programs, as well as encouraging volunteers to assist with the program. The Humour Foundation funds the Clown Doctors. PMH Foundation funds the "Artist in Residence program" and the Megazone "Good-Guy Workshops". Starlight Children's Foundation supports all of the Livewire and Captain Starlight Programs. SSEN:MMH employ 2 arts education specialists.
Evaluation	The UWA school of Population Health partnered with CAHS to conduct a study throughout 2013 and 2014 to research the benefits of Arts activities on the health of children at PMH. An internal audit of activities was conducted in 2015

Table 5: CAHS Arts and Health

5. Recommendations

One Statewide initiative of Arts and Health in Western Australia

Based on the findings and for strategic impact, a Statewide initiative is presented as a cohesive overarching concept. This initiative is underpinned by six recommendations to enable the Consortium, hospitals themselves and all stakeholders to understand steps that can be taken to move individual hospitals further along a continuum of Arts and Health practice. It points towards the development of and support for local, regional, group-wide and statewide communities of Arts and Health practice to realise a vision of a flourishing WA Arts and Health sector. Future projects then should be selected based on their potential to contribute to this process at any level.

The recommendations will ensure that WA delivers on the National Arts and Health Framework. They represent a flow of activity building towards an embedded Arts and Health practice in WA hospitals.

1. The Departments of Culture and the Arts and Health to develop a joint policy that requires both public and private health service providers to deliver on the Western Australian implementation of the National Arts and Health Framework.
2. The Departments of Culture and the Arts and Health to advocate that the Percent for Arts Scheme be extended to support an Arts and Health Strategy and Plan as part of the commissioning phase of hospital renovation or new hospital build projects.
3. Each health service/hospital to have an Arts and Health Plan linked to community engagement and inclusive of local culture and heritage. This should identify internal and external partners (e.g. volunteers, local artists, community groups, schools, TAFEs and universities) who will form a community of practice.
4. Arts and Health Coordinator roles to be established for each hospital or group of hospitals as determined by the Area Health Service or private provider organisation; generally 0.4-0.6 FTE roles. Part of this role would be to ensure that those working in the Arts and Health arena are appropriately screened, oriented and supported.
5. The Arts and Health Consortium to be resourced to develop its role as the key Western Australian leadership group that fosters a state-wide community of Arts and Health practice and advises government and private health care providers on such matters.

As part of the recommendations, and in response to the project brief, a list of prioritised projects has been compiled for consideration. These projects are proposed based on the criteria that they must be scale-able, must address an important problem and must have at their core the intent to benefit the health and wellbeing of their participants. Contextual considerations that also play a role include: geography i.e. regional and metropolitan, potential to contribute to a practice community, staff involvement, variety of art forms, public and private and where the hospital sits on the continuum of practice.

Each of the proposed projects must have evaluation built in. A minimum of 5% of budget or \$5000 (whichever is the greater) is recommended. Outcomes will add to the body of Arts and Health evidence and will make a compelling case for the projects to be replicated in other WA hospitals and locations. All of the proposed projects have been selected with the following parameters (keys) in mind:

1	Scalable
2	Repeatable
3	Capacity to stimulate/contribute to emerging community of A&H practice
4	Capacity to leverage skilled volunteer practitioners
5	Replication of proven, already evaluated model
6	Accessibility for Regional, CALD and Indigenous hospital populations
7	Diversity of art forms

5.1 Projects

Sites of projects suggested on pages 78 - 87 are based on consultation findings but can be varied and expanded as required.

Project 1 | UK and WA Artist in Residence Project

Artist-led research project featuring an international artist in collaboration with local artist to lead a 2-year process that will research in year 1 the area of highest need in the new Midland Hospital and deliver in year 2 the final project. This is a project at the most responsive end of the practice continuum with participants (patients/staff/community) being 100% co-creative. Generative pilot model ensures continuity in WA with local artists working alongside international artist and builds capacity of the local arts sector. Midland is suggested as the preferred location because it is one of the three sites most ready to generate a true community-of-practice and have it succeed, in particular in terms of its reach and connection into the community through existing NGOs such as DADAA.

Suggested location	Midland Hospital
Target population	General hospital patients (cohort to be identified through artist-clinician collaboration in stage 1 of project)
Duration	Two years (2017, 2018)
Possible Partners	SJGHC, PIAF, DADAA, UWA, Curtin and local NGOs
Possible funders	Multi-stream including Lotterywest
Art form	Performing and visual/moving image arts
Key Strength	Big impact, public-private partnership, includes primary care and connects hospital into the community utilising Midland's emerging health hub.

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	X
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	✓
7	Diversity of art forms	✓

Project 2 | Arts Trolley Program

Proven model of success at making art accessible to people with an artist-led team of volunteers with significant art experience operating mobile art trolleys. Model described on page 25 of report. Incorporate evaluation into the WA project. The aim is to become embedded as an ongoing program in test sites as models for other hospitals around WA.

Suggested location	Public hospital, private hospital, regional hospital
Target population	General hospital patients
Duration	6 months
Possible Partners	ICH, participating hospitals, CAN, University
Possible funders	Lotterywest, Healthway, participating hospitals
Art form	Visual Arts
Key Strength	Proven model, scalable, repeatable, artist-led team of volunteers

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	✓
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	✓
7	Diversity of art forms	X

Project 3| Dance Program

Exploits existing dance health experience from BAU and community settings in similar populations, providing an opportunity for an introduction to performance-based Arts and Health at FSH. To counter balance the more ubiquitous visual arts programs, a performing arts/dance program that services two different cohorts: rehabilitation and mental health. The therapeutic dance professionals would work closely with Allied Health Services and a referral system would be in place. Generative model could train six dance artist facilitators over the course of the pilot who would subsequently be able to work independently in other sites. 12 month time frame suggested because evaluation of outcomes for this cohort may require longer time frame.

Suggested location	FSH State Rehabilitation Centre, Armadale Hospital
Target population	Youth mental health, rehabilitation
Duration	12 months
Possible Partners	FSH, Armadale Hospital, University, FSH Volunteer Organisation, Healthway, Mental Health Commission,
Possible funders	Lotterywest, McCusker Foundation, Healthway, Mental Health Commission
Art form	Dance
Key Strength	Adapts successful program in new hospital and new cohort, exploits existing experience, increases art form diversity

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	X
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	X
7	Diversity of art forms	✓

Project 4 | Music Program

Comprehensive Music Program that offers a combination of regular musical performances, open to all hospital users and the public, roving health musicians working with patients at their bedsides, musicians/composers working with identified groups of patients and/or staff for a specified period of time. The program engages a Registered Music Therapist as part of Allied Health Services as well as musicians and offers staff music activities such as a hospital choir or ukulele group (to be determined as a result of stakeholder consultation). It can connect into the community through collaborations with local primary schools as well as possibly music and arts festivals. The program traverses the full participation continuum from passive engagement to co-creativity, depending on the circumstances. Replicates successful models of existing music programs that have shown to deliver clear therapeutic outcomes e.g. Royal Melbourne Hospital, FMC.

Suggested location	Royal Perth Hospital
Target population	General hospital population (patients, visitors and staff)
Duration	6 months
Possible Partners	RPH, UWA School of Music, Schools
Possible funders	Lotterywest, RPH, UWA
Art form	Performing arts-music
Key Strength	Performing arts-music

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	✓
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	✗
7	Increased diversity of art forms	✓

Project 5 | Mural Project

A project that is practically ready-to-go pending the selection of a suitable wall on which the mural project can take place. Bruno Booth is an artist with a disability known to the staff at the State Rehab Centre who would be working with long-term rehab patients, especially young men whose lives have been changed forever through Spinal and Acquired Brain Injury. These patients would be engaged by the artist in creating the work and could find inspiration from him as a role model. The project is repeatable within the same hospital in the Mental Health Unit and other hospitals. The workshop process is to be filmed as part of the evaluation process. Selection of this project would enable (a) funding to have the project evaluated by a university and (b) expansion of the project in the FSH Mental Health Unit and beyond.

Suggested location	FSH
Target population	Rehab patients (young males), mental health patients (all ages)
Duration	2 x 3 months
Possible Partners	Bruno Booth (disability artist), FSH, University
Possible funders	Existing funds, University to provide in-kind support for evaluation
Art form	Visual art
Key Strength	Taster project in a green-field site, repeatable, clinical need

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	X
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	X
7	Increased diversity of art forms	X

Project 6 | Storytelling & Songwriting

Based on existing CAN program SHINE: Healing songs from the heart and the land. Research at Royal Melbourne Hospital (Emma O'Brien) has shown therapeutic benefits of songwriting as a way to process major life experiences. CAN recently published an independent analysis of Social Return On Investment of these storytelling/songwriting projects in the South West. Of all our proposed pilots, this one is focused most on regional WA. Taking place in hospital areas that deal with chronic disease, this program has a health promotion message that starts inside the hospital.

Suggested location	Wheatbelt hospitals
Target population	General hospital population including Indigenous patient cohort
Duration	12 Months
Possible Partners	CAN, WACHS, University
Possible funders	Lotterywest, CAN, WACHS, Healthway
Art form	Performing arts (music), literary arts (songwriting)
Key Strength	Regional, strong well-resourced partner, track record, health promotion

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	✗
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	✓
7	Increased diversity of art forms	✓

Project 7 | CAHS Arts & Health Plan

This project proposes a CAHS-Alliance member work in partnership with an appropriate expert to develop a comprehensive A&H strategy and plan as part of the commissioning phase and change management work in the move to PCH, enhancing local capacity in strategic Arts and Health planning. In addition to strategic support of the emerging community of practice at PMH through the plan, a performance component of the project is a foyer flash mob and procession for hospital move from West Perth to Nedlands: walking children, hospital staff in a large procession to the new PCH building amongst performing artists and flashmob dancers, musicians, circus artists, clown doctors etc.

Suggested location	PMH/PCH
Target population	Children, families, visitors and staff
Duration	3-6 months
Possible Partners	CAHS Arts Alliance
Possible funders	Lotterywest, Healthway, PMH Foundation, Starlight Healthway, Awesome Arts, PMH Foundation
Art form	General
Key Strength	Develops capacity of emerging Arts and Health leader in WA and creates a role model for all WA hospitals (plan). High-profile, high-visibility (Flashmob/procession as part of plan)

1	Scalable	X
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	✓
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	X
7	Increased diversity of art forms	X

Project 8 | Creative Writing Artist in Residence Program

A Creative Writing Program that encompasses facilitated creative writing and poetry writing workshops for patients and staff. It might also provide reflective writing and poetry workshops for students of medicine and nursing as part of Medical Humanities. Exploratory discussion has taken place with Susan Bradley-Smith at Curtin University who indicated a readiness to supervise masters student Artists-in-residence. Evaluation would be included with potential for international multi-centre trial. Patient storytelling is an opportunity to address consumer engagement in alignment with National Safety and Quality Health Service Standards, Standard 2 (Australian Commission on Safety and Quality in Health Care., 2012)

Suggested location	SolarisCare locations in Nedlands, Subiaco, Albany and Bunbury
Target population	Cancer patients, carers and staff
Duration	6 months
Possible Partners	SolarisCare, Curtin University and hospitals
Possible funders	Curtin University
Art form	Literary Arts
Key Strength	Based on USA practice example, willing university partner, possible multi-centre research.

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	✓
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	X
7	Increased diversity of art forms	✓

Project 9 | Flashwaltz

Flashwaltz with WASO orchestra in SCGH Cancer Centre as per Tchaikovsky flashwaltz held at Hadassah Hospital in Jerusalem: <https://www.youtube.com/watch?v=tzwWskM4hN8>

Suggested location	SCGH Cancer Centre
Target population	Cancer patients
Duration	1 day
Possible Partners	SCGH, WASO, Cancer-related NGO(s)
Possible funders	Philanthropic support, SCGH, WASO, Cancer-related NGO(s)
Art form	Performing arts/music
Key Strength	Builds on strong, existing partnership, high-public profile, engages whole Cancer Centre Community

1	Scalable	X
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	✓
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	X
7	Increased diversity of art forms	✓

Project 10 | Human Rooms©

Immersive moving image, light and sound installation that benefits any patients who are stressed or anxious and would benefit from deep relaxation by connecting with images of country/nature. Developed on principles of neuro-science. Project to include evaluation of all WA sites. A NW regional hospital is proposed because the project brings nature into the hospital room, which may be a way of making a hospital stay bearable for patients from remote Indigenous communities, who are a long distance from their country and family/support networks.

The cost of a Human Room© in a new-built hospital is \$150,000 (suited for up to 6 people, includes XL video screen, bespoke light fixtures for diffusing coloured light sequences and creation of content by local visual artists and composers). A conversion of a single patient room in an existing hospital is \$30,000 plus customised content creation of \$31,000 (if more than one room were converted the \$31,000 for content creation is split over the number of rooms being converted, thus lowering the price per room).

Suggested location	Private hospital, public hospital, NW regional location
Target population	Palliative Care, Mental Health,
Duration	As required to set up (est. to be 3 months)
Possible Partners	Human Rooms©, hospital, university
Possible funders	Lotterywest, hospitals
Art form	Visual/moving image art, music
Key Strength	Highly therapeutic, employs local artists, based on neuro-scientific principles, non-verbal therefore suited to all abilities and cultures

1	Scalable	✓
2	Repeatable	✓
3	Capacity to stimulate/contribute emerging community of A&H practice	✓
4	Capacity to leverage skilled volunteer practitioners	X
5	Replication of proven, already evaluated model	✓
6	Accessibility for Regional, CALD and Indigenous hospital populations	✓
7	Increased diversity of art forms	X

6. Conclusion

This review has found that there is significant Arts and Health practice occurring in WA hospitals albeit patterns of practice are very varied across the state and there is little evidence of coordination, strategy or planning. Funding, as elsewhere is disparate with little being recurrent.

The exception to this rule is the effect that the Percent for Art scheme has had on the ability to deliver in spades in the Built Environment with many new build and renovation projects realised in the last five years. Particularly in the WACHS that has had the added benefit of Royalties for Regions funding demonstrating positive outcomes through strong community and arts sector engagement.

There is much partnership and collaboration between hospitals and artists or arts organisations with some of them being formal and/or long term. This is particularly the case in Mental Health where DADAA has long-term cross-sector partnerships and paediatrics where CAHS have longstanding partnerships with WASO and WA Ballet as well as their many associated NGOs.

In order for WA to deliver on the National Arts and Health Framework it will be necessary to have consistent leadership and policy support to facilitate the development of local, regional and statewide communities of practice that can leverage existing expertise through new partnerships and move all WA hospitals along the continuum of Arts and Health practice.

While hospitals were unwilling to divulge exact budgets details for publication, it was clear that Arts and Health programs can be achieved with relatively modest investment. With financial constraints felt sharply across both Arts and Health sectors as this report is written, there is a real opportunity to improve patient experience and staff morale through low-cost strategies that have been shown nationally and internationally to have high impact on the entire hospital community.

Implementation of the above recommendations and of the proposed projects will put Western Australia firmly on the road towards a flourishing Arts and Health sector.

**IMAGE OPPOSITE: WASO Hospital Orchestra Project at Princess Margaret Hospital, Zaine and Nick (Photo Credit: Jane Clare)
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Video Links

Arterie @ Lifehouse <https://vimeo.com/114177474>

Barometer of My Heart, Mark Storor <https://www.youtube.com/watch?v=j-epzvQx1Rs>

Birmingham Heartlands Hospital Singing Medicine https://www.youtube.com/watch?v=qO_4LKaS6qQ

Breathe Magic <https://www.youtube.com/watch?v=zhPVrodOKgw>

Breathe Performing Arts <https://www.youtube.com/watch?v=l7LflgwutOc>

CW+ The Art and Science of Patient Care <https://vimeo.com/95523716>

FMC Arts and Health Program <https://www.youtube.com/watch?v=QH7MJx4Ezlw>

George Khut <http://georgekhut.com/2013/05/tedxsydney>

Go Create <https://www.youtube.com/watch?v=JRu8q7xqWL8>

Hand Dance <https://www.youtube.com/watch?v=3OBoeCGrhe8>

Hand Hygiene <https://www.youtube.com/watch?v=RcDx5SA8xF8>

Hear me <https://www.youtube.com/watch?v=2ymWvnUjb2E>

Interact Reading Service for Stroke <http://www.interactstrokesupport.org>

ICH Overview https://www.youtube.com/watch?time_continue=32&v=7zQ21_mGUkg

Mark Storor seminar: For the Best (includes Opi's story) <https://vimeo.com/18392626>

Singing Medicine https://www.youtube.com/watch?v=qO_4LKaS6qQ

60 Days of Art <https://www.youtube.com/watch?v=Y6eKoheCiBg>

Appendix 1 - List of those consulted

Date	Arts Organisation	Those Consulted
15 Feb 2016	Creative Partnerships Australia	James Boyd
16 Feb 2016	CAN	Jo Metcalf, June Moorhouse, Monica Kane, Ivy Penny, Annette Eassie
17 Feb and 22 April 2016	PIAF	Wendy Martin
20 Feb 2016	DADAA	David Doyle
3 March 2016	STRUT Dance	Paul Norton
3 March 2016	Disabled dance artist (PIAF)	Claire Cunningham (UK)
9 March 2016	Musica Viva	Lindsay Lovering
11 March 2016	Co-author National A&H Framework	Deborah Mills (NSW)
14 March 2016	Independent dance artist	Shona Erskine
17 March 2016	CAN	Jill Brown
18 March 2016	Independent artist (+ patient)	Michelle Maliepaard
18 March 2016	Arts Health Institute	Maggie Haertsch (NSW)
22 March 2016	Flinders Medical Centre	Sally Francis (SA)
23 March 2016	Institute for Creative Health	Emma O'Brien (VIC)
24 March 2016	Manchester Metropolitan University	Clive Parkinson (UK)
30 March 2016	UWA School of Music	Alan Lourens
31 March 2016	Country Arts WA	Jessica Machin
1 April 2016	Tracksuit AD (& dance artist)	Paige Gordon
5 April 2016	Human Rooms © designer	Effe Soropos (VIC)

Date	Arts Organisation	Those Consulted
8 April 2016	Sensorium Theatre	Michelle Hovane
14 April 2016	Women's & Children's Hospital SA	Jill Newman (SA)
20 April 2016	WAAPA, Edith Cowan University	Julie Warn
25 April 2016	Independent arts practitioner	Chris Williams (DADAA)
26 April 2016	Independent public art consultant	Malcolm McGregor

Date	Health Organisation	Those Consulted
27 Jan 2016	Hollywood Hospital	Karen Gullick, Kevin Cass-Ryall
28 Jan 2016	Bethesda Hospital	Yasmin Naglazas
1 Feb 2016	Peel Health Campus	Margaret Sturdy, Jo Nothling
3 Feb 2016	Glengarry Hospital	Leonie Gardiner
9 Feb 2016	NMHS	Wayne Salvage
9 Feb 2016	WACHS	Jeff Moffet, Robert Pulsford & David Naughton
10 Feb 2016	CAHS	Mark Salmon, Belinda Cobby
16 Feb 2016	SMHS	Kate Gatti
18 Feb 2016	NMHS Aboriginal Health	Cheryl Smith
18 Feb 2016	Health Consumers Council	Pip Brennan, Stephanie Newell
22 Feb 2016	Royal Perth Hospital	Jacquie Garton-Smith, Todd Gogol, Hayley Menzies
23 Feb 2016	SCGH Curator	Joanna Wakefield
24 Feb 2016	SCGH Occupational Therapy	Brenda Acton
Jan-May 2016	SJGHC	Deborah Pearson

Date	Health Organisation	Those Consulted
24 March 2016	Manchester Metropolitan University	Clive Parkinson (UK)
24 Feb 2016	Rockingham Hospital	Susan Mason
3 March 2016	CAHS	Arts & Health Alliance members
3 March 2016	PCH	Susan Medlin
8 March 2016	FSH SRS NUMs	Eva Story, Bev Hardcastle, Anne Watts, Sandra Denison
8 March 2016	FSH Paediatrics	Janine Spencer
18 March 2016	Health Consumers – Metro Area	Focus Group
21 March 2016	Graylands Hospital	Danny Rock
4 April 2016	State Rehab. Service @ FSH	Paula Chatfield, Tristan Fraser, Rachel De Monte, Royce Vermeulen
5 April 2016	Health Consumers – Regional Areas	Focus Group
7 April 2016	SolarisCare	David Edwards
21 April 2016	DoH Chief Medical Officer	Gary Geelhoed
25 April 2016	Consumer	Jan Court
21 April 2016	DoH Chief Medical Officer	Gary Geelhoed
25 April 2016	Consumer	Jan Court
12 May 2016	WACHS Goldfields	Geraldine Ennis
17 May 2016	Western Health	Julie-Ann Martin (Vict)

Date	Other Organisation	Those Consulted
4 Feb and 16 April 2016	Healthway	Maree De Lacey , Shane Pavlinovich, Jo Clarkson
12 Feb 2016	Murdoch University	Barbara Godowski
19 Feb 2016 17 May 2016	Lotterywest	Jo Wilkie Joni Secombe & Scott Williams
21 March 2016	Health and Arts Research Centre	Marily Cintra (NSW/ACT)
24 March 2016	Curtin University School of the Built environment	John Stephens and Dianne Smith
24 March 2016	Curtin University Communication and Cultural Studies	Leah Mercer
30 March 2016	University of Notre Dame Australia	Sarah McGann
11 April 2016	Arts & Health/Medical humanities OSU	Anna Soter (USA/WA)
18 April 2016	UWA	Ted Snell, Janice Lally
20 April 2016	Curtin University Creative Writing	Susan Bradley Smith

Appendix 2 - Practice Examples

Built Environment | Western Australia

Perth Children's Hospital (PCH)

The new children's hospital will have a number of spaces that will enhance participation and provide for Arts and Health activities, such as the Fun on Four recreation facility designed to offer a range of performance facilities including an outdoor rooftop cinema, performance stage, music room and sensory room. An interactive digital wall located in the atrium will provide kids with a wide variety of experiences. Artwork will employ a range of differing levels and types of interactivity, animation with some interaction, live video effects and pre-rendered video art. There is the ambition to create a dedicated exhibition area to enable the CAHS art collection to be able to qualify for Cultural Gifts Recipient Status. The new Starlight Express Room at PCH is also hoping to have the ability to display the children's artwork created within the hospital digitally. There will be a 'Book Nook' providing a quiet space-library for up to ten children and 1-2 staff, with internet access for homework assignments, comfortable lounges and a relaxing environment for designated story-reading times.

Princess Margaret Hospital (PMH) Oncology

Significant input was given by patients/families into the redevelopment of the garden areas around the oncology unit. Ongoing maintenance and additions to this space are invited and enacted by support groups specifically linked to the unit - e.g. Kids Cancer Support Group provides seasonal decorations to both the ward and the outdoor space.

Fiona Stanley Hospital (FSH)

Linear Park Sculptures and sculptures in landscaping, visual art throughout the building, use of local reclaimed timber in interior design of State Rehab Services.

Paediatric ward decoration using artwork from local school children, outdoor play area.

Master Plan for Public Art at FSH was done by Malcolm McGregor. Ten individual Percent for Art commissions from prominent West Australian Artists: Olga Cironis, Jo Darbyshire, Mark Datodi, Peter Farmer, Judith Forrest, Stuart Green, Kidogo Art Institute, Anne Neil, Tony Jones.

Western Australia Country Health Service (WACHS) – multiple sites.

Laser-cut screens and Vinyl floor designs Kalgoorlie and Esperance HC redevelopment.

Kimberley several projects: artwork scanned onto film on glass throughout building, wall panels as part of construction. Multiple sites commission or purchase of visual art (sculptures, paintings, mosaics and photography) installed as part of redevelopments. E.g. Collie: The mosaic project is designed to encourage staff and community members to come together to produce artwork to showcase local flora and fauna and has been designed by an Aboriginal Staff member.

Judith Forrest (visual artist) designed interactive artworks that engage and are designed to bring patients and staff together (e.g. using sewing machines and hammers) in for example Bunbury South West Health Campus.

Malcolm McGregor (independent public art consultant) worked with WACHS on various site Master Plans incl: Ravensthorpe, Moora, Halls Creek, Fitzroy Valley Health Services, Broome, Derby Hospitals. Successfully worked with WACHS on getting regional hospitals to start building art collections, often with Indigenous art sourced through the communities that the hospitals service.

Sir Charles Gairdner Hospital - State Mortuary

Aboriginal consultation in the design of building, garden surrounding areas. The reflection garden area was a purposeful inclusion in its design.

SCGH have a green garden strip running the length of their site reflective of the 6 seasons recognised by the hospital's ATSI visitors. There are gardens on the 5th floor of G Block with open access for patients and families. There are many ground level gardens that are open to all.

St John of God Health Care (SJGHC)

Public artworks commissioned multiple sites.

Mt Lawley: Sensory gardens and horticulture involving lavender and other flora and fauna that can present a sensory and visual pleasure to the surroundings and patients including a walled herb garden.

Midland: The public art and landscaping strategy developed has engaged WA artists, both Aboriginal and non-Aboriginal. A number of public artworks were commissioned under the themes of Spiritus and Journeys. The grounds incorporate plants of significance to Aboriginal people. There is a 'Welcome to Country' artwork at the entrance and Aboriginal motifs in the entry paving selected through a workshop process with local artists. FORM coordinated the commissioning of 11 WA artists to create site-specific works for SJG Midland Hospital. Worked closely with a community panel, project team and the SJGHC client team.

King Edward Memorial Hospital

Landscaping project engaging Indigenous groups, recognising people removed from their country - a resting place, under a large tree.

Fremantle Adult Mental Health Unit (Alma Street)

Was purpose built in 1994 and creative arts have been part of the function and design.

Graylands

Sensory gardens on many of the wards. Use of recycled materials, produce used in cooking groups. The garden has resulted in patients taking on purposeful roles ie. composting, planting, weeding, harvesting, sweeping, watering, filling bird feeders. There are many self-directed activities available in the garden such as giant jenga, sports equipment, domestic items such as watering cans and brooms. Group art projects such as mosaics are displayed in the garden area. NB: Graylands Hospital is currently being decommissioned and is moving to a community-based NGO and service model.

Royal Perth Hospital (RPH)

In the current refurbishment, staff and patients are consulted as to what colours they would like to see used, what artwork they would like to see around the hospital and some staff can contact the art curator and request a painting or artworks in their office. RPH is now utilising lighting, colours and textures to make the hospital more inviting to those attending.

University of Western Australia (UWA)

Ted Snell and Janice Lally, UWA Cultural Precinct, expressed interest in partnering with any hospital with closed circuit TV networks to provide content from Lawrence Wilson Art Gallery exhibitions, with tailored interviews (from Arts and Health perspective) with featuring artist. These could then be followed by art making workshops with local arts practitioners based on the same theme or method as featured in the LWAG documentaries. Parallel exhibitions could be hosted in both hospital and UWA gallery spaces. Once the partnership was established, it could be expanded with music performances by School of Music (docos) and music making workshops in hospital. UWA could also provide researchers to evaluate the health and wellbeing outcomes for patients, families and staff as well as health economic outcomes.

Built Environment | National

Human Rooms: Efterpi Soropos

<http://humanrooms.com/> A national example that also includes a WA site. Inspired by the concept of 'Snoezelen' a multi-sensory therapy developed in Denmark in the 70's for children with disabilities, Effe has developed her own system, now installed in seven palliative, aged care and mental health settings including Albany Community Hospice.

A system of video projections, sound and coloured lighting sequences completely transform a room and place patients in an immersive, peaceful and harmonious environment (imagery content can be: abstract art, beach, forrest or sky-scapes). Operated simply with iPad by either patient, family or staff member. Adaptable to a whole range of health spaces, including hospitals, in either new-builds as a purpose designed space catering for up to 6 (\$150,000) or in existing patient rooms as a conversion (\$60,000).

<http://www.abc.net.au/news/2016-04-01/human-rooms-assisting-terminally-ill-patients/7292382?section=wa>

Sites include:

- Albany Community Hospice WA
- Olivia Newton-John Cancer Centre palliative care ward
- Aged care facility Melbourne (high care dementia patients)
- Palliative care centre - McCullough Room in Monash Medical Centre, Melbourne
- Children's mental health unit, Melbourne
- Bethlehem, Catholic private hospital
- Multi-cultural community day care centre, Queensland (day care for people with dementia)

In 2017, Human Rooms© are being created at University of SA, and in Princess Alexandra Hospital QLD for people with ABI and other long-term issues in rehab. Valmai Nathan of SolarisCare at Albany Hospital is interested in collaborating with the Hospice Human Rooms for their patients and has suggested Human Rooms would be an asset for SolarisCare cancer centres. No evaluation done as yet. Dr Kirsten Auret, Palliative Care Doctor and Michelle McClure Hospice Manager at Albany Hospice keen to have evaluation done. Effe herself is starting a pilot evaluation study with staff, family, at dementia unit in Melbourne on the health effects of the Human Room© on its users.

Royal North Shore Hospital (RNSH) - Marily Cintra

At RNSH Marily Cintra was contracted to develop an arts and heritage plan for new hospital build. In this NSW example the full 'Percent for Art' is not used entirely on the building and visual arts.

The plan always starts with the built environment and works on broader strategies from there. Connection with heritage is important; in particular, collections can be used to ask questions of past, present and future in change management. Art is transformative and facilitates reflective practice. (Health Arts Research Centre, 2016)

Royal Prince Alfred Hospital

Chris O'Brien Lifehouse opened in 2013 at Royal Prince Alfred Hospital –The design of this integrated cancer treatment centre has been tailored to provide a healing environment for patients. By maximising natural light and ventilation, and providing views of the surrounding environment throughout the centre, the design of the Lifehouse capitalises on salutogenic design principles and the restorative powers of nature. (The word "salutogenesis" comes from the Latin salus = health and the Greek genesis = origin: an approach focusing on factors that support human health and well-being, rather than on factors that cause disease. (Wikipedia 2016). As well as the state-of-the-art medical facilities, the built environment of the Lifehouse features a space for alternative and complementary therapies, known as the Lifehouse Living Room. The Living Room offers a range of activities for patients, including meditation, yoga, acupuncture, Reiki, healing touch, Qi Gong, massage, reflexology. These are designed to fortify the body and counteract the notoriously draining effects of chemotherapy, while helping the patient achieve some release and respite from their strict regime of medical treatment. <http://www.mylifehouse.org.au/>

Built Environment | International

The Maggie's Centres

18 centres across UK, Hong Kong and online. In 2015, Maggie's Centres received 125,000 visits and supported over 25,000 people newly affected by cancer. Maggie's is there for anyone affected by cancer (patients and carers), offering a programme of support shown to strengthen physical and emotional wellbeing. Built alongside the hospital, Maggie's Centres are uplifting places with professional staff to offer support: practical advice about benefits and eating well; emotional support from qualified experts; friendly place to meet other people; calming space. The National Cancer Survivorship Initiative Report by the Department of Health in 2013 highlights the Maggie's Centres' unique approach to cancer care as example of best practice. Since 2000, commended by the NHS Cancer Plan, NICE and the Cancer Reform Strategy.

<https://www.maggiescentres.org/about-maggies/>

<https://www.youtube.com/watch?v=WP11-8kXAcg>

<https://www.maggiescentres.org/our-centres/london-campaign/maggies-barts/>

Willis Newton UK

A leading Arts and Health consultancy in the UK established in 2001 and specialising in project management, public art commissioning, creative approaches to engagement, organisation of workshops, drop-in sessions, open days and other events.

<http://www.willisnewson.co.uk/arts-and-health-willis-newson.html>

Enhancing Healing Environment and Dementia Friendly Design - The Kings Fund (UK)

<http://www.kingsfund.org.uk/projects/enhancing-healing-environment>

Built Environment | Non-hospital but transferable

Kimberley Remote Aboriginal Health Clinics

Remote aged care, integrated primary care centre: Waringarri Arts coordinated the commissioning of 9 artists including collaborated Bush medicine works specifically created by local Aboriginal artists from Waringarri Art Centre in Kununurra.

Tura New Music

Tura (the peak body for new music in WA) are not currently active in hospitals, but have expressed interest in and have capacity to develop sound art commissions with therapeutic benefits for installation in hospitals (similar to the way FORM coordinate visual arts commissions).

Visual and Moving Image | Western Australia

RPH

For medication safety week in September 2015, produced a video skit which involved RPH staff (Drs, nurses, pharmacy staff, courier and co-director) acting out a humorous take on a patient journey through the hospital, from admission to discharge, highlighting key medication safety messages throughout. The skit was done in the format of a David Attenborough documentary.

Painting event: Renal dialysis patients living at the Autumn Centre spend the day painting in a public space on the bridge. Some of the painters have been well known Aboriginal artists; others have been developing their talent. The event has been quite interactive and has given great pleasure to both the artists and to the RPH community (staff and patients).

Dr Daniel Fatovich and Dr Michelle Johnson who utilised the expertise of RPH's photographer Steve Wise who last year won Australian Portrait Photographer of the Year. Together they developed a presentation titled "Art of the ED" which focuses on how art has mirrored emergency medicine through the ages.

RPH have a significant art collection (worth \$25m). Also have a budget of \$20k pa to buy new art. FTE curator. Art cannot leave RPH because this is stipulated in bequests.

Collections and exhibitions

Curated art collections displayed: PMH, KEMH, SCGH, RPH, FSH, SJGHC hospitals, Bethesda.

SCGH run annual art tours for patients, visitors and staff.

RPH has agreements for display at other facilities.

PMH

Starlight X-Ray Project involving staff and patients in the Diagnostic Imaging department. This project saw patients and staff x-raying their favourite objects to create an exhibition in the department's waiting room to decrease anxiety & fear of procedures.

Starlight TV and Radio Lollipop offer a dedicated TV channel with live broadcasts from within the hospital studio. Mosaic photographic exhibition. Arts activities as part of education services providing arts education specialists to work with primary and secondary students in addition to the general arts activities provided in school sessions.

Megazone provides a large arts and crafts area that is available for children and adolescents of all ages. A range of arts & craft activities are offered on a daily basis as well as a range of interactive & digital games. Through PMH Foundation's funding for the "Good Guy Workshops", Megazone has run successful sessions with jewellery making, food art, face painting, chocolate making workshops, mural art by a well known street artist and recently a screen-printing workshop.

Hospital Play Coordinators work within the wards to provide a range of arts and craft activities to children in the playrooms and bedside.

Patient artwork is used during staff education sessions on grief and palliation.

At PMH, Livewire is working closely with Club Ado, a Starlight Children's Foundation initiative, which gives hospitalised teenagers a dedicated space of their own including exclusive access to a games room, cafe, arts area, media studio and lounge. Teenagers at PMH can access Livewire.org.au in Club Ado, in the Starlight Express Room, in the outpatients department or from the bedside in the adolescent ward.

Artist in Residence Program – Regular AIRs at different intervals, included e.g. Creative Arts Projects for Health, Healing and Recovery (2012) by Mundaring Arts Centre's Sarah Toohey.

Charlotte O'Shea – independent community artist was Arts Edge Artist in Residence at PMH from April-Sept 2013 conducting Visual Arts Workshops. Also at Bentley Adolescent Unit (Feb-Mar 2014).

Black Swan Art Prize – have run visual art workshops for 9 years at PMH in partnership with Starlight Foundation, Uniting Care West. Focus on adolescents with final artworks displayed at Black Swan Art Prize award night. So far 10 prizes allocated to adolescents in PMH.

Rockingham Hospital MH

Mosaic and murals made by patients as part of early episode psychosis program. Art therapists and OT assistants deliver the program in this 26 bed mental health unit.

SJGHC

Black Swan Art Prize held a portraiture workshop at SJG Subiaco Hospital in 2015. Further portraiture artists will be in residence at SJGH Mt Lawley, Midland and Murdoch hospitals to coincide with the 2016 Prize. At the same time there will be a portraiture artist in residence making portraits for staff and doctors and a photographer at SJG Murdoch Hospital.

Bunbury: Diversional Therapy is offered to clients in the alcohol and other drugs program. Volunteers offer creative arts activities to respite/palliative patients

Geraldton: Subacute Care Allied Health Assistant has run an art therapy group based on individual patient goals with outcome being themed artwork on display in subacute care waiting rooms and clinic areas.

Mt Lawley: Links arts and mental health in 3-month workshop program 1 day/wk Creative Arts Project for health, healing and recovery at Ursula Frayne Unit conducted by Mundaring Art Centre's Project Officer and Artist Sarah Toohey; Workshops evaluated by researcher Christina Davies.

Murdoch: Arts Channel on closed circuit TV: 'Maker Series', short films being made of artists in the collection for patient access. Art works have QR Code for Mobile/Tablet upload – curated by Connie Petrillo; Connie was also 2015 Tapestry Maker Artist in Residence.

Murdoch Community Hospice: Range of Complimentary and Diversional Therapies including creative arts activities (own projects or group projects).

SCGH

Watercolour artist in residence in Cancer Centre/Solaris Care.

FSH

Nidja Noongar Boodja cultural heritage interactive display.

KEMH

Craft room for long-stay Aboriginal patients supervised by Aboriginal Health worker.

DVDs with music for relaxation & mindfulness available to Oncology patients.

Annual arts competition for Ovarian Cancer Awareness week -involving staff decorating underpants!! Results are displayed in the main foyer.

Creative Expression Centre for Art Therapy (CECAT)

CECAT program is visual arts aimed at promoting the mental health and recovery of young people and adults diagnosed with a mental illness through the use of art therapy intervention and art instruction. CECAT with Reflections Arts Studio (a service for people with more severe and persistent mental illness) running 5-6 exhibitions of client works pa.

Ravensthorpe Hospital Aged Care Unit

A weekly program of art, crafts and movies is offered by an activities assistant. Patients help design the program. Small group work on art projects have been well received e.g. they are currently designing a stone mandala to make in the garden to improve the look, feel and feeling of inclusion and a feeling of being more at home.

Kalgoorlie

Inpatients and outpatients have access to art therapy provided by OT and MH worker.

Fremantle Hospital/Alma Street Psychiatric Clinic and Graylands Hospital

DADAA have worked here for 16 years with multiple visual arts and moving image projects as well as music. Arts interventions are designed to improve health and wellbeing and to incorporate cultural significance focused on process but with high quality exhibition outcomes. "Open Minds Open Doors" art project/exhibition designed to allow Alma Street patients to contribute and change the face of the hospital, bringing in people from outside, breaking down barriers. Artist/facilitator Chris Williams has experience with workshops of different durations (has found that he can do short ones with good results). Gets patients to select space they want to work with in the hospital. His approach is about listening and responding to the gems/metaphors that come out of conversations.

Visual and Moving Image | National

Royal North Shore Hospital

Galleries on levels 1, 2, 3, 5 and 6. The works are for sale and artists donate 25% of the sales to the program.

Nepean River suspended ICU Light Court

A work created in collaboration with the Hawkesbury-Nepean Catchment Management Authority (HNCMA) 2012.

<http://www.harc.org.au/harc/page1/Projects.html>

Dr George (Poonkhin) Khut

An example of the use of technology in Arts and Health. Artist and interaction-designer working across fields of electronic art, design and health. His body-focused interactive and participatory artworks use bio-sensing technologies to re-frame experiences of embodiment, health and subjectivity. Tangible and embodied interaction, participatory art and Arts in Health are Khut's areas of interest. Has developed new audiences/participants for interactive and participatory art with exhibitions and research projects in hospitals, starting with "The Heart Library Project" at St. Vincent's Public Hospital in 2009, and more recently with the "BrightHearts" research project - a collaboration with Dr Angie Morrow, Staff Specialist in Brain Injury at The Children's Hospital at Westmead, Kids Rehab, that is evaluating the efficacy of his interactive artworks as tools for helping to reduce the pain and anxiety experienced by children during painful and anxiety-provoking procedures. Khut uses an app on an iPad to transition from visualization into therapeutic art-making.

www.georgekhut.com

Visual and Moving Image | International

Great Ormond Street Hospital, London (UK)

X-Ray Project (was basis for PMH project).

Multiple London venues (UK)

Guided tours of hospital art collections.

Cleveland Clinic (USA)

In the USA the Cleveland Clinic leads its Arts Program with its extensive visual arts collection and aims for it to enrich, inspire and enliven patients, visitors, employees and community. The hospital commissions site specific works, holds exhibitions, conducts audio art tours, art ambassador (personal) tours and art in the afternoon tours specially designed for individuals with memory loss and their care givers. There is a dedicated Arts & Medicine TV channel featuring over 120 works with music (Cleveland Clinic, 2016).

Regional Neurological Rehabilitation Unit, Homerton (UK)

Arts workshops for patients with Acquired Brain Injury <http://www.homerton.nhs.uk/our-services/services-a-z/r/nru-%28regional-neurological-rehabilitation-unit%29/therapy/art-workshops/>

Visual and Moving Image | Non-hospital but transferable

Goldfields Mental Health Service

Two art exhibitions were held designed to break down stigma and to inform the public about mental illness and recovery. Both were located in a public gallery visited by many people, with opening nights attended by 60 people on each occasion, and prizes awarded by community leaders. National Regional Art Summit (Arts and Edges) held in Kalgoorlie in October 2014 attended by approx. 700 delegates as well as the public, GMHS staff and consumers developed a series of 4 postcards featuring art works accompanied by inspirational messages and information about the service. These were distributed from the GMHS stall, and have since been widely distributed at community events and professional events. This has resulted in some of the consumers selling their art works. Art works have also been displayed at the WACHS MH conference in 2015, again resulting later on in sales for the consumers.

Community Arts Network Western Australia (CAN)

CAN work with communities across all cultures in WA for a resilient and diverse society. Offer large group of experienced community arts practitioners with the skills to work with vulnerable populations. Provide a breadth of arts projects, some of which may be suited to hospitals and/or address health issues. Practice focuses on inclusiveness and addressing personal issues through art. Examples transferable to hospital settings: Yarns of the Heart (Noongar dolls from the Southern Wheatbelt), SHINE (Healing songs from the heart and the land), Noongar Pop (project with Aboriginal teenagers to embrace their language) and Catalyst (variety of community arts projects, many of which could potentially be transferable to hospitals).

Have done a Social Return On Investment document - strongest evaluation in recognised framework.

DADAA

Best practice disability-arts organisation working with over 16,000 people across 35 WA communities involving 25 experienced community arts practitioners, each year. All of their projects are health or mental health related, most in community settings, but highly transferable to hospital settings. Always do evaluations, e.g. their book “Proving the Practice”. Strong interest in partnering with hospitals.

One of DADAA’s artists, Kate Campbell-Pope (04026611893) is also an independent exhibiting artist and ex OT. An experienced community arts practitioner, Kate expressed keen interest in working in hospital settings as part of any new Arts and Health project in WA.

Broome Community Recovery Centre

Operates in a community setting and are connected to Milliya Rumurra D&O rehab unit whose art therapist runs a men’s art group at the recovery centre, also to another art group Nagula Jarndu who run an Aboriginal women’s group

THE RECOVERIST MANIFESTO - I AM: art as an agent for change

Between 2012 and 2014 global Arts for Health expert Clive Parkinson (UK) worked with partners in Greater Manchester, Merseyside, Italy and Turkey bringing together artists, people and communities in recovery from addiction, drug and alcohol professionals and academics, using self-portraiture as a means of exploring identity, stigma and the process of behavioural change.

<http://www.art.mmu.ac.uk/profile/cparkinson>

<http://www.portraitsofrecovery.org.uk/projects.html>

https://www.youtube.com/watch?v=6bnLGe_4Kz4

Performing Arts | Western Australia

PMH

Puppetry making/performance (“Nessie” character), WASO HOP (Hospital Orchestra Program) conducts 6 x half day programs of concerts, workshops, bed-side visits. Has been running successfully for 5 years. Educational resources provided by WASO where possible.

Artist in Residence program conducted by dance artist Paige Gordon (in psych ward) for patients and their families.

“Hear Me” theatre performances x2 (Catherine Crock and Alan Hopgood play - see under Performing Arts | National pg. 108).

Starlight Express and Livewire programs. Fully equipped music room for acoustic and electronic performances available to patients under the guidance of Livewire Facilitators, visiting performers and external workshop providers. In addition the Livewire Facilitators teach music to patients and hold regular music workshops. Performing arts and music events throughout the year including the Big Day In, a mini music festival, and many other workshops, including circus, drama, scriptwriting, hosting visiting artists and an annual theatre production. This brings patients into the process of scriptwriting, set and prop design and costume design and is performed regularly over a week in the Telethon Theatre. Red Kite Music Therapy Program is provided to Oncology.

Clown Doctors provide ‘clown rounds’ four days a week .

NAIDOC Week - a program of indigenous artworks, performers, dancers and musicians are showcased over several days during this annual cultural celebration.

WA Ballet conducted sessions through the Starlight Foundation at PMH. Four dancers in costume, a few moments of dance, spent time with children, playing games, answering questions about dance, making craft, taking photos. Performance broadcast on Starlight TV, followed by life-drawing session with hospital teacher for adolescent patients in the Live Wire Room.

Internet on site at PMH is unreliable, but plans to utilise technology at new PCH.

Barking Gecko Theatre Company – Story telling, drama and writing workshops through Starlight Foundation at PMH. Also have a program for older children through Live Wire at PMH.

Yirra Yaakin Theatre did Kep Kaatjin performance at PMH.

Yirra Yaakin Theatre could also tour Kep Kaatjin show to regional hospitals and communities. Other health-related shows are 'Good Lovin' (about sexual health) and 'Mutta Car Sorry Business' and 'Talk It Up'.

The Arts Health Alliance team would like to see dance, singing or a parents and kids drawing project happen as an evaluated pilot program at PMH. Suggested they could run two control groups (one with and one without arts intervention) to measure the benefits.

RPH

Music on the Bridge – a lunchtime music performance program that invites musicians from the community, WA Academy of Performing Arts, UWA and high schools to perform as part of weekly programme.

Annual NAIDOC week music and dance performances involving renowned artists, patients and family.

Bentley Adolescent MHU

In 2014 Contemporary dancer Paige Gordon developed a dance program for the Unit's Artist in Residence project that provided a fun, positive and meaningful component of these physically engaging creative expression workshops. The comprehensive dance program used aspects of dance, movement, game-play, rhythm and music to learn and explore dance as an artform. Her background in working with TRACKSUIT (Dance for people with disabilities) and with Dance for Parkinsons® - see pg. 108 – has been a good grounding for work with hospital populations.

Joondalup Health Campus Mental Health

Weekly drumming group for mental health inpatients allowing the patients to express themselves through rhythm beats without having to talk if they chose not to.

SCGH Adolescent and Young Adult Cancer Area

Sony provide music resources (headsets, MP3 players, DVDs) Zenith (thru Cancer council) donated two guitars that can be played by patients.

SCGH

Actors used for role-play to educate staff about open disclosure with patients and their families/carers following clinical incidents or adverse events.

SJGHC

Mt Lawley: Didgeridoo playing, bi-monthly café events with food and music.

Geraldton: Gospel Choir in foyer monthly.

Murdoch: 2015 Jazz Performer on ward and this will continue in to 2016 in a research project to determine the effects and benefits of live music on wards. New partnership with Seton Catholic College performing arts students to commence late 2016 along with students receiving curatorial studies lectures from SJGHC Curator Connie Petrillo.

Murdoch Community Hospice: Weekly performances by harpist, guitarist and singer in public spaces and in patient rooms on request.

Subiaco: Public performances (music and dance) for special occasions; Community carols beamed from Chapel into wards; 2015 Voce di Gioia Pilot Concert Series (5 morning concerts) with 3 Catholic schools; SJGHC Community Choir based at Subiaco with caregivers from Group Services, Murdoch, Pathology and Subiaco; Performances at all Perth sites.

FSH

Radio-Lollipop and Clown Doctors bedside performances.

<https://www.youtube.com/watch?v=nfovLu9yFwc>

KEMH

2 musicians employed to play in all areas of hospital.

Graylands

Joint choir with CECAT, music groups, concerts and recording projects in therapy spaces, open and secure wards. Patients, carers, staff, artists and community organisations engaged. OT organised.

Graylands Festival: CECAT and Graylands departments formed a committee, run by OT manager. NGOs involved. Now an annual event during mental health week. Last year over 350 people, over 40 community stall holders, live music performances from patients and professional musicians.

Geraldton

Aged Care and Sub-acute. As Part of the OPI (Older Patients Initiative) Program a Exercise and Cognitive Activity program is run by the enrolled nurse therapy assistant. Music is used as a medium for stimulating exercise groups and maintaining engagement in group cognitive activities e.g. Dancing in chairs.

Brightwater Aged Care WA: Are putting in a M&M in one site and growing it from there. AHI have a very structured way of implementing. Artists are mentored and work with team leader. Continual PD days and education points. AHI artists are part of hospital team and write in patients' medical records. Are seeing about 1,500 people living with Dementia every week. Haven't yet operated in hospitals, because wanted to have a research/evaluation strategy that goes with it. Very interested to work with WA hospitals.

Solaris Care

As part of its program of supervised complementary therapies, SolarisCare has delivered approx. 220 art based therapies deliver per year to cancer patients and carers in the modalities of Group Art Therapy, Music Therapy, Creative Visualisation, Sound Massage and Music Outreach. In 2015, 264 therapies were delivered within centres, and 667 therapies were delivered in community outreach events; in 2014, 124 and 317 such therapies were delivered.

Other

Seasonal performances of Christmas carols widespread around many hospitals in WA.

Performing Arts | National

Arts Health Institute

Music & Memory Program: Dr Maggie Haertsch, a health professional by training, has worked on diabetes in the Pilbara and travelled extensively in Northern WA. As well as operating in aged care facilities, M&M is now in 21 general hospitals across NSW.

<http://www.abc.net.au/catalyst/stories/4421003.htm>

AHI have 70 professional artists on their books.

Institute for Creative Health / Royal Melbourne Hospital

Programs include:

- Lithgow Hospital Music and Health Pilot a 9-month health residence funded by Wesfund Health (local community health fund). A 40-bed hospital.
- Health Rocks song-writing and recording project with young women at risk
- Dying Well, live music and song-writing for people in palliative care
- Chris O'Brien Lifehouse (Arterie – see pg. 111), an in-kind partner with ICH. The funding has come from elsewhere.

Always build in a 3-month consultation phase for a 12-month project. Use a dual funding model, ICH puts in \$20k and client puts in \$20k. ICH/RMH gets paid to train an arts practitioner or clinician from e.g. Lifehouse or any WA hospital. ICH provides mentor for follow up. Teach a collaborative model between artist/therapist and patient. Artist needs to do risk analysis of their arts intervention with health staff, co-design the program with clinical staff, and receive training on how to offer an arts intervention to a patient who has not asked for it. How to offer an arts intervention to a patient who hasn't asked for it. Have to be included in ward rounds and in hand-over of patients. <http://www.instituteforcreativehealth.org.au/about-us/who-we-are>

HUSH

Dr Catherine Crock has developed the acclaimed HUSH series of recordings in collaboration with composers and musicians who come into hospital settings such as waiting rooms, wards and operating theatres, listen to the ambient sounds (and noise), talk to patients and their families and compose music that creates a more positive, healing environment. The music has been shown to have a positive impact on patients, clinicians and carers. The resultant HUSH Collection is used in 12 children's hospitals around Australia in wards, operating theatres and waiting rooms as well as to manage unsettled babies. Proceeds are shared by all supporter hospitals that each suit the funds to best suit their needs in services or research. (Hush Music Foundation, 2016)

Hear Me

Catherine Crock and Alan Hopgood play "Hear Me" written for health professionals, patients and organisations based on real patient experience. Post-performance audience participation in discussion on clinical incident disclosure, team communication and patient centred care allowing an opportunity to debrief, challenge the central premise of the story and discuss practical applications and ideas for change to hospital culture and systems.

Musica Viva Australia

Have done sound recordings (with patients) of bird song, then produced as background music for hospital.

Royal Melbourne Hospital

Arts and Health program specialising in live music (song-writing and recording) run by Emma O'Brien (who also heads up the Institute for Creative Health) and her team of registered music therapists and health musicians. Also: puppetry, tapestry, etc. Awareness to stay connected with patients after discharge. Some people need longer for closure. Invite patients back after discharge to record their song. Negotiate follow up care with other professionals (social worker, psychs etc) or follow patients into palliative care centre. Patient groups receiving Arts and Health: oncology, palliative care, neurology (rehab stroke, Parkinsons, MS), eating disorders and any long-stay chronic patients. Have music therapists and health musicians. Evaluate. Arts and Health funding is mix: core-funding (for Emma's role), hospital foundation, different departments paying for ad hoc practitioners, private donor funding and WEIS funding for certain conditions.

Arts Health Institute (Dr Maggie Haertsch)

Run the *Amazing Magic Club*, an intensive therapy program that combines professional magicians with occupational therapists to hold 10-day "magic clubs". The program is for children aged 8 – 16 years who have hemiplegia (most common cause is Cerebral Palsy) and promotes the use of both hands. The improved hand function improves social and emotional wellbeing as the child grows into adulthood. The program was designed and developed by the [Breathe Arts Health Research \(UK\)](http://www.breatheartshealthresearch.org.uk). The Arts Health Institute is the only organisation in Australia providing this program. Philanthropically supported by the NIB Foundation.

<http://www.artshealthinstitute.org.au/Programs/Amazing-Magic-Club.aspx>

<http://amazingmagicclub.org.au/about-us/>

Performing Arts | International

Whittington Hospital

Sing for your Lungs weekly singing group for people with long-term lung conditions. Through singing, vocal exercise and postural work led by experienced music therapists, those attending the group may see an improvement in their symptoms.

Royal Brompton Hospital and Harefield Arts Singing for Breathing (UK)

<https://vimeo.com/148622929>

Guys and St Thomas's Breathe Music

Offers live music and dance performances in the hospital foyers that reflect the cultural diversity of the hospital community as well as individual performers who play in clinical areas and at bedsides.

<https://vimeo.com/126369756>

'Dancing for Health' at Addenbrooke's in Cambridge (UK)

International example of dance programs in hospitals where the program offered by professional dancers assists patient recovery from procedures, improves mobility, balance and mood. Patients are found to have a shorter recovery period and improved engagement with physiotherapy. Patients of any age as well as staff and family members are invited to participate (Cambridge TV, 2015). Dancing for Health Addenbrooke's:

<http://www.cambridge-tv.co.uk/dancing-for-health/>

Vital Dance at Mile End Hospital

Provision for older adults at Mile End Hospital, detailing the collaboration between Trinity Laban Conservatoire of Music and Dance and Vital Arts (Middleton, 2015).

Breathe Magic Program

Refer to pg. 28 of the main report for an extensive description of the Breathe Magic Program developed by BREATHE Arts and Health Research, delivered at Guys & St Thomas's Hospital and Great Ormond Street Hospital in London, now commissioned by 3 NHS Trusts.

Video link: <https://www.youtube.com/watch?v=zhPVrodoKgw>

Performing Arts | Non-hospital but transferable

Play Up Valet Program

Uses comedic improvisation skills based on the world's largest randomised trial on using humour in aged care. Play Up sessions are held weekly. They include:

- One Valet, as the humour therapist, working for 2 hrs "on the floor" in one area, and a half-hour before and after working with our organisation's partner to mentor, de-brief and plan interactions.
- Sessions involve 10 residents per session, using a case management approach to the humour therapy.
- Opportunities arise for ad-hoc, impromptu moments for other residents not listed in the Play Up Plan, particularly when residents are in groups, or passing Play Up "rounds".

<http://www.artshealthinstitute.org.au/Programs/Play-Up.aspx>

Play Up currently runs in residential care but Royal Melbourne Hospital interested in becoming a test site for adaptation of program focused on older people in acute care hospitals (can be as high as 80%; length of stay is almost twice as long for older people especially those with cognitive impairment, dementia). Play Up Valet results in decreased need for psychotropics.

Dance for Parkinson®

Run by dance artist and TRACKSUIT director Paige Gordon at the WA Ballet Centre. Community setting, but skills of dance teachers Paige Gordon and choreographer Shona Erskine, who is also a registered psychologist, are transferable to develop a dance program in hospital setting. Erskine has created and presented a dance work about people living with MS.

https://www.youtube.com/watch?v=IAIPKPN_smg

Olie Westheimer (Founder of Dance for Parkinson Group Brooklyn who initiated the program with Mark Morris Dance Group NY) <https://vimeo.com/7762151>

Musica Viva WA Live Performance Plus

Musical education program in regional schools and communities. Have also run choirs in women's prison (Boronia Pre-Release Centre) - self esteem; empowerment. Transferable to hospitals. Lindsay Lovering ED of MV in WA interested in working in hospitals.

Keela Dreaming Festival

Showcase of Noongar culture, music and traditional dance in the Easter Wheatbelt. Keela Dreaming Festivals attract over 3000 people each year, and involve hip hop and traditional dance performances, lanterns and a giant six metre long illuminated ant sculpture all created by the community with the guidance of CAN's community artists. Some of the projects and community artists could be transferred into regional hospital settings. <http://www.canwa.com.au/offering/keela-dreaming-festival/>

Peel Health Campus

Partners with the Mandurah Performing Arts Centre and through this partnership is able to use performing arts (circus) to reach out to community groups such as schools and aboriginal organisations to improve health and well being in the community.

CAN SHINE

Healing songs from the heart and the land....songwriting collaboration in Kellerberrin and Quairading.... produced an album of healing songs...many participants were managing serious health issues across the life of the project, the SHINE Project considered highly suitable for transfer to a hospital setting. Engages local musicians including Indigenous musicians.

Ravensthorpe

Ladies auxiliary leads monthly sing-a-long with Aged Care residents.

Western Desert Kidney Health Project

An action research multi-arts project run in 10 Aboriginal communities in the Western Desert and Goldfields of remote WA to educate and promote the prevention of diabetes through healthier lifestyle in an area where people are diagnosed with renal disease four times as often as non-Aboriginal people. Art bus and Kidney Health bus visit communities for health checks and art activities. The art activities are conceived by the communities and with the help of artists developed into performances with giant puppets, and animated films. <http://westerndesertkidney.org.au/our-way>

Literary Arts | Western Australia

SCGH - Hospital Poets

One off event of poetry reading targeting staff (see p. 31 in main report).

Poetry Program: Partnership between SCGH, Armadale Health Centre and the Katherine Susannah Pritchard Writers Festival. Conceived by Anna Soter, based on the model of the Wexner Medical Centre at Ohio State University as part of a ground breaking initiative to establish Humanism and the Arts in medical training. Objective: to re-centre, re-connect with ourselves as 'human'. Re-charge depleted inner batteries through poems that are especially selected by the poet presenter. The emphasis of the readings is on the poet's personal reasons for poems chosen and the personal impact the poems have had on him/her. No analysis! Purpose: to experience how poetry can give relief from everything else. Staff can drop in/pop out any time, even bring lunch. Christchurch school teacher, Kevin Gillam was poet performer at SCGH. In Ohio staff also were engaged in active poetry writing workshops. EOI from: FSH, RPH, Bunbury and Busselton health campuses. Two articles published in Aust. & US medical journals.

Library Services: SCGH Volunteers offer a mobile library service. Reading areas in sub acute wards in C Block. DVDs and books available in Youth Cancer area.

SolarisCare incorporate storytelling.

PMH

Book collection that is available for the patients to access. Audio books are available, along with i-pads for patients to access games, movies, books and tv shows.

Livewire and Captain Starlight programs have a strong focus on writing and storytelling activities including the annual Write and Unite Festival, a week-long festival to coincide with Book Week and to celebrate all things related to reading, writing and storytelling. Volunteers/Ward Friends can read to the patients that have been identified by ward staff and play coordinators. School Teachers work with students/patients to provide literature studies as per curriculum.

CECAT

Creative Expression Centre for Arts Therapy program includes creative writing.

SJGHC Murdoch Community Hospice

Storytelling, letters, writing one's life story.

Literary Arts | International

Hospital Poets

Anna Soter Ohio State University Wexner Medical Center Running for 5 years in 7 hospitals across the campus but evaluation tbc.

In the USA, the National Association for Poetry Therapy (NAPT), a membership organisation has for many years promoted the use of poetry for healing and personal growth. It offers training accredited by the National Federation for Biblio/Poetry Therapy. In the UK, Victoria Field, who qualified as a Certified Poetry Therapist with the NAPT offers a variety of training opportunities in poetry therapy.

Literary Arts | Non-hospital but transferable

CAN

Story telling e.g. Bush Babies (Nyoongar doll-making), Yarns of the Heart. Head Tales with arts practitioner Andrew Gibbs is a storytelling project designed to reduce the stigma attached to mental illness and ignite the inner storyteller in participants. Head Tales started in 2014 with a series of storytelling workshops for clients of mental health services across regional WA in Margaret River, Bunbury, Busselton, Geraldton and Narrogin. 1-day weekly workshops over a 4 week period in each town. Along the way CAN expanded the program to also involve digital animation, visual arts and audio recording. CAN can structure short term workshops for short term patients, long-term workshops for longer term patients and workshops that are developed to deal with staff-specific issues. CAN artists do not "do" their own art/workshops, but provide participants with opportunities to tell THEIR stories. Have Aboriginal artists on staff. CAN interested in partnering with hospitals on Arts and Health programs.

Susan Bradley Smith, Curtin University

Reflective writing workshops for GP wellbeing NSW GPET award. Susan Bradley Smith has expressed an interest collaborating with hospitals and supervising Masters students Artists-in-Residence. Evaluation would be included in the process.

Participation by patients | Western Australia

Chris Williams (pvi collective, DADAA)

Multi-artform contemporary arts practitioner who works with people in community and health settings (among other areas, in Alma Street and BAU mental health and HIV/AIDS). Utilises highly contemporary methods including enabling people to work with moving image art. Works inclusively making projects that have the ideas, imaginations and stories of the participant at their heart. No preconceived idea of outcome before starting a project. Very similar approach to that of Mark Storor and Bobby Baker (UK).

PMH and Bentley Adolescent Unit (BAU)

Paige Gordon: dance artist and Artistic Director of Tracksuit in Midland. Dance-based workshops for adults with an experience of disability, mental health or social exclusion

https://www.facebook.com/TracksuitWA/info?tab=page_info

Paige has acquired hospital experience at BAU and PMH Ward 4 (children's psychiatric ward). At BAU, residency ran for 8 weeks, twice-weekly 1.5-hour sessions based on Year 11/12 Unit Dance 1A of dance curriculum. Due to high patient turnover, each workshop designed to worked as stand-alone experience as well as part of 8-week project. Participants supported to develop own content, rehearse and perform. Always followed by reflection process using pedagogical reflective tools (visual arts techniques). AT PMH Ward 4, Paige worked with patients, their siblings and parents. Weekly sessions. Feedback from nurses: highlight of their week. Always staff member in attendance. PG keen to extend dance workshop with visual artist or photographer/film maker.

Based on her hospital experience, Paige strongly favours ongoing programs because of need for reliability and consistency. Staff and patients have to know that dance is going to be there every single week (regardless of who the practitioner is). Meta-language of dance (momentum, velocity, centring) elevates and stimulates. Keen to develop a framework for dance therapy in WA Hospitals (including methods for co-teaching with nurses or allied health staff). Evaluates all her work (using Q-SORT, an easy evaluation method that looks quantitatively at qualitative experiences). Recommends a generative pilot model, e.g. six dance artists (or health staff) being trained during the pilot. Interested in doing Meryl Tankard's dance in chairs work with people in Oncology (a 5-week program culminating in 'flash mob' of moving feet). Can use iPad to learn steps.

Participation by patients | National

Arts and Health @ FMC (Flinders Medical Centre, SA).

Commenced in 2000 FMC's Art in Health program is the country's oldest and most established art and health program fully integrated in the life of the hospital. Program manager: Sally Francis.

<https://www.youtube.com/watch?v=QH7MJx4Ezlw>

The program includes:

- Three art galleries
- FMC Art Collection
- Artist in Residence
- Patient Art Packs and Nurture Packs for end of life care
- CD and DVD players available
- Art Therapy (with Art Therapist)
- FMC Mobile Art Trolley (with Art Facilitator)
- Music for Relaxation (with Sound Therapy Practitioner /Musician Heather Frayne)
- Harp for Healing (with Harpist)
- Mindfulness Meditation
- Yoga
- Live music on wards
- Creative Writing (Writer in Residence)

Areas of the hospital where A&H occurs include elderly acute care, oncology, eating disorders, neo natal unit, palliative care and ICU. Arts and Health practitioners have learnt to speak each other's 'language'. Clinicians refer to the Arts practitioners and Arts practitioners now write on patient charts. A&H have 3.8 FTE staff. Artists receive 7-8 units of training. Funded by Foundation and staff payroll deduction scheme.

<https://www.youtube.com/watch?v=QH7MJx4Ezlw>

‘Arterie’ program at Chris O’Brien Lifehouse

With Amanda Soloman (former artist lead in workshops with Kaldor Public Art Projects in Sydney Children’s Hospital Randwick) and Deborah Burdett (practising artist and town planner). An innovative model of arts engagement especially designed for healthcare in hospitals. Arterie offers a number of separate programs:

- Carterie, the mobile art studio (art trolleys)
- Artist in Residence
- 3-hr Group Workshops for patients, carers and staff)
- Arts and Health lecture series (education).
- 3 days/week music therapist (funded by a philanthropic foundation)
- Two health musicians for 2 sessions p/week.
- Two days/week research assistants embedded at Lifehouse.

Arterie creates a sense of community for staff, patients and carers. Arterists wear long bright orange aprons. <https://vimeo.com/114177474>

Royal Melbourne Hospital

Manager Music Therapy, Emma O’Brien (also ED of Institute for Creative Health) has been at RMH for 18 years. A&H Program model at RMH has been developed on site.

Participation by patients | International

Mark Storer (UK)

Award winning artist and theatre maker who works in the space between live art and theatre, often site specific, always collaborative. At the heart of his work are the ideas, imaginations and stories of the participants he works with in hospital settings. “Storer is a genius taking lived experience and showing it as staged metaphor” Lyn Gardner, The Guardian.

Examples:

- ‘Visiting Time’ working with 13-14 year olds in hospital with cystic fibrosis.
- ‘For the Best’ project was first done in Guy’s & St Thomas’s Hospital with children in the Renal Ward, then re-made the work for Royal Liverpool University Hospital adult patients in their Renal Unit.
- ‘The Barometer of my Heart’ Through creative workshops with men in religious, military, sports and corporate settings, and research with men attending erectile dysfunction clinics*, Mark carved out a distinctive space for men to talk freely. Inspired by real conversations with the men, public performances bring experiences previously kept in the shadows into the light.

Mark’s projects are produced by Anna Ledgard, funded by the Wellcome Trust and supported by the National Lottery and various hospital and NGO partners.

<http://www.theguardian.com/stage/2015/sep/10/the-penis-barometer-of-heart-and-head-mark-storer>

<https://vimeo.com/18392626>

Bobby Baker (UK)

Bobby Baker is a theatre maker living with mental illness. Mad Gyms and Kitchens is one of her theatre works. She often collaborates with Mark Storer. <https://www.youtube.com/watch?v=xuCcGJ3uSCA>

USA – Partnership between Department of Defence and National Endowment for the Arts (NEA)

Walter Reed Army Medical Center has the first state-of-the-art research center to test treatment plans integrating creative arts therapies alongside traditional rehabilitative treatments for patients in military settings. In November 2012, music therapy was added to healing art efforts with the hiring of music therapist Julie Garrison and music therapy consultant Meagan Morrow. Music therapy is a part of the groundbreaking, interdisciplinary approach to working with patients and their families, according to Melissa Walker, creative arts therapist and the NICoE's (National Intrepid Centre of Excellence) Healing Arts Program Coordinator. Ms. Garrison works with military patients, active duty troops with TBIs and psychological health and with patients throughout the Walter Reed MC, including active duty, veterans, and their beneficiaries. After successfully piloting the program at Walter Reed, the Fort Belvoir Community Hospital Brain Wellness Center in Virginia invited the NEA to replicate the program in their new integrative care facility in Nov 2013. The partnership now involves support for multiple creative arts therapy disciplines (therapeutic writing, art therapy and music therapy) at Walter Reed and Fort Belvoir.

<https://www.arts.gov/partnerships/nea-military-healing-arts#sthash.A6dyvDgr.dpuf>

Other similar US programs on: <http://www.operationwearehere.com/ArtTherapy.html>

Participation by patients | Non-hospital but transferable

Sensorium Theatre (WA)

Deliver immersive, multi-sensory theatre environments for young audiences with profound multiple learning disabilities and children with Autism Spectrum Disorder all of whom are regular visitors to hospitals. Highly participatory, it engages the children in touching, tasting, smelling, hearing, feeling and seeing the stories as they unfold around them. Each child becomes an active participant in the story telling experience.

<https://vimeo.com/149368311>

Co-directors Michelle Hovane and Francis Italiano have done some work at PMH already and are interested in adapting their existing community workshops to make them suitable for a hospital setting with a higher awareness around sterility and safety. Francis has 7 years experience working at Abbotsford Psychiatric Hospital as a therapeutic artist.

www.youtube.com/watch?v=3tbVQdk-f10

<https://www.youtube.com/watch?v=dwATU-6is>

Dance for Parkinsons (DFP)

A 6-week program of weekly dance classes for people with Parkinsons (+ carers) conducted by professional dance artist Paige Gordon at WA Ballet Centre. Paige is experienced in Arts and Health / dance projects including in Sydney school for students with disabilities, seniors program with Buzz Dance, Tracksuit and Dance for Parkinsons. <http://danceforparkinsonsaustralia.org/news-events/>

DFP is focused on the aesthetic movement of dance rather than acting as therapy; participants encouraged to approach movement like dancers rather than as patients. Based on method developed by Mark Morris Dance Company in New York in 2001. DFP Australia started in 2012.

https://www.youtube.com/watch?v=pL_LZgAEsnM

Paige Gordon and her colleague dancer and registered psychologist Shona Erskine are keen to adapt/develop program for general hospital patients of all ages. Can use the DFP techniques for hospital patients who are elderly, recovering from surgery, suffering from stiffness or imbalance, can't get out of a chair, need carer with them at all times.

Participation by staff | Western Australia

AUSDANCE

In partnership with St John of God Healthcare delivered a workshop for executive staff led by two dance professionals (Shona Erskine and Stefan Karlsson) at Busselton Conference "A Healing Presence – Nurturing the Whole Person".

Phil Thomson

Actor/theatre maker, currently working with CO3 Dance, has delivered successful acting workshops for Child Welfare Staff to enable them to better “de-role” after work, to escape the stress and relax for mental health.

Other

See SCGH Poetry Program in partnership with Katherine Susannah Pritchard Writers Centre, under Literary Arts. (see pg. 110 and p. 31 in main report).

Participation by staff | National

SMILE (Sydney Multisite Intervention of LaughterBosses and ElderClowns) Study

Randomised controlled trial of humour therapy showing a reduction in agitation in the arts intervention group comparable to anti-psychotic drug therapy results. Humour therapy was delivered by team of in-house healthcare staff (Laughter Bosses) and outside clowns (Elder Clowns).

<http://bmjopen.bmj.com/content/3/1/e002072.long>

Women’s and Children’s Hospital SA

Include arts interventions for staff in their Arts and Health Program such as a Ukelele group conducted by a paid music practitioner and there is also a craft drop in centre for staff.

Western Health

Conducted 60 days of Art Festival program, a celebration of Western Hospital’s 60th Anniversary (2014). The aims were to engage all hospital community members, including staff, in events that celebrated the cultural diversity, heritage, promoted health and wellbeing and acknowledged staff contribution. The staff program sought to offer positive experiences while commencing the dialogue on Arts and Health. A very broad range of experiences across many art forms and involving multiple local artists were offered daily from exhibitions to live performances and both open and targeted workshops for staff groups (as well as patients). A dedicated staff workshop saw people making an anatomical thorax in clay to a performance by Threshold Choir in the hospital foyer. For a full report, go to:

footscrayarts.com/cms/wp-content/uploads/2014/07/60-Days-of-Art-25062014.pdf

Chris O’Brien Lifehouse

Arterie Program delivers 3-hour arts and craft workshops for staff, patients and carers (all together).

Arts in Health @ FMC

Includes programs for staff, such as the arts trolley (for staff to make art and also for in-service training about the FMC Arts & Health Model of Practice), as well as meditation and relaxation sessions that are part of the Arts in Health program at FMC.

Participation by staff | Non-hospital but transferable

An international collaborative project in Arts and Health facilitated by Clive Parkinson include: Art for Wellbeing in Lithuania. The goal of the project was to promote access to culture and well-being through the creative partnership of professionals within culture, education, healthcare and social services - presenting new approaches towards Arts and Health.

<http://www.art.mmu.ac.uk/profile/cparkinson/projectdetails/553>

AHI (Dr Maggie Haertsch)

Blue Care in Queensland won a better practice award in 2015 and wrote report on medication reduction as a result of better staff care. Dressed in fun costumes, the Valet starts in the middle of a room. Surrounding the valet are the participating residents. With a variety of tools – from balloons to musical instruments – performers engage residents in a caring and gentle way, with playful energy. Some residents respond immediately by singing or dancing. Some are slower to get involved, but after just 15 minutes there is seen to be an effect on every person there. Now also starting to operate in general hospitals (21 in NSW) and keen to work in WA.

For evidence, check: <http://www.artshealthinstitute.org.au/News/Play-Up-wins-national-award-with-Australian-Aged-C.aspx>

Arts and Health Strategy and/or Program | Western Australia

Creative Expression Centre for Arts Therapy (CECAT) Graylands Hospital

Is a purpose built stand alone centre for therapeutic visual art, incorporating an art gallery. Running for 48 years. It is a statewide art therapy, psychosocial support service that mainly caters for community clients - Patients on the wards are welcome if they are stable enough to benefit from the programme. Inpatient Art Therapy Groups on Murchison Ward have been running on a weekly basis for many years. Employing a team of art therapists and art instructors 11.1 FTE across 2 sites

Central Institute of TAFE (CIT) Cert III Visual Arts unit run at CECAT allows transition to CIT with support to complete certification.

Wungen Kartup, Specialist Aboriginal Mental Health Service has an art specific space that meets the cultural and spiritual needs of Aboriginal inpatients, community clients, staff and visitors to the centre.

Rockingham Hospital MH

Art therapists and OT assistants deliver art therapy program in this 26 bed unit.

Arts and Health Strategy and/or Program | National

Royal North Shore Hospital

In 2011, RNS Redevelopment commissioned an arts and heritage plan, developed by Health and Arts Research Centre Inc. (HARC) in collaboration with staff, patients, visitors and local communities.

Flinders Medical Centre SA

Towards a Model of Practice, prepared by Christine Putland.

Available for download at: <http://www.flinders.sa.gov.au/artsinhealth/pages/publications/>

Arterie Program – Chris O’Brien Lifehouse and Royal Prince Albert Hospital

Arterie is an innovative inter-disciplinary model of art in healthcare practice, specifically designed to improve outcomes for Chris O’Brien Lifehouse patients, families, carers and staff by easing the side effects of cancer and its treatment such as stress, pain, fatigue, isolation and depression. Arterie participates in a way that fits with the patient’s treatment – it is non-invasive, inclusive and supportive. Program developed and facilitated by Amanda Solomon and Deborah Burdett and delivered by qualified practicing artists who are committed to enhancing the Lifehouse experience for patients, families, carers, visitors and staff members through a variety of art engagements.

<http://www.mylifehouse.org.au/services/complementary-therapy/arterie/>

The Children's Hospital at Westmead

Operation Art and Youth Art Programs.

<https://www.schn.health.nsw.gov.au/parents-and-carers/your-visit-to-hospital/your-familys-visit-to-the-childrens-hospital-at-westmead-9>

Women's and Children's Hospital SA

Jill Newman, coordinator of WCH Arts in Health Program is employed by the WCH Foundation. Based on the FMC model, but adapted for local context. Employed in 2009, first year no programs, but mainly planning how they were going to work in the hospital. Took over corridors, put in lighting for collection, the most visible part of the Arts and Health program. There is a committee that vets and facilitates projects going into wards. This committee includes the Executive Director of Media and Comms, senior execs of the hospital and the Foundation and other strategic committee roles. Has worked hard to get to know everyone on the ground, facilities staff, security, infection control team etc. Worked on understanding hospital's needs. Delivery of art programs by enhancing the role of play therapists who were already working directly with the children. Play therapists in turn work with volunteers.

Jill Newman gets major support from fundraisers on foundation staff. Crucial in getting program off the ground. Program involves performing arts, digital media projects, animation, a ukulele program especially for staff, a magician program working 1:1 with patients and animal assisted therapy (dog and handler working alongside OT and speech pathologist in rehab). WCH has more therapeutic focus than performance/entertainment based events (as FMC has). Do orientations with arts practitioners (same as volunteer orientation) and her own. Have info brochure for arts workers. Partner with lots of people to 'make things happen'. Also have flow-on out of hospital links into community, e.g. ACORN for young mums with post natal depression (started in hospital now run out of Anglicare church hall near hosp. Evaluate feedback from patients with Fabio the Frog model from UK.

Arts and Health Strategy and/or Program | International

All the London hospitals e.g.: Chelsea Westminster + The Art and science of patient care

<https://vimeo.com/126376910>

Great Ormond Street Hospital – Gocreate

Guys and Thomas's Charity distributes £100million every five years for healthcare innovation. Research into Arts and Health sustainability - Arts Strategy Sustainability.

Art in Alder Hay Park

Clive Parkinson worked with young people at the Royal Liverpool Children's Hospital, Alder Hey to evaluate the impact of its arts strategy as the old hospital began its transition into a new health park between 2013 - 2015.

<http://www.art.mmu.ac.uk/profile/cparkinson/projectdetails/555>

Cleveland Clinic Arts and Medicine Institute (USA)

The Cleveland Clinic operates 11 N-East Ohio hospitals and has affiliates in Florida, Nevada, Canada and Abu Dhabi. The Institute's mission is:

- To enhance the hospital experience through the arts
- To practice and investigate the use of the arts in healing
- To build community around the arts, health and medicine

Patient Focus: To enhance before any of the following considerations the well-being of patients, followed by families, visitors, staff, employees, students and the community.

Performance Focus: In addition to their extensive, actively used art collection, this hospital supports performing arts, as they enhance the medical environment, express ideas and emotions, and offer therapeutic benefits.

Research Focus: Initiate and carry out investigations into the effects of art and culture in the medical environment. The Institute measures results to improve quality.

Community Focus: Interact with local, national and international NGOs in a positive and mutually beneficial way.

Institute provides opportunities for personal growth and cultural enrichment for patients, their families, employees and the community. Through a series of lectures, workshops, presentations, as well as visual art tours of surrounding institutions, people are given the opportunity to learn about the arts, and the benefits of the arts. Artists present lunch hour lectures.

Listeners are provided an opportunity to engage in high quality performances by local and world renowned musicians, dancers, theatre makers, music ensembles, troupes and companies.

Art and Music Therapy are available for in-patients by referral. Programs and groups are offered in heart and vascular, children's wards, cancer wards and transplant units, as well as behaviour health area in one of the CC hospitals. Drop-in programs for visitors, caregivers and patients are offered in the Hospital's Wellness Store and the Patient and Family Health and Education Center. The Arts and Medicine Institute is offering Art Therapy as a free service in the hospital. Patients may request their nurse or other caregiver to place a consult to Art Therapy.

http://my.clevelandclinic.org/services/arts_medicine/therapy-performance-education/art-music-therapy

Arts and Health Strategy and/or Program | Non-hospital but transferable

Country Arts WA

A good source of community arts practitioners who can work in regional and remote area health settings. Country Arts have experience in delivering mental health / arts projects. e.g. Sand Tracks.

Dementia and Imagination

A large scale, visual arts-based, multi-site research strategy exploring the relationship between visual arts and dementia – an emerging example of excellence led by UK Arts and Health expert Clive Parkinson (Manchester Metropolitan University). Arts for Health at MMU is a partner in one of five projects that will see university researchers, community groups and national charities and trusts working together to explore community health and wellbeing, community engagement and mobilisation. Arts for Health is part of a collaborative research group that has been awarded a large grant in the Cultures, Health & Well-Being theme, one of five Connected Communities Programme themes which share funding in excess of £7m.

The focus of the Connected Communities Programmes is on engaging with communities, giving them the opportunity to contribute to the creation, design and production of the research. By working in partnerships with community groups the research is able to produce knowledge and create resources that are of direct significance to the groups involved but also have wider societal, cultural and economic benefits.

Led by Bangor University's Dementia Services Development Centre, the three-year project receives £1.2 million researching how taking part in visual arts can contribute to the health and well-being of people with dementia.

Clive Parkinson will be leading specific areas of this work around art in the research process and engagement through art, that brings together social sciences researchers specialising in dementia, gerontology, psychology and economics with researchers in the visual arts, cultural policy and museum studies.

The research will ask the question: How can visual arts interventions change, sustain and catalyze community cultures, beliefs, attitudes and behaviours to create dementia friendly communities?

The project will be developing a dedicated website for this exciting research project.

<http://www.art.mmu.ac.uk/profile/cparkinson/projectdetails/554>

Other

A sister service to CECAT known as the Reflections Art Studio runs (for 10 years) a similar community service out of a studio in Aberdeen St Northbridge.

Communities of Practice | Western Australia

PMH: Arts Alliance

Aims to provide a coordinated approach to developing, delivering and reporting on creative initiatives throughout CAHS. Alliance members: CAHS Clinical Services CAHS Allied Health, Starlight Children's Foundation (Captain Starlight & Livewire program) School of Special Educational Needs: Medical and Mental Health (SSEN:MMH) Recreations Services - Play Coordinators & Megazone. Each organisation contributes to a wide variety of arts activities and initiatives at CAHS that range from incidental to therapeutic. These activities provide creative, participatory and receptive arts interventions within the health environment. Multiple external partners include providers, funders and research.

Arts and Mental Health Network

Annual exhibitions during mental health week.

Communities of Practice | National

Ngala Nanga Mai Parent Group Program, Sydney Children's Hospital Randwick

Project Officer Michelle Jerskey. A well-researched (UNSW) 10-week creative arts program with Aboriginal mothers and extended family. 1 x 4-hour sessions weekly. Doctors also involved as makers, found they got better info and can communicate health messages more effectively with this approach. Used local Aboriginal artists and institutions. Resulted in exhibition.

Communities of Practice | International

Breathe Arts Health Research

Offer consultancy services to help, advise and guide others to achieve arts activities in healthcare. Their art programmes are designed to have a positive impact on health and wellbeing. They believe that if clinical staff, policy makers and budget-holders are inspired to change their thinking, the arts will become embedded into healthcare and are working towards making that happen. <http://www.breatheahr.org/>

London Arts in Health Forum

Membership organisation which aims to develop the role of culture in wellbeing and to promote and support arts in health activity across London and nationally. The organisation is free to join and offers events, a regular newsletter, training sessions, advice and support for artists, architects, clinical staff and service users - basically anyone with an interest in arts in health

London Hospital Arts Network

<http://www.creativityandwellbeing.org.uk/week/events/london-hospital-arts-network-go-digital>

Communities of Practice | Non-hospital but transferable

Wunan Aboriginal Corporation

In Kununurra in the East Kimberley provide culturally-based health solutions.

<http://wunan.org.au/kununurra-medical-centre>

Derbarl Yarrigan Clinics (Midland, Maddington, Mirrabooka, East Perth)

Local culturally-based Aboriginal Health service.

<http://www.derbarlyerrigan.com.au/>

Training for Arts and Health | Western Australia

DADAA

Have the capacity to offer training for arts workers (other than their own) who are new to working in hospitals.

Training for Arts and Health | National

AHI (Dr Maggie Haertsch)

Have developed the Arts Health Academy, their training arm for arts practitioners and health professionals. Run workshops and leadership courses for middle management to foster Emotional Intelligence using theatrical techniques. Leadership theory mixed with practical every days issues. Do creative skills development for health workers, lateral thinking to solve problems and how to have appropriate playfulness.

Use FISH philosophy (Steve Lundin) underpinned by 4 principles:

1. Being there
2. Choose your attitude
3. Making someone stay
4. Being playful (can't have 4 without 1-3).

The Institute for Creative Health

National peak body for Arts and Health and providers of training and development for artists who wish to work in health and for health settings who wish to embed arts programs in the life of their hospital.

<http://www.instituteforcreativehealth.org.au/search/node/training>

Training for Arts and Health | Non-hospital but transferable

Medical Humanities

Notre Dame University's Dean of Humanities Sarah McGann is planning two new units in Arts and Health (one undergrad and one post grad).

At UWA on 19 October 2016 the Calloway Lecture will be delivered by Prof. Martin Evans from Durham University (UK) whose area is Medical Humanities. He will talk about music as therapy and how it works, rather than why it works.

Appendix 3 - Arts and Health reporting tool

Section 1: Program Details, Essential Information (Daykin, 2016)

Project title or name of activity	Record of the name or title of the intervention, for example: 'Singing for wellbeing in older people.'
Aims and objectives (including outcomes)	What does the intervention aim to do? What are the intended outcomes and impacts? What is the rationale for the evaluation, i.e. why are you doing it? Identify the key health and wellbeing outcomes as well as the personal, artistic, organisational, financial and social outcomes that the project seeks to achieve. Identify any broader impacts that the project seeks to influence.
Contact details	Who will be involved in the project delivery? List the key people involved in the intervention planning, delivery and evaluation. This should include full contact information and details of staff positions for all project delivery partners.
Commissioner(s) and funding sources	How is the intervention funded and who has commissioned it? For example: 'Funding is provided by the Department of Health and the intervention was commissioned by the local authority.'
Intervention timescale (exposure, quantity and duration)	For how long does the intervention run? How many sessions, episodes or events are delivered? For example: 'The intervention is delivered in ten two-hour sessions, once a week for ten weeks.'
Intervention delivery dates	This includes dates for the initial recruitment of organisations (for example, GPs) and participants, first point of contact and any follow-ups.
Location and setting	Where is the intervention taking place? It could be in a community centre, school or other setting. It may be useful to add a description of any transport that is provided for participants to attend.
Type of arts intervention	Provide details of the art form, for example, music, singing, visual arts, theatre, literary, digital or electronic. Also provide details of the nature of the activity: for example, static, live performance or participatory.
Description of the activity	Can the evaluation be reproduced based on your description? Identify the elements of the intervention so that others can deliver it outside your project. Give details of the content, delivery method, session format. For example, 'each session will be two hours long and will include a warm up followed by coaching and rehearsing appropriate repertoire, selected in consultation with participants. At the end of ten weeks participants will have the option of taking part in an informal performance for an invited audience.' Give details of any planned variations in the programme.

Context and setting for the activity	Will the project work equally well in different settings? It is helpful to appreciate the context of the activity. Give details of the setting and identify any particular features of the environment or setting. Note whether there are conditions that are essential for the activity to be delivered safely and effectively as well as other features that can affect the programme, for example, existing arts programmes.
Quality assurance	Who will manage the intervention? Who will deliver it? What quality assurance procedures will be followed? For example: 'the group will be led by a professional singer who is trained to deliver community music interventions. All staff involved in delivery of the programme will have undergone Criminal Records Bureau checks. The facilitator will keep a reflective diary to record progress. All adverse events will be recorded and reported to the project manager. The project manager will attend sessions in order to monitor progress and gain feedback from participants.'
Target population	Who is the target population? Are there specific admission criteria? Provide details of the individuals and groups as well as the settings where the project is targeted. Include age and demographic details as well as health conditions. For example: 'individuals aged over 55 from postcodes XYZ who are socially isolated' Give details of any inclusion criteria which participants are required to meet – for example, 'aged over 55 from postcodes XYZ'.
Method of recruitment and referral	How are participants recruited to the intervention? Is there a referral process or is it self-selecting? For example, are participants referred by a GP or are leaflets and posters used to advertise in GP surgeries? Give brief details here of recruitment procedures including referral processes or use of leaflets and posters to advertise the activity. Give details of the methods used to target particular groups, such as advertising and promotion in specific areas. Provide details of the percentage of those in the target population who have actually been recruited.
Equipment and resources required	What equipment is needed to run the intervention? How much space is needed? Can the facility accommodate population groups with specific requirements (such as people with physical limitations or specific dietary needs)?
Core staff competencies (and training required)	How are those delivering the intervention recruited? What are the core skills needed by everyone involved in delivering the intervention? Does the intervention require the involvement of a professional artist or musician? What personal skills such as communication or facilitation are needed? Do those staff delivering the intervention need to be trained in certain aspects of the intervention such as group work, community music or working with older people?
Quality assurance mechanisms; assessment of risk and potential unintended consequences	Describe the quality assurance mechanisms including supervision of staff, responding to feedback and complaints, identifying risk, referral arrangements, reporting of adverse incidents and documenting of unintended consequences.

Project costs per participant	It is important to document the full costs of an intervention in order to assess its sustainability and whether it offers value for money. The project costs per participant can be calculated by dividing the total cost of the project by the number of people who have received the full experience from recruitment to completion of the programme. A full analysis of the cost of the project per head will take into account costs incurred during the planning and set-up stages, such as staff time and publicity, as well as delivery and evaluation costs. It is important to factor in 'invisible' costs such as a room in a hospital, museum or library that may be available free of charge as part of a partnership agreement. Future planning needs to take into account the need for such resources. For example, if a singing programme costing a total of £6,000 recruited 40 people, with 20 completing the course, then the cost per participant would be $\text{£}6,000/20 = \text{£}300$. However, this method of costing may overlook the value obtained by someone who has attended most but not all of a programme. An alternative way of costing might be to set a lower threshold of attendance. For example, if 40 people were recruited and 30 people managed to attend 75% of sessions then the costs would be per participant would be $\text{£}6,000/30 = \text{£}200$. It is important to make it clear how project costs per participant are calculated.
Cost to the participant	Is there a cost to the participant? Provide details of any charges made for any part of the intervention and other costs such as equipment, clothing or transport.
Ethics and consent	It is important to consider any ethical issues that arise in the delivery of the project. Will individuals' artworks or performances be reproduced, broadcast or disseminated? Will participants be identified in advocacy or marketing materials? What procedures will be used to obtain consent and protect the privacy of participants?
Declaration of interest	It is important to declare any potential conflicts of interest, even if these do not seem to be important. This is particularly important if the evaluation is funded by an agency that could be perceived to have a commercial interest in the results. Perceived conflicts of interest do not necessarily mean the intervention should not go ahead as planned; it may be acceptable to state how potential conflicts are going to be avoided. For further information see the NICE policy and code of practice. (NICE, 1999)

Desirable information

Detailed rationale and theory of change	Give details of the rationale in terms of the mechanisms of change underlying the intervention. This includes identifying a clear goal or primary outcome, tracing intermediate outcomes that might contribute towards this and using evidence to demonstrate the link between outcomes.
Evidence review	Give details of the evidence review process including reviews of comparable interventions that have informed the development of the project.
Consultation	Consultation is important to establish that an arts intervention is being developed in response to an identified need. Describe the consultation processes with stakeholders, including service users, which have informed the development of the activity.

Duration of funding	Document the duration of funding, including start dates and finish dates of any grants that have been used to fund the evaluation.
Special conditions of attendance and incentives	It is important to record any special conditions that may affect participants' experiences of the project. For example, are any incentives provided to either recruit or retain participants, and if so, what are they? If incentives are used, it is important to record any evidence of their impact. Are there special features of this programme, such as the use of a prestigious venue, which may have impacted on participants' experiences. This is important as incentives and special features may influence the effectiveness of an intervention and the sustainability of any outcomes.
Details of health needs assessments	It may be useful to show whether an intervention is part of a specific local strategy, or whether it addresses needs identified as national priorities or indicators.
Details of equality impact assessments	Public bodies have a duty to undertake equality impact assessments (EIAs) under race, sex and disability equality legislation. It can be useful to include an EIA in evaluation in order to examine the projects impact on different groups.

Section 2. Evaluation details

Evaluation aims	What is the rationale for the evaluation – why are you doing it? Identify the key outcomes and impacts that have been prioritised for evaluation.
Evaluation questions	What questions does the evaluation seek to address?
Type of evaluation and evaluation design	What kind of evaluation design will be used? For example, will it draw on quantitative or qualitative approaches? Outcomes are usually captured using quantitative data. Economic evaluation methods are needed if it is intended to demonstrate cost savings and benefits. Qualitative evidence can help to understand participants' experience of a project and can contribute to process evaluation. Describe the evaluation approach, the data collection methods and the procedures that will be used for analysing the data. Check the evaluation methods will answer the questions you seek to address and demonstrate whether or not the intended outcomes or impacts have been achieved.
Evaluation budget	What resources have been set aside for evaluation? Give details of the evaluation costs and a budget to include evaluation planning, staff, transport, materials and other evaluation costs.

Monitoring	It is essential to capture basic information such as the numbers of people recruited to a project and have completed all its stages. Recording demographic information about participants including age, sex, ethnicity, disability and socio-economic status can help to assess whether the project has successfully reached its target population and it can also help to establish whether the outcomes are more or less likely to be delivered for different groups. It is standard practice in public health evaluations to monitor such details. In public services there is a legal requirement to carry out ethnic monitoring. Ethnic category codes for England are defined by the Office for National Statistics (2011). In arts for health and wellbeing, the level of recording will vary depending on the specific characteristics of the project. The Data Protection Act 1998 must be adhered to when collecting personal data from individuals, and a data protection statement should be given to participants before any personally identifiable data is collected. It should explain exactly which personal data is being held, why, where, and who will have access to it. This is particularly important when collecting sensitive data such as ethnicity and socio- economic status.
Data collection procedures	In addition to monitoring, what data collection activities will be undertaken? What tools will be used? Who is going to collect the data? What skills do they need? Provide details of quantitative and qualitative data collection procedures.
Sampling, selection and recruitment of participants	Will the data collection include all participants? How will participants be selected for qualitative interviews, focus groups and case studies? How will they be recruited? The generalisability of evaluation findings can depend on the nature of sampling. Ideally, a representative sample of the target population will be included in the evaluation. It is important to collect follow-up data from as many members of the original sample as possible and to account for any missing data. Sampling is important in both quantitative and qualitative evaluation. While it is not necessary to obtain a representative sample in qualitative evaluation, it can be useful to include a range of different experiences and cases. In both types of evaluation, it is important that evaluators know how the characteristics of those contributing to evaluation compare with those of the target population.
Evaluation timeline	When are the data going to be collected? Baseline data for the outcomes should be collected before the intervention begins and assessment should be repeated at the end. Ideally, longer term follow-up will include data collection between six and 12 months after the intervention has been completed. Provide a timeline for the evaluation, allowing for planning and preparation as well as data analysis and reporting.
Process evaluation	How will broader project impacts, including strengths and challenges of delivery, be assessed? How will learning be captured in order to inform future projects and the wider arts for health and wellbeing field? Outline the information used for process evaluation, including diaries and activity logs. Record what actually happens during the project, including any challenges to the delivery of the evaluation. Note that unexpected outcomes and impacts can be positive as well as negative.
Participants' views about the intervention	How will participants' views about aspects of the project and its delivery be captured? Give details of any methods used to capture participants' experiences including satisfaction questionnaires, focus groups or interviews. It is important to bear in mind that participants may not wish to be seen as criticising the project or the team delivering it. Consider methods that enable participants to give anonymous feedback, including talking to people who are not directly connected with the project delivery.

Ethics and consent	What are the ethical considerations for the evaluation? Will the anonymity of participants be protected? Could the evaluation include discussions about upsetting topics? Are the participants particularly vulnerable? Are adverse effects a possibility? What are the referral and reporting arrangements should the need arise? The National Research Ethics Service (nres.nhs.uk) gives useful advice, including how to distinguish evaluation from research. This is important, as the latter requires ethics approval while the former may not. (NRES, 2009) Describe the procedures for obtaining consent, minimising risk, safeguarding participants' privacy and confidentiality, and ensuring that they have a choice about whether to take part in the evaluation.
Conducting the evaluation	Who will conduct the evaluation? How will you ensure that they have the requisite skills? Will the evaluation team include expertise from different disciplines including arts, health and research and evaluation? Internal evaluation often means that the project is being evaluated by the artists and staff who are running it: if this is the case then possible causes of bias may need to be acknowledged. External evaluation by independent specialists is more likely to produce an objective view of the outcomes of the intervention.
Managing evaluation	Who will manage the evaluation? It is important that there is a process in place to record progress against the original plan as well as any changes that are made to the evaluation design and delivery. It is helpful if there is a steering group with representation from different stakeholder organisations to oversee the evaluation and help with challenges and problem solving. It is also important to show how the evaluation will comply with the relevant ethical and research governance frameworks. Give details of who will manage the evaluation and what quality assurance procedures will guide it, including assessing and managing risks.
Evaluation findings: data analysis and interpretation	How will the data be analysed? How will you avoid bias in data analysis and reporting? How will you use the findings? In outcomes evaluation, the purpose of analysis is to show whether the key outcomes have changed over the course of the intervention. Qualitative analysis can be used to explore impacts, process issues and participants' experiences of the project. Give details of results compared to baseline for each outcome measure included in the evaluation. Give details of the methods of analysis used for each component of the evaluation. Comment on limitations of the analysis and the extent to which it can be generalised – how likely is it that the results would be reproduced if the project was undertaken with another group? It is also important to consider what would be done differently with hindsight. Show how the learning from evaluation will be embedded in programme delivery and provide recommendations for changes in future projects and evaluation approaches.
Reporting and dissemination	How will you report your evaluation findings? Who are the target audiences for dissemination? It is important that evaluation evidence is made available so as to inform broader awareness and understanding of the role and impact of the arts. Give details of how the evaluation will be reported and disseminated including publications, conference presentations, multimedia links, public performances, and engagement with policy makers, professionals and the public.

Appendix 4 - FMC Standard Referral Form

Arts in Health at FMC – Patient Referral Form

Ward:..... Ext:.....	
Bed No:.....	
Name:.....	
Age:..... Gender: F / M	
Has this referral been discussed with the patient/guardian?	Yes ☐ No ☐
Does the patient have cognitive impairments and/or limited concentration?	Yes ☐ No ☐
What particular form of art is the patient interested in?	Visual Art & Craft ☐ Music ☐ Creative Writing ☐ Dance/movement ☐ Music for Relaxation ☐ Meditation ☐
Desired level of involvement in an arts activity?	Participatory session ☐ Limited involvement/ Requires assistance ☐ Arts activity to be passively received ☐
Any other relevant details?	

Referrer name..... Date of referral.....

Position.....

Contact details referrer: Tel.....Email.....

Please send referral form to – Arts in Health at FMC, Level 2, FMC.
 telephone: 8204 3096
 fax: 8204 6570
 email: artsinhealth@sa.gov.au

Arts in Health at FMC Patient Referral Form available online
http://www.flinders.sa.gov.au/artsinhealth/files/pages/Referral_Form.pdf



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Appendix 5 - Survey Data

Arts and Health _Hospitals

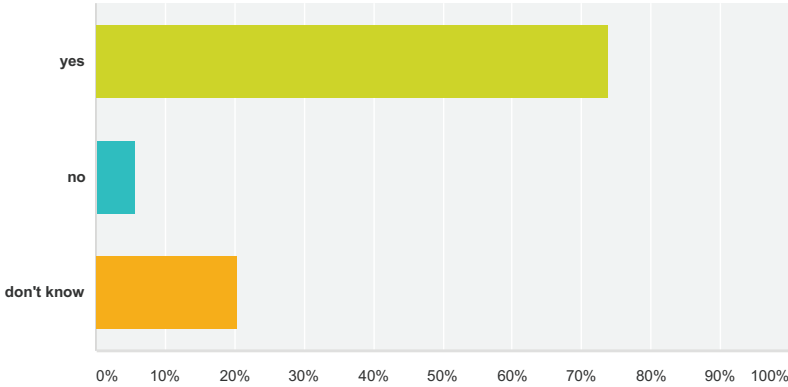
Q1 Please identify your hospital and provide your contact details for follow up.

Answered: 88 Skipped: 0

Answer Choices	Responses
Hospital	100.00% 88
Your name	100.00% 88
Your role	100.00% 88
Address 2	0.00% 0
City/Town	0.00% 0
State/Province	0.00% 0
ZIP/Postal Code	0.00% 0
Country	0.00% 0
Email Address	100.00% 88
Phone Number	95.45% 84

Q2 Has your hospital conducted (or is planning for the near future) any Arts and Health activities?

Answered: 88 Skipped: 0

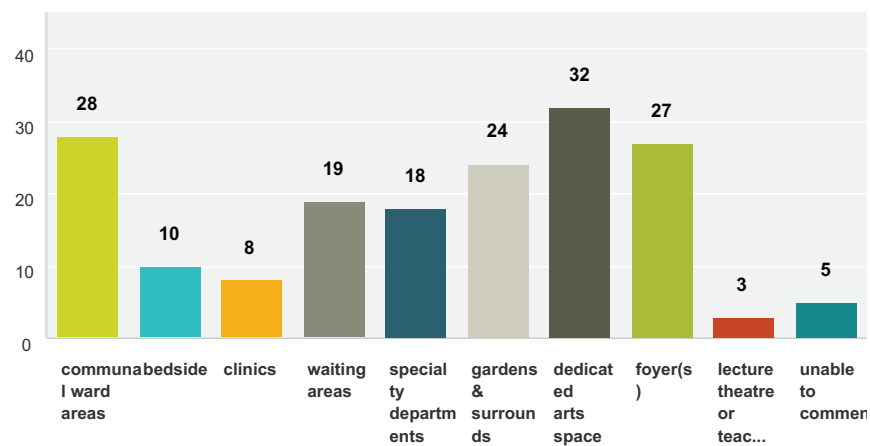


Answer Choices	Responses
yes	73.86% 65
no	5.68% 5
don't know	20.45% 18
Total	88

Q3 Where in the hospital do Arts and Health activities take place?

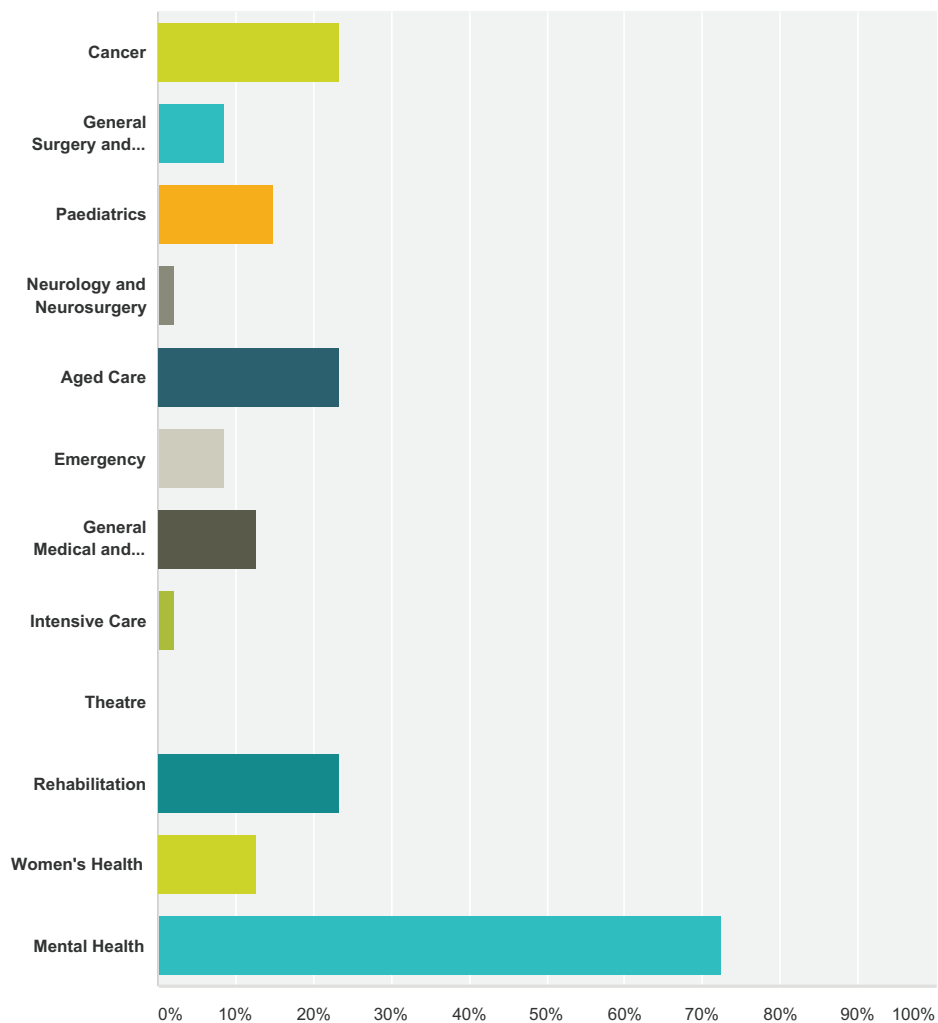
Answered: 63 Skipped: 25

Arts and Health _Hospitals



Q4 Please identify any clinical areas who use Art and Health activities. Choose all that apply.

Answered: 47 Skipped: 41

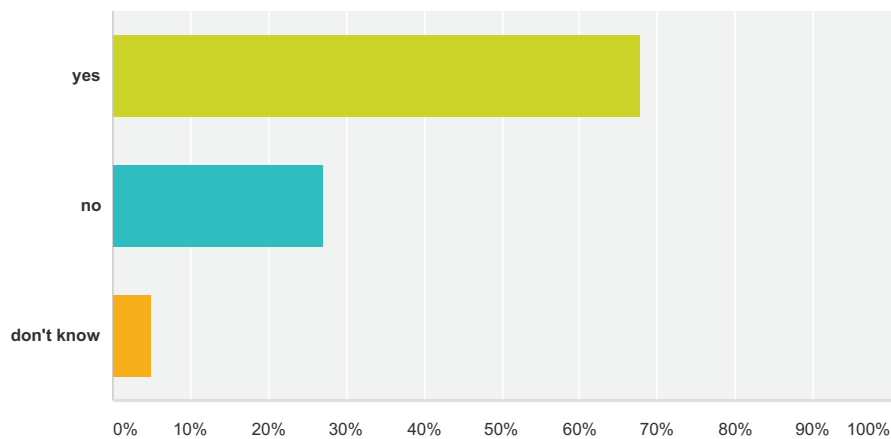


Arts and Health _Hospitals

Answer Choices	Responses
Cancer	23.40% 11
General Surgery and Surgical Specialties	8.51% 4
Paediatrics	14.89% 7
Neurology and Neurosurgery	2.13% 1
Aged Care	23.40% 11
Emergency	8.51% 4
General Medical and Medical Specialties	12.77% 6
Intensive Care	2.13% 1
Theatre	0.00% 0
Rehabilitation	23.40% 11
Women's Health	12.77% 6
Mental Health	72.34% 34
Total Respondents: 47	

Q5 Is there someone responsible for, or who co-ordinates, Arts and Health activities in your hospital?

Answered: 59 Skipped: 29

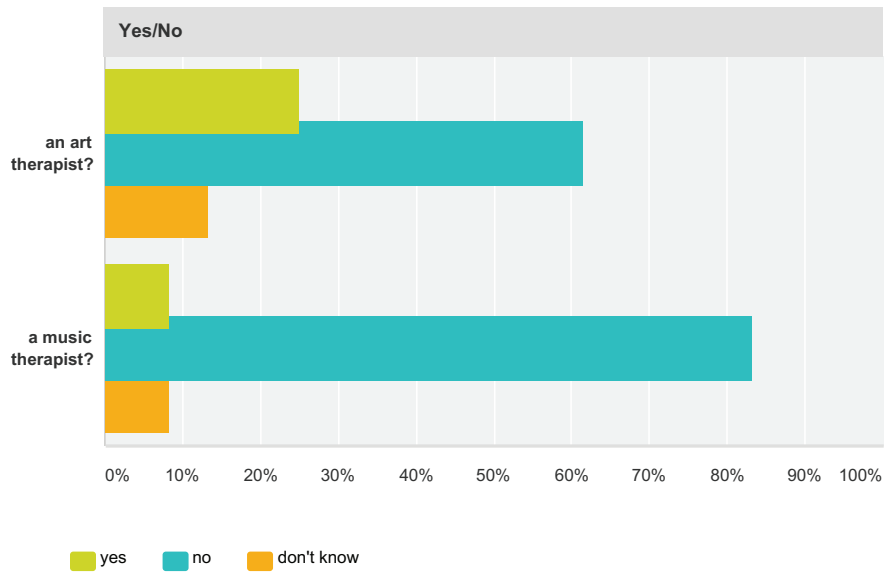


Answer Choices	Responses
yes	67.80% 40
no	27.12% 16
don't know	5.08% 3
Total	59

Q6 Does your hospital have:

Answered: 61 Skipped: 27

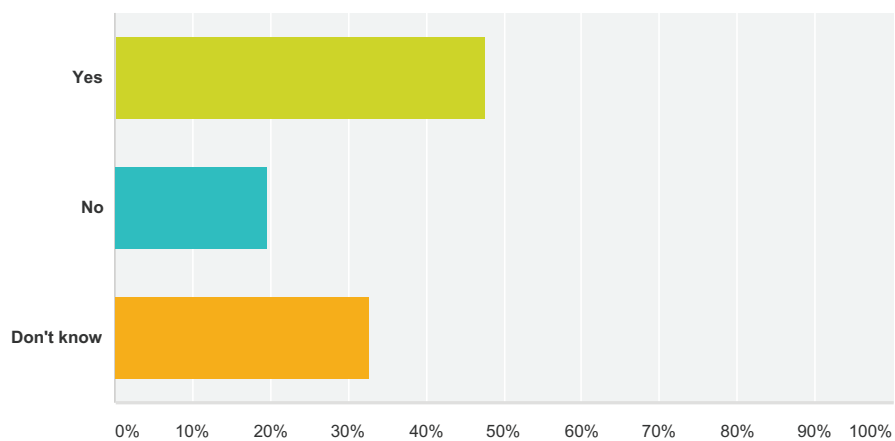
Arts and Health _Hospitals



Yes/No				
	yes	no	don't know	Total
an art therapist?	25.00% 15	61.67% 37	13.33% 8	60
a music therapist?	8.33% 5	83.33% 50	8.33% 5	60

Q7 Do any clinicians, other than art or music therapists, use art in their healthcare practice?

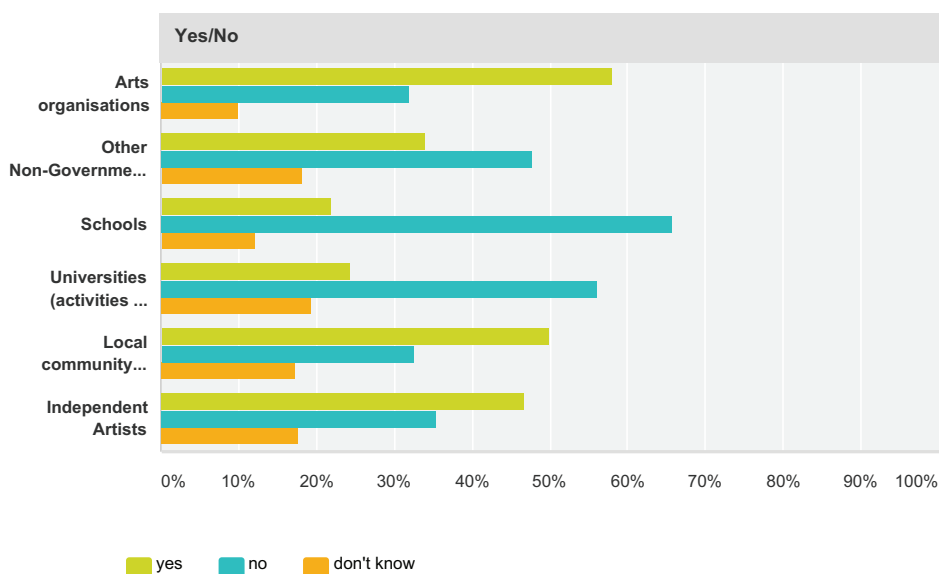
Answered: 61 Skipped: 27



Answer Choices	Responses
Yes	47.54% 29
No	19.67% 12
Don't know	32.79% 20

Q8 The hospital partners in Arts and Health activities with:

Answered: 53 Skipped: 35

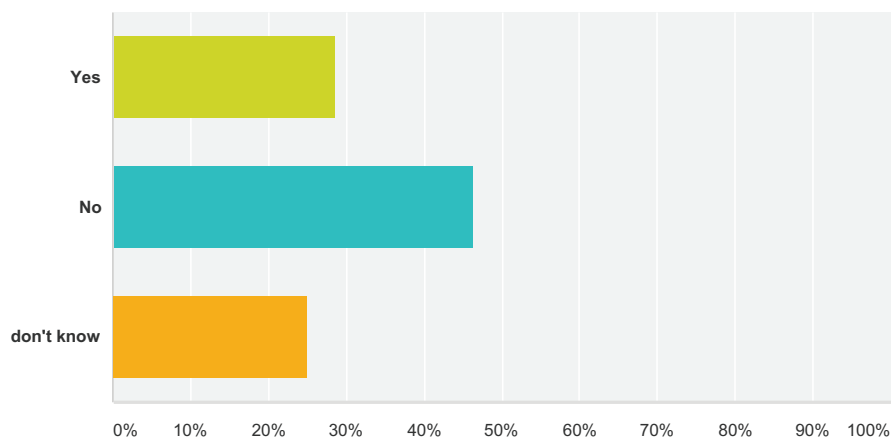


Yes/No				
	yes	no	don't know	Total
Arts organisations	58.00% 29	32.00% 16	10.00% 5	50
Other Non-Government Organisations	34.09% 15	47.73% 21	18.18% 8	44
Schools	21.95% 9	65.85% 27	12.20% 5	41
Universities (activities and or research)	24.39% 10	56.10% 23	19.51% 8	41
Local community organisations	50.00% 23	32.61% 15	17.39% 8	46
Independent Artists	46.67% 21	35.56% 16	17.78% 8	45

Q9 Has the hospital formally evaluated any of its Art and Health activities?

Answered: 56 Skipped: 32

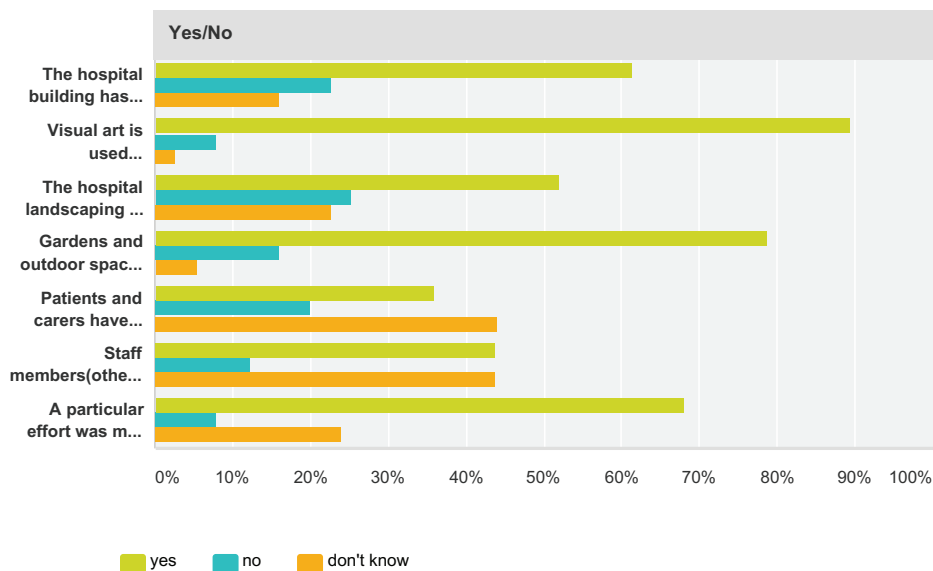
Arts and Health _Hospitals



Answer Choices	Responses
Yes	28.57% 16
No	46.43% 26
don't know	25.00% 14
Total	56

Q10 Please consider if the hospital building(s) and environment have been intentionally designed to create a welcoming, healing environment.

Answered: 75 Skipped: 13



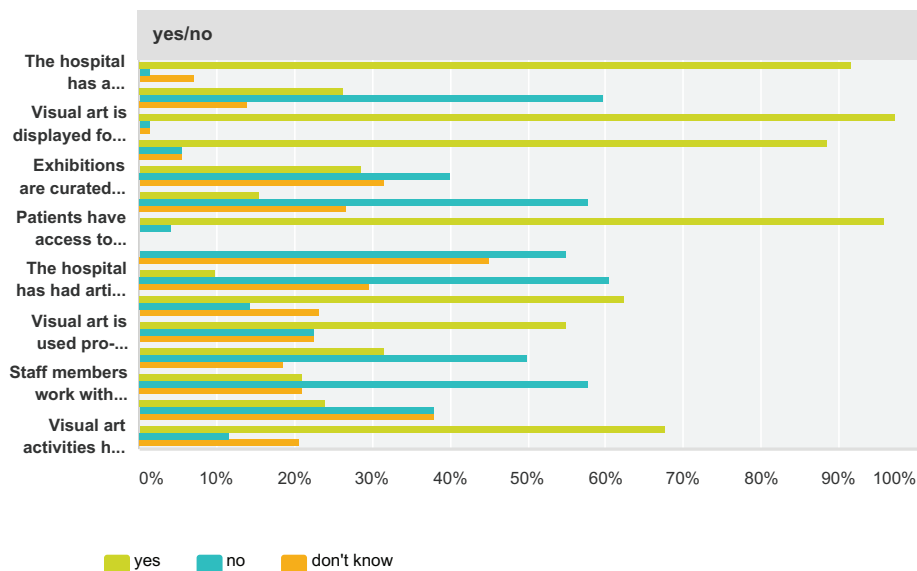
Yes/No	yes	no	don't know	Total
The hospital building has been designed intentionally to create a welcoming, healing environment	61.33% 46	22.67% 17	16.00% 12	75

Arts and Health _Hospitals

Visual art is used pro-actively to contribute to the healing environment of the hospital e.g paintings and sculpture are displayed	89.33% 67	8.00% 6	2.67% 2	75
The hospital landscaping has been intentionally designed for this purpose.	52.00% 39	25.33% 19	22.67% 17	75
Gardens and outdoor spaces are designed specifically for patients, staff and visitors to enjoy.	78.67% 59	16.00% 12	5.33% 4	75
Patients and carers have been engaged in the design of the building and or its landscape.	36.00% 27	20.00% 15	44.00% 33	75
Staff members(other than those responsible for facilities management) have been involved in the design of the building and or its landscape.	43.84% 32	12.33% 9	43.84% 32	73
A particular effort was made to incorporate cultural significance and cultural safety in the building and or landscape design.	68.00% 51	8.00% 6	24.00% 18	75

Q11 Visual and Moving Image Arts

Answered: 72 Skipped: 16



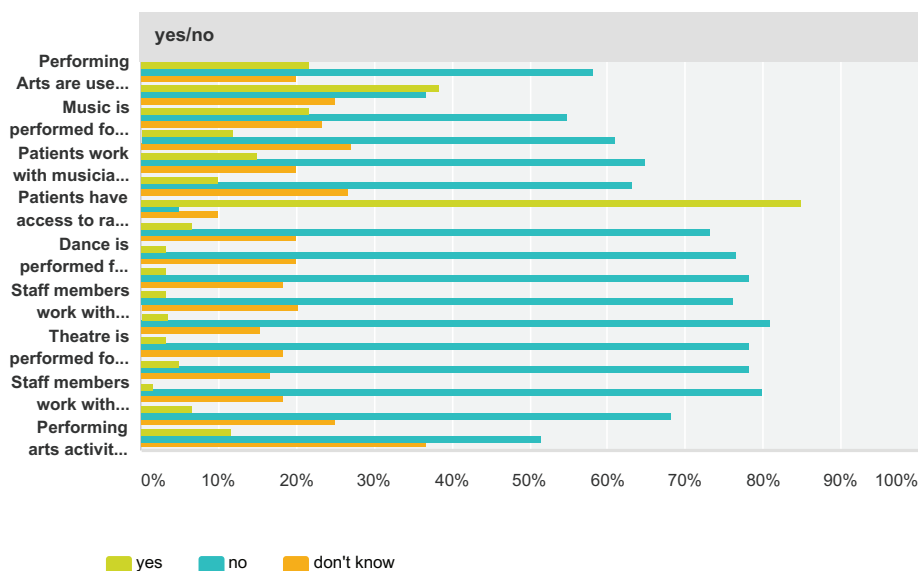
yes/no	yes	no	don't know	Total
The hospital has a collection of paintings, drawings, sculpture and or photos	91.55% 65	1.41% 1	7.04% 5	71
The hospital has visiting exhibitions from external artists or organisations	26.39% 19	59.72% 43	13.89% 10	72
Visual art is displayed for patients and visitors to enjoy.	97.22% 70	1.39% 1	1.39% 1	72
Visual art is displayed for staff members to enjoy	88.57% 62	5.71% 4	5.71% 4	70
Exhibitions are curated with specific healing themes	28.57% 20	40.00% 28	31.43% 22	70
The hospital has moving image arts such as videos or films available to patients	15.49% 11	57.75% 41	26.76% 19	71
Patients have access to television or an entertainment system	95.77% 68	4.23% 3	0.00% 0	71

Arts and Health _Hospitals

The hospital has an Arts channel	0.00% 0	54.93% 39	45.07% 32	71
The hospital has had artists in residence	9.86% 7	60.56% 43	29.58% 21	71
Visual art is used pro- actively to contribute to the health and well being of patients	62.32% 43	14.49% 10	23.19% 16	69
Visual art is used pro- actively to contribute to the health and well being of staff members	54.93% 39	22.54% 16	22.54% 16	71
Patients work with artists to photograph, paint, draw, colour-in, sculpt or create moving images such as animation or video	31.43% 22	50.00% 35	18.57% 13	70
Staff members work with artists to photograph, paint, draw, colour-in, sculpt or create moving images such as animation or video	21.13% 15	57.75% 41	21.13% 15	71
Visual art is used in health professional education in the hospital	23.94% 17	38.03% 27	38.03% 27	71
Visual art activities have been specifically designed to incorporate cultural significance and cultural safety.	67.65% 46	11.76% 8	20.59% 14	68

Q12 Use of Performing Arts in the hospital

Answered: 61 Skipped: 27



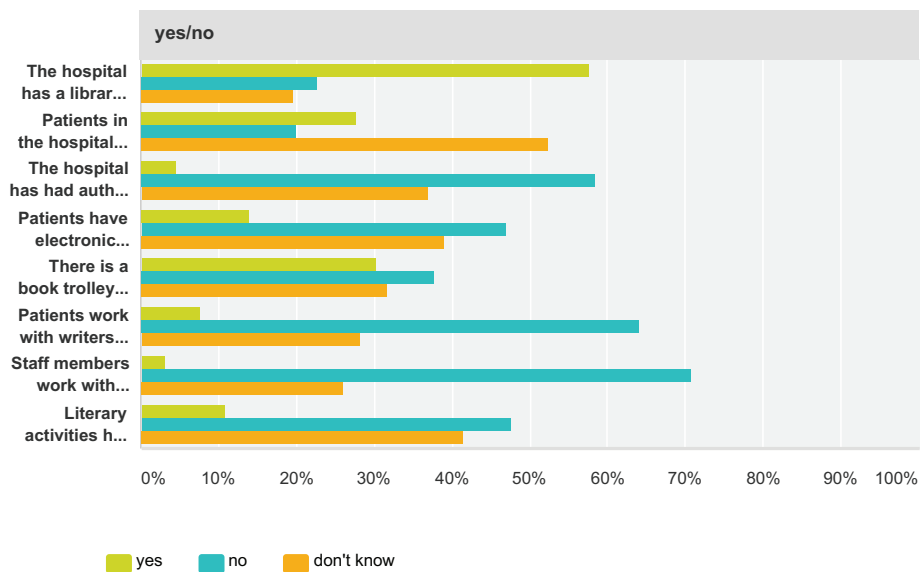
yes/no	yes	no	don't know	Total
Performing Arts are used pro-actively to contribute to the health and well being of patients	21.67% 13	58.33% 35	20.00% 12	60
Music is performed for patients and visitors.	38.33% 23	36.67% 22	25.00% 15	60
Music is performed for staff members	21.67% 13	55.00% 33	23.33% 14	60
The hospital has a choir	11.86% 7	61.02% 36	27.12% 16	59
Patients work with musicians to create, perform or record music	15.00% 9	65.00% 39	20.00% 12	60
Staff members work with musicians to create, perform or record music	10.00% 6	63.33% 38	26.67% 16	60

Arts and Health _Hospitals

Patients have access to radio or other audio systems	85.00% 51	5.00% 3	10.00% 6	60
Dance is performed for patients and visitors.	6.67% 4	73.33% 44	20.00% 12	60
Dance is performed for staff members	3.33% 2	76.67% 46	20.00% 12	60
Patients work with dancers to create or perform dance	3.33% 2	78.33% 47	18.33% 11	60
Staff members work with dancers to create or perform dance	3.39% 2	76.27% 45	20.34% 12	59
Theatre is performed for patients and visitors	3.45% 2	81.03% 47	15.52% 9	58
Theatre is performed for staff members	3.33% 2	78.33% 47	18.33% 11	60
Patients work with actors to create or perform theatre	5.00% 3	78.33% 47	16.67% 10	60
Staff members work with dancers to create or perform theatre	1.67% 1	80.00% 48	18.33% 11	60
Actors are used in health professional education in the hospital	6.67% 4	68.33% 41	25.00% 15	60
Performing arts activities have been designed specifically to incorporate cultural significance and cultural safety.	11.67% 7	51.67% 31	36.67% 22	60

Q13 Literature

Answered: 67 Skipped: 21



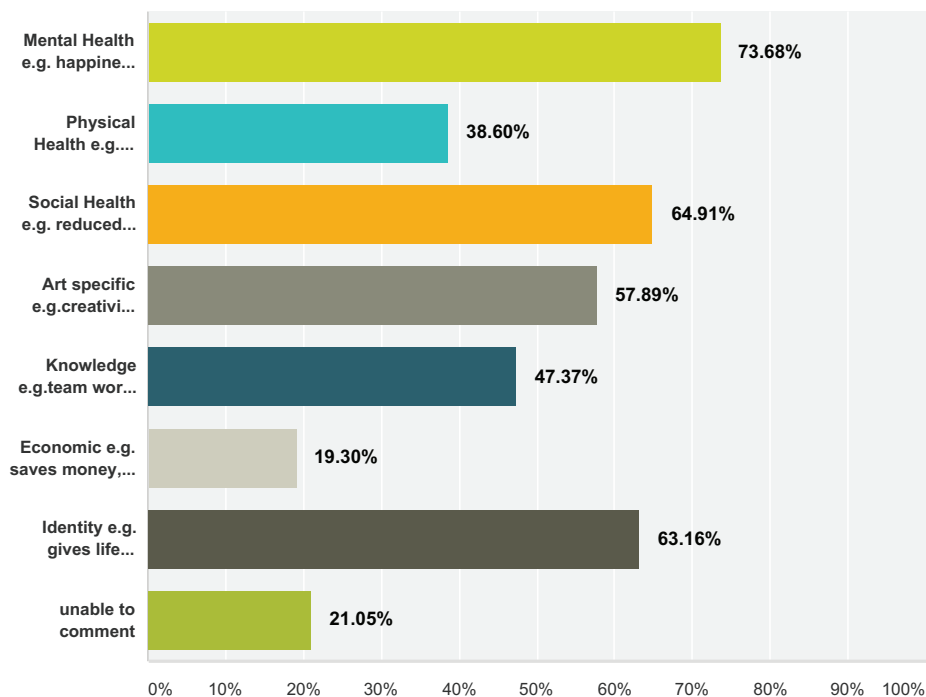
yes/no				
	yes	no	don't know	Total
The hospital has a library or collection of literature(non-educational) available to inpatients	57.58% 38	22.73% 15	19.70% 13	66
Patients in the hospital can have someone read to them.	27.69% 18	20.00% 13	52.31% 34	65
The hospital has had authors provide readings to patients, visitors or staff members	4.62% 3	58.46% 38	36.92% 24	65

Arts and Health _Hospitals

Patients have electronic access to literature e.g. kindle, audiobooks	14.06% 9	46.88% 30	39.06% 25	64
There is a book trolley that visits the wards	30.30% 20	37.88% 25	31.82% 21	66
Patients work with writers to read or create literature	7.81% 5	64.06% 41	28.13% 18	64
Staff members work with writers to read or create literature	3.08% 2	70.77% 46	26.15% 17	65
Literary activities have been specifically designed to incorporate cultural significance and cultural safety	10.77% 7	47.69% 31	41.54% 27	65

Q14 What benefits were observed, for anyone involved in Arts and Health activities?

Answered: 57 Skipped: 31



Q15 Which patient groups (e.g. Cancer, Aged Care, inpatients, outpatients) if any, might benefit from the following arts activities if provided in your hospital?

Answered: 41 Skipped: 47

Answer Choices	Responses
Creating visual arts	85.37% 35
Listening to Music performances	82.93% 34
Watching theatre	70.73% 29

Arts and Health _Hospitals

Watching dance performances	68.29%	28
Participating in music creation, recording and or performance	75.61%	31
Participating in theatre creation or performance	56.10%	23
Participating in dance creation or performance	56.10%	23
Creative writing	82.93%	34

Q16 What types of skills are required by artists to work effectively in hospitals? e.g. arts skills, health and safety awareness, therapeutic skills

Answered: 45 Skipped: 43

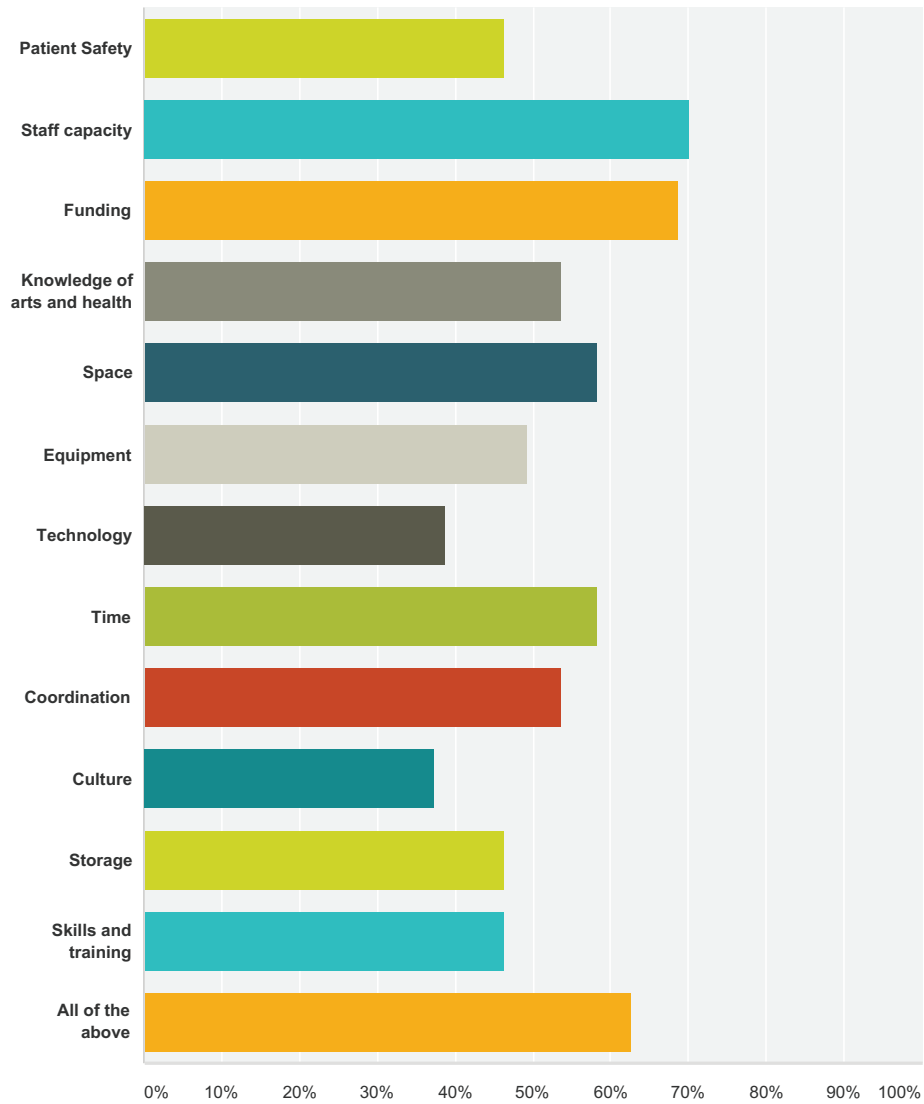
Q17 What risks to patients, carers, visitors, staff members and artists need to be managed?

Answered: 43 Skipped: 45

Q18 Please identify all the issues that might be a barrier, enabler or both.

Answered: 67 Skipped: 21

Arts and Health _Hospitals



Answer Choices	Responses	
Patient Safety	46.27%	31
Staff capacity	70.15%	47
Funding	68.66%	46
Knowledge of arts and health	53.73%	36
Space	58.21%	39
Equipment	49.25%	33
Technology	38.81%	26
Time	58.21%	39
Coordination	53.73%	36
Culture	37.31%	25
Storage	46.27%	31
Skills and training	46.27%	31

Arts and Health _Hospitals

All of the above	62.69%	42
Total Respondents: 67		

Q19 What successes or barriers, if any, have been significant to your Arts and Health activities? Please elaborate.

Answered: 47 Skipped: 41

Q20 Please provide the name and contact details of anyone else you think could assist us with further information about arts and health activities in your hospital or who might be interested to be involved.

Answered: 22 Skipped: 66

Answer Choices	Responses	
Name(s)	100.00%	22
role	95.45%	21
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	100.00%	22
Phone Number	77.27%	17

Q21 Is there anything else you would like us to consider?

Answered: 23 Skipped: 65

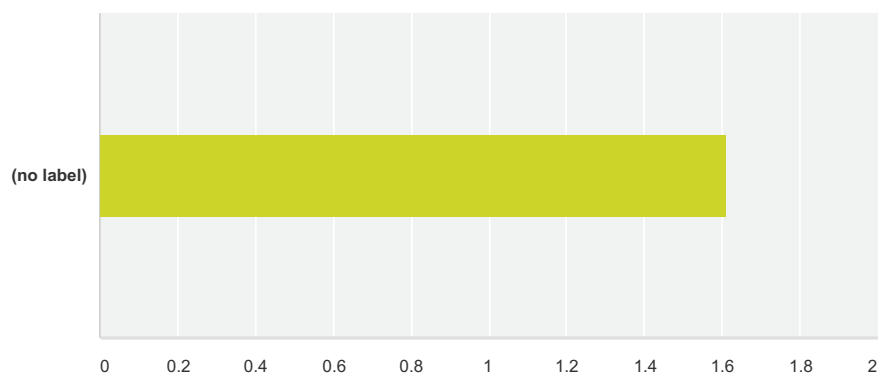
Q1 Your details

Answered: 71 Skipped: 0

Answer Choices	Responses	
Name	100.00%	71
Company	100.00%	71
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	100.00%	71
Phone Number	95.77%	68

Q2 Have you or your organisation conducted (or are planning for the near future) any Arts and Health activities in a WA hospital?

Answered: 71 Skipped: 0

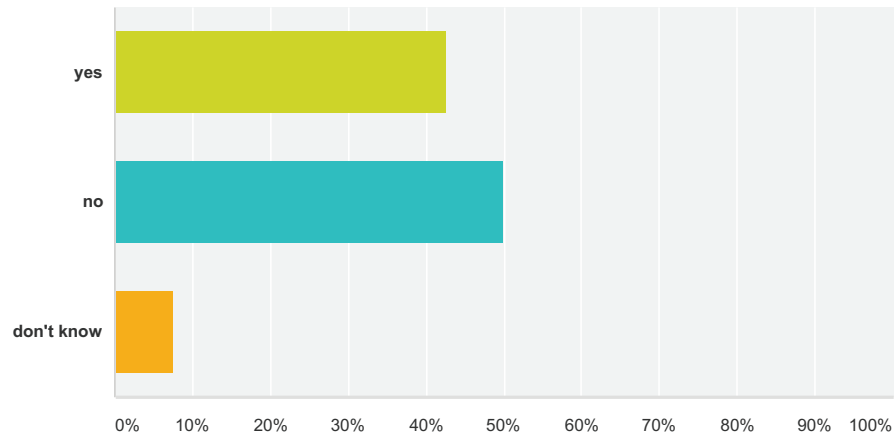


	yes	no	don't know	Total	Weighted Average
(no label)	42.25% 30	54.93% 39	2.82% 2	71	1.61

Q3 Have you or your organisation ever considered engaging in an arts and health activity in a WA hospital?

Answered: 40 Skipped: 31

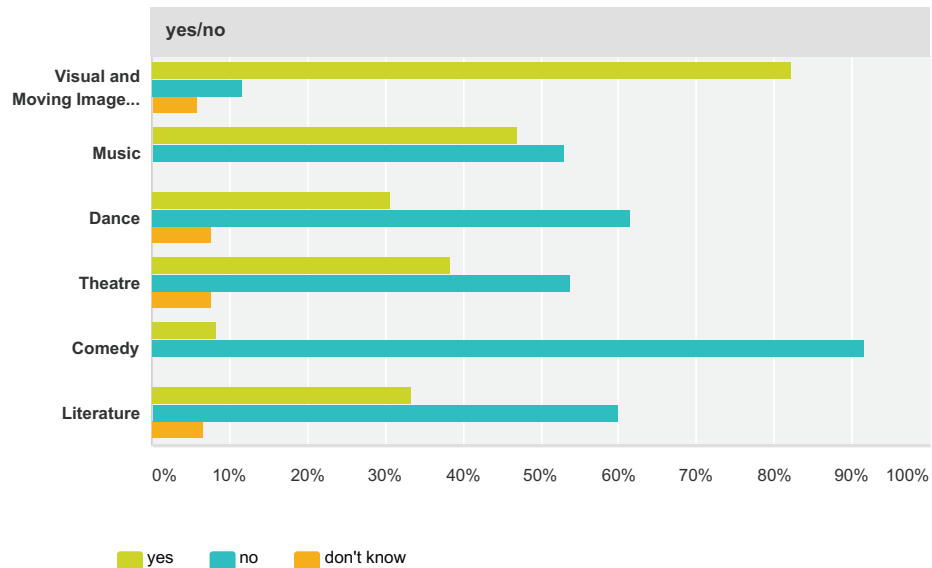
Arts and Health_Arts



Answer Choices	Responses
yes	42.50% 17
no	50.00% 20
don't know	7.50% 3
Total	40

Q4 What hospital-based arts activities have you or your organisation engaged in?

Answered: 26 Skipped: 45



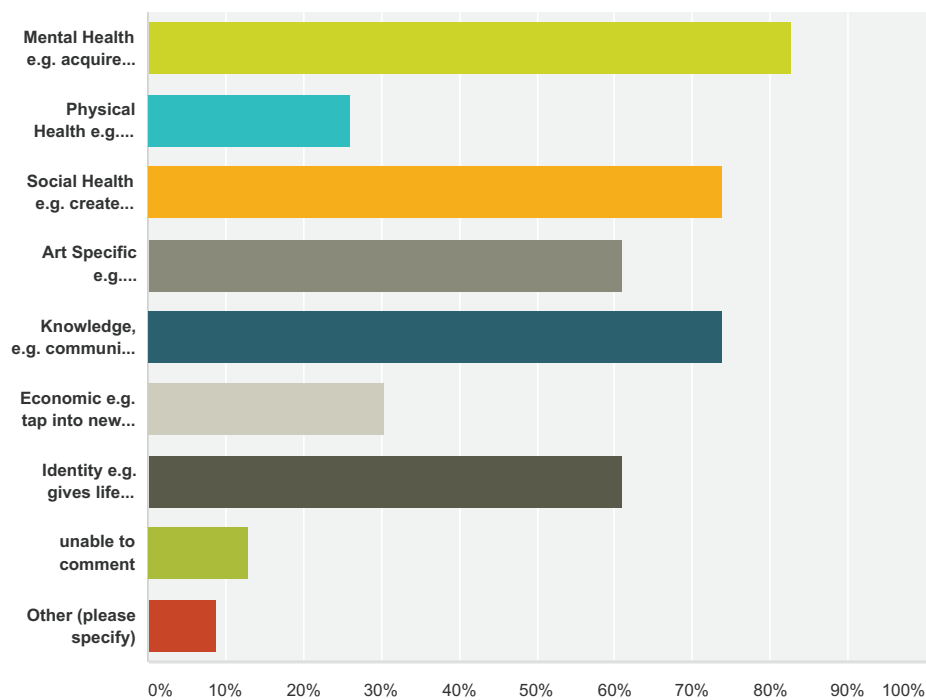
yes/no				
	yes	no	don't know	Total
Visual and Moving Image Arts	82.35% 14	11.76% 2	5.88% 1	17
Music	47.06% 8	52.94% 9	0.00% 0	17

Arts and Health_Arts

Dance	30.77% 4	61.54% 8	7.69% 1	13
Theatre	38.46% 5	53.85% 7	7.69% 1	13
Comedy	8.33% 1	91.67% 11	0.00% 0	12
Literature	33.33% 5	60.00% 9	6.67% 1	15

Q5 What benefits were observed, for anyone involved in the activities e.g. artists, patients, staff and visitors? Please choose all that apply.

Answered: 23 Skipped: 48



Answer Choices	Responses
Mental Health e.g. acquire confidence to work in challenging environments, happiness, reduced stress and relaxation, improved morale	82.61% 19
Physical Health e.g. improvements in pain, movement, mobility, fatigue, fitness	26.09% 6
Social Health e.g. create social change from arts practice, reduced isolation, sense of community, shared experience	73.91% 17
Art Specific e.g. creativity, works of art, talent	60.87% 14
Knowledge, e.g. community cultural development, communication, art skills, problem solving, therapeutic skills	73.91% 17
Economic e.g. tap into new funding sources, saves money, creates income, career opportunities	30.43% 7
Identity e.g. gives life meaning, connection to self, gain a source of new inspiration, have creative control, experiment	60.87% 14
unable to comment	13.04% 3
Other (please specify)	8.70% 2
Total Respondents: 23	

Q6 Please list any WA hospitals that you have worked in.

Answered: 21 Skipped: 50

Q7 What successes or barriers have been significant to your Arts and Health activities?

Answered: 22 Skipped: 49

Q8 What types of skills are required by artists to work effectively in hospitals e.g. art skills, health and safety awareness, therapeutic skills?

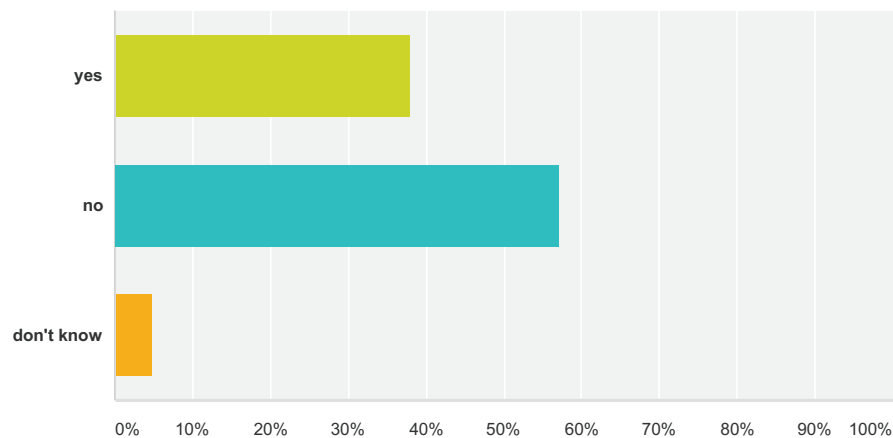
Answered: 21 Skipped: 50

Q9 What risks to patients, carers, visitors, staff members and artists need to be managed?

Answered: 20 Skipped: 51

Q10 Were you or your staff members given any health and safety training?

Answered: 21 Skipped: 50



Answer Choices	Responses
yes	38.10% 8
no	57.14% 12
don't know	4.76% 1
Total	21

Q11 When I or my organisation work in a hospital the following applies:

Answered: 21 Skipped: 50



yes/no				
	yes	no	don't know	Total
Musicians work with patients to create or perform music.	29.41% 5	70.59% 12	0.00% 0	17
Musicians work with staff members to create or perform music.	23.53% 4	76.47% 13	0.00% 0	17
Visual and moving image artists work with patients to create art	43.75% 7	56.25% 9	0.00% 0	16
Visual and moving image artists work with staff members to create art	31.25% 5	68.75% 11	0.00% 0	16
Dancers work with patients to create or perform dance.	6.67% 1	93.33% 14	0.00% 0	15
Dancers work with staff members to create or perform dance..	6.67% 1	93.33% 14	0.00% 0	15
Actors work with patients to create or perform theatre.	20.00% 3	80.00% 12	0.00% 0	15
Actors work with staff members to create or perform theatre.	6.67% 1	93.33% 14	0.00% 0	15
Writers work with patients to read or create literature	18.75% 3	75.00% 12	6.25% 1	16
Writers work with staff members to read or create literature	20.00% 3	80.00% 12	0.00% 0	15
Arts activities are intentionally designed to contribute to improved patient health and well being	77.78% 14	22.22% 4	0.00% 0	18
Actors are used in health professional education in the hospital	6.67% 1	93.33% 14	0.00% 0	15
Visual arts are used in health professional education in the hospital	26.67% 4	73.33% 11	0.00% 0	15

Arts and Health_Arts

Activities have been specifically designed to incorporate cultural significance and cultural safety.	58.82% 10	35.29% 6	5.88% 1	17
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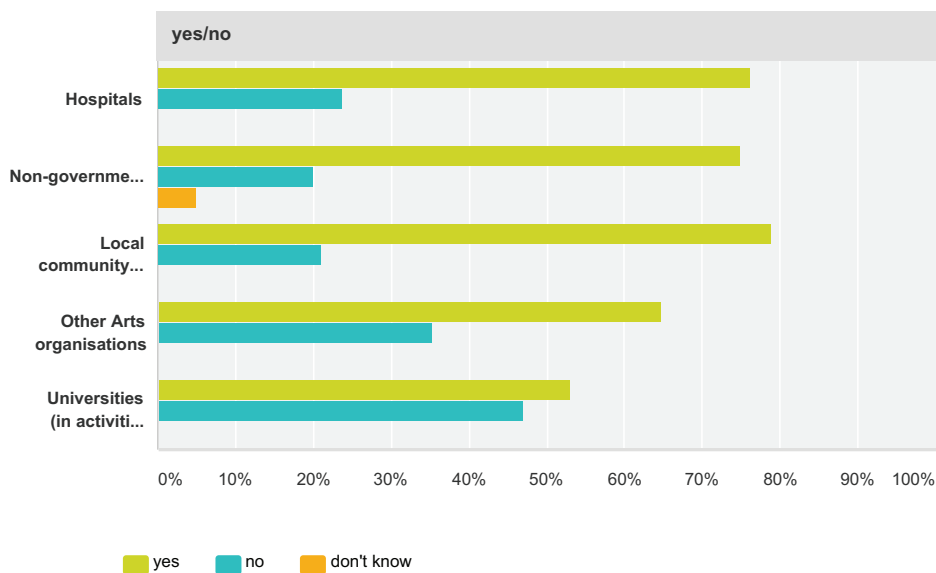
Q12 Which patient groups (e.g. Cancer, Aged Care, inpatients, outpatients) if any, might benefit from the following arts activities if provided in hospital?

Answered: 15 Skipped: 56

Answer Choices	Responses	
Creating visual arts	86.67%	13
Listening to Music performances	73.33%	11
Watching theatre	73.33%	11
Watching dance performances	66.67%	10
Participating in music creation and or performance	73.33%	11
Participating in theatre creation or performance	66.67%	10
Participating in dance creation or performance	66.67%	10
Creative writing	66.67%	10

Q13 I or my organisation partners in Arts and Health activities with:

Answered: 21 Skipped: 50



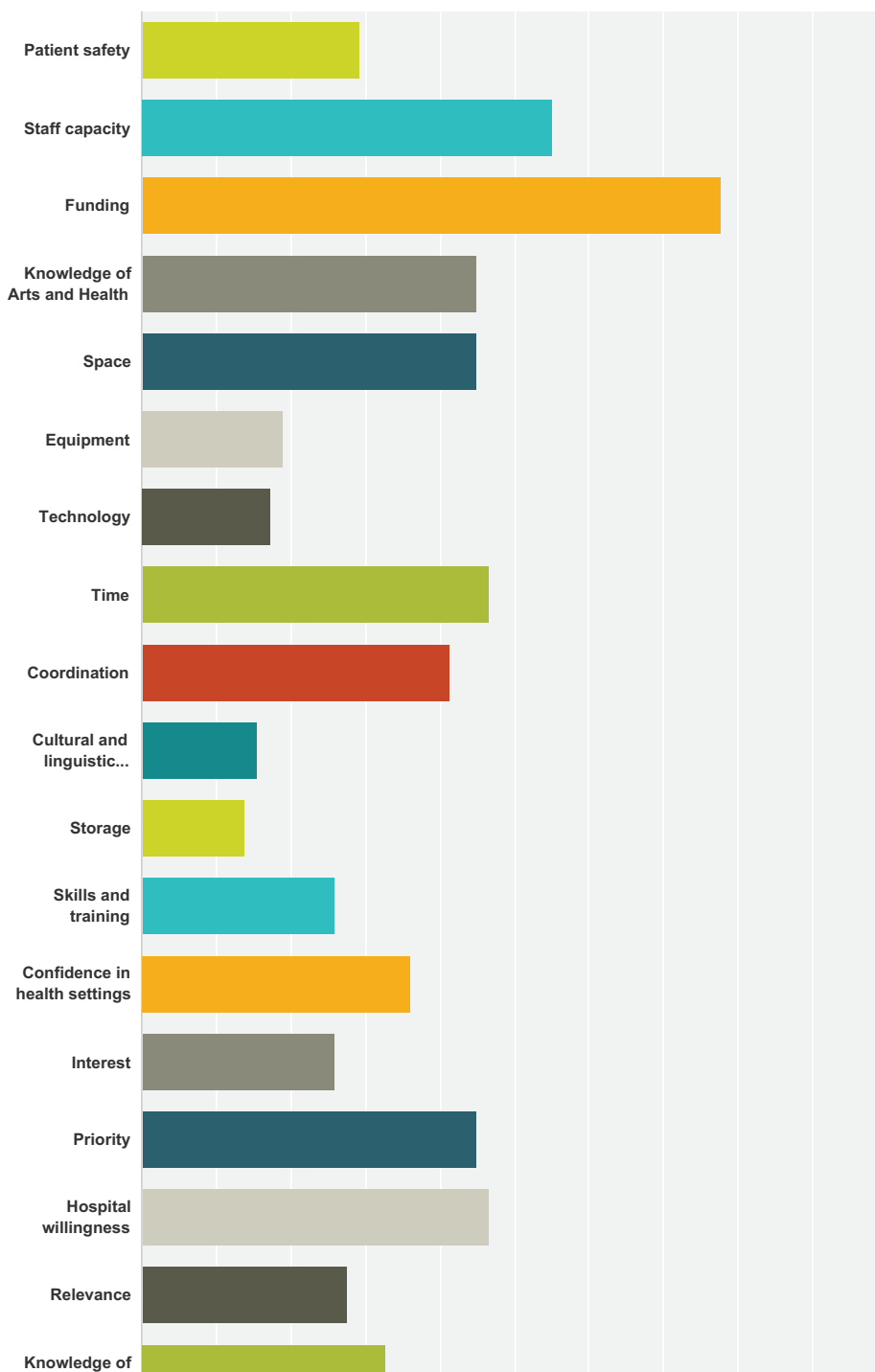
yes/no	yes	no	don't know	Total
Hospitals	76.19% 16	23.81% 5	0.00% 0	21
Non-government organisations	75.00% 15	20.00% 4	5.00% 1	20

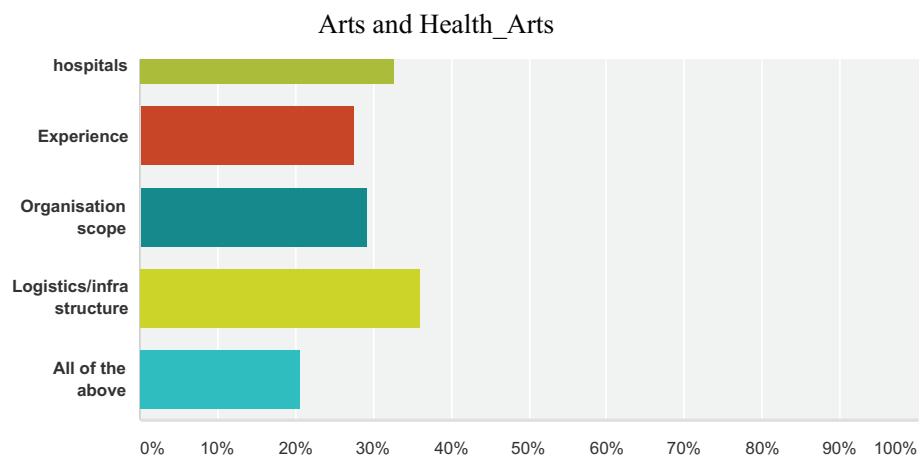
Arts and Health_Arts

Local community organisations	78.95% 15	21.05% 4	0.00% 0	19
Other Arts organisations	64.71% 11	35.29% 6	0.00% 0	17
Universities (in activities and or research)	52.94% 9	47.06% 8	0.00% 0	17

Q14 Please identify all the issues that might be a barrier, enabler or both.

Answered: 58 Skipped: 13





Answer Choices	Responses
Patient safety	29.31% 17
Staff capacity	55.17% 32
Funding	77.59% 45
Knowledge of Arts and Health	44.83% 26
Space	44.83% 26
Equipment	18.97% 11
Technology	17.24% 10
Time	46.55% 27
Coordination	41.38% 24
Cultural and linguistic diversity	15.52% 9
Storage	13.79% 8
Skills and training	25.86% 15
Confidence in health settings	36.21% 21
Interest	25.86% 15
Priority	44.83% 26
Hospital willingness	46.55% 27
Relevance	27.59% 16
Knowledge of hospitals	32.76% 19
Experience	27.59% 16
Organisation scope	29.31% 17
Logistics/infrastructure	36.21% 21
All of the above	20.69% 12
Total Respondents: 58	

Q15 Please provide the name and contact details of anyone else you think could assist us with further information about Arts and Health activities in hospitals or

who might be interested to be involved.

Answered: 19 Skipped: 52

Answer Choices	Responses	
Name(s)	100.00%	19
Company	89.47%	17
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	94.74%	18
Phone Number	68.42%	13

**Q16 Is there anything else you would like us
to consider? e.g. a non-hospital best
practice Arts and Health activity**

Answered: 24 Skipped: 47



IMAGE OPPOSITE: Starlight Foundation at PMH. Photo Credit: Nik Babic
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